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# Request for Information

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## Inmate Medical Services

Connecticut Department of Correction

Connecticut Office of Policy & Management

February 23, 2017



## Important Information

### Request for Information: Inmate Medical Services

**RFI Issue Date:** February 23, 2017

**Response Due Date:** 3:00 PM, April 6, 2017

**Response Submission:** Responses must be provided in searchable PDF form and submitted via email with the subject heading **"Inmate Medical Services RFI 2017"** to the following email address: michael.regan@ct.gov.

**Inquiry Procedures:** All questions regarding this Request for Information (RFI), the Department of Correction's (DOC or Department) or the Office of Policy & Management's (OPM) (collectively, the State) procurement processes must be submitted to the Official Contact by email before 3:00 pm March 16, 2017. The early submission of questions is encouraged. Questions will not be accepted or answered verbally – neither in person nor over the telephone. All questions received before the deadline will be answered. However, the State will not answer questions when the source is unknown (i.e., nuisance or anonymous questions). Questions deemed unrelated to the RFI or the procurement process will not be answered. At its discretion, the State may or may not respond to questions received after the deadline. The State may combine similar questions and give only one answer. All questions and answers will be compiled into a written addendum to this RFI. The State will release the answers to questions by the close of business on March 23, 2017. The State will publish any and all amendments and addenda to this RFI on the State Contracting Portal and on the Department's web site.

**Official Contact:** The State has designated the individual below as the Official Contact for purposes of this RFI. The Official Contact is the only authorized contact for this request and, as such, handles all related communications on behalf of the State. Responders, prospective responders, and other interested parties are advised that any communication with any other Department or OPM employee(s) (including appointed officials) or personnel under contract to the State about this RFI is strictly prohibited. Responders or prospective responders who violate this instruction may risk disqualification from further consideration.

**Name:** Michael Regan, Assistant Director of Fiscal Services  
**Address:** Department of Correction, Fiscal Services, 24 Wolcott Hill Road, Wethersfield, CT 06109  
**Phone:** 860-692-7666  
**E-Mail:** michael.regan@ct.gov

Responses must include the name, mailing address, telephone number, and email address of the respondent.

The State welcomes responses from anyone in the health care industry, in the provision of health care services at the community level, in government or in academia with practical knowledge of the provision of inmate medical services or who provides health care to large institutionalized patient populations, operates large health systems, or manages large patient practices.

In the event that it is necessary to revise any part of the RFI, timely addenda will be posted to the State Contracting Portal and the Department's web site by 4:00 pm EST on March 23, 2017. Interested respondents are solely responsible for checking these websites for RFI changes before responding.

The State intends to review all information received in response to this RFI. This RFI is intended for information gathering purposes only and the State is not obligated in any way to use any of the information received. Generally speaking, the RFI process will assist the State in determining whether it will pursue Requests for Proposals (RFPs) with the intent to enter into a contractual agreement or agreements for such programs or services or not. Persons and/or entities responding to the RFI will not be compensated in any way. Responding to this RFI will not enhance a person or entity's chances of receiving future work from DOC. Similarly, not responding to this RFI will not be a detriment to any person or entity when responding to future competitive procurement opportunities.

Confidential Information. The respondent understands that due regard will be given to the protection of proprietary or confidential information contained in all responses received. However, respondents should be aware that all materials associated with this RFI are subject to the terms of the Connecticut Freedom of Information Act ("FOIA") and all corresponding rules, regulations and interpretations. It will not be sufficient for respondents to merely state generally that the proposal is proprietary or confidential in nature and, therefore, not subject to release to third parties. Those particular sentences, paragraphs, pages or sections that a respondent believes to be exempt from disclosure under the FOIA must be specifically identified as such. Convincing explanation and rationale sufficient to justify each exemption, consistent with Section 1-210(b) of the Connecticut General Statutes as it may be modified from time to time, must accompany the submission. The rationale and explanation must be stated in terms of the prospective harm to the competitive position of the respondent that would result if the identified material were to be released and the reasons why the materials are legally exempt from release pursuant to the above-cited statute. The State has no obligation to initiate, prosecute or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information that is sought pursuant to a FOIA request. Respondents have the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. The State shall have no liability for the disclosure of any documents or information in its possession which the State believes are required to be disclosed pursuant to the FOIA or other requirements of law.

