

**APPENDIX A – PROPOSAL COVER SHEET**

**PROPOSAL COVER SHEET**  
**MISSISSIPPI DEPARTMENT OF CORRECTIONS**  
RFP# 3120002800

Enclosed in three separately sealed submittals is the proposal of the Offeror identified below for the above-referenced RFP:

| Offeror Information:              |  |
|-----------------------------------|--|
| Offeror Name                      |  |
| Offeror Mailing Address           |  |
| Offeror Website                   |  |
| Offeror Contact Person            |  |
| Contact Person's Phone Number     |  |
| Contact Person's Facsimile Number |  |
| Contact Person's E-Mail Address   |  |
| Offeror Federal ID Number         |  |
| Offeror SAP/SRM Vendor Number     |  |

| Submittals Enclosed and Separately Sealed: |  |
|--|--|
| <input type="checkbox"/>                   | Technical Submittal                            |
| <input type="checkbox"/>                   | Small Diverse Business Participation Submittal |
| <input type="checkbox"/>                   | Cost Submittal                                 |

| <i>Signature</i>   |  |
|--|--|
| Signature of an official authorized to bind the Offeror to the provisions contained in the Offeror's proposal: |  |
| Printed Name   |  |
| Title  |  |

**FAILURE TO COMPLETE, SIGN AND RETURN THIS FORM WITH THE OFFEROR'S PROPOSAL MAY RESULT IN THE REJECTION OF THE OFFEROR'S PROPOSAL**

**APPENDIX B – MDOC FACILITY PROFILES**

## **MDOC FACILITY PROFILES**

### **State Facilities**

[Central Mississippi Correctional Facility and Mississippi Correctional Institute for Women](#)  
3794 MS Hwy 468  
Pearl, MS 39208

[Marshall County Correctional Facility](#)  
833 West Street  
Holly Springs, MS 38634

[South Mississippi Correctional Institution](#)  
22689 MS Hwy 63 North  
Leakesville, MS 39451

[Delta Correctional Facility](#)  
3800 Baldwin Road, CR540  
Greenwood, MS 38930

[Mississippi State Penitentiary](#)  
MS Hwy 49 West  
Parchman, MS 38738

[Walnut Grove Correctional Facility](#)  
1650 MS Hwy 492  
Walnut Grove, MS 39189

### **Regional Facilities**

[Alcorn County Regional Correctional Facility](#)  
2839 South Harper Road  
Corinth, MS 38834

[Carroll/Montgomery County Regional Correctional Facility](#)  
33714 MS Hwy 35  
Vaiden, MS 39176

[George County Correctional Facility](#)  
154 Industrial Park Road  
Lucedale, MS 39452

[Issaquena County Correctional Facility](#)  
22746 MS-1  
Mayersville, MS 39113

[Kemper/Neshoba County Regional Correctional Facility](#)  
374 Stennis Industrial Park Road  
Dekalb, MS 39328

[Marion/Walthall County Correctional Facility](#)  
503 South Main Street  
Columbia, MS 39429

[Washington County Regional Correctional Facility](#)  
60 Stokes King Road  
Greenville, MS 38701

[Yazoo County Correctional Facility](#)  
154 Roosevelt Hudson Drive  
Yazoo City, MS 39194

[Bolivar County Correctional Facility](#)  
2792 MS Hwy 8 West  
Cleveland, MS 38732

[Chickasaw County Regional Correctional Facility](#)  
120 Lancaster Circle  
Houston, MS 38851

[Holmes/Humphreys County Correctional Facility](#)  
23234 MS Hwy 12 East  
Lexington, MS 39095

[Jefferson/Franklin County Correctional Facility](#)  
279 MS Hwy 33  
Fayette, MS 39069

[Leake County Correctional Facility](#)  
399 C. O. Brooks Street  
Carthage, MS 39051

[Stone County Correctional Facility](#)  
1420 Industrial Park Road  
Wiggins, MS 39577

[Winston/Choctaw County Correctional Facility](#)  
22062 MS Hwy 25 North  
Louisville, MS 39339

**Private Facilities**

East Mississippi Correctional Facility  
10641 US Hwy 80 West  
Meridian, MS 39307

Wilkinson County Correctional Facility  
2999 US Hwy 61 North  
Woodville, MS 39669

**Community Work Centers**

Forrest County  
112 Alcorn Avenue  
Hattiesburg, MS 39401

George County  
156 Industrial Park Road  
Lucedale, MS 39452

Madison County  
140 Corrections Drive  
Canton, MS 39046

Noxubee County  
212 Industrial Park Road  
Macon, MS 39341

Pike County  
2015 Jesse Hall Road  
Magnolia, MS 39652

Quitman County  
201 Camp B Road  
Lambert, MS 38643

Rankin County  
1632 Hwy 80 West  
Flowood, MS 39232

Wilkinson County  
84 Prison Lane  
Woodville, MS 39669

**Technical Violation Centers**

Flowood  
1632 Hwy 80 West  
Flowood, MS 39232

Wilkinson  
84 Prison Lane  
Woodville, MS 39669

**APPENDIX C – REQUIRED MINIMUM HEALTHCARE STAFFING**

**REQUIRED MINIMUM HEALTHCARE STAFFING**

|  | Regional | WGCF | SMCI  | RDU  | MSP   | MCCF  | EMCF  | DCCF | CMCF  | WCCF | TOTAL  |
|--|----------|------|-------|------|-------|-------|-------|------|-------|------|--------|
| Administrative Asst. Supplies                | -        | -    | 1.00  | -    | 3.00  | -     | -     | -    | 1.00  | -    | 5.00   |
| Accounts Manager                             | 2.00     | -    | -     | -    | -     | -     | -     | -    | -     | -    | 2.00   |
| Admin Assistant                              | 2.00     | -    | -     | -    | -     | -     | -     | -    | -     | -    | 2.00   |
| Assistant Director of Mental Health Services | -        | -    | -     | -    | -     | -     | -     | -    | 1.00  | -    | 1.00   |
| Assistant DON                                | -        | -    | 1.40  | -    | 1.40  | -     | -     | -    | -     | -    | 2.80   |
| Assistant HSA                                | -        | -    | 1.00  | -    | 1.00  | -     | -     | -    | 1.00  | -    | 3.00   |
| Assistant Regional Medical Director          | 1.00     | -    | -     | -    | -     | -     | -     | -    | -     | -    | 1.00   |
| Bachelors BHP - SUD                          | -        | 1.00 | -     | -    | 2.00  | 2.00  | -     | -    | -     | -    | 5.00   |
| Business Manager                             | 1.00     | -    | -     | -    | -     | -     | -     | -    | -     | -    | 1.00   |
| Chief Psychiatrist                           | -        | -    | 1.00  | -    | 1.00  | 0.75  | 1.00  | -    | 1.00  | 1.00 | 5.75   |
| Chief Regional Psychiatrist                  | 1.00     | -    | -     | -    | -     | -     | -     | -    | -     | -    | 1.00   |
| Clinical Director Psychiatrist               | -        | -    | -     | 1.00 | -     | -     | -     | -    | -     | -    | 1.00   |
| Clinical Psychologist                        | -        | -    | 1.50  | 8.40 | -     | -     | -     | 0.75 | 4.00  | -    | 14.65  |
| CMA  | -        | -    | -     | -    | -     | -     | -     | -    | 16.80 | 5.60 | 22.40  |
| CNA/CMA                                      | -        | -    | 7.00  | -    | 17.40 | -     | 8.40  | -    | -     | -    | 32.80  |
| Dental Asst                                  | -        | 0.75 | 2.80  | -    | 4.00  | 1.40  | 2.00  | 0.75 | 5.20  | 1.40 | 18.30  |
| Dental Director                              | -        | -    | 1.00  | -    | 1.00  | -     | 1.40  | -    | 1.00  | -    | 4.40   |
| Dentist                                      | -        | 0.40 | 1.50  | -    | 2.00  | 1.00  | -     | 0.50 | 2.80  | 1.00 | 9.20   |
| Director of Mental Health Services           | -        | -    | 1.00  | -    | 1.00  | 1.00  | 1.00  | -    | 1.00  | 1.00 | 6.00   |
| DON  | -        | 1.00 | 1.00  | -    | 1.00  | 1.00  | 1.00  | 1.00 | 1.00  | 1.00 | 8.00   |
| DON--R&C                                     | -        | -    | -     | -    | -     | -     | -     | -    | 1.00  | -    | 1.00   |
| EMR/ Health IT Director                      | 1.00     | -    | -     | -    | -     | -     | -     | -    | -     | -    | 1.00   |
| Hospital Utilization Nurse                   | 2.00     | -    | -     | -    | -     | -     | -     | -    | -     | -    | 2.00   |
| HSA  | -        | 1.00 | 1.00  | -    | 1.00  | 1.00  | 1.00  | 1.00 | 1.00  | 1.00 | 8.00   |
| Infection Control LPN                        | -        | -    | 1.40  | -    | 1.00  | -     | -     | -    | 1.40  | -    | 3.80   |
| Infection Control RN                         | -        | 1.00 | 1.40  | -    | 1.00  | 1.00  | 1.00  | 1.00 | 1.00  | 1.00 | 8.40   |
| IT Manager                                   | 1.00     | -    | -     | -    | -     | -     | -     | -    | -     | -    | 1.00   |
| Lab Supervisor                               | -        | -    | -     | -    | 1.00  | -     | -     | -    | 1.00  | -    | 2.00   |
| Licensed Mental Health Professional          | -        | 2.80 | 8.20  | 4.20 | 7.80  | 2.00  | 7.00  | 2.40 | 12.60 | 5.60 | 52.60  |
| LPN  | -        | 5.60 | 13.80 | -    | 26.00 | 13.80 | 13.40 | 4.20 | 31.40 | 8.40 | 116.60 |
| LPN Intake screening                         | -        | -    | -     | 7.00 | -     | -     | -     | -    | -     | -    | 7.00   |
| Masters BHP - SUD                            | -        | 3.00 | 4.00  | -    | 3.00  | 1.00  | -     | 2.00 | 12.80 | -    | 25.80  |
| Medical Records Clerk                        | -        | 1.00 | -     | -    | -     | -     | -     | 1.40 | -     | -    | 2.40   |
| Medical Records Supervisor                   | -        | -    | 1.00  | -    | 1.40  | -     | 1.00  | -    | 1.00  | -    | 4.40   |

|                                | Regional | WGCF | SMCI  | RDU  | MSP  | MCCF | EMCF | DCCF | CMCF  | WCCF | TOTAL |
|--------------------------------|----------|------|-------|------|------|------|------|------|-------|------|-------|
| Medical Records/HIT            | -        | -    | 3.40  | -    | 3.00 | 2.00 | 2.80 | -    | 3.00  | 2.00 | 16.20 |
| Mental Health Admin Assistant  | -        | -    | 1.00  | -    | 2.40 | 1.40 | 2.00 | -    | 1.00  | 1.40 | 9.20  |
| Mental Health Director/Youth   | -        | -    | -     | -    | -    | -    | -    | -    | 1.00  | -    | 1.00  |
| MH Activity Techs              | -        | -    | 2.40  | -    | 2.40 | -    | 2.00 | -    | -     | 1.40 | 8.20  |
| Nurse Practitioner             | -        | 0.50 | 3.80  | -    | 3.80 | 1.40 | 1.40 | 1.00 | 5.60  | 2.00 | 19.50 |
| OB/GYN Physician               | -        | -    | -     | -    | -    | -    | -    | -    | 1.00  | -    | 1.00  |
| Office Manager                 | 1.00     | -    | -     | -    | -    | -    | -    | -    | -     | -    | 1.00  |
| Ombudsman LPN                  | -        | 0.50 | 1.40  | -    | 2.00 | 1.00 | 1.40 | 0.50 | 2.00  | 1.00 | 9.80  |
| Optometrist                    | -        | 0.20 | 0.75  | -    | 1.00 | 0.50 | 0.50 | 0.20 | 1.00  | 0.25 | 4.40  |
| Pharmacist                     | -        | -    | 1.20  | -    | 1.40 | -    | 1.00 | -    | 1.50  | -    | 5.10  |
| Pharmacy Tech                  | -        | 0.50 | 2.00  | -    | 7.00 | 1.00 | 2.00 | 1.00 | 7.00  | -    | 20.50 |
| Phlebotomist                   | -        | -    | 2.40  | -    | 2.40 | -    | 2.00 | -    | 2.00  | -    | 8.80  |
| Phlebotomist Tech              | -        | -    | -     | -    | 3.20 | -    | -    | -    | 2.00  | -    | 5.20  |
| Physical Therapist             | -        | -    | 0.50  | -    | 1.00 | -    | 1.00 | -    | 1.00  | -    | 3.50  |
| Physical Therapist Asst        | -        | -    | 0.50  | -    | 2.00 | -    | 1.00 | -    | 2.00  | -    | 5.50  |
| Physician                      | -        | -    | 1.40  | -    | 2.00 | -    | -    | -    | 2.50  | -    | 5.90  |
| Psychiatric APRN               | -        | 0.50 | 4.20  | -    | 3.20 | -    | 4.20 | 0.75 | 4.20  | -    | 17.05 |
| Psychiatrist                   | -        | 0.40 | 1.00  | -    | 1.00 | -    | -    | 0.40 | 3.00  | -    | 5.80  |
| Psychometrist                  | -        | -    | -     | 1.75 | -    | -    | -    | -    | -     | -    | 1.75  |
| QAPI / Reports R.N. Manager    | 1.00     | -    | -     | -    | -    | -    | -    | -    | -     | -    | 1.00  |
| RDU Director                   | -        | -    | -     | 1.40 | -    | -    | -    | -    | -     | -    | 1.40  |
| Re-Entry Coordinator           | 1.00     | -    | -     | -    | -    | -    | -    | -    | -     | -    | 1.00  |
| Regional BH Director           | 1.00     | -    | -     | -    | -    | -    | -    | -    | -     | -    | 1.00  |
| Regional D.O.N                 | 1.00     | -    | -     | -    | -    | -    | -    | -    | -     | -    | 1.00  |
| Regional HR Director/Recruiter | 1.00     | -    | -     | -    | -    | -    | -    | -    | -     | -    | 1.00  |
| Regional Medical Director      | 1.00     | -    | -     | -    | -    | -    | -    | -    | -     | -    | 1.00  |
| Regional Pharmacist            | 1.00     | -    | -     | -    | -    | -    | -    | -    | -     | -    | 1.00  |
| RN                             | -        | 4.20 | 13.00 | -    | 8.40 | 8.40 | 6.80 | 5.60 | 19.40 | 6.40 | 72.20 |
| RN Intake Supervisor           | -        | -    | -     | 4.20 | -    | -    | -    | -    | -     | -    | 4.20  |
| RN Specialty Care Manager      | 1.00     | -    | -     | -    | -    | -    | -    | -    | -     | -    | 1.00  |
| RN Specialty Care Nurse        | 1.00     | -    | -     | -    | -    | -    | -    | -    | -     | -    | 1.00  |
| RN Supervisor Shift/ Charge    | -        | -    | 7.00  | -    | 7.00 | 4.20 | 4.20 | -    | 7.20  | -    | 29.60 |
| Scheduler                      | -        | -    | 1.00  | -    | 2.00 | 1.00 | 1.00 | -    | 1.00  | 0.50 | 6.50  |
| Secretary Admin Asst           | -        | -    | 2.00  | 1.40 | 3.00 | 2.00 | 2.00 | -    | 1.00  | 2.00 | 13.40 |
| Site Medical Director          | -        | -    | 1.00  | -    | 1.00 | 1.00 | 1.00 | 0.50 | 1.00  | 1.00 | 6.50  |

