CALIFORNIA PRISON HEALTH CARE RECEIVERSHIP CORPORATION
OFFICE OF THE RECEIVER

REQUEST FOR PROPOSALS
FOR CORRECTIONAL HEALTH RECORDS BEST PRACTICE PROFESSIONAL SERVICES FOR CALIFORNIA ADULT PRISON FACILITIES

September 24, 2007

PROPOSALS DUE: 2:00 p.m. October 24, 2007

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I. REQUEST

The Receiver of the California Department of Corrections and Rehabilitation's ("CDCR") prison medical system is requesting proposals for consulting services to assist the Department of Correctional Healthcare Services (DCHCS) in addressing staffing and organizational issues relating to the effective processing and management of inmate health records prior to our transition to electronic medical records. The contract awarded by the Receiver will be a service agreement with either the California Prison Health Care Receivership Corporation ("CPR") or the CDCR.

II. BACKGROUND

As a result of the State of California's ongoing failure to provide medical care to prison inmates at constitutionally acceptable levels, the United States District Court for the Northern District of California has established a Receivership to assume the executive management of the California prison medical system and raise the level of care up to constitutional standards. On February 14, 2006, the Court appointed Robert Sillen to serve as the Receiver and granted him, among other powers, the authority to exercise all powers vested by law in the Secretary of the CDCR as they relate to the administration, control, management, operation, and financing of the California prison medical health care system.

The Court's actions stem from the case of *Plata v. Schwarzenegger* -- a class action law suit brought on behalf of the CDCR's adult inmates. Applicants should refer to the Court's October 3, 2005 "Findings of Fact and Conclusions of Law Re Appointment of Receiver" ("FFCL") and the Court's February 14, 2006 "Order Appointing Receiver" for further information regarding the conditions underlying the Receivership and the powers and responsibilities of the Receiver. These and other relevant documents can be found on CPR's website at: http://www.cprinc.org/materials.htm.

The CDCR mental health and dental systems are also under court supervision as a result of two additional inmate class actions: *Coleman v. Schwarzenegger* and *Perez v. Tilton*. To avoid duplication of effort, certain health care initiatives that support the entire health care system are being coordinated by the *Plata*, *Coleman* and *Perez* courts. To facilitate such coordination, the courts have agreed that the Receiver will be responsible, in addition to his management of the medical system, for the oversight and implementation of certain mental health and dental support functions, including health information management.

While the problems identified by the courts and the Receiver reach into almost every element of the medical care system, it is without question that the health information management (HIM) system is inadequate to meet the needs of the confined adult population. The *Plata* Court has found that "[t]he medical records in most CDCR prisons are either in shambles or non-existent." FFCL, at p. 20. As stated by the Court:

> The amount of unfiled disorganized and literally unusable medical records paperwork at some prisons is staggering. At California Institution for Men (CIM), the records were kept in a 30 foot long trailer with no light except for a small hole cut into the roof and were arranged into piles without any apparent order. Conditions are similar at other prisons as well. At some prisons medical records are completely lost or are unavailable in emergency situations.
>
> At CIM, the use of temporary medical records creates a confusing and dangerous situation for practicing physicians who often have access only to little or none of a patient's history. The Court observed first-hand at CIM that doctors were forced to continually open new files on patients simply because the doctors could not get access to the permanent files. As a result, the risk of misdiagnosis, mistreatment, and at a minimum, wasted time, increase unnecessarily.

Id., at p. 21 (internal citations omitted). Simply put, "the CDCR medical records system is 'broken' and results in dangerous mistakes, delay in patient care, and severe harm." *Id*.

The court monitors in *Plata v. Schwarzenegger, Coleman v. Schwarzenegger, and Perez v. Tilton* voiced some of the following additional concerns:

- CDCR lacks a uniform and standardized health information system.
- The health records departments need better trained and more appropriate staffing.
- A uniform priority system for filing does not exist in all institutions.
- At several institutions each yard has a separate health records unit.
- Duplicative forms are filed in the health record in multiple sections.
- Loose filing is not being completed, resulting in incorrectly packaged health records and delays in treatment. In some facilities the amount of loose filing exceeds 8 feet.