## Summary of Request

Pursuant to Section 20 of Public Act 15-1, December Special Session, the State is seeking information regarding the options available for the provision of inmate medical services and the costs associated with such options.

This RFI is not a RFP and should not be construed as such. The State is not soliciting specific offers to enter into a contractual arrangement.

The objective of this RFI is to obtain information to assess the options available to the State in providing inmate medical services, which may or may not result in an RFP for such services. As used herein, the term "inmate medical services" means the comprehensive health services provided to the supervised inmate population, including, but not limited to: diagnostic, medical, behavioral health, pharmacological, dental and ancillary and augmentive therapeutic and medical services.

## Background

### Criminal Justice and Health Care Reforms

Over the past decade, the State has worked to institute health care reforms designed to control costs and improve health outcomes for the nearly 800,000 individuals currently enrolled in the Medicaid program, many with complex health care needs. Among the most significant of these initiatives was the expansion of Medicaid under the Affordable Care Act, which has permitted access to health care for 217,000 low-income adults. Another was implementation of a unique self-insured, managed fee-for-service structure under which the State is contracting with Administrative Services Organizations (ASOs) to fulfill both traditional managed care organization functions (e.g., member services, utilization management), as well as important care delivery innovations, including intensive care management and Person Centered Medical Homes.

Additionally, state and federal incarceration policies – as well as Medicaid policies – have evolved such that an individual's period of incarceration is a finite period, rather than lifelong punishment, and towards a focus on addressing the offender's underlying needs to help ensure successful re-entry. Governor Malloy's Second Chance Society initiative has brought new focus to appropriately diverting people from the justice system, providing rehabilitative supports to those who are corrections-involved, and enabling those who have served their time to successfully reintegrate as productive members of Connecticut communities. In support of these aims, Connecticut has:

- created a supportive housing program specifically designed for individuals who have repeatedly cycled through homelessness and prison/jail;
- developed a process for expedited Medicaid eligibility that has been nationally recognized as a best practice model and allows individuals to leave court or prison with immediate access to needed medications, medical and behavioral health care; and
- funded a nursing home for individuals who are paroled or reach their end of sentence and are difficult to place in traditional nursing homes, because of difficult histories or high-risk behaviors.

Under the expedited eligibility process, greater than 97% of the individuals leaving a DOC facility who were Medicaid eligible prior to incarceration regain eligibility upon release. Therefore, it is imperative that any care provided in prison be coordinated with Medicaid services and supports provided both before and after incarceration. Connecticut's aim here is to ensure that corrections-involved individuals, a high percentage of whom have chronic conditions and behavioral health needs, are effectively treated over time, without need for redundant evaluation/tests or gaps in care.

### The Connecticut Department of Correction

The DOC is a recognized leader in the provision of institutional and community corrections services. It is one of only six state correctional agencies in the country with a combined system of pre-trial jails for accused offenders and prisons for sentenced inmates. Thus, Connecticut has an integrated jail and prison system, with approximately 26 percent accused and 74 percent sentenced inmates detained in the facilities.

DOC currently operates 15 correctional facilities and is charged with the supervision, care and custody of approximately 14,700 sentenced and un-sentenced offenders. The inmate population has generally declined over the past five years and the DOC has closed some facilities. The number of persons supervised by DOC at any given time necessarily fluctuates and the number of facilities operated by

DOC is subject to change, as the population continues to decline as a result of the Governor's criminal justice initiatives.

DOC employs approximately 5,500 staff and has a total annual operating budget of approximately \$623 million, including expenses for health care.

