

CITY OF ST. LOUIS
DEPARTMENT OF PUBLIC SAFETY

REQUEST FOR PROPOSAL

FOR: DEPARTMENT OF CORRECTIONS
INMATE HEALTHCARE AND
ASSOCIATED SERVICES

ISSUED: SEPTEMBER 3, 2013

**MAIL OR DELIVER
PROPOSALS TO:** City Justice Center
Dale Glass
Commissioner of Corrections
200 S. Tucker Blvd.
St. Louis, MO 63102

TELEPHONE: Kimberly Cole (314) 621-5848 ext. 1059

PROPOSALS DUE: NO LATER THAN 5:00 P.M. CDT
Monday, October 7, 2013

One (1) original and six (6) paper copies of the proposal and a USB flash drive containing an electronic version of the proposal must be received by the above deadline in a sealed envelope with the envelope clearly marked "DOC Medical Services RFP 2013" on the outside or it will not be considered. All proposals must include complete and thorough responses to the RFP. All questions must be submitted in writing to the Commissioner of Corrections at the above address no later than Wednesday, September 11 2013.

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Section I. Executive Summary

The City of St. Louis, Department of Public Safety, Division of Corrections, is obligated to make available comprehensive healthcare services for newly arrested and currently confined inmates. The City of St. Louis is seeking a qualified, comprehensive healthcare Provider to deliver these healthcare services consisting of Medical, Dental, Behavioral Health, Nursing, and Prescription Drugs and Other Medications.

This RFP requires proposing Providers to provide direct health care services (medical, nursing, dental, and behavioral health) and prescription/medication drug services. The City will only consider RFP responses that incorporate all required components and that provide services for all individuals in the custody of the St. Louis City Division of Corrections facilities (e.g. the Medium Security Institution (MSI) and the City Justice Center, (CJC) including its Police Prisoner Processing Unit).

For direct health care services, the City is seeking a three-year (subject to annual appropriation) contract with a single proposing Provider, with options for two one-year extensions thereafter. For prescription drug/medication services, which require pricing separate from direct health care services, the City reserves the right to re-bid those services at any time during the contract period.

This solicitation does not commit the City to award a contract, to pay any costs incurred in the preparation of a proposal, or to procure or contract for the articles of goods or services. The City reserves the right to accept or reject any or all proposals received as a result of this request, or to cancel in part or in its entirety this proposal if it is in the best interest of the City.

To assist proposing Providers in proposing pricing that reflects prisoner needs, the City has provided the following additional information in Appendices:

- Summary of Medication Provided to Jails Mar 2012 – Feb 2013
- Health Services Monthly Reports, MSI and CJC, Jan 2012 – June 2013
- Summary of Off-Site Claim Costs for Professional and Facility Services Incurred Jan 2012 – Mar 2013
- Summary of State of Missouri Scope of Practice regulations, Advanced Practice Nurses and Physician Assistants

Appendix D summary of Drugs Provided to Jails March 2012 – Feb 2013 and the mandatory pricing exercise “Medication Pricing Table” are also provided in Microsoft Excel format on the City’s procurement website.

The City and proposing Provider acknowledge that a Provider's RFP submission will bind the Provider to the terms and conditions set forth herein, except as specifically qualified in any addendum issued in connection therewith. Any alleged oral agreement or arrangement made by a Provider with any agency or employee of the City of St. Louis will be disregarded.

The Provider must perform start up activities necessary to enable the Provider to begin performance of contract activities at the contract start date. Within 10 calendar days of the contract award, the Provider must submit a revised, expanded, detailed narrative of their Start Up Transition Plan to the City. The Start Up Plan must ensure the Provider works in partnership with the City, all subcontractors, and all specialty service providers, to deliver uninterrupted clinical and administrative services that ensure the continuity of care to City inmates, including

infrastructure of systems, staffing and providers. The Provider must continue to revise the Start Up Plan and submit it to the City on a monthly basis at a minimum, until all items have been successfully implemented and accepted by the City. The Contractor acknowledges that no compensation will be paid to the Contractor during the startup period.

RFP RESPONSE TIMELINE	
RFP Issue Date	Tuesday, September 3, 2013
Questions Due	Wednesday, September 11, 2013
Responses to Questions Posted	Tuesday, September 17, 2013
Notification to City of Attendance at Mandatory Site Visit	Thursday, September 19, 2013
Mandatory Site Visit	Monday, September 23, 2013
Proposals Due	Monday, October 7, 2013
Anticipated Award Decision	Friday, November 15, 2013
Contract Signed	Tuesday, December 31, 2013
Anticipated Contract Start Date	Tuesday, April 1, 2014

The proposing Provider shall notify Kimberly Cole, Executive Assistant for the Division of Corrections, of their intent to attend the Mandatory Site Visit. Notification shall be via email to: coleki@stlouis-mo.gov.

Section II. Facility Information

The St. Louis Division of Corrections operates the following jail facilities for pre-trial detainees and short-term City-sentenced prisoners. Monthly intake and housed census data are included in Appendix A, Health Services Monthly Reports Jan 2012 – June 2013.

- A. The City Justice Center (CJC) (including the St. Louis Metropolitan Police prisoner processing unit), 200 S. Tucker Blvd., St. Louis, MO 63102 houses pre-trial prisoners and holds newly arrested and adjudicated offenders, particularly those with higher security levels.
 - 1. St. Louis Metropolitan Police prisoner processing unit is an area in the CJC where detainees are booked and held for further disposition. The average intake in a single year is approximately 30,000 inmates. Annually, about 2,900 unique inmates are housed in one of the two facilities.
 - 2. CJC Bed Capacity: 845 rated beds plus 361 non-rated beds (including 14 medical infirmary, 64 post-booking, and 259 disciplinary/isolation beds, and 24 others). This includes several special housing units.
 - 3. The CJC average daily inmate population from January 2012 to June 2013 was 709 inmates (range 655 – 757) and 1% of the population was female.
- B. Medium Security Institution (MSI), 7600 Hall Street, St. Louis, MO 63147. The MSI population consists of City detainees and inmates sentenced to terms of one year or less. Nearly all are first admitted at the City Justice Center and then transferred to MSI.
 - 1. Bed Capacity: 940 beds, currently 845 allocated for male and 95 for female inmates. This includes several special housing units.
 - 2. The average daily inmate population at MSI from January 2012 to June 2013 was 1,131 inmates (range 1,029 – 1,206) and 11% of the population was female.
- C. The City does not make any warranties as to future numbers of individuals to be served under the Contract.
- D. The City jails currently use paper-based medical records but moving to an electronic medical record is a high priority. The Provider will be expected to utilize the paper record but may propose implementation of a proprietary electronic medical record as an option.

Section III. Objectives

- A. The primary objective is to provide a full range of healthcare services, onsite and offsite, which adhere to professional and community medical standards. This objective must be accomplished in an effective manner, with inherent efficiencies that maximize value and wisely allocate City taxpayer resources.
- B. The City recognizes that this contract will span a period of unprecedented change in the local, state, and national health care delivery system as the Affordable Care Act is fully implemented. Accordingly, a secondary objective is that jail health care services evolve along with the larger health care system such that efficiencies and opportunities afforded by health care reform accrue to the City and its inmates.
- C. The following complimentary and collateral objectives must be fulfilled:
 - 1. **Philosophical Objectives:** Healthcare services must be delivered in a humane manner with respect to the inmates' constitutional right to basic health care services. Interaction with inmates must be conducted in a professional, compassionate manner. Providers will develop and maintain a collaborative, collegial relationship with St. Louis City Division of Corrections and associated personnel.
 - 2. **Operational Objectives:** Healthcare services must be managed and delivered in a cost effective manner, provided in a confidential manner, adhere to professional and local community standards, and be subjected to customary performance audits (i.e. statistical reporting, claims management, financial performance, quality performance).
 - 3. **Onsite Healthcare Objectives:** Appropriate, timely, and quality medical, dental, and behavioral health services are provided to City jail inmates without leaving the security of the City facilities. Every aspect of the healthcare delivery system must be consistent with standards set forth by the National Commission on Correctional Healthcare (NCCHC). Given the rise in prevalence of mental illness in the jailed population, on-site services must include an appropriate range of behavioral health interventions.
 - 4. **Offsite Healthcare Objectives:** A comprehensive network of accessible, high-quality community providers are available to meet the healthcare needs of the City prisoners when a prisoner's health status cannot be maintained in the onsite medical facilities. These providers include acute care hospitals, mental health facilities, post-acute or skilled nursing facilities, physician specialists, emergency service providers, and independent reference laboratories.
 - 5. **Regional Public Health Objectives:** The Provider must develop and maintain a collaborative, collegial relationship with the City of St. Louis Public Health Department, the St. Louis County Health Department, and the St. Louis County Jail such that public health practices are maximally consistent and public health outcomes are optimized across the community's correctional settings. The Provider will implement processes to assure continuity of care for prisoners with communicable and chronic illnesses, including mental illness, when entering, residing in, and leaving the jail.

6. Health Care Reform Objectives: Health care services must be delivered to maximize the public safety, health care outcomes, and public financing opportunities made possible by the Affordable Care Act in Missouri. The Provider will work with the City to modify processes as systems and practices evolve over the term of this contract, in order to improve continuity of care when prisoners enter or leave the jail (which is known to reduce recidivism), and to capture revenue available for on-site and off-site services as it may become available.

Section IV. Scope of Services Requested

A. Inmate Health Services

1. General

- a. The Health Services Monthly Report provides census and utilization information for CJC and MSI, noting the use of on-site medical, behavioral health, nursing, dental, and prescription services and off-site facility, emergency transport, and professional services. It also includes infectious and chronic disease and infirmary use data. Monthly data for the period Jan 2012 – June 2013 are included as Appendix A.

2. Receiving Screening¹

- a. The Provider will perform Receiving Screenings on all new inmates to the CJC intake unit, twenty-four hours per day/seven days per week. These screenings will occur within four hours of the new commitments' arrival.
- b. Receiving Screenings will be conducted by a qualified and licensed medical professional.
- c. The medical professional conducting Receiving Screenings will triage prisoners in order to assure that those with evident and immediate health care needs are screened first, so that referral for acute mental health needs, current medications, and other urgent conditions can be addressed as quickly as possible.
- d. This Receiving Screening will assess an inmate's health status and determine if the inmate can be medically maintained at a City Correctional facility. In general and at a minimum, the Receiving Screening will include:
 - (i) Documentation of current illnesses and health problems, including but not limited to any chronic health conditions, presence of infectious disease, history of mental illness, medications (prescribed and over-the-counter), special health requirements, and vital statistics.
 - (ii) Assessment of and care of maternity needs for pregnant females, if pregnancy is known.
 - (iii) A pregnancy test if pregnancy is not known and the female inmate is less than 50 years of age, does not have a history of sterilization (tubal-ligation or hysterectomy) and is on or after the due date for menses. In addition, the Provider will conduct a pregnancy test on all women less than 50 years of age who have abdominal pain, regardless of other circumstances, to rule out ectopic pregnancy.
 - (iv) Behavioral observations, including state-of-consciousness, mental status, suicidal ideation and whether the inmate exhibits signs of alcohol or drug abuse or active use.

¹ "Receiving Screening" is the term used by NCCHC and has historically been referred to as a "Level I Intake" at St. Louis jails.

- (v) Notations of body deformities, trauma markings, bruises, ease of movement, etc.
 - (vi) Condition of skin and body orifices, including bodily infestations.
 - (vii) Questions about whether the inmate has a usual source of healthcare in the community and if so, the name of the provider.
 - (viii) Presenting a HIPAA-compliant release of information form for inmate signature, allowing the City to request and obtain medical and/or behavioral health information and to coordinate inmate's care at release with community providers and insurers as necessary. The Provider will submit the form to the City for approval.
- e. The Provider will use a standardized medical history form that has been approved by the City to record the information from the Receiving Screening. This medical history form will be included in the health record of the inmate.
 - f. Based on the screening and assessment, the Provider will make referrals of the inmate for specialty consultations, onsite and offsite follow-up care, and emergency treatment as clinically indicated. Inmates who indicate prescription drug utilization will be referred for an Initial Health Assessment within twenty-four hours.
 - g. When the Receiving Screening occurs on a Friday evening or the eve of a holiday, immediate health care and prescription drug needs will be addressed within 24 hours by the physician on call.
3. Initial Health Assessment²
- a. The Provider will perform an Initial Health Assessment as soon as possible but not later than 14 calendar days from commitment to a City correctional facility, to assess medical, behavioral health, and dental conditions and needs.
 - b. When clinically indicated, the Initial Health Assessment will be completed within 24 hours from inmate arrival to accommodate inmates with significant health condition(s) (i.e. medical, behavioral, infectious disease, pregnancy, oral health) and those on maintenance prescription drug regimens. Determination of significant health condition(s) will be made by a qualified medical professional that is an MD, RN, Physician Assistant (PA), or Nurse Practitioner (NP) and in accordance with policies and procedures developed by the Provider and approved by the City.
 - c. At a minimum, the Initial Health Assessment will include the following components described below in greater detail and be conducted by the personnel required below.
 - d. Medical Health Screening and Evaluation
 - (i) The medical component of the Initial Health Assessments must be conducted by a qualified and licensed medical professional. Per NCCHC requirements, the hands-on portion of the health assessment may be performed by an RN only when the RN completes appropriate training that is approved by the responsible physician.

² "Initial Health Assessment" is the term used by NCCHC and has historically been referred to as "Level II Intake" by St. Louis jails.

The responsible physician will review and document all physical exam findings performed by an RN and all abnormal and/or significant physical exam findings identified by a PA or NP.

- (ii) The medical component of the Initial Health Assessment must include:
 - a) Review of Receiving Screening results and, for women, pregnancy tests.
 - b) Administration of PPD, sexually transmitted disease, and other infectious disease testing procedures as directed by applicable local, state and federal statutes and/or communicable disease programs and/or by NCCHC standards.
 - c) A qualified health professional collecting additional data to complete a medical, dental, and mental health history.
 - d) Physical examination appropriate to the prisoner's age, and risk factors that that includes a comprehensive health history, evaluation of physiologic and metabolic systems, and medically necessary vital signs and statistics (i.e. height, weight, blood pressure and temperature).
 - e) Assessment and treatment of female inmates according to comprehensive and standardized "well woman" gynecological healthcare guidelines. At a minimum, this means, inquiry about menstrual cycle and unusual bleeding, contraceptive medications, the presence of an IUD, breast masses and nipple discharge and possible pregnancy, pre-natal and post-natal care and delivery, if applicable.
 - f) Laboratory testing as clinically indicated and directed by the physician.
 - g) Comprehensive diagnostic testing as clinically indicated.
 - h) An initial problem list with a diagnostic and therapeutic plan for each problem.
 - i) Immunization as appropriate.
- e. Behavioral Health Screening and Evaluation
 - (i) The behavioral health component of the Initial Health Assessment must be conducted by a qualified behavioral health professional.
 - (ii) The behavioral health component of the Initial Health Assessment will include a structured interview with inquiries into psychiatric history, current status of psychotropic medications and drug use and current mental status, emotional response to incarcerations, and screening for intellectual functioning
 - (iii) Prisoners that screen positive for behavioral health problems are referred to behavioral health professionals for further evaluation and treatment. Treatment may include psychiatric evaluation for medication and enrollment in group therapy in topics specific to their issues.
- f. Oral Health Screening and Evaluation
 - (i) The oral health component of the Initial Health Assessment will be conducted by a dentist or qualified health care professional trained by the dentist.

- (ii) The oral health component of the Initial Health Assessment will include a dental history and the charting of decayed, missing, and filled teeth with subsequent referrals for dental care and services.

4. Health Assessment Review

- a. The onsite staff physician will review all comprehensive Intake Health Assessment findings (including medical, behavioral and oral health findings) within 5 business days of each Initial Health Assessment and direct appropriate disposition and/or care plans.

5. Medical Care

The Provider will accept financial responsibility for the provision of all onsite fixed and mobile healthcare services and all offsite outpatient and ancillary healthcare services provided to all inmates. Special financial arrangements for mandatory services provided to federal inmates or inmates of other jurisdictions may be required from time to time.

a. Onsite Primary Care

The Provider will provide all services including all physician services, routine, urgent and emergent care, ambulatory care, laboratory, radiographic, diagnostic, as well as the following specific services:

- (i) Dietary evaluation and management.
- (ii) Health education.
- (iii) Personal hygiene counseling and education.
- (iv) Detoxification and withdrawal: The Provider will provide all medical detoxification services required to treat chemically dependent inmates and those who are acutely intoxicated. The Provider will adhere to the guidelines of the American Society for Addictions Medicine (ASAM) to determine whether detoxification services will be administered at either facility or other offsite healthcare facilities. The Provider may use information and observations provided by custody staff about inmates undergoing detoxification, but the Provider must render and act on its own independent clinical judgment.
- (v) Health evaluation of inmates in segregation.
- (vi) Communicable disease treatment and isolation.
- (vii) Special needs treatment planning, including chronic care clinics and use of restraints. The Provider will develop policies and procedures for its chronic care clinics, including identification of clinics to be established and managed and submit to the City for prior approval. The Provider will provide clinical management of chronic diseases that complies with the following nationally accepted guidelines:
 - a) Asthma: National Heart Lung and Blood Institute Guidelines for Diagnosis and Management of Asthma.
 - b) Type II Diabetes: American Diabetes Association Clinical Practice Recommendations.

- c) Hypertension: National Heart Lung and Blood Institute Guidelines for Prevention, Evaluation, and Treatment of High Blood Pressure.
 - (viii) All ambulatory care, including professional services and infirmary care. The Provider will use policies to guide admission to and discharge from infirmary care.
 - (ix) All onsite provider services.
 - (x) The Provider will communicate treatment options and treatment steps that will be taken with the inmate both verbally and, if requested, in writing.
- b. Offsite Care.
- (i) The Provider will be responsible for paying for and coordinating all offsite physician (primary, specialty, sub-specialty) and medical professional services, subject to the shared risk for certain inpatient hospitalizations detailed in Section VIII Payment Provisions. This will include:
 - a) All offsite testing, laboratory, diagnostic procedures, and supporting examinations.
 - b) All necessary offsite follow-up medical needs for health problems (including mental health) identified by any of the assessments, screening tests, or laboratory tests.
 - c) Prenatal appointments and other services to pregnant inmates.
 - (ii) Outpatient hospital care, excluding all newborn care, inclusive of all institutional charges, physician charges and any and all related charges.
 - (iii) The Provider will develop and maintain a provider network that assures prisoner access to all necessary off-site medical care. The Provider will have discretion in the selection of hospitals and other providers used to provide services for this agreement, so long as their use does not impose undue transport and guarding cost upon the City. The Provider must obtain approval of these selections and any changes during the course of the contract from the Commissioner of Corrections or designee, which will not be unreasonably withheld.
 - (iv) At the City's request, the Provider will provide the City with copies of any contracts, including all payment terms, it executes with off-site facilities and providers.
 - (v) The Provider will adjudicate and pay all "clean" off-site claims within 30 days of receipt.
 - (vi) The Provider will make available to the City any and all off-site claims in an electronic file, upon request. The City may request any fields commonly reported in the HIPAA 837 format.
 - (vii) A summary of claims paid for off-site facility and professional services for the period Mar 2012 – Feb 2013 is included as Appendix B.

6. Women's Health Services

- a. The Provider will perform a pregnancy test during Receiving Screening as described in Section IV Part 1.B. and comply with the Initial Health Assessment requirements outlined in Section IV Part 1.C.
- b. The Provider will be responsible for all prenatal appointments and other services to pregnant inmates, whether provided onsite or offsite.
- c. The Provider will ensure all female inmates receive comprehensive and standardized "well woman" gynecological healthcare services according to clinical guidelines.

7. Behavioral Health Services

- a. The Provider will provide all onsite and offsite psychiatric and psychological health services, including follow-up referrals. The Provider is responsible for offsite psychiatric and psychological services.
- b. In treating inmates with Severe Mental Illness the Provider will use evidence based practices that include assessment of symptom severity, prescription of the appropriate medications that is adequate in both dosage and duration, education on mental illnesses and the importance of medication adherence, and appropriate discharge planning to ensure continuity of care when released from jail.
- c. The Provider will ensure that the on-call physician and nurse on shift have the ability to access the services of behavioral health staff as necessary twenty-four hours per day seven days per week.
- d. The Provider will provide screening, response, medical and mental health treatment to victims of sexual assault in compliance with Prison Rape Elimination Act Community Confinement Standards, Final Rule May 2012³.
- e. The Provider will provide daily visits from Mental Health Professionals to all individuals who are going through detoxification, enroll individuals in a Substance Use Disorder group upon completion of detoxification, and complete referrals to the appropriate community resources for individuals upon release.
- f. The Provider will provide group treatment and other peer treatment services in accordance with nationally-recognized best practices.
- g. The Provider will have treatments and programs in place for individuals who have a serious mental illness, (defined as one that results in serious functional impairment, which substantially interferes with or limits one or more major life activities). These programs will be developed and managed in accordance with nationally recognized standards. The Provider will submit the policies and procedures for these programs to the City for prior approval.
- h. The Provider will provide behavioral crisis treatment throughout the facilities, not just in the infirmary or clinic.
- i. The Provider will typically re-assess all inmates placed on suicide watch within thirty-six hours. If the thirty-six hour period ends during non-business hours, the re-

³ <http://www.prearesourcecenter.org/sites/default/files/library/preafinalstandardstype-communityconfinement.pdf>

- assessment will occur within the first four hours of the next business day. If no improvement in the inmate's condition occurs after three days, staff will meet with a clinical supervisor and determine the appropriate intervention. Evaluation of suicide watch data will be a routine agenda item for the Quality Improvement Committee.
- j. The Provider will collaborate with the St. Louis City Division of Corrections in programs designed to prevent suicide attempts. At a minimum, the Provider will conduct suicide prevention intervention and training for medical, mental health and correctional officer staffs at the facilities. In addition, the Provider will engage in on-going consultative assistance and cooperation to improve program effectiveness.
8. Oral Health Services The Provider will provide oral health services under the supervision of a dentist licensed in the state of Missouri. Oral Health services will include but not be limited to extractions, temporary fillings, treatment of infections, relief of pain, treatment to ensure inmate ability to masticate food and other clinically indicated treatment, and immediate access for urgent or painful conditions. The Provider will provide instruction in oral hygiene and preventive oral health education within one month of admission. The Provider will conduct an oral health examination on all inmates housed longer than one year. The Provider will include dental conditions and treatments in the dental record which will be maintained as part of the medical record of the inmate.
 9. Ambulance and Transportation Services The Provider will utilize emergency and non-emergency ambulance service when transportation to offsite providers requires ambulance service. The Provider is not responsible for the cost of emergency transportation services. The City of St. Louis (Police and Sheriff Departments, the City Marshal, and/or St. Louis City Division of Corrections staff) will provide timely routine transportation to offsite health care providers for St. Louis City inmates at no cost to the Provider.
 10. Sick Call
 - a. The Provider will conduct physician sick call at least five days per week, excluding holidays recognized by the City of St. Louis. The Provider will establish a twenty-four hour/seven day per week nurse triage system to accommodate inmate sick call requests; this triage system must include inmates in temporary housing to ensure access to medical personnel while in temporary housing.
 - b. The triage system will operate under protocols approved by the Medical Director and must clearly define routine, urgent, and emergent referral definitions as well as NCCHC based referral timeframes. The protocols will include the provision of information, status, and results to inmates submitting medical service requests.
 - c. The Provider will conduct nurse sick call and physical and behavioral assessments in facility locations that are not designated as free-movement housing areas. Physician sick call and ancillary services (i.e. x-rays) will be conducted in the medical unit. Inmates housed in facility locations designated as free movement housing units will be escorted to the medical unit for services.
 - d. The Provider will examine and treat any inmate in segregation or who are otherwise unable to attend sick-call in a clinically appropriate designated area within the

segregation area. The Provider will render emergency care at any location within the Correctional facilities.

11. Medical Clearances for Inmate Work The Provider will coordinate with inmate work programs to provide medical clearances for inmate workers within seven business days of request.
12. Medical Clearance for Court Appearance The Provider will perform medical reviews and clearances for St. Louis City Division of Corrections inmates who are referred by Court Order or other directives to Correctional facilities or jails other than St. Louis City Division of Corrections facilities.
13. Individualized Hepatitis A Vaccines The Provider will supply and administer Hepatitis A vaccinations per fiscal year to all Food Service Workers (Inmate and Civilian) working in St. Louis City Division of Corrections facilities as required by City of St. Louis Ordinance. Hepatitis A vaccine sera will be billed the City as other pharmaceuticals.
14. Treatment Plans. For inmates with special medical, behavioral or dental conditions or needs requiring close medical or behavioral supervision including chronic and convalescent care, the responsible physician will develop a written individualized treatment plan. The treatment plan will include directions to health care and other personnel regarding their roles in the care and supervision of the inmate. The treatment plans will follow evidence-based clinical treatment protocols for management of conditions (i.e. asthma, diabetes, severe mental illness, and infectious diseases) and will conform to community standards and evidence-based practices. The treatment plan will be updated at each clinical encounter. Treatment plans for chronic conditions must be reviewed at least every 90 days.
15. Medical Records
 - a. The Provider will maintain a comprehensive, accurate, and integrated medical health, behavioral health and dental medical record for every MSI and CJC inmate consistent with applicable law and based on the Problem Oriented Medical Record approach to documentation
 - b. All paper medical, dental and mental health records will be maintained at the facilities and will remain the property of the City. The records will be maintained separately from an inmate's legal/confinement record.
 - c. The Provider will give the City access to all medical records immediately upon request of the City.
 - d. The City currently uses a paper medical record. If the City implements an electronic medical record during the course of this contract, the Provider is obligated to migrate to it, training all staff and monitoring the integrity of data entry.
 - e. The City will favorably consider the Provider using its own electronic medical record.
 - f. If the Provider uses its own electronic medical record, the data therein are the property of the City. The Provider must deliver any and all data requested by the City, within 48 hours of the request. The Provider must create and deliver all data contained in the electronic record to the City at contract termination.