CDCR appears to have no functional centralized oversight or management of health care recordkeeping in any of its 33 prisons. Medical recordkeeping, although quite variable from prison to prison, appears, in the Receiver's experience, to be problematic, with frequent anecdotes about:

- lost or missing charts;
- misfiled documentation;
- stacks of unfiled paper documents dating back months to years;
- hundreds of conflicting and redundant documentation forms that are poorly understood by clinicians

The above problems have been compounded by an increase in new forms without uniformity among the 33 prisons. For example, in response to several lawsuits filed since 1993 relating to medical, mental and dental programs, the CDCR has created or

is developing more than 30 new forms to document compliance. These new forms increase the workload of health records staff, who must ensure the documents are properly incorporated in the Unit Health Record (UHR). Additionally, there has been a dramatic increase in the pulling and filing of health records for visits and court monitor reviews. The result is a backlog in the updating of the UHRs, and a proliferation of loose documents.

Additionally, efforts to protect inmate privacy and compliance with privacy laws present additional challenges. The probability of unauthorized release of confidential inmate health information is increased by the lack of an effective system of maintenance for health records, posing a serious risk of a breach in privacy. Moreover, the above factors have concurrently affected the transfer and receipt of documents by Parole and Community Services Division and Archives. The consequences of error can be significant, with public safety impacted and the ability of CDCR to comply with federal mandates compromised.

The processing of a UHR involves many individual yet interconnected activities including record retrieval, concurrent record maintenance, transcription and filing of loose documents, and follow-up. The staff required for coding, analysis, release of information, retrieval, indexing and confidentiality must be specially trained and knowledgeable in all aspects of an efficient and standardized health records management system.

The current system of health records management, however, is not efficient and standardized according to best practice and industry standards, and the current allocation of health records staff is insufficient to meet these responsibilities and challenges. The existing health records management staff in the institutions are overwhelmed. While changes in the provision of health care have resulted in increased clinical staff, there has been no concurrent augmentation of qualified and registered health records staff.

Furthermore, CDCR is in the initial planning stages for a system-wide electronic health record (EHR) system for all inmates. If the EHR is to be implemented in a timely and efficient fashion, paper-based health records processes and clinical documentation at all CDCR facilities will first need to be standardized and streamlined.

III. ANTICIPATED SCOPE OF SERVICES

A. General Scope of Services

CDCR seeks to commission a health records management study based on best practices and standards in the industry applicable to our environment, and on-site assessments of several health records departments. The contractor will identify and propose an effective, uniform and standardized statewide paper-based health records management system, and identify staffing requirements to maintain such a system.

The contractor will identify industry standards and best practices in health records management; identify and analyze gaps between best practice and industry standards; and recommend strategies and specific actions that can be taken to fill those gaps.

The contractor will work with CDCR to develop appropriate HIM remediation plans in preparation for an eventual transition to electronic medical records. The contractor will provide a road map for the system-wide adoption of procedural and technological approaches that will streamline documentation availability and efficiency.

Because CDCR's healthcare records are multi-disciplinary, the contractor should pay particular attention to any unique healthcare records requirements of mental health, dentistry, and services for the disabled, in addition to overall medical care. The contractor should consult with CDCR's medical, dental and mental health staff as well as the *Plata*, *Coleman*, and *Perez*, and *Armstrong* court representatives.

B. Detailed Scope of Services

The contractor shall organize its analysis of HIM Services into the following dimensions:

1. Medical Record Continuity: The use of a single master medical record across the prison system, across multiple illness episodes, across various domains of care (i.e., medical, mental health, and dental) and across multiple incarcerations. (Patient indexing and medical record numbers can be a part of this analysis; however, development of an enterprise master patient index (MPI) will be the subject of a separate Receivership initiative.)

