

# CONTRACT

This contract, executed this 1<sup>st</sup> day of October 2018, by and between the Consolidated Government of Columbus, Georgia, hereinafter called the "City", and **CORRECTHEALTH MUSCOGEE, LLC (ATLANTA, GA)**, hereinafter called the "Contractor".

## WITNESSETH:

That in consideration of the mutual covenants, obligations, and terms set-forth in the attached proposal and specifications, the parties hereby agree as follows:

1. That the Contractor met all proposal requirements to provide ***INMATE MEDICAL AND PHARMACY SERVICES FOR MUSCOGEE COUNTY JAIL (ANNUAL CONTRACT)***, per ***RFP No. 18-0019***, and was awarded the Contract by Columbus Council on Tuesday, August 28, 2018, per the attached ***RESOLUTION No. 314-18***. The contract term shall be for two (2) years with the option to renew for three (3) additional twelve-month periods, in accordance with the specifications prepared by the City and the proposal of the Contractor.

2. The Contractor will, at its own cost and expense, furnish all labor, materials, and equipment required to be furnished, provide all related services required, and meet all other requirements or conditions imposed, all strictly in accordance with the Health Services Agreement; the Contractor's business requirements; the City's Request for Proposals, dated April 6, 2018; the Contractor's proposal, dated May 1, 2018; the clarification documents; and the negotiation documents, which are attached hereto as exhibits "A", "B", "C", "D", "E", and "F" respectively, and which are by reference made a part hereof to the same extent as if fully set out herein.

3. On the faithful performance of this Contract by the Contractor, the City will pay the Contractor in accordance with the terms and on the conditions stated in this Contract and the exhibits attached to and by reference made a part hereof.

CONTRACT SIGNATURE PAGE

Inmate Medical and Pharmacy Services for Muscogee County Jail (Annual Contract)
RFP No. 18-0019

THE UNDERSIGNED HEREBY DECLARES THAT HE HAS/THEY HAVE CAREFULLY EXAMINED THE SPECIFICATIONS HEREIN REFERRED TO AND WILL PROVIDE ALL EQUIPMENT, TERMS AND SERVICES TO THE CONSOLIDATED GOVERNMENT OF COLUMBUS, GEORGIA.

[Signature]
Witness as to the signing of the contract

By: [Signature] 5/16/18
Signature of Authorized Representative Date

[Signature]
Witness as to the signing of the contract

Carlo A. Musso, MD, President
Print Name and Title of Signatory

(Corporate seal, if applicable)

Company: CorrectHealth Muscogee, LLC

Company Ordering Address

Company Payment Address

Contact: Carlo A. Musso, MD
Contact Email carlo.musso@correcthealth.org
Telephone 770-692-4750, 209 Fax 770-692-4754

Contact: Carlo A. Musso, MD
Contact Email carlo.musso@correcthealth.org
Telephone: 770-692-4750, 209 Fax 770-692-4754

CONSOLIDATED GOVERNMENT OF COLUMBUS, GEORGIA

Accepted this 1st day of October 2018

APPROVED AS TO LEGAL FORM:

[Signature]
Isaiah Hugley, City Manager

[Signature]
Clifton C. Fay, City Attorney

ATTEST:
[LSignature]
Lindsey Glisson, Deputy Clerk of Council

EXECUTION AUTHORIZED
By Resolution No. 314-18

\*\*COMPLETE AND RETURN THIS PAGE WITH SEALED PROPOSAL\*\*

## Della Lewis

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**From:** John Ritter <john.ritter@correcthealth.org>  
**Sent:** Thursday, September 6, 2018 4:56 PM  
**To:** Della Lewis  
**Cc:** Stacy Scott; Joseph Junca; Carlo Musso  
**Subject:** Re: Transition of Medical Services

Thanks, Should be CorrectHealth Muskogee, LLC, I will get you a corrected W9, and yes the address is correct for both.

On Sep 6, 2018, at 4:45 PM, Della Lewis <[DLewis@columbusga.org](mailto:DLewis@columbusga.org)> wrote:

Sorry,

I just realized that your W-9 is on the 2014 version that I included in the RFP document. Please resubmit the most current W9 form (2017).