- g. If either the City or the Provider engages with the state of Missouri's Medicaid Electronic Health Record Incentive program, the Provider will require eligible clinicians to comply with and meet Meaningful Use Requirements and the City and Provider will agree in writing as to the disposition of incentive payments paid to clinicians during any contract that results from this RFP.
 - h. The Provider will update the inmate's medical record at the point of service, and will forward a summary of the record to the appropriate facility in the event of an inmate's transfer. Upon transfer, the medical record will include a Medical Flow Sheet or other transfer of medical information sheet.
 - i. The Provider will ensure that the inmate's Medical Record is transferred to the other City facility at the time of transfer of the inmate but not more than four hours later than said transfer.
 - j. The Provider must take all necessary precautions to ensure medical records and information remains privileged and confidential. These precautions must include but not be limited to keeping them locked and secured from routine traffic.
 - k. The Provider will adhere to and comply with all protections outlined in the Health Insurance Portability and Accountability Act.
 - l. The Provider will ensure that its staff documents all healthcare contacts in the inmate healthcare record in the problem-oriented medical record format (Subjective, Observation, Assessment, Plan (SOAP)).
 - m. The Provider will retain medical records for a minimum of seven years, or as long as legally required.
16. Dietary Plan The Provider will develop a physician-ordered special diet plan for any inmate required to be on special or dental diets. The Provider will review these diets at least quarterly for nutritional adequacy. The Provider will coordinate with the on-site dietary provider for these services if available.
17. Key and Tool Control The Provider must assure that all keys and tools that could pose a danger in the hands of prisoners are accounted for at every provider shift change. The Provider must submit a list of items and a key and tool control policy for approval by the City.
18. Supplies and Durable Medical Equipment The Provider will be responsible for the purchase of and maintenance of all necessary medical supplies and durable medical equipment necessary to meet its obligations contained in any agreement resulting from this RFP. The Provider will provide all durable medical equipment needed by inmates including but not limited to crutches, prostheses, eyeglasses, hearing aids, wheelchairs, and oxygen.
19. Biomedical Waste Disposal The Provider will be responsible for disposal of Infectious Waste and all other biomedical waste in accordance with Missouri State and Federal Law.
20. Payment for Health Services

- a. The Provider will cooperate and comply with the St. Louis City Division of Corrections Policy and Procedures regarding the reporting and assessment of inmate co-payments for medical services. A copy of the City's policy is included as Appendix C.
- b. The Provider will seek and obtain information concerning any health insurance inmates may have that would cover services rendered by the Provider. The City will cooperate with the Provider to obtain this information and will provide any known information. The Provider will notify the entity providing medical services of such third-party coverage. The Provider will reduce the payment to the provider based on the amount paid by a third party in the event fees for any medical services provided to any inmate pursuant to this Agreement are paid or payable by any third party source or sources including but not limited to: Workers Compensation insurance, third party insurance, federal, state, or local health care benefits or programs.

21. Utilization Management

- a. On-Site Services:
 - (i) The Provider will utilize scheduling processes that minimize multiple provider appointments that could be managed in a single visit, minimize duplicate visits, and coordinate visits for health, behavioral health, and/or dental visits to minimize prisoner movement.
 - (ii) The Provider will work with the City to optimize provider productivity by recommending, piloting, and implementing changes to health care service operations to assure that providers are optimally engaged in patient care and optimally performing duties for which they are licensed.
- b. Off-Site Services. The Provider will assure that off-site services are rendered when clinically appropriate through the use of appropriate utilization management decision tools and protocols.

22. Discharge Planning/Comprehensive Care Transitions.

- a. The Provider will work with the City to identify prisoners with significant discharge planning needs, and to develop practices that provide discharge planning prior to release.
- b. The Provider will conduct discharge planning for inmates who have significant medical or behavioral health issues identified in the Initial Health Assessment and who move between correctional facilities (including but not limited to City and County correctional facilities) or are released from the facility and into the community.
- c. Discharge planning may include coordination with community providers that constitutes a "warm hand-off," a scheduled appointment and transportation arrangements, and/or a supply of medications not to exceed seven days.
- d. Upon written authorization of an inmate, the Provider will release medical record information to a specific, designated provider in the community and will include information on date of release or dates of other court appearances.

- e. As the State implements the federal Affordable Care Act and other health reform activities, including possible expansion of public programs, the Provider will collaborate with the City and other City officials to support transitions into health insurance and health care and to facilitate determination of eligibility and possible enrollment into new health insurance options.

B. Prescription Drugs

1. The Provider will deliver a total pharmaceutical system for MSI and CJC commitments and inmates. This system will include physician prescription and management activities, administration of prescription medication, provision of over-the-counter medications, and necessary record keeping and will operate in compliance with all applicable state and federal regulation and law.
2. The Provider will provide all keep on person (KOP) medications in unit dose form (blister pack). The City and the Provider will agree upon a list of medications to be routinely provided as KOP. At a minimum, all prescription antibiotics will be provided as KOP unless the inmate is unable to assume responsibility for self-management.
3. Because of the significant turn-over of jailed prisoners, the Provider may provide most medications as stock. Stock medication must be in blister packs, clearly labeled, and packaged to allow for return for credit where appropriate.
4. All prescription medications will be administered by a licensed healthcare professional in accordance with sound medical practice and at the direction of the treating physician.
5. All controlled substances, syringes, needles and surgical instruments will be securely stored in compliance with the City's facility regulations, DEA regulations, Occupational Safety and Health Administration regulations, and NCCHC standards.
6. The Provider will fill and deliver original prescriptions and prescription refills within twenty-four hours of order unless clinically indicated otherwise. The Provider will contract with a local pharmacy to assure twenty-four-hour delivery on weekends and holidays.
7. Where the Provider can coordinate with community providers, it will permit inmates with a documented, active psychotropic medication prescription who have been compliant with that medication immediately prior to entering the facility, be allowed to have those medications continued regardless of their formulary status, and provided that the medication is not used primarily as an aid for sleep. The Provider will strive to match, as closely as possible, the psychotropic drug formulary used by the community mental health system.
8. The Provider will develop and maintain a medication compliance program at both jail facilities aimed at identifying noncompliant inmates in a manner that allows for timely intervention by the medical or behavioral health staff. The list of medications falling under this provision will be agreed to by the City and the Provider. This program will be reviewed regularly by the Continuous Quality Improvement Committee.
9. The Provider will bill the City for the actual acquisition cost of all medications, net of all rebates and other wholesaler or manufacturer discounts. The Provider will deliver all documentation necessary to substantiate acquisition cost through audit.

10. The Provider will accept medications appropriately returned for credit and will credit the City accordingly.
11. The Provider will assure that a registered pharmacist conducts semi-annual audits of the prescription drug practices at both jails, to determine compliance with applicable federal and state laws and regulations and to recommend improvements to accurate, timely and efficient drug delivery, safeguarding, and distribution.
12. The City retains the right to carve out and separately bid prescription drug services at any time during a contract resulting from this RFP.
13. A summary of medications provided to the jails by volume for the period Mar 2012 – Feb 2013 is included as Appendix D.

C. Services to Non-Inmates

1. Screening Staff The Provider will screen all healthcare staff for illegal drugs, and offer Hepatitis B immunizations and PPD testing at the time of commencement of employment. The Provider will be responsible for these costs.
2. Emergency Medical Treatment for Non-Inmates The Provider will provide emergency medical treatment for visitors, vendors (including health care provider employees) and employees of the St. Louis Division of Corrections at the correctional facilities who are injured or become ill while working within the facilities. Follow-up care will be the responsibility of the visitor, vendor or employee (except as provided by the City's Worker's Compensation Program for City staff).

D. Training of Non-Provider Staff

1. The Provider will provide appropriate in-service training for selected Division of Corrections staff during the first ninety days of any Agreement resulting from this RFP. The topics and schedule will be developed following Agreement signing but will include, at a minimum, suicide prevention activities, education on behavioral health disorders and resulting behaviors, de-escalation techniques, sick call requests protocols, and addressing clinical emergencies.
2. The Provider will provide training to selected Division of Corrections staff at least every six months. Rotating topics must include, at a minimum:
 - a. Techniques to physically subdue/restrain a prisoner with acute mental distress
 - b. Recognizing and diffusing behavioral health problems
 - c. Suicide prevention and interventions, including mock drills practice sessions
 - d. Infectious disease and universal precautions

E. Continuous Quality Improvement (CQI) and Accreditation

1. CQI Committee
 - a. The Provider will develop and maintain a Continuous Quality Improvement (CQI) Committee. The Committee will include, at a minimum, the Health Services Administrator, the Director of Nursing, at least one behavioral health staff member and the Medical Director.

- b. The Committee's objective will be to ensure that high quality cost-effective health care commensurate with community standards is available to all inmates and that clinical and behavioral protocols are adopted and followed.
 - c. The committee will be responsible for developing and implementing programs and strategies that aim to improve quality of care, enhance health care and behavioral health care operations, and assure responsible management of offsite services.
 - d. The committee will meet on a monthly basis.
 - e. A standing agenda item will be the review of inmates on suicide watch.
2. Additional Quality Improvement Activities The Provider will participate in and be involved with other quality improvement and coordination initiatives at the request of the City. These initiatives may include, collaborative efforts with the medical care provider for the St. Louis County jail, the City and County Departments of Health, and the judicial systems including any mental health or drug courts.
 3. Peer Review. The Provider will conduct medical peer review activities that comply with NCCHC standards. In addition, the Provider will fully cooperate with peer review conducted by an external physician at the City's request.
 4. MIS Data and Usage The Provider will utilize its management information system for data collection, analysis, and trending of medical service utilization. One output will be a monthly summary report of onsite and offsite medical service utilization and other data as determined by the Division of Corrections. This report will be submitted by the 10th of each month for the preceding month to the Division of Corrections Contract Monitor. The Provider will maintain a current and comprehensive accounting of inmates requiring chronic medical and mental health care and inmates on medications by facility location.
 5. Policies and Procedures The Provider will develop site-specific Medical, Behavioral and Dental Policies, Procedures and Protocols that comply with National Commission on Correctional Health Care (NCCHC) standards. At a minimum the Provider will evaluate and revise health care site-specific policies and procedures on an annual basis, and as needed or required by the City. The City will review and approve all policies and procedures related to this RFP.
 6. Inmate Grievances Within one month of start-up, the Provider will develop a site-specific procedure to handle inmate grievances consistent with published rules and regulations of the St. Louis City Division of Corrections Grievance procedures. The procedure will ensure that the Provider responds to all inmate medical, behavioral and dental grievances in a timely manner, but not to exceed five days from the Provider's date of receipt of the grievance. The City's Inmate Grievance Policy is included as Appendix E.
 7. National Commission on Correctional Health Care Accreditation
 - a. The City's jails were both accredited by the National Commission on Correctional Health Care (NCCHC) subsequent to site visits in October 2011. The Provider will maintain NCCHC accreditation for both City of St. Louis Division of Corrections facilities throughout the contract period. This will require submission of Annual Maintenance Reports (AMRs) and accreditation site visits before October 2014. The

City must review and approve AMRs before submittal. The Provider will incur all costs associated with achieving and maintaining NCCHC accreditation over all contract term periods.

- b. The Provider will develop the timeframe and action plan for all NCCHC accreditation compliance activities. The Provider will submit this timeframe and action plan to the City.
- c. To the extent required to achieve NCCHC Accreditation, the Provider will provide all health care services in compliance with the 2008 or most recent Standards for Health Services in Jails, established by the National Commission on Correctional Health Care (NCCHC).
- d. Failure to obtain such accreditation within the specifications of the Agreement will result in the Provider being considered in breach of contract, and subject to a penalty of \$100,000 per facility, unless the failure is due to circumstances outside the control of the Provider, including physical plant limitations or the City's inability to meet its obligations as defined by NCCHC standards. The penalty will be assessed on the date on which NCCHC deems that the facility loses accreditation status.

F. Transition and Start-Up

1. The Provider must perform start up activities necessary to enable the Provider to begin performance of contract activities at the contract start date. Within 10 calendar days of the contract award, the Provider must submit a revised, expanded, detailed narrative of the Start Up Transition Plan to the City. Start-up activities will not take more than ninety days (90) days. The Start Up Plan must ensure the Provider works in partnership with the City, all subcontractors, and all specialty service providers, to deliver uninterrupted clinical and administrative services that ensure the continuity of care to City inmates, including infrastructure of systems, staffing and providers. The Provider must continue to revise the Start Up Plan and submit to the City monthly basis at a minimum, until all items have been successfully implemented and accepted by the City.
2. The Contractor acknowledges that no compensation will be paid to the Contractor during the startup period.
3. The Provider will fully cooperate with the ninety day post start-up audit conducted by the City and/or its designees and designed to measure compliance with RFP Scope of Services and NCCHC Standards.

G. Communications and Community Planning and Supports

1. Collaborative and Regular Communications The Provider will maintain regular, collaborative communications with St. Louis City Division of Corrections and will actively cooperate in all matters pertaining to services provided under this RFP.
2. Division of Corrections Primary Contact The Provider will communicate regularly with the Division of Corrections designated employee(s) that serves as the contract monitor for the St. Louis City Division of Corrections.
3. Consultation Support to St. Louis City Division of Corrections The Provider will consult with the St. Louis City Division of Corrections on any and all aspects of the healthcare delivery system at both facilities including evaluations and recommendations concerning

new programs, architectural plans, staffing patterns for new facilities, alternative healthcare strategies, and on any other matter relating to the provision of correctional healthcare services where the City seeks the advice and counsel of the Provider.

4. Collaboration with Key Community Partners The Provider will develop collaborative relationships with St. Louis County Division of Corrections, its health care provider, the City and County Health Departments, community mental health providers, local judicial officials, and hospitals to identify opportunities for collaboration, protocol development and management, and peer review activities that support the objectives of this RFP. The Provider will regularly report on these relationships and subsequent activities and projects to the City's Director of Public Safety. Opportunities to be addressed during this contract may include but are not limited to:
 - a. Uniform practices to:
 - (i) Screen female prisoners for pregnancy and all prisoners for infectious disease
 - (ii) Assure continuous treatment across jails and post-release for prisoners under treatment for infectious disease
 - b. Community policies to:
 - (i) Divert persons with serious mental illness from the jails where appropriate
 - (ii) Assure that inmates with serious mental illness are maintained on appropriate psychotropic medication regimens across community settings
5. Discussions with Local Civic Groups and Visiting Officials The Provider will represent the healthcare unit in discussions with local civic groups or visiting officials as mutually agreed upon by the parties when requested by the St. Louis City Division of Corrections.
6. Health Reform Changes As the State implements the federal Affordable Care Act and other health reform activities, including possible expansion of public programs, the Provider will collaborate with the City and other City officials to support transitions into health insurance and health care and to facilitate determination of eligibility and possible enrollment into new health insurance options.

H. Staffing Requirements

1. General
 - a. The Provider will recruit, interview, hire, train and supervise all health care staff to meet all conditions and specifications contained in any Agreement resulting from this RFP.
 - b. The Provider will remove a staff member from his/her role in providing services in the City facilities immediately upon request from the City.
 - c. The Provider will recruit and employ or contract only licensed and qualified personnel. The Provider will interview each candidate for employment or contract with special focus on technical expertise, emotional stability and motivation.
 - d. The Provider will conduct criminal background checks on all employees as a prerequisite for initial and/or continued employment.

- e. The Provider will ensure that all personnel comply with current and future State, Federal, and Local laws and regulations, administrative directives, and policies and procedures of the St. Louis Division of Corrections.
- f. The Commissioner of Corrections or designee will review completed applications, background checks, and related credentials prior to the Provider's extending an offer for employment and will have final approval on healthcare staff.
- g. The Provider will ensure that all medical staff providing services under this contract are licensed to practice in the State of Missouri and that the license is current, in "good standing," and that the healthcare provider is otherwise unimpaired.
- h. The Provider will take immediate action in order to meet the requirement that vacant positions be filled within thirty days from the date of such vacancy to ensure the Provider will meet all performance obligations. Positions will not be considered vacant for purposes of this paragraph if filled by part-time staff, overtime of existing staff, PRN, or other temporary staff for a period of not more than ninety days. The Provider will refund the City the cost of salary and fringe benefits plus 10% for each day that a position contained in the staffing model approved in the contract remains unfilled beyond the thirty day period or by a part-time staff or overtime of existing staff beyond ninety days.

2. Training and Support

- a. The Provider will ensure that all newly-hired employees, regardless of position, are provided with appropriate orientation within one week of start date. The provision applies to all employees including contract, temporary and full-time.
- b. The Provider will coordinate with the St. Louis City Division of Corrections to ensure they provide facility operations and security matters orientation within one week of start date of a new employee. The Provider will not provide this training and orientation. The provision applies to all employees including contract, temporary and full-time.
- c. The Provider will deliver appropriate in-service training and scheduled continuing educational programs to healthcare staff throughout the contract period. All healthcare staff will receive monthly in-service training. Selected training topics and programs will be identified on an ongoing basis through the Continuous Quality Improvement Committee, contract auditing and compliance processes, or as identified by the Department of Corrections. The Provider will conduct in-service training for medical and behavioral health care staff during the first sixty days of any Agreement resulting from this RFP. The schedule and approach to training and education programs will be submitted to the City for review and approval but will include, at a minimum:
 - (i) Suicide Prevention
 - (ii) Recognizing the Signs of Mental Illness
 - (iii) Medication Ordering and Administration
 - (iv) Managing Off-site Referrals

- (v) Intake Medical and Mental Health Screening
 - (vi) Managing Inmate Sick-Call Requests
 - (vii) Effective Infection Control Procedures
 - (viii) Transition Planning and Processes
 - (ix) The Provider will develop additional training sessions as new processes with courts, local public health, state insurance programs, and the state Health Benefit Exchange develop throughout the contract.
- d. The Provider will provide for and pay for online medical resources and guides to support the medical, behavioral and dental staff in providing appropriate healthcare according to the most recent protocols. At a minimum, this requires subscription to “Up To Date” or a comparable medical resource.

3. Staff Management

- a. The Provider will maintain personnel files in the healthcare unit for all healthcare personnel. The Provider will make these files available to St. Louis Division of Corrections upon reasonable request and within three business days of request. These files will include professional licensure, relevant medical education and training, all in-service training sessions attended and other pertinent education programs.
- b. All personnel hired by the Provider will be on the Provider's payroll, and the Provider will pay all wages, fringe benefits, payroll taxes and any other employee- related costs. The City understands and agrees to independent contracting of or delegation of personnel that might be necessary in order for the Provider to discharge its obligations under the RFP. As the relationship between the Provider and these health care professionals will be that of independent contractor, the Provider will not be considered or deemed to be engaged in the practice of medicine. However, this does not relieve the Provider from monitoring its subcontractors performance related to professional conduct, and ensuring compliance with any Agreement that results from this RFP.
- c. The Provider will distribute to each staff member a written job description that defines the specific duties and clearly delineates assigned responsibilities. The Provider will submit these job descriptions to the St. Louis Division of Corrections upon execution of a contract. Job descriptions will be approved by St. Louis City Division of Corrections and will be reviewed at least annually and updated as needed.
- d. The Provider will provide St. Louis City Division of Corrections a list of employees, the positions they hold, and the number of hours worked each week on a monthly basis.
- e. The Provider will comply with all Federal, State, and Local laws and standards pertaining to:
 - (i) Recruitment practices
 - (ii) Equal employment opportunities
 - (iii) License/certification requirements

- (iv) Staff training and personnel development
 - (v) Continuing education
 - (vi) Performance review
 - (vii) St. Louis City Ordinances and Division of Corrections Policies
- f. The Provider will adhere to the staffing schedule agreed upon in the contract.
- g. The Provider will monitor the performance of healthcare staff to ensure adequate job performance in accordance with job descriptions and the terms of any agreement resulting from this RFP. The Provider will conduct all disciplinary actions against employees and document all activities related to disciplinary actions in each employee's file.
4. Staffing Model
- a. The Provider will provide staffing that delivers the required levels of service and enables licensed professionals to practice at the fullest scope allowed under Missouri regulations. The Provider may use para-professional and support staff to maximize the efficiency of health care operations. In addition, the Provider will propose and, where agreed to by the City, implement staffing efficiencies throughout the course of the contract, particularly where recruitment and retention challenges develop. The following staffing requirements are considered minimal.
- b. Administration and Management
- (i) The Provider will have a full-time Health Services Administrator who will oversee and manage healthcare operations of the St. Louis City Division of Corrections facilities. The Health Services Administrator must have previous experience in a correctional health care facility environment unless otherwise approved by the Commissioner of Corrections or designee.
 - (ii) The Provider will have a Director of Nursing appointed to the MSI and one appointed to the CJC. These individuals will provide general oversight and management for healthcare operations at that facility and will coordinate and collaborate with one another to ensure similar approaches and policies are followed in both facilities. The Director(s) of Nursing must have previous experience in a correctional health care facility environment unless otherwise approved by the Commissioner of Corrections or designee.
 - (iii) The Provider will assign the duties described in Section IV.1.6.d for collaboration with key partners to a specific individual who is approved by the City. The individual may be the HSA, a clinician, or another party with appropriate skills and knowledge.
- c. Medical Care Personnel Requirements. In accordance with NCCHC standards, the Provider will engage physicians and/or mid-level providers, in accordance with state law, to provide a minimum of 80 hours per week of clinical services. A supervising physician must be available where mid-level providers are employed as required by the State of Missouri Licensing Board. A summary of state regulations regarding mid-level providers is included as Appendix F.

Department of Corrections Inmate Healthcare and Associated Services Contract

- (i) The Contractor must establish collaboration agreements for all mid-level providers and must provide supervision, consultation and work review for each mid-level provider and each limited license provider as required by the State of Missouri Licensing Board.
- (ii) The Contractor must provide onsite supervision for mid-level providers as required by the State of Missouri Licensing Board
- (iii) The Contractor must further supervise mid-level providers through chart review as required by the State of Missouri Licensing Board. The chart reviews must be documented in the prisoner medical record as appropriate and a report must be provided to the City.
- (iv) The Provider will employ a single Medical Director who will oversee and manage clinical quality for all matters related to inmate healthcare. Such clinical oversight must recognize and adhere to accepted community standards. This function includes oversight of inmate sick call, all health care related assessments and screenings, onsite and offsite referrals, prescription drug needs, clinical mental health issues, mandatory supervision of mid-level providers in accordance with state law, collaboration with behavioral health providers, coordination with community providers for off-site care and for aftercare, and all other matters related to maintaining and improving delivery of health care to CJC and MSI inmates.
- (v) The Provider will ensure that at a minimum one covering physician is available or on call seven days per week, twenty-four hours per day as mandated by community standards.
- (vi) The Provider will employ a half-time practitioner with at least three years of experience with women's health and prenatal care services, to serve the women at both facilities. This person must provide appropriate on-site prenatal services, supported by phone and e-consultation with an obstetrician. This person may be a family physician, Advanced Practice Nurse, or Physician Assistant.
- (vii) The Provider will require that its physicians attempt to secure admission privileges at a local hospital, preferably with contracted hospitals.
- (viii) The Provider will provide qualified nursing staff at the City's Corrections Facilities so that appropriate medical care is delivered on a twenty-four hour seven-day per week basis. This means that at least one Registered Nurse will be working on each shift twenty-four hours per day/seven days per week at each of the locations. A Registered Nurse will be responsible for supervision of other RNs, LPNs, and non-licensed health care staff. , mid-level nurses. Nurse staffing must also be sufficient to assure that:
 - a) Receiving Screening is carried out within four hours of lock up
 - b) Inmate requests for health care services are triaged from all locations, including CJC holding area, with 24 hours

- c) Prescription drugs and other medications are administered on time and correctly
 - d) Appropriate and timely medical detox services are provided
 - e) Patient education and medical discharge planning are conducted appropriately
- d. Behavioral Health Staffing Requirements.
- (i) The Provider will provide appropriate mental health staff to assure that appropriate behavioral health services are delivered at each location.
 - (ii) Staff will include a full-time, senior mental health professional who, in addition to providing care, will have the responsibility for:
 - a) Supervision of Behavioral Health staff and services at both facilities (at least weekly at each site)
 - b) Conducting peer review activities
 - c) Review of individuals on suicide watch
 - d) Collection of data on Behavioral Health services
 - e) Developing relationships with community mental health providers
 - (iii) At a minimum, services must include:
 - a) Mental health assessment and evaluation at intake, health assessment, and in segregation
 - b) Crisis intervention
 - c) Suicide evaluation
 - d) Medication administration and management
 - e) Group treatment
 - f) Discharge and aftercare planning
 - g) On-call services during nights and weekends for suicide attempts, behavioral health assessments identified during Receiving Screening, and psychiatric medication emergencies. This service will include traveling to the facility if necessary
 - h) Psychiatric evaluation in the housing units where clinically appropriate
 - i) Collaboration with medical staff on integrated plan of care
- e. Oral Health Staffing. The Provider will provide appropriate dental staff to assure that oral health screening and medically necessary dental services are provided to prisoners at both facilities. At a minimum, this will include a dentist and dental assistant performing duties that comply with the State of Missouri Licensing Board.

f. Ancillary Staff and Clinical Team Members

- (i) The Provider will provide appropriate staff to carry out medical record functions.
- (ii) The Provider will provide appropriate staff to carry out functions related to prescription drug procurement, safeguarding and distribution.
- (iii) Efficient teams that provide support to clinicians and minimize clinician time spent on administrative tasks are strongly encouraged. The Provider should exercise flexibility and creativity in staffing areas and shifts in order to assure the most favorable response and prompt delivery of quality, gender-specific prisoner medical services to meet the needs of the City. The Provider is encouraged to engage psychiatric nurses, certified nursing assistants, secretaries, pharmacy technicians, schedulers, medical assistants, medical record technicians, and/or other appropriately trained ancillary personnel to assure efficient and timely delivery of medical, nursing, behavioral health, and dental services.

