

EXHIBIT 7

HUMAN RESOURCES RECRUITMENT AND RETENTION REPORT

MAY 2008

(Data source -- Budget Authority and State Controller's Office Employment History Records)

	Total Positions Authorized to be Filled	Total Positions Filled	Total Positions Vacant	Percentage Filled	Appointments 5/1/2008 - 5/31/2008	Year To Date Appointments 7/1/2007 - 5/31/2008	Separations 5/1/2008 - 5/31/2008	Year To Date Separations 7/1/2007 - 5/31/2008	Year To Date Turnover Rate (Percentage) 7/1/2007 - 5/31/2008
MID-LEVELS									
PA	155	0.5	0.5	97%	0.0	7.0	0.0	3.0	20%
NP	72.9	46.0	26.9	63%	0.0	11.0	0.0	8.0	17%
TOTAL MID-LEVELS	88.4	27.4	61.0	69%	0.0	18.0	0.0	11.0	18%
NURSING									
SRN III	42.0	46.0	(4.0)	110%	1.0	18.0	0.0	2.0	4%
SRN II	250.3	251.0	(0.7)	100%	6.0	67.0	0.0	9.0	4%
RN	1775.4	1556.0	219.4	88%	16.0	437.0	11.0	139.0	9%
LVN	1123.4	920.0	203.4	82%	28.0	470.0	5.0	192.0	21%
CNA	24.3	20.0	4.3	82%	1.0	17.0	0.0	3.0	15%
PsychTech	549.5	441.0	108.5	80%	7.0	162.0	3.0	25.0	6%
TOTAL NURSING	3764.9	530.9	3234.0	86%	59.0	1171.0	19.0	370.0	11%
PHARMACY									
Pharmacist II	33.0	25.0	8.0	76%	0.0	6.0	1.0	6.0	24%
Pharmacist I	139.3	81.0	58.3	58%	2.0	16.0	1.0	6.0	7%
Pharmacist Tech	227.4	167.0	60.4	73%	6.0	59.0	0.0	9.0	5%
TOTAL PHARMACY	399.7	273.0	126.7	68%	8.0	81.0	2.0	21.0	8%

EXHIBIT 8

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION California Prison Health Care System	TOPIC: CREDENTIALING AND PRIVILEGING: OVERVIEW
	CONTROL NUMBER: CPU-101
	ADOPTION DATE: August 20, 2007

OVERVIEW

Determining the competency of practitioners to provide high quality, safe inmate-patient care is among the most important and difficult decisions to be made by Department of Corrections and Rehabilitation's Prison Medical Services. The development and maintenance of a credible credentialing and privileging process requires cooperation of the governing body and organized medical staff, data collection, and evaluation.

The typical credentialing and privileging process involves a series of activities designed to collect, verify, and evaluate relevant data. This data serves as the foundation for objective, evidence-based, setting-specific decisions regarding appointment to membership on the medical staff, and recommendations to grant or deny initial and renewed privileges. For example, a practitioner has the credentials to suggest competence, but additional information and perhaps a closer look or period of observation is needed to confirm competence in the Department's setting.

Credentialing and privileging processes may overlap and can occur simultaneously but are separate from the hiring and discipline process. However, hiring and discipline issues may interrelate with the processes of re-credentialing and reappointment.

DEFINITIONS

Credentialing

Credentialing is the process used to validate professional licensure, clinical experience, and preparation for specialty practice. Health care professionals must have some form of credentialing in order to be hired and before they are granted specific inmate-patient care privileges.

When a health care practitioner applies for privileges, the privileges are granted only after thoroughly reviewing a defined set of credentials.

Privileging

Privileging is the process used to grant to a specific practitioner the authorization to provide specific inmate-patient care services. Privileging ensures that the individual requesting clinical privileges is capable of providing those services in accordance with the standard of care of the facility granting the privilege.

Centralization A Centralized Credentialing and Privileging Program implemented in 2006 includes credentialing, re-credentialing, privileging and reappointment of primary care providers to the health care professionals/practitioner staff and registry staff/contractors of the Department of Corrections and Rehabilitation (CDCR).

Governing Body The Governing Body shall consist of the Receiver's Chief Medical Officer and other members appointed by the Receiver. The Governing Body shall act exclusively in the interest of maintaining and enhancing quality patient care. In all peer review matters the Governing Body shall give great weight to the actions of the Professional Practices Executive Committee (PPEC) and shall not act in an arbitrary or capricious manner.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION California Prison Health Care System	TOPIC: <p style="text-align: center;">GENERAL QUALIFICATIONS</p>
	CONTROL NUMBER: <p style="text-align: center;">CPU-201</p>
	ADOPTION DATE: <p style="text-align: center;">August 20, 2007</p>

OVERVIEW

The major points used to support the credentialing and privileging process are licensure, relevant training, experience and current competence to perform the requested privilege. Other reasonable criteria, such as patient care, treatment, and service skills expected in staff members with the applicant's skill and training, may be added.

Qualification criteria are designed to help establish an overview of each applicant's background, current competence, and physical and mental ability to discharge patient care responsibilities. Moreover, they are designed to assist the medical staff and governing body affirm that inmate-patients will receive quality care, treatment, and services.

