I. INTRODUCTION

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I.1 PURPOSE OF THIS REQUEST FOR PROPOSAL

The purpose of this Request for Proposal (hereafter called the RFP) is to solicit proposals that will provide California Department of Corrections and Rehabilitation (CDCR) with an enterprise-wide Health Care Scheduling System (HCSS). This system, with the same core configuration for all adult institutions, will provide CDCR with unified scheduling, tracking, and reporting capabilities for all schedule related aspects of patient-inmate health care delivery.

The HCSS Project RFP bid package includes:

- Health Care Scheduling System RFP (including all Appendices)
- Bidder's Library

Responses to this RFP will be evaluated in accordance with the methodology defined in RFP Section IX, Proposal Evaluation.

I.2 BACKGROUND

I.2.1 California Prison Health Care Services Background

The California Prison Health Care Receivership Corporation was created to house the activities of the Federal Receiver. The Receivership was established by U.S. District Court Judge Thelton E. Henderson as the result of a 2001 class action lawsuit (Plata v. Schwarzenegger) brought against the State of California over the quality of medical care in the state's 33-prison system. The court found that the care was in violation of the Eighth Amendment of the U.S. Constitution, which forbids cruel and unusual punishment of the incarcerated.

The Court opinions in Plata v. Schwarzenegger, Coleman v. Schwarzenegger, Perez v. Tilton, and Armstrong v. Schwarzenegger document pervasive, fundamental organizational weaknesses and failures within the California Department of Corrections and Rehabilitation (CDCR) that undermine its ability to provide constitutionally adequate health care services which include medical, dental and mental health care. Having been given control over CDCR's medical program, the Receiver's job is to establish constitutionally adequate prison medical care as quickly as practicable, and in a way that will be sustainable after the Receiver winds down operations and responsibility for prison medical care reverts to the State. The Receiver is also required to coordinate planning and activities with the federal judicial oversight of CDCR's mental health, access to Americans with Disabilities Act services, and dental programs.

To address the shortcomings of California prison health care, the Receiver has developed a strategic plan containing a number of initiatives and projects to be accomplished by CDCR, one being the Access-to-Care initiative. The goal of the Access-to-Care initiative is to create a collaborative environment where custody and health care staff together guarantee that the quality of medical services accessible in California prisons meet constitutional standards while reducing avoidable morbidity and mortality. One aspect aimed at improving offenders' access to health care is the improvement of scheduling process across institutions, disciplines, and care providers.

There is an opportunity to improve the process of scheduling and tracking health care appointments for offenders as the CDCR is in the process of procuring and implementing two large enterprise solutions—the Strategic Offender Management System ("SOMS") and Business Information System ("BIS")— and CDCR has launched several other initiatives to improve the delivery of healthcare in prisons. Since neither BIS nor SOMS fulfills the scheduling needs for

the prison health care system, CDCR has decided to independently procure a Health Care Scheduling System (HCSS) that will allow for enterprise-wide and integrated planning, scheduling, and tracking of health care appointments. The functionality of the HCSS will include scheduling of medical, dental and mental health care appointments within and outside of CDCR institutions. In addition, the system will be required to track key performance indicators and provide CDCR and the courts with performance reports.