Section V. Physical Plant and Equipment

A. Business Equipment, Medical Equipment and Supplies

1. The Provider will provide and pay for all business equipment and supplies necessary to meet the Provider's obligations contained in any agreement resulting from this RFP. Although not comprehensive, this includes computers and related equipment, copier machine and supplies, fax machine, pagers, two-way radios, phones and related equipment, long-distance phone and fax calls. Business equipment and supplies leased or purchased by the Provider will remain the property of the Provider.
2. The Provider may utilize existing medical equipment and medical supplies in place at contract start-up.
3. The Provider will supply and have financial responsibility for all medical supplies and durable medical equipment necessary to meet its obligations contained in this RFP. Supplies and durable medical equipment introduced into either facility will become and remain the property of the City.
4. The Provider will inventory all facility medical equipment and supplies at contract start-up and termination and share the results with the City. The inventory will report on the condition of all equipment, all scheduled maintenance, and maintenance records. The City reserves the right upon reasonable notice to request additional inventory procedures.
5. The Provider will be responsible for identifying the need for new medical equipment and for bringing quotes for necessary equipment with a unit cost exceeding \$500 to the City for approval before purchase. The City will be responsible for the cost of all new equipment where the unit cost exceeds \$500.

B. Equipment Maintenance and Repair

1. The Provider will assure that at all times all medical and dental equipment is properly maintained, scheduled maintenance is carried out, and all equipment is maintained compliance with local, state and Federal guidelines and regulations.
2. The Provider will be responsible for the maintenance, repair, and replacement of equipment and parts that become damaged, broken or render the equipment to be inoperable or unsafe. The City will be responsible for the cost of routine maintenance, repair, or replacement costs in excess of \$500 per incident.
3. The Provider will be responsible for the cost to repair/replace any equipment, supplies or assets damaged by employees, agents or subcontractors of the Provider, regardless of the cost.
4. The City will be responsible for providing general cleaning supplies and general cleaning services to maintain the medical services work areas. The Provider will be responsible for providing cleaning supplies used primarily in a healthcare setting and special cleaning services necessary for a healthcare work environment.

5. The Provider will assume full responsibility for any damage to City of St. Louis' equipment or premises that are caused by the negligent or intentional acts or omissions of the Providers employees, agents, or officers.
- C. Telephone and Internet Services The City of St. Louis will provide existing phone service (excluding long-distance service), internet service, heat, electricity, and habitable space.

Section VI. Performance Requirements

- A. Decision-making Authority The Provider will have sole decision-making authority in all matters regarding inmate healthcare. The Provider will have primary, but not exclusive responsibility for the identification, care and treatment of inmates requiring medical care and who are "security risks", or who present a danger to themselves or others. On these matters of mutual concern, the St. Louis City Division of Corrections and staff will support, assist and cooperate with the Provider, and the Provider will support, assist and cooperate with the St. Louis City Division of Corrections whose decision in any non-medical matter will be final.
- B. Collaborative and Regular Communications The Provider will maintain regular, collaborative communications with St. Louis City Division of Corrections and will actively cooperate in all matters pertaining to services provided under any Agreement resulting from this RFP.
- C. Investigations and Evaluations Where incidents or circumstances require investigations or evaluation, including but not limited to inmate deaths, assaults on staff, and staff security breaches, the Provider will assure full and immediate response to the City requests for staff participation in the investigation or evaluation. The Provider will be assessed a fee of \$1,000 for each day that each staff person fails to comply with the City's request.
- D. Quarterly Meetings The Provider will organize, schedule, prepare the agenda and provide minutes for quarterly review meeting between the City staff and the Provider staff for the discussion of the report and evaluation of services provided and costs incurred under any Agreement resulting from this RFP. Within thirty days of execution of an agreement resulting from this RFP, the Provider will submit the schedule of these quarterly meetings.
- E. Cooperation with Monitoring The Provider will cooperate with all City contract monitoring activities through designated City Department of Corrections contract monitor(s) or other investigative and peer review entities provided by the City. All books, records financial statements, reports, medical records, etc. are to be made available for all contract monitoring activities. These books, records financial statements, reports, medical records, etc. are to be made available for all contract monitoring activities within five business days of receipt of request.
- F. City of St. Louis Access to Records The Provider agrees that the City or any of its duly authorized representatives will at any time during the term of any Agreement resulting from this RFP have access to, and the right to audit and examine, any pertinent records of the Provider related to the Agreement. Such records will be kept by Provider for a period of not less than five years from the date the records are made, unless the City authorizes their earlier disposition. Provider agrees to refund to the City any overcharges disclosed by any such audit, or to take other corrective action as may be required. The City agrees to refund to the Provider any underpayments disclosed in such audits.

G. Audits and Inspections

1. The Provider will participate in requested St. Louis City Division of Corrections audits to measure compliance to Scope of Services provided through any Agreement resulting from this RFP. The Provider will prepare follow-up action plans to achieve compliance with specifications of Scope of Services of this RFP.
2. The Provider, in conjunction with the Department of Corrections, will conduct a ninety-day post start-up audit to measure compliance with RFP Scope of Services and NCCHC Standards.
3. The Provider will partner with the designed City contract monitor(s) in conducting regularly scheduled audits to measure compliance with Scope of Services and NCCHC Standards and to verify cost and accurate payment for off-site services. The City may conduct contract audits as deemed necessary and the Provider will cooperate with the City to complete the audits. The Provider will follow-up such audits with corrective action plans within ninety (90) days of each audit. These audits are in addition to ninety (90) day post start-up audit.
4. The Provider will participate and cooperate with environmental and health inspections conducted by the St. Louis City Division of Corrections and/or the St. Louis City Department of Health. The Provider will cooperate and participate with all communicable disease management activities directed by the St. Louis City Department of Health, State, and/or Federal guidelines required by applicable laws.
5. The Provider will require staff to report any problems and/or unusual incidents to the St. Louis City Division of Corrections and/or contract monitor. Incidents will be discussed in quarterly contract management meetings.

H. Reports The Provider will comply with all reporting requirements outlined in any Agreement that results from this RFP. These reports will include, but not be limited to, the reports specified in Appendix G.

1. The City and the Provider will, within thirty days of the execution of an agreement, formulate a monthly and quarterly report form which will establish the basis of the quarterly review sessions. The City, at its discretion, will reserve the right to monitor, in every respect, the performance of the Provider upon execution of an agreement resulting from this RFP.
2. The Provider will develop and submit monthly financial reports that will include, but not be limited to: risk sharing calculations; off-site claims paid including charges, prescription drugs provided, and inmate information;
3. The City reserves the right to amend and change these reports based on both internal and external requirements. Such changes might include but not be limited to, expansion of Medicaid and other public programs and requested additional details on any components of work provided by the Provider.
4. The Provider will submit an annual report based on the -contract year, giving a comprehensive review of the monthly statistical and program reports and examining significant trends and issues. This report is due no later than 60 days after the end of each contract year. This report informs the City of the overall operation of the

healthcare delivery system and significant achievements affecting the healthcare program. The Provider will include in this report, recommendations to the City and contract monitor with regard to desirable changes in medical procedures and/or protocols.

- I. Review of Protocols, Policies and Procedures The Provider will submit protocols, policies and procedures to the Department of Corrections upon request for review and prior approval. The Department of Corrections will, at a minimum, review the protocols, policies and procedures during the Start-Up Audits to be conducted during the first 90 days of an Agreement resulting from this RFP.
- J. Service Level Agreements
 1. The Provider will be accountable for meeting explicit Service Level Agreements (SLAs) and will be assessed penalties for failure to meet SLAs. Two SLAs that will begin with an Agreement resulting from this RFP are detailed in Appendix H and will be in place throughout the term of this contract or until such time as the City elects to amend them. Prior to making any amendments, the City will seek the input of the Provider.
 2. The Provider will track and monitor data and information in order to assess the need for SLAs in the additional areas listed below.
 - a. Completed discharge plans
 - b. Controlled Substances
 - c. Receiving Screening Disposition
 - d. Behavioral health groups sessions
 - e. MAR documentation
 3. The Provider and the City will agree on all elements of SLAs that may derive from analysis of this data. Either party may recommend additional areas for possible SLAs throughout the period of the Agreement.
- K. Termination Provisions
 1. The Agreement awarded in response to the RFP may be terminated by St. Louis City Division of Corrections or Provider with or without cause, penalty or recourse by giving the other party not less than seventy five (75) days written notice of intent to terminate as of the date specified. The Agreement will not be assignable without prior written consent of both parties. An attempted assignment without such consent will be void and of no effect.
 2. In the event that the City will give written notice to Provider that Provider has displayed a significant pattern of non-compliance and has materially defaulted in the performance of any of its obligation under any agreement resulting from this RFP and such default will not have been cured within thirty (30) days following the giving of such notice, the City will have the right to immediately terminate the term of the Agreement or reinstate the Agreement based upon corrective action. In the event of such termination, the City will have no liability to Provider for the remainder of the term of the Agreement. In the event the default has not been cured within thirty (30)

days following notification, the City reserves the right to withhold one month's payment from the Provider until such time that an acceptable cure is reached.

Section VII. Miscellaneous Requirements

- A. Forensic Activity Prohibition The Provider is prohibited from assisting with or providing forensic activities in any manner.
- B. Inmate Research Prohibition The Provider is prohibited from participating in or conducting any research projects involving inmates or detainees without the prior written consent of St. Louis City Division of Corrections.
- C. Prohibition Against Security Activities The Provider will have no direct responsibility for the security at the St. Louis City Division of Corrections facilities or for the custody of any inmate at any time as all matters related to facility security are the sole responsibility of the St. Louis City Division of Corrections.
- D. Collection and Payment of Taxes The Provider will be responsible for collection and payment of all required taxes (Local, State, Federal) relating to its performance under any agreement resulting from this RFP. The City is prohibited by ordinance from awarding contracts to companies that are delinquent in paying taxes.
- E. Minority and Women Business Enterprise The Provider will comply with the Minority and Women Business Enterprise requirements outlined in Appendix I.
- F. Licenses and Permits The Provider will obtain and maintain at its expense and in its name, all necessary licenses and permits required to perform the services required under any Agreement resulting from this RFP.
- G. Compliance with Safety and Sanitation Laws The Provider will abide by all City, State, and Federal laws and all sanitation, safety and fire codes, regulations and other ordinances pertaining to the Provider's operations pursuant to any Agreement resulting from this RFP.
- H. Furnish All Services. During the term of the Agreement, the Provider has full responsibility for the successful performance and completion of all of the services specified. The City will consider Provider to be the sole point of contact with regard to all contractual matters, including payment of any and all charges for services and deliverables. The Provider understands and agrees that this is a requirements contract and the City will have no obligation to the Provider in providing the Provider's services.
- I. Subcontracts. In any subcontracts entered into by Provider for the performance of any services, the Provider must require the Subcontractor, to the extent of the services to be performed by the Subcontractor, to be bound to Provider by the terms of the contract and to assume toward Provider all of the obligations and responsibilities that Provider, by the contract, assumes toward the City. The City reserves the right to receive copies of and review all subcontracts. The management of any Subcontractor is the responsibility of the Provider, and the Provider must remain responsible for the performance of its Subcontractors to the same extent as if the Provider had not subcontracted such performance. The Provider must make all payments to Subcontractors. Except as otherwise agreed in writing by the City and Provider, the City will not be obligated to direct payments other than to Contractor. The City's written approval of any

Subcontractor engaged by the Provider to perform any obligation under the contract will not relieve the Provider of any obligations or performance required under the contract.

- J. Acts of God The Provider will not be responsible for performing, if they are unable to perform, the duties and responsibilities imposed by the Agreement during fires, civil disobedience, riots, rebellions, acts of God and similar occurrences beyond the control of either the City or the Provider, unless mutually agreed otherwise.
- K. Americans With Disabilities Act In connection with the furnishing of goods and services under any Agreement resulting from this RFP, the Provider and any subcontractors will comply with all applicable requirements and provisions of the Americans With Disabilities Act (ADA).
- L. Non-Discrimination In connection with any Agreement resulting from this RFP, the Provider agrees that in performing any services resulting from the Agreement, neither he/she nor anyone under his/her control will permit discrimination against any business, employee or applicant for employment because of race, creed, color, religion, national ancestry or origin.
- M. Indemnification The Provider will defend, indemnify and save harmless the City, up to the limits of the Provider's applicable insurance policies, its appointed and elective officers, employees, and agents from and against all loss or expense, including but not limited to judgments, settlements, attorney's fees and costs by reason of any and all claims and demands upon the City, its elected or appointed officials or employees for damages because of personal or bodily injury, including death at any time resulting thereof, sustained by any person or persons and on account of damage to property including loss of use thereof, by reason of or in connection with the negligent performance of any Agreement resulting from this RFP or any negligent act, error or omission of Provider, Provider's employees, agents or subcontractors.

To the extent permitted by the law, City will defend, indemnify and save harmless the Provider, its appointed and elective officers, employees, agents from and subcontractors from and against all loss or expense, including but not limited to judgments, settlements, attorney's fees and costs by reason of any and all claims and demands upon the Provider, its elected or appointed officials or employees for damages because of personal or bodily injury, including death at any time resulting thereof, sustained by any person or persons and on account of damage to property including loss of use thereof, resulting from any negligent act, error or omission of City, City employees or agents.
- N. Agreement Representatives Any changes in the method or nature of work to be performed under any Agreement resulting from this RFP must be processed by the Department of Corrections through the Provider's representative. Upon execution of the Agreement, City Department of Corrections will name its representative who will represent the City under the Agreement.
- O. Validity The invalidity, in whole or in part, of any provision of any Agreement resulting from this RFP will not void or affect the validity of any other provision of the Agreement.
- P. Waiver Waiver of any breach or condition of any Agreement resulting from this RFP will not be deemed a waiver of any prior or subsequent 'breach. No term or condition of

any Agreement resulting from this RFP will be held to be waived, modified, or deleted except by an instrument, in writing, signed by the parties thereto.

- Q. Governing Law Any Agreement resulting from this RFP will be governed by and construed and interpreted in accordance with all provisions of the Constitution and the laws of the State of Missouri.
- R. Performance Bond Provider must provide a Performance Bond in an amount equal to 15% of the total value of the contract, which must contain specific language that identifies the insurance provider, the amount of liability coverage provided, and guarantees the Provider will faithfully perform the obligations under the Agreement, the fidelity of officers, agents, sub-contractors and employees of the Provider or indemnifies the Provider for losses caused by dishonesty or a want of fidelity on the part of any person employed, acting under the authority of the Provider or in contracted service to the Provider. The bond will be in force prior to the award of the contract and will remain in force during the initial and any subsequent term of any contract. The City will retain the right to withhold Provider's contracted monthly fees in the event the Provider fails to meet its performance obligations under the Contract. After RFP has been awarded, successful Provider must provide St. Louis City Division of Corrections the Performance Bond within seven days of notification of award.
- S. Insurance Provider will provide and maintain, at its own expense, during the term of any Agreement resulting from this RFP, the following programs of insurance covering its operations hereunder. Such insurance will be provided by insurer(s) licensed to do business in the State of Missouri and evidence of such programs will be delivered to City within thirty (30) days of the effective date of any Agreement resulting from this RFP. Such evidence will specifically identify the Agreement.
1. Worker's Compensation Insurance as required by the State of Missouri.
 2. Professional liability in the amount of \$1,000,000 per occurrence and \$3,000,000 in aggregate, with the City named as additional insured. If "claims made" is provided, continuing liability coverage ("tail") of at least five (5) years must be in force.
 3. General liability and Personal Injury Insurance up to \$3,000,000 with the City named as additional insured.

Section VIII. Payment Provisions

Contract Year One

In the first contract year, the City will compensate the Provider for services and medications using the following methods.

A. Medical Per Diem Payments

The City will pay the Provider a fixed cost per diem, specific to each facility. The Provider will be responsible for all on-site and off-site services with the exception of inpatient hospital costs in excess of \$20,000 per admission.

Medical per-diem payments will be made monthly based on the prior month's Average Daily Population.

B. Prescription Drug and Other Medication Payments

The City will pay the Provider for prescription drugs and other medications at the Provider's acquisition cost, minus any rebates and other discounts accrued to the Provider.

Prescription drug and other medication payments will be paid monthly based on the Provider's invoice of medications delivered to the facilities. The Provider will remit quarterly rebate payments to the City, with documentation of how rebates were calculated.

C. Administrative Fee for Other Medication Services

The City will pay the Provider an administrative fee for medication services, based on either a per-prescription fee or a per-inmate fee, which will be mutually agreed upon by both parties.

The medication administrative fee will be paid monthly based on the prior month's number of prescriptions or total Average Daily Population.

D. Risk Sharing for Hospital Admissions Exceeding \$20,000

For each inpatient admission exceeding \$20,000, the City will cover 80% of the cost over \$20,000 and the Provider will cover 20% of the cost over \$20,000.

E. Medicaid Payments for Inpatient Hospital Services

In the event that the City is able to obtain Medicaid funding for any inpatient hospitalizations during a contract resulting from this RFP, the Provider will credit to the City the hospital's allowed charges for each admission up to \$20,000 and 20% of the hospital's allowed charges in excess of \$20,000.

Subsequent Contract Years

In the second and subsequent contract years, the City and the Provider will, using claims and other data, re-negotiate the per diem fees and the threshold for risk sharing for hospital admissions. Second and subsequent year contracts will also address changes in the scope of services to maximize the public safety, health care outcomes, and public financing opportunities

City of St. Louis, Department of Public Safety

Department of Corrections Inmate Healthcare and Associated Services Contract

made possible by the Affordable Care Act in Missouri, including processes, systems, and practices to improve continuity of care when prisoners enter or leave the jail and/or to capture revenue available for on-site and off-site services as it may become available.

The table below illustrates pricing of each payment element by contract year.

Payment Element	Year 1	Year 2	Year 3	Year 4 and 5 (Optional)
Medial Per Diem	Contracted Rate by Facility	Negotiated	Negotiated	Negotiated
Medications	Acquisition cost net of rebates and discounts			
Administrative Fee for Medication Services	At contracted rate for Years 1 - 3			Negotiated
Inpatient Hospital	Provider covers to 100% to \$20,000 per admission, risk sharing above that amount at 20% Provider, 80% City	Negotiated	Negotiated	Negotiated
Inpatient Hospital Paid by Medicaid	Provider credits City for the hospital allowed amount up to the per-case threshold and the Provider's risk-sharing amount over the threshold			

Section IX. **Proposal Submittal Requirements**

A. Key Milestones and Timeline

RFP RESPONSE TIMELINE	
RFP Issue Date	Tuesday, September 3, 2013
Questions Due	Wednesday, September 11, 2013
Responses to Questions Posted	Tuesday, September 17, 2013
Notification to City of Attendance at Mandatory Site Visit	Thursday, September 19, 2013
Mandatory Site Visit	Monday, September 23, 2013
Proposals Due	Monday, October 7, 2013
Projected Award Decision	Friday, November 15, 2013
Anticipated Contract Signature	Tuesday, December 31, 2013
Anticipated Contract Start Date	Tuesday, April 1, 2014

1. The City of St. Louis will accept questions and/or requests for clarification until 5:00 p.m. C.D.T. on the date identified in the table above. Questions must be directed to Kimberly Cole, Executive Assistant for the Division of Corrections, and submitted via email to: coleki@stlouis-mo.gov. The City of St. Louis will not respond to questions received after this time.
2. The City will post responses to all questions on its website by 5:00 p.m. C.D.T. on the date identified in the table above. The City will not be responsible for any oral instructions given with regard to the completion and submission of any proposals. Any interpretation of this document or any of its attachments will be made only by duly issued addendum. The City will not be responsible for any other explanations or interpretations of this document or any of its attachments.
3. Any addenda the City issues following the release of the RFP will be posted on the City's website concurrent with the question responses. Proposing Providers are responsible for monitoring this website and for all information and addenda posted therein.
4. Proposing Providers must attend the mandatory site visit at 9:00 a.m. C.D.T. on the date indicated in the table above at the City Justice Center. The City will provide a tour of both facilities.
5. In order to participate in the site visit, attendees must notify Kimberly Cole, Executive Assistant for the Division of Corrections by 5:00 p.m. C.D.T on the date indicated in the table above. Notification must be submitted via email to: coleki@stlouis-mo.gov.
6. Proposals are due by 5:00 p.m. C.D.T. on the date indicated in the table above.

B. Submission and General Requirements

1. The proposals will be organized in the following order:
 - a. Cover Letter
 - b. Response to Minimum Requirements
 - (i) Narrative description of corporate structure and experience (4 page limit)
 - (ii) References
 - (iii) Cancelled contracts
 - (iv) Settlements and pending legal actions
 - (v) Letter of intent to insure
 - c. Response to Scope of Work – in the order in which the questions are asked. 65 page limit
 - d. Cost Proposal (Must use RFP Attachment 1)
 - e. Attachments
 - (i) Sample Policy for Infirmary Care
 - (ii) CQI Project Sample
 - (iii) Samples of Analytic Reports
 - (iv) Sample Policy and Procedures : three from list of five options
 - (v) Transition Plan
 - (vi) Proposed Staffing Plan (Must use RFP Attachment 2)
 - (vii) Position Descriptions
 - (viii) Organizational Chart
 - (ix) Audited Financial Statements
 - (x) Optional: Response to Optional Questions
 - (xi) MBE/WBE form from Appendix I
2. The proposing Provider will submit one original and six copies of their proposals plus required attachments. The proposing Provider will submit the proposals on 8.5" x 11" paper. All pages will be single space with two spaces between each paragraph using a font size not smaller than 11 point. Margins will be one inch on all sides. Above each response, the proposing Provider shall repeat the question. Binders, brochures, additional attachments and materials not specified in the RFP are neither requested nor desired and will not be reviewed. If additional information is required, it will be requested by the Selection Committee after review of the proposals.
3. The proposing Provider will also submit the entire proposal on a thumb drive.
4. The proposal's cover letter will include the name, mailing and email addresses, and telephone number of the proposing Provider's authorized agent with authority to bind the firm with respect to questions concerning the Provider's proposal. The proposal and/or

the letter which transmits the proposal to the City of St, Louis must be signed by an authorized officer of the proposing Provider.

5. The proposal will be received by 5:00 p.m. C.D.T. on the date identified in the table above via any postal or delivery service. The proposal will be addressed as follows:

City Justice Center
Attn: Dale Glass
200 S. Tucker Blvd
St. Louis, MO 63102

6. All Proposals must be in an envelope clearly marked "**DOC Medical Services RFP 2013**" on the outside or it will not be considered. All proposals must be signed by an authorized officer of the Company and must be held firm for acceptance for a minimum period of 120 days after the opening date
7. If the proposing Provider finds a discrepancy in, or omission from this document or any of its attachments, has any doubts as to their true meaning, or requires any additional information to prepare the proposal after the pre-proposal conference, he or she should notify Kimberly Cole, Executive Assistant for the Division of Corrections, City Justice Center, 200 S. Tucker, St. Louis, MO 63102.
8. The City will not reimburse Provider's cost incurred in the preparation and submission of proposals. All proposals will become property of St. Louis City Division of Corrections upon submission. Telegraphic or fax proposals sent directly to the City will not be considered. Providers must acknowledge receipt of amendments by letter, telegram, or fax within 48 hours of receipt. Failure to provide such acknowledgment may be grounds for disqualification.
9. The City is not obligated to ask for or accept after opening date, data or information which is essential for a complete and thorough evaluation of the proposal. St. Louis City Division of Corrections may award a contract based on initial submissions without any further discussion of such proposals. However, the Selection Committee reserves the right to request "Best and Final Offer" from first and second ranked Provider proposals.
10. The proposing Provider may request that financial data, trade secrets, test data, and similar proprietary information remain confidential, to the extent permitted by laws. The proposing Provider will clearly mark "Confidential" on each pages and section of the proposal for which the proposing Provider is requesting confidentiality. Net cost information may not be requested for confidential treatment.

C. Minimum Requirements and Prior Experience of Proposing Provider

1. The City requires that any proposing Provider meet certain qualifications and requirements that are customary in either the healthcare business sector or in the correctional healthcare field. Failure to meet the appropriate qualifications and requirements will result in the proposing Provider's disqualification. The requirements are as follows:

- a. The proposing Provider must be organized and exist for the primary purpose of providing healthcare services. The proposing Provider and/or a substantive portion of its partner entities will have at least five continuous years of corporate experience (not individual) in administering healthcare programs or in the provision of healthcare services.
- b. To demonstrate compliance with the above provisions, the proposing Provider will provide a narrative of its corporate structure and summary of *not more than four pages* of its healthcare experience. As part of this narrative, please provide the following information:
 - (i) The number of correctional healthcare contracts you currently hold: prison system, jail, juvenile, and other
 - (ii) The number of facilities (jails, prisons, juvenile facilities, other) in which you currently operate
 - (iii) The total number of inmates (jail, prison, juvenile, other)
 - (iv) The total number of years you have been providing services in jails and prisons
 - (v) Number of facilities and experience in obtaining NCCHC, CARF, ACA or NCQA accreditation in a correctional facility or in a program in which you provide health care services.
 - (vi) Awards or designations you have received for health care services
- c. The proposing Provider will provide three client references. Please include the name, title and contact information (including telephone and email addresses) of the contract manager or primary contact.
- d. The proposing Provider will list all contracts that were canceled by either party or not renewed during the last five years. The proposing Provider will also include the reason for cancellation or non-renewal of each contract, and the name and telephone number of primary contacts responsible for each contract.
- e. The proposing Provider will provide, in table format, a list of all pending lawsuits or settlements of any legal actions. In addition, the proposal will include a list and dollar amounts of all legal settlements and adjudicated lawsuits within the last five years.
- f. The proposing Provider will be able to obtain insurance to do business in the State of Missouri. To demonstrate this, the proposing Provider will submit a letter of intent from an insurance company(s) authorized to do business in the State of Missouri stating its willingness to insure the Provider pursuant to the terms of any contract resulting from this RFP. The Provider will procure and maintain, at the Provider's expense, the following insurance coverage for the period of the Contract. Certificates evidencing the effective dates and amounts of such insurance must be provided to St. Louis City Division of Corrections:
 - a. Worker's Compensation Insurance as required by the State of Missouri
 - b. Professional liability in the amount of \$1,000,000 per occurrence and \$3,000,000 in aggregate, with the City named as additional insured. If "claims

made" is provided, continuing liability coverage ("tail") of at least five years must be in force.