|   | Regional     | WGCF         | SMCI          | RDU          | MSP           | MCCF         | EMCF         | DCCF         | CMCF          | WCCF         | TOTAL         |
|---|--------------|--------------|---------------|--------------|---------------|--------------|--------------|--------------|---------------|--------------|---------------|
| Specialty Care Coordinator / RN                     | -            | -            | 1.40          | -            | 2.40          | 1.00         | 1.40         | -            | 2.40          | 1.00         | 9.60          |
| Sr. V.P., Operations                                | 1.00         | -            | -             | -            | -             | -            | -            | -            | -             | -            | 1.00          |
| Statewide BH & A&D Director - Substance Utilization | 1.00         | -            | -             | -            | -             | -            | -            | -            | -             | -            | 1.00          |
| UM Physician  | 1.00         | -            | -             | -            | -             | -            | -            | -            | -             | -            | 1.00          |
| UM/CM R.N. Manager                                  | 1.00         | -            | -             | -            | -             | -            | -            | -            | -             | -            | 1.00          |
| <b>TOTAL</b>  | <b>25.00</b> | <b>24.35</b> | <b>102.35</b> | <b>29.35</b> | <b>138.60</b> | <b>50.85</b> | <b>75.90</b> | <b>24.95</b> | <b>170.80</b> | <b>45.95</b> | <b>688.10</b> |

| <b>Minimum Mental Health Staff Breakout Statewide</b> |             |             |              |              |              |             |              |             |              |              |               |
|---|-------------|-------------|--------------|--------------|--------------|-------------|--------------|-------------|--------------|--------------|---------------|
|   | Regional    | WGCF        | SMCI         | RDU          | MSP          | MCCF        | EMCF         | DCCF        | CMCF         | WCCF         | TOTAL         |
| Assistant Director of Mental Health Services          | -           | -           | -            | -            | -            | -           | -            | -           | 1.00         | -            | 1.00          |
| Bachelors BHP - SUD                                   | -           | 1.00        | -            | -            | 2.00         | 2.00        | -            | -           | -            | -            | 5.00          |
| Chief Psychiatrist                                    | -           | -           | 1.00         | -            | 1.00         | 0.75        | 1.00         | -           | 1.00         | 1.00         | 5.75          |
| Chief Regional Psychiatrist                           | 1.00        | -           | -            | -            | -            | -           | -            | -           | -            | -            | 1.00          |
| Clinical Director Psychiatrist                        | -           | -           | -            | 1.00         | -            | -           | -            | -           | -            | -            | 1.00          |
| Clinical Psychologist                                 | -           | -           | 1.50         | 8.40         | -            | -           | -            | 0.75        | 4.00         | -            | 14.65         |
| Director of Mental Health Services                    | -           | -           | 1.00         | -            | 1.00         | 1.00        | 1.00         | -           | 1.00         | 1.00         | 6.00          |
| Licensed Mental Health Professional                   | -           | 2.80        | 8.20         | 4.20         | 7.80         | 2.00        | 7.00         | 2.40        | 12.60        | 5.60         | 52.60         |
| LPN Intake screening                                  | -           | -           | -            | 7.00         | -            | -           | -            | -           | -            | -            | 7.00          |
| Masters BHP - SUD                                     | -           | 3.00        | 4.00         | -            | 3.00         | 1.00        | -            | 2.00        | 12.80        | -            | 25.80         |
| Mental Health Admin Assistant                         | -           | -           | 1.00         | -            | 2.40         | 1.40        | 2.00         | -           | 1.00         | 1.40         | 9.20          |
| Mental Health Director/Youth                          | -           | -           | -            | -            | -            | -           | -            | -           | 1.00         | -            | 1.00          |
| MH Activity Techs                                     | -           | -           | 2.40         | -            | 2.40         | -           | 2.00         | -           | -            | 1.40         | 8.20          |
| Psychiatric APRN                                      | -           | 0.50        | 4.20         | -            | 3.20         | -           | 4.20         | 0.75        | 4.20         | -            | 17.05         |
| Psychiatrist  | -           | 0.40        | 1.00         | -            | 1.00         | -           | -            | 0.40        | 3.00         | -            | 5.80          |
| Psychometrist   | -           | -           | -            | 1.75         | -            | -           | -            | -           | -            | -            | 1.75          |
| RDU Director  | -           | -           | -            | 1.40         | -            | -           | -            | -           | -            | -            | 1.40          |
| Regional BH Director                                  | 1.00        | -           | -            | -            | -            | -           | -            | -           | -            | -            | 1.00          |
| RN Intake Supervisor                                  | -           | -           | -            | 4.20         | -            | -           | -            | -           | -            | -            | 4.20          |
| Statewide BH & A&D Director - Substance Utilization   | 1.00        | -           | -            | -            | -            | -           | -            | -           | -            | -            | 1.00          |
| <b>Total Minimum Mental Health Staff-Statewide</b>    | <b>3.00</b> | <b>7.70</b> | <b>24.30</b> | <b>27.95</b> | <b>23.80</b> | <b>8.15</b> | <b>17.20</b> | <b>6.30</b> | <b>41.60</b> | <b>10.40</b> | <b>170.40</b> |

|   | Regional | WGCF | SMCI  | RDU | MSP   | MCCF  | EMCF  | DCCF | CMCF  | WCCF | TOTAL  |
|---|----------|------|-------|-----|-------|-------|-------|------|-------|------|--------|
| <b>Minimum Medical Staff Breakout Statewide</b> |          |      |       |     |       |       |       |      |       |      |        |
| Administrative Asst. Supplies                   | -        | -    | 1.00  | -   | 3.00  | -     | -     | -    | 1.00  | -    | 5.00   |
| Accounts Manager                                | 2.00     | -    | -     | -   | -     | -     | -     | -    | -     | -    | 2.00   |
| Admin Assistant                                 | 2.00     | -    | -     | -   | -     | -     | -     | -    | -     | -    | 2.00   |
| Assistant DON                                   | -        | -    | 1.40  | -   | 1.40  | -     | -     | -    | -     | -    | 2.80   |
| Assistant HSA                                   | -        | -    | 1.00  | -   | 1.00  | -     | -     | -    | 1.00  | -    | 3.00   |
| Assistant Regional Medical Director             | 1.00     | -    | -     | -   | -     | -     | -     | -    | -     | -    | 1.00   |
| Business Manager                                | 1.00     | -    | -     | -   | -     | -     | -     | -    | -     | -    | 1.00   |
| CMA   | -        | -    | -     | -   | -     | -     | -     | -    | 16.80 | 5.60 | 22.40  |
| CNA/CMA   | -        | -    | 7.00  | -   | 17.40 | -     | 8.40  | -    | -     | -    | 32.80  |
| Dental Asst                                     | -        | 0.75 | 2.80  | -   | 4.00  | 1.40  | 2.00  | 0.75 | 5.20  | 1.40 | 18.30  |
| Dental Director                                 | -        | -    | 1.00  | -   | 1.00  | -     | 1.40  | -    | 1.00  | -    | 4.40   |
| Dentist   | -        | 0.40 | 1.50  | -   | 2.00  | 1.00  | -     | 0.50 | 2.80  | 1.00 | 9.20   |
| DON   | -        | 1.00 | 1.00  | -   | 1.00  | 1.00  | 1.00  | 1.00 | 1.00  | 1.00 | 8.00   |
| DON--R&C  | -        | -    | -     | -   | -     | -     | -     | -    | 1.00  | -    | 1.00   |
| EMR/ Health IT Director                         | 1.00     | -    | -     | -   | -     | -     | -     | -    | -     | -    | 1.00   |
| Hospital Utilization Nurse                      | 2.00     | -    | -     | -   | -     | -     | -     | -    | -     | -    | 2.00   |
| HSA   | -        | 1.00 | 1.00  | -   | 1.00  | 1.00  | 1.00  | 1.00 | 1.00  | 1.00 | 8.00   |
| Infection Control LPN                           | -        | -    | 1.40  | -   | 1.00  | -     | -     | -    | 1.40  | -    | 3.80   |
| Infection Control RN                            | -        | 1.00 | 1.40  | -   | 1.00  | 1.00  | 1.00  | 1.00 | 1.00  | 1.00 | 8.40   |
| IT Manager                                      | 1.00     | -    | -     | -   | -     | -     | -     | -    | -     | -    | 1.00   |
| Lab Supervisor                                  | -        | -    | -     | -   | 1.00  | -     | -     | -    | 1.00  | -    | 2.00   |
| LPN   | -        | 5.60 | 13.80 | -   | 26.00 | 13.80 | 13.40 | 4.20 | 31.40 | 8.40 | 116.60 |
| Medical Records Clerk                           | -        | 1.00 | -     | -   | -     | -     | -     | 1.40 | -     | -    | 2.40   |
| Medical Records Supervisor                      | -        | -    | 1.00  | -   | 1.40  | -     | 1.00  | -    | 1.00  | -    | 4.40   |
| Medical Records/HIT                             | -        | -    | 3.40  | -   | 3.00  | 2.00  | 2.80  | -    | 3.00  | 2.00 | 16.20  |
| Nurse Practitioner                              | -        | 0.50 | 3.80  | -   | 3.80  | 1.40  | 1.40  | 1.00 | 5.60  | 2.00 | 19.50  |
| OB/GYN Physician                                | -        | -    | -     | -   | -     | -     | -     | -    | 1.00  | -    | 1.00   |
| Office Manager                                  | 1.00     | -    | -     | -   | -     | -     | -     | -    | -     | -    | 1.00   |
| Ombudsman LPN                                   | -        | 0.50 | 1.40  | -   | 2.00  | 1.00  | 1.40  | 0.50 | 2.00  | 1.00 | 9.80   |
| Optometrist                                     | -        | 0.20 | 0.75  | -   | 1.00  | 0.50  | 0.50  | 0.20 | 1.00  | 0.25 | 4.40   |
| Pharmacist                                      | -        | -    | 1.20  | -   | 1.40  | -     | 1.00  | -    | 1.50  | -    | 5.10   |
| Pharmacy Tech                                   | -        | 0.50 | 2.00  | -   | 7.00  | 1.00  | 2.00  | 1.00 | 7.00  | -    | 20.50  |
| Phlebotomist                                    | -        | -    | 2.40  | -   | 2.40  | -     | 2.00  | -    | 2.00  | -    | 8.80   |
| Phlebotomist Tech                               | -        | -    | -     | -   | 3.20  | -     | -     | -    | 2.00  | -    | 5.20   |

