



STATE OF DELAWARE
DEPARTMENT OF CORRECTION
BUREAU OF MANAGEMENT SERVICES / PURCHASING
245 MCKEE ROAD
DOVER, DELAWARE 19904

TO: ALL OFFERERS

FROM: PURCHASING SERVICES ADMINISTRATOR

SUBJECT: SEPTEMBER 5, 2013 PRE-BID MEETING TRANSCRIPT FOR PROPOSAL NO.:
DOC1426-HEALTH, Correctional Health Care Services

ADDENDUM # 8– October 1, 2013

Pursuant to the Request for Proposal DOC1426-HEALTH, Correctional Health Care Services mandatory Pre-bid meeting with facility visits were conducted on September 4th and 5th by the Bureau of Correctional Health Care Services.

The following is the official transcription of the Pre-Bid Meeting Conducted on September 5, 2013.

The Terms and Conditions of the RFP otherwise remain unchanged.

In The Matter Of:
Correctional Healthcare Services
RFP Meeting

RFP Meeting
September 5, 2013

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5 Correctional Healthcare Services RFP Meeting
6
7 Howard R. Young Correctional Institution
8 1301 East 12th Street
9 Wilmington, Delaware
10
11 Thursday, September 5, 2013
12 1:20 p.m.
13 Presented by James C. Welch, RN, HNB-BC, Chief
14 Bureau of Correctional Healthcare Services
15
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22 WILCOX & FETZER
23 Registered Professional Reporters
24 1330 King Street - Wilmington, Delaware 19801
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www.wilfet.com

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1 **MR. WELCH:** Hello. Welcome to the
2 debrief for the Department of Correction. And
3 I'm Jim Welch. Most of you know me. What I'd
4 like you to do is we'll start here and go around,
5 name and agency that you're with, please.
6 (The participants introduced
7 themselves as follows:
8 Keith Stone, K-e-i-t-h, Cardinal
9 Health.
10 Terry Copeland, Cardinal Health.
11 Andrea Mason with Advanced
12 Pharmaceutical Consultants.
13 Don Doherty, Corizon.
14 Tom Hassen, H-a-s-s-e-n, Wexford
15 Health.
16 Cheryl Long, Wexford Health.
17 Mary Sellman, Connections Community
18 Support Programs.
19 Robin Timme, T-i-m-m-e, Connections
20 Community Support Program.
21 Brent Bavington, PrimeCare Medical.
22 Derek Hughes, PrimeCare Medical.
23 Cynthia DiMarco, Correction
24 Healthcare Companies.

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1 Dan Ronay, R-o-n-a-y, Correctional
2 Healthcare Companies.
3 Victor Jackson, Integrity Health
4 Systems.
5 Reginald Gibson, Integrity Health
6 Systems.
7 Valerie Barnes, Correct RX Pharmacy.
8 John Nattans, N-a-t-t-a-n-s, with
9 Correct RX Pharmacy.
10 Karen Riley, Correct Care Solutions.
11 Jon Bosch, B-o-s-c-h, Correct Care
12 Solutions.
13 Ann Borell, Contract Pharmacy
14 Services.
15 Patricia Dain, D-a-i-n, CFT Health
16 Systems.
17 Gary Pribozie, P-r-i-b-o-z-i-e,
18 BosWell Pharmacy Services.
19 Dan Golby, G-o-l-b-y, BosWell
20 Pharmacy.
21 Curtis Miles, Corizon.
22 Mark Fleming, F-l-e-m-i-n-g,
23 Corizon.
24 Chuck Jones, PharmaCorr.

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1 Jason Baker, Diamond Pharmacy
2 Services.
3 Jeff DiGiorgio, D-i-G-i-o-r-g-i-o,
4 Diamond Pharmacy.
5 Phil Morgan, Warden, DOC.
6 Mark Emig, DOC.
7 Anna Sanchez, DOC.
8 Jessica Piccolo, DOC.
9 Vincent Carr, DOC.
10 Phillip Parker, DOC.
11 Brian Emig, DOC.)
12 **MR. WELCH:** Thank you for that. And
13 she has your cards, and she will make sure that
14 your names are spelled correctly. And, again,
15 this will be posted, and it'll be emailed to you.
16 And it will also be posted on the site that
17 you've been going to for your answers to the
18 different questions.
19 Sign-in sheet. Oh, yes. We have
20 our sign-in sheet with all of you for each day.
21 Email addresses should be legible.
22 The mission of the DOC is to protect
23 the public by supervising adult offenders through
24 safe and humane services, programs and

