

Idaho Department of Correction 	Standard Operating Procedure Management Services Division General Administration	Control Number: 147.06.06.003	Version: 1.6	Page Number: 1 of 16
		Title: Contract Management: Healthcare Services		Adopted: 5-20-2011 Reviewed: 6-8-2011 Next Review: 6-8-2013

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Open to the general public: Yes No

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BOARD OF CORRECTION IDAPA RULE NUMBER

[None](#)

POLICY CONTROL NUMBER 147

[Contract Management](#)

DEFINITIONS

[Standardized Terms and Definitions List](#)

Contract Medical Provider: A contractor who is under contract with the Idaho Department of Correction (IDOC) to provide comprehensive medical, dental, and/or mental health services to the incarcerated offender population.

Contract Oversight Manual: A manual that (1) defines administrative and oversight protocols and procedures for a specific contract, and (2) includes a communication plan, requirements to be monitored, performance measures, and an escalation plan.

Division of Purchasing (DOP): A division within the State of Idaho's Department of Administration that is responsible for the oversight of all state purchasing activities.

Health Authority: The Idaho Department of Correction (IDOC) employee who is primarily responsible for overseeing or managing the IDOC's medical services. (The health authority is commonly referred to as the health services director.)

Regional Health Manager: The contract medical provider staff member who is the primary manager and administratively responsible for the delivery of medical services, if health services are privatized.

PURPOSE

The purpose of this standard operating procedure (SOP) is to establish:

- The authority and responsibilities involved in the oversight and administration of healthcare services that are under contract with the Idaho Department of Correction (IDOC);
- Guidelines that ensure contracted services and commodities are evaluated for contractual compliance and satisfactory performance; and
- Responsibilities for contract management components.

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Note: This SOP does not provide guidance on the specific procedures to be followed in conducting contract oversight for individual contracts. For contract management procedures involving general contracts see SOP [147.06.06.001](#), *Contract Management: General*. For contract management procedures involving contracted prison operations see SOP [147.06.06.002](#), *Contract Management: Contracted Prison Operations*.

SCOPE

This SOP applies to any IDOC employee involved in the procurement, oversight, administration, and monitoring of healthcare services provided by a contract medical provider.

RESPONSIBILITY

Director of the IDOC

The director of the IDOC (or designee) is responsible for contracting authority.

Chief of the Management Services Division

The chief of the Management Services Division (or designee) is responsible for overseeing and monitoring the provisions provided herein.

Chief of the Operations Division

The chief of the Operations Division (or designee) is responsible for providing oversight and monitoring of the healthcare services.

Deputy Chief of the Contract Services Bureau

The deputy chief of the Contract Services Bureau (or designee) shall be responsible for implementing this SOP and for ensuring IDOC employees are practicing the guidelines, standards, and procedures provided herein.

Contract Administrator

The contract administrator shall be responsible for the contract administration activities described herein. (For additional expectations, see [section 2](#).)

Contract Monitor

The contract monitor shall be responsible for monitoring services and commodities provided by a contract medical provider. (For additional expectations, see [section 2](#).)

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GENERAL REQUIREMENTS

Constitutional, statutory, and contractual mandates set forth the requirements for an offender’s access to and provision of healthcare (to include dental) and mental health services. The IDOC ensures that offenders who are under the jurisdiction of the IDOC have access to healthcare services and receive proper care.

The healthcare services contract is broad in scope; governs access to and provision of healthcare (to include dental) and mental health services to thousands of offenders; and involves significant legal issues and liability. Additionally, the contract may involve issues of interest to various constituencies, including other branches of State of Idaho government, offenders’ families, the public, and the courts. Proper contract administration and monitoring thus requires a significant allocation of resources by the IDOC; expertise in the areas of contracts and healthcare services; and consultation with the deputy attorney general (DAG), who represents the IDOC, on contractual and other legal issues.

Note: Any employee involved in the procurement, oversight, administration, and monitoring of healthcare services (provided by a contract medical provider) is required to conduct himself ethically and professionally in accordance with policy [217](#), *Ethics and Standards of Conduct*.