For additional information see: http://www.cphcs.ca.gov/

I.2.2 Health Care Scheduling System Project Background

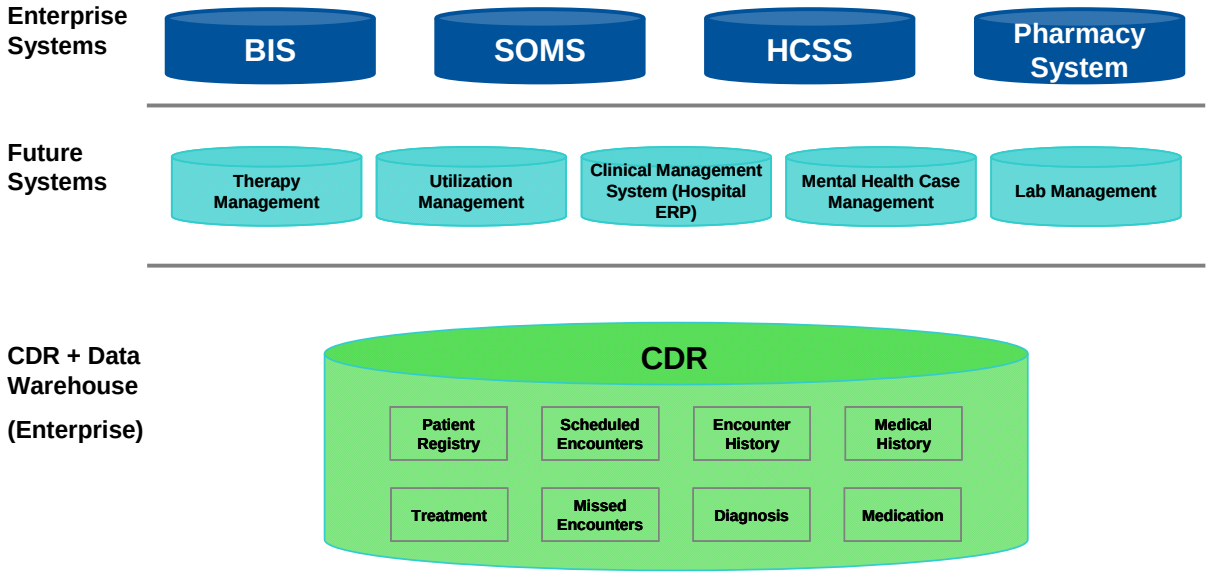
California Prison Health Care Services has a vision to reduce chronic illness and mortality in California's prisons through better access to care and improvement of care quality (for details refer to the Receiver's Turnaround Plan in the Bidder's Library). The Receiver's Turnaround Plan includes six goals to focus improvement efforts. These goals, and their associated objectives and action items, summarize the steps necessary for CDCR's health care program to rise to constitutionally acceptable and sustainable levels. The goals are as follows:

- Ensure Timely Access to Health Care Services
- Establish a Prison Medical Program Addressing the Full Continuum of Health Care Services
- Recruit, Train, and Retain a Professional Quality Medical Workforce
- Implement a Quality Assurance and Continuous Improvement Program
- Establish Medical Support Infrastructure
- Provide for Necessary Clinical, Administrative, and Housing Facilities

CDCR has initiated over two dozen projects to implement these goals. These projects include new information technology systems, business process refinements, and clinical management initiatives. Figure I-1 shows an overview of the major enterprise critical systems in support of the Receiver's Turnaround Plan.

At past levels of automation and technology, a Health Care Scheduling System would not have provided the tangible benefits of what can be expected by its implementation today. By having enterprise-wide systems such as SOMS, BIS, and CDR to interact with, the benefits of HCSS working with the full suite of systems should allow CDCR to provide the correctional environment with a higher level of service than would ever have previously been possible.

Figure I-1. Conceptual view of Prison Information Technology Systems including the HCSS system



I.3 HCSS SCOPE

CDCR envisions an enterprise-wide Health Care Scheduling System (HCSS) for its adult institutions. This system will not maintain any clinical information, but will rely on CDCR' Clinical Data Repository (CDR) to maintain HIPAA protected information. HCSS will have the same core configuration for all adult institutions, and will interface with other key systems to provide CDCR with unified scheduling, tracking, and reporting capabilities for all schedule related aspects of patient-inmate health care delivery.

I.4 HCSS SYSTEM FUNCTIONALITY

HCSS is the proposed enterprise scheduling system for health care. HCSS is envisioned to be used by schedulers in local clinics and at an enterprise level. The key functionality of HCSS includes:

- The capability to generate and track requests for offender health care services
- The capability to track all mandated deadlines for routine and specialty care check-up appointments, report on performance compared to court guidelines, and send alerts when deadlines are in danger of being missed
- The capability to schedule health care appointments within internal and external facilities, with specialty care providers (including telemedicine), and in individual and group settings
- The capability to determine future workload and resource requirements to comply with mandated rules and metrics
- The capability to provide court mandated reports on all encounters

HCSS will import the offender schedule from SOMS and schedule around the pre-existing events. From a health care scheduling perspective, these imported events will be considered unchangeable constraints for HCSS. If a mandated deadline for health care cannot be met,

health care schedulers will contact custody and negotiate the rescheduling of an offender commitment. This process will remain manual and is not expected to be automated in the future.