|                                 | Regional     | WGCF         | SMCI         | RDU         | MSP           | MCCF         | EMCF         | DCCF         | CMCF          | WCCF         | TOTAL         |
|---------------------------------|--------------|--------------|--------------|-------------|---------------|--------------|--------------|--------------|---------------|--------------|---------------|
| Physical Therapist              | -            | -            | 0.50         | -           | 1.00          | -            | 1.00         | -            | 1.00          | -            | 3.50          |
| Physical Therapist Asst         | -            | -            | 0.50         | -           | 2.00          | -            | 1.00         | -            | 2.00          | -            | 5.50          |
| Physician                       | -            | -            | 1.40         | -           | 2.00          | -            | -            | -            | 2.50          | -            | 5.90          |
| QAPI / Reports R.N. Manager     | 1.00         | -            | -            | -           | -             | -            | -            | -            | -             | -            | 1.00          |
| Re-Entry Coordinator            | 1.00         | -            | -            | -           | -             | -            | -            | -            | -             | -            | 1.00          |
| Regional D.O.N                  | 1.00         | -            | -            | -           | -             | -            | -            | -            | -             | -            | 1.00          |
| Regional HR Director/Recruiter  | 1.00         | -            | -            | -           | -             | -            | -            | -            | -             | -            | 1.00          |
| Regional Medical Director       | 1.00         | -            | -            | -           | -             | -            | -            | -            | -             | -            | 1.00          |
| Regional Pharmacist             | 1.00         | -            | -            | -           | -             | -            | -            | -            | -             | -            | 1.00          |
| RN                              | -            | 4.20         | 13.00        | -           | 8.40          | 8.40         | 6.80         | 5.60         | 19.40         | 6.40         | 72.20         |
| RN Specialty Care Manager       | 1.00         | -            | -            | -           | -             | -            | -            | -            | -             | -            | 1.00          |
| RN Specialty Care Nurse         | 1.00         | -            | -            | -           | -             | -            | -            | -            | -             | -            | 1.00          |
| RN Supervisor Shift/ Charge     | -            | -            | 7.00         | -           | 7.00          | 4.20         | 4.20         | -            | 7.20          | -            | 29.60         |
| Scheduler                       | -            | -            | 1.00         | -           | 2.00          | 1.00         | 1.00         | -            | 1.00          | 0.50         | 6.50          |
| Secretary Admin Asst            | -            | -            | 2.00         | 1.40        | 3.00          | 2.00         | 2.00         | -            | 1.00          | 2.00         | 13.40         |
| Site Medical Director           | -            | -            | 1.00         | -           | 1.00          | 1.00         | 1.00         | 0.50         | 1.00          | 1.00         | 6.50          |
| Specialty Care Coordinator / RN | -            | -            | 1.40         | -           | 2.40          | 1.00         | 1.40         | -            | 2.40          | 1.00         | 9.60          |
| Sr. V.P., Operations            | 1.00         | -            | -            | -           | -             | -            | -            | -            | -             | -            | 1.00          |
| UM Physician                    | 1.00         | -            | -            | -           | -             | -            | -            | -            | -             | -            | 1.00          |
| UM/CM R.N. Manager              | 1.00         | -            | -            | -           | -             | -            | -            | -            | -             | -            | 1.00          |
| <b>TOTAL</b>                    | <b>22.00</b> | <b>16.65</b> | <b>78.05</b> | <b>1.40</b> | <b>114.80</b> | <b>42.70</b> | <b>58.70</b> | <b>18.65</b> | <b>129.20</b> | <b>35.55</b> | <b>517.70</b> |

| <b>BIDDER REGIONAL STAFFING</b>                              |              |
|--|--------------|
| Regional Medical Director                                    | 1.00         |
| Assistant Regional Medical Director                          | 1.00         |
| Sr. V.P., Operations   | 1.00         |
| Business Manager   | 1.00         |
| UM Physician   | 1.00         |
| Regional BH Director   | 1.00         |
| Chief Regional Psychiatrist                                  | 1.00         |
| Regional HR Director/Recruiter                               | 1.00         |
| UM/CM R.N. Manager   | 1.00         |
| Regional D.O.N   | 1.00         |
| IT Manager   | 1.00         |
| Re-Entry Coordinator   | 1.00         |
| EMR/ Health IT Director                                      | 1.00         |
| QAPI / Reports R.N. Manager                                  | 1.00         |
| Office Manager   | 1.00         |
| Admin Assistant  | 2.00         |
| Accounts Manager   | 2.00         |
| RN Specialty Care Manager                                    | 1.00         |
| RN Specialty Care Nurse                                      | 1.00         |
| Hospital Utilization Nurse                                   | 1.00         |
| Hospital Utilization Nurse                                   | 1.00         |
| Regional Pharmacist  | 1.00         |
| Statewide BH & A&D Director - Substance Utilization Disorder | 1.00         |
| <b>TOTAL</b>   | <b>25.00</b> |

| <b>WGCF</b>                         |              |
|-------------------------------------|--------------|
| HSA                                 | 1.00         |
| DON                                 | 1.00         |
| Psychiatrist                        | 0.40         |
| Psychiatric APRN                    | 0.50         |
| Nurse Practitioner                  | 0.50         |
| Licensed Mental Health Professional | 2.80         |
| LPN                                 | 5.60         |
| Ombudsman LPN                       | 0.50         |
| Pharmacy Tech                       | 0.50         |
| Infection Control RN                | 1.00         |
| RN                                  | 4.20         |
| Dentist                             | 0.40         |
| Optometrist                         | 0.20         |
| Medical Records Clerk               | 1.00         |
| Dental Asst                         | 0.75         |
| Masters BHP - SUD                   | 1.00         |
| Masters BHP - SUD                   | 1.00         |
| Masters BHP - SUD                   | 1.00         |
| Bachelors BHP - SUD                 | 1.00         |
| <b>TOTAL</b>                        | <b>24.35</b> |

**SUD=Substance Use Disorder**

**Radiology - Recommend Xray Technician at .40 FTE's Ultrasound as Needed**

| <b>SMCI</b>                         |               |
|-------------------------------------|---------------|
| HSA                                 | 1.00          |
| Assistant HSA                       | 1.00          |
| Site Medical Director               | 1.00          |
| Physician                           | 1.40          |
| DON                                 | 1.00          |
| Assistant DON                       | 1.40          |
| Chief Psychiatrist                  | 1.00          |
| Psychiatrist                        | 1.00          |
| Psychiatric APRN                    | 4.20          |
| Nurse Practitioner                  | 3.80          |
| Clinical Psychologist               | 1.50          |
| Director of Mental Health Services  | 1.00          |
| Licensed Mental Health Professional | 8.20          |
| MH Activity Techs                   | 2.40          |
| CNA/CMA                             | 7.00          |
| LPN                                 | 13.80         |
| Ombudsman LPN                       | 1.40          |
| Infection Control RN                | 1.40          |
| Infection Control LPN               | 1.40          |
| RN Supervisor Shift/ Charge         | 7.00          |
| RN                                  | 13.00         |
| Dental Director                     | 1.00          |
| Dentist                             | 1.50          |
| Optometrist                         | 0.75          |
| Pharmacist                          | 1.20          |
| Physical Therapist                  | 0.50          |
| Mental Health Admin Assistant       | 1.00          |
| Phlebotomist                        | 2.40          |
| Specialty Care Coordinator / RN     | 1.40          |
| Scheduler                           | 1.00          |
| Secretary Admin Asst                | 2.00          |
| Administrative Asst. Supplies       | 1.00          |
| Medical Records/HIT                 | 3.40          |
| Medical Records Supervisor          | 1.00          |
| Dental Asst                         | 1.40          |
| Dental Asst                         | 1.40          |
| Pharmacy Tech                       | 2.00          |
| Physical Therapist Asst             | 0.50          |
| Masters BHP - SUD                   | 4.00          |
| <b>TOTAL</b>                        | <b>102.35</b> |

**SUD=Substance Use Disorder**

**Radiology - Recommend Xray Technician at 1.5 FTE's Ultrasound as Needed**

|                                     |              |
|-------------------------------------|--------------|
| <b>RDU</b>                          |              |
| LPN Intake screening                | 7.00         |
| RN Intake Supervisor                | 4.20         |
| Clinical Psychologist               | 8.40         |
| Psychometrist                       | 1.75         |
| RDU Director                        | 1.40         |
| Licensed Mental Health Professional | 4.20         |
| Secretary Admin Asst                | 1.40         |
| Clinical Director Psychiatrist      | 1.00         |
| <b>TOTAL</b>                        | <b>29.35</b> |

| <b>MSP</b>                          |               |
|-------------------------------------|---------------|
| HSA                                 | 1.00          |
| Assistant HSA                       | 1.00          |
| DON                                 | 1.00          |
| Assistant DON                       | 1.40          |
| Site Medical Director               | 1.00          |
| Physician                           | 2.00          |
| Chief Psychiatrist                  | 1.00          |
| Psychiatrist                        | 1.00          |
| Psychiatric APRN                    | 3.20          |
| Nurse Practitioner                  | 3.80          |
| Director of Mental Health Services  | 1.00          |
| Licensed Mental Health Professional | 7.80          |
| MH Activity Techs                   | 2.40          |
| CNA/CMA                             | 17.40         |
| LPN                                 | 26.00         |
| Ombudsman LPN                       | 2.00          |
| RN                                  | 8.40          |
| Infection Control RN                | 1.00          |
| Infection Control LPN               | 1.00          |
| RN Supervisor Shift/ Charge         | 7.00          |
| Dental Director                     | 1.00          |
| Dentist                             | 2.00          |
| Optometrist                         | 1.00          |
| Mental Health Admin Assistant       | 2.40          |
| Phlebotomist                        | 2.40          |
| Lab Supervisor                      | 1.00          |
| Phlebotomist Tech                   | 3.20          |
| Specialty Care Coordinator / RN     | 2.40          |
| Scheduler                           | 2.00          |
| Secretary Admin Asst                | 3.00          |
| Administrative Asst. Supplies       | 3.00          |
| Medical Records/HIT                 | 3.00          |
| Medical Records Supervisor          | 1.40          |
| Dental Asst                         | 4.00          |
| Pharmacist                          | 1.40          |
| Pharmacy Tech                       | 7.00          |
| Physical Therapist                  | 1.00          |
| Physical Therapist Asst             | 2.00          |
| Masters BHP - SUD                   | 3.00          |
| Bachelors BHP - SUD                 | 2.00          |
| <b>TOTAL</b>                        | <b>138.60</b> |

**SUD=Substance Use Disorder**

**Radiology - Recommend Xray Technician at 1.5 FTE's Ultrasound as Needed**

| <b>MCCF</b>                         |              |
|-------------------------------------|--------------|
| HSA                                 | 1.00         |
| Site Medical Director               | 1.00         |
| DON                                 | 1.00         |
| Chief Psychiatrist                  | 0.75         |
| Nurse Practitioner                  | 1.40         |
| Director of Mental Health Services  | 1.00         |
| Licensed Mental Health Professional | 2.00         |
| LPN                                 | 13.80        |
| Ombudsman LPN                       | 1.00         |
| Infection Control RN                | 1.00         |
| RN                                  | 8.40         |
| Specialty Care Coordinator / RN     | 1.00         |
| RN Supervisor Shift/ Charge         | 4.20         |
| Pharmacy Tech                       | 1.00         |
| Dentist                             | 1.00         |
| Optometrist                         | 0.50         |
| Secretary Admin Asst                | 2.00         |
| Scheduler                           | 1.00         |
| Medical Records/HIT                 | 2.00         |
| Mental Health Admin Assistant       | 1.40         |
| Dental Asst                         | 1.40         |
| Bachelors BHP - SUD                 | 2.0          |
| Masters BHP - SUD                   | 1.0          |
| <b>TOTAL</b>                        | <b>50.85</b> |

**SUD=Substance Use Disorder**

**Radiology - Recommend Xray Technician at .75 FTE's Ultrasound as Needed**

| <b>EMCF</b>                         |              |
|-------------------------------------|--------------|
| HSA                                 | 1.00         |
| Site Medical Director               | 1.00         |
| DON                                 | 1.00         |
| Chief Psychiatrist                  | 1.00         |
| Psychiatric APRN                    | 4.20         |
| Nurse Practitioner                  | 1.40         |
| Director of Mental Health Services  | 1.00         |
| Licensed Mental Health Professional | 7.00         |
| CNA/CMA                             | 8.40         |
| LPN                                 | 13.40        |
| Ombudsman LPN                       | 1.40         |
| Infection Control RN                | 1.00         |
| RN Supervisor Shift/ Charge         | 4.20         |
| Specialty Care Coordinator / RN     | 1.40         |
| RN                                  | 6.80         |
| Dental Director                     | 1.40         |
| Optometrist                         | 0.50         |
| Mental Health Admin Assistant       | 2.00         |
| Phlebotomist                        | 2.00         |
| Secretary Admin Asst                | 2.00         |
| Scheduler                           | 1.00         |
| MH Activity Techs                   | 2.00         |
| Medical Records/HIT                 | 2.80         |
| Medical Records Supervisor          | 1.00         |
| Dental Asst                         | 2.00         |
| Pharmacist                          | 1.00         |
| Pharmacy Tech                       | 2.00         |
| Physical Therapist                  | 1.00         |
| Physical Therapist Asst             | 1.00         |
| <b>TOTAL</b>                        | <b>75.90</b> |