GENERAL QUALIFICATIONS

General qualifications include evidence of the following:

- Current unrestricted license;
- Adequate education, training, experience, and evidence of current competence and sound clinical judgment to warrant privileges requested;
- Completion of post graduate education;
- Specialty board certification or board admissibility (if applicable to classification);
- Ability to safely and competently meet the obligations of the Medical Staff classification requested; and Demonstration to the satisfaction of the Professional Practices Executive Committee (PPEC) that quality health care can be provided.
- Willingness to properly discharge the responsibilities established by the Governing Body;
- Satisfaction of any conflict of interest or other administrative requirements established by California Department of Corrections and Rehabilitation (CDCR);
- Compliance with professional liability insurance requirements for contract practitioners as set forth in these Bylaws, Medical Staff policies and/or contract provisions;
- An ability and willingness to work cooperatively with other practitioners and staff in a professional manner and in compliance with established policies;
- Compliance with any other criteria for eligibility that may be established by the Governing Body.

**Privileging
Process
Relationship to
Employment
Criteria**

Requests for Medical Staff membership and clinical privileges will be processed only after the applicant has met the current employment criteria of California Department of Corrections and Rehabilitation (CDCR). Clinical privileges requested by an individual are considered only when the request demonstrates compliance with the requirements established by the Governing Body. In the event there is a request for a clinical privilege for which there are no approved criteria, the PPEC will follow the process for consideration of such requests as described in Medical Staff By-Laws.

**Duration of
Privileges**

Licensed independent practitioners that receive a Civil Service appointment or a contract to provide health care services with the CDCR shall be granted provisional clinical privileges for a period of up to of four months. Appointments to the Medical Staff and privileges are granted for a period not to exceed two years. Reappointment of practitioner's clinical credentials shall be conducted every two years.

A practitioner that does not meet the requirements for Medical Staff membership will not be granted membership and will not be entitled to a fair hearing.

**Qualifications for
Medical Staff**

All primary care practitioners, Dentists, Advance Practice Registered Nurses (see "Allied Health Providers" for included classifications), Physician Assistants, Psychiatrists, Psychologists and Clinical Social Workers seeking employment or contract with the CDCR must meet the following requirements:

They must posses:

- A current unrestricted license to practice as a physician, advanced practice registered nurse, physician assistant, or specialty consultant in California;
- A current, valid, unrestricted Drug Enforcement Administration (DEA) certificate; or evidence of recent application to the DEA.
- A current certification in a basic life support training program (if applicable to classification). Basic life support includes recognition of signs of sudden cardiac arrest, heart attack, stroke, and foreign-body airway obstruction; cardiopulmonary resuscitation; and defibrillation with an automated external defibrillator.
- The appropriate clinical skills, competency and judgment necessary to perform the health care services provided to inmate-patients.
- The appropriate background, experience and training, current competence, knowledge, judgment, and ability to perform techniques in his/her specialty for all privileges requested.

- Both physical and mental health that does not impair the fulfillment of his/her responsibilities of Medical Staff membership and the specific privileges requested by the practitioner.
- The appropriate personal qualifications, including applicant's consistent observance of ethical and professional standards, which include:
 - Abstinence from any participation in fee splitting or other illegal payment, receipt, or remuneration with respect to referral or patient service opportunities; and
 - A history of consistently acting in a professional manner with patients and collegial manner with others in clinical and professional settings, and be of reputable character.
- Appropriate written and verbal communication skills.
- A clean professional liability claims history.

The applicant must also:

- Be free of any felony convictions or occurrences that would raise questions of undesirable conduct;
- Be free of any sanctions by Medicare/Medicaid/CHAMPUS;

**Professional
Training and
Accreditation**

Physicians, Doctors of Medicine or Doctors of Osteopathy: must provide evidence of successful completion of an allopathic or osteopathic residency program, approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) and be currently board certified in Internal Medicine or Family Medicine, and/or meet current training requirements to apply for board certification by an approved board of the American Board of Medical Specialties or the AOA in the specialty of application.

Dentists: must provide evidence of graduation from an American Dental Association approved school of dentistry accredited by the Commission of Dental Accreditation.

Advanced Practice Registered Nurses (APRN): must provide evidence of a current license as an APRN and successful completion of a program of study that conforms to the California Board of Registered Nursing standards or certification by a national or state organization whose standards are equivalent to California Business and Professions Code, Section 1484 and National Certification as an APRN by either the American Nurses Credentialing Center (ANCC) or the American Academy of Nurse Practitioners (AANP).