1. Goal and Components

Generally stated, the goal of contract management is to ensure contracted services and commodities are evaluated for contractual compliance and satisfactory performance, and the responsibilities of all parties are discharged properly. The technical administration of a government contract is an essential activity, and its importance ensures a maximum return on the IDOC’s contract dollars. Contract management activities should begin at the development of contract procurement documents and remain in effect throughout the term of a contract.

The components of contract management include, without limitation, the following:

- Definition of roles and expectations;

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- Identification of primary milestones and activities from contract procurement through contract closeout;
- Establishment of contract monitoring and reporting protocols and procedures related to the specific contract;
- Verification and authorization of contract payments;
- Development of communication protocols;
- Identification of escalation procedures;
- Establishment of a quality assurance (audit) plan;
- Development of the change management process; and
- Exercise of State of Idaho remedies, as appropriate, when a contract medical provider's performance is deficient.

2. Essential Functions

Contract management is typically divided into the following two (2) essential functions:

Contract Administration

At the beginning of a procurement process, a contract administrator shall be identified to manage the procurement process for the IDOC. The contract administrator shall work in conjunction with the State of Idaho's Division of Purchasing (DOP).

Upon contract award and throughout the term of the contract, the contract administrator shall report (routinely and/or as requested by the deputy chief of the Contract Services Bureau [or designee]) to the deputy chief of the Contract Services Bureau, chief of the Management Services Division, and IDOC Leadership Team regarding contract compliance.

Note: The Leadership Team consists of the director of the IDOC, division chiefs, and the director's administrative support manager.

Contract administration duties typically include, but will not be limited to, the following:

- Managing the contract procurement process, to include Request for Information (RFI) and Request for Proposal (RFP) development and participation in the evaluation process;
- Facilitating contract pre-award and post-award activities;
- Coordinating contract implementation activities;
- Ensuring all parties meet the terms of the contract;
- Managing the change management process (see [section 9](#));
- Facilitating contract negotiations between the IDOC and a contract medical provider to incorporate change of scope;
- Acting as the liaison between the IDOC, DOP, and a contract medical provider's legal or contract representative(s);
- Developing a standardized filing system and maintaining the [Contract Records Management Guide](#);

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- Providing clarification of contract language and technical assistance;
- Coordinating remedy and cure processes;
- Coordinating contract closeout activities;
- Coordinating contract audits with the Quality Assurance Unit;
- Coordinating legal reviews of all contract procurement documents, breach notifications, and amendments; and
- Managing the contract payment approval process.

Contract Oversight

At the beginning of a procurement process, the chief of the Management Services Division (or designee) shall identify at least one contract monitor to participate in the procurement process (along with the health authority) as a subject matter expert. The chief (or designee) may designate other resources as necessary. Upon contract award and throughout the term of the contract, the contract monitor(s) shall act as a liaison between the IDOC and a contract medical provider to facilitate and conduct contract oversight activities. The contract monitor(s) involved with the processes described herein, will report to the health authority **and** director of the Education, Treatment, and Reentry Bureau.

Contract oversight duties typically include, but will not be limited to, the following:

- Developing the Contract Oversight Manual (see [section 4](#));
- Evaluating on-site operations to determine adherence to contract terms and conditions;
- Measuring, monitoring, and tracking performance;
- Analyzing key indicators to identify patterns and trends;
- Escalating life-safety issues or contract violations;
- Analyzing contract medical provider reporting **and** performance and outcome measures;
- Utilizing effective methodology for monitoring activities, to include direct observation, document and record reviews, interviews, statistical analysis, unannounced inspections, and fact-finding;
- Completing compliance reports and briefing the chain of command **and** the contract administrator on contract and operational issues; and
- Reviewing a contract medical provider's progress on corrective action plans.