- c. General Liability and Personal Injury Insurance up to three million dollars (\$3,000,000), with the City named as additional insured. Said insurance will be primary and noncontributory.
- g. The proposing Provider must comply with the City of St. Louis Affirmative Action Program and Non-Discrimination: Minority and Women Business Enterprise Business Enterprise requirements delineated in Appendix J. Proposal must include all forms in Appendix I, and must be provided as Attachment xi to the proposal.

D. Response to Scope of Work

- 1. Describe your general approach to meeting all requirements outlined in the Scope of Work, Section IV Parts 1 – 7 and Section VI, in the order in which they appear. In addition, proposing Providers must explicitly respond to each item below, in the section of the Scope of Work to which it pertains. Responses are required in order for the proposal to be deemed acceptable.
 - a. Receiving Screening:
 - (i) Please describe how you will staff, track and monitor the Receiving Screening to ensure timeliness requirements are met and that individuals receive appropriate referrals. Also describe what your approach will be to triaging inmates to ensure those with chronic conditions, a history of mental illness, those who are pregnant, and those who are on maintenance medications are referred for a Comprehensive Health Assessment within twenty-four hours.
 - (ii) Please describe the processes you will use to determine prisoners in need of detoxification services for drug or alcohol use.
 - (iii) Please describe the criteria you will use to deem a prisoner unfit for confinement due to medical needs.
 - b. Initial Health Assessment:
 - (i) Medical components: Please describe how you will staff, schedule, and conduct the medical components of initial health assessments to assure that health assessments are conducted within appropriate time frames on all prisoners to whom they apply, at both facilities, and that staff conducting assessments is appropriately trained.
 - (ii) Behavioral Health Components: Please describe how you will staff, schedule, and conduct the behavioral health components of initial health assessments to assure that health assessments are conducted within appropriate time frames on all prisoners to whom they apply, at both facilities.
 - (iii) Oral Health Components: Please describe how you will staff, schedule and conduct the oral health components of initial health assessments to assure that health assessments are conducted within appropriate time frames on all prisoners to whom they apply, at both facilities, and that staff conducting assessments are appropriately trained.

- c. Medical Care: Please explain your approach to the provision of medical care for all inmates, including the services you will provide on-site. As part of your response, please provide information about special needs treatment planning, your approach to providing chronic care clinics, and the relationships you will develop with off-site providers. As part of your response, be certain to:
- (i) Attach a sample policy and procedure manual for infirmary care, labeled Proposal Attachment i.
 - (ii) Describe how you will train and monitor providers in complying with required national guidelines for asthma, Type II Diabetes, and hypertension.
 - (iii) Describe your approach to managing Hepatitis C in the jailed population.
 - (iv) Describe guidelines and processes used to determine the appropriateness of off-site medical services, both professional and facility. Also describe authority for clinical decisions regarding off-site services, and how alternative treatments are recommended, enforced, and appealed.
- d. Women's Health Services Explain your approach to providing services to women in the MSI facility. Explain how you will ensure care is provided according to clinical guidelines, how you will provide prenatal care and who will be responsible for ensuring staff is sufficient to meet the demand for services.
- e. Behavioral Health Services As part of your response to the provision of behavioral health care, specifically address the following:
- (i) Group and peer treatment services you plan to provide, including a list of the different types of groups that will be offered, how inmates will be admitted to the groups, and the number of groups that will be offered weekly.
 - (ii) Your approach to determining whether someone should be on suicide watch, how you will monitor those on suicide watch, how you will determine when it is appropriate to remove someone from suicide watch, and who will make that decision
 - (iii) How you will provide Behavioral Health crisis and other services throughout the facilities.
 - (iv) Your experience with involuntary administration of psychotropic medications, and any innovative or emerging best practices you might propose for the City to address inmates with serious mental illness who refuse treatment and/or for whom other settings are not readily available
- f. Sick Call: Address how you will provide sick call within the temporary housing unit while protecting the inmate's privacy.
- g. Treatment Plans. Address who will be responsible for tracking the treatment plans and ensuring they are updated regularly to ensure appropriateness of care.
- h. Utilization Management: Describe your scheduling systems for medical, behavioral health, and dental services. Who is responsible for scheduling onsite and off-site appointments? Specify how your scheduling practices will address the requirements in section IV Part W.a.1.Utilization Management On-Site Services

- i. Medical Records
 - (i) Please describe staffing of medical record functions.
 - (ii) Address how you will ensure medical records are transferred between facilities within four hours of a prisoner's transfer.
 - (iii) Describe any proposal to implement a proprietary electronic medical record if appropriate. If you propose this approach please describe how you will ensure inter-connectivity with THE CITY records and information, and any cost and/or operational efficiencies it would provide to the City.
- j. Inmate Health Insurance:
 - (i) Please describe your experience and capabilities in third-party billing and collection or billing third party payers for off-site care and explain the approach you will use in St. Louis City facilities.
 - (ii) Describe experience assisting jails or prisons to obtain federal matching funds for inpatient hospital services delivered to prisoners enrolled in Medicaid.
- k. Discharge Planning/Comprehensive Care Transitions: Describe how you will stay in contact with any identified mental health or medical provider in the community to facilitate transitions back into the community.
- l. Prescription Drugs: Describe your prescription drug program in detail, addressing all of the following:
 - (i) Provider ordering of medications
 - (ii) Procurement sources
 - (iii) Drug delivery processes: times, packaging, individually dosed/packaged meds, KOP practices, returns and credits, access to emergency medications, OTC practices
 - (iv) Drug utilization review, fill-too-soon edits, drug interaction edits
 - (v) Preferred drug formulary
 - (vi) Rebates and other discounts that can be available to the City
 - (vii) Recommended best practice for providing medication at release.
- m. In-service Training Please describe the in-service training you propose for non-provider staff, including the topics and the frequency.
- n. CQI:
 - (i) Describe your CQI Committee membership and leadership. How will you ensure involvement in other quality improvement and coordination activities?
 - (ii) Provide an attachment that is a narrative description of a CQI project you have conducted in a correctional setting that demonstrates how the problem was identified and analyzed, how root causes were determined, what interventions were implemented, how effectiveness was measured, and how on-going evaluation was conducted. Label this as Attachment ii. 3-page limit.

- (iii) Describe your experience with accreditation.
- o. Data analysis As part of the response, the Proposing Provider will demonstrate its ability to collect, analyze, and trend data concerning onsite and offsite medical service utilization. In an attachment, provide at two samples of analytic reports you have provided related to chronic care, mental health, and prescription drug services. Label this as Attachment iii.
- p. Policies and Procedures The proposing Provider will indicate the method that will be followed in establishing and revising healthcare site-specific policies and procedures on an annual basis, or as needed. Please submit as an attachment, labeled Attachment iv, sample policies/procedures related to at least three of the following:
 - (i) Medical and mental health evaluation of prisoners in segregation
 - (ii) Hunger strikes
 - (iii) Safeguarding narcotics
 - (iv) Administration of insulin
 - (v) Referrals for off-site medical services
- q. Transition Submit as an attachment, a detailed transition/start-up implementation plan with critical milestone events and target completion dates for contract start-up. The plan will identify responsible party(s) for each milestone. Label this as Attachment v.
- r. Communications and Community Planning and Supports The City is interested in working more closely with the St. Louis County Division of Corrections to establish similar approaches to care and serve as peer reviewers and supports and also to ensure coordination of care for inmates since they frequently are incarcerated by both jurisdictions. Describe your experience working with healthcare providers serving populations in contiguous or over-lapping jurisdictions as well as how you will approach this in St. Louis.
- s. Staffing:
 - (i) Using the Staffing Proposal form provided as RFP Attachment 2, the proposer will submit a recommended staffing matrix for each facility, sufficient to deliver the scope of medical, nursing, behavioral health, and dental services in all areas of both facilities including pre-booking, post-booking housing, and the infirmary. The staffing matrix must include all administrative and supervisory personnel required to fully execute the complete scope of work. As part of this response, for each facility, the proposing Provider will list all personnel and for each include: job title, number of FTEs per title and shift (day, evening, night) and licensure/credential requirements. Label this as Attachment vi.
 - (ii) The proposing Provider must submit, as an attachment, a Position Description for each position, including minimum education, credentials, and experience, supervisor, and job duties. Label this as Attachment vii.

- (iii) The proposing Provider will supply in an attachment its organizational structure, identifying lines of authority and reporting structure for staff in both City jails and those in the corporate structure who will be involved in this contract. Label this as Attachment viii.
- (iv) The City anticipates that correctional health care workforce shortages may develop in the next few years as a result of increased health care coverage to the uninsured. Describe how you will address staff vacations, temporary, and on-going staffing vacancies and any challenges with filling them with qualified, full-time staff. Also, please describe innovations to how jail health care services are staffed and delivered that could mitigate the effects of shortages in medical, nursing and behavioral health staff.
- t. Financials The proposing Provider (not parent company) must submit as an attachment the previous two years, independently audited financials as well as most current year-to-date un-audited results. Label this as Attachment ix.
- u. Additional Questions Proposing Providers are encouraged to submit an optional attachment addressing either or both of the following topics. Each submittal is limited to 3 pages and optional submittals are not subject to the 65 page limit. Label this as Attachment x.
 - (i) Should the City jails work to enroll prisoners into Exchange coverage and applicable Medicaid coverage at release/parole? Why or why not? If so, what should the Provider's role be?
 - (ii) The City is focused on reducing recidivism and ensuring that inmates, particularly those with SMI, receive needed health care to break the cycle of arrests and incarceration. Please describe any proposed partnerships, collaborations, or approaches that will help the City meet this objective.
- v. City of St. Louis Minority and Women Owned Business Policy All proposing Providers will comply with the City of St. Louis policy to maximize the opportunity for minority and women-owned businesses to participate in City contracts. The policy and mandatory forms documenting compliance with this policy are included in Appendix J. All forms must be completed and included in the proposal as Attachment xi.

E. Financial Submission/Proposal Pricing

All proposing Providers will complete RFP Attachment B for the financial submission/proposal pricing.

Section X. Selection Criteria

- A. The Selection of the Provider will be made by a five member committee comprised of: two members from the Department of Public Safety, one member appointed by the Mayor of the City, one member appointed by the Comptroller of the City, and one member appointed by the President of the Board of Aldermen. Subject to the final approval of the board of Estimate and Apportionment, the Selection Committee in its judgment and in the best interest of the City and the Department of Public Safety will select the Provider best qualified to perform the services described herein.

The selection process for proposing Providers will be made using the following multi-step process:

1. For initial selection, the proposing Provider must meet the "Minimum Requirements Proposing Providers and Prior Experience" section.
2. The proposing Provider must complete each section of the Pricing Proposal. Incomplete pricing proposals will render proposals ineligible for consideration.
3. After conditions summarized in (1) and (2) above are satisfied, proposals will be evaluated based on:
 - a. Demonstrated understanding of the RFP requirements, description of approach, including details about how the proposed approach will help the City achieve its stated goals and objectives and how proposed Health Care Delivery System meets RFP specifications and objectives.
 - b. Sufficiency of staffing model, including number of staff proposed, proposed schedules as well as staff qualifications.
 - c. Assessment of cost relative to description of approach and staffing model proposed.
 - d. Corporate capability in the following areas:
 - (i) Financial stability as determined by review of the audited financial results of the previous year operations.
 - (ii) Ability to start-up and manage the proposed program. Proposing Provider must prove its ability to start-up the program in the required time as outlined in the RFP. Proposing Provider must demonstrate the specific organization staff and structure, as well as outline the specific phasing in their proposal to accomplish start-up and continuing management of the proposed program.
 - e. References for the two highest-ranked proposing Providers will be contacted and rated based upon their satisfaction of services
4. The two highest scoring proposing Providers may be invited to make oral presentations to a selection committee, with question and answer sessions following.

Final award will be made to the proposing Provider who in the sole and exclusive judgment of the Selection Committee is best able and qualified to provide a health and medical care delivery system at St. Louis City Division of Corrections facilities.

The contents of the RFP and proposal response will be incorporated in all or part into the final contract. Due to the complexities of a contract relationship of this type, the City reserves the right to negotiate final terms and conditions with the successful Provider on all components of the proposal, including the final staffing plan.

The successful Provider will commence work only after the transmittal of a fully executed contract and after receiving written notification to proceed from the City. The successful Provider will perform all services indicated in the proposal in compliance with the negotiated contract.

Appendix A
Health Services Monthly Reports Jan 2012 – June 2013

CITY JUSTICE CENTER													
Monthly Statistical Report 2012													
	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
CENSUS STATISTICS													
ADULT POPULATION (Average Daily Total)	670	669	677	668	659	655	684	700	745	709	727	728	8291
MALE	662	659	669	662	650	647	675	692	736	700	721	720	8193
FEMALE	8	10	8	6	9	8	9	8	9	9	6	8	98
ON SITE SERVICES													
RECEPTION SCREENINGS	2192	2413	2347	2236	2439	2449	2392	2346	2397	2452	2544	2558	28765
RECEPTION SCREENINGS DEFERRED	3	14	9	12	8	6	4	10	9	6	4	6	91
INITIAL HEALTH ASSESSMENTS	121	129	132	126	109	146	132	141	154	133	141	156	1620
PHYSICIAN VISITS	168	149	161	71	59	290	78	74	125	214	176	136	1701
NURSE SICK CALL (TRIAGE)	277	263	201	212	345	272	347	441	330	366	309	330	3693
NUMBER OF OTHER NURSE ENCOUNTERS	1621	1648	1671	1594	1712	1625	1741	1729	1842	1769	1721	1744	20417
PSYCHIATRY VISITS	172	179	177	159	162	150	158	145	142	131	138	127	1840
MH PROFESSIONAL VISITS	324	327	456	364	480	382	411	346	369	387	373	460	4679
NUMBER OF DAYS ON SUICIDE WATCH	262	211	289	298	381	370	308	289	322	302	266	150	3448
NUMBER OF DAYS ON CLOSE OBS	89	71	113	56	76	100	106	80	100	120	96	63	1070
NURSE SEGREGATION VISITS	1989	1945	2079	2043	1983	1457	1886	1915	1891	1903	1849	1814	22754
ON-SITE CHRONIC CARE CLINIC													
CARDIAC AND HYPERTENSION	28	22	39	3	2	64	4	8	6	38	41	36	291
PULMONARY	13	13	13	1	8	21	6	2	1	12	4	2	96
ENDOCRINE	7	5	4	6	1	6	0	1	0	2	1	1	34
INFECTIOUS DISEASE (TB, HIV, HEP)	6	6	13	0	4	6	2	2	0	4	4	4	51
OTHER	18	13	29	19	4	31	0	0	3	26	35	9	187
NEUROLOGICAL - SEIZURE	3	6	3	0	1	16	3	4	0	7	14	12	69
TOTAL CHRONIC CARE VISITS	73	65	101	29	20	144	15	17	10	89	99	64	726
DENTAL													
DENTIST VISITS	42	14	34	24	39	15	20	26	59	35	41	33	382
OTHER	2	0	1	2	3	0	0	0	0	0	3	0	11
FILLINGS	12	1	2	1	3	11	1	8	1	0	0	0	40

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CITY JUSTICE CENTER Monthly Statistical Report 2012													
	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
X-RAYS	42	4	10	11	8	7	5	9	52	32	34	26	240
SCREENINGS	38	9	25	20	28	11	1	22	40	22	6	14	236
EXTRACTIONS	9	4	21	14	16	5	12	14	19	14	34	26	188
MEDICAL HOUSING/INFIRMARY													
NUMBER ADMITTED TO UNIT	19	14	15	14	16	13	10	9	11	13	12	13	159
TOTAL NUMBER OF DAYS	196	146	159	146	164	132	98	82	129	146	132	146	1676
# OF INMATES TCU AT BEGINNING OF MONTH	8	5	6	6	5	3	4	4	7	5	5	6	64
INMATE DEATHS	0	0	0	0	0	0	0	0	0	0	0	0	0
HIV POSITIVE INMATES	7	3	2	3	3	5	6	4	5	3	5	4	50
NUMBER OF POSITIVE MRSA	2	2	1	2	1	0	0	2	2	1	1	1	15
NUMBER OF STDS DIAGNOSED	1	1	2	1	0	2	0	2	1	2	2	3	17
# OF DETOX WATCH ROUNDS	519	489	423	462	451	478	462	443	456	489	496	509	5677
# OF ASTHMA WATCH ROUNDS	152	164	142	159	144	162	158	142	152	149	132	146	1802
PHARMACY (COUNTED LAST DAY OF MONTH)													
# OF INMATES ON PSYCH MEDS	176	157	156	153	152	179	175	139	120	114	131	127	1779
# OF INMATES ON RX MEDS (excluding psych meds)	150	168	112	151	157	147	143	152	142	135	132	130	1719
LAB/X-RAY													
NUMBER INMATES X-RAYED	19	35	31	46	31	22	24	16	21	17	21	18	301
NUMBER OF LAB STUDIES DONE	115	153	136	80	79	80	28	117	21	71	68	56	1004
OFF-SITE SERVICES													
OB / GYN	1	0	0	0	0	0	0	0	0	4	2	1	8
DENTAL / ORAL SURGERY	0	1	1	1	0	1	0	1	0	0	3	2	10
ORTHOPEDIC	4	4	4	5	5	0	0	0	0	6	5	1	34
PHYSICAL THERAPY (ON-SITE)	0	0	0	0	0	0	0	0	0	0	0	0	0
DIALYSIS	1	0	0	7	2	15	9	20	10	22	16	27	129
GENERAL SURGERY	3	0	0	2	1	2	1	0	2	1	1	0	13
NEUROLOGY	0	0	0	2	0	1	0	0	0	0	0	0	3
RADIATION THERAPY	0	0	0	0	0	0	0	0	0	0	0	0	0
RADIOLOGY	0	0	0	0	0	1	2	0	0	0	0	0	3

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CITY JUSTICE CENTER Monthly Statistical Report 2012													
	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
ONCOLOGY/CHEMOTHERAPY	0	0	0	0	0	0	0	6	0	0	0	0	6
OPHTHALMOLOGY	3	2	0	3	0	1	0	0	1	2	2	1	15
ENT	0	0	0	1	0	0	0	0	0	0	0	0	1
OTHER	5	2	2	0	5	2	10	4	0	0	4	0	34
TOTAL OFF-SITE PROFESSIONAL FOR MONTH	17	9	8	21	13	23	22	31	13	35	33	32	257
ER VISITS	4	9	11	7	3	1	7	5	3	6	9	4	69
HOSPITAL ADMITS	2	2	5	3	3	1	2	3	1	3	3	3	31
HOSPITAL DAYS	7	12	14	8	7	0	5	27	35	26	10	17	168
AVERAGE LENGTH OF STAY	3.5	6	2.8	2.7	2.3	0	2.5	9	35	9	3.3	8.5	84.6
NUMBER AMBULANCE TRANSPORTS	4	9	11	7	3	1	7	5	3	6	9	4	69

CITY JUSTICE CENTER Monthly Statistical Report 2013													
	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
CENSUS STATISTICS													
ADULT POPULATION (Average Daily Total)	741	755	757	752	737	729	0	0	0	0	0	0	4471
MALE	732	747	749	746	729	723							4426
FEMALE	9	8	8	6	8	6							45
ON SITE SERVICES													
RECEPTION SCREENINGS	2310	2181	2237	2282	2365	2415							13790
RECEPTION SCREENINGS DEFERRED	8	6	4	5	7	6							36
INITIAL HEALTH ASSESSMENTS	123	98	109	112	138	142							722
PHYSICIAN VISITS	88	118	124	170	171	146							817
NURSE SICK CALL (TRIAGE)	382	319	432	390	322	290							2135
NUMBER OF OTHER NURSE ENCOUNTERS	1772	1654	1721	1704	1629	1592							10072
PSYCHIATRY VISITS	143	126	109	143	123	158							802
MH PROFESSIONAL VISITS	106	271	179	269	304	358							1487
NUMBER OF DAYS ON SUICIDE WATCH	*	67	89	92	85	67							400
NUMBER OF DAYS ON CLOSE OBS	*	23	63	71	75	78							310

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CITY JUSTICE CENTER Monthly Statistical Report 2013													
	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
NUMBER OF MH SEGREGATION ROUNDS	241	262	290	284	258	160							1495
NURSE SEGREGATION VISITS	1862	1792	1889	1946	1742	1440							10671
CHRONIC CARE CLINIC													
CARDIAC AND HYPERTENSION	39	20	29	25	32	30							175
PULMONARY	4	7	6	3	12	9							41
ENDOCRINE	1	11	14	4	8	5							43
INFECTIOUS DISEASE (TB, HIV, HEP)	4	4	6	0	7	3							24
OTHER	35	10	8	16	23	16							108
NEUROLOGICAL - SEIZURE	14	0	2	3	1	6							26
TOTAL CHRONIC CARE VISITS	96	52	65	51	83	69							416
DENTAL													
DENTIST VISITS	22	30	39	62	43	33							229
OTHER	1	6	4	19	14	2							46
FILLINGS	0	1	3	1	2	4							11
X-RAYS	22	30	36	31	21	28							168
SCREENINGS	20	16	33	33	20	26							148
EXTRACTIONS	4	7	14	18	36	9							88
MEDICAL HOUSING/INFIRMARY													
NUMBER ADMITTED TO UNIT	11	9	4	5	6	6							41
TOTAL NUMBER OF DAYS	129	117	92	104	114	94							650
# OF INMATES IN TCU AT BEGINNING OF MONTH	7	5	5	5	2	3							27
INMATE DEATHS	0	0	0	0	0	0							0
HIV POSITIVE INMATES	4	4	5	5	7	8							33
NUMBER OF POSITIVE MRSA	0	1	0	0	0	0							1
NUMBER OF STDS DIAGNOSED	5	0	2	0	0	0							7
# OF DETOX WATCH ROUNDS	482	451	469	488	449	456							2795
# OF ASTHMA WATCH ROUNDS	166	149	157	161	143	159							935
PHARMACY (COUNTED LAST DAY OF MONTH)													
# OF INMATES ON PSYCH MEDS	123	120	107	104	112	118							684
# OF INMATES ON RX MEDS (excluding	109	176	185	186	197	204							1057

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CITY JUSTICE CENTER Monthly Statistical Report 2013													
	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
psych meds)													
LAB/X-RAY													
NUMBER INMATES X-RAYED	24	20	12	24	27	22							129
NUMBER OF LAB STUDIES DONE	52	64	83	54	70	60							383
OFF-SITE SERVICES													
OB / GYN	0	0	0	0	0	0							0
DENTAL / ORAL SURGERY	0	1	0	0	0	0							1
ORTHOPEDIC	0	4	2	0	3	2							11
PHYSICAL THERAPY (ON-SITE)	0	0	0	0	0	0							0
DIALYSIS	32	0	12	14	15	12							85
GENERAL SURGERY	2	0	0	2	1	1							6
NEUROLOGY	0	0	0	0	1	0							1
RADIATION THERAPY	0	0	0	0	0	0							0
RADIOLOGY	0	0	0	0	1	0							1
ONCOLOGY/CHEMOTHERAPY	0	0	0	0	0	0							0
OPHTHALMOLOGY	1	1	1	2	4	4							13
ENT	0	0	1	1	0	0							2
OTHER:	0	2	5	0	2	0							9
TOTAL OFF-SITE PROFESSIONAL FOR MONTH	35	8	21	19	27	19	0	0	0	0	0	0	129
ER VISITS	3	2	3	5	3	6							22
HOSPITAL ADMITS	0	1	2	2	2	1							8
HOSPITAL DAYS	20	2	12	6	4	1							45
AVERAGE LENGTH OF STAY	10	2	6	3	2	1							24
NUMBER AMBULANCE TRANSPORTS	3	2	2	5	3	6							21

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	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
CENSUS STATISTICS													
ADULT POPULATION	1206	1151	1126	1084	1108	1184	1178	1161	1239	1148	1142	1086	13813
MALE	1084	1017	1003	968	1009	1070	1048	1028	1096	1024	1021	973	12341
FEMALE	122	134	123	116	99	114	130	133	143	124	121	113	1472
ON SITE SERVICES													
INITIAL HEALTH ASSESSMENTS													
PHYSICIAN VISITS	155	90	60	43	11	42	86	53	51	64	48	55	758
NURSE SICK CALL	244	297	327	352	571	470	424	487	420	524	422	395	4933
NUMBER OF OTHER NURSE ENCOUNTERS	8369	9474	5813	4,074	2149	14,221	11,505	12863	10,013	5981	11005	10,853	106320
PSYCHIATRY VISITS	162	131	170	136	183	173	219	90	276	99	127	94	1860
MH PROFESSIONAL VISITS	185	217	314	254	329	406	387	323	276	359	465	452	3967
NUMBER OF INMATES ON SUICIDE WATCH	51	46	41	68	82	105	125	119	64	98	175	134	1108
NUMBER OF INMATES ON CLOSE OBS	35	30	47	43	56	68	79	53	61	57	75	82	686
NUMBER OF MH SEGREGATION ROUNDS	625	503	523	385	535	437	441	445	447	493	563	499	5896
NURSE SEGREGATION VISITS	4187	3184	2062	2697	2699	2407	3360	3946	3275	2884	3156	4043	37900
CHRONIC CARE CLINIC													
CARDIAC AND HYPERTENSION	4	5	8	7	1	7	10	22	37	24	6	4	135
PULMONARY	15	6	5	4	0	6	5	17	33	36	3	8	138
ENDOCRINE	3	1	9	2	3	2	3	5	12	6	2	1	49
INFECTIOUS DISEASE (TB, HIV, HEP)	8	5	4	7	4	9	10	7	24	7	3	12	100
OTHER	16	1	4	10	2	5	5	13	29	9	8	3	105
NEUROLOGICAL - SEIZURE	4	2	0	1	0	0	2	3	12	16	2	3	45
TOTAL CHRONIC CARE VISITS	50	20	30	31	10	29	35	67	142	98	24	31	567
DENTAL													
DENTIST VISITS	63	49	53	67	57	63	96	91	31	81	49	73	773
OTHER	1	3	0	2	2	0	2	0	2	11	2	4	29
FILLINGS	2	2	3	3	0	4	2	1	1	2	2	2	24