***Radiology - Recommend Xray Technician at 1.0 FTE's Ultrasound as Needed***

| <b>DCCF</b>                         |              |
|-------------------------------------|--------------|
| HSA                                 | 1.00         |
| DON                                 | 1.00         |
| Site Medical Director               | 0.50         |
| Psychiatrist                        | 0.40         |
| Clinical Psychologist               | 0.75         |
| Psychiatric APRN                    | 0.75         |
| Nurse Practitioner                  | 1.00         |
| Licensed Mental Health Professional | 2.40         |
| LPN                                 | 4.20         |
| Ombudsman LPN                       | 0.50         |
| Infection Control RN                | 1.00         |
| RN                                  | 5.60         |
| Dentist                             | 0.50         |
| Pharmacy Tech                       | 1.00         |
| Optometrist                         | 0.20         |
| Medical Records Clerk               | 1.40         |
| Dental Asst                         | 0.75         |
| Masters BHP - SUD                   | 1.00         |
| Masters BHP - SUD                   | 1.00         |
| <b>TOTAL</b>                        | <b>24.95</b> |

**SUD=Substance Use Disorder**

**Radiology - Recommend Xray Technician at .4 FTE's Ultrasound as Needed**

| <b>CMCF</b>                                  |               |
|--|---------------|
| HSA  | 1.00          |
| Assistant HSA                                | 1.00          |
| Site Medical Director                        | 1.00          |
| DON--R&C                                     | 1.00          |
| DON  | 1.00          |
| Physician                                    | 2.50          |
| OB/GYN Physician                             | 1.00          |
| Chief Psychiatrist                           | 1.00          |
| Psychiatrist                                 | 3.00          |
| Psychiatric APRN                             | 4.20          |
| Nurse Practitioner                           | 5.60          |
| Clinical Psychologist                        | 4.00          |
| Mental Health Director/Youth                 | 1.00          |
| Director of Mental Health Services           | 1.00          |
| Assistant Director of Mental Health Services | 1.00          |
| Licensed Mental Health Professional          | 12.60         |
| CMA  | 16.80         |
| LPN  | 31.40         |
| Ombudsman LPN                                | 2.00          |
| Specialty Care Coordinator / RN              | 2.40          |
| Infection Control RN                         | 1.00          |
| Infection Control LPN                        | 1.40          |
| RN Supervisor Shift/ Charge                  | 7.20          |
| RN   | 19.40         |
| Dental Director                              | 1.00          |
| Dentist                                      | 2.80          |
| Optometrist                                  | 1.00          |
| Mental Health Admin Assistant                | 1.00          |
| Scheduler                                    | 1.00          |
| Phlebotomist                                 | 1.00          |
| Phlebotomist                                 | 1.00          |
| Lab Supervisor                               | 1.00          |
| Phlebotomist Tech                            | 1.00          |
| Phlebotomist Tech                            | 1.00          |
| Secretary Admin Asst                         | 1.00          |
| Administrative Asst. Supplies                | 1.00          |
| Medical Records/HIT                          | 1.00          |
| Medical Records/HIT                          | 1.00          |
| Medical Records/HIT                          | 1.00          |
| Medical Records Supervisor                   | 1.00          |
| Dental Asst                                  | 5.20          |
| Pharmacist                                   | 1.50          |
| Pharmacy Tech                                | 7.00          |
| Physical Therapist                           | 1.00          |
| Physical Therapist Asst                      | 2.00          |
| Masters BHP - SUD                            | 12.80         |
| <b>TOTAL</b>                                 | <b>170.80</b> |

**SUD=Substance Use Disorder**

**Radiology - Recommend Xray Technician at 2.5 FTE's Ultrasound as Needed**

| <b>WCCF</b>                         |              |
|-------------------------------------|--------------|
| HSA                                 | 1.00         |
| Site Medical Director               | 1.00         |
| DON                                 | 1.00         |
| Infection Control RN                | 1.00         |
| Chief Psychiatrist                  | 1.00         |
| Nurse Practitioner                  | 2.00         |
| Director of Mental Health Services  | 1.00         |
| Licensed Mental Health Professional | 5.60         |
| MH Activity Techs                   | 1.40         |
| CMA                                 | 5.60         |
| LPN                                 | 8.40         |
| Ombudsman LPN                       | 1.00         |
| RN                                  | 6.40         |
| Dentist                             | 1.00         |
| Optometrist                         | 0.25         |
| Mental Health Admin Assistant       | 1.40         |
| Specialty Care Coordinator / RN     | 1.00         |
| Secretary Admin Asst                | 2.00         |
| Scheduler                           | 0.50         |
| Medical Records/HIT                 | 2.00         |
| Dental Asst                         | 1.40         |
| <b>TOTAL</b>                        | <b>45.95</b> |

**Radiology - Recommend Xray Technician at .75 FTE's Ultrasound as Needed**

**APPENDIX D – COST SUBMITTAL**

## **COST SUBMITTAL**

**Bidder must respond to this Appendix of the RFP in a separate submittal known as the Cost Submittal.**

**Cost Proposal and Pricing.** The Cost Submittal and all required copies must be bound and sealed separately from the Technical Submittals and labeled as follows: "MDOC RFP 2023-3120002800: 'Cost Submittal' for Comprehensive Inmate Healthcare Services." Bidders who do not include or submit a separate Cost Submittal at the designated time of the receipt of proposals will be disqualified.

To be considered compliant, bidder must submit an offer for comprehensive healthcare services based on all the specifications and requirements contained within this RFP. Bidder's program pricing must be submitted on the Price Sheet included as Form P-1. Bidder is to calculate their cost proposal on a base average daily inmate population (**ADP**) of **19,300 inmates**. **Original pricing sheets must include a completed Form P-1** containing a notarized signature by an individual who is an authorized officer or agent of the company who can legally bind the company to a contract. Selected bidder will be evaluated on its response to the specifications set forth in this RFP and the original proposed price. The intent to award any contract as a result of this RFP will be based in part upon the price submitted with bidder's proposal.

**Monthly Payments.** A payment of one-twelfth (1/12) of the total annual contract amount will be made each month of the contract period. A payment of one twenty-fourth (1/24) of the total annual contract amount will be made for the final month, with the balance to be paid no later than thirty (30) days after the end of the final month, subject to a reconciliation of any adjustments, as required by the contract or as defined in this RFP, which have not been finalized over the previous eleven (11) months of the last contract period, and any adjustments required as a result of operations in the final month of the contract period.

Bidder's Contract Period and Term Cost/Price is to be submitted **on the attached pricing sheet form P-1-A.**

**Population Adjustments.** In the event that MDOC's combined average monthly inmate population (AMP) increase to a **level greater than 19,600** within the confines of the designated facilities for which services are to be provided, MDOC shall add selected bidder's individual inmate **monthly variable cost rate as proposed on the attached pricing sheet, Form P-1-B**, to the base compensation for each inmate in excess of 19,600. If the AMP **decrease to a level less than 19,000**, MDOC shall deduct the individual inmate monthly rate from selected bidder's base compensation.

Selected bidder's cost per inmate per month (PIPM) should be based on the variable cost associated with the provision of services to an additional inmate and should not include a "staffing" component or the aggregate limit of \$25,000,000 of the designated services as outlined in the Subsection 7.7.13.1 of the RFP. The PIPM is intended to cover the variable cost of services in the provision of healthcare such as, pharmaceuticals, facility treatment modalities and medical supplies. The PIPM compensation is not intended to cover the cost of additional staffing based on a population increase, or reduction in staffing based on an AMP decrease.

**Form P-1-B** outlines the general variable cost associated with the provision of healthcare services per an individual inmate and does not include "fixed costs" such as staffing, training, insurance, equipment, etc.

**Adjustments for Staffing Paybacks.** A debit or credit adjustment for all MDOC-approved positions will utilize the hourly salary and fringe rate of twenty percent (20%) per position. Payment adjustments for unfilled work hours will be made on a quarterly basis.

**The rest of this page has been intentionally left blank.**

BIDDER AUTHORIZATION FORM P-1  
TO SUBMIT PROPOSAL

\_\_\_\_\_ agrees to furnish the services described in this proposal in response to the MDOC RFP 2023-3120002800, at the prices shown and guarantees that each item proposed meets or exceeds all specifications, terms, conditions, and requirements listed herein.

Respondent's Proposal and Pricing Valid for \_\_\_\_\_ Days Prospective.

Respondent's Telephone Number and Email \_\_\_\_\_

\_\_\_\_\_

I hereby affirm I have not been in any agreement or collusion among or in restraint of freedom of competition by agreement to respond at a fixed price or to refrain from responding or otherwise.

\_\_\_\_\_ Authorized Signature (ink)

\_\_\_\_\_ Authorized Name (typed)

\_\_\_\_\_ Title of Authorized Person

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date \_\_\_\_\_

Sworn to and subscribed before me and given under my hand and official seal/stamp this the

\_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_.

NOTARY PUBLIC: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**FORM P-1-A PRICE SHEET**  
**MDOC Comprehensive Healthcare Services**

Company Name \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PRICES are to be submitted as indicated below:**

| CONTRACT YEAR   | Total Cost to be based on an annual average daily inmate population of 19,300 | Annual Cost Per Inmate |
|---|---|------------------------|
| October 1, 2024<br>through<br>September 30, 2025        |   |                        |
| October 1, 2025<br>through<br>September 30, 2026        |   |                        |
| October 1, 2026<br>through<br>September 30, 2027        |   |                        |
| <b>Total Cost for 3 year –<br/>Contract Term</b>        |   |                        |
| OPTIONAL<br>CONTRACT YEARS                              |   |                        |
| October 1, 2027<br>through<br>September 30, 2028        |   |                        |
| October 1, 2028 through<br>September 30, 2029           |   |                        |
| <b>Total Cost for 2<br/>additional option<br/>years</b> |   |                        |

**FORM P-1-B PRICE SHEET**  
**Variable Cost Per Inmate Per Month (PIPM)**  
**MDOC Comprehensive Healthcare Services**

Company Name \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Pricing formula indicators are outlined below. Bidder is to record the cost for each variable indicated. The sum-total cost of the indicators will be the price/cost or debit/credit when the per inmate per month (PIPM) monthly population rises above the AMP of 19,600 and below the AMP of 19,000. **The PIPM is not to include the associated cost of staffing or associated cost covered by the proposed \$25 million annual aggregate cap.** When required a staffing, modification will be negotiated by means of a contract amendment and when warranted, an adjustment in compensation may occur.

**PRICE: Variable Monthly Cost Per Inmate per contract period**

| Variable Cost Component  | Contract Term 1 | Contract Term 2 | Contract Term 3 | Optional Year 1 | Option Year 2 |
|--|-----------------|-----------------|-----------------|-----------------|---------------|
| Pharmaceuticals  |                 |                 |                 |                 |               |
| Medical Supplies   |                 |                 |                 |                 |               |
| On-site diagnostic Services (e.g., Lab, X-ray)                       |                 |                 |                 |                 |               |
| On-site Specialty Provider Fees                                      |                 |                 |                 |                 |               |
| <b>Total Cost Per Inmate per Month above 19,600 and below 19,000</b> |                 |                 |                 |                 |               |

**APPENDIX E – CONFIDENTIALITY AND NON-DISCLOSURE ACKNOWLEDGEMENT**

## **CONFIDENTIALITY AND NON-DISCLOSURE ACKNOWLEDGEMENT**

Your willingness to participate as an RFP evaluator constitutes an integral part of the procurement process undertaken by the State of Mississippi for the provision of health care to its incarcerated population. Procurement Services truly appreciates your assistance, expertise, and service to the State of Mississippi.

Your designation as an RFP evaluator requires that you fully understand and acknowledge the policy and mandates regarding potential conflicts of interest, the confidential nature of the proposals and important role that you will play as part of this procurement process.

**Confidentiality.** The competitive procurement process and the obligations imposed by Mississippi state law require Procurement Services to ensure that the competitive process operates in a fair and equitable manner. As an RFP evaluator, you have access to information not generally available to the public and are charged with special professional and ethical responsibilities. You may have access to information about proposers that is to be used only during the evaluation process, and for discussion only with fellow evaluators. You shall not discuss the evaluation, scoring, or status of any proposal or business entity at any time prior to, during, or after the procurement process. You shall not use such information obtained as an RFP evaluator for any personal benefit, pecuniary or otherwise, nor copy and/or disseminate any portion of any proposal at any time prior to, during, or after the procurement process.

**Confidentiality of Evaluators.** During the evaluation process, the Office of Procurement & Contracts makes every effort to keep the identity of evaluators confidential and will maintain that confidentiality to the fullest extent provided by law. As an RFP evaluator, you shall not discuss or reveal the names of RFP evaluators to proposers or other individuals.