Information about all DOC facilities can be found at <http://www.ct.gov/doc/cwp/view.asp?a=1502&Q=265422&docNav=|>.

Additional information regarding DOC and its facilities can be found at [www.ct.gov/doc](http://www.ct.gov/doc).

DOC Administrative Directives can be found on the DOC website at: <http://www.ct.gov/doc/cwp/view.asp?a=1492&Q=450576&docNav=|>.

DOC's strategic plan is located at: <http://www.ct.gov/doc/lib/doc/PDF/PDFReport/StrategicPlan2015.pdf>

DOC operates on a re-entry model of corrections, which emphasizes from the first day of incarceration, the need to support the offenders' eventual re-entry into the community. The department assesses and identifies each offender's needs and creates and executes an Offender Accountability Plan. Offender needs are classified on a continuum across all domains, including housing, health care and security.

Inmates are classified in level 2 (minimum) through level 5 (maximum) security statuses. Most facilities house inmates in several levels, while the newer celled facilities house predominantly level 4 and 5 offenders.

## Overview of Current Inmate Medical Services

### Standards of Care

DOC provides health care services in accordance with the American Correctional Association (ACA) and the National Commission on Correctional Health Care (NCCHC) standards, as well as prevailing professional practices and community standards of care. The department also follows the guidelines established by the U.S. Preventative Services Taskforce (<https://www.uspreventiveservicestaskforce.org/>). Any health care delivery system employed by DOC meets or exceeds standards established by ACA and NCCHC as they currently exist and/or may be amended, and complies with all established policies outlined in the DOC Administrative Directives as they currently exist and/or may be amended. All services comply with all applicable Federal and State laws and regulations and meet or exceed generally acceptable community standards of care.

### Access to Care

All supervised inmates must have access to health care services that meet the Department's standards of care and reasonable accommodations as specified in Chapter 8 of the Administrative Directives or modifications are made in accordance with the Americans with Disabilities Act to allow inmates with disabilities the same opportunities for access to care as non-disabled inmates.

## Description of Services

All health care personnel are appropriately licensed and/or credentialed in their appropriate field of practice by the State of Connecticut, including board certification for all physicians. A full continuum of services including medical, dental and behavioral health care at all levels of clinical acuity must be available for offenders beginning with the initial intake process and throughout their incarceration. Services are full spectrum in nature - hospital inpatient and outpatient including chronic and specialty care, i.e., podiatry, optometry, infectious disease, cardiology, obstetrics/gynecology, neurology, end of life/hospice/palliative care, medication-assisted treatment, etc. Personnel have access to translation services (language and services for the hearing or visually impaired) in order to ensure proper assessment and care. All medical and behavioral health services include access to 24 hour on-call coverage to address emergent/critical care issues. The Department's Administrative Directives regarding inmate medical services can be found in Chapter 8, <http://www.ct.gov/doc/cwp/view.asp?a=1494&q=265224>.

Diagnostic and treatment services include a full-spectrum of laboratory, x-ray and other diagnostic imaging capabilities. Treatment therapies (chemotherapy, dialysis, radiation etc.) and diagnostic procedures are commensurate with current community standards. Providers have access to complete and comprehensive pharmacy services to support all facets of inmates' needs.

Ancillary services such as occupational therapy, physical therapy, speech therapy, hospital-based rehabilitation such as stroke and acute traumatic brain injury rehabilitation, etc. are available to all offender/patients whenever clinically indicated.

In addition to medical services, health care providers also provide a full range of sex offender treatment services.

Health care providers provide emergency medical treatment, and inoculations/vaccinations to DOC employees and participate in facility emergency preparedness activities.

## Records

A comprehensive health record on each inmate is maintained accurately and legibly, is kept up-to-date, and includes all reports received from any and all care providers.

Any and all services are properly recorded in the inmate's health records in such manner as to satisfy requirements of ACA and NCCHC standards, and all confidentiality provisions, laws and/or regulations applicable to inmate health records (HIPAA), state statutes and 42 CFR Part II are adhered to.