Thanks,  
Della

Della Lewis, CPPB  
Buyer Specialist  
Columbus Consolidated Government  
Finance Department | Purchasing Division  
100 10th Street, 5th Floor | Columbus GA 31901  
706.225.3072 | [dlewis@columbusga.org](mailto:dlewis@columbusga.org)  
[Procurement Opportunities](#)

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**From:** Della Lewis  
**Sent:** Thursday, September 6, 2018 4:42 PM  
**To:** 'John Ritter' <[john.ritter@correcthealth.org](mailto:john.ritter@correcthealth.org)>  
**Subject:** RE: Transition of Medical Services

You're more than welcome.

I'm about to enter CorrectHealth as a vendor in our financial system. CorrectHealth, LLC is listed on your W-9 form, with an address of 3384 Peachtree Road NE, Ste. 700; Atlanta GA 30326.

- Is this how you want your company listed or should it be CorrectHealth, LLC dba CorrectHealth Muscogee, LLC?
- Also, will the address serve as both your ordering and payment address?

Thanks,  
Della

Della Lewis, CPPB  
Buyer Specialist  
Columbus Consolidated Government  
Finance Department | Purchasing Division  
100 10th Street, 5th Floor | Columbus GA 31901  
706.225.3072 | [dlewis@columbusga.org](mailto:dlewis@columbusga.org)  
[Procurement Opportunities](#)

**From:** John Ritter <[john.ritter@correcthealth.org](mailto:john.ritter@correcthealth.org)>  
**Sent:** Thursday, September 6, 2018 10:04 AM  
**To:** Della Lewis <[DLewis@columbusga.org](mailto:DLewis@columbusga.org)>  
**Subject:** RE: Transition of Medical Services

Thank you so much for your help Ms. Lewis.

John

**From:** Della Lewis [<mailto:DLewis@columbusga.org>]  
**Sent:** Thursday, September 6, 2018 9:09 AM  
**To:** John Ritter <[john.ritter@correcthealth.org](mailto:john.ritter@correcthealth.org)>  
**Cc:** Rebecca Osbon <[ROsbon@columbusga.org](mailto:ROsbon@columbusga.org)>; Jody Davis <[JDavis@columbusga.org](mailto:JDavis@columbusga.org)>  
**Subject:** FW: Transition of Medical Services

John,

Becky Osbon (Muscogee County Sheriff's Office) processes invoices for inmate medical & pharmacy services for the Jail. Her number is 706-225-3324. Our Accounting Division finalizes the payment process. Jody Davis is the Accounting Division Manager and her number is 706-225-3053.

Thanks,  
Della

Della Lewis, CPPB  
Buyer Specialist  
Columbus Consolidated Government  
Finance Department | Purchasing Division  
100 10th Street, 5th Floor | Columbus GA 31901  
706.225.3072 | [dlewis@columbusga.org](mailto:dlewis@columbusga.org)  
[Procurement Opportunities](#)

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**From:** Della Lewis  
**Sent:** Wednesday, September 5, 2018 12:19 PM  
**To:** Joe McCrea <[McCrea.Joe@columbusga.org](mailto:McCrea.Joe@columbusga.org)>; Troy Culpepper <[TCulpepper@columbusga.org](mailto:TCulpepper@columbusga.org)>; Forrest Toelle <[ftoelle@columbusga.org](mailto:ftoelle@columbusga.org)>; Cheryl Tate <[cbtate@columbusga.org](mailto:cbtate@columbusga.org)>; Robert Trombley <[RTrombley@columbusga.org](mailto:RTrombley@columbusga.org)>  
**Cc:** 'John Ritter' <[john.ritter@correcthealth.org](mailto:john.ritter@correcthealth.org)>  
**Subject:** FW: Transition of Medical Services  
**Importance:** High

Per the below email, please provide the requested Jail and IT contact information to John Ritter.

Thanks,  
Della

Della Lewis, CPPB  
Buyer Specialist  
Columbus Consolidated Government  
Finance Department | Purchasing Division  
100 10th Street, 5th Floor | Columbus GA 31901  
706.225.3072 | [dlewis@columbusga.org](mailto:dlewis@columbusga.org)  
[Procurement Opportunities](#)



**From:** John Ritter <[john.ritter@correcthealth.org](mailto:john.ritter@correcthealth.org)>  
**Sent:** Wednesday, September 5, 2018 12:15 PM  
**To:** Della Lewis <[DLewis@columbusga.org](mailto:DLewis@columbusga.org)>  
**Subject:** Transition of Medical Services  
**Importance:** High

Ms. Lewis, I hope that you are well. As we discussed yesterday we in need of a contact at the Jail to schedule times that our Clinical Services, IT, and Human Resources. With the short transition time we will need to visit as soon as possible, Monday would be great.