2. Filing Systems: The design of the paper chart filing systems across prison system, including the file rooms and fire and safety, warehoused and basement record system, digit filing, the use of multiple volumes, receipt and filing of orders, the results of

diagnostic testing, loose sheet filing, chart thinning, and receipt of records following an illness episode.

3. Chart Structure and Forms: The chart order, how volumes are created and numbered, forms design, and forms control with an eye for how forms can be designed to facilitate transition to an EHR.

4. Chart Retrieval and Movement: The retrieval of the charts when needed by a health care provider (including multiple volumes), the movement of charts between institutions and to parole, and the retrieval of an old medical record if an inmate has returned to the system after parole and release.

5. Chart Analysis / Chart Deficiency: The effectiveness of chart deficiency systems to insure that records are appropriately completed after an episode of care.

6. Release of Records: The types of records released, to whom, and the quality of the service.

7. Metrics: The use of metrics within the medical record areas to monitor, evaluate, and analyze department and individual performance.

8. HIM Organization and Staffing: The structure of the HIM organization at the local and headquarters levels, the number of staff, job roles and job descriptions, recruitment, training, retention, compensation, and staff productivity.

9. Information technology and HIM software: The quality and nature of information technology specific to HIM areas and processes, such as bar-coded forms, document scanning, chart locator systems, and standardized identification labels.

10. Policies and Procedures: The quality and use of policies and procedures, the extent to which policy is actually set (established), and policy issues that should be addressed and have not been.

11. HIM Leadership and Governance: The quality and nature of the HIM leadership at the local and headquarters levels, the designation of, use and effectiveness of HIM Governance Committees such as a Medical Record Committee, a Forms Committee, and a Privacy and Security Committee.

12. Administrative Climate: The relationship of the HIM Department to healthcare leadership, physicians, nursing, dentistry, mental health, and custodial staff.

13. Integrative Services: The extent to which any of the dimensions of HIM management are integrated across and among institutions and those areas that would best lend themselves to integration.

The contractor may also discuss the coding of records using ICD-9/ICD-10 and/or CPT-4 codes; however, keep in mind that very few encounters are actually subject to coding because no prison healthcare requires billing of outside providers (CDCR is the sole payer for all inmates).

Dictation and transcription is the subject of a separate CDCR consulting engagement and need not be addressed in detail by the contractor.

The contractor shall provide the following deliverables to the Receiver :

Deliverable One: Assessment of CDCR's health information management systems

The contractor shall make onsite assessments medical records processes in the following locations:

- 8 state prisons, at least two of which have Reception Centers, one of which has a licensed hospital and one of which has a Correctional Treatment Center
- The discharged offender document warehouse near Folsom, CA;
- Telemedicine headquarters in Sacramento, CA;
- One Community Correctional Facility where CDCR's health records are in active use;
- One Fire Camp where CDCR's health records are in active use ;
- One Parole Field Office where CDCR's health records are in active use;
- Any additional locations deemed necessary by CDCR to complete the assessment.

CDCR staff will work with the contractor to choose the 8 appropriate prisons and other site visit locations.

Within 2 months, a written report shall be prepared documenting the site visits, addressing the dimensions listed above. The report should give an overview of findings, patterns, and trends, and provide an unvarnished assessment of the existing system.

Deliverable Two: Regulatory Analysis and Best Practices.

By the end of the third month, the contractor shall provide identify and provide a regulatory and best practices review on each of the dimensions listed above.

The regulatory analysis, at a minimum, shall address federal regulations such as HIPAA, California healthcare regulations such as Title 22 as well as those relevant from the following California state agencies: Department of Health Services; Department of Managed Care; Department of Mental Health, and Department of Corrections and Rehabilitation. In addition, the regulatory analysis should address relevant standards (as they pertain to health records) established by accrediting agencies such as the JCAHO , the National Commission on Correctional Healthcare, and the American Correctional Association. Reference should be made to other correctional systems and the Federal Bureau of Prisons.