Contract Management Team

A Contract Management Team may be assigned to a contract as designated by the chief of the Management Services Division **and** chief of the Operations Division. Typically, the team consists of the deputy chief of the Contract Services Bureau; the director of the Education, Treatment, and Reentry Bureau; the health authority; a contract administrator; a contract monitor(s); the business support manager (located in the Contract Services Bureau); and a contract medical provider's legal or contract representative(s).

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The Contract Management Team shall facilitate and attend regularly scheduled meetings to discuss contract performance, compliance, and operations. All formal contracts (or corporate correspondence) shall be reviewed and signed by the deputy chief of the Contract Services Bureau (for the purpose of IDOC contract oversight).

3. Activities and Lifecycles/Timelines

The following provides an outline of activities that represent the lifecycle of a contract. Each activity includes a responsible party and timeline from contract inception through closeout.

Responsible Party	Activity	Timeline
Procurement		
Contract Administrator and Health Authority	Development of solicitation documents (RFI, RFP)	8 to 12 months prior to contract award (or expiration/termination)
Contract Administrator and Health Authority	Development of proposal evaluation criteria and scoring documents	Concurrent with RFP development
Contract Administrator and Health Authority	Pre and post-contract award activities	90 to 120 days prior to contract commencement date
Contract Administrator and Health Authority	Post-award conference with contract medical provider	90 days prior to contract commencement date
Contract Administrator and Health Authority	Contract implementation and/or transition activities	90 days prior to contract commencement date until complete
Performance		
Contract Administrator and Contract Monitor and Health Authority	Development of the Contract Oversight Manual	90 to 120 days prior to contract commencement date and ongoing
Quality Assurance (QA) Manager and Health Authority	Development of a quality assurance plan	30 days prior to contract commencement date
Contract Administrator	Development of a change management process	30 days prior to contract commencement date
Contract Administrator and Health Authority	Contract or operational meetings	Frequency mutually agreed upon, but no less than semi-annually
Health Authority	Contract audit	Annually
Closeout		
Contract Administrator and Health Authority	Conduct contract closeout audit	90 to 120 days prior to contract expiration date
Contract Administrator and Health Authority	Begin contract closeout checklist and activities	60 to 90 days prior to contract expiration date

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Responsible Party	Activity	Timeline
Contract Administrator	Issue final contract payment	45 to 90 days after contract completion
Contract Administrator	Archive contract records	1 year after contract completion

4. Monitoring and Reporting

It is the IDOC's responsibility to monitor a contract medical provider's performance of and compliance with contract terms and conditions for contracted services and commodities. The contract monitor(s) is responsible for understanding the contract terms and conditions, and knowing the scope and limitations of his authority. Each contract, as designated by the chief of the Management Services Division (or designee), will have defined monitoring responsibilities within the contract **and** within a correlating Contract Oversight Manual. The Contract Oversight Manual shall identify the contract monitor's duties and reporting requirements to include monitoring methodology, protocols, and procedures.

Process Step: Developing a Correlating Contract Oversight Manual

A Contract Oversight Manual (that correlates to the contract) will be developed as follows:

Functional Roles and Responsibilities	Step	Tasks
Contract Monitor and Contract Administrator and Health Authority	1	Develop a list of contract requirements to be monitored.
		Note: The priorities must be based on the requirements risk to the IDOC.
Contract Monitor and Contract Administrator and Health Authority	2	Define the standards or performance measures for each requirement.
Contract Monitor and Contract Administrator and Health Authority	3	Develop the process for evaluation of performance measures.
Contract Monitor and Contract Administrator and Health Authority	4	Determine the monitoring frequency.
Contract Monitor and Contract Administrator and Health Authority	5	Develop an escalation plan in accordance with section 7 of this SOP.

