

2019 PROGRAM SPECIFICATION
Advanced Correctional HealthCare (ACH)

PROGRAM #: 645

STANDARD PROGRAM: Nursing Services

TARGET POP: Youth in Juvenile Detention

YEAR: 2019

UNITS: Actuals

CLIENTS: N/A

ALLOCATION: TBD

UNIT DEFINITION:

Actual Expenses

GEOGRAPHICAL AREA TO BE SERVED:

Racine County

DAYS/HRS OF SERVICE AVAILABILITY:

7 days a week 24 hours per day

MINIMUM STANDARDS:

Provider must agree to comply with the following terms and conditions:

- Standard contract language
- Certification standards where applicable
- Fiscal and program reporting criteria
- Allowable Cost Policy
- Audit criteria
- Policies and procedures as defined in Racine County Human Services Department Contract Administration Manual
- Maintain adequate liability coverage
- Recognize that authorization for services is approved by Racine County Human Services Department.
- All informational materials (program descriptions, brochures, posters, etc.) must identify it as a RCHSD program through the use of a standardized RCHSD format provided by Racine County.
- The program must be identified as a RCHSD program in all public presentations and media contacts/interviews.

PROGRAM DESCRIPTION:

Juvenile Detention on-site registered nursing coverage for forty (40) hours per week and licensed practical nursing for forty (40) hours per week on a schedule approved by the Superintendent. When approved in writing by the Superintendent or designee, hours worked in excess of the contracted amount will be billed monthly to the County at the prevailing wage and benefit rate of the Provider's employee. For hours of absence due to holidays, paid time off, or sick time, Provider endeavors to provide replacement coverage, and if it is unable to do so, Provider will credit the County for those hours or Provider's Director of Medical Operations for the facility and the Superintendent or designee may negotiate a mutually agreeable alternative remedy. For all other absences, Provider endeavors to provide replacement coverage, and if it is unable to do so, Provider will credit the County for those hours or Provider's Director of Medical Operations for the facility and the Superintendent or designee may negotiate a mutually agreeable alternative remedy.

EVALUATION OUTCOMES:

1. Provider will submit a comprehensive Strategic Plan; Peer Review; CQI; and a Risk Management program specific to the FACILITY's medical operations.
2. Provider will submit statistical Health reports to the SUPERINTENDENT monthly.

An Evaluation Outcome Report must be submitted to Racine County HSD Contract Compliance Monitor by 2/1/20.