Best practices standards should be focused on paper-based systems and standards presented should be grounded with the type of institution from which it is derived (e.g.; other correctional system, government based public health, academic medical center, or for-profit system).

Deliverable Three: Gap Analysis.

By the end of the fourth month, the contractor shall analyze the HIM services within the California prison system on each of the dimensions listed above.

The written report shall analyze how closely the overall HIM Services conform to established regulatory and best practice standards as well as the effectiveness of each of the specific institutions visited. An executive report shall provide a high level summary of finding, trends, and patterns.

Deliverable Four: Strategies to Close the Gap.

By the end of the fifth month, the contractor shall make recommendations to close the gap between current practice of the HIM services within the California prison system and best practice on each of the dimensions listed above.

The written report shall be organized by each of the HIM Dimensions and list practical recommendations to improve each . Each recommendation , within a dimension, should detail its priority, time required to achieve, and staffing and resource support required. All recommendations should be considered in light of the future transition to a system-wide electronic

health records, and ongoing Receivership healthcare information technology projects, such as a clinical data repository that will be available in 2008.

During the course of this engagement, the contractor will be expected to

- Lead a kick-off meeting for the project in Sacramento, CA.
- Participate in a teleconference open to all CDCR health records staff at all prisons intended to gather suggestions and feedback from front-line personnel and inform them of this project.
- Present interim findings and analysis no later than the fourth month of the engagement in Sacramento, CA.
- Present the final report and recommendations at a meeting in Sacramento, CA.

C. Organization and Direction

The contractor will work at the direction of the Receiver or the Receiver's designee. All work of contractor's staff will be at the day-to-day direction of a Project Executive or Project Director designated by the contractor.

IV. DELIVERABLES

The deliverables required will be stipulated in conjunction with the approved work plan and associated staffing plans and schedules.

ALL DELIVERABLES CREATED BY THE CONTRACTOR UNDER THE AGREEMENT, WHETHER OR NOT IDENTIFIED AS CONTRACTUAL DELIVERABLES, WILL BE THE PROPERTY OF THE RECEIVER.

V. SELECTION PROCESS

An Evaluation Committee (the “Committee”) will review the submitted proposals in accordance with submittal requirements and evaluation criteria set forth below and will recommend to the Receiver a short list of firms for further consideration. Upon acceptance of the short list, the Receiver may invite short-listed firms to make oral presentations to the Committee.

If the Receiver elects to conduct oral interviews, the entire proposed Key Staff of any short-listed teams must be available to participate in these interviews. The Committee will then make a final evaluation and submit its recommendation to the Receiver. The Receiver will make a final

determination and authorize negotiations with one or more of the firms that have submitted their qualifications and whose responses are most advantageous to the Receiver.

The Receiver reserves the right to seek clarification of information submitted in response to this RFP and/or request additional information during the evaluation process. The Receiver reserves the right to accept or reject any or all qualifications and selections when it is determined, in the sole discretion of the Receiver, to be in the best interest of the Receiver.

The Receiver intends to negotiate and enter into a services agreement ("the Agreement") with the selected Respondent promptly upon selection. Prior to commencing the Services, the selected contractor must sign the Agreement and provide proof of insurance. The Agreement will include the General Terms and Conditions and Contractor Certification Clauses set forth at:

http://www.documents.dgs.ca.gov/ols/GTC-307.doc and
http://www.documents.dgs.ca.gov/ols/CCC-307.doc,

except that all references to the State of California or the Department of General Services will mean the California Prison Health Care Receivership Corporation.
The Agreement is anticipated to be for a period of not more than five months.

VI. EVALUATION CRITERIA

The Committee will review Proposals in accordance with the following criteria:

A. Respondent's proven experience, capabilities and resources, at both the corporate and individual levels, in providing health records management services to programs comparable in size, scope of work, and urgency.

B. Qualifications, availability and commitment of key staff. Respondents shall clearly identify the key staff that will perform each of the above-described areas of scope, what role each is anticipated to fulfill in connection with the Project, and what percentage of their time will be devoted exclusively to this Project.