**Conflict of Interest and Ethical Considerations.** A conflict of interest or the appearance of a conflict of interest may occur if you are directly or indirectly involved with an organization that submitted a proposal for evaluation. Prior to reviewing any proposals, you must inform the Agency Procurement Officer of any potential conflicts of interest. If you become aware of any potential conflict of interest as you review a proposal, you must immediately notify the Agency Procurement Officer. You may be disqualified as an RFP evaluator if you conduct yourself in a way that could create the appearance of bias or unfair advantage with or on behalf of any competitive proposer, potential proposer, agent, subcontractor, or other business entity, whether through direct association with contract representatives, indirect associations, through recreational activities or otherwise. Examples of potential biasing affiliations or relations are listed below:

1. Your solicitation, acceptance, or agreement to accept from anyone any benefit, pecuniary or otherwise, as consideration for your decision or recommendation as it pertains to your evaluation of any proposal.
2. Your affiliation with a company or institution submitting a proposal in response to MDOC's RFP. For example, a conflict may exist when you:
  - (a) are employed by or are being considered for employment with the company or institution submitting any bid or hold a consulting, advisory, or other similar position with said company or institution;
  - (b) hold any current membership on a committee, board, or similar position with the company or institution;
  - (c) hold ownership of the company or institution, securities, or other evidence of debt; and/or

- (d) are currently a student or employee in the department or school submitting a proposal, such as the case.
- 3. Your relationship with someone who has a personal interest in the proposal. This includes any affiliation or relationship by marriage or through family membership, any business or professional partnership, close personal friendship, or any other relationship that you think might tend to affect your objectivity or judgment or may give an appearance of impropriety to someone viewing it from outside the relationship.

To assure the integrity of the RFP process, all evaluators are required to complete the attached RFP Conflict of Interest/Confidentiality Certificate.

**EVALUATOR CONFLICT OF INTEREST / CONFIDENTIALITY CERTIFICATE**

I, the undersigned, a member of the selection committee for Request for Proposal No.3120002800 for Comprehensive Correctional Healthcare Services will perform the evaluation under the guidelines, procedures and requirements provided by the Agency Procurement Officer.

I represent as follows:

1. I have a professional interest in seeing that the scoring and evaluation of the proposer responses to this RFP can be supported and defended, and that the recommendation of the Selection Committee will lead to the selection of the proposal most advantageous to the Mississippi Department of Corrections (MDOC), taking into consideration the price and evaluation factors set forth in the RFP.

2. I neither have nor shall I during the evaluation acquire any personal, familial, or financial interest, direct or indirect, in any proposer, or principals thereof, to be evaluated. Members of my immediate family (spouse or children) and other family members who are in my household are subject to the same restriction and disclosure requirements.

3. Notwithstanding my termination of employment or other later disassociation from this selection committee, I may not participate in the development of proposals in response to this solicitation.

4. I am aware that this evaluation will involve my knowledge of official information and possible proposer commercial information not publicly known. I agree not to disclose any information gained during the course of my service on this selection committee to any person.

5. As required by Mississippi Code Annotated § 31-7-415(3), by signing my name below, "I hereby certify that I have reviewed the conflict of interest standards prescribed herein, and that I do not have a conflict of interest with respect to the evaluation of this proposal or qualification. I further certify that I am not engaged in any negotiations or arrangements for prospective employment or association with any of the offerors submitting proposals or qualifications or their parent or subsidiary organization."

I have read this document and understand my obligations as explained herein. I further understand that I must advise the Agency Procurement Officer if a conflict currently exists or arises during my term of service as an RFP evaluator. I further understand that I must sign and deliver this statement to the Agency Procurement Officer prior to participating in the evaluation process.

Date: \_\_\_\_\_ RFP #: \_\_\_\_\_

Evaluator Signature: \_\_\_\_\_

Evaluator Name (Printed): \_\_\_\_\_

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

## APPENDIX F – INMATE POPULATION

## INMATE POPULATION

(As of December 14, 2023)

### State Facilities

| Facility Name                                | Inmate Population |
|--|-------------------|
| Central Mississippi Correctional Facility    | 2,833             |
| Delta Correctional Facility                  | 332               |
| Marshall County Correctional Facility        | 838               |
| Mississippi Correctional Institute for Women | 864               |
| Mississippi State Penitentiary               | 2,531             |
| South Mississippi Correctional Institution   | 2,754             |
| Walnut Grove Correctional Facility           | 366               |

### Regional Facilities

| Facility Name  | Inmate Population |
|--|-------------------|
| Alcorn County Regional Correctional Facility             | 300               |
| Bolivar County Correctional Facility                     | 292               |
| Carroll/Montgomery County Regional Correctional Facility | 298               |
| Chickasaw County Regional Correctional Facility          | 300               |
| George County Correctional Facility                      | 350               |
| Holmes/Humphreys County Correctional Facility            | 277               |
| Issaquena County Correctional Facility                   | 328               |
| Jefferson/Franklin County Correctional Facility          | 279               |
| Kemper/Neshoba County Regional Correctional Facility     | 349               |
| Leake County Correctional Facility                       | 297               |
| Marion/Walthall County Correctional Facility             | 398               |
| Stone County Correctional Facility                       | 278               |
| Washington County Regional Correctional Facility         | 230               |
| Winston/Choctaw County Correctional Facility             | 278               |
| Yazoo County Correctional Facility                       | 299               |

### Private Facilities

| Facility Name                          | Inmate Population |
|--|-------------------|
| East Mississippi Correctional Facility | 1,316             |
| Wilkinson County Correctional Facility | 910               |

### Community Work Centers

| Facility Name  | Inmate Population |
|--|-------------------|
| Forrest County   | 31                |
| Forrest County (Satellite Facility and Recidivism Reduction Program) | 17                |
| George County ( <i>opening soon</i> )                                | N/A               |
| Madison County   | 65                |
| Noxubee County   | 37                |

|  |     |
|--|-----|
| Pike County                                  | 57  |
| Quitman County                               | 57  |
| Rankin County                                | 187 |
| Rankin County (Recidivism Reduction Program) | 5   |
| Wilkinson County (Satellite Facility)        | 38  |

**Technical Violation Centers**

| <b>Facility Name</b> | <b>Inmate Population</b> |
|----------------------|--------------------------|
| Flowood              | 8                        |
| Wilkinson            | 23                       |

**APPENDIX G – BUSINESS ASSOCIATE AGREEMENT**

## BUSINESS ASSOCIATE AGREEMENT

### 1. PREAMBLE AND DEFINITIONS.

1.1 Pursuant to the Health Insurance Portability and Accountability Act of 1996, as amended ("**HIPAA**"), the Mississippi Department of Corrections ("**Covered Entity**") and \_\_\_\_\_ ("**Business Associate**") enter into this Business Associate Agreement ("**BAA**") as of \_\_\_\_\_, 202\_\_ (the "**Effective Date**") that addresses the HIPAA requirements with respect to "business associates," as defined under the privacy, security, breach notification, and enforcement rules at 45 C.F.R. Part 160 and Part 164 ("**HIPAA Rules**"). A reference in this BAA to a section in the HIPAA Rules means the section as in effect or as amended.

1.2 This BAA is intended to ensure that Business Associate will establish and implement appropriate safeguards for the Protected Health Information ("**PHI**") (as defined under the HIPAA Rules) that Business Associate may receive, create, maintain, use, or disclose in connection with the functions, activities, and services that Business Associate performs for Covered Entity. The functions, activities, and services that Business Associate performs for Covered Entity are defined in the contract for comprehensive healthcare services between the Business Associate and Covered Entity dated \_\_\_\_\_, 202\_\_ (the "**Underlying Agreement**").

1.3 Pursuant to changes required under the Health Information Technology for Economic and Clinical Health Act of 2009 (the "**HITECH Act**") and under the American Recovery and Reinvestment Act of 2009 ("**ARRA**"), this BAA also reflects federal breach notification requirements imposed on Business Associate when "Unsecured PHI" (as defined under the HIPAA Rules) is acquired by an unauthorized party, and the expanded privacy and security provisions imposed on business associates.

1.4 Unless the context clearly indicates otherwise, the following terms in this BAA shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, disclosure, Electronic Media, Electronic Protected Health Information (ePHI), Health Care Operations, individual, Minimum Necessary, Notice of Privacy Practices, Required By Law, Secretary, Security Incident, Subcontractor, Unsecured PHI, and use.

1.5 A reference in this BAA to the Privacy Rule means the Privacy Rule, in conformity with the regulations at 45 C.F.R. Parts 160-164 (the "**Privacy Rule**") as interpreted under applicable regulations and guidance of general application published by HHS, including all amendments thereto for which compliance is required, as amended by the HITECH Act, ARRA, and the HIPAA Rules.

### 2. GENERAL OBLIGATIONS OF BUSINESS ASSOCIATE.

2.1 Business Associate agrees not to use or disclose PHI, other than as permitted or required by this BAA or as Required By Law, or if such use or disclosure does not otherwise cause a Breach of Unsecured PHI.

2.2 Business Associate agrees to use appropriate safeguards and to comply with Subpart C of 45 C.F.R. Part 164 with respect to ePHI, to prevent the use or disclosure of PHI other than as provided for by the BAA.

2.3 Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate as a result of a use or disclosure of PHI by Business Associate in violation of this BAA's requirements or that would otherwise cause a Breach of Unsecured PHI.

2.4 The Business Associate agrees to the following breach notification requirements:

(a) Business Associate agrees to report to Covered Entity any Breach of Unsecured PHI not provided for by the BAA of which it becomes aware within ten (10) calendar days of "discovery" within the meaning of the HITECH Act. Such notice shall include the identification of each individual whose Unsecured PHI has been, or is reasonably believed by Business Associate to have been, accessed, acquired, or disclosed in connection with such Breach. Business Associate also shall provide any additional information reasonably requested by Covered Entity for purposes of investigating the Breach and any other available information that Covered Entity is required to include to the individual under 45 C.F.R. § 164.404(c) at the time of notification or promptly thereafter as information becomes available. Business Associate's notification of a Breach of Unsecured PHI under this Section shall comply in all respects with each applicable provision of Section 13400 of Subtitle D (Privacy) of ARRA, the HIPAA Rules, and related guidance issued by the Secretary or the delegate of the Secretary from time to time.

(b) In the event of Business Associate's use or disclosure of Unsecured PHI in violation of HIPAA, the HITECH Act, or ARRA, Business Associate bears the burden of demonstrating that notice as required under this Section 2.4 was made, including evidence demonstrating the necessity of any delay, or that the use or disclosure did not constitute a Breach of Unsecured PHI.

2.5 Business Associate agrees, in accordance with 45 C.F.R. §§ 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, to require that any Subcontractors that create, receive, maintain, or transmit PHI on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate with respect to such information.

2.6 Business Associate agrees to make available PHI in a Designated Record Set to the Covered Entity as necessary to satisfy Covered Entity's obligations under 45 C.F.R. § 164.524.

(a) Business Associate agrees to comply with an individual's request to restrict the disclosure of their personal PHI in a manner consistent with 45 C.F.R. § 164.522, except where such use, disclosure, or request is required or permitted under applicable law.

(b) Business Associate agrees to charge fees related to providing individuals access to their PHI in accordance with 45 C.F.R. § 164.524(c)(4).

(c) Business Associate agrees that when requesting, using, or disclosing PHI in accordance with 45 C.F.R. § 164.502(b)(1) that such request, use, or disclosure shall be to the minimum extent necessary, including the use of a "limited data set" as defined in 45 C.F.R. § 164.514(e)(2), to accomplish the intended purpose of such request, use, or disclosure, as interpreted under related guidance issued by the Secretary from time to time.

2.7 Business Associate agrees to make any amendments to PHI in a Designated Record Set as directed or agreed to by the Covered Entity pursuant to 45 C.F.R. § 164.526, or to take other measures as necessary to satisfy Covered Entity's obligations under 45 C.F.R. § 164.526.

2.8 Business Associate agrees to maintain and make available the information required to provide an accounting of disclosures to the Covered Entity as necessary to satisfy Covered Entity's obligations under 45 C.F.R. § 164.528.

2.9 Business Associate agrees to make its internal practices, books, and records, including policies and procedures regarding PHI, relating to the use and disclosure of PHI and Breach of any Unsecured PHI received from Covered Entity, or created or received by the Business Associate on behalf of Covered Entity, available to Covered Entity (or the Secretary) for the purpose of Covered Entity or the Secretary determining compliance with the Privacy Rule (as defined in Section 1.5).

2.10 To the extent that Business Associate is to carry out one or more of Covered Entity's obligation(s) under Subpart E of 45 C.F.R. Part 164, Business Associate agrees to comply with the requirements of Subpart E that apply to the Covered Entity in the performance of such obligation(s).

2.11 Business Associate agrees to account for the following disclosures:

(a) Business Associate agrees to maintain and document disclosures of PHI and Breaches of Unsecured PHI and any information relating to the disclosure of PHI and Breach of Unsecured PHI in a manner as would be required for Covered Entity to respond to a request by an individual or the Secretary for an accounting of PHI disclosures and Breaches of Unsecured PHI.

(b) Business Associate agrees to provide to Covered Entity, or to an individual at Covered Entity's request, information collected in accordance with this Section 2.11, to permit Covered Entity to respond to a request by an individual or the Secretary for an accounting of PHI disclosures and Breaches of Unsecured PHI.

(c) Business Associate agrees to account for any disclosure of PHI used or maintained as an Electronic Health Record (as defined in Section 5) ("EHR") in a manner consistent with 45 C.F.R. § 164.528 and related guidance issued by the Secretary from time to time; provided that an individual shall have the right to receive an accounting of disclosures of EHR by the Business Associate made on behalf of the Covered Entity only during the three years prior to the date on which the accounting is requested directly from the Business Associate.