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	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
X-RAYS	17	10	20	21	29	31	31	30	4	27	6	23	249
SCREENINGS	33	29	31	37	26	20	63	21	19	63	44	37	423
EXTRACTIONS	35	21	26	44	22	29	68	26	14	49	33	46	413
MEDICAL HOUSING/INFIRMARY													
DRESSING CHANGES		127	105	133	202	244	365	116	197	217	50	53	1809
INMATE DEATHS	1	0	0	0	1	0	0	1	0	0	1	0	4
NUMBER NEW HEP. C	10	10	15	12	9	11	4	4	4	6	5	3	93
NUMBER OF LICE INFESTATIONS	1	0	0	1	0	0	0	0	0	1	0	0	3
NUMBER OF POSITIVE MRSA	7	1	4	5	3	1	9	4	6	3	2	3	48
NUMBER OF STDS DIAGNOSED	3	2	4	4	2	4	3	2	0	5	4	1	34
HIV POSITIVE INMATES	3	6	8	3	2	5	3	3	3	3	4	3	46
PHARMACY (COUNTED LAST DAY OF MONTH)													
# OF INMATES ON PSYCH MEDS	138	131	219	203	218	207	222	122	226	201	222	225	2334
# OF INMATES ON PRESCRIPTION MEDS (excluding psych meds)	293	317	468	389	208	256	339	501	447	496	409	396	4519
LAB/X-RAY/EKG'S													
NUMBER INMATES X-RAYED	17	24	31	30	21	49	38	37	45	26	22	30	370
NUMBER OF LAB STUDIES DONE	1250	115	167	268	144	270	308	223	232	273	245	224	3719
NUMBER OF EKG'S	9	13	8	16	4	9	17	25	27	21	12	20	181
OFF-SITE SERVICES													
OB / GYN	2	1	2	2	1	6	8	2	3	7	7	2	43
DENTAL / ORAL SURGERY	1	0	1	1	3	3	2	1	0	0	0	0	12
ORTHOPEDIC	0	3	1	3	0	0	0	4	2	0	0	0	13
UROLOGY	0	0	0	0	0	0	0	0	1	0	0	0	1
INF. DISEASE	0	0	0	1	0	0	0	1	0	0	0	0	2
GENERAL SURGERY	0	1	0	0	1	0	0	1	0	0	0	0	3
NEUROLOGY	0	0	0	0	0	0	0	0	0	0	0	0	0
NEURO SURGERY	0	0	0	0	0	0	0	0	0	0	0	0	0
ENDOCRINE	0	0	0	0	0	0	0	0	0	0	0	0	0
DERMATOLOGY	0	0	0	0	0	0	0	0	0	0	1	0	1
OPHTHALMOLOGY	1	1	0	2	0	1	0	0	1	3	0	2	11

**MEDIUM SECURITY INSTITUTION
Monthly Statistical Report 2012**

	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
ENT	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER:	1	4	7	9	0	5	2	2	0	1	5	4	40
TOTAL OFF-SITE PROFESSIONAL FOR MONTH	5	10	11	18	5	15	12	11	7	11	13	8	126
ED VISITS	11	9	5	7	12	1	5	4	4	7	4	8	77
HOSPITAL ADMITS	3	2	3	3	3	0	0	1	3	2	2	4	26
HOSPITAL DAYS	8	8	17	20	5	0	0	2	16	8	8	16	108
AVERAGE LENGTH OF STAY	3	4	5.6	6.6	1.6	0	0	2	5	4	4	4	39.8
NUMBER AMBULANCE TRANSPORTS	8	8	5	7	10	1	5	4	4	7	4	8	71

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Monthly Statistical Report 2013**

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
CENSUS STATISTICS													
ADULT POPULATION	1113	1145	1112	1109	1034	1029	0	0	0	0	0	0	6542
MALE	990	1011	988	998	928	910							5825
FEMALE	123	134	124	111	106	119							717
ON SITE SERVICES													
INITIAL HEALTH ASSESSMENT	274	331	264	237	283	306							1695
PHYSICIAN VISITS	51	82	32	61	70	70							366
NURSE SICK CALL (TRIAGE)	403	390	366	339	339	300							2137
NUMBER OF OTHER NURSE ENCOUNTERS	10073	8073	13345		11419	9,544							52454
PSYCHIATRY VISITS	111	114	70	156	118	118							687
MH PROFESSIONAL VISITS	544	482	193	422	458	443							2542
NUMBER OF INMATES ON SUICIDE WATCH	180	105	114	129	99	118							745
NUMBER OF INMATES ON CLOSE OBS	106	90	98	92	57	32							475
NUMBER OF MH SEGREGATION	465	442	457	454	614	395							2827

**MEDIUM SECURITY INSTITUTION
Monthly Statistical Report 2013**

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
ROUNDS													
NURSE SEGREGATION VISITS	3611	2707	3099	3189	4609	2885							20100
ON SITE CHRONIC CARE CLINIC													
CARDIAC AND HYPERTENSION	14	12	9	7	16	14							72
PULMONARY	15	15	2	2	16	11							61
ENDOCRINE	4	3	3	9	4	5							28
INFECTIOUS DISEASE (TB, HIV, HEP)	8	6	10	10	7	8							49
OTHER	5	8	2	2	14	5							36
NEUROLOGICAL - SEIZURE	5	4	4	1	4	5							23
TOTAL CHRONIC CARE VISITS	51	48	30	31	61	48	0	0	0	0	0	0	269
DENTAL													
DENTIST VISITS	41	35	83	59	46	56							320
OTHER	5	6	9	5	26	15							66
FILLINGS	1	3	2	1	3	3							13
X-RAYS	21	17	35	28	23	28							152
SCREENINGS	42	30	69	54	11	48							254
EXTRACTIONS	20	23	45	46	40	32							206
MEDICAL HOUSING/INFIRMARY													
DRESSING CHANGES	46	12	50	74	135	88							405
INMATE DEATHS	0	0	0	1	0	0							1
NUMBER NEW HEP. C	5	8	10	5	8	7							43
NUMBER OF LICE INFESTATIONS	1	0	0	1	0	0							2
NUMBER OF POSITIVE MRSA	0	2	2	1	1	2							8
NUMBER OF STDS DIAGNOSED	1	1	2	2	3	2							11
HIV POSITIVE INMATES	4	0	2	4	1	2							13
PHARMACY (COUNTED LAST DAY OF MONTH)													
# OF INMATES ON PSYCH MEDS	215	229	205	238	234	228							1349
# OF INMATES ON PRESCRIPTION MEDS (excluding psych meds)	405	360	375	372	389	405							2306

**MEDIUM SECURITY INSTITUTION
Monthly Statistical Report 2013**

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
LAB/X-RAY/EKG'S													
NUMBER INMATES X-RAYED	26	39	15	35	25	21							161
NUMBER OF LAB STUDIES DONE	192	225	230	161	237	342							1387
NUMBER OF EKG'S	8	17	16	4	20	21							86
OFF SITE SERVICES													
OB / GYN	3	1	1	1	0	2							8
DENTAL / ORAL SURGERY	2	0	1	0	0	2							5
ORTHOPEDIC	0	1	1	0	0	1							3
UROLOGY	0	0	0	0	0	0							0
INF. DISEASE	0	0	0	0	0	0							0
GENERAL SURGERY	1	2	0	0	0	1							4
NEUROLOGY	1	0	1	0	0	0							2
NEURO SURGERY	0	0	0	0	0	0							0
ENDOCRINE	0	0	0	0	0	0							0
DERMATOLOGY	0	0	0	0	0	0							0
OPHTHALMOLOGY	0	3	3	2	0	2							10
ENT	0	0	0	0	0	0							0
OTHER:	5	0	0	2	1	3							11
TOTAL OFF-SITE PROFESSIONAL FOR MONTH	12	7	7	5	1	11							43
ED VISITS	8	4	7	3	7	6							35
HOSPITAL ADMITS	6	1	0	1	5	0							13
HOSPITAL DAYS	16	8	0	1	9	0							34
AVERAGE LENGTH OF STAY	3	8	0	1	2	0							14
NUMBER AMBULANCE TRANSPORTS	8	4	7	2	5	4							30

**Appendix B
Summary of Off-Site Services Facility and Professional Cost for Services
Incurred January 2012 - March 2013**

The following table includes all off-site claims paid by the City for jail inmates who incurred services January 2012 – March 2013.

Year	Month	INPATIENT			OUTPATIENT		
		Facility	Professional	TOTAL	Facility	Professional	TOTAL
2012	Jan	\$48,648	\$3,504	\$52,152	\$75,256	\$17,141	\$92,397
	Feb	\$140,598	\$6,149	\$146,747	\$29,469	\$15,279	\$44,748
	Mar	\$103,075	\$17,466	\$120,541	\$32,777	\$14,784	\$47,561
	Apr	\$119,832	\$7,703	\$127,535	\$30,528	\$15,765	\$46,293
	May	\$6,736	\$1,219	\$7,955	\$20,353	\$13,820	\$34,173
	Jun	\$0	\$0	\$0	\$11,188	\$7,394	\$18,582
	Jul	\$30,115	\$3,027	\$33,142	\$27,109	\$9,545	\$36,654
	Aug	\$126,632	\$3,504	\$130,136	\$15,462	\$9,525	\$24,987
	Sep	\$35,102	\$3,069	\$38,171	\$15,206	\$6,975	\$22,181
	Oct	\$72,113	\$9,963	\$82,076	\$18,835	\$6,896	\$25,731
	Nov	\$26,839	\$7,129	\$33,968	\$10,226	\$8,041	\$18,267
	Dec	\$223,601	\$8,318	\$231,919	\$9,037	\$6,437	\$15,474
2013	Jan	\$84,389	\$8,035	\$92,424	\$13,130	\$8,985	\$22,115
	Feb	\$8,387	\$979	\$9,366	\$7,706	\$9,851	\$17,557
	Mar	\$90,408	\$1,842	\$92,250	\$18,090	\$6,710	\$24,800

The following table summarizes claims paid for hospital inpatient admissions, including facility and professional claims.

Summary of Inpatient Claims - Services Dates January 2012 to March 2013	
Cases less than \$10,000	\$ 87,105
Cases between \$10,000 & \$20,000	\$ 197,879
Cases between \$20,000 & \$50,000	\$ 267,732
Cases over \$50,000	\$ 643,374
Total Claims Paid	\$ 1,196,090

The following table provides detail on outpatient facility claims paid by delineating the number of claims lines and payments made for laboratory services as opposed to all other outpatient facility payments.

Outpatient Professional Detail				
Year	Month	Lab		Other OP Facility
		Claim lines	Paid	
2012	Jan	451	\$3,353	\$71,903
	Feb	457	\$4,531	\$24,938
	Mar	329	\$3,547	\$29,230
	Apr	454	\$5,849	\$24,679
	May	261	\$3,275	\$17,078
	Jun	379	\$4,094	\$7,094
	Jul	355	\$3,948	\$23,161
	Aug	394	\$3,446	\$12,016
	Sep	400	\$3,873	\$11,333
	Oct	370	\$3,166	\$15,669
	Nov	301	\$2,709	\$7,517
	Dec	262	\$2,366	\$6,671
2013	Jan	252	\$2,588	\$10,542
	Feb	317	\$3,139	\$4,567
	Mar	327	\$3,246	\$14,844

**Appendix C
City Policy on Inmate Co-pays for Health Services**

CHAPTER:	4	Facility Operations	4.2.25
SECTION:	2	Health Services	EFFECTIVE DATE: August 31, 2005
SUBJECT:	25	Inmate Medical Fees	
APPROVED: _____			REVISION DATE:
Dale Glass COMMISSIONER OF CORRECTIONS			DATE:
Reviewed: 7/05; 1/13 Rescind: #2029 dated 7/01/00; 4.2.25 dated 8/25/05			

I. POLICY

It is the policy of the Division of Corrections to require co-payment fees for some medical and dental services provided to inmates.

II. PURPOSE

To outline Inmate fee for service program in order to reduce unnecessary medical requests and reduce the cost to deliver medical services.

III. APPLICABILITY

The Business Office and Accounting Staff, and contracted Medical Staff will adhere to the following procedures.

IV. STANDARDS

ACA Adult Local Detention Facilities, 4th Edition

4C-02

When medical co-payment fees are imposed, the program ensures that, at a minimum:

- All inmates are advised, in writing, at the time of admission to the facility of the guidelines of the co-payment program
- Co-payment fees are waived when appointments or services, including follow-up appointments, are initiated by medical staff.

6A-09

Inmate's access to health care, programs, services and activities is not precluded by inability to pay. There is a clear definition of indigence.

V. DEFINITIONS

Division; Division of Corrections: Means the St. Louis City Division of Corrections (the City Justice Center and the Medium Security Institution).

Indigent Inmate: An inmate with an account balance of \$0.00 for thirty days or more.

VI. CANCELLATION

This procedure and work rule cancels all previous Division policies, statements, memorandums, directives, orders, notices, rules and regulations which are inconsistent with this procedure and work rule.

VII. GENERAL INFORMATION

1. Inmate confined in the City of St. Louis Correctional facilities will be subjected to a co-payment fee program for the health care services they receive. This program has been implemented in an effort to minimize health care cost and eliminate unnecessary sick calls to the Corrections Medical Staff so the medical staff can concentrate their services on inmates with more serious medical problem.
2. When an inmate is charged for medical services, the charges will be deducted from the inmate's commissary account. Inmates will not be denied health care services due to inability to pay. The fee will be charged to the inmate's commissary account and will be deducted when the inmate receives money in their account.
3. Inmates are issued a copy of the Attachment found on the last page of this policy during orientation of newly admitted inmates.
4. Receipt for inmate medical fee payment is made on DOC Form # 4.2.25. (See DOC approved forms).

VIII. PROCEDURES

A. Fee Structure and Requirements

1. Medical Services which require a fee:
 - a. Nurse's Sick Call \$2.00
 - b. Doctor's Sick Call \$5.00
 - c. Dentist's Sick Call \$5.00
 - d. Laboratory Services \$4.00
 - e. Prescription Medications \$3.00
 - f. X-ray/Ultrasound.....\$3.00
 - g. Initial Prenatal Care Services \$5.00

2. Medical Services which do not require a fee:
 - a. Initial Screening/Physical Assessment
 - b. Initial Physical Exam by a doctor
 - c. TB (Tuberculosis) testing
 - d. Emergency treatment as determined by the Corrections Medical Staff.
 - e. STD (Sexually Transmitted Disease) treatment
 - f. Doctor's or dentist follow-up visits for the same condition if within sixty (60) day period of the initial assessment.
 - g. Test ordered by the doctor if within a sixty day period of the initial medical.
 - h. Medication refills, psychotropic medication and/or medication specific to HIV.
 - i. Treatment of communicable diseases and infestations (including lice and scabies)
 - j. Evaluations related to the use of force by staff and restraint chair checks.
 - k. Injuries
 1. HIV medical care and HIV related laboratory work
 - m. Mental Health services and treatment specific to mental health
 - n. Prenatal Care Follow-up
3. If an inmate claims an emergency and, after the examination by the Corrections Medical staff or the doctor, it is determined that it is not an emergency the inmate will be charged the appropriate fee.
4. If the Corrections Medical staff assesses and refers the inmate to the doctor during Nursing Sick Call, there will be a charge of \$5.00 for the Doctor's Sick Call and the nurse's fee is waived.
5. Fees will be charged to the Inmate's Commissary account at the time of the medical service.
6. The inmate will be required to sign an Inmate Receipt for Health Services. (See attachment #1). If the inmate refuses to sign the receipt from the Corrections Medical Staff another staff member will witness the refusal. Both staff members will sign the receipt and the inmate's account will be charged according to the fee schedule.
7. An indigent inmate will not be denied medical treatment. The inmate's account will be charged when the inmate receives money. The fee will be deducted before any other transactions occur.
8. All inmates will receive, a copy of the medical fee schedule form during initial medical screening (See attachment #2),

B. Use of the Inmate Receipt for Health Services

1. When conducting the Housing Unit Sick Call or non-scheduled Sick Call, the Corrections Medical Staff will:
 - a. Complete the top portion of the form
 - (1). Date
 - (2). Name of Inmate
 - (3). Date of Birth
 - (4). Reference Number
 - (5). Housing Unit/Cell Number
 - (6). Sex of Inmate
 - b. Render the appropriate medical services
 - c. Initial the appropriate lines
 - d. Fill in the appropriate fees
 - e. Total the fees
 - f. Request the inmate sign the receipt
 - g. Give the inmate the second copy of the receipt
 - h. Return other copies of the receipt to the Corrections Medical Clerk

2. When conducting Doctor's Sick Call and other treatments administered in the Medical Unit, duties will include:
 - a. The Corrections Medical Clerk will complete the top portion of the receipt as in Section B-1-a(1) -(7).
 - b. The Corrections Medical Clerk will attach the receipt to the inmate's medical file
 - c. The Corrections Medical Clerk will give the inmate medical file and receipt to the Corrections Medical Staff.
 - d. The Corrections Medical Staff will ensure the appropriate action is taken as described in Section B- I –b-1.

3. Upon receiving the receipts, the Corrections Medical Clerk will review the form for completeness and accuracy. If the clerk has any questions, he will contact the Corrections Medical Supervisor or designee.

4. The Corrections Medical Clerk will ensure the original receipts are submitted to the Business Office accounting section at the close of the work day.

5. The Corrections Medical Clerk will place a copy of the receipt in the inmate's medical file.

- 6. The Business Office accounting section will deduct the appropriate fee from the inmate's account and send the original receipts, along with the Balance Sheet, to the Business Office.
- 7. The Business Office staff member will set up the appropriate fee as a receivable in the inmate's account. Upon the inmate receiving money in his account, the receivable will be deducted prior to any other transactions.
- 8. The Business Office staff member will detail all of the receipts off the balance sheet onto a transmittal sheet which will be forwarded to the Treasurer's Office.
- 9. The Treasurer's Office will deposit the fund into the general revenue.

IX. FORMS

The following forms are referenced and/or attached with this procedure and work rule:

Inmate Receipt for Health Services. (DOC Form #4.2.25)

X. SEVERABILITY CLAUSE

If any part of this procedure and work rule is, for any reason, held to be in excess of the authority of the appointing authority, such decisions will not affect any other part of this policy.

XI. TRAINING

Training for this procedure and work rule will be included in the Basic Training and during the (40 hour) In-Service Training when deemed necessary.

ATTACHMENT

DOC Policy #4.2.25

INMATE MEDICAL FEE POLICY

Inmate confined in the City of St. Louis Correctional facilities will be subjected to a co-payment fee program for the health care services they receive. This program has been implemented in an effort to minimize health care cost and eliminate unnecessary sick calls to the Corrections Medical Staff so the medical staff can concentrate their services on inmates with more serious medical problem. When an inmate is charged for medical services, the charges will be deducted from the inmate's commissary account. Inmates will not be denied health care services due to inability to pay. The fee will be charged to the inmate's commissary account and will be deducted when the inmate receives money in their account.

SERVICES AND FEES

Nurse's Sick Call.....	\$2.00
Doctor's Sick Call.....	\$5.00
Dentist's Sick Call.....	\$5.00
Laboratory Service.....	\$4.00
Prescription Medication.....	\$3.00
X-ray/Ultrasound.....	\$3.00
Initial Prenatal Care Services	\$5.00

Appendix D Summary of Drugs Provided to Jails Mar 2012 – Feb 2013

435,319 prescriptions were processed for inmates of the City’s jails during the one-year period Feb 1, 2012 – March 31, 2013. The table below indicates total quantities provided by drug.

PRODUCT	Total Quantity	PRODUCT	Total Quantity
ABACA-3TC-AZT 300-150-300 TABS Total	60	INSULIN GLARGINE VL 100 U/ML INJ Total	1,870
ABACAVIR 300 MG TABS Total	960	INSULIN HUM 70/30 VL 100 U/ML INJ Total	740
ABACAVIR/LAMIVUDINE 600-300 MG TABS Total	30	INSULIN HUM NPH VL 100 U/ML INJ Total	580
ACETAZOLAMIDE 250 MG TABS Total	540	INSULIN HUM REG VL 100 U/ML INJ Total	1,070
ACYCLOVIR 400 MG TABS Total	1,380	INTERFERON B-1A SYRINGE 30 MCG INJ Total	27
ACYCLOVIR 800 MG TABS Total	930	IPRATROPIUM BROM 17 MCG INHA Total	247
ALBUTEROL HFA 90 MCG INHA Total	20,394	IPRATROPIUM/ALBUT INH INHA Total	15
ALBUTEROL INH SOL 0.083% NEBU Total	2,325	ISONIAZID 300 MG TABS Total	720
ALLOPURINOL 100 MG TABS Total	1,350	ISOSORBIDE DINITRATE 10 MG TABS Total	570
ALLOPURINOL 300 MG TABS Total	90	ISOSORBIDE DINITRATE 20 MG TABS Total	510
ALPHA LIPOIC ACID 600 MG CAPS Total	60	ISOSORBIDE DINITRATE 30 MG TABS Total	60
ALTEPLASE 2 MG/2 ML INJ Total	3	ISOSORBIDE DINITRATE 5 MG TABS Total	30
AMITRIPTYLINE HCL 10 MG TABS Total	570	ISOSORBIDE-MONONIT 30 MG TB24 Total	1,770
AMITRIPTYLINE HCL 100 MG TABS Total	120	ISOSORBIDE-MONONIT 60 MG TB24 Total	660
AMITRIPTYLINE HCL 25 MG TABS Total	360	KETOROLAC TROMETH VL 30 MG/ML INJ Total	20
AMITRIPTYLINE HCL 50 MG TABS Total	810	KETOTIFEN O/S 0.025% OPTH Total	5
AMITRIPTYLINE HCL 75 MG TABS Total	210	LABETALOL HCL 100 MG TABS Total	120
AMLODIPINE BESYLATE 10 MG TABS Total	15,660	LABETALOL HCL 300 MG TABS Total	60
AMLODIPINE BESYLATE 2.5 MG TABS Total	110	LACTULOSE 10GM/15 ML SOLN Total	1,440
AMLODIPINE BESYLATE 5 MG TABS Total	10,500	LACTULOSE 10GM/15 ML SYRP Total	1,920
AMMONIA INHALANTS INHA Total	408	LAMIVUDINE 150 MG TABS Total	2,400
AMOXICILLIN 250 MG CAPS Total		LAMOTRIGINE 100 MG TABS Total	

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	450		1,260
AMOXICILLIN 500 MG CAPS Total	7,170	LAMOTRIGINE 150 MG TABS Total	960
AMOXICILLIN/CLAV 500-125 MG TABS Total	1,170	LAMOTRIGINE 200 MG TABS Total	30
AMOXICILLIN/CLAV 875-125 MG TABS Total	1,330	LAMOTRIGINE 25 MG TABS Total	330
ANALGESIC BALM OINT Total	6,150	LATANOPROST O/S 0.005% OPTH Total	63
ANTIPYRINE/BENZO OTIC Total	285	LEVETIRACETAM 1000 MG TABS Total	30
APAP 325 MG TABS Total	130,350	LEVETIRACETAM 250 MG TABS Total	1,860
APAP SUPPOSITORY 325 MG SUPP Total	12	LEVETIRACETAM 500 MG TABS Total	7,530
APAP SUPPOSITORY 650 MG SUPP Total	12	LEVOTHYROXINE SOD 0.025 MG TABS Total	660
APAP-ASA-CAFFEINE 250-250-65 MG TABS Total	768	LEVOTHYROXINE SOD 0.05 MG TABS Total	1,140
ARIPIRAZOLE (1/2 OF 20 MG) TABS Total	150	LEVOTHYROXINE SOD 0.1 MG TABS Total	390
ARIPIRAZOLE 10 MG TABS Total	300	LEVOTHYROXINE SOD 0.112 MG TABS Total	150
ARTIFICIAL TEARS 1.4% OPTH Total	2,220	LEVOTHYROXINE SOD 0.125 MG TABS Total	540
ASA 325 MG TBEC Total	2,850	LEVOTHYROXINE SOD 0.15 MG TABS Total	240
ASPIRIN 325 MG TABS Total	2,810	LEVOTHYROXINE SOD 0.2 MG TABS Total	150
ASPIRIN EC 81 MG TBEC Total	15,330	LIDOCAINE 2% VL 20 MG/ML INJ Total	1,950
ATAZANAVIR SULFATE 150 MG CAPS Total	1,560	LIDOCAINE 2% W/EPI VL 20 MG/ML INJ Total	500
ATAZANAVIR SULFATE 200 MG CAPS Total	570	LIDOCAINE PATCH 5% PTCH Total	60
ATENOLOL 100 MG TABS Total	1,740	LIDOCAINE VISCOUS 2% SOLN Total	1,900
ATENOLOL 25 MG TABS Total	4,620	LISINOPRIL 10 MG TABS Total	14,820
ATENOLOL 50 MG TABS Total	4,080	LISINOPRIL 2.5 MG TABS Total	240
ATOVAQUONE 750 MG/5ML SUSP Total	210	LISINOPRIL 20 MG TABS Total	13,110
ATROPINE VIAL 1 MG/ML INJ Total	10	LISINOPRIL 30 MG TABS Total	30
AZATHIOPRINE 50 MG TABS Total	60	LISINOPRIL 40 MG TABS Total	3,600
AZITHROMYCIN 250 MG TABS Total	200	LISINOPRIL 5 MG TABS Total	4,530
AZITHROMYCIN 600 MG TABS Total	392	LITHIUM CARBONATE 300 MG CAPS Total	2,280