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1 facilities.
2 This is the organizational chart.
3 As you see, we're down here. We're in the direct
4 line from the commissioner to the Bureau of
5 Correctional Healthcare Services. We are one of
6 the four bureaus in the Office of the
7 Commissioner.
8 This is our staff. If you may or
9 may not have seen an organization chart before,
10 I'm the bureau chief. Dr. Carr is our medical
11 director responsible for the staff. We do have a
12 vacant contract physician position, and you
13 probably will see an RFP for this in the next
14 couple of weeks, so if you have somebody who you
15 want to say that might be interested, we do have
16 a contract position that's coming up.
17 And then Anna, you've met Anna,
18 who's my administrative assistant, and Shannon,
19 who also sends information back and forth, who
20 helps us in our office as a casual seasonal.
21 I think you've heard this before.
22 Delaware has a unified system. There are no
23 county jails. This is a unified system. So
24 that's why when you've heard this kind of mixture

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1 of sentenced and unsentenced. We have no jails
2 in Delaware. You get arrested here in Delaware,
3 you come to the State. There are no county
4 lockups, no city jails, that type of thing. It's
5 all one system, similar to the public health
6 system.
7 There are separate agencies for
8 adult and juvenile offenders; however, we do not
9 house, except for those persons who are here in
10 the YCOP program, persons that are 16 and 17
11 years old who are here. We don't house juveniles
12 in our system.
13 But you will have to work on -- for
14 those 16- and 17-year-olds, there are specific
15 health care things that you need to address in
16 the RFP related to those.
17 We have four level 5 facilities and
18 six level 4 facilities. As we go through here,
19 you'll see the different facilities. There are
20 some level 1 to 3 facilities and probation and
21 parole offices. We are not responsible for the
22 health care of anyone who is outside of our
23 institution.
24 That means if anyone who is on

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1 probation and parole who is out in the community
2 living, daily living, we are not responsible for
3 them or responsible for their health care or
4 their pharmaceuticals.
5 That's the website. Once again,
6 you'll be getting this so that you don't have to
7 take a lot of notes. That's why we're going to
8 send this to you as quickly as we can.
9 Approximately 2,500 employees, 1,700
10 in the correctional series, correctional
11 officers, as you've seen them over the past two
12 days. There are 300 probation and parole
13 officers. You may see a few of them in your
14 workings if you get the contract. But mostly
15 it's the correctional officers who your staff
16 will be working with. And then there are 500
17 administrative and support persons.
18 The budget is about 269 million, and
19 we'll go about how this is split up. Substance
20 abuse treatment, education, and then DCI for a
21 total of 8.9 million for these programs.
22 Health services is 44 million for
23 health and mental health, and then we have, if I
24 remember right, this is -- I've got to look at

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1 this. This is food services, this is clothing,
2 this is transportation, and then this is energy
3 costs.
4 Those don't come out of my budget.
5 They come out of a separate budget out of the
6 DOC, but we're responsible for paying all of that
7 through our general funds.
8 These are the level 4 and 5
9 facilities. Level 5 is 107, level 4 is 19 -- or
10 23, and then you go down to the other parts
11 within the Department of Correction.
12 Management and operational services,
13 this is the commissioner's office at 21, and then
14 you have facilities maintenance, other
15 administrative, and then HR/EDC. Within our
16 budget, we do have the line for our own personal
17 personnel, who you saw before.
18 This was as of yesterday, and we
19 have the caveat down here to show that the totals
20 fluctuate daily, and as the warden and the dep
21 have told you from here, I think you went, what,
22 down 20 last night, and they may go up 30 today.
23 I'm knocking on wood not that it's going to go,
24 but it's just the way it is.