- **Oral and maxillofacial surgeons:** must provide evidence of graduation from an American Dental Association approved school of dentistry accredited by the Commission of Dental Accreditation and successfully completed an American Dental Association approved residency program and be board certified or meet current training requirements to apply for board certification by the American Board of Oral and Maxillofacial Surgery.
- **Physician Assistants (PA):** must provide evidence of a current license as PA and successful completion of a PA program accredited by the Accreditation Review Commission on Education for the PAs or by one of its predecessor agencies (The Commission on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs); and/or who is certified by the National Commission on Certification of Physician Assistants and who is licensed, registered, or certified to practice medicine with physician supervision and Internal Medicine or Family Medicine experience.
- **Podiatric physicians (DPM):** must provide evidence of successful completion of a one-year (1) residency program in surgical, orthopedic, or podiatric medicine approved by the Council on Podiatric Medical Education of the American Podiatric Medical Association (APMA), and be board certified or meet current training requirements to apply for board certification by the American Board of Podiatric Surgery or the American Board of Podiatric Orthopedic and Primary Podiatric Medicine.
- **Psychologists:** must provide evidence of a doctorate degree, (PhD, Psy.D, or Ed.D.) accepted by the California Board of Psychology. If a recent graduate, must complete the requirements necessary to obtain licensure within two years of employment with the CDCR.
- **Other specialty professionals:** such as, but not limited to, orthopedic, physical therapist, gastroenterologist, ophthalmologist, and optometrist shall satisfy standard professional licensing requirements and board certification within their specialty.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION California Prison Health Care System	TOPIC: CONTRACT CREDENTIALING PROCESS
	CONTROL NUMBER: CPU-501
	ADOPTION DATE: August 20, 2007

OVERVIEW

Ensuring that licensed health care practitioners under contract meet required licensing and privileging certifications prior to commencing work is a responsibility of the Credentialing and Privileging Unit (C&PU) with the assistance of Institution staff.

**Packet Submission
After Notice to
Proceed**

- Once a contractor has received a "Notice to Proceed" (NTP) from the Department, the contractor shall submit a Medical Staff Credential Verification packet to the institution for which services shall be provided.

After the contractor has submitted the packet to the institution, the institution will forward the packet to the C&PU for processing. The contractor can not be hired or given a start date until approval has been received from the C&PU.

**Credentialing Unit
Packet Review
Process**

The credentialing unit shall at minimum:

- For each provider in the packet, create a credential file, unless one previously exists.
- Using the information from the credential verification forms, request the provider's licensing information from the state medical board for which the provider is licensed.
- Request online reports from the American Medical Association (AMA), National Practitioner Data Bank (NPDB), and Healthcare Integrity and Protection Data Bank (HIPDB) as appropriate for each classification.
- Once all the information has been obtained from the state medical board, AMA, NPDB, and HIPDB, that information will be analyzed for completeness, accuracy and minimum requirements. The file will then be submitted to the Statewide Chief of each discipline (Medical, Dental, Mental Health), for either an approval or denial the provider's credentialing application.

**Notification to
Institution of
Contractor's
Credentialing
Application Status**

The C&PU then:

- Informs the institution whether the provider's credentialing application has been approved or denied. This is done via email to the attention of the Health Care Manager (HCM), Institutional Personnel Officer, and/or designees.
- Sends the original documents of the provider's credentialing file to the institution and maintains a copy at headquarters in the C&PU.

**Reappointment of
Credentials (Biennial
Recertification
and/or Transfer
Between Institutions)**

The C&PU also performs a professional reappointment of the provider's credentials every two years or when a provider changes institutions. The reappointment process includes:

- Request reports from various reporting agencies.
- When a provider moves from one institution to another the credentialing unit runs a current NPDB report and license verification to ensure the contractor's license is still in good standing.
- Request supervisory reference from the current CDCR institution the provider is currently working at.

Disclaimer

The C&PU does not credential providers who treat inmate patients at facilities outside of CDCR. The reason for this is because the facilities must first be licensed before providing services to the community. As part of the licensing process, the credentials and privileges of certain classifications of providers are already verified by the licensing agency whether it be Department of Health Services, or Joint Commission on Accreditation of Hospital Organizations (JCAHO). In addition the C&PU does not credential all providers classified as Allied Health Professionals (AHPs) as these providers work in a supportive role rather than independently. (See "Allied Health Professionals" for list of AHP's credentialed by the C&PU). The license verification of the AHPs is handled as a condition of employment by the Personnel Office.

**Forfeiture of
Institution Access**

The C&PU will maintain a database of individuals previously credentialed and privileged but whose access to institutional settings has been forfeited on the basis of a violation of the California Penal Code and/or Director's rules pertaining to employee-inmate relations as set forth in Title 15, Sections 3390 through 3416 of the California Code of Regulations. In addition to above, individuals reported by PPEC to have clinical deficiencies or disruptive behavior, will be added to this database.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION California Prison Health Care System	TOPIC: STANDARDS FOR REVIEW
	CONTROL NUMBER: CPU-701
	ADOPTION DATE: August 20, 2007

OVERVIEW

Reviewing licensing documents and reports is a critical part of the credentialing process. As such, standards for reviewing and evaluating, licensure, relevant training, experience, and current competence are imperative.

Although much of the specific information used to make decisions about privileges and appointment to membership is at the discretion of medical staff, the range of information used must be explicit and clearly defined. Criteria set forth in this document are designed to help establish an overview of each applicant's background, current competence, and physical and mental ability to discharge inmate-patient care responsibilities. Moreover, these criteria are designed to reassure this information helps the medical staff and governing body to confirm that patients will receive quality care, treatment, and services.

**Documents
Requiring Review**

Refer to the attached "Pre-employment Verifications" chart for a list of necessary review documents/reports and criteria standards.