(d) In the case of an EHR that the Business Associate acquired on behalf of the Covered Entity as of January 1, 2009, paragraph (c) above shall apply to disclosures with respect to PHI made by the Business Associate from such EHR on or after January 1, 2014. In the case of an EHR that the Business Associate acquires on behalf of the Covered Entity after January 1, 2009, paragraph (c) above shall apply to disclosures with respect to PHI made by the Business Associate from such EHR on or after the later of January 1, 2011, or the date that it acquires the EHR.

2.12 Business Associate agrees to comply with the "Prohibition on Sale of Electronic Health Records or Protected Health Information," as provided in Section 13405(d) of Subtitle D (Privacy) of ARRA, and the "Conditions on Certain Contacts as Part of Health Care Operations," as provided in Section 13406 of Subtitle D (Privacy) of ARRA and related guidance issued by the Secretary from time to time.

2.13 Business Associate acknowledges that, effective on the Effective Date of this BAA, it shall be liable under the civil and criminal enforcement provisions set forth at 42 U.S.C. § 1320d-5 and 1320d-6, as amended, for failure to comply with any of the use and disclosure requirements of this BAA and any guidance issued by the Secretary from time to time with respect to such use and disclosure requirements.

### **3. PERMITTED USES AND DISCLOSURES BY BUSINESS ASSOCIATE.**

3.1 General Uses and Disclosures. Business Associate agrees to receive, create, use, or disclose PHI only in a manner that is consistent with this BAA, the Privacy Rule, or Security Rule (as defined in Section 5), and only in connection with providing services to Covered Entity; provided that the use or disclosure would not violate the Privacy Rule, including 45 C.F.R. § 164.504(e), if the use or disclosure would be done by Covered Entity. For example, the use and disclosure of PHI will be permitted for "treatment, payment, and health care operations," in accordance with the Privacy Rule.

3.2 Business Associate may use or disclose PHI as Required By Law.

3.3 Business Associate agrees to make uses and disclosures and requests for PHI: Consistent with Covered Entity's Minimum Necessary policies and procedures.

3.4 Business Associate may not use or disclose PHI in a manner that would violate Subpart E of 45 C.F.R. Part 164 if done by the Covered Entity.

#### 4. OBLIGATIONS OF COVERED ENTITY.

4.1 Covered Entity shall:

(a) Provide Business Associate with the Notice of Privacy Practices that Covered Entity produces in accordance with the Privacy Rule, and any changes or limitations to such notice under 45 C.F.R. § 164.520, to the extent that such changes or limitations may affect Business Associate's use or disclosure of PHI.

(b) Notify Business Associate of any restriction on the use or disclosure of PHI that Covered Entity has agreed to or is required to comply with under 45 C.F.R. § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI under this BAA.

(c) Notify Business Associate of any changes in or revocation of permission by an individual to use or disclose PHI, if such change or revocation may affect Business Associate's permitted or required uses and disclosures of PHI under this BAA.

4.2 Covered Entity shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy and Security Rule if done by Covered Entity, except as provided under Section 3 of this BAA.

#### 5. COMPLIANCE WITH SECURITY RULE.

5.1 Business Associate shall comply with the HIPAA Security Rule, which shall mean the Standards for Security of Electronic Protected Health Information at 45 C.F.R. Part 160 and Subparts A and C of Part 164, as amended by ARRA and the HITECH Act. The term "**Electronic Health Record**" or "**EHR**" as used in this BAA shall mean an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff.

5.2 In accordance with the Security Rule, Business Associate agrees to:

(a) Implement the administrative safeguards set forth at 45 C.F.R. § 164.308, the physical safeguards set forth at 45 C.F.R. § 164.310, the technical safeguards set forth at 45 C.F.R. § 164.312, and the policies and procedures set forth at 45 C.F.R. § 164.316, to reasonably and appropriately protect the confidentiality, integrity, and availability of the ePHI that it creates, receives, maintains, or transmits on behalf of Covered Entity as required by the Security Rule. Business Associate acknowledges that, effective on the Effective Date of this BAA, (a) the foregoing safeguards, policies, and procedures requirements shall apply to Business Associate in the same manner that such requirements apply to Covered Entity, and (b) Business Associate shall be liable under the civil and criminal enforcement provisions set forth at 42 U.S.C. § 1320d-5 and 1320d-6, as amended from time to time, for failure to comply with the safeguards, policies, and procedures requirements and any guidance issued by the Secretary from time to time with respect to such requirements;

(b) Require that any agent, including a Subcontractor, to whom it provides such PHI agrees to implement reasonable and appropriate safeguards to protect the PHI; and

- (c) Report to the Covered Entity any Security Incident of which it becomes aware.

**6. INDEMNIFICATION.**

The parties agree and acknowledge that except as set forth herein, the indemnification obligations contained under the Underlying Agreement, if any, shall govern each party's performance under this BAA.

**7. TERM AND TERMINATION.**

7.1 This BAA shall be in effect as August 23, 2023, and shall terminate on the later of the date that:

- (a) Either party terminates for cause as authorized under Section 7.2.

- (b) All of the PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity. If it is not feasible to return or destroy PHI, protections are extended in accordance with Section 7.3.

- (c) Either party terminates the Underlying Agreement and Business Associate addresses or complies with any applicable period under the applicable rules of professional conduct or responsibility.

7.2 Upon either party's knowledge of material breach by the other party, the non-breaching party shall provide an opportunity for the breaching party to cure the breach or end the violation; or terminate the BAA. If the breaching party does not cure the breach or end the violation within a reasonable timeframe not to exceed thirty (30) days from the notification of the breach, or if a material term of the BAA has been breached and a cure is not possible, the non-breaching party may terminate this BAA, upon written notice to the other party.

7.3 Upon termination of this BAA for any reason, Business Associate, with respect to PHI received from Covered Entity, or created, maintained, or received by Business Associate on behalf of Covered Entity, shall:

- (a) Retain only that PHI that is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities.

- (b) Return to Covered Entity or destroy the remaining PHI that the Business Associate still maintains in any form.

- (c) Continue to use appropriate safeguards and comply with Subpart C of 45 C.F.R. Part 164 with respect to ePHI to prevent use or disclosure of the PHI, other than as provided for in this Section 7, for as long as Business Associate retains the PHI.

- (d) Not use or disclose the PHI retained by Business Associate other than for the purposes for which such PHI was retained and subject to the same conditions set out at paragraphs (2) and (3) above which applied prior to termination.

- (e) Return to Covered Entity or destroy the PHI retained by Business Associate when it is no longer needed by Business Associate for its proper management and administration or to carry out its legal responsibilities.

7.4 The obligations of Business Associate under this Section 7 shall survive the termination of this BAA.

**8. MISCELLANEOUS.**

8.1 The parties agree to take such action as is necessary to amend this BAA to comply with the requirements of the Privacy Rule, the Security Rule, HIPAA, ARRA, the HITECH Act, the Consolidated Appropriations Act, 2021 (CAA-21), the HIPAA Rules, and any other applicable law.

8.2 The respective rights and obligations of Business Associate under Section 6 and Section 7 of this BAA shall survive the termination of this BAA.

8.3 This BAA shall be interpreted in the following manner:

(a) Any ambiguity shall be resolved in favor of a meaning that permits Covered Entity to comply with the HIPAA Rules.

(b) Any inconsistency between the BAA's provisions and the HIPAA Rules, including all amendments, as interpreted by the HHS, a court, or another regulatory agency with authority over the Parties, shall be interpreted according to the interpretation of the HHS, the court, or the regulatory agency.

(c) Any provision of this BAA that differs from those required by the HIPAA Rules, but is nonetheless permitted by the HIPAA Rules, shall be adhered to as stated in this BAA.

8.4 This BAA constitutes the entire agreement between the parties related to the subject matter of this BAA, except to the extent that the Underlying Agreement imposes more stringent requirements related to the use and protection of PHI upon Business Associate. This BAA supersedes all prior negotiations, discussions, representations, or proposals, whether oral or written. This BAA may not be modified unless done so in writing and signed by a duly authorized representative of both parties. If any provision of this BAA, or part thereof, is found to be invalid, the remaining provisions shall remain in effect.

8.5 This BAA will be binding on the successors and assigns of the Covered Entity and the Business Associate. However, this BAA may not be assigned, in whole or in part, without the written consent of the other party. Any attempted assignment in violation of this provision shall be null and void.

8.6 This BAA may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall be deemed to be one and the same agreement. A signed copy of this BAA delivered by facsimile, electronic mail, or other means of electronic transmission shall be deemed to have the same legal effect as delivery of an original signed copy of this BAA.

8.7 Except to the extent preempted by federal law, this BAA shall be governed by and construed in accordance with the laws of the state of Delaware.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties hereto have executed this BAA as of the date first above written.

**COVERED ENTITY:**

**MISSISSIPPI DEPARTMENT OF CORRECTIONS**

By: \_\_\_\_\_

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

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

**BUSINESS ASSOCIATE:**

\_\_\_\_\_

By: \_\_\_\_\_

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

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

## APPENDIX H – CONTINUOUS QUALITY IMPROVEMENT

|  |                                      |
|--|--------------------------------------|
|  <b>MISSISSIPPI DEPARTMENT<br/>OF<br/>CORRECTIONS</b> | <b>POLICY NUMBER<br/>25-13-A</b>     |
|  | <b>AGENCY WIDE<br/>MEDICAL</b>       |
| <b>COMPREHENSIVE QUALITY IMPROVEMENT PROGRAM</b>   | <b>INITIAL DATE<br/>04-15-2004</b>   |
| <b>ACA STANDARDS: 2-CO-4E-01, 5-ACI-6D-02<br/>NCCHC STANDARDS: P-A-06</b>  | <b>EFFECTIVE DATE<br/>02-01-2021</b> |
| <b>STATUTES:</b>   | <b>NON-RESTRICTED</b>                |
|  | <b>PAGE 1 of 4</b>                   |

1 **POLICY:**

2  
3 It is the policy of the Mississippi Department of Corrections (MDOC) to provide a program  
4 designed to monitor and evaluate the delivery of healthcare to the offenders and to identify,  
5 analyze and correct problems which may potentially impede the quality of offender healthcare.  
6

7 **DEFINITIONS:**

8  
9 (None)

10 **PROCEDURES:**

11  
12  
13 *Administration of Correctional Agencies (Central Office):* **Written agency policy provides that**  
14 **a comprehensive health care services program, staffed by qualified health care**  
15 **professionals, is available to all inmates/juveniles/residents. These policies cover the**  
16 **following:**

- 17  
18 • **responsible health authority**  
19 • **personnel**  
20 • **health screenings and examinations**  
21 • **specialized programs**  
22 • **specialized population**  
23 • **quality assurance**  
24 • **participation in research**  
25 • **death of inmates/juveniles/residents**  
26 • **facilities and equipment**  
27 • **pharmaceuticals**  
28 • **levels of care**  
29 • **informed consent**  
30 • **health record files**  
31 • **notification of designated individuals**  
32 • **AIDS and other communicable diseases [2-CO-4E-01].**

33  
34 *Adult Correctional Institutions: (MANDATORY)* **A system of documented internal review will**  
35 **be developed and implemented by the health authority. The necessary elements of the**  
36 **system will include:**

- 37  
38 • **participating in a multidisciplinary quality improvement committee**  
39 • **collecting, trending, and analyzing of data combined with planning, intervening, and**  
40 **reassessing**  
41 • **evaluating defined data, which will result in more effective access, improved quality**  
42 **of care, and better utilization of resources**

25-13-A (d)  
Forms (0)  
Medical

|   |                       |                                  |
|---|-----------------------|----------------------------------|
| <b>TITLE: COMPREHENSIVE QUALITY IMPROVEMENT PROGRAM</b> |                       | <b>POLICY NUMBER<br/>25-13-A</b> |
| <b>EFFECTIVE DATE: 02-01-2021</b>                       | <b>NON-RESTRICTED</b> | <b>PAGE 2 of 4</b>               |

- 43 • onsite monitoring of health services outcomes on a regular basis through”
- 44 a) chart reviews by the responsible physician or his or her regular designee,
- 45 including investigation of complaints and quality of health records
- 46 b) review of prescribing practices and administration of medication practices
- 47 c) systematic investigation of complaints and grievances
- 48 d) monitoring of corrective action plans
- 49 • reviewing all deaths in custody, suicides or suicide attempts, and illness outbreaks
- 50 • implementing measures to address and resolve important problems and concerns
- 51 identified (corrective action plans)
- 52 • reevaluating problems or concerns to determine objectively whether the corrective
- 53 measures have achieved and sustained the desired results
- 54 • incorporating finding or f internal review activities into the organization’s educational
- 55 and training activities
- 56 • issuing a quarterly report to be provided to the health services administrator and
- 57 facility or program administrator of the findings of internal review activities
- 58 • requiring a provision that records of internal review activities comply with legal
- 59 requirements on confidentiality of records [5-ACI-6D-02]