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1 This is our breakdown in terms of
2 ages. And one of the things that you'll notice
3 is these folks who are from 50 and above. I
4 think our oldest offender right now is 86, if I
5 remember right.
6 So we have asked you to focus and
7 pharmacy also to focus on elderly persons because
8 this is an issue that's coming up again and again
9 and again that we need to address that with
10 specific programming for our elderly offenders
11 because they're with us for many, many years, and
12 they're going to continue to be with us.
13 The racial makeup, similar to the
14 racial makeup that you see in many DOCs
15 throughout the country with 56 percent black,
16 African American; 40 percent white; 4 percent
17 Hispanic; and then other population of less than
18 1 percent.
19 In the Bureau of Prisons, which is
20 our level 5 facilities, 1,637 detained, 478
21 serving less than one year, 3,265 serving one
22 year or more. 56 are indefinite sentences.
23 That's something that we do have here in Delaware
24 that's an interesting little caveat that we have.

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1 510 are serving life sentences, 18 are on death
2 row, and 42 are other sentences.
3 Flow of offenders. There are 21,000
4 admitted and released each year. Approximately 1
5 out of every 34 Delawareans is involved in our
6 system.
7 This is a breakdown of the state.
8 You were at Plummer this morning. You're right
9 here at Howard Young. This is the Northern New
10 Castle Probation & Parole. Webb, where I'm going
11 to show you a picture of. Baylor, you were
12 there. Hazel D. Plant is next to it. You have
13 New Castle Probation & Parole. Vaughn you were
14 at yesterday. CVOP you were at yesterday. This
15 is our Central Administration Building, where you
16 parked your car yesterday. Dover Probation &
17 Parole is close to where we went when we were at
18 Morris Community Correction. And then SVOP,
19 Sussex Violation and Community is all one
20 institution now under one head. Then SCI, you
21 were there. Sussex Boot Camp we walked by when
22 we were at Sussex. And then these are the
23 probation & parole offices. So, as I told the
24 people in my van, you took a tour of the entire

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1 state in these last 24 hours.
2 So Hazel Plant, you were there.
3 It's a women's treatment facility. You were
4 there. I think you got a very good explanation
5 of what Hazel Plant was from the deputy warden.
6 Baylor is our only women's facility
7 that's a level 5 facility. And, as they reminded
8 you, we had a birth on site on Saturday night.
9 So those types of things happen, so you need to
10 think about that and think about OB/GYN services.
11 We do have OB/GYN services in Sussex
12 County, so you have to think about the need for
13 OB/GYN services in Sussex County because you have
14 persons who go from Hazel D. Plant in the Crest
15 program to the southern end of the state, so they
16 need OB/GYN services while they're in the
17 southern end of the state.
18 We also do have women, as you
19 remember on the tour, who come in to SCI for a
20 few hours, are booked in at SCI, females that are
21 booked in at SCI and then are transported up the
22 next morning to Baylor women's facility. So you
23 need to think about that when you're doing your
24 RFP.

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1 I will give you some things that you
2 need to think about. Things that I say you need
3 to think about, they should be in your proposal.
4 I don't think I need to say that too many times.
5 Webb. This is Webb. It was
6 actually part of a larger workhouse. Those of us
7 that have been around for a while remember the
8 towers, and there actually is one tower that's
9 still there. There are 109 beds, but we only
10 have 50 people in there right now. And this is
11 about the size of the medical right here, this
12 table, is about what the size is. So it's very
13 small.
14 Howard R. Young, you're now at this
15 institution. I don't think I need to tell you
16 anything else about Howard R. Young. It's a
17 great facility, and the best one in the state.
18 This is Adult Probation & Parole at
19 Cherry Lane. We're not responsible for that, but
20 I wanted to make sure that I gave probation and
21 parole, our community people, their due. So
22 you'll see we are going through each of the
23 centers.
24 There's also New Castle Probation &

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1 Parole for the southern part of New Castle
2 County.
3 Plummer Center, you went to Plummer
4 Center, and you were greatly impressed with all
5 of the programming that they do at Plummer.
6 CVOP is still in New Castle County.
7 The dividing lines in Delaware are very
8 interesting. They usually go through towns, so
9 you have the northern part of the town is one
10 county, the southern part of the town is in
11 another. So in Smyrna, it's an interesting way
12 it splits there and Milford.
13 So Central Violation of Probation is
14 next to Vaughn. It's still in New Castle County.
15 James T. Vaughn, you went there
16 yesterday and got your exercise. It's our
17 largest facility. Some people identify it as our
18 penitentiary. We have death row there. We have
19 maximum facilities there.
20 It'll be important for you to think
21 about both sides of that institution in terms of
22 how to put things together and what are the
23 important pieces for the maximum side and for the
24 general population on the other side. By the