HCSS schedulers will schedule offender appointments to blocks of time assigned and made available by health care administrators. This will either be done by assigning a group of offenders to a block of time, or by scheduling individual offenders to specific time slots.

As an enterprise-wide scheduling system, HCSS will allow for centralized scheduling. Requests for appointments may be assigned to a scheduler based on offender location, type of appointment needed, or clinic. The system will additionally allow a case manager or psychiatrist to be assigned to an offender. This will facilitate and ensure the continuity of offender care, since scheduling will no longer be limited to the location of the offender as it is currently.

CDCR envisions a scheduling approach for HCSS that:

- Improves offender access to care by avoiding scheduling conflicts
- Improves compliance with legally mandated timeframes and metrics through increasing schedule visibility across institutions and the overall correctional system
- Balances and optimizes resources for consistent and sustainable levels of quality care

I.4.1.1 Avoid Scheduling Conflicts

HCSS shall provide global visibility into scheduled encounters according to:

- Offender
- Care Provider
- Clinic
- Type of appointment

Insight into each offender's schedule will prevent scheduling conflicts from occurring in the first place:

- The system will integrate with the offender master schedule in the Strategic Offender Management System (SOMS).
- The system shall flag potential scheduling conflicts and notify the scheduler.

Scheduling conflicts may be resolved automatically based on business rules, or manually by a conflict resolution team or individual:

- The system must report on conflicts.
- The system shall report on over/under-scheduled time blocks.

I.4.1.2 Comply with legally mandated time frames and metrics

The system shall track all mandated timeframes and deadlines:

- The system shall provide alerts and notifications if there is a risk that mandated timelines will not be met.
- HCSS shall have the capability to report on court mandated metrics.
- Scheduled appointments and tracked encounters (including date, time, resource and reason codes) will provide the source data for reports that are not related to clinical outcomes.
- HCSS will track and provide reports on scheduled events and inmate encounters for the purpose of reporting on compliance and meeting mandated time lines.

I.4.1.3 Balance and Optimize Resources

The system shall allow for continual management and planning of future appointments, resource needs, and workload:

- Improved insight into offender schedules will allow for timely cancellation and rescheduling of appointments, thereby reducing the number of no-shows.
- Better visibility into future workload will allow proactive resource planning, leading to better resource utilization and improved compliance.
- The system shall allow scheduling of appointments to individual time slots and also blocks of time.
- The system shall allow the scheduling of recurring appointments.
- The system shall allow the scheduling of a series of appointments and tracking attendance.
- The system shall have the capability to track prerequisites and dependencies between appointments.

I.4.2 HCSS User and Workload Assumptions

Table I-1Table I-1 below provides and overview of the estimated workload and user assumption for the scheduling system.