**Minimum
Requirements for
position approval
Physician and
Surgeon**

Physician and Surgeon series (to include Chief Medical Officer and Chief Physician and Surgeon) must meet the following requirements:

Civil Service

- Candidates must have either:
 - Completed a three-year residency in Internal Medicine or Family Medicine and must be currently board certified in Internal Medicine or Family Medicine.
 - OR**
 - If the candidate has obtained Lifetime certification in Internal Medicine or Family Medicine, he or she must pass both phases of the Quality Improvement in Correctional Medicine (QICM) program evaluation within four months of hire.
 - OR**
 - Have completed a three-year residency in Internal Medicine or Family Medicine within the past twelve months, with the intention of taking board examinations.
 - If the candidate has graduated from a residency program in Internal Medicine or Family Medicine within the past twelve months and not yet achieved board certification in Internal Medicine or Family Medicine,

he/she must become board certified or pass both phases of the QICM program within four months of hire.

Contract

- Reviewers will only approve those candidates that have completed a three-year residency in Internal Medicine or Family Medicine and are currently board-certified in Family Medicine or Internal Medicine. Candidates with lifetime certification will be given the same weight and consideration as candidates with certification requiring renewal at specified periods.

Dentist

Civil Service or Contract

- Candidate must possess the legal requirements for the practice of dentistry in California as determined by the California Board of Dental Examiners.
 - Additionally the candidate can have:
 - A Dental Specialty Certificate in Periodontics, Endodontics, or Prosthetics issued by an American Specialty board.
- OR**
- Completion of an approved residency training program of at least two years in an accepted dental specialty in an approved hospital or institution.

Psychiatrist

Civil Service or Contract

- Candidates must have either:
 - Completed three full years of post-graduate, specialized residency training in a psychiatry program accredited by the American Council for Graduate Medical Education (ACGME) and have current board certification from the American Board of Psychiatry and Neurology
- OR**
- Satisfactorily completed specialized training requirements in psychiatry in programs that are accredited by the ACGME or certified by the Royal College of Physicians and Surgeons of Canada. Two patterns of training are acceptable:
 - Three-year psychiatry residency program
 - A broad-based clinical year of ACGME-accredited training in internal medicine, family practice, or pediatrics; or an ACGME-accredited transitional year program that included a minimum of four months of primary care; or an ACGME-accredited residency in a clinical specialty requiring comprehensive and continuous patient care.

OR

- Four-year psychiatry residency program
 - Four years of training in an ACGME-accredited program in psychiatry is acceptable. A psychiatry PGY-1 must include at least four months in internal medicine, family practice, and/or pediatrics. This training must be in a clinical setting that provides comprehensive and continuous patient care. No more than one month of this requirement may be fulfilled by an emergency medicine rotation, as long as the experience predominantly involves medical evaluation and treatment, rather than surgical procedure. Neurology rotations may NOT be used to fulfill this four-month requirement. (Exception: Any applicant who completed a residency program in psychiatry that was accredited by the ACGME or certified by the Royal College of Physicians and Surgeons of Canada at the time the applicant completed the residency will qualify under this pattern of training upon CDCR verification that all residency requirements were successfully completed and if all other requirements are met.) If the candidate's training program(s) is not currently accredited by the ACGME, research shall be done to determine if the program was accredited at the time the candidate attended and completed the training.

Psychologist

Civil Service or Contract

- Candidates must have possession of an earned Doctorate Degree in Psychology from an educational institution meeting the criteria of Section 2914 of the Medical Board of California's Business and Professions Code.

AND

- Candidate must have possession of a valid license as a Psychologist issued by the California board of Psychology.

OR

- If the candidate is in the process of securing a license as a Psychologist, he/she may be appointed but must secure a valid license within 3 years of an appointment.

OR

- If the candidate is recruited from outside the State of California, he/she may be appointed for a maximum of two years at which time licensure shall be obtained.

Allied Health
Providers:
Advanced Practice
Registered Nurses
and
Physician Assistant

Allied Health Providers: Physician Assistant, Advanced Practice Registered Nurses and LCSW must meet the following requirements:

Civil Service:

- Reviewers will only approve Advanced Practice Registered Nurses who have 2 years experience in primary care and are currently nationally certified (by the American Academy of Nurse Practitioners and/or the American Nurses Credentialing Center) as a Family or Adult Nurse Practitioner, or have graduated from a Nurse Practitioners program within the past twelve months, with the intention of seeking national certification.
- If the candidate has graduated from a Nurse Practitioner program within the past twelve months and not yet achieved national certification as a Family Nurse or Adult Nurse Practitioners, he/she must pass both phases of the QICM program as appropriate within four months of hire. The Nurse Practitioner must have a minimum of two (2) years experience in primary care.
- Physician Assistants must be currently certified though the National Commission on Certification of Physician Assistants with appropriate training and experience in primary care.

Contract:

- Advance Practice Registered Nurses must have current national certification (by the American Academy of Nurse Practitioners and/or the American Nurses Credentialing Center) as a Family or Adult Nurse Practitioner, and a minimum of two (2) years experience in primary care.
- Physician Assistant must be currently certified though the National Commission on Certification of Physician Assistants with appropriate training and experience in primary care.

Social Worker

Civil Service or Contract

- Candidate must have completed a master's degree program from an accredited school of social work, approved by the Council on Social Work Education.