60  
61 Quality Improvement Program

- 62
- 63 • The implementation, maintenance and monitoring of the Quality Improvement Program will
- 64 be the responsibility of the multidisciplinary Quality Improvement Committee. This committee
- 65 will ensure quality improvement activities are relevant, focused, and demonstrate an impact
- 66 on the quality of offender healthcare.
- 67
- 68 • The healthcare delivery system will be monitored and evaluated by the MDOC Chief Medical
- 69 Officer on a regularly scheduled basis. The site Medical Director will participate on the
- 70 Continuous Quality Improvement (CQI) committee.
- 71
- 72 • The Quality Improvement Committee will share findings with the Medical Audit Committee
- 73 (MAC) and with healthcare staff.
- 74

75 Quality Improvement Committee

76  
77 The primary functions of the Quality Improvement Committee will be:

- 78
- 79 • To establish measurable criteria for monitoring the quality of care, and to assure the
- 80 evaluation of high-risk, high-volume and problem-prone aspects of healthcare. Focal areas
- 81 will include:
- 82
- 83 • Intake/transfer screening
- 84 • Inmate access
- 85 • Specialty and off-site care
- 86 • Mental healthcare
- 87 • Dental care
- 88 • Nursing and primary care provider sick call
- 89 • Issues relating to medications
- 90 • Emergency care
- 91 • Chronic Care

25-13-A (d)  
Forms (0)  
Medical

|   |                       |                                  |
|---|-----------------------|----------------------------------|
| <b>TITLE: COMPREHENSIVE QUALITY IMPROVEMENT PROGRAM</b> |                       | <b>POLICY NUMBER<br/>25-13-A</b> |
| <b>EFFECTIVE DATE: 02-01-2021</b>                       | <b>NON-RESTRICTED</b> | <b>PAGE 3 of 4</b>               |

- 92           ▪ Medical Discharge Planning  
93           ▪ Infirmary Care  
94  
95       • To develop corrective action plans for areas that have been identified/denoted for  
96 improvement with subsequent assessment of the effectiveness of any prescribed corrective  
97 action.  
98

|                              |
|------------------------------|
| <b>CQI COMMITTEE MEETING</b> |
|------------------------------|

- 100  
101       • Frequency - Quarterly  
102  
103       • Format for recording minutes  
104  
105           ▪ Attendance  
106           ▪ Approval of previous minutes  
107           ▪ Review of pending items and activities  
108           ▪ Scheduled reports  
109           ▪ Discussion  
110  
111       • **Annually, a two (2) part process study will be presented reflecting both the effectiveness of**  
112 **the health care delivery system and an assessment of expected outcomes as they relate to**  
113 **the quality of patient care. •**  
114  
115       • **Annually, a Quality Improvement Program and Calendar will be developed as predicated**  
116 **upon the following:**  
117  
118           ▪ Contracted Medical Provider Performance Indicators  
119           ▪ Contract Guidelines  
120           ▪ Institutional Needs as specified  
121  
122       • **Additional Focal Topics for Mandatory Review**  
123  
124           ▪ Status of inmate grievances  
125           ▪ Results of Morbidity and Mortality review  
126           ▪ Adverse patient outcomes  
127           ▪ Results of Disaster Drills and Environmental Inspection Reports  
128           ▪ Infections Control findings  
129           ▪ Sentinel Events (i.e., serious clinical, professional or administrative occurrences as  
130 investigated)  
131           ▪ Medication usage  
132  
133       • **CQI Ten (10) Step Monitoring Protocol for Healthcare Quality Assurance**  
134  
135           ▪ Assignment of responsibility for a specific quality improvement activity (i.e., chart  
136 review of outpatient and inpatient Medical Records  
137           ▪ Definition of the scope of services provided  
138           ▪ Identification of the aspects of care to monitored  
139           ▪ Identification of indicators which measure the quality of an aspect of care

25-13-A (d)  
Forms (0)  
Medical

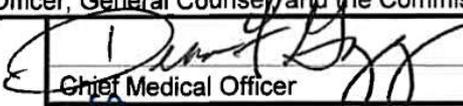
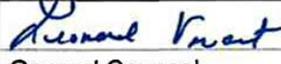
|   |                       |                                  |
|---|-----------------------|----------------------------------|
| <b>TITLE: COMPREHENSIVE QUALITY IMPROVEMENT PROGRAM</b> |                       | <b>POLICY NUMBER<br/>25-13-A</b> |
| <b>EFFECTIVE DATE: 02-01-2021</b>                       | <b>NON-RESTRICTED</b> | <b>PAGE 4 of 4</b>               |

- 140       ▪ Identification of evaluation thresholds specific to each indicator that measures the
- 141        acceptable level of care/performance
- 142       ▪ Collection and organization of data
- 143       ▪ Evaluation of care/services when thresholds are realized
- 144       ▪ Performance of actions to improve care
- 145       ▪ Assessment of the effectiveness of those actions taken
- 146       ▪ Communication of results
- 147
- 148   • Committee Chairperson will ensure development of a quarterly Quality Improvement Report
- 149    as predicated upon the activities and actions of the CQI. The report will reflect:
- 150
- 151       ▪ Identification and disposition of topical issues as specified in the written Quality
- 152        Improvement Program and Calendar
- 153       ▪ Specifications as to what actions have been completed, what actions are in process
- 154        and what actions have been planned in order to address identified needs (i.e.,
- 155        preventative, problem solving, educational activities)
- 156       ▪ The confidential file maintenance of all minutes by the Health Services Administrator
- 157       ▪ Preparation of reports for the MAC Committee
- 158
- 159   • Committee Chairperson will ensure report distribution to all committee membership and the
- 160    MDOC Chief Medical Officer within **five (5)** working days from the meeting date. A copy of
- 161    the report will be maintained in a central file.
- 162
- 163   • An **annual review** of the year's committee activities will be prepared reflecting a summary of
- 164    performance improvements and related changes.
- 165
- 166   • All Quality Improvement documents will be marked in **RED** "Privileged and Confidential".

168   **DOCUMENTS REQUIRED:**

169    As required by this policy and through the chain of command.

170

| <b>ENFORCEMENT AUTHORITY</b>   |   |
|--|---|
| All standard operating procedures (SOPs) and/or other directive documents related to the implementation and enforcement of this policy shall bear the signature of and be issued under the authority of the Chief Medical Officer, General Counsel and the Commissioner of MDOC. |   |
| <b>Reviewed and<br/>Approved for<br/>Issuance</b>  | <br>Chief Medical Officer <span style="float: right;">12/30/2020</span><br>Date |
|  | <br>General Counsel <span style="float: right;">1/12/2021</span><br>Date         |
|  | <br>Commissioner <span style="float: right;">1/22/2021</span><br>Date           |

**APPENDIX I – MEDICAL MANAGEMENT REVIEW**

|  |  |                              |
|--|--|------------------------------|
|   | <b>MISSISSIPPI DEPARTMENT<br/>OF<br/>CORRECTIONS</b> | POLICY NUMBER<br>25-05-A     |
|  |  | AGENCY WIDE<br>MEDICAL       |
| RESPONSIBILITY OF HEALTH AUTHORITY   |  | INITIAL DATE<br>04-15-2004   |
| ACA STANDARDS: 2-CO-4E-01, 5-ACI-6B-01, 5-ACI-6B-02, 4-ACRS-4C-02<br>NCCHC: P-A-O2 |  | EFFECTIVE DATE<br>01-15-2021 |
| STATUTES:  | NON-RESTRICTED                                       | PAGE 1 of 3                  |

1 **POLICY:**

2  
3 It is the policy of the Mississippi Department of Corrections (MDOC) to identify the authority  
4 responsible for provision of health services to the offenders.

5  
6 **DEFINITIONS:**

7  
8 (None)

9  
10 **PROCEDURES:**

11  
12 *Administration of Correctional Agencies (Central Office):* **Written agency policy provides that**  
13 **a comprehensive health care services program, staffed by qualified health care**  
14 **professionals, is available to all inmates/juveniles/residents. These policies cover the**  
15 **following:**

- 16
- 17 • **responsible health authority**
  - 18 • **personnel**
  - 19 • **health screenings and examinations**
  - 20 • **specialized programs**
  - 21 • **specialized population**
  - 22 • **quality assurance**
  - 23 • **participation in research**
  - 24 • **death of inmates/juveniles/residents**
  - 25 • **facilities and equipment**
  - 26 • **pharmaceuticals**
  - 27 • **levels of care**
  - 28 • **informed consent**
  - 29 • **health record files**
  - 30 • **notification of designated individuals**
  - 31 • **AIDS and other communicable diseases [2-C0-4E-01].**

32  
33 *Adult Correctional Institutions: (MANDATORY)* **The facility has a designated health authority**  
34 **with responsibility for ongoing health care services pursuant to a written agreement,**  
35 **contract, or job description. Such responsibilities include:**

- 36
- 37 • **establish a mission statement, which defines the scope of health care services**
  - 38 • **develop mechanisms, including written agreements, when necessary to assure that**  
39 **the scope of services are provided and properly monitored**
  - 40 • **develop a facility's operational health policies and procedures**
  - 41 • **identify the type of health care staff needed to provide the determined scope of**  
42 **services**

25-05-A (e)  
Forms (0)  
Medical

|  |                       |                                  |
|--|-----------------------|----------------------------------|
| <b>TITLE: RESPONSIBILITY OF HEALTH AUTHORITY</b> |                       | <b>POLICY NUMBER<br/>25-05-A</b> |
| <b>EFFECTIVE DATE: 01-15-2021</b>                | <b>NON-RESTRICTED</b> | <b>PAGE 2 of 3</b>               |

- 43 • establish systems for the coordination of care among multidisciplinary health care  
44 providers and  
45 • develop a quality management program  
46

47 **The health authority may be physician, health services administrator, or health agency.**  
48 **When the health authority is other than a physician, final clinical judgments rest with a**  
49 **single, designated, responsible physician. The health authority is authorized and**  
50 **responsible for making decisions about the deployment of health resources and the day-**  
51 **to-day operations of the health services program [5-ACI-6B-01]**  
52

53 *Adult Correctional Institutions: (MANDATORY) Clinical decisions are the sole province of*  
54 *the responsible health care practitioner and are not countermanded by non-clinicians [5-*  
55 *ACI-6B-02].*  
56

57 Pursuant to a contract between the Mississippi Department of Corrections and the medical  
58 vendor, the medical vendor will be responsible for the coordination and the provision of health  
59 services at the contracted facilities.  
60

61 The medical vendor has no obligation to provide medical services to MDOC staff and/or visitors  
62 other than in an emergency situation.  
63

64 Emergency care will consist of life-saving measures plus first aid measures as necessary in  
65 order to stabilize a patient until outside services arrive.  
66

67 The Health Services Administrator, as designee of the medical vendor and the designated  
68 health authority at the facility, has the following responsibilities:  
69

- 70 • To establish a mission statement that defines the scope of healthcare services  
71 • To arrange and coordinate all levels of offender health care  
72 • To provide and ensure quality in offender health care  
73 • To provide and ensure offender accessibility to all health services  
74 • To deliver contract services, personnel supervision and liaison services to each facility  
75 • To develop a quality management program  
76

77 The facility/site Medical Director will be the final health authority specific to all medical  
78 judgments at a contracted facility/site. In cases of conflict, the MDOC Medical Director will be  
79 the final health authority.  
80

81 The MDOC Medical Director supervises overall provision of medical care to inmates at a given  
82 facility. He/she establishes and implements policies for some clinical aspects of the program  
83 (i.e., suicide precaution) and monitors the appropriateness, timeliness, and responsiveness of  
84 care and treatment in select inmate cases.  
85

86 Mental Health Services  
87

88 Mental health services will be provided under the direction of the designated mental health  
89 authority in coordination with the responsible health authority.  
90  
91

25-05-A (e)  
Forms (0)  
Medical

|  |                       |                                  |
|--|-----------------------|----------------------------------|
| <b>TITLE: RESPONSIBILITY OF HEALTH AUTHORITY</b> |                       | <b>POLICY NUMBER<br/>25-05-A</b> |
| <b>EFFECTIVE DATE: 01-15-2021</b>                | <b>NON-RESTRICTED</b> | <b>PAGE 3 of 3</b>               |

92 Nursing Services

93

94 When nursing services are provided by another agency (i.e., County Regional Facilities) the  
95 following mandates are required:

96

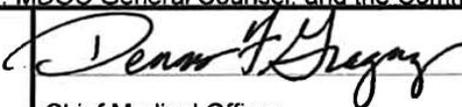
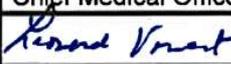
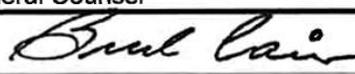
- 97 • Said facility/site must have a designated health authority.
- 98 • Health authority can be an Administrator, Physician or Registered Nurse
- 99 • Health authority representative must be on site at least weekly.