Table I-1. User and workload assumptions for the HCSS

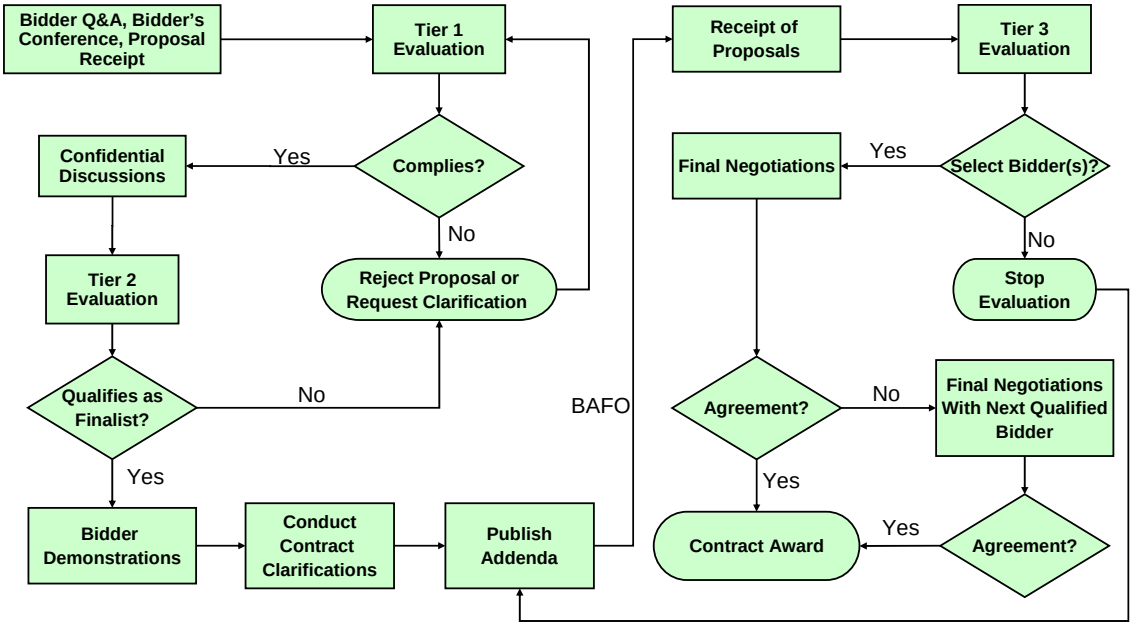
Description	
CDCR system wide	
Number of CDCR adult institutions	33
Proposed number of new health care facilities	7
Number of adult offenders	175,000
Number of health care clinics	330
Estimated number of new offenders per year	48,000
Estimated number of intra-system transfers per year	250,000
Number of CDCR employees (including health care staff)	67,000
Estimated number of CDCR health care staff	11,000
Medical Care Services	
Total number of medical care encounters per year	1,000,000
Total number of sick call requests per year	792,000
Labs and X-rays per year	60,000
Total number of specialty care encounters per year	100,000
Total number of Medical "power" users	100
Total number of Medical "casual" users	500
Mental Health Services	
Total number of mental health patients	52,500
Total number of mental health care encounters per year	2,700,000
Total number of ad seg screenings	26,000
Est. number of missed appointments (1 %)	27,000
Total number of Mental Health "power" users	73

Total number of Mental Health "casual" users	225
Dental Care Services	
Total number of dental care encounters per year	627,943
Total number of Dental "power" users	225
Total number of Dental "moderate entry" users	250
Total number of Dental "casual" users	167

I.5 PROCUREMENT PROCESS

The procurement process as shown in Figure I-2 will be used for this RFP. For additional information see RFP Section II, Rules Governing Competition, and RFP Section IX, Proposal Evaluation.

Figure I-2. Procurement Process Overview



I.6 BIDDER'S LIBRARY

Upon receipt of a Confidentiality Statement (see RFP Section I.8.2, Confidentiality Statement) CDCR will make available a wide variety of materials related to the HCSS Project in an electronic Bidder's Library.

Instructions on how to access the Bidder's Library will be provided to Bidders who have submitted a Confidentiality Statement.

Bidders are encouraged to review the information in the Bidder's Library to gain a thorough understanding of the HCSS Project and the business and technical environment in which it operates. It is the Bidder's responsibility to check the cphcs.ca.gov website frequently for updates to the solicitation documents.

I.7 POINT OF CONTACT

All communication with CDCR must be in writing and must be directed to the CDCR single Point of Contact (POC) for this RFP at the following email address:

priscilla.dodson@cdcr.ca.gov

When signatures are required, communication with CDCR must be directed to the following address:

California Prison Health Care Services
Attn: Priscilla Dodson, RFP-08-001-ITS
501 J Street
P.O. Box 4038
Sacramento, CA 95812-4038

I.8 RFP KEY ACTION DATES

Table I-2 outlines the schedule of important action dates and times. If CDCR finds it necessary to change any of the dates prior to the BAFO Proposal submission, it will be accomplished through an addendum to this RFP. All dates subsequent to the BAFO Proposal submission date are approximate and may be adjusted as conditions dictate without addendum to RFP-08-001-ITS.

The RFP proposal process and estimated timetable are as follows:

Table I-2. RFP Key Action Dates

HCSS Project RFP Key Actions	Target Dates and Times
CDCR release of RFP to Bidders via cphcs.ca.gov website	January 9, 2009
Initial written questions for RFP Bidder's Conference due from Bidders to Point of Contact	January 14, 2009
List of RFP Bidder's Conference attendees due to Point of Contact	January 14, 2009
RFP Mandatory Bidder's Conference: Department of General Services Ziggurat Building - Auditorium 707 Third Street West Sacramento, CA 95605	January 20, 2009 Time: 9 a.m. to 12 p.m. PST
Letters of Intent to Bid and Confidentiality Statements due from Bidder's to Point of Contact	January 23, 2009
Final written Bidder questions due to Point of Contact Note: This is the due date for questions so CDCR can ensure a timely response. CDCR may not answer questions submitted after this date.	January 23, 2009