AND

- Candidates must have possession of a valid license as a Licensed Clinical Social Worker issued by the California Board of Behavioral Science Examiners

OR

- Candidates who do not qualify for licensure by the California Board of Behavioral Science may be appointed after review and approval of education, via original transcripts. Once

appointed, employee must secure a valid license within four years.

OR

- If the candidate is recruited from outside the State of California, he/she may be appointed for a maximum of one year, at which time licensure shall be obtained.

Other Allied Health Providers

The following classifications (Allied Health Providers) require license verification prior to employment and must maintain current, unrestricted license throughout employment.

- Certified Nurse Assistant
- Clinical Dietician
- Clinical Laboratory Technician
- Dental Assistant
- Dental Hygienist
- Dental Laboratory Technician
- Laboratory Assistant
- Licensed Psychiatric Technician
- Licensed Vocational Nurse
- Nurse Consultant I
- Medical Records Director
- Nurse Consultant II
- Nurse Consultant II Supervisor
- Nurse Consultant III Specialist
- Nurse Consultant Program Review
- Nurse Instructor
- Pharmacist I
- Pharmacist II
- Pharmacy Services Manager
- Pharmacy Technician
- Public Health Nurse I
- Public Health Nurse II
- Radiological Technologist
- Recreational Therapist
- Registered Nurse
- Senior Clinical Laboratory Technician
- Senior Radiological Technologist Specialist
- Senior Radiological Technologist Supervisor
- Supervising Clinical Laboratory Technician
- Supervising Registered Nurse I
- Supervising Registered Nurse II
- Supervising Registered Nurse III
- Specialties: Optometry, Physical Therapy, Chiropractor

Civil Service:

The institutional personnel office is responsible for verifying the license as well as ensuring the providers' license is current and unrestricted throughout employment.

Contract:

The Health Care Manager (HCM) or designee is responsible verifying contract providers' license is current and unrestricted throughout employment.

Verification must occur prior to start date.

Verification sites

The website below will link you to the Department of Consumer Affairs licensing query database where you can access individual licensee information for Pharmacy, Nursing, Optometry, and Physical Therapy classifications.

<http://www.dca.ca.gov>

To verify Radiological Technician and Clinical Laboratory Technician, the website below will link you to the California Department of Health Services (DHS)

<http://www.dhs.ca.gov>

To verify Medical Records Director certification, the website below will link you to the American Health Information Management Association (AHIMA)

<http://www.ahima.org/certification>

To verify Clinical Dietician certification, the below website will link you to the Commission on Dietetic Registration (CDR)

<http://www.cdrnet.org>

Other Considerations

When verifying the AHPs license, review the "Licensure Status". If the status is anything other than "Renewed/Current", you are to contact the Credentialing & Privileging Unit for further instruction.

Negative Information

Even when candidates meet the credentialing standards detailed in this procedure, credentialing reviewers may elect to disapprove credentials for an applicant with adverse information on the licensing board, National Practitioner Data Bank, or other relevant reports. Other factors that influence credentialing review decisions include lack of recent, relevant experience; gaps in employment; adverse information collected from supervisors or peers; and any information that could negatively impact a provider's ability to deliver quality care.

Exceptions

If the Statewide Medical Director or designees, denies the application of a candidate who fails to meet the credentialing standards detailed in this procedure and/or has been associated with adverse events, such as malpractice litigation or clinical misconduct, the applicant's credential file will be reviewed by the Credentials Committee.

Appealing Decisions

If the Credentials Committee denies the applicant's credential file, the HCM or registry administrator may appeal the Credentialing Committee's decision to the Professional Practice Executive Committee (PPEC), the statewide peer review body. When appealing a credentialing decision, the HCM or registry administrator should assert, in writing, reasons why the PPEC should make an exception to the established credentialing standards for the practitioner in question, including education, experience, or work ethics that make the candidate favorable.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION California Prison Health Care System	TOPIC: ALLIED HEALTH PROVIDERS
	CONTROL NUMBER: CPU-1101
	ADOPTION DATE: August 20, 2007

POLICY

The Professional Practices Executive Committee (PPEC) and the Governing Body have identified certain categories of non-physician health care professionals (hereinafter referred to as Allied Health Professionals) who provide inmate patient care services for the institutions and facilities of CDCR. It has been agreed that the medical staff organization should be directly involved in the credentialing process for specific categories of allied health professionals. (The credentialing process itself to be performed by the Credentialing and Privileging Unit.) The specific categories affected are defined within this document.

Defined

Allied Health Professionals ("AHPs") means an individual, other than a licensed physician, dentist, clinical psychologist, or podiatrist, who provides direct patient care services in the CDCR, under a defined degree of supervision by a physician medical staff member, who has been granted clinical privileges. AHPs will:

- Exercise judgment within the areas of documented professional competence and consistent with the applicable State Practice Act.
- Be designated by the Governing Body to be credentialed and privileged through the medical staff organization.
- Be granted clinical privileges as defined in the Medical Staff Bylaws, the CDCR Plata Support Division Credentialing Policy and Procedure and this AHP Credentialing Policy & Procedure ("AHP Credentialing P&P").

Although Allied Health Professionals are not eligible for general Medical Staff membership, they may be eligible for membership in the Allied Health Provider category.