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Functional Roles and Responsibilities	Step	Tasks
Contract Monitor and Contract Administrator and Health Authority	6	Develop a communication plan.
		Note: The plan must outline the chain of command, points of contact, and reporting protocols.
Contract Monitor and Contract Administrator and Health Authority	7	Submit a completed plan to the business support manager (Contract Services Bureau); deputy chief of the Contract Services Bureau; and director of the Education, Treatment, and Reentry Bureau.
Business Support Manager (Contract Services Bureau) and Deputy Chief, Contract Services Bureau and Director; Education, Treatment, and Reentry Bureau	8	<ul style="list-style-type: none"> Review the Contract Oversight Manual; <i>and</i> Approve if complete; or Return to the contract monitor, contract administrator, or health authority for revision.
Contract Monitor and Contract Administrator and Health Authority	9	<p>If the Contract Oversight Manual:</p> <ul style="list-style-type: none"> Requires revision – revise as instructed and return to step 7. Was approved – Provide a copy to the contract medical provider.

5. Contract Payment Verification and Approval Process

The following contract payment verification and approval process will be followed to ensure payments are reviewed, verified, approved, and processed in a timely manner.

Functional Roles and Responsibilities	Step	Tasks
Health Authority	1	Receive the monthly invoice and review it for accuracy.
Health Authority	2	<ul style="list-style-type: none"> Return the invoice to the contract medical provider to address the discrepancies; or Approve the invoice and forward it to the contract administrator.
Contract Administrator	3	Complete a secondary review of the invoice.
Contract Administrator	4	Verify whether liquidated damages have been assessed. If so, attach liquidated damage documents to the invoice.
Contract Administrator	5	<ul style="list-style-type: none"> Forward the approved invoice to the Fiscal Unit (located in Central Office) for processing; and File a copy of the invoice in the contract records.

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Escrow Account

All escrow requests are approved by the health authority and forwarded to the contract administrator. The contract administrator shall be responsible for oversight of the escrow account. The contract administrator shall enter each escrow request into the escrow inventory database; track the requests and invoices; conduct an annual inventory; and in conjunction with the health authority, determine placement priority for equipment. The contract administrator shall communicate with the Fiscal Unit (located at Central Office) to maintain equipment inventory into the Fixed Asset System (FAS).

6. Communication Protocols

Communication Chain of Command

Health Authority

The health authority **and** the regional health manager shall be the primary points of contact between the IDOC and the contract medical provider.

The health authority shall openly communicate with:

- The regional health manager **and** contract medical provider staff; and
- The IDOC contract administrator, deputy chiefs, division chiefs, and director as defined in the communication plan of the correlating Contract Oversight Manual (see [section 4](#)).

The health authority shall report to the director of the Education, Treatment, and Reentry Bureau (or designee).

Contract Administrator

The contract administrator shall openly communicate with:

- Contract medical provider staff; and
- The contract medical provider's regional and corporate office regarding contractual issues.

The contract administrator shall report to the business support manager (Contract Service Bureau) and as described in [section 2](#).

Contract Monitor(s)

The contract monitor(s) shall openly communicate with contract medical provider staff, **and** report to the health authority and as described in [section 2](#).

DAGs

The DAGs (who represent the IDOC) shall be the point of contact for IDOC staff regarding contractual and legal issues. DAG consultation services include, but are not limited to the:

- Application of state and federal law governing privately managed correctional facilities and contracts;
- Drafting of contract procurement documents, contract amendments, and other legal documents;
- Determination of non-compliance or breach of contract;
- Availability and use of legal or contractual remedies;

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- Interpretation of contract language;
- Communication of non-compliance, breach, violations of state or federal law, remedies, and any other legal issue to the contract medical provider's legal or contract representative(s); and
- Determination of potential legal liability or risk arising out of the contract medical provider's operation.

Correspondence

All correspondence with the contract medical provider shall be made, maintained, and retained in accordance with the [Contract Records Management Guide](#).

Correspondence sent from IDOC staff to the contract medical provider that communicates (1) normal, daily work activities may be delivered via electronic mail (email) or memorandum, and (2) approval, formal request, or notification shall be delivered via letter (using IDOC letterhead paper).

Correspondence sent from the contract administrator to the contract medical provider may be delivered via letter (preferably, using IDOC letter head) **or** email.