C. Proven systems, management techniques, required expertise and resources designed to facilitate timely and effective decision-making and stakeholder coordination.

D. Cost or relative value of services provided.

E. Completeness and comprehensiveness of response to this RFP and compliance with the submittal requirements.

F. Quality of oral interviews including technical analysis and presentation (if requested by the Receiver).

G. Legal actions that might affect Respondent's ability to perform as contracted.

H. Absence of any relationship that could constitute a conflict of interest or otherwise impede the ability of the Respondent to protect the interests of the Receiver.

VII. SUBMITTAL REQUIREMENTS

A. RFP Schedule

Event	Date
RFP Issued	September 24, 2007
Deadline for questions regarding RFP	October 12, 2007
Responses to questions	October 17, 2007
Statements of Qualifications due	October 24, 2007
Notification for interviews	October 31, 2007 (estimated)
Interviews	November 8 - 9, 2007 (estimated)
Selection announced	December 3, 2007 (estimated)
Estimated project start date	December 19, 2007 (estimated)

B. Addenda

Any questions regarding the RFP should be submitted to CPR in writing. CPR will, at its discretion, respond to questions in an addendum. Any necessary information not included in this RFP that CPR deems necessary and relevant to responding to the RFP will also be issued in an addendum. CPR makes no guarantee that all questions submitted will be answered.

Addenda will be sent to all known applicants. If the Respondent did not receive this RFP directly from CPR, notify CPR in writing of a request to receive any addenda by October 17, 2007.

C. Format

Proposals should be clear, concise, complete, well organized and demonstrate both Respondent's qualifications and its ability to follow instructions.

8 (eight) bound copies of the Proposal should be provided, with all materials spiral bound into books of approximately 8-1/2" x 11" format, not to exceed forty (40) single-sided pages total length. At least one (1) copy must contain original signatures and be marked ORIGINAL.

Pages must be numbered. We will not count, in the total, the graphic cover sheet, cover letter, table of contents, blank section dividers (tabs), explanations about legal actions, and a maximum of 12 resumes, which may be included in an appendix. The entire Proposal shall also be submitted in electronic (pdf) format on CD, organized in the same manner as the printed submissions.

The Proposal shall be placed in a sealed envelope with the submitting firm's name on the outside of the envelope.

All respondents are requested to follow the order and format specified below. Please tab each section of the submittal to correspond to the numbers/headers shown below.

Respondents are advised to adhere to submittal requirements. Failure to comply with the instructions of this RFP may be cause for rejection of submittals.

The Receiver reserves the right to waive any informalities in any submittal and/or to reject any or all submittals. The Receiver reserves the right to seek clarification of information submitted in response to this RFP during the evaluation and selection process. The Committee may solicit relevant information concerning the firm's record of past performance from previous clients or consultants who have worked with the Respondent.

D. Contents

The Proposal must include the following items:

1. A cover letter signed by an officer of the firm submitting the Proposal, or signed by another person with authority to act on behalf of and bind the firm. The cover letter must contain a commitment to provide the required Services described with the personnel specified in the submission. The letter should certify that the information contained in the Proposal is true and correct. Please also indicate the contact person(s) for the selection process along with contact information.

2. Executive Summary: The Executive Summary must include a clear description of the primary advantages of contracting with your organization. It should also include a brief explanation of how the Respondent satisfies the evaluation criteria, and a brief statement that demonstrates Respondent's understanding of the desired Services.

3. Demonstration of the Respondent's Qualifications: Please provide the following information:

    a) Your company's name, business address and telephone numbers, including headquarters and local offices

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b) A brief description of your organization, including names of principals, number of employees, longevity, client base, and areas of specialization and expertise.

c) A description of your company's prior experience related to correctional and healthcare facilities.

d) A description of your company's prior experience in California.

e) A description of your company's specific areas of technical expertise as they relate to this RFP.

f) A description of your company's internal training and quality assurance programs.