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1 time this contract starts, we should be feeding
2 in every single unit except two.
3 Kent County facilities. Our Central
4 Administration Building, you were there and
5 parked there, so you saw how large it is. Morris
6 Community Correction, we were there yesterday
7 morning also, and it houses our Crest program as
8 they're coming out to work release. Probation &
9 Parole Office is kind of right down the street
10 next to the river.
11 Sussex County. Sussex County SCI
12 you visited. It's the one with the big ball
13 diamond as you walk through, and some people saw
14 the shuffleboard that's there also. Boot Camp
15 was that one that was on the left-hand side where
16 you saw people shoveling dirt and that type of
17 thing. It's a military-style boot camp for
18 mostly younger offenders. Not youth. Younger
19 offenders.
20 Sussex Community Correction is on
21 the other side. That's the one we weren't able
22 to go to because of lockdown, but it is exactly
23 the same setup as CVOP. It looks the same way
24 that the building is put together. And then the

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1 Crest program is in a two-story building that is
2 a dormitory type of building.
3 P&P. This is where the current
4 offices are. They are moving these offices.
5 We've gotten approval from the Office of
6 Management and Budget to get a new site, so
7 they're working on a new site this year. Should
8 be operational this time next year.
9 Sussex Day Reporting is also a site
10 for people that are coming in and need to report
11 daily for probation and parole. There's also one
12 that's on the western side of the county for
13 probation and parole that's located in a state
14 service center.
15 As you came up 13 when we came out
16 of SCI and you had the prison here, then you had
17 Motor Vehicle, then you had a big state service
18 center, and then on the left-hand side as you're
19 going north was the state troopers barracks
20 there. That's why we try to have our services in
21 one location, so that's one of the reasons why
22 you see Sussex -- in Sussex County we're in the
23 state service there in Seaford.
24 There are 17 offenders who are

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1 currently pending execution. I can't give you
2 any other information but that. You are not
3 responsible for anything to do with that
4 procedure. It's not your responsibility. The
5 only responsibility is the health care up to that
6 point.
7 Security Housing Unit, we went
8 through that. Protective custody, we went
9 through those areas yesterday. These are all at
10 Vaughn.
11 Key, Crest, and Aftercare, you got a
12 fairly good discussion when you were at Women's
13 about the Key program and some of the other
14 programs that are at Women's. And then you also
15 saw yesterday the Key program at Sussex, and then
16 you walked by the Key program here that's on the
17 east side of Howard Young. So we have Key at
18 Howard Young, Baylor, and SCI.
19 We have Crest primary at CVOP and
20 then work release at those other level 4 centers.
21 We also have a braille program. Inside Out
22 College, that's held here.
23 I'm not doing every single program.
24 I'm pulling some out. I'm sure the dep and the

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1 warden are going, "Yeah, but we have ten other
2 programs. Why didn't you mention those?" So
3 next time I do this, Phil and Mark, you can say,
4 "I want you to highlight these other programs."
5 There are vocational training
6 programs. We have GED programs. We have
7 college-level class programs. You saw some of
8 the work release type of program when you were at
9 Plummer this morning. We really feel it's
10 important for persons who are going from 5 to 4
11 and then out, for them to hold a job.
12 So one of the big things that we
13 changed there at Plummer was the ability for them
14 to get onto a computer and to actually find jobs
15 that are out there in the community because many
16 of the jobs now require you to put an application
17 online. In fact, to get to the State, you have
18 to do it online. So you can actually go online
19 and fill out applications at Plummer.
20 P&P activities and caseloads,
21 they're part of the Governor's Task Force. Safe
22 Streets, which is a program to go out with
23 officers that we have, probation officers and
24 also Wilmington police officers. Tier III sex

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1 offender programs. We have intensive supervision
2 and there's regular probation, and then there's
3 interstate supervision also.
4 You, the medical vendor, is only
5 responsible for those persons who are on our
6 count. Persons who are on probation and parole
7 are not on our count if they're not housed in an
8 institution. I say that again and again just to
9 make sure everybody understands because we do
10 have some questions that come up with that.
11 We have correctional emergency
12 response teams that are called CERT teams. If
13 needed, we use them. There are also crisis
14 negotiation teams that are trained, and the
15 wardens are very familiar with each of those
16 teams, and they're the safety factor, as the
17 warden was talking about.
18 There's tactical survey with
19 infrastructure of facilities and control of all
20 environment aspects. And we have an emergency
21 preparedness. You will be responsible in your
22 proposal to identify an emergency preparedness
23 plan for you all, so you need to make sure that
24 that's in your proposal also. And we have an all