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BACITRACIN 500 U/G OINT Total	210	LOPERAMIDE 2 MG CAPS Total	3,210
BACITRACIN PACKET 500 U/G OINT Total	432	LOPINAVIR/RITONAVIR 200 MG-50 MG TABS Total	390
BACLOFEN 10 MG TABS Total	3,720	LORATADINE 10 MG TABS Total	10,424
BACLOFEN 20 MG TABS Total	2,310	LORAZEPAM 0.5 MG TABS Total	60
BALSALAZIDE DISODIUM 750 MG CAPS Total	180	LORAZEPAM 1 MG TABS Total	200
BECLOMETHASONE INHALER 40 MCG INHA Total	731	LORAZEPAM 2 MG TABS Total	500
BECLOMETHASONE INHALER 80 MCG INHA Total	1,175	LORAZEPAM VIAL 2 MG/ML INJ Total	38
BENZOYL PEROXIDE 5% GEL Total	3,613	LOSARTAN POTASSIUM 25 MG TABS Total	750
BENZTROPINE MES 0.5 MG TABS Total	3,570	LOSARTAN POTASSIUM 50 MG TABS Total	1,200
BENZTROPINE MES 1 MG TABS Total	12,840	MAG/AL HYDROXIDE 150-300 MG CHEW Total	240
BENZTROPINE MES 1 MG/ML INJ Total	48	MAG/ALUM HYD/SIMETH 200/200/20 SUSP Total	13,320
BENZTROPINE MES 2 MG TABS Total	5,700	MAG/ALUM HYD/SIMETH CHEW Total	2,800
BIMATOPROST O/S 0.03% OPTH Total	33	MAGNESIUM CITRATE SOLN Total	1,200
BISACODYL 10 MG SUPP Total	96	MARAVIROC 300 MG TABS Total	960
BISACODYL 5 MG TBEC Total	1,920	MECLIZINE HCL 25 MG TABS Total	1,530
BRIMONIDINE SOLN 0.2% OPTH Total	35	MELOXICAM 15 MG TABS Total	1,650
BUPROPION HCL 75 MG TABS Total	480	MELOXICAM 7.5 MG TABS Total	8,400
BUSPIRONE HCL 10 MG TABS Total	180	MESALAMINE 400 MG TBEC Total	180
BUSPIRONE HCL 15 MG TABS Total	90	METFORMIN HCL 500 MG TABS Total	24,510
BUSPIRONE HCL 5 MG TABS Total	60	METHIMAZOLE 10 MG TABS Total	204
CALAMINE LOTN Total	1,320	METHOCARBAMOL 500 MG TABS Total	1,800
CALCITRIOL 0.5 MCG CAPS Total	390	METHOCARBAMOL 750 MG TABS Total	4,050
CALCIUM ACETATE 667 MG CAPS Total	120	METHYLPHENIDATE HCL 20 MG TABS Total	60
CALCIUM ACETATE 667 MG TABS Total	210	METHYLPRED SOD SUCC VL 125 MG INJ Total	22
CALCIUM CARB 1250MG/VIT D 1250 MG TABS Total	420	METOCLOPRAMIDE 10 MG TABS Total	360
CALCIUM CARB 500 MG CHEW Total	57,000	METOCLOPRAMIDE 5 MG TABS Total	60

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CALCIUM CARBONATE 1250 MG TABS Total	390	METOPROLOL TART 25 MG TABS Total	4,680
CALCIUM CARBONATE 420 MG CHEW Total	720	METOPROLOL TART 50 MG TABS Total	9,540
CALCIUM POLYCARB 625 MG TABS Total	1,920	METRONIDAZOLE 250 MG TABS Total	150
CAPTOPRIL 12.5 MG TABS Total	330	METRONIDAZOLE 500 MG TABS Total	1,920
CAPTOPRIL 25 MG TABS Total	210	MICONAZOLE VAGINAL 100 MG SUPP Total	784
CAPTOPRIL 50 MG TABS Total	300	MILK OF MAGNESIA 80MEQ/30 ML SUSP Total	36,600
CARBAMAZEPINE 100 MG CHEW Total	2,520	MINERAL OIL OIL Total	8,160
CARBAMAZEPINE 200 MG TABS Total	4,230	MINOCYCLINE HCL 100 MG CAPS Total	480
CARBAMIDE PEROXIDE OTIC 6.5% OTIC Total	855	MINOCYCLINE HCL 50 MG CAPS Total	14
CARBIDOPA/LEVODOPA 25-100 MG TABS Total	30	MIRTAZAPINE 15 MG TABS Total	14,460
CARBIDOPA/LEVODOPA 25-250 MG TABS Total	150	MIRTAZAPINE 30 MG TABS Total	30,210
CARVEDILOL 12.5 MG TABS Total	2,190	MIRTAZAPINE 45 MG TABS Total	9,530
CARVEDILOL 25 MG TABS Total	2,910	MULTI-VITAMIN TABS Total	4,242
CARVEDILOL 3.125 MG TABS Total	900	MYCOPHENOLATE MOFETIL 500 MG TABS Total	90
CARVEDILOL 6.25 MG TABS Total	2,070	NALOXONE HCL 0.4 MG/ML INJ Total	4
CEFAZOLIN SOD 1GM INJ Total	21	NALOXONE HCL SYRG 0.4 MG/ML INJ Total	8
CEFTRIAZONE SOD 1GM INJ Total	33	NAPROXEN 250 MG TABS Total	2,370
CEPHALEXIN 250 MG CAPS Total	330	NAPROXEN 500 MG TABS Total	27,896
CEPHALEXIN 500 MG CAPS Total	1,290	NEBIVOLOL 5 MG TABS Total	810
CETIRIZINE HCL 10 MG TABS Total	11,970	NELFINAVIR MESYLATE 250 MG TABS Total	120
CHARCOAL + SORBITOL 50 GM/240 ML SUSP Total	1,920	NELFINAVIR MESYLATE 625 MG TABS Total	150
CHLORHEXIDINE GLUC 0.12% SOLN Total	24,596	NEOMY/POLY B/GRAM SOL OPTH Total	380
CHLORPHENIRAMINE MAL 4 MG TABS Total	14,970	NEOMY/POLYMX/HC SOLN OTIC Total	310
CHLORPROMAZINE HCL 100 MG TABS Total	120	NEOMY/POLYMYX/DEX O/S OPTH Total	115
CHLORPROMAZINE HCL 25 MG TABS Total	30	NEVIRAPINE 200 MG TABS Total	720
CHLORPROMAZINE HCL 50 MG TABS Total	150	NIACIN 100 MG TABS Total	60

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CHLORZOXAZONE 500 MG TABS Total	1,530	NIACIN 250 MG TABS Total	120
CINACALCET HCL 30 MG TABS Total	180	NIACIN 50 MG TABS Total	90
CINACALCET HCL 60 MG TABS Total	30	NIACIN 500 MG TABS Total	120
CINACALCET HCL 90 MG TABS Total	30	NIACIN- TIME REL 500 MG TBCR Total	60
CIPROFLOXACIN HCL 500 MG TABS Total	840	NITROFURANTOIN MONO 100 MG CAPS Total	80
CITALOPRAM 10 MG TABS Total	2,850	NITROGLYCERIN SL 1/150 (0.4MG) SUBL Total	1,325
CITALOPRAM 20 MG TABS Total	14,010	NORTRIPTYLINE HCL 25 MG CAPS Total	120
CITALOPRAM 40 MG TABS Total	3,900	NORTRIPTYLINE HCL 50 MG CAPS Total	60
CLINDAMYCIN HCL 150 MG CAPS Total	4,380	OLANZAPINE 10 MG TABS Total	390
CLONAZEPAM 0.5 MG TABS Total	240	OLANZAPINE 20 MG TABS Total	210
CLONAZEPAM 1 MG TABS Total	600	OMEPRAZOLE 20 MG CPDR Total	18,450
CLONIDINE HCL 0.1 MG TABS Total	7,170	OMEPRAZOLE 40 MG CPDR Total	30
CLONIDINE HCL 0.3 MG TABS Total	30	OXCARBAZEPINE 300 MG TABS Total	30
CLOPIDOGREL BISULFATE 75 MG TABS Total	660	OXYBUTYNIN CHLORIDE 5 MG TABS Total	2,250
CLOTRIMAZOLE 1% CREA Total	3,960	OXYMETAZOLINE NAS SPRY 0.05% SOLN Total	180
CLOTRIMAZOLE VAGINAL 1% CREA Total	2,340	PALIPERIDONE PALMITATE 234 MG INJ Total	18
COAL TAR SHAMPOO 0.5% SHAM Total	4,750	PAROXETINE HCL 10 MG TABS Total	1,740
CODEINE/APAP 30-300 MG TABS Total	3,450	PAROXETINE HCL 20 MG TABS Total	3,360
COLCHICINE 0.6 MG TABS Total	660	PAROXETINE HCL 30 MG TABS Total	300
CYANOCOBALAMIN 1000 MCG/ML INJ Total	18	PAROXETINE HCL 40 MG TABS Total	270
CYCLOSPORINE O/S 0.05% OPTH Total	90	PEN-G BENZATHINE 1.2 MILLION UNITS INJ Total	8
CYPROHEPTADINE 4 MG TABS Total	210	PENICILLIN V-K 500 MG TABS Total	270
DABIGATRAN ETEXILATE MES 150 MG CAPS Total	150	PERMETHRIN 5% CREA Total	3,060
DAPSONE 100 MG TABS Total	570	PERPHENAZINE 2 MG TABS Total	90
DAPSONE 25 MG TABS Total	330	PHENAZOPYRIDINE HCL 200 MG TABS Total	240
DARUNAVIR ETHANOLATE 400 MG TABS Total	2,760	PHENOBARBITAL 32.4 MG TABS Total	700

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Department of Corrections Inmate Healthcare and Associated Services Contract*

DARUNAVIR ETHANOLATE 600 MG TABS Total	1,530	PHENYTOIN 125 MG/5 ML SUSP Total	2,133
DEPAKOTE 500 MG TBEC Total	30	PHENYTOIN SOD *EXT* 100 MG CAPS Total	16,230
DEXTROSE 50% INJ Total	450	PHYTONADIONE 5 MG TABS Total	90
DIBUCAINE 1% OINT Total	780	PINK BISMUTH 262 MG CHEW Total	1,830
DICYCLOMINE HCL 20 MG TABS Total	2,280	PINK BISMUTH LIQ 262 MG/15 ML SUSP Total	17,280
DIDANOSINE 200 MG CPDR Total	120	PNEUMOCOCCAL VACC SDV INJ Total	1
DIDANOSINE 250 MG CPDR Total	210	PODOPHYLLUM RESIN 25% SOLN Total	15
DIDANOSINE 400 MG CPDR Total	120	POTASSIUM CL 10 MEQ TBCR Total	1,770
DIGOXIN 0.125 MG TABS Total	180	POTASSIUM CL 10MEQ TBCR Total	210
DIGOXIN 0.25 MG TABS Total	390	PRAVASTATIN SOD 40 MG TABS Total	1,140
DILTIAZEM CD 120 MG CD24 Total	210	PRAVASTATIN SOD 80 MG TABS Total	8
DILTIAZEM CD 180 MG CD24 Total	120	PRAZOSIN HCL 1 MG CAPS Total	90
DILTIAZEM CD 240 MG CD24 Total	180	PREDNISOLONE ACET O/S 1% OPTH Total	75
DILTIAZEM HCL 120 MG TABS Total	150	PREDNISONE 1 MG TABS Total	90
DILTIAZEM HCL 30 MG TABS Total	510	PREDNISONE 10 MG TABS Total	900
DILTIAZEM HCL 60 MG TABS Total	750	PREDNISONE 20 MG TABS Total	750
DIPHENHYDRAMINE VIAL 50 MG/ML INJ Total	16	PREDNISONE 5 MG TABS Total	300
DIVALPROEX SODIUM 250 MG TBEC Total	5,760	PREDNISONE 50 MG TABS Total	180
DIVALPROEX SODIUM 500 MG TBEC Total	11,430	PREDNISONE DOSEPAK 10 MG TABS Total	819
DOCUSATE SOD 100 MG CAPS Total	16,560	PREDNISONE DOSEPAK 5 MG TABS Total	777
DOXAZOSIN MESYLATE 1 MG TABS Total	870	PRENATAL VIT TABS Total	1,320
DOXAZOSIN MESYLATE 2 MG TABS Total	2,730	PROCHLORPERAZINE 10 MG TABS Total	210
DOXAZOSIN MESYLATE 4 MG TABS Total	30	PROMETHAZINE HCL 25 MG TABS Total	1,740
DOXAZOSIN MESYLATE 8 MG TABS Total	13	PROMETHAZINE HCL 25 MG/ML INJ Total	39
DOXEPIN HCL 25 MG CAPS Total	1,560	PROMETHAZINE HCL 50 MG/ML INJ Total	6
DOXEPIN HCL 50 MG CAPS Total	1,860	PROPARACAINE HCL O/S 0.5% OPTH Total	135

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DOXEPIN HCL 75 MG CAPS Total	120	PROPRANOLOL HCL 10 MG TABS Total	1,170
DOXYCYCLINE 100 MG TABS Total	660	PROPRANOLOL HCL 20 MG TABS Total	1,080
DOXYCYCLINE HYCLATE 100 MG TABS Total	1,950	PROPRANOLOL HCL 40 MG TABS Total	180
EFAVIRENZ 200 MG CAPS Total	270	PROPYLTHIOURACIL 50 MG TABS Total	60
EFAVIRENZ 600 MG TABS Total	450	PSYLLIUM SF PACKETS PACK Total	870
EFAVIRENZ/EMTRICIT/TENOFOVIR 600-200-300 MG TABS Total	2,520	PYRAZINAMIDE 500 MG TABS Total	60
ELVIT-COBIC-EMTRIC-TENOF 150-150-200-300 MG TABS Total	30	PYRETHRINS/PIPERONYL 0.33%-4% SHAM Total	3,776
EMTRICITABINE 200 MG CAPS Total	150	PYRIDOXINE HCL 100 MG TABS Total	390
EMTRICITABINE/TENOFOVIR 200-300 MG TABS Total	2,580	PYRIDOXINE HCL 50 MG TABS Total	600
EMTRICITAB-RILPIVIRINE-TENOVO 200-25-300 MG TABS Total	1,440	QUETIAPINE FUMARATE 100 MG TABS Total	600
ENALAPRIL MALEATE 10 MG TABS Total	210	RALTEGRAVIR 400 MG TABS Total	3,270
ENALAPRIL MALEATE 20 MG TABS Total	450	RANITIDINE HCL 150 MG TABS Total	30,450
ENALAPRIL MALEATE 5 MG TABS Total	180	RANITIDINE HCL 300 MG TABS Total	30
ENOXAPARIN SYRG 100 MG/1 ML INJ Total	20	RIFAMPIN 300 MG CAPS Total	60
ENOXAPARIN SYRG 80 MG/0.8 ML INJ Total	8	RISPERIDONE 0.5 MG TABS Total	900
EPINEPHRINE AMP 1:1000 INJ Total	3	RISPERIDONE 1 MG TABS Total	5,220
ERYTHROMYCIN 250 MG TBEC Total	60	RISPERIDONE 2 MG TABS Total	15,780
ERYTHROMYCIN 333 MG TBEC Total	180	RISPERIDONE 3 MG TABS Total	12,990
ERYTHROMYCIN 500 MG TBEC Total	60	RISPERIDONE 4 MG TABS Total	1,860
ERYTHROMYCIN ETHYL 400 MG TABS Total	60	RITONAVIR 100 MG TABS Total	3,870
ERYTHROMYCIN O/O 0.5% OPTH Total	91	SALICYLIC ACID PLASTER 40% Total	8
ETRAVIRINE 100 MG TABS Total	480	SALMETEROL XIN PWD INH 50 MCG INHA Total	60
ETRAVIRINE 200 MG TABS Total	240	SALSALATE 750 MG TABS Total	360
EYE WASH IRRG OPTH Total	3,720	SELENIUM SULFIDE 2.5% SHAM Total	5,160
FAMOTIDINE 20 MG TABS Total	180	SERTRALINE HCL 100 MG TABS Total	3,150
FERROUS SULFATE 325 MG TBEC Total	2,010	SERTRALINE HCL 25 MG TABS Total	570

*City of St. Louis, Department of Public Safety
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FINASTERIDE 5 MG TABS Total	90	SERTRALINE HCL 50 MG TABS Total	1,980
FLUCONAZOLE 100 MG TABS Total	930	SEVELAMER CARBONATE 800 MG TABS Total	1,326
FLUMAZENIL VIAL 0.1 MG/ML INJ Total	40	SILVER SULFADIAZINE 1% CREA Total	4,550
FLUOXETINE 10 MG CAPS Total	2,100	SIMETHICONE 80 MG CHEW Total	9,000
FLUOXETINE 20 MG CAPS Total	7,470	SIMVASTATIN 10 MG TABS Total	3,510
FLUPHENAZINE DECON VL 25 MG/ML INJ Total	5	SIMVASTATIN 20 MG TABS Total	6,990
FLUPHENAZINE HCL 10 MG TABS Total	180	SIMVASTATIN 40 MG TABS Total	1,710
FLUPHENAZINE HCL 5 MG TABS Total	660	SOD BICARBONATE 650 MG TABS Total	270
FLUTICASONE PROP NASAL 0.05% SUSP Total	16	SOD CHL NASAL SPRAY 0.65% Total	5,670
FLUTICASONE/SALMETEROL 250/50 INHA Total	60	SOD POLYSTY SULF 15GM/60 ML SUSP Total	8,000
FOLIC ACID 1 MG TABS Total	1,680	SODIUM PHOSPHATE ENEMA ENEM Total	665
FOSAMPRENAVIR CA 700 MG TABS Total	690	SOTALOL HCL 80 MG TABS Total	180
FUROSEMIDE 20 MG TABS Total	2,280	SPIRONOLACTONE 100 MG TABS Total	210
FUROSEMIDE 40 MG TABS Total	2,490	SPIRONOLACTONE 25 MG TABS Total	1,416
FUROSEMIDE VIAL 20 MG/2 ML INJ Total	8	SULFAMETH-TRIMETH 800-160 MG TABS Total	11,710
FUROSEMIDE VIAL 40 MG/4 ML INJ Total	40	SULFASALAZINE 500 MG TABS Total	240
GABAPENTIN 300 MG CAPS Total	5,658	SUMATRIPTAN SUCC 50 MG TABS Total	45
GABAPENTIN 400 MG CAPS Total	390	TACROLIMUS ANHYDROUS 0.5 MG CAPS Total	30
GABAPENTIN 600 MG TABS Total	3,192	TACROLIMUS ANHYDROUS 1 MG CAPS Total	120
GABAPENTIN 800 MG TABS Total	30	TAMOXIFEN CITRATE 10 MG TABS Total	420
GEMFIBROZIL 600 MG TABS Total	1,050	TAMSULOSIN HCL 0.4 MG CP24 Total	30
GLATIRAMER 20 MG INJ Total	7	TENOFOVIR DISOPROXIL 300 MG TABS Total	780
GLUCAGON 1 MG INJ Total	13	TERAZOSIN HCL 1 MG CAPS Total	60
GLUCOSE 40% GEL Total	1,845	TERAZOSIN HCL 10 MG CAPS Total	30
GLYBURIDE 2.5 MG TABS Total	1,110	TERBINAFINE HCL 250 MG TABS Total	6
GLYBURIDE 5 MG TABS Total	5,640	TETANUS-DIPHThERIA TOX INJ Total	29

*City of St. Louis, Department of Public Safety
Department of Corrections Inmate Healthcare and Associated Services Contract*

GUAIFENESIN 200 MG TABS Total	15,090	THEOPHYLLINE 100 MG TB12 Total	390
GUAIFENESIN DM 400-20 MG TABS Total	816	THEOPHYLLINE 200 MG TB12 Total	420
HALOPERIDOL 1 MG TABS Total	150	THIAMINE HCL 100 MG TABS Total	870
HALOPERIDOL 2 MG TABS Total	930	THIAMINE HCL 50 MG TABS Total	570
HALOPERIDOL 5 MG TABS Total	11,160	THIORIDAZINE HCL 50 MG TABS Total	120
HALOPERIDOL DEC 100 MG/ML INJ Total	71	THIOTHIXENE 10 MG CAPS Total	60
HALOPERIDOL DEC 50 MG/ML INJ Total	30	THIOTHIXENE 5 MG CAPS Total	30
HALOPERIDOL DEC VL 100 MG/ML INJ Total	60	THROAT LOZENGES LOZG Total	8,676
HALOPERIDOL LACTATE VL 5 MG/ML INJ Total	18	TIMOLOL MAL SOLN 0.25% OPTH Total	35
HEMORRHOIDAL HC 25 MG SUPP Total	12	TIMOLOL MAL SOLN 0.5% OPTH Total	140
HEMORRHOIDAL PLAIN OINT Total	4,236	TIOTROPIUM BR 18 MCG CAPS Total	90
HEMORRHOIDAL PLAIN SUPP Total	84	TOLNAFTATE 1% CREA Total	5,790
HEPATITIS B VACCINE VIAL 20 MCG INJ Total	11	TRAMADOL HCL 50 MG TABS Total	17,340
HOMATROPINE HBR O/S 2% OPTH Total	90	TRAZODONE HCL 100 MG TABS Total	150
HYDRALAZINE HCL 10 MG TABS Total	150	TRIAMCINOLONE 0 1% CR 0.1% CREA Total	12,258
HYDRALAZINE HCL 25 MG TABS Total	2,430	TRIAMCINOLONE 0 1% OINT 0.1% OINT Total	14,587
HYDRALAZINE HCL 50 MG TABS Total	1,650	TRIAMCINOLONE 0 5% CR 0.5% CREA Total	1,500
HYDROCHLOROTHIAZIDE 12.5 MG CAPS Total	4,920	TRIAMCINOLONE 0 5% OINT 0.5% OINT Total	1,620
HYDROCHLOROTHIAZIDE 25 MG TABS Total	8,820	TRIAMCINOLONE ACET VL 40 MG/ML INJ Total	10
HYDROCHLOROTHIAZIDE 50 MG TABS Total	960	TRIAMTERENE/HCTZ 37.5-25 MG TABS Total	5,250
HYDROCOD BIT/APAP 5/500 MG TABS Total	3,400	TRIAMTERENE/HCTZ 75-50 MG TABS Total	840
HYDROCOD BIT/APAP 5-325 MG TABS Total	900	TRIHEXYPHENIDYL HCL 2 MG TABS Total	480
HYDROCORTISONE CR 1% CREA Total	23,760	TRIHEXYPHENIDYL HCL 5 MG TABS Total	60
HYDROXYCHLOROQUINE 200 MG TABS Total	60	TUBERCULIN PPD VL 5 TU/0.1ML INJ Total	565
HYDROXYUREA 500 MG CAPS Total	150	VANCOMYCIN HCL VIAL 1GM INJ Total	183
HYDROXYZINE HCL VL 50 MG/ML INJ Total	3	VENLAFAXINE HCL 25 MG TABS Total	90

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HYDROXYZINE PAMOATE 25 MG CAPS Total	1,425	VENLAFAXINE HCL 37.5 MG TABS Total	60
HYDROXYZINE PAMOATE 50 MG CAPS Total	900	VENLAFAXINE HCL 75 MG TABS Total	1,110
IBUPROFEN 200 MG TABS Total	200,120	VERAPAMIL HCL 120 MG TABS Total	30
IBUPROFEN 400 MG TABS Total	15	VERAPAMIL HCL 2.5 MG/ML INJ Total	16
IBUPROFEN 600 MG TABS Total	93	VERAPAMIL HCL 80 MG TABS Total	180
IBUPROFEN 800 MG TABS Total	60	VERAPAMIL HCL SR 120 MG TBCR Total	840
IMIPRAMINE HCL 25 MG TABS Total	60	VERAPAMIL HCL SR 180 MG TBCR Total	150
IMIPRAMINE HCL 50 MG TABS Total	120	VERAPAMIL HCL SR 240 MG TBCR Total	570
INDOMETHACIN 25 MG CAPS Total	960	VIT D\ERGOCALCIFEROL 50,000 UTS (1.25MG) CAPS Total	18
INDOMETHACIN 50 MG CAPS Total	390	VITAMIN B COMP W-C/FA TABS Total	630
INFLUENZA VACCINE 2012-2013 INJ Total	240	WARFARIN SOD 1 MG TABS Total	2,740
		WARFARIN SOD 10 MG TABS Total	300
		WARFARIN SOD 2.5 MG TABS Total	530
		WARFARIN SOD 4 MG TABS Total	530
		WARFARIN SOD 5 MG TABS Total	1,740
		WARFARIN SOD 7.5 MG TABS Total	130
		WATER INJ Total	2,440
		WHITE PETROLATUM O/O 83% OPTH Total	88
		ZIDOVUDINE 100 MG CAPS Total	420
		ZIDOVUDINE 300 MG TABS Total	1,650
		ZIPRASIDONE HCL 20 MG CAPS Total	3,540
		ZIPRASIDONE HCL 40 MG CAPS Total	360
		ZIPRASIDONE HCL 60 MG CAPS Total	30
		ZIPRASIDONE HCL 80 MG CAPS Total	60
		Grand Total	858,422

Appendix E
City of St. Louis Inmate Grievance Policy

CHAPTER:	3	Institutional Operations	3.3.3
SECTION:	3	Rules, Discipline, and Rights	EFFECTIVE DATE: August 18, 2003
SUBJECT:	3	Inmate Grievance	
APPROVED:			REVISION DATE:
Dale Glass COMMISSIONER OF CORRECTIONS			2 / 8 /13
			DATE: 3-5-13
Reviewed: 9/09; 1/13 Rescind: 3.3.1 dated 8/18/03; 2/11/10			

I. POLICY

It is the policy of the St. Louis City Division of Corrections to provide the inmate population with an informal and formal internal grievance process that includes at least one (1) level of appeal.

II. PURPOSE

To establish rules and regulations governing the filing and resolution of inmate complaints through an informal resolution process and a formal grievance process that is fair, accessible to inmates, measurable and legally defensible. Inmates may file I.R.R./Grievances on all matters related to institutional life with the exception of the restrictions outlined in the Inmate Grievance Procedure 3.3.3. (Section VII -14 Non-Grievable Issues).

III. APPLICABILITY

All Division of Corrections employees, contracted staff and inmates are responsible for adhering to the following procedures.

IV. STANDARDS

ACA Adult Local Detention Facilities, 4th Edition
6B-01

An inmate grievance procedure is made available to all inmates and includes at least one (1) level of appeal.

V. DEFINITIONS

Abandonment: A condition, which results when an inmate fail to resubmit IRR/Grievance, Appeal forms in the proper format, or fail to find closure of a complaint within applicable time frame.

Americans with Disabilities Act: The Americans with Disabilities Act (ADA) is the most comprehensive federal civil-rights statute protecting the rights of people with disabilities.

Appeal Acknowledgment Form: Used by the CSU to document the issuance of a grievance appeal form and notifies the inmate that the appeal is being investigated.