Purpose and Scope

In the interest of providing high quality care at CDCR and meeting licensing and other regulatory requirements, this document was created to:

- Describe how AHPs who are credentialed via the Credentialing and Privileging Unit (C&PU) are authorized to provide health care services at CDCR institutions.
- Establish guidelines for a procedure to assess, evaluate and review the qualifications, competency, professional conduct, and quality and appropriateness of care provided by the AHPs in the categories covered in this policy and procedure.

Categories Covered Categories of AHPs covered by this policy and procedure:

- Physician Assistants
- Advanced Practice Registered Nurses
 - Nurse Practitioner
 - Surgical Nurse I
 - Surgical Nurse II
 - Nurse Anesthetists
- Social Worker

Other AHP's

It should be noted that there are additional categories of healthcare professionals who provide services at CDCR as AHP's who are authorized via alternative mechanisms (either through the Personnel Department or Contracts Unit). Separate policies and procedures cover those arrangements. This document is limited to describing credentialing and privileging processes for AHPs in the classifications listed above. (See Exhibit A for a list of classifications and verification designation.)

This AHP Credentialing P&P and all other related policies, procedures, rules, regulations, and requirements related to the practice of AHPs at CDCR do not constitute a contract of any kind whatsoever and are subject to change at any time without notice to applicants or to AHPs who provide services at CDCR.

Allied Health Professionals shall not be employed, granted authority to exercise privileges, or given an application for credentialing unless and until the Governing Body has authorized the provision of such services at CDCR by the category of AHP.

Basic Qualifications of AHPs

An AHP within an approved AHP category shall not be granted authority to provide patient care services unless he/she:

- Meets all applicable requirements (see exhibit B) and qualifications (see Demonstration of Qualifications below) as stated in this AHP Credentialing P&P and the applicable AHP Category Privileging Description (Medical Staff Credential Verification Form).
- Has been granted privileges in accordance with this AHP Credentialing P&P.

Only those AHP's who continuously meet qualifications as determined under the processes outlined in this AHP Credentialing P&P are eligible to exercise privileges at CDCR institutions.

Professional Liability Insurance

AHPs employed:

- By the CDCR: are covered for professional liability for services

provided as an employee under the indemnification clause of the state. This is confirmed during the initial appointment and reappointment processes.

- By contract: must be covered by the contract employer or individual provider. This is confirmed during the initial appointment and reappointment processes.

PROCEDURES

Basic Responsibilities

Each Allied Health Professional shall:

1. Provide patients with quality care at the generally recognized professional level of quality and efficiency in the community, to the extent authorized by his/her license, certification or other legal credentials, by the terms outlined in the AHP Category Privileges Description and by the privileges granted.
2. Abide by all applicable state and federal laws regulating health care providers, as well as by rules and regulations and all other lawful standards, policies, and rules of CDCR and applicable control agencies.
3. Discharge functions assigned by the PPEC, including, but not limited to, quality improvement, peer and professional review, patient care monitoring, utilization review, case management, and other responsibilities.
4. Cooperate with and participate, as requested by the CDCR, in committee activities.
5. Submit to such physical and/or mental examinations(s) or provide verification of health status as may be required to verify the AHP's ability to fully meet his/her responsibilities and/or to perform the requested privileges.
6. Report to the CDCR, Chief Medical Officer (CMO), and/or Health Care Manager (HCM) immediately any action taken affecting licensure, certification, registration, or DEA registration, including, but not limited to, probation, restriction, suspension, termination, and voluntary or involuntary relinquishment of same. The CMO/HCM will immediately notify the Regional Medical Director and the C&PU.
7. Utilize CDCR resources appropriately.
8. Treat all individuals at or associated with CDCR courteously, respectfully, and with dignity at all times.

9. Comply with practice requirements which relate to the provision of services by AHPs at CDCR.
10. Write orders only as permitted by licensure or certification and as outlined in the AHP Category Privileges Description and the privileges granted to the AHP.
11. In a complete and timely fashion, document in patient Unit Health Records to the extent authorized in the AHP Category Privileges Description and the privileges granted to the AHP.
12. Seek consultation, supervision, and direction whenever appropriate or necessary and as required in the AHP Category Privileges Description and the privileges granted to the AHP.
13. Abide by the ethical principles of his/her profession.
14. At all times observe and promote the confidentiality of patient identifiable information.
15. Maintain all other qualifications for privileges set forth in this AHP Credentialing P&P or the applicable AHP Category Privileges Description.

**Relationship to
Medical Staff
Voting privileges**

Allied Health Professionals are not members of the medical staff and do not have voting privileges at medical staff meetings unless the privilege to vote is granted at the time the committee appointment is made. AHPs may attend medical staff meetings only when appointed to a committee or department or requested to attend by an authorized representative of the medical staff organization (officer, department chair, or committee chair).

Bylaws

They are required to comply with the bylaws, policies, rules, and regulations of the medical staff which apply to the privileges provided by AHPs.