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1 hazard approach to emergencies.
2 System challenges. As I talked
3 about earlier, it's really important for you to
4 identify in your proposals something about the
5 geriatric, aging offender population -- they have
6 significant medical problems -- and what will you
7 do for the geriatric care of offenders.
8 Medical is constitutionally
9 required, as most of you know. Most have poor
10 care before incarceration, also as you know.
11 Chronologically they're older than in the free
12 world, and approximately 40 million per year is
13 expenditure for offender medical care.
14 I put these last two things on
15 because it's something you may or may not have
16 heard about. I'm sure all of you have heard
17 about the Affordable Care Act. You must say how
18 you're going to make that work in your proposal.
19 It is one of the requirements.
20 As many of you may know, if you are
21 a detentioneer, if you have a health care plan,
22 not Medicaid, but if you have a health care plan
23 in the marketplace, that marketplace plan must
24 continue to keep you on their rolls if you are a

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1 detentioneer. They cannot drop you in Delaware or
2 in anywhere else until you become sentenced. So
3 you must have in your plan some way that you're
4 going to work with those outside marketplace
5 plans.
6 Also, Delaware has what's called a
7 CMMI/SIM project grant. That's the Centers for
8 Medicaid and Medicare and the State Innovative
9 Model grant. If you go onto the State of
10 Delaware website and go onto the Delaware Health
11 Commission website, the Delaware Health
12 Commission website will identify and talk about
13 the CMMI/SIM project.
14 This project will affect Correction.
15 We are not sure how it will affect Correction yet
16 because they are just putting the final pages
17 together on this proposal, what they're doing,
18 and how we're going to do it.
19 One of the things that they're
20 talking about is there will be neighborhoods, and
21 the prisons will be part of a neighborhood and
22 how the health care is then worked out. So it'll
23 be important for you to go onto that site, once
24 again. State of Delaware, Delaware Health Care

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1 Commission, and then look at the CMMI/SIM grant
2 process.
3 It is something that will affect all
4 of us in Delaware because it will change the way
5 health care is provided by specialists and by
6 others and by hospitals in the state. I can't
7 tell you how because it's still being developed
8 now. So part of it will be your forward thinking
9 and seeing how it will affect you as a provider.
10 Work force development. Part of our
11 system changes and we have been doing this, and
12 we just went through management development for
13 the future where we had around 30 of correctional
14 offices in different series who went through a
15 management development program, and they actually
16 worked with us, with our bureau, to look at how
17 to institute some of our training and what we can
18 do with our educational development center to
19 provide training for our officers.
20 And one of the issues is many of us
21 are aging out. So this is an issue for all of
22 us. As some of the younger people come up, it'll
23 be their turn to take over.
24 So part of what we understand is the

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1 need to accelerate the development of managers.
2 And we're working on that. We think that that's
3 important. It's important for you all too when
4 you look at the nursing work force. The nursing
5 work force is aging out. Many of us who are
6 nurses are starting to think about what we'll do
7 after. Some of the physicians are also looking
8 at that, so it's something that you need to think
9 about as you look at your staff.
10 Budgetary constraints. We have a
11 large expenditure to build and staff facilities,
12 as you've seen. It's expensive. You all know
13 that from the security side. And, as you've seen
14 over the last couple of years, we're having
15 diminished resources.
16 So in your proposal, there are
17 opportunities for you to come up with different
18 models, different years for contracts, that type
19 of thing. This is your opportunity to put that
20 on paper. The State will entertain whatever you
21 put on paper as long as you explain what that is.
22 So this is an opportunity for you to do that.
23 Infrastructure needs. As you've
24 seen, some of our facilities are in really great