DOC is implementing an electronic health records (EHR) system, which is anticipated to be fully operational in spring 2018.

Inmate medical services are currently provided by the University of Connecticut Health Center through the Correctional Managed Health Care program. Services are provided in the following areas.

### Correctional Facility-Based Care

Primary care is provided in each facility, mainly in the facility's medical department. Many facilities also have medical and mental health infirmaries housing acutely ill patients. Other care provided at the DOC facility includes dental, behavioral health, obstetrics/gynecology, optometry and others. Pharmacy services and medication distribution to inmates also takes place in the facility.

### Outpatient and Specialty Outpatient Services

Outpatient services are largely centralized, although, as necessary, inmates are transported to other outpatient services as medically indicated. Generally, inmate outpatient care is reimbursed at prevailing Medicaid rates. Transportation and supervision of the inmates are provided by DOC.

### Inpatient Care

Inmates that require emergency care are transported to the nearest hospital and all other inmates requiring inpatient care are admitted centrally in a dedicated, secure hospital unit. Inpatient care for inmates is reimbursable under Medicaid for eligible individuals. The latest federal guidance on Medicaid reimbursement for inmate medical services can be found here:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-16-21.pdf>

## Information Requested

Any person, group, business, organization, or combination thereof with relevant knowledge and/or expertise is welcome to respond (hereinafter "Responding Organization"). The State strongly encourages entities to partner or collaborate on a response, to the extent such collaboration yields a response that more fully meets the needs of the State than separate responses would provide. The State is particularly interested in creative and innovative approaches to providing correctional facility-based medical services and excellent coordination of that care with inmate inpatient and outpatient services as well as the care received after the person's release from a DOC facility. The State is also looking for models of care that would maximize Medicaid coverage of services for pre-sentence individuals

### **Basic Information**

Responses must include:

- The Responding Organization's full business name, the address of its primary place of business, its corporate status (e.g., 501(c)(3), partnership, LLC), and a telephone number and email address.
- If the response is provided by a combination of two or more legally distinct entities, the above information should be provided for each and every entity participating in the response.
- A description of the Responding Organization's knowledge and experience in providing inmate medical services or similar care.

- A description of the business model(s) utilized for the provision of inmate health care and related products and/or services for other Responding Organization clients.

### **Substantive Information**

As described above, the provision of inmate medical services includes facility-based, outpatient and inpatient care and covers the full-spectrum of care, including dental, behavioral health, limited substance use, sex offender treatment, podiatry, optometry, obstetrics/gynecology, pharmacy, and infectious disease control, among others. Responding Organizations are encouraged to provide the State with proposed methods, strategies, and practices to provide inmate medical services in all of these areas, or in specific areas where the Responding Organization has particular experience and knowledge.

At this time, the State is open to the provision of these services by two or more entities, so long as the care is well coordinated, quality, efficient and cost effective. The State is also open to ideas regarding the provision of care in one or more specific geographical areas of the state which house DOC facilities, rather than the entire state. Responding Organizations should respond to the following in a topic-by-topic manner (*e.g.*, in an issue/response format). Responding Organizations may choose to respond to all topics or only those that relate to the Responding Organization's particular experience and knowledge. Please indicate "no response" if you are choosing not to respond to a particular topic.

#### **General**

1. Ensuring access to health care and the delivery of services, through a quality community standard of care, especially in the context of an inmate's constitutional right to health care.
2. Effective models for accommodating ancillary services.
3. Health care delivery strategies that respond to the provision of health care to those involved in the criminal justice system in the context of the provisions of the Affordable Care Act and any ideas for maximizing Medicaid revenue.