**Initial
Credentialing
Procedures**

Allied Health Professionals must be credentialed in accordance with this AHP Credentialing P&P. In order to be credentialed, they must complete a Medical Staff Credential Verification. Only those AHPs who meet the following eligibility criteria shall be provided with an application:

**Eligibility for
Application**

- Practices within a category of AHPs approved by the Governing Body;
- Have been offered employment by CDCR;
- Have been through a screening process, appears to meet

licensing, certification, education, training, and experience requirements of the applicable AHP category. (Exhibit B)

Demonstration of Qualifications

At all times, the AHP is responsible for demonstrating the following qualifications:

- Continued employment by CDCR, or an approved contract vendor.
- Requisite professional education and training, licensure, and/or certification.
- Demonstrated ability and judgment.
- Relevant experience demonstrated by clinical activity.
- Current competence to practice his/her profession and perform all requested clinical privileges.
- Freedom from any significant physical, emotional, or behavioral impairment (including the use of drugs or alcohol) which prevents the AHP from meeting the other qualifications for AHP status and the requested privileges.
- Acceptable professional claims history.
- Adherence to the lawful ethics of the AHPs profession.
- The ability to work cooperatively with others in the organization and with health care professionals in a consistently cordial and productive manner.

Application Process

AHPs who have received a tentative offer of employment are informed by the Personnel Department of CDCR that employment as an AHP is contingent upon successful completion of the credentialing/privileging process administered by the Credentialing & Privileging Unit (C&PU) of CDCR.

Verification Procedures, Evaluation and Decision-Making Process

Verification procedures will be carried out by the CDCR in accordance with the procedures defined in the CDCR Credentialing Policy and Procedure.

AHPs employed by the CDCR: The appropriate CMO, HCM, and Personnel Information Officer of CDCR will be informed by the CDCR C&PU as soon as possible if an unfavorable recommendation is made by the Credentials Committee, PPEC, or Governing Body.

A final adverse recommendation (i.e., denial of privileges) is not required by federal legislation to be reported to the National Practitioner Data Bank ("NPDB"). Therefore, adverse recommendations will not be reported by CDCR.

**Credentials
Files/Personnel
Files**

Each AHP will have a credentials file which is maintained by the CDCR C&PU. AHPs employed by CDCR will also have a separate personnel file (Official Personnel File or OPF) conforming to standard operating procedures.

Supervision

AHPs must have a designated primary physician supervisor. The primary physician supervisor must be designated by the CMO/HCM of the institution to which the AHP is assigned.

The primary physician supervisor must be a member of the medical staff in good standing.

The primary physician supervisor must agree to participate as requested in the evaluation of competency (i.e., at the time of reappointment or at intervals between reappointment, as necessary) of the AHP(s) who he/she supervises.

Evaluations

The primary supervising physician must sign the privileges of the AHP that he/she supervises, in which he/she accepts responsibility for appropriate supervision of the services provided by each AHP under his/her supervision.

The quality of care provided by employed AHPs is reviewed on an ongoing basis through the employment performance evaluation process of the CDCR.

In addition, evaluation of performance will be performed via the quality improvement programs of CDCR, including without limitation, case management processes, and, as applicable, by committee of the medical staff. Any concerns regarding the quality or appropriateness of care provided by an AHP identified during such review processes shall be referred to an appropriate medical staff review committee. Any concerns regarding the supervision of an AHP by a physician shall be referred to the appropriate medical staff department or review committee.

**OTHER
CONSIDERATIONS
Reappointment**

Reappointment procedures as defined in the CDCR Credentialing Policy and Procedure are followed for AHPs. This includes data that is gathered for all credentialed medical staff members and AHPs, as applicable to the services provided and available data.

During the reappointment process, the Department Chair/designee is permitted access to performance evaluations (maintained in the OPF) that occurred during the previous two-year period of time immediately preceding the reappointment (applicable to employed AHPs only). Copies of employment-related performance

evaluations are not maintained in credentials files.

**Review of Specific
Conduct or
Care/Corrective
Action**

Whenever the activities or professional conduct of an AHP adversely affects or is reasonably likely to adversely affect patient safety or the delivery of quality patient care or are disruptive to the organization's operations, the matter may be referred to the PPEC, who shall review the matter or designate an ad hoc or existing peer review body to investigate the matter.

External third parties may be used by the PPEC to conduct all or part of the investigation or to provide information to the investigating body. The investigation may involve an interview of the AHP involved and an interview of other individuals or groups.

**Automatic
Termination**

The privileges and status as an AHP shall terminate immediately, without review, in the event that the employment of the AHP with the CDCR is terminated.

Nothing contained in the Medical Staff Bylaws shall be interpreted to entitle an AHP to the procedural rights set forth in the Medical Staff Bylaws. AHPs are not subject to the same fair hearing procedures afforded to members of the medical staff organization.

**Grievance
Procedures**

Grievance procedures as provided by CDCR for employed AHPs shall be followed in the event of any actions that reduce, limit, or deny privileges.

Responsibility

It is the responsibility of the PPEC of the CDCR to perform an annual review of this P&P.