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1 shape. Some of them are challenged in terms of
2 the infrastructure and maintenance issues. Right
3 now we're going through a process where all the
4 roofs are being looked at, and some of them are
5 being replaced. That's part of a statewide
6 effort.
7 We're also updating all of our
8 computer operations, and part of that is as we're
9 moving towards electronic health records, we have
10 to have all of our computers up to date.
11 BCH and its mandate, this is what
12 we're going to do. This is just a quick piece on
13 just our bureau. Describe what the Bureau of
14 Correctional Healthcare Services is and future
15 plans. We were created because of a Department
16 of Justice suit that came in.
17 We had an agreement with them, a
18 memorandum of understanding, and our bureau came
19 into being because of that. We would like to
20 stay out of that since we are now out of that.
21 So that means that everyone looks at health care
22 and mental health care very carefully because we
23 do not want to get into this again. I came here
24 for that reason, and I want to keep us out of it.

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1 We created a CQI program that
2 ensures offenders receive high-quality health
3 care. Their care is consistent and evolving with
4 clinical standards.
5 And this is really small. But
6 in 2006 we had the MOA. It was ratified. We
7 made some changes to DACS, the intake module,
8 sick call module, that type of thing. We made
9 some changes. We integrated that into -- DACS is
10 our Delaware Automated Correctional System. That
11 is our system where the EHR is flowing into.
12 Right now the intake is all computerized.
13 You will not and please do not put
14 in your proposal an electronic health record. We
15 will not entertain that. You are using ours.
16 Okay? So just to be really clear, that's not
17 part of this proposal. We are already working on
18 that. We're doing it ourselves.
19 We expanded medical facilities here.
20 We expanded facilities at James T. Vaughn
21 Correctional Center and at BWCI.
22 We increased the licensing and
23 credentialing requirements with DOC clinicians.
24 And we expanded our office. We hired our first

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1 licensed medical director in Dr. Spence, and now
2 we have Dr. Carr. We established the bureau with
3 licensed persons.
4 And we built the new -- you saw the
5 new medical facility that we built down in
6 Sussex, and the mental health building was also
7 built as we moved with these improvements. We
8 agreed to an amended one in about 2009/2010 where
9 we dropped Sussex off because all of our level 5
10 facilities were part of the original agreement.
11 Sussex was dropped with that first amendment that
12 we had.
13 We implemented a CQI program. We
14 achieved substantial compliance with a majority
15 of the MOA. We continued to work with the feds,
16 and they dropped us out as of end of 2011
17 into 2012. So we are no longer -- this is a
18 pretty quick timeline for most states to get out
19 of an agreement with the feds.
20 And I think it really shows how in
21 Delaware you can work together. We could have
22 not done it without security, all the wardens and
23 deputies and all the correctional officers
24 helping to make this happen.

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1 We could not have done it without
2 the health care staff, the mental health care
3 staff, and everybody working together and our
4 general assembly giving us the money that we
5 needed to make sure we had it. So we're pleased
6 about that. And I don't want us to go backwards,
7 and neither does our new commissioner.
8 The BCHS was the first bureau, first
9 division that was created since Eisenhower.
10 That's how long it takes Delaware to make
11 changes. So ours was the first one that was
12 created as a division since the Eisenhower
13 administration. So we went through an
14 organizational restructure, and it's a cultural
15 change.
16 And we're making a lot of change
17 now. You've heard it in terms of, you know, when
18 we talk about the cultural change to get people,
19 as we were talking this morning at the women's
20 prison, about trauma informed care, how we move
21 people to understand that many persons who are
22 incarcerated, many offenders have trauma in their
23 lives, and that's one of the things that has put
24 them into our criminal justice system.

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1 So how can we address that and move
2 them through the system? Health care and mental
3 health are one of the things that we need to do
4 in order move them through the system. So that's
5 what we're trying to do in our system, and you
6 play -- pharmaceuticals and also medical care
7 plays a big part in that, as does mental health.
8 But mental health is not part of
9 this RFP. That's something else. If you are a
10 company who has both medical and pharmacy, they
11 may not be put together. There are two separate
12 RFPs. They must be put in as two separate RFPs.
13 I want to say that again. If you're a company
14 that has both, you may not join them. They are
15 two separate RFPs.
16 If they come in as one, they will be
17 rejected. They are two separate RFPs. They were
18 put out as two separate RFPs. I'm being real
19 clear. Everybody understand that? You're
20 shaking your heads yes, you understand that.
21 They've got to be put in as two separate RFPs.
22 It's not one RFP. Two separate RFPs with two
23 separate numbers. Okay? I see some not so happy
24 faces, but that's the way it is.