#### **Facility-Based Care**

4. Infectious disease control in a prison/jail facility.
5. Best practices for intake screening protocols used in the provision of inmate medical services.
6. Preventive care and screening protocols used in the provision of inmate health care and how the clinical screening recommendations of the US Preventive Services Task Force are addressed in such protocols.
7. Facility-based inmate medical services and whether the Responding Organization would use an infirmary model.
8. How the Responding Organization would provide primary, preventative, chronic disease, behavioral, acute/emergency, and end of life care in the context of a correctional facility.
9. How the Responding Organization would integrate health services with other aspects of correctional services, such as preventative health care with nutrition/meal services, behavioral health services with occupational services, dental care with dental hygienist training.
10. How the Responding Organization would integrate new technologies into the provision of inmate medical services, such as electronic primary care, counseling or specialty visits.
11. The provision of care for special inmate populations.



12. Inmate health care delivery and pricing as it relates to increases and decreases in daily inmate population.

13. Describe a site-based staffing plan for routine and specialty care within a prison facility and the criteria that you would use to develop a site-based staffing plan, considering routine and specialty care as well as higher acuity care.

14. Contingency plans for emergency 24-hour coverage, holiday coverage and other times when staff availability may be limited, and tactical and/or strategic plans for catastrophic scenarios.

15. Strategies, methods, processes and procedures used to ensure that the operation and culture of the inmate health care system is seamlessly integrated into the greater corrections environment, operation and culture.

### **Pharmacy and Medication Delivery**

16. Pharmacy operation and pharmaceutical management practices used in the provision of inmate health care. Responses to this topic should include a discussion of pharmaceutical pricing and discounts – such as 340B – available to the Responding Organization.

### **Dental Care**

17. The provision of comprehensive dental services and dental management practices used in an inmate health care system.

### **Care Coordination**

18. Coordination and continuity of the care the inmate receives while in DOC custody with the care received once released from a DOC facility and covered under the state's Medicaid program. Note: since the state's expansion of Medicaid to cover low-income adults, virtually all offenders released from a DOC facility are covered through the state's Medicaid program.

### **Outpatient, Inpatient, Transportation and Laboratory Issues**

19. The delivery of health care for inmates at various security levels where care is potentially provided in multiple settings, including at a prison/jail facility, at an outpatient clinic, and in a hospital on an outpatient or inpatient basis. Please indicate what infrastructure you anticipate needing or may already have to provide inmate care, such as dedicated locked units, dedicated entrances, separate waiting rooms or other specialized facilities for inmate patients and how you would ensure the safety and security of both inmates receiving care at inpatient or outpatient facilities and other patients receiving care at the same inpatient or outpatient facilities.

20. Use and management of diagnostic procedures (e.g., radiological, nuclear medicine, magnetic resonance, ultrasound), laboratory and testing services within an inmate health care system, including the costs and benefits of providing diagnostic testing within the prison/jail facility or in an outpatient clinic.

21. Best practices to limit costs related to inmate transportation required for specialty care.

### **Inmate Medical Services Administration**

22. Best practices to guarantee timely access to all covered services.

23. An effective and efficient administrative structure to provide and manage inmate health care.

24. An effective and efficient fiscal and management structure (business office, administrative and finance structure) to support the provision of inmate medical services.

25. Coding and billing system for inmate medical services.

26. Performance metrics and performance measurement systems to assess clinical, operational and fiscal performance and how such measures are used to meet or exceed goals and objectives, improve outcomes, improve accountability and enhance transparency.

27. Utilization Management and Review in the provision of inmate health care, including URAC accreditation (formerly the Utilization Review Accreditation Commission). Responses should also include a discussion on the effectiveness and advantages of separation of utilization management from the direct provision of medical services.

28. Cost reduction and cost containment strategies used in the provision of inmate medical services.

In order to fully evaluate the options available, Responding Organizations are asked to include cost information/data regarding the options/information provided. The State understands the sensitivity surrounding pricing and the effort involved in preparing accurate cost estimates. The expectation is that Responding Organizations provide the highest level of cost information they are comfortable sharing. As stated earlier, this is a Request for Information, not a Request for Proposals. The State understands that the cost information provided may be general and appreciates the time and effort required for all responses.

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