HCSS Project RFP Key Actions	Target Dates and Times
CDCR responses to Bidder Questions	February 2, 2009
Initial Proposal due to CDCR California Prison Health Care Services Attn: Priscilla Dodson, RFP-08-001-ITS 501 J Street P.O. Box 4038 Sacramento, CA 95812-4038	February 23, 2009 Time: 4 p.m. PST
Confidential Discussions	March 9 – March 27, 2009
CDCR establishes short list Finalist Bidders	April 10, 2009
CDCR provides Finalist Bidder Clarification Session and Bidder Demonstration instructions to Finalist Bidders	April 10, 2009
Bidder Demonstrations	April 22 – 24, 2009
Finalist Bidder Clarification Sessions to resolve outstanding issues on Finalist Bidder Issues Lists, including both the Contract and the Statement of Work (SOW)	April 27 – May 8, 2009
CDCR provides Best and Final Offer (BAFO) Instructions to Finalist Bidders	May 12, 2009
BAFO Proposals, including Finalist Bidder(s) update of Issues List on Contract and SOW due to CDCR, due at address noted above	May 25, 2009 Time: 4 p.m. PDT
Evaluation of BAFO Proposal (Tier 3 Evaluation) Reference Checks and potential site visits	May 25 – June 12, 2009
Notice of Intent to Award	June 15, 2009
Contract Award	July 6, 2009

I.9 PARTICIPATING BIDDER INFORMATION

I.9.1 Intention to Bid

All Bidders shall indicate their intent to bid and identify a contact person by submitting Form 1.1, Letter of Intent to Bid, found in RFP Appendix C, Bid Response Forms, by the date specified in RFP Section I.8, Key Action Dates. There is to be only one (1) point of contact for each bidding firm during the process. Information related to a Bidder will only be given to the designated contact person. It shall be the Bidder's responsibility to immediately notify the CDCR Point of Contact regarding any revision to the information pertaining to the designated contact person. CDCR will not be responsible for proposal correspondence not received by the Bidder, if the Bidder fails to notify the CDCR Point of Contact about any changes pertaining to the designated contact person.

I.9.2 Confidentiality

Each Bidder and Subcontractor to a Bidder shall sign RFP Appendix C, Bid Response Forms, Form 5.3, Confidentiality Statement, and submit it by the date specified in the RFP Section I.8, Key Action Dates. The Confidentiality Statement must be received by CDCR prior to providing access to the contents of the Bidder's Library (see RFP Section I.6, Bidder's Library).

Similarly, any Bidder or Subcontractor to Bidder engaging in providing services to CDCR, requiring or allowing him/her to come into contact with confidential or sensitive information, must exercise appropriate and adequate security precautions for such data that is made available to him/her in accordance with the Confidentiality Statement. Such adequacy of security precautions is determined by CDCR policy and practice which must be adhered to by its Contractors.

I.9.3 Bidder's Library

The State will maintain a Bidders' Library containing the items or links to the items listed in Appendix G – Bidders' Library Contents List. Bidders will be able to download copies of electronic documents through the procurement website (link to be provided by CDCR). All Bidders should review the Bidders' Library documents and Internet links.

I.9.4 RFP Availability

The RFP is available to all qualified bidders, by sections, as Adobe Portable Document Format (PDF) files. In addition, as a supplement to the PDF versions, several sections are available in Microsoft (MS) Word 2003 or Excel 2003 file formats. This is to facilitate and standardize the presentation of bidder responses, which should be entered directly into these documents. The worksheets provided in RFP Section VII, Pricing Proposal will be provided in MS Excel 2003 format to facilitate and standardize the calculation and presentation of cost data.

It is CDCR's intent that the text and formatting of these MS Word and Excel documents exactly match those of the PDF versions. However, if any discrepancy arises between them, the most current PDF versions, as provided by CDCR, will take precedence. Bidders are not to change the text, formulas, or other content provided by CDCR in any way. They should only enter their own responses in the fields provided, which may be expanded as necessary to accommodate complete Bidder responses.

Addenda transmittal letters will be published as needed to assist Bidders in identifying RFP modifications.