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1 So part of our mission is to look at
2 and really address evidence-based practices and
3 standards of care. And one of the things that
4 Dr. Carr has really been working with our current
5 vendor and will continue to work with any vendor
6 that we have is how do we look at standards of
7 care that are appropriate for today and
8 appropriate for correction.
9 Because correctional health care is
10 slightly different than what we see in the
11 community. You have a much better chance of
12 having someone for a long period of time, working
13 on their health care issues, and hopefully
14 getting them in a place where it's really
15 positive and so their health outcomes are
16 positive. So that's something that we're really
17 wanting to continue to work on.
18 We right now have all accredited
19 facilities for NCCHC. We want to continue that
20 accreditation. And the commissioner has chosen
21 for us to also go for ACA accreditation, so we
22 are starting the process of working for ACA
23 accreditation.
24 Health care will probably be the

1 first area that we will go for because, as you
 2 know, ACA has a lot of standards and a lot of
 3 ways you can slice the cake. But health care
 4 will be probably one of the first ones that we go
 5 to.
 6 And we want to enhance public safety
 7 and public health through the provision of
 8 treatment because we know that really we also are
 9 a public health entity because people come in and
 10 out of our system so much that we provide a lot
 11 of the care and a lot of preventive care as
 12 people go out to make sure that they have a
 13 continuity of care outside.
 14 That will be critical as we move
 15 into the Affordable Care Act in January of 2014
 16 because we have to ensure, according to the act,
 17 that there's a continuity of care from inside of
 18 the institution to outside of the institution,
 19 especially for those persons who have a
 20 marketplace plan.
 21 And if you don't know the stuff
 22 about the Affordable Care Act, I would suggest
 23 that there are multiple sites you can go to. You
 24 really need to get up to speed with the

1 today. You have to be able to go to my
 2 marketplace plan provider. They've already
 3 provided a physical.
 4 How are you going to get that
 5 information and then how are you going to utilize
 6 that information? Because the care that I'm
 7 going to be given here, let's say, while I'm a
 8 detentioner for five or six months, is influenced
 9 by the marketplace plan that's out there. And
 10 the marketplace plan may say you get one physical
 11 a year and you get so many other things, so you
 12 need to work with that marketplace plan.
 13 They've already gotten a physical.
 14 You don't need to do another physical. You can
 15 get that physical from that marketplace plan
 16 that's out there and then provide if there's any
 17 changes. Similar to if somebody comes in and out
 18 of our system quickly, you don't need to do
 19 another complete physical. All you need to do is
 20 check all the things in that physical that
 21 they've done two months ago and see if there are
 22 changes.
 23 So there are some things that you
 24 need to think about as they relate to the

1 Affordable Care Act because the Affordable Care
 2 Act Delaware has accepted. We've moved forward.
 3 Some states haven't. Medicaid has expanded.
 4 Delaware is moving forward.
 5 You will see in the next -- this is
 6 September. In the next three weeks you will see
 7 websites that will come online. You will see
 8 advertising that will be coming online. And I
 9 think, if I remember right, unless they announced
 10 it this morning because there was a health care
 11 commission meeting this morning, we will know who
 12 the vendors will be for the marketplace plans.
 13 They should be announced in the next
 14 couple of weeks. So it'll be really important
 15 for you to look at how that may impact your
 16 delivery of service.
 17 You also have to identify how you
 18 would either collect fees or how you would work
 19 that out with any of those marketplace plans, and
 20 then suggestions as to how you would then either
 21 work with the State on a payback or whatever.
 22 An example would be let's say if I'm
 23 in a marketplace plan with X marketplace plan. I
 24 have my physical last week. I get arrested