Close Observation: Observation of the inmate in staggered intervals, not to exceed 15 minutes, in moderate risk situations. This includes recorded observation within 15-minute intervals.

Constituency Services Unit: Designated Division staff whose duties include retrieval of IRR and Grievance forms from Lock Boxes, documenting, investigating, issuing responses that resolves informal complaints, managing, and monitoring the Inmate I.R.R./Grievance process including issuing of monthly record of activities and statistical reports.

Emergency Grievance: A complaint concerning matters that, under regular time limits, would subject the inmate to a substantial risk of personal injury or cause other serious and/or irreparable harm to the inmate.

Exhaustion: The completion of the Formal Grievance at the last appeal level.

External Review Committee: An independent and external committee acting under the authority of the St. Louis City Public Safety Committee of the Board of Alderman, to monitor the Inmate Grievance Procedure and other aspects or conditions of confinement within the Division of Corrections. The specific duties of the committee are addressed under a separate policy that does not fall under the Division of Correction's policy protocols.

Formal Grievance Acknowledgment Form: Used by the CSU to document the issuance of a grievance form and notifies the inmate that the complaint is being investigated.

Frivolous Complaints: The filing of complaints that have no merit or sound basis of fact, or repetitive complaints that have been addressed or in the process of being addressed and the inmate has been previously notified through a valid or legitimate response.

Grievance: A formal complaint filed by an inmate regarding matters of institutional life that the inmate believes to warrant a remedy that will resolve a point of contention.

Grievance Appeal Process: A process that allows the inmate to appeal their grievance response as provided in this policy. (Inmates may appeal their grievance response to the Commissioner of Corrections. All decisions of the Commissioner of Corrections are final and not subject to further appeal within the Division.

Grievance Coordinator: A Correctional Staff Member designated by the appointing authority to research and investigates inmates' grievances and provides factual and credible responses that are reviewed and authorized by the Detention Center Superintendent prior to issuing a resolution response copy to the inmate. The Grievance Coordinator must be properly trained on the Inmate Grievance Processes and other relative training. Record of such training must be maintained on file.

Grievance Restriction Log Book: A master record of events maintained by CSU detailing the names of inmates who have been placed on grievance restrictions for violating or abusing the Inmate Grievance Procedure.

Inmate Request: A written request to CSU from an inmate for an Informal Resolution Request Form. The written request will include the inmate's name, inmate master Number and Housing Unit assignment.

Informal Resolution Request (IRR): A request completed and submitted by an inmate and routed to the CSU in an attempt to resolve a complaint pertaining to matters relating to institutional life prior to initiating the formal grievance process.

Informal Resolution Sequential Numbering System: A numbering system designed to maintain accountability for all grievances filed.

Informal Resolution Request Acknowledgment Form: Used by the CSU to document receipt of the IRR and notifies the inmate that the complaint is being investigated.

I.R.R. Acknowledgement of Inmate Orientation/Training Form: Used by the CSU to document the training of inmates on the instruction of the fundamental steps necessary to assist inmate to properly initiate the Informal Resolution Process.

I.R.R./Grievance Withdrawal: A written request from an inmate notifying CSU of personal decision to no longer pursue a previous complaint filed at the I.R.R./Grievance or Appeal stage.

I.R.R. Notification/Investigative Inquiry Form: Used by the Constituency Services Unit to notify a specific staff person that a complaint has been written by an inmate regarding alleged conduct or violation of the inmates' rights. This form will direct staff to respond to specific details regarding the inmate's complaint and returns the response to the CSU staff within a limited time frame.

Integrated Jail Management System (IJMS): Automated system that tracks admitted and pre-admitted inmates; collects, organizes and stores standard information and demand information. The application also documents the activities of inmates within the Division of Corrections, including classification, cell history, Disciplinary Reports, demographic information, personal property information, medical and social service history, chronological notes, and program participation.

Letter of Caution: A letter issued to the inmate by the Grievance Coordinator warning the inmate that inmate may be placed on restrictions against filing I.R.R./Grievances because of an abuse of the process.

Letter of Limited Filing Status: A letter issued to the inmate by the Commissioner of Corrections/designee informing the inmate that specific restriction has been placed against the inmate's ability to file I.R.R./Grievances due to abuse of the process.

Maximum Assaultive Status: The inmate has a documented history of serious assault on staff or inmates with severe injury, severe mental or emotional disturbance with a propensity for violence.

Medical Grievance: A complaint related to health care issues including but not limited to medical, dental, psychological, psychiatric services, and related medical staff.

Staff Notification of Non-Compliance: When the official response timelines have been exceeded, the notification is sent to the staff person to meet with the Grievance Coordinator for corrective action.

Suicide Status: Crisis levels that identify the status of inmates, who have been identified by the mental health staff as being at risk of self-harm, emotionally disturbed or mentally ill and not stabilized on medications.

Unprocessed: The return of an I.R.R./Grievance to the inmate because it failed to meet the guidelines established in the grievance procedure such as inclusion of multiple complaints, perplexing, incomplete and incomprehensible language or the guidelines as established under this program.

VI. CANCELLATIONS

This procedure and work rule cancels all previous Division policies, statements, memorandums, directives, orders, notices, rules and regulations that are inconsistent with this procedure and work rule.

VII. GENERAL INFORMATION

1. The procedures contained herein are not intended to defer any procedural or substantive rights or any private cause of action otherwise granted by state or federal law.
2. As part of effort to assist inmates to fully understand and take advantage of the grievance program, inmates are to receive special orientation that includes:
 - a. Orientation within 72 hours of transfer to the inmates' assigned facility and housing unit.
 - b. Instructions on the fundamental steps required to initiate the Inmate Grievance Process.
 - c. Access to view the Informal Resolution Request PowerPoint Video administered by the CSU.

- d. Sign an Acknowledgement of Inmate Orientation/Training which will be forwarded to the inmate's Caseworker for filing in the inmates' custody file.
3. The grievance policy will be made accessible to inmates in the institutional libraries.
4. The process of filing a formal complaint by an inmate begins with an inmate request for an Informal Resolution Request. A formal grievance is not filed until the IRR process is complete. The CSU will ensure that there are no barriers for inmate access to I.R.R.'s/Grievances or Appeals forms should the inmate fail to accept response that seeks to resolve complaint at the IRR' level. In the context of this procedure and work rule, CSU staff will ensure that inmates have the opportunity to file complaints in a timely and confidential manner.
5. Inmates may utilize the Inmate Grievance Process regardless of any disciplinary status, housing location or classification. Appropriate provisions will be made to ensure that inmates who are not fluent in English, persons with disabilities, those with low literacy levels, the elderly and the mentally challenged have access to the Inmate Grievance Procedure.
6. Inmates may use the Inmate Grievance Process to file "Emergency Grievances". An inmate may file an emergency grievance when a condition exists that is consistent with the parameters established in the definition of an emergency grievance. The CSU will determine whether a grievance will be processed as an emergency regardless whether or not the inmate had requested to file an emergency grievance.
7. All I.R.R.'s must be filed within ten (10) working days of the actual incident or situation, or within ten working days of the inmate becoming aware of the incident or situation.
8. The timeline stated in this procedure and work rule for inmates to file a grievance or an appeal may be extended if in the opinion of the Grievance Coordinator or the Commissioner/designee such an extension is necessary to make an appropriate decision or if the inmate presents a legitimate reason for requesting an extension.
9. Failure by the inmate to observe the timeline, unless waived, will terminate the grievance process.
10. Inmates should not limit themselves strictly to the grievance process for the resolution of "emergency situations". Inmates should also utilize all other available means of verbal or written communications such as letters or verbal notifications to staff.
11. Any Informal Resolution Request or Formal Grievance received by CSU marked as an "emergency" will be immediately evaluated through the chain of command to determine

whether it is an emergency as defined by the procedure and require immediate response outside of Grievance Procedure time frames.

12. Inmates cannot submit an I.R.R. on behalf of another inmate. Inmates incapable of completing an I.R.R. Form will receive assistance in filing a complaint from the Social Services staff.
13. All decisions of the Commissioner of Corrections are final and not subject to appeal within the Division.
14. The Grievance Coordinator will notify the Commission on the Disabled verbally and in writing if a complaint is related to the American with Disabilities Act in order to seek a remedy for the complaint.
15. Non-grievable Issues:
 - a. Actions of state legislature or other federal, state and local agencies.
 - b. Actions in an institution other than the Division of Corrections and the complaint are unrelated or associated with the Division of Corrections operations.
 - c. Judicial proceedings
 - d. Conditions, which affect another inmate without affecting the grievant personally.
 - e. The purpose or the necessity of any Institutional Post Order, or policies and procedures but may grieve the application of a post order and/or policies and procedures.
 - f. Search procedure but may grieve how the search was conducted or whether the search was in compliance with established procedures.
 - g. Repetitive Complaints/ Frivolous Complaints/ perplexing or ambiguous complaints, and complaints written in an intangible language.
16. All inmates I.R.R.'s and Grievances must include:
 1. The name and inmate number of the inmate making the complaint.
 2. The date of occurrence of the incident and time.
 3. The name of facility where the incident occurred.
 4. A brief statement of facts of incident.
 5. The name of staff person involved or notified and how the inmate was affected.
 6. Clear statement of remedy being requested.
 7. Signature of inmate filing the complaint.

VIII. PROCEDURES

A. Informal Resolution Request Process

1. Inmates may submit a written request for an Informal Resolution Request Form to CSU. The request must include the inmates' name, inmate master number and housing unit. The written request must be placed in the CSU locked I.R.R./Grievance mailbox located in the housing unit.

2. In the event an inmate is impaired or requires assistance with making the request for the I.R.R., the inmate may request the Housing Unit Officer to contact the Social Service staff assigned to the unit to provide assistance in obtaining the I.R.R. The Housing Unit Officer will document the inmate's request in the IJMS journal. Inmate may also contact Social Services for assistance with making the written request for the I.R.R.
3. The Social Service staff will assist the inmate within three (3) working days of being notified of the inmate's need for assistance. The Social Services staff will further assist the inmate in completing the Informal Resolution Request.
4. The written request will be retrieved by the C.S.U. staff that will date and time-stamp the request upon receipt and log the date received into an official logbook for controlling and determining timelines.
5. The Informal Resolution Request (I.R.R.) Form will be issued to the inmate by C.S.U. and given an I.R.R. Sequential Number to initiate the I.R.R. Process/Formal Grievance Process. The inmate will be required to sign an I.R.R. Acknowledgment Form.
6. The inmate will complete the I.R.R. form and place it in the CSU locked IRR/Grievance mailbox located in the housing unit. The CSU staff will check the locked mailbox at least once daily during their work week.
7. Upon receipt of a completed I.R.R., CSU staff will have seven (7) working days in which to investigate the complaint and provide the inmate a written response to the complaint. CSU will notify the inmate if additional time is requested to complete the investigation. The notification will include the time frame for completion.
8. The CSU staff will:
 - a. Notify staff involved in the complaint via the I.R.R./Investigative Inquiry Form. Staff must complete the form and respond to CSU staff within three (3) working days. Failure to respond as requested may lead to a hearing review that may include and up to termination against the staff.
 - b. Interview staff, the complainant and other witnesses (including inmate witnesses) if necessary. All oral interviews must be supported by a written statement from those interviewed. CSU will also collect reports and other documentation relative to the inmate's complaint.
 - c. Exhaust all other resources necessary to resolve the complaint. If necessary CSU will utilize external resources when applicable. For example: The Commission on the Disabled may be consulted when addressing concerns related to the American with Disabilities Act.

9. Any I.R.R.'s not completed in accordance with procedural requirements will be returned and stamped "Unprocessed". The inmate will be provided a new I.R.R. form to begin the I.R.R. phase for a second time and will be given an extension of two (2) working days to make any corrections in the complaint that is necessary to meet procedural requirements. The I.R.R. will include the same reference number as the initial I.R.R. but will be labeled as an I.R.R. extension.
10. The CSU staff will issue written response and discuss I.R.R. response that resolves the complaint with the inmate.

B. Formal Grievance Process

1. If the inmate deems the I.R.R. response to be unacceptable to the inmate, the inmate has the option of filing a Formal Grievance. Should the inmate chose to pursue the complaint further, CSU will provide the inmate a Formal Grievance Form and document the issuance of the form in the final disposition section of the I.R.R. Both the inmate and CSU staff will sign the I.R.R. form. The inmate will also be required to sign a Formal Grievance Acknowledgment Form. The inmate will be provided a copy of the completed I.R.R. form.
2. The inmate has (5) five working days from receipt of the grievance form from CSU to file a formal complaint. The complaint must be placed in the CSU I.R.R./Grievance mailbox located in the unit. The CSU will notify the inmate if additional time is required to complete the investigation. The notification will include the time frame for completion.
3. In the event an inmate is impaired or requires assistance with the Inmate Grievance Form, the inmate may request the Housing Office to contact the Social Service staff assigned to the unit for assistance in completing the Grievance Form. The Housing Unit Officer will document the inmate's request in the IJMS journal. The journal entry will include the time the Social Service staff was notified of the request. The Social Service Staff will assist the inmate within three (3) working days of being notified of the inmate's request. The completed grievance will be returned to the CSU via the I.R.R./Grievance mailbox.
4. The inmate is required to place a single complaint with related issues on a single Grievance Form. If the inmate fails to adhere to the requirements established in Section VII .14 or Section VIII, A and H) the submission of the grievances will be rejected and stamped "Unprocessed" and returned to the inmate. The inmate will be provided a written explanation as to why the grievance is being returned as "Unprocessed".
5. In the event a grievance is returned as "Unprocessed" the inmate, will:
 - a. Be provided a new Grievance Form to begin the grievance phase for a second time
 - b. Be given an extension of two (2) working days to make any corrections in the complaint that is necessary to meet procedural requirements.
 - c. Be advised to include the same reference number used in the initial filing and label the new filing as a "grievance extension."

6. If the inmate submits a second grievance form that is unable to be processed the inmate will be notified that the complaint is considered “Abandoned”. The inmate will not be allowed to re-file the same complaint.
7. Upon receipt of a properly completed complaint Grievance From the inmate, CSU will log the grievance in accordance with the Referencing Numbering System outlined in the grievance procedure on the date it was received.
8. Once the grievance has been logged by CSU staff, the staff person will attach all documentation pertaining to previous attempts to resolve the complaint at the I.R.R.’s level and forwards the package to the Grievance Coordinator on the same day. The Grievance Coordinator will have (10) working days from the receipt of the Grievance Form from CSU to issue a response that resolves the grievance.
9. Upon receipt of the inmate’s grievance package, the Grievance Coordinator will:
 - a. Review the details of the grievance including any additional information not included in the I.R.R. complaint;
 - b. Gather any evidence that may support any additional information submitted by the inmate.
 - c. Re-examine and verify any evidence relied upon in the CSU I.R.R. response. Exhaust all other resources necessary to resolve the complaint. (Such resources would include the Commissioner on the Disabled if the complaint is related to the American with Disabilities Act.).
10. The Grievance Coordinator formulates a resolution response based on factual findings, and discusses the response with the Detention Center Superintendent who reviews the response and may approve the response as is, or amend the response or requests additional information.
11. Once the Detentions Center Superintendent has authorized the grievance response, the Grievance Coordinator will present the response to the inmate.
12. The Grievance Coordinator will issue a written copy of the response to the inmate and discuss the grievance response with the inmate; and should the response be unacceptable to the inmate, the inmate has the option of filing an appeal with the Commissioner of Corrections.
13. If the inmate chooses to file an appeal, the Grievance Coordinator or CSU staff will:
 - a. Provide the inmate with an Appeal Form.
 - b. Document the issuance of the Appeal Form in the final disposition section on the Grievance Form.
 - c. Have the inmate sign an Appeal Acknowledgment Form,
 - d. Provided a copy of the completed Grievance Form to the inmate.
 - e. Return the original Grievance Form to CSU to be logged as a completed grievance or a grievance that is pending appeal.

C. Emergency Grievance Process

1. Inmates may file an Emergency Grievance when conditions exist in which going through the normal grievance process would subject the inmate to substantial risk of personal injuries or other damages.
2. The inmate will submit a written complaint marked “EMERGENCYGRIEVANCE” and place it in the locked CSU Grievance Mailbox located in the housing unit. The correspondence will include all the identifiable information that would otherwise be included on a Grievance Form. CSU will review the complaint and determine if the complaint can actually be considered an emergency. If considered to be an emergency, the CSU will:
 - a. Regard the written correspondence as the initiation of the Emergency Grievance Process.
 - b. Attach the complaint as a supplement to an original grievance form, write the inmate’s name and the IMN on the Grievance Form and assign grievance SRN #. The Grievance Form will be marked “Emergency” in the upper right hand corner of the form.
 - c. Deliver the complaint with all particulars to the Grievance Coordinator within the same day.
3. If determined to be an actual emergency grievance, the Grievance Coordinator confers with the Detention Center Superintendent who immediately notifies the Commissioner and directs the grievance to appropriate staff in the chain of command that may be able to initiate immediate and appropriate corrective steps to resolve the problem. The Detention Center Superintendent shares with the Commissioner, the staff person assigned to initiate the appropriate corrective steps to resolve the problem.
4. The staff person charged with initiating the resolution is required to resolve the complaint by close of business day unless there is clear reason not to do so. Any delay is communicated to the Grievance Coordinator who notifies the Detention Center Superintendent.
5. Once the complaint has been resolved the Grievance Coordinator in collaboration with the Detention Center Superintendent will prepare a written response to the inmate regarding the resolution. The response is shared with the Commissioner prior to issue to the inmate.
6. If the inmate wishes to appeal the response, the inmate may file an appeal to the next highest level (the Commissioner of Corrections).
7. If appealed to the Commissioner, the CSU will log the grievance accordingly and forwards the Emergency Grievance Appeal to the Commissioner of Corrections.
8. The Commissioner of Corrections will provide the inmate a written response to the Emergency Grievance Appeal within three (3) working days. The Emergency Grievance Appeal responses will be returned to CSU to be discussed with the inmate. The inmate

will sign for receipt of the grievance and will be issued a copy of the grievance response. The response from the Commissioner is the last step in the Emergency Grievance Process.

D. Appeal Process

1. Upon issuance of the appeals form by the CSU, the inmate will be given five (5) working days from the date of receipt to complete the Appeal Form.
2. The inmate will include the reason for the appeal as well as include any new evidence in support of the appeal.
3. Upon completion, the inmate will return the Appeal Form to the CSU. CSU staff will log the appeal and forward the Appeal Form to the Grievance Coordinator who attaches all documentation pertaining to previous attempts to resolve complaint at the I.R.R. and Grievance levels and forwards it to the Commissioner of Corrections.
4. Upon receipt of an inmate's appeal, the Commissioner will:
 - a. Review all information relative to the grievance appeal and may direct that a follow-up investigation be conducted if necessary.
 - b. Notify the inmate and Grievance Coordinator if additional time is required to complete the investigation. The notification will include the time frame for completion.
 - c. Issue a written response to the inmate's appeal within ten (10) working days. The response will be signed and returned to the Grievance Coordinator.
- d. The Grievance Coordinator or CSU staff will discuss the Commissioner's response to the inmates appeal with the inmate on the same date the response was received unless compelling security reason prevents otherwise. Delay to discuss response will be documented.
5. Once the appeal response has been issued by the Commissioner and discussed with the inmate, the grievance process has been exhausted. The inmate will be issued a written copy of the appeal response from the Commissioner.

E. Suicide Watch, Close Observation and Mass Assault Status

Inmates on suicide watch, close observation and mass assault status will not be provided access to pens, pencils and other sharp objects that could be used to cause harm to themselves or staff. Inmates under the above status will gain access to the grievance process by:

- a. Make a verbal request through the Housing Unit Officer, or Supervisor who contacts the appropriate staff, or through CSU staff during their weekly tour of the area for assistance in completing an I.R.R./Grievance. A CSU staff member will visit each inmate assigned to the above status at least once per week.
- b. The inmate will convey their complaint to the CSU staff that will

write out the complaint on an I.R.R./Grievance form.

- c. CSU staff will obtain the inmate signature as verification of an accurate depiction of the verbal complaint.
- d. CSU will process the complaint in accordance with the guidelines established in this procedure.

F. Protection against Reprisal

1. Failure by inmate to substantiate their grievance allegation will not by itself be a ground to initiate restriction to process against the inmate. If abuse by inmate is established, the Grievance Coordinator will confer with the Detention Center Superintendent. The Detention Center Superintendent will authorize restriction to process only after consultation with the Commissioner of Corrections.
2. Retaliation or threat of retaliation for use of the Inmate Grievance Procedure is strictly prohibited. If an inmate believes that a reprisal has occurred, the inmate may make a written request to the CSU for a Grievance Appeal Form. CSU will issue the Grievance Appeal Form and have the inmate sign an Appeals Acknowledgement Form. The inmate does not have to file an Informal Resolution Request or a Grievance Form in this regard.
3. The inmate will return the Appeal form to the CSU within five (5) working days of being issued the form. CSU staff will log the grievance appeal, notifies the Grievance Coordinator and forwards the appeal directly to the Commissioner of Corrections for a response.
4. If the Commissioner of Corrections determines that the inmate has been subject to a reprisal for use of, or participation in, the Inmate Grievance Procedure, the Commissioner will:
 - a. Respond within ten (10) working days of the receipt of the appeal.
 - b. Initiate the appropriate action necessary to cause an investigation of the conduct/action determined to be a reprisal against the inmate.
 - c. Take appropriate action to prevent further reprisal in all valid claims
 - d. Return the grievance appeal to CSU noting the Commissioner's findings and response, for documentation.
5. If the Commissioner of Corrections determines that the complaint is not a reprisal, the original grievance appeal will be returned to the CSU and will include a letter notifying the inmate that the complaint is not considered a reprisal.
6. Upon receipt of the returned grievance appeal from the Commissioner, the CSU will deliver a copy of the grievance appeal wherein the response validates the inmates claim or deliver to the inmate a letter from the Commissioner denying the appeal. The inmate will be requested to sign the grievance appeal form. The decision of the Commissioner is the final stage of the appeal.

G. Process Abuse and Restrictions:

1. An inmate abuses the Inmate Grievance Procedure when the inmate does any of the following during the grievance resolution process:
 - a. Threatens bodily harm to staff, inmates or the general public.
 - b. Repeatedly files I.R.R./ Grievance form that duplicate previous filing.
 - c. Submits I.R.R./Grievance that contains abusive or profane language or offensive drawings.
 - d. Repeatedly submits frivolous I.R.R./Grievances as determined after thorough investigation.
 - e. File false allegations that are part of an I.R.R./Grievable complaint as determined after thorough investigation.
 - f. Filing multiple complaints in a single I.R.R./Grievance.

2. CSU will notify the inmate when it has been determined that the inmate has abused the grievance procedure. The inmate will be advised in writing that the violation is being referred to the Detention Center Superintendent for administrative action that may include future restriction for filing grievance.
 - a. Inmates who abuse the grievance process will be brought to the attention of the Detention Center Superintendent through a memorandum generated by the Grievance Coordinator with evidence attached.
 - b. The Detention Center Superintendent will review documentation substantiating the abuse.
 - c. If determined to be abuse the Detention Center Superintendent may issue a Letter of Caution or may limit the inmate to one new complaint per week for a maximum of sixty (60) days with a Letter of Limitation that establishes the filing status.
 - d. Subsequent restrictions must be approved by the Commissioner of Corrections/designee and should be no more than ninety (90) days in duration.

H. Inmates on Grievance Restriction

1. An inmate placed on grievance filing restriction will not be denied opportunity to file an I.R.R./Grievance that qualifies as an emergency complaint provided the complaint qualifies as “emergency.” The complaint will be processed under the guidelines for handling emergency grievances until a determination is made that the complaint is not an emergency.

2. The Grievance Coordinator will inform the CSU staff (via copies of restrictions notices to the inmate) of all inmates who are on grievance restrictions, once approved by the appointing authority/designee. CSU will document these Restrictions in the Inmate Grievance Restriction Log. The list will contain information when the restriction will be lifted.

3. If an inmate submits an Informal Resolution Request, Grievance or Grievance Appeal containing threat or threat of bodily harm, appropriate

Disciplinary action will be taken. The Commissioner of Corrections will be provided the documentation containing the threat and upon the Commissioners approval, the inmate may be issued a rule violation report. This rule violation Report will be prepared by the CSU staff and will not be viewed as retaliation. The inmate will receive due process hearing as provided in policy #3.3.6: Major Violations/Disciplinary Hearing.

I. Grievance Withdrawal

1. Inmates wishing to withdraw their Informal Resolution Request, Grievances and Appeals will contact the CSU staff in writing via the grievance mailbox located in the housing unit. CSU staff will meet with the inmate to formalize I.R.R, Grievance, or Grievance Appeal withdrawals:
 - a. The inmate will include in the statement, “I wish to withdraw on the I.R.R., Grievance or Grievance Appeal”.
 - b. The inmate must sign and date the complaint forms denoting the decision to withdraw the complaint.
2. Staff will not coerce or create the belief that an inmate is being forced to withdraw a grievance. Staff will not offer unrealistic remedies or remedies that are not sanctioned by the Division of Corrections in an effort to get an inmate to withdraw a complaint.
3. The CSU will log all grievance withdrawals in the grievance tracking system making sure to document the reason given by inmate for the withdrawal.