Working papers, activity reports, internal correspondence, and notes created by IDOC staff shall be retained in accordance with the [Contract Records Management Guide](#).

Note: All formal contracts (or corporate correspondence) shall be reviewed and signed by the deputy chief of the Contract Services Bureau (for the purpose of IDOC contract oversight).

7. Escalation Procedures

Escalation procedures will be specifically defined in the Contract Oversight Manual (that correlates to the contract). When performance or non-compliance issues are identified, findings shall be reported in accordance with the process steps in the following tables (as applicable).

Table 7-1: Non Life-safety Issues

Functional Roles and Responsibilities	Step	Tasks
Contract Monitor	1	<ul style="list-style-type: none"> • Observe, review, assess, and analyze the performance deficiencies; and • Report the deficiencies to the health authority and contract administrator.
Contract Administrator and Health Authority	2	Consult with the business support manager (Contract Services Bureau) to determine the appropriate course of action based on the situation, circumstance, and contract parameters.
Contract Administrator	3	Provide a written notice to the contract medical provider that outlines the performance deficiency, IDOC expectations to address the issue, and require an action plan.

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Functional Roles and Responsibilities	Step	Tasks
Contract Administrator	4	Advise the business support manager (Contract Services Bureau); health authority; deputy chief of the Contract Services Bureau; and director of the Education, Treatment, and Reentry Bureau of the performance deficiency and the steps taken to address or resolve the deficiency.
Contract Medical Provider	5	Submit a plan of action and resolution timeframe to the contract administrator.
Contract Monitor	6	Evaluate and identify whether the contract medical provider satisfactorily addressed the performance deficiency. <ul style="list-style-type: none"> • The deficiency was addressed satisfactorily – report your finding to the health authority. (The health authority will inform the contract administrator whether or not the deficiency is considered resolved. If the deficiency is considered resolved, the contract administrator will document the resolution and the process will end here.) • The deficiency was not addressed satisfactorily – report your finding to the health authority. (The process will continue with step 7.)
Health Authority and Contract Administrator	7	<ul style="list-style-type: none"> • Gather all necessary documentation to support a formal determination of contract non-compliance and/or breach; • Consult with the business support manager (Contract Services Bureau); deputy chief of the Contract Services Bureau; and the director of the Education, Treatment, and Reentry Bureau to develop an action plan; • Brief the DAG who represents the IDOC, internal IDOC stakeholders, and the DOP; • Facilitate the decision-making process; and • Correspond with the contract medical provider's legal or contract representative(s) on formal notifications and remedies.

Table 7-2: Life-safety Issues

If the contract monitor observes a serious security breach, or any other incident that may pose a risk to the safe, secure operation of the facility, **or** constitutes a life-safety issue, he shall begin the following process steps:

Functional Roles and Responsibilities	Step	Tasks
Contract Monitor	1	Immediately notify the contract medical provider's management staff or the highest ranking supervisory personnel within the facility. Note: This notification must be verbal and in writing.
Contract Monitor	2	Immediately notify the health authority and the contract administrator.

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Functional Roles and Responsibilities	Step	Tasks
Contract Administrator	3	<ul style="list-style-type: none"> Consult with the business support manager (Contract Services Bureau); and Send a formal notification to the contract medical provider requesting an action plan to resolve the life-safety issue within 24 to 48 hours.
Health Authority	4	<p>Report the life-safety issue to the director of the Education, Treatment, and Reentry Bureau; and deputy chief of the Contract Services Bureau.</p> <p>Note: The director of the Education, Treatment, and Reentry Bureau will inform the IDOC Leadership Team.</p>
Contract Monitor and Contract Administrator and Health Authority	5	<ul style="list-style-type: none"> Monitor the contract medical provider's response and progress; and If the contract medical provider does not comply, notify the director of the Education, Treatment, and Reentry Bureau; and the deputy chief of the Contract Services Bureau.
Business Support Manager (Contract Services Bureau) and Health Authority	6	<p>Contact the contract medical provider's corporate office to discuss the life-safety issue and a resolution.</p> <ul style="list-style-type: none"> Contract medical provider indicates they will comply – monitor the progress. (The process skips to step 8.) Contract medical provider indicates they will not comply – the process continues at step 7.
Deputy Chief, Contract Services Bureau and Director; Education, Treatment, and Reentry Bureau	7	<p>Meet with the IDOC Leadership Team and a DAG (who represents the IDOC) to determine a course of action.</p>
Contract Administrator and Health Authority	8	<p>Document the follow-up action and report to the director of the Education, Treatment, and Reentry Bureau; and deputy chief of the Contract Services Bureau.</p> <p>Note: The director of the Education, Treatment, and Reentry Bureau will brief the IDOC Leadership Team.</p>