4. Professional references: Describe previous work on no more than three projects of comparable scope and magnitude for which you provided similar types of services. Provide complete reference information including project name, location, client, total contract amount (and firm's amount if different), principal-in-charge, day-to-day technical project director/manager, key staff, date completed, client reference (name, current position and phone number), and a brief narrative of project description for each project identified and described above . **Experience may not be considered if complete reference data is not provided or if named client contact is unavailable or unwilling to share required information.**

5. Qualifications of Technical Personnel: Submit current resumes for Key Personnel committed to this project and a statement regarding their local availability. Specifically describe previous related experience, its pertinence to this program, and provide references including the name, address and telephone number of a contact person who can verify the information provided. Provide brief description of referenced project(s), as well as any professional certifications, accreditation, special licensing or other qualifications which qualifies the professional to perform in their designated area of responsibility.

6. Proposed changes to Scope of Services: Respondent should provide any proposed modifications to the objectives, deliverables and timelines identified in this RFP.

7. Legal action: Respondent must provide a listing and a brief description of all material legal actions, together with any fines and penalties, for the past five (5) years in which (i) Respondent or any division, subsidiary or parent company of Respondent, or (ii) any member, partner, etc., of Respondent if Respondent is a business entity other than a corporation, has been:

a) A debtor in bankruptcy;

b) A defendant in a legal action alleging deficient performance under a services contract or in violation of any statute related to professional standards or performance;

c) A respondent in an administrative action for deficient performance on a project or in violation of a statute related to professional standards or performance;

d) A defendant in any criminal action;

e) A principal of a performance or payment bond for which the surety has provided performance or compensation to an obligee of the bond; or

f) A defendant or respondent in a governmental inquiry or action regarding accuracy of preparation of financial statements or disclosure documents.

8. Default Termination: A disclosure of whether your company has defaulted in its performance on a contract in the last five years, which has led to the termination of a contract

9. Conflict of Interest: Identify any existing financial relationships with other vendors that may be a part of your proposal, and explain why those relationships will not constitute a real or perceived conflict of interest.

10. Cost Proposal: Provide a cost proposal for performing the Services.

E. Modification or Withdrawal of Proposal.

Prior to the Proposal due date, Respondents may modify or withdraw a submitted Proposal. Such modifications or withdrawals must be submitted to CPR in writing. Any modification must be clearly identified as such and must be submitted in the same manner as the original (e.g., appropriate copies, paper size, etc.). No modifications or withdrawals will be allowed after the Proposal due date.

F. Public Opening

There will be no public opening of responses to this RFP. However, after a contract is awarded all Proposals may be available for public review. CPR makes no guarantee that any or all of a Proposal will be kept confidential, even if the Proposal is marked “confidential,” “proprietary,” etc.

G. General Rules

1. Only one Proposal will be accepted from any one person, partnership, corporation or other entity.

2. Proposals received after the deadline will not be considered.

3. This is an RFP, not a work order. All costs associated with a response to this RFP, or negotiating a contract, shall be borne by the Respondent.

4. CPR's failure to address errors or omissions in the Proposals shall not constitute a waiver of any requirement of this RFP.

H. Reservation of Rights

The Receiver reserves the right to do the following at any time, at the Receiver's discretion:

1. Reject any and all Proposals, or cancel this RFP.

2. Waive or correct any minor or inadvertent defect, irregularity or technical error in any Proposal.

3. Request that certain or all candidates supplement or modify all or certain aspects of their respective Proposals or other materials submitted.

4. Procure any services specified in this RFP by other means.

5. Modify the specifications or requirements for services in this RFP, or the required contents or format of the Proposals prior to the due date.

6. Extend the deadlines specified in this RFP, including the deadline for accepting Proposals.

7. Negotiate with any or none of the Respondents.

8. Terminate negotiations with a Respondent without liability, and negotiate with other Respondents.

9. Award a contract to any Respondent.

Inquiries in regard to this RFP should be addressed to:

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