100

101 **DOCUMENTS REQUIRED:**

102

103 As required by this policy and through the chain of command

| <b>ENFORCEMENT AUTHORITY</b>   |   |
|--|---|
| All standard operating procedures (sops) and/or other directive documents related to the implementation and enforcement of this policy shall bear the signature of and be issued under the authority of the Chief Medical Officer, MDOC General Counsel, and the Commissioner of MDOC. |   |
| <b>Reviewed and<br/>Approved for<br/>Issuance</b>  |  12/18/2020<br>Chief Medical Officer <span style="float: right;">Date</span> |
|  |  1/12/2021<br>General Counsel <span style="float: right;">Date</span>        |
|  |  1/19/2021<br>Commissioner <span style="float: right;">Date</span>          |

|   |  |                                      |
|---|--|--------------------------------------|
|  | <b>MISSISSIPPI DEPARTMENT<br/>OF<br/>CORRECTIONS</b> | <b>POLICY NUMBER<br/>25-07-A</b>     |
|   |  | <b>AGENCY WIDE<br/>MEDICAL</b>       |
| <b>ADMINISTRATIVE MEETINGS AND REPORTS</b>  |  | <b>INITIAL DATE<br/>04-15-2004</b>   |
| <b>ACA STANDARDS: 4-4408, 4-4409<br/>NCCHC STANDARDS: P-A-04</b>                  |  | <b>EFFECTIVE DATE<br/>04-15-2004</b> |
| <b>STATUTES:</b>  | <b>NON-RESTRICTED</b>                                | <b>Page 1 of 2</b>                   |

1 **POLICY:**

2

3 It is the policy of the Mississippi Department of Corrections (MDOC) to provide a regular and  
4 systematic means of communication between health services staff and institutional  
5 administration.

6

7 **DEFINITIONS:**

8

9 (None)

10

11 **PROCEDURES:**

12

13 Medical Administrative Meetings

14

- 15 • **Quarterly**, all Medical Audit Committee (MAC) members will meet.
- 16
- 17 • MAC committee members will include, but not be limited to:
  - 18
  - 19 • Institutional Authority
  - 20 • Health Services Administrator
  - 21 • Medical Director
  - 22 • Dental Representation
  - 23 • Mental Health Representation
  - 24 • Other Healthcare Services as designated
  - 25 • Corrections Staff as designated the institutional authority
  - 26
- 27 • **Monthly**, Health Services Staff meetings will be conducted by the Health Services  
28 Administrator.

29

30 Statistical Health Services Reports

31

- 32 • **Monthly**, Statistical health services reports will be completed by designated medical staff.
- 33
- 34 • At a minimum these reports will address:
  - 35
  - 36 • The number of offenders receiving services by category of care
  - 37 • Operative procedures
  - 38 • Referrals to specialists
  - 39 • Serious infectious diseases
  - 40 • Hospital admissions
  - 41 • Emergency services

|  |                |                          |
|--|----------------|--------------------------|
| TITLE: ADMINISTRATIVE MEETINGS AND REPORTS |                | POLICY NUMBER<br>25-07-A |
| EFFECTIVE DATE: 04-15-2004                 | NON-RESTRICTED | PAGE 2 of 2              |

42 Offender deaths

43

44 **DOCUMENTS REQUIRED:**

45

46 As required by this policy and through the chain of command.

| ENFORCEMENT AUTHORITY  |                                 |          |
|--|---------------------------------|----------|
| All standard operating procedures (sops) and/or other directive documents related to the implementation and enforcement of this policy shall bear the signature of and be issued under the authority of the MDOC Medical Director, MDOC General Counsel, and the Commissioner of MDOC. |                                 |          |
| <b>Reviewed and<br/>Approved for<br/>Issuance</b>  | <i>Joseph W. Blackish</i>       | 3/26/04  |
|  | Medical Director                | Date     |
|  | <i>Joe Hill</i>                 | 4-5-04   |
|  | General Counsel                 | Date     |
|  | <i>(Print name) [Signature]</i> | 04/07/04 |
|  | Commissioner                    | Date     |

|   |  |                                     |
|---|--|-------------------------------------|
|  | <b>MISSISSIPPI DEPARTMENT<br/>OF<br/>CORRECTIONS</b> | <b>POLICY NUMBER</b><br>25-08-A     |
|   |  | <b>AGENCY WIDE<br/>MEDICAL</b>      |
| <b>MEDICAL AUDIT COMMITTEE (MAC)</b>  |  | <b>INITIAL DATE</b><br>04-15-2004   |
| <b>ACA STANDARDS: 4-4408</b><br><b>NCCHC STANDARDS: P-A-04</b>                    |  | <b>EFFECTIVE DATE</b><br>04-15-2004 |
| <b>STATUTES:</b>  | <b>NON-RESTRICTED</b>                                | <b>Page 1 of 3</b>                  |

1 **POLICY:**

2

3 It is the policy of the Mississippi Department of Corrections (MDOC) and the healthcare provider  
4 to ensure ongoing communication and cooperative efforts between institutional administration  
5 and the healthcare staff.

6

7 **DEFINITIONS:**

8

9 (None)

10

11 **PROCEDURES:**

12

13 **Medical Audit Committee Protocol**

14

- 15 • A Medical Audit Committee (MAC) meeting will occur at least **quarterly**.
- 16
- 17 • MAC committee members will include, but not be limited to:
  - 18
  - 19 ◦ Institutional Authority
  - 20 ◦ Health Services Administrator
  - 21 ◦ Medical Director
  - 22 ◦ Dental Representation
  - 23 ◦ Mental Health Representation
  - 24 ◦ Other Healthcare Services as designated
  - 25 ◦ Corrections Staff as designated the institutional authority
- 26
- 27 • The Health Services Regional Manager will be an Ex-Officio member of the MAC.
- 28
- 29 • Guests may be invited to attend MAC meetings at the invitation of the Medical Director,  
30 Health Services Administrator or the Institutional Authority.
- 31
- 32 • Meetings will be established on a mutually agreeable day and time.
- 33
- 34 • An agenda will be provided.
- 35
- 36 • Statistical reports will be provided at each MAC meeting.

|                                      |                |                          |
|--------------------------------------|----------------|--------------------------|
| TITLE: MEDICAL AUDIT COMMITTEE (MAC) |                | POLICY NUMBER<br>25-08-A |
| EFFECTIVE DATE: 04-15-2004           | NON-RESTRICTED | PAGE 2 of 3              |

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74

**MEDICAL AUDIT COMMITTEE MEETING AGENDA**

- I. Call to order
- II. Acknowledgment of guests
- III. Approval of previous meeting minutes
- IV. Old business
- V. New Business
  - A. Healthcare activities
    - Health Services Report – Deaths, Infectious Disease Monitoring, Emergency Services Provided
    - Off-Site utilization – Hospital/Specialist
    - Inmate Grievances
    - Departmental Reports
    - Infection Control/Safety
    - Environmental Inspection Reports
  - B. Mental Health
  - C. Policies and Procedures
  - D. Quality Improvement
  - E. In-Services
- VI. Open Discussion
- VII. Adjournment

**NOTE:** Minutes of meetings will be completed and distributed to members within five (5) working days of the meeting. A copy will be retained in the Health Services Unit.

|                                      |                |                          |
|--------------------------------------|----------------|--------------------------|
| TITLE: MEDICAL AUDIT COMMITTEE (MAC) |                | POLICY NUMBER<br>25-08-A |
| EFFECTIVE DATE: 04-15-2004           | NON-RESTRICTED | PAGE 3 of 3              |

75 DOCUMENTS REQUIRED:

76

77 As required by this policy and through the chain of command.

| ENFORCEMENT AUTHORITY  |   |
|--|---|
| All standard operating procedures (sops) and/or other directive documents related to the implementation and enforcement of this policy shall bear the signature of and be issued under the authority of the MDOC Medical Director, MDOC General Counsel, and the Commissioner of MDOC. |   |
| <b>Reviewed and<br/>Approved for<br/>Issuance</b>  | <div style="display: flex; justify-content: space-between;"> <div style="font-family: cursive;">Joseph W. Blackish</div> <div>3/26/04</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Medical Director</span> <span>Date</span> </div> |
|  | <div style="display: flex; justify-content: space-between;"> <div style="font-family: cursive;">Joe Hoff</div> <div>4-5-04</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>General Counsel</span> <span>Date</span> </div>             |
|  | <div style="display: flex; justify-content: space-between;"> <div style="font-family: cursive;">(Signature)</div> <div>04/07/04</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Commissioner</span> <span>Date</span> </div>           |

**APPENDIX J – MINIMUM PROPOSED SALARIES**

**MINIMUM PROPOSED SALARIES**

| <b>POSITION TITLE</b>                        | <b>LOW</b> | <b>HIGH</b> |
|--|------------|-------------|
| Administrative Asst. Supplies                | \$14.00    | \$16.00     |
| Accounts Manager                             | \$19.00    | \$24.00     |
| Admin Assistant                              | \$16.00    | \$19.00     |
| Assistant Director of Mental Health Services | \$45.00    | \$50.00     |
| Assistant DON                                | \$38.50    | \$47.00     |
| Assistant HSA                                | \$40.00    | \$48.00     |
| Assistant Regional Medical Director          | \$143.00   | \$160.00    |
| Bachelors BHP – SUD                          | \$24.00    | \$30.00     |
| Business Manager                             | \$30.00    | \$45.00     |
| Chief Psychiatrist                           | \$180.00   | \$220.00    |
| Chief Regional Psychiatrist                  | \$190.00   | \$240.00    |
| Clinical Director Psychiatrist               | \$178.00   | \$220.00    |
| Clinical Psychologist                        | \$65.00    | \$85.00     |
| CMA  | \$16.50    | \$19.00     |
| CNA  | \$15.00    | \$18.00     |
| Dental Asst                                  | \$16.50    | \$19.50     |
| Dental Director                              | \$75.00    | \$85.00     |
| Dentist                                      | \$72.00    | \$83.00     |
| Director of Mental Health Services           | \$65.00    | \$80.00     |
| DON  | \$42.00    | \$48.00     |
| DON–R&C                                      | \$42.00    | \$48.00     |
| EMR/ Health IT Director                      | \$48.00    | \$55.00     |
| Hospital Utilization Nurse                   | \$40.00    | \$45.00     |
| HSA  | \$42.50    | \$52.00     |
| Infection Control LPN                        | \$23.00    | \$28.00     |
| Infection Control RN                         | \$32.50    | \$38.50     |
| IT Manager                                   | \$40.00    | \$48.00     |
| Lab Supervisor                               | \$24.00    | \$28.50     |
| Licensed Mental Health Professional          | \$28.50    | \$34.00     |
| LPN  | \$24.00    | \$28.50     |
| LPN Intake screening                         | \$24.00    | \$28.50     |
| Masters BHP - SUD                            | \$28.50    | \$37.00     |
| Medical Records Clerk                        | \$15.50    | \$18.50     |
| Medical Records Supervisor                   | \$23.00    | \$26.00     |
| Medical Records/HIT                          | \$15.50    | \$18.50     |
| Mental Health Admin Assistant                | \$16.00    | \$19.00     |
| Mental Health Director/Youth                 | \$30.00    | \$35.00     |
| MH Activity Techs                            | \$16.50    | \$19.50     |

| <b>POSITION TITLE</b>                               | <b>LOW</b>          | <b>HIGH</b>         |
|---|---------------------|---------------------|
| Nurse Practitioner                                  | \$45.00             | \$50.00             |
| OB/GYN Physician                                    | \$145.00            | \$165.00            |
| Office Manager                                      | \$25.00             | \$30.00             |
| Ombudsman LPN                                       | \$24.00             | \$28.50             |
| Optometrist   | \$45.00             | \$50.00             |
| Pharmacist  | \$60.00             | \$72.00             |
| Pharmacy Tech                                       | \$15.50             | \$17.00             |
| Phlebotomist  | \$16.50             | \$18.00             |
| Phlebotomist Tech                                   | \$15.00             | \$17.00             |
| Physical Therapist                                  | \$34.00             | \$39.00             |
| Physical Therapist Asst                             | \$22.00             | \$28.00             |
| Physician   | \$112.00            | \$137.00            |
| Psychiatric APRN                                    | \$45.00             | \$50.00             |
| Psychiatrist  | \$122.00            | \$140.00            |
| Psychometrist                                       | \$26.50             | \$28.50             |
| QAPI / Reports R.N. Manager                         | \$34.50             | \$40.50             |
| RDU Director  | \$65.00             | \$80.00             |
| Re-Entry Coordinator                                | \$25.00             | \$30.00             |
| Regional BH Director                                | \$58.00             | \$70.00             |
| Regional D.O.N                                      | \$52.00             | \$65.00             |
| Regional HR Director/Recruiter                      | \$34.00             | \$40.00             |
| Regional Medical Director                           | \$170.00            | \$200.00            |
| Regional Pharmacist                                 | \$72.00             | \$80.00             |
| RN  | \$30.50             | \$36.50             |
| RN Intake Supervisor                                | \$32.50             | \$38.50             |
| RN Specialty Care Manager                           | \$32.50             | \$38.50             |
| RN Specialty Care Nurse                             | \$32.50             | \$38.50             |
| RN Supervisor Shift/ Charge                         | \$35.50             | \$39.00             |
| Scheduler   | \$17.00             | \$20.00             |
| Secretary Admin Asst                                | \$15.50             | \$17.20             |
| Site Medical Director                               | \$120.00            | \$140.00            |
| Specialty Care Coordinator / RN                     | \$32.50             | \$38.50             |
| Sr. V.P., Operations                                | Bidder to Determine | Bidder to Determine |
| Statewide BH & A&D Director - Substance Utilization | \$45.00             | \$55.00             |
| UM Physician  | \$143.00            | \$160.00            |