J. Remedies

1. Approved remedies for I.R.R./grievances will be executed timely. Staff’s failure to execute a remedy as directed will result in the issuance of a letter of caution from the Commissioner or other corrective action that reinforces compliance. The CSU staff will notify the Commissioner of non-compliance via a Notification of Non-Compliance form.
2. Remedies will be determined by the respondent with the goal of appropriately resolving legitimate complaints at the lowest level possible.
3. The response to a complaint will be provided in writing at each level of review. The report will explain the facts used to reach the decision.
4. All complaints filed in accordance with this procedure and found to be of merit will be afforded an appropriate remedy which may include, but not limited to:

- a. Review and or modification of a condition or practice that is being grieved, other than policy and procedure (See specific stipulations in this policy relating to grievances against policy and procedure).
- b. Restitution of funds or monetary compensation for inmate property lost or damaged while under the direct control of staff or due to staff negligence.
- c. Corrections of records to include impingement of rule violations reports, conducting re-hearing on rule violation reports, amending disciplinary sanctions and institutional reclassification.
- d. Other remedies as appropriate, which may include reasonable accommodations or reasonable modification.
- e. Any personnel action taken as a result of a complaint is confidential and will not be specified in the response to the inmate.
- f. Consequential or punitive damages will not be provided

K. Access to Files and Files Maintenance

1. The CSU will maintain a manual/electronic logbook for each institution and a file on every inmate that file an I.R.R./Grievance.
2. These individual files will be maintained until the inmate is released or transferred to the Missouri Department of Corrections or another agency.
3. CSU, Grievance Coordinator, and other staff who are participating in the Investigation and disposition of an I.R.R./Grievance will only access records essential to the resolution of the complaint.
4. The information in an inmate grievance file will be confidential and will not be distributed or made available to any entity except at the direction of the Commissioner of Corrections.
5. Investigation materials, such as internal affairs investigative reports, staff statements, staff reports and employee personnel information will not be given to the inmate.
6. Informal Resolution Request and grievance files are generated in anticipation of litigation.
7. All relevant reports, requests, statements, procedures or any other pertinent evidence or related documents should be maintained in a file assigned to that Informal Resolution Request or inmate grievance.

8. Informal Resolution Request and grievance files will be maintained for five (5) years at the work site.

L. I.R.R./Grievance Tracking

1. CSU staff will maintain a tracking system for the accountability of all I.R.R./ Grievances that are filed by inmates in the custody of the St. Louis City Division of Corrections. The CSU will immediately record in the grievances tracking system for the issuance and receipt of I.R.R./Grievances at each stage of the inmate grievance process.
2. Each I.R.R./Grievance will be assigned an individual reference number that should be logged in the grievance tracking system as well as on the I.R.R./Grievance. Beginning at the I.R.R. stage, a complaint will have the same independent referencing number throughout the grievance process.
 - a. The first set of letters will represent the initials of the institutions (CJC for the City Justice Center and MSI for Medium Security Institution).
 - b. Next, the set of numbers will represent the month of the year.
 - c. The 2nd set of numbers will represent the calendar year.
 - d. The 3rd set of numbers will represent the sequential number of the complaint for the Medium Security Institution or the City Justice Center for the calendar year.
 - e. The last set will include an alphabet and a number, and will represent the category and subcategory of the complaint.
 - f. The following will represent examples of a complete I.R.R./Grievance Reference number:
 - (1) CJC - 10-09-122-A1
 - (2) MSI - 10-09-12/87-A1
 - g. The sequential number will start as 01 at the beginning of each calendar year at each institution.
3. The categories and subcategories listed below will be used to denote the areas of complaint for each I.R.R./Grievance:
 - a. **Classifications**
 - (1) Administrative Segregation
 - (2) Institutional Assignment
 - (2) Housing/ Cell Assignment
 - (3) Cellmate
 - (4) Protective Custody
 - (5) Program Assignments
 - (6) Work Assignments
 - (7) Suicide/ Close Observation
 - b. **Activities/ Privileges**
 - (1) Canteen
 - (2) Food Service
 - (3) Access to Courts/ Law Library

- (4) Mail Service
 - (5) Religious Issues
 - (6) Recreation
 - (7) Payment/ Education
 - (8) Visitation
 - (9) Legal Mail
 - (10) Other
- c. **Due Process**
- (1) Sanctions Imposed
 - (2) Accuracy of Violation Reports
 - (3) Failure to Notify Inmate of Charge on Violation Report
 - (4) Failure to Afford Inmate a Procedural Complaint Disciplinary Hearing
- d. **Harassment**
- (1) Cell Search
 - (2) Discrimination
 - (3) Sexual Harassment by Inmate
 - (4) Sexual Harassment by Staff
 - (5) Verbal Harassment by Inmate
 - (6) Verbal Harassment by Staff
 - (7) Search of Person
 - (8) Other
- e. **Medical**
- (1) Dental Services
 - (2) Medical Services
 - (3) Mental Health Services
 - (4) Operational Issues
- f. **Property**
- (1) Wages
 - (2) Loss of Property
 - (3) Damage of Property
 - (4) Denial of Property
 - (5) Inmate Accounts
- g. **Use of Force**
- (1) Excessive Use of Force
 - (2) Strip Cell
 - (3) Restraint Chair
 - (4) Sexual Abuse by Inmate
 - (5) Sexual Abuse by Staff
 - (6) Physical Abuse by Inmate
 - (7) Physical Abuse by Staff

- h. Other**
 - (1) Conditions of Confinement including sanitation
 - (2) Violation of Policy by Staff
 - (3) Accident or Injury
 - (4) Failure to Protect

- 4. The following information will be included in the grievance tracking system.
 - a. I.R.R. Request Date
 - b. I.R.R. Reference Number
 - c. I.R.R. Issue Date
 - d. I.R.R. Response Date
 - e. Grievance Issue Date
 - f. Grievance Response Date
 - g. Grievance Appeal Date
 - h. Grievance Appeal Response Date
 - i. Final Disposition of Grievance (Resolved or Unresolved)
 - j. Abandonments and withdrawals will be considered as resolved.

- 5. The CSU will maintain the following documents/forms as part of the tracking and monitoring system.
 - a. Inmate acknowledgment of receipt of I.R.R.
 - b. Inmate acknowledgment of receipt of grievance.
 - c. Inmate acknowledgment of grievance appeal.
 - d. Inmate written request for an Informal Resolution Request Form.
 - e. Inmate Grievance Withdrawal Form.

M. Program Monitoring and Audits

- 1. The Commissioner of Corrections may at any time, cause to audit the Inmate Grievance Program to ensure efficiency, effectiveness and program compliance.

- 2. The Commissioner of Corrections/designee will monitor complaints with the grievance procedure by the issuance and by the Failure to Execute Remedy Notification when applicable. The Commissioner/designee will take corrective action or other steps to ensure the credibility of the grievance process.

- 3. No part of this procedure and work rule may be altered, changed or repelled without the prior authorization by the appointing authority. If any provision of this policy is unenforceable as written, a request to revise is made through the appropriate channel. All policy revisions are made through the Policy Development and Compliance Unit.

IX. FORMS

The following forms are referenced and/or attached with this procedure and work rule:

- Informal Resolution Request (IRR) Form #3.3.3 –A
- Formal Grievance Form #3.3.3 – B
- Appeal Form #3.3.3.3 – C
- I.R.R. Acknowledgment Form #3.3.3 – D
- Formal Grievance Acknowledgment Form #3.3.3 – E
- Appeal Acknowledgment Form #3.3.3 – F
- I.R.R. Notification/Investigative Inquiry Form #3.3.3 – G
- Staff I. R. R. Notice of Non-Compliance #3.3.3 –H
- I.R.R./Grievance Extension Notification Form #3.3.3 – I
- Inmate Grievance Withdrawal Form #3.3.3 – J
- Acknowledgment of Inmate Orientation/Training Form #3.3.3 – K

X. SEVERABILITY CLAUSE

If any part of this procedure and work rule is, for any reason, held to be in excess of the authority of the appointing authority, such decisions will not affect any other part of this policy.

XI. TRAINING

Staff will receive initial training on this procedure through the Division of Corrections Training Academy or the Constituency Service Unit. Staff will receive further training on this procedure during basic training and annual curriculum training.

Appendix F Summary of Missouri Regulations Regarding Mid-Level Providers

ADVANCED PRACTICE NURSING in the State of Missouri

Regulatory Structure: Collaboration with a physician.

National Certification Requirement: Yes.

Regulatory Agency: Board of Nursing (BON), Prescription Only Under Joint Authority of the Board of Nursing (BON) and the Board of Medicine (BOM)

Collaborative Practice Agreements: Missouri APRNs must enter into a collaborative practice agreement with a physician.

- That physician must be located within 50 miles of the APRN in a HPSA or 30 miles in a non-HPSA.
- APRNs are required to practice in the same location as the collaborating physician for one month prior to practicing at a separate location. If the collaborator changes, this process must be repeated. During this time, the APRN's availability to see patients is restricted to the location of the new collaborative physician.(Collaborative Practice Rule, 2011)
- A physician is limited to collaborating with no more than three full - time equivalent APRNs (Collaborative Practice Rule, 2011)
- An APRN is not allowed to prescribe controlled medications, such as pain medications containing narcotics, unless the collaborating physician allows such prescriptive privileges within the collaborative practice agreement (Collaborative Practice Rule, 2011).
- If the APRN is delegated controlled substance prescriptive authority by the collaborating physician, the APRN may not prescribe Schedule II drugs and is limited to prescribing a 120 hour supply of narcotics in Schedule III (Collaborative Practice Rule, 2011)
- If the APRN provides services to a patient for other than an acute self-limited or well-defined condition, the patient is to be examined and evaluated by a physician within two weeks (Collaborative Practice Rule)
- The collaborating physician (or other designated physician) must be immediately available for consultation (Collaborative Practice Rule, 2011)
- If the collaborating physician or designee is unavailable (vacation, on-leave, etc.), patient services cannot be provided by the APRN.
- When the APRN practices at a separate site from the collaborator, the collaborating physician shall be present at that site at least once every two weeks to review the APRN's services and to provide medical services. (Collaborative Practice Rule, 2011)
- The collaborative practice physician's signature is required on the death certificate.
- Ten percent of APRN charts must be reviewed by a physician.

Reimbursement: Missouri APRNs are considered capable of being licensed independent providers by the Missouri Board of nursing, Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and all of the APRN certification organizations. However, numerous insurance companies will not reimburse Missouri APRN's for their services.

From **THE STATUS OF ADVANCED PRACTICE REGISTERED NURSES IN MISSOURI: A WHITE PAPER** Authored by: **The APRN White Paper Task force of the Missouri Council on Advanced Practice Nurses of the Missouri Nurses Association.**
Editors: Kathleen Haycraft AND Susan Voss Revised 1/7/2013
<http://www.missourinurses.org/associations/10264/files/White%20Paper%20-%20Status%20of%20APRNs%20in%20MO%202013.pdf>

PHYSICIAN ASSISTANT PRACTICE in the State of Missouri

Physician Assistant Defined: Person who is a graduate of CAHEA or successor-accredited PA program who has passed NCCPA exam and has active NCCPA certification who provides health care services delegated by physician.

Regulatory Structure: General supervision by a physician. A physician may supervise up to 3 full-time equivalent PAs. This limitation does not apply to physicians who supervise PAs employed by a licensed hospital. MO. REV. STAT. §334.735

Education requirements: All applicants for licensure who have completed a PA program after January 1, 2008, must have a master's degree from a PA program. MO. REV. STAT §334.735

Physician Liability: Physician is responsible for oversight of the activities of and accepts responsibility for health care services rendered by PA. MO. REV. STAT. §334.735

Payment for Services: No PA shall bill a patient independently or directly for any services or procedures. MO. REV. STAT. §334.735

National Certification Requirement: Yes.

Regulatory Body: Missouri State Board of Registration for the Healing Arts
<http://pr.mo.gov/physicianassistants.asp>

Supervision

- No PA shall practice or attempt to practice in any location where the supervising physician is not immediately available for consultation, assistance and intervention, except in an emergency situation.
- Supervision is defined as control exercised over a PA working within the same facility as the supervising physician 66% of the time a PA provides patient care, except that a PA may make follow-up patient examinations in hospitals, nursing homes and correctional facilities, each such exam being reviewed, approved and signed by the supervising physician. Supervising physician must be readily available in person or via telecommunication during the time the PA is providing patient care. Board shall develop rules for joint review of PA's activity by supervising physician and PA.

- PA must practice for at least 1 month with on-site physician supervision before practicing in a setting where the physician is not continuously present. Physician is responsible for documenting the completion of this supervision period.

PA Scope of Practice

The scope of practice of a PA shall consist only of the following services and procedures:

- Taking patient histories and performing physical examinations
- Performing or assisting in the performance of routine office laboratory and patient screening procedures
- Performing routine therapeutic procedures
- Recording diagnostic impressions and evaluating situations calling for attention of a physician to institute treatment procedures
- Instructing and counseling patients regarding mental and physical health
- Assisting the supervising physician in institutional settings including reviewing treatment plans; ordering tests, diagnostic laboratory and radiological services; and ordering therapies (using procedures reviewed and approved by licensed physician)
- Assisting in surgery
- Performing such other tasks not prohibited by law under the supervision of a licensed physician as the PA has been trained and is proficient to perform

PA Scope of Practice PRESCRIBING A PA may prescribe, administer, dispense, and order controlled medications pursuant to a physician supervision agreement, in accordance with provisions set forth in the laws governing PA practice. MO. REV. STAT. §195.070

- Prescribing and dispensing of drugs, therapies and devices shall be pursuant to the PA's supervision agreement which must be subject to the following: Physician Assistants State Laws and Regulations 13th Edition, January 2013
- Types of drugs, devices and therapies prescribed or dispensed by PA shall be consistent with scopes of practice of PA and supervising physician
- Prescriptions must contain name, address and phone number of PA and supervising physician
- PA may request, receive and sign for noncontrolled professional samples and may distribute samples to patients
- PA may not prescribe any drug, device or therapy the supervising physician is not qualified or authorized to prescribe
- PA dispensing limited to 72 hour starter doses

Appendix G Mandatory Provider Reports

All data except for Receiving Screenings will be reported for: CJC, MSI and combined.

1. Off-Site Referrals– Submitted Monthly to Commissioner and Contract Manager

Inmate	Date Referred	Reason	Provider	Approved/ Denied	Scheduled/ Days from Referral to Appointment	Seen if > 30 Days	Completed Date	Disposition
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2. Receiving Screenings: Daily Report – Submitted on Request

Inmate	Date & Time Admitted	Special Needs Y/N	Date & Time Intake Exam	Disposition
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3. Receiving Screening Monthly Summary – Submitted to CJC Commissioner and Contract Manager

Month	# Inmates	# Special Needs	# > 4 Hour Wait	Disposition				
				Rx	Medical	MH	Detox	Dental

4. Monthly Provider Vacancies - Submitted Monthly to Commissioner and Contract Manager

5. Behavioral Health Services Reports 1 – 4

- #1 Submitted Monthly to Commissioner and Contract Manager
- #2 Submitted Monthly to QI Committee and Contract Manager
- #s 3 and 4 Submitted Monthly to Contract Manager

1. Monthly Report by Facility															
Facility															
Month	# Inmates w BH Services	# Inmates on Psych Meds	MH Staff Services						Psychiatry Services			Detox			
			Assess- ment	Individ Therapy	Group Treatment	Discharge Planning	Crisis Interven.	Seg Eval	Initial Eval	Med Review	Other	# On-Site	# Off- Site	Sub- stance	Disposi- tion

City of St. Louis, Department of Public Safety

Department of Corrections Inmate Healthcare and Associated Services Contract

2. Suicide Watch Report: SUMMARY										
Month		Total # Inmates	Duration					# Referred for Further Assessment	# Waiting for Transfer	
			up to 48 hrs	3 days	4-5 days	6-8 days	> 8 days		To Hospital	To Community
	Referred by Level I Intake									
	Referred from CJC									
	Referred from MSI									

3. Behavioral Health Recidivism Roster			
	# Arrests Past 3 Years	Months/ Years Since Last Arrest	Info from Community Provider Y/N
New inmate receiving BH services			

4. Monthly BH Recivism and Community Support Summary					
Month	# New inmates receiving BH services	# with arrests past 3 years			
		1 arrest	2 arrests	3-5 arrests	6 > arrests

6. Monthly Health Services Report– Submitted to Commissioner

Data as appear in Appendix A.

7. Contracted Services and IBNR – Submitted to Contract Manager

CONTRACTED SERVICES EXPENDITURES AND IBNR							
CLAIMS PAID FOR CONTRACTED SERVICES			IBNR (ESTIMATED)				
Month	Month Total	Cumulative Total	Inpatient	ER	Professional	Other	Total

8. Hospital Utilization Logs – Updated Monthly, Submitted to Contract Manager

A. EMERGENCY ROOM UTILIZATION LOG						
MSI						
Date	Time	Inmate	Hospital	Reason	Discharge Diagnosis	Admitted as Inpatient?
CJC						
Date	Time	Inmate	Hospital	Reason	Discharge Diagnosis	Admitted as Inpatient?
B. HOSPITAL INPATIENT UTILIZATION LOG						
MSI						
Date	Inmate	Hospital	Reason	Discharge Diagnosis	LOS	
CJC						
Date	Inmate	Hospital	Reason	Discharge Diagnosis	LOS	

9. Quarterly Prescription Drugs and Other Medications Reports

Submitted to Contract Manager, Report to Include:

Utilization

New Prescriptions

Top 50 Medications by Cost

Top 50 Medications by Volume

Percent of New Prescriptions by Drug Class

Drug Cost

Total Cost of all medications sent to MSI

Total Cost of all medications sent to CJC

TOTAL COST

*City of St. Louis, Department of Public Safety
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Credits

Items Submitted for Credit

Items Credited

Amount Credited

10. Monthly MSR Reports – Submitted to Commissioner and Contract Manager

Monthly MSR Report	
Facility:	# MSRs
MSRs Received	
# Triaged Within 24 Hours	
Disposition:	
No Evaluation	
Nurse Evaluation in Person	
Referred for Urgent/Emergent Medical Care	
Referred for Routine Medical Care	
Referred for Emergent Mental Health Care	
Referred for Routine Mental Health Care	
Referred for Dental Evaluation	

Appendix H Service Level Agreements (SLAs)

1. STAFFING VACANCIES

Performance Objective: The Provider will fill vacancies for all staff in the contractual staffing plan, within 30 days, or within 90 days if the position is filled by part-time or temporary staff or staff overtime.

SLA: Compliance at 100% for all mandatory positions at both facilities

Measurement: Monthly Provider Vacancy Report

Penalty: The daily value of the salary and benefits plus 10% of the position vacant for every day for which the position remains vacant.

2. TIMELY RECEIVING SCREENING INTAKE SCREENING

Performance Objective: Receiving Screening is completed on all detainees within four hours of admission to the CJC.

SLA: For the first year of the contract, minimum compliance means 90% compliance every day in a month, with exceptions for days in which there is a large civil disturbance or other unexpected event that results in undue number of simultaneous arrests. For additional contract years the City reserves the right to adjust this minimum compliance threshold.

Measurement: Monthly Provider Report: Detentions and Receiving Screenings. Analysis conducted quarterly.

Penalty: Assessed by month. First infraction, development of a Corrective Action Plan; second infraction: \$1,000 per day of infraction; third infraction and beyond: \$2,000 per day of infraction.

**Appendix I
 Affirmative Action Program and Non-Discrimination: MB/WBE Policy and Utilization Statement & Forms**

**CITY OF ST. LOUIS
 MINORITY/WOMEN BUSINESS ENTERPRISE (M/WBE) UTILIZATION PLAN**

CONTRACTING AGENCY:

PROJECT NAME:

NAME OF PRIME CONSULTANT:

The prime consultant shall utilize and require all sub-consultants to utilize the maximum number of certified minority/women business enterprises possible and will purchase materials and supplies from minority/women business enterprises to the maximum extent feasible, and to this end, the prime consultant will inform each sub-consultant of this requirement, The prime consultant shall utilize the services and/or supplies to be provided by the following certified minority/women business enterprises in the execution of this contract. Please go to <http://www.mwdbbe.org> for additional information and assistance.

FIRM NAME ADDRESS PHONE NUMBER CONTACT PERSON	CERTIFYING AGENCY CERTIFICATION DATE CATEGORY CERTIFICATION NO.	WORK TO BE PERFORMED	M/WBE PERCENT

*attach additional sheets if necessary

 PRIME CONSULTANT AUTHORIZED SIGNATURE

____/____/____
 DATE

Attachment 1 Pricing Proposal

OVERVIEW

Proposing Providers are required to complete all of the following components of the Pricing Proposal. Failure to complete each section will render the proposal ineligible for consideration.

- I. Base Staffing Cost

- II. Per Diem Health Care Costs
 - A. CJC
 - B. MSI

- III. Prescription Drugs and Other Medications
 - A. Re-Pricing Selected Drugs
 - B. Annual Estimated Medication Cost
 - C. Administrative Cost

I. Base Staffing Cost

Proposing Providers must provide the anticipated annual total compensation for salary and all fringe benefits for all positions identified in the Staffing Proposal during the contract's first year.

Annual Staffing Expense: \$_____

II. Per Diem Health Care Cost Proposal

The proposing Provider must propose per diem rates for Year One of the contract resulting from this RFP, which must be inclusive of all costs except for medications and inpatient hospital costs in excess of \$20,000 per admission.

Rates for subsequent contract years will be adjusted per the terms specified in the RFP.

A. Base Per Diem Cost for Minimum Security Institution

Average Daily Population Jan 2012 - Jun 2013 was 1,131

Proposing Provider Fixed Cost Per Diem	_____
Proposing Provider Variable Cost Per Diem	_____
Total Cost Per Diem	_____

B. Base Per Diem Cost for City Justice Center

Average Daily Population Jan 2012 - Jun 2013 was 709

Proposing Provider Fixed Cost Per Diem	_____
Proposing Provider Variable Cost Per Diem	_____
Total Cost Per Diem	_____

III. Prescription Drugs and Other Medications

A. Re-Pricing Selected Drugs

The table below represents selected medications dispensed in the City of St. Louis jails for the period March 2012 - February 2013, based on cost and volume. Proposing Providers must complete the last two columns. In the third column ("Cost for Units Dispensed"), provide the total acquisition cost net of rebates and discounts for each medication at the volume indicated in the "UNITS DISPENSED" column during the period. In the fourth column ("Unit Cost") provide the unit cost for each medication.

To support completion of this pricing, proposing Providers may use the Excel document posted with the consolidated RFP.

MEDICATION PRICING TABLE			
MEDICATION	UNITS DISPENSED	COST	
		Cost for Units Dispensed	Unit Cost
ABACAVIR 300 MG TABS	960		
ALBUTEROL HFA 90 MCG INHALER	20,394		
AMLODIPINE BESYLATE 10 MG TABS	15,660		
AMOXICILLIN 500 MG CAPS	7,170		
APAP 325 MG TABS	129,480		
ATAZANAVIR SULFATE 150 MG CAPS	1,560		
ATENOLOL 25 MG TABS	4,620		
BECLOMETHASONE INHALER 80 MCG INHA	1,175		
BENZTROPINE MES 1 MG TABS	12,840		
CARBAMAZEPINE 200 MG TABS	4,230		
CETIRIZINE HCL 10 MG TABS	11,970		
CHLORPHENIRAMINE MAL 4 MG TABS	14,970		
DARUNAVIR ETHANOLATE 400 MG TABS	2,760		
DIVALPROEX SODIUM 500 MG TBEC	11,430		
EFAVIRENZ/EMTRICIT/TENOFOVIR 600-200-300 MG TABS	2,520		
EMTRICITABINE/TENOFOVIR 200-300 MG TABS	2,580		
FLUOXETINE 20 MG CAPS	7,470		
FOSAMPRENAVIR CA 700 MG TABS	690		
GABAPENTIN 300 MG CAPS	5,658		
GLATIRAMER 20 MG INJ	7		
HALOPERIDOL 5 MG TABS	11,160		
HYDROCHLOROTHIAZIDE 25 MG TABS	8,820		
IBUPROFEN 200 MG TABS	200,120		
INDOMETHACIN 25 MG CAPS	960		
INFLUENZA VACCINE 2012-2013 INJ	240		
INSULIN GLARGINE VL 100 U/ML INJ	1,870		
INSULIN HUM REG VL 100 U/ML INJ	1,070		

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INTERFERON B-1A SYRINGE 30 MCG INJ	27		
IPRATROPIUM BROM 17 MCG INHA	247		
LAMIVUDINE 150 MG TABS	2,400		
LORATADINE 10 MG TABS	10,424		
MARAVIROC 300 MG TABS	960		
METFORMIN HCL 500 MG TABS	24,510		
METHOCARBAMOL 750 MG TABS	4,050		
MIRTAZAPINE 30 MG TABS	30,210		
OMEPRAZOLE 20 MG CPDR	18,450		
PALIPERIDONE PALMITATE 234 MG INJ	18		
PHENYTOIN SOD *EXT* 100 MG CAPS	16,230		
RALTEGRAVIR 400 MG TABS	3,270		
RANITIDINE HCL 150 MG TABS	30,450		
RISPERIDONE 2 MG TABS	15,780		
RITONAVIR 100 MG TABS	3,870		
SIMVASTATIN 20 MG TABS	6,990		
SULFAMETH-TRIMETH 800-160 MG TABS	11,710		
TENOFOVIR DISOPROXIL 300 MG TABS	780		
TRAMADOL HCL 50 MG TABS	17,340		
TRIAMTERENE/HCTZ 37.5-25 MG TABS	5,250		
TUBERCULIN PPD VL 5 TU/0.1ML INJ	565		
WARFARIN SOD 1 MG TABS	2,740		
ZIPRASIDONE HCL 20 MG CAPS	3,540		

B. Annual Estimated Medication Cost

RFP Attachment D includes an accounting of all the drugs (prescription and over the counter) provided to the City's jails for the period March 2012 – February 2013.

Please provide the sum of your acquisition cost for all the drugs in listed, at the volumes indicated, for the period, net of rebates and other discounts.

TOTAL DRUG COST: _____

C. Prescription Drugs and Other Medications: Administrative Cost Proposal

As noted in the RFP, the proposing Provider must bill the City at acquisition cost for actual medications delivered to the jails. The City expects that most medications will not be provided in unit-dose packaging by prescription, but rather in labeled blister packs as stock.

The proposing Provider must propose an administrative cost that is based either on prescription volume or on inmate census. Complete *one* of the following.

Administrative cost per diem based on Average Daily Population _____

OR

Administrative cost per prescription _____

Attachment 2

Staffing Proposal

Proposing Providers must submit a staffing proposal, using the tables below, for each clinical service at each facility, and for staffing the administrative functions in the RFP. As noted in the RFP, the City encourages flexibility and creativity in designing a staffing model that makes efficient use of clinic hours and a wide variety of types of staff. The staffing proposal has two parts:

1. Staffing levels to assure that all functions specified in the RFP are covered
2. Position descriptions to illustrate the scope of duties of each position