1 marketplace. The marketplace may say that we
 2 provide certain hospitalizations. How will you
 3 work that out with that marketplace plan in terms
 4 of the hospitalization? Because they will pay
 5 for it.
 6 While someone's a detentioner, the
 7 marketplace plan, if it's part of their plan,
 8 will pay for that hospitalization. They may pay
 9 for an outpatient service. How are you going to
 10 work that out with that marketplace plan? I'm
 11 giving you ideas in terms of the way you need to
 12 think about it.
 13 If you don't have everything worked
 14 out, that's fine. But these are the things you
 15 need to start thinking about as you're putting in
 16 proposals. And if you're putting in proposals
 17 for other states too that actually are moving
 18 forward with the Affordable Care Act, you need to
 19 really think about that as correctional entities
 20 now because they are covered as long as they're a
 21 detentioner.
 22 Once they're sentenced, they're all
 23 ours, and we have the entire kit and caboodle.
 24 But while they're a detentioner, if they're in a

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1 marketplace plan, you have to figure out how you
2 work that out with your marketplace.
3 This is the email address. As I was
4 reminded by my staff, I'm not allowed to take
5 questions. They have to come in. So if you all
6 got together and started writing your questions
7 down, please feel free to write them.
8 If we get 80 or 90 questions, we
9 will try to get them up by next Friday, but I'm
10 not going to guarantee that. We're going to try
11 hard to get them answered as quickly as possible.
12 So the earlier you can get them in to us, the
13 quicker we can answer them.
14 As I said before, if there are two
15 or three questions that are similar or people
16 have asked a clarification of the same one, like
17 there's one that went up today and we've
18 clarified some pieces, and we will continue to
19 clarify as we can as best we can for you so that
20 when you put your proposals together, that you
21 will put them so that they meet what we need here
22 in Delaware.
23 I truthfully thank you all for your
24 patience as we've had to wait, especially this

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1 afternoon. I hope this was helpful for you all
2 to go through this process. We try to make it
3 fair for everybody across the board, and that's
4 one of the reasons why no questions.
5 Because someone said to me, well,
6 this is an actual fairer process because at other
7 times they've gone to other places, and
8 somebody's answered a question here, but then
9 this vendor didn't hear it, and so this vendor
10 thought that they were going to answer the
11 question, but they didn't.
12 So this way what we've seen in the
13 past is it really gives everyone across the board
14 a fair shake because you'll get the same answer
15 on the website and not a different answer from
16 Jim Welch today and Jim Welch tomorrow.
17 So I really appreciate it. I thank
18 you, and we look forward to the proposals.
19 Anna, do you remember what the date
20 is? There are some specific dates that I have in
21 my brain that I'm -- the last date for
22 questions is -- I don't have that on the tip of
23 my tongue. Next time I'll put that on there, all
24 the criteria. But there is a specific time when

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1 the questions have to be in by. We'll then put
2 them up and make sure they're in that next
3 Friday.
4 And I think two and a half weeks
5 after that or three weeks after that our
6 proposals are due. Close of business for the
7 State of Delaware is 4:30. It is not
8 5:00 o'clock. It's not 5:30.
9 There were some proposals that were
10 rejected because they didn't come in by -- they
11 said, "Oh, we thought the close of business was
12 5:00." State of Delaware close of business is
13 4:30, so they need -- eastern time. Sorry.
14 Eastern standard time. It'll probably be
15 eastern -- no. It'll be eastern standard by that
16 time. So that's close of business.
17 It is our intention to have
18 negotiations completed around Thanksgiving and
19 then announcements to be made so that any vendor
20 change would have about six months to make the
21 change. And we hope that would give everybody
22 ample opportunity to make any changes that we
23 would potentially make.
24 So I think that's going through all

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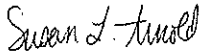
1 the different things I need to do. Once again, I
2 appreciate your willingness. We're going to go
3 out, get back in the van. We will drive by
4 Delaware Psychiatric Center, the Mitchell
5 Building, because you do have responsibility for
6 health care of those persons, especially the
7 dental care and the outpatient care of those
8 persons.
9 Somebody asked if there was a
10 specific dental provider. You are responsible,
11 the medical vendor is responsible for dental
12 care, so that should be part of your proposal
13 also, dental health care.
14 So thank you. That concludes our --
15 thanks.
16 (Proceedings concluded at 2:07 p.m.)
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REPORTER'S CERTIFICATE

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I, SUSAN L. ARNOLD, Registered Professional Reporter and Notary Public, do hereby certify that the foregoing record, pages 1 through 37 inclusive, is a true and accurate transcript of my stenographic notes taken on September 12, 2013, in the above-captioned matter.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 9th day of September, 2013, at Wilmington.



SUSAN L. ARNOLD, RPR