Allied Health Professionals

CLASS TITLE	Credential & Privilege by Plata Support Division Credential & Privilege Unit	License Verification by CDCR Personnel and/or Contracts Unit
LICENSE CLINICAL SOCIAL WORKER	Yes	
NURSE PRACTITIONER	Yes	
NURSE-ANESTHETIST	Yes	
PHYSICIAN ASSISTANT	Yes	
SURGICAL NURSE I	Yes	
SURGICAL NURSE II	Yes	
CERTIFIED NURSE ASSISTANT		Yes
CLINICAL DIETICIAN CF		Yes
CLINICAL LABORATORY TECHNICIAN		Yes
LABORATORY ASSISTANT		Yes
DENTAL ASSISTANT		Yes
DENTAL HYGIENIST		Yes
DENTAL LABORATORY TECHNICIAN		Yes
LICENSED PSYCHIATRIC TECHNICIAN		Yes
LICENSED VOCATIONAL NURSE		Yes
NURSE CONSULTANT I		Yes
MEDICAL RECORDS DIRECTOR		Yes
NURSE CONSULTANT II		Yes
NURSE CONSULTANT II SUPERVISOR		Yes
NURSE CONSULTANT III SPECIALIST		Yes
NURSE CONSULTANT PROGRAM REVIEW		Yes
NURSE INSTRUCTOR		Yes
PHARMACIST I		Yes
PHARMACIST II		Yes
PHARMACY SERVICES MANAGER		Yes
PHARMACY TECHNICIAN		Yes
PUBLIC HEALTH NURSE I		Yes
PUBLIC HEALTH NURSE II		Yes
RADIOLOGICAL TECHNOLOGIST		Yes
RECREATIONAL THERAPIST		Yes
REGISTERED NURSE		Yes
SENIOR CLINICAL LABORATORY TECHNICIAN		Yes
SENIOR RADIOLOGICAL TECHNOLOGIST SPECIALIST		Yes
SENIOR RADIOLOGICAL TECHNOLOGIST SUPERVISOR		Yes
SUPERVISING CLINICAL LABORATORY TECHNICIAN		Yes
SUPERVISING REGISTERED NURSE I		Yes
SUPERVISING REGISTERED NURSE II		Yes
SUPERVISING REGISTERED NURSE III		Yes

The Credential and Privileges and/or License Verification must be completed and approved prior to the start date of the provider.

Requirements of the AHP

As stated in the *Clarification of Credentialing Standards for Primary Care Providers* memo dated April 11, 2007, authored by Dr. Dwight Winslow, Statewide Medical Director, the following standards are to be applied when considering candidates for:

Civil Service Positions

- Reviewers will only approve Nurse Practitioners who are currently nationally certified (by the American Academy of Nurse Practitioners Certification Program or the American Nurses Credentialing Center) as a Family or Adult Nurse Practitioner, or have graduated from a Nurse Practitioner program within the past twelve months, with the intention of seeking national certification.
- If the candidate has graduated from a Nurse Practitioner program within the past twelve months and not yet achieved national certification as a Family Nurse Practitioner or Adult Nurse Practitioner, he or she must pass both phases of the Quality Improvement in Correctional Medicine (QICM) program for mid-level providers within four months of hire.
- Physician Assistants must be currently certified through the National Commission on Certification of Physician Assistants (NCCPA), with appropriate training and experience in primary care.

Registry and Contract Positions

- Nurse Practitioners must have current national certification (by the American Academy of Nurse Practitioners Certification Program or the American Nurses Credentialing Center) as a Family or Adult Nurse Practitioner.
- Physician Assistants must be currently certified through the NCCPA, with appropriate training and experience in primary care.

EXHIBIT 9

CALIFORNIA
PRISON HEALTH CARE
RECEIVERSHIP CORP.

J. Clark Kelso
Receiver

May 21, 2008

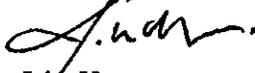
John F. Tighe
Vice President, Health Services
Corrections Corporation of America
10 Burton Hills Blvd.
Nashville, Tennessee 37215

Dear Mr. Tighe:

The California Prison Health Care Receivership Corporation (CPR) has instituted an investigation of the death of Robert Washington, CDCR #V63596, and delays in the delivery of medical care to Frederick Gusta, P02242, California state prisoners housed at the Tallahatchie facility in Mississippi. To evaluate possible failures of care provided by the Corrections Corporation of America (CCA), the Medical Oversight Program (MOP) team will be deployed to the Tallahatchie facility effective Monday, May 26, 2008. We anticipate your full cooperation with the MOP, including access to interview your staff and inmates, access to medical records, policies and procedures, and all relevant portions of the physical plant.

In addition, we are calendaring a meeting with your leadership team to be held in Sacramento, California, within the next two weeks. You will be contacted by my Special Assistant, Steve Weston concerning the potential meeting. The agenda will include a discussion of the problems with care delivered to Mr. Washington and Mr. Gusta, the CCA response to the incidents, and the long-term viability of the contract between the California Department of Corrections and Rehabilitation (CDCR) and CCA.

Sincerely,



John Hagar
Chief of Staff

cc: J. Clark Kelso, Receiver
Matthew Cate, Secretary, CDCR
Benjamin Rice, Deputy Legal Affairs Secretary, Office of the Governor
David Shaw, Inspector General, Office of the Inspector General
Terry Hill, M.D., Chief Executive Officer, Medical Services, CPR
Dwight Winslow, M.D, Chief Physician Executive
Yulanda Mynhier, Director (A), Plata Field Support Division
Joyce Hadnot, Chief, Clinical Quality and Support Division
Randy Lucas, Investigation & Discipline Coordinator, Receiver's Support Unit

501 J Street, P. O Box 438, Sacramento, CA 95812-4038
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