8. Quality Assurance (Audit) Plan

Contract medical provider contracts shall be audited at a frequency to be determined by the health authority, but no less than annually through a formalized quality assurance process. The IDOC shall conduct a contract compliance audit, with a scope that encompasses all terms and conditions of the contract, applicable IDOC policy and procedures, and other practices and standards as appropriate. Audits shall be conducted at each facility at which healthcare services are provided. The audit units and responsibilities are as follows:

- The Quality Assurance Unit (located at Central Office) shall be responsible for leading and facilitating contract compliance audits; and
- The Medical Unit (located at Central Office) shall be responsible for planning and conducting contract compliance audits that are specific to healthcare services.

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At the commencement of each audit, the lead auditor shall conduct an entrance briefing with other assigned auditors **and** contract medical provider staff to discuss the audit's scope, logistics, timeframes, and reporting procedures.

Upon conclusion of each audit, the lead auditor shall conduct an exit briefing with contract medical provider staff to discuss the preliminary findings and provide staff the opportunity to respond with any clarifying information. The lead auditor shall then finalize an audit report and that report will be presented to the IDOC's Leadership Team. The report will then be distributed to the contract medical provider's legal (or contract) representative(s) **and** the contract medical provider's local designee, along with a request for a corrective action plan (if necessary). As necessary, a follow-up audit shall then be conducted to determine whether non-compliance, unsatisfactory performance, and potential contract breach findings were remedied (see [section 10](#)).

All audit documentation shall be maintained by the contract administrator and filed in a centralized record-keeping area.

9. Change Management Process

Throughout the term of a contract, it may become necessary to make changes to the contract's terms and conditions **or** the scope of work. Contract changes are made through a formal contract amendment process in which the contract medical provider, the IDOC, and the DOP agree that a modification is necessary because of the scope of work, the term of the contract, or some other provision needs to be altered. Failure to manage and control contract changes can result in an unintentional modification to the scope of work, extension of the term, increase in cost, circumvention of management controls, or lessened contract medical provider accountability.

The contract administrator **and** the health authority are responsible for:

- Ensuring formal, written approval of all changes occur prior to the change taking place;
- Evaluating the impact of each change to the contract objectives and deliverables;
- Facilitating negotiations;
- Drafting the amendment and attaining internal review and approval before attaining external review and approval;
- Maintaining documentation of all changes and approvals;
- Distributing the amendment to the contract monitor(s);
- Retaining an amendment for inclusion in the contract file; and
- Ensuring contract extensions are approved by the IDOC Leadership Team.

Change requests can be initiated by the IDOC, DOP, or contract medical provider in accordance with the process steps in the following tables (as applicable).

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Table 9-1: IDOC and/or DOP Initiated Change Requests

Functional Roles and Responsibilities	Step	Tasks
Contract Administrator and Health Authority	1	Develop the scope of the change.
		Note: The DOP shall work with the contract administrator to initiate a change.
Contract Administrator and Health Authority and DOP Representative	2	<ul style="list-style-type: none"> Provide a letter to the contract medical provider outlining the scope of the change being requested; and Request that the contract medical provider provide a proposal with a description of any impacts to cost, time, quality, or performance.
Contract Administrator and Health Authority and DOP Representative	3	Review the contract medical provider's proposal to determine whether it is reasonable and a benefit to the IDOC.
Contract Administrator and Business Support Manager (Contract Services Bureau) and DOP Representative	4	Negotiate any scope, cost, or terms and conditions with the contract medical provider.
Contract Administrator and Health Authority	5	Obtain approval for contract changes from the director of the Education, Treatment, and Reentry Bureau, deputy chief of the Contract Services Bureau, and the IDOC Leadership Team.
Contract Administrator	6	<ul style="list-style-type: none"> Prepare an amendment (in conjunction with the DOP); and Submit it for approval to the business support manager and deputy chief of the Contract Services Bureau.
DOP Representative	7	Submit the amendment to the contract medical provider for execution.
Contract Medical Provider	8	Execute the amendment and return it to the DOP.
DOP Representative and Director of the IDOC	9	Fully execute the amendment.
Contract Administrator	10	Distribute the amendment to all involved parties.

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Table 9-2: Contract Medical Provider Initiated Change Requests

Functional Roles and Responsibilities	Step	Tasks
Contract Medical Provider	1	<ul style="list-style-type: none"> • Provide a letter to the contract administrator outlining the scope of the change being requested; and • Provide a proposal with a description of any impacts to cost, time, quality, or performance.
Contract Administrator and Health Authority and DOP Representative	2	Review the contract medical provider's proposal to determine whether it is reasonable and a benefit to the IDOC.
Contract Administrator and Business Support Manager (Contract Services Bureau) and Health Authority and DOP Representative	3	Negotiate any scope, cost, or terms and conditions with the contract medical provider.
Contract Administrator and Health Authority	4	Obtain approval for contract changes from the director of the Education, Treatment, and Reentry Bureau, deputy chief of the Contract Services Bureau, and the IDOC Leadership Team.
Contract Administrator	5	<ul style="list-style-type: none"> • Prepare an amendment (in conjunction with the DOP); and • Submit it for approval to the business support manager and deputy chief of the Contract Services Bureau.
DOP Representative	6	Submit the amendment to the contract medical provider for execution.
Contract Medical Provider	7	Execute the amendment and return it to the DOP.
DOP Representative and Director of the IDOC	8	Fully execute the amendment.
Contract Administrator	9	Distribute the amendment to all involved parties.

10. Remedy and Cure Process

Remedy and cure processes shall be generally stipulated in a RFP **and** the resulting contract. The contract monitor, contract administrator, business support manager (Contract Services Bureau), **and** health authority are responsible for identifying areas of contract medical provider non-compliance or unsatisfactory performance **and** evaluating potential contract breach.

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In the event the potential for breach exists, the health authority will consult with the contract administrator and business support manager to propose a contract remedy or cure process, which must be approved by the:

- Director of the Education, Treatment, and Reentry Bureau;
- Deputy chief of the Contract Services Bureau;
- DOP; and
- DAGs who represent the IDOC.

The contract administrator will:

- Formally notify the contract medical provider in writing; and
- Request a plan of action.

The plan of action shall be reviewed and its acceptance determined by the IDOC **and** the DOP. All formal determinations of breach will be made conjunctively by the IDOC **and** the DOP.

Remedy processes, to include remedial action or liquidated damages, shall be managed by the contract administrator. Contract terms identified as a cause for breach are considered high risk and shall be monitored on a regular basis. Incidents of breach that result in contract termination shall be administered by the DOP, in cooperation with the IDOC. Any contract termination decisions shall be approved by the IDOC's Leadership Team with consultation with the DAG who represents the IDOC.

REFERENCES

[Contract Records Management Guide](#)

Policy [217](#), *Ethics and Standards of Conduct*

Standard Operating Procedure [147.06.06.001](#), *Contract Management: General*

Standard Operating Procedure [147.06.06.002](#), *Contract Management: Contracted Prison Operations*

State of Idaho, Department of Administration (www.adm.idaho.gov)

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