Will need the following contact information for :

Jail Administrator – HR to Schedule visit and communication  
IT Administrator – to Connect our IT folks  
Finance Contact – for Billing and invoicing

Thank you for your help with this time sensitive matter.

**John P. Ritter, NRP, CCHP** | Director of Marketing and Business Development  
| *CorrectHealth Companies* |  
Lenox Plaza | 3384 Peachtree Road, Suite 700, Atlanta GA 30326 | O: 770-692-4759 | M: 770-337-8888  
[www.correcthealth.org](http://www.correcthealth.org)

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<W9\_2017\_Fillable (003).pdf>

A RESOLUTION  
NO 314-18

**A RESOLUTION AUTHORIZING THE EXECUTION OF A NEGOTIATED ANNUAL CONTRACT WITH CORRECTHEALTH MUSCOGEE, LLC (ATLANTA, GA) FOR COMPREHENSIVE MEDICAL AND PHARMACY SERVICES FOR INMATES INCARCERATED IN THE MUSCOGEE COUNTY JAIL.**

WHEREAS, an RFP was administered (RFP No. 18-0019) and four proposals were received; and,

WHEREAS, the proposals submitted by CorrectHealth Muscogee, LLC met all proposal requirements and was evaluated most responsive to the RFP; and,


WHEREAS, the initial term of the contract shall be for two (2) years with the option to renew for three (3) additional twelve-month periods. The contract renewals will be contingent upon the mutual agreement of the City and the Contractor.


**NOW, THEREFORE, THE COUNCIL OF COLUMBUS, GEORGIA, HEREBY RESOLVES AS FOLLOWS:**

That the City Manager is hereby authorized to execute a negotiated annual contract with CorrectHealth Muscogee, LLC (Atlanta, GA) for comprehensive medical and pharmacy services for inmates incarcerated in the Muscogee County Jail. Funds are budgeted each fiscal year for this ongoing expense: General Fund – Sheriff – Medical – Consulting, Medical Services-Inmates and Pharmacy Services; 0101-550-2650-MEDD-6315, 6320 and 6323.

Introduced at a regular meeting of the Council of Columbus, Georgia, held the 28<sup>th</sup> day of August, 2018 and adopted at said meeting by the affirmative vote of nine members of said Council.

Councilor Allen voting	<u>YES</u>
Councilor Baker voting	<u>YES</u>
Councilor Barnes voting	<u>YES</u>
Councilor Davis voting	<u>ABSENT</u>
Councilor Garrett voting	<u>YES</u>
Councilor House voting	<u>YES</u>
Councilor Huff voting	<u>YES</u>
Councilor Thomas voting	<u>YES</u>
Councilor Turner Pugh voting	<u>YES</u>
Councilor Woodson voting	<u>YES</u>

  
Lindsey Glisson, Deputy Clerk of Council

  
Teresa Pike Tomlinson, Mayor

**EXHIBIT A**

*Health Services Agreement*

## HEALTH SERVICES AGREEMENT

THIS HEALTH SERVICES AGREEMENT (hereinafter referred to as "AGREEMENT") by and between the MUSCOGEE COUNTY SHERIFF'S OFFICE (hereinafter referred to as "MCSO"), the COLUMBUS CONSOLIDATED GOVERNMENT (hereinafter referred to as "CCG"), and CORRECTHEALTH MUSCOGEE, LLC (hereinafter referred to as "COMPANY"), is entered into as of the 1st day of October, 2018 to be effective as set forth in Paragraph 6.1, below.

### WITNESSETH:

**WHEREAS**, MSCO is charged by law with the responsibility for obtaining and providing reasonably necessary medical care for inmates or detainees of the MUSCOGEE COUNTY JAIL (hereinafter called "JAIL") and,

**WHEREAS**, MSCO desires to provide for health care to inmates in accordance with applicable law; and,

**WHEREAS**, MSCO, which receives funding and procurement support through the CCG, desires to enter into this Agreement with COMPANY to promote this objective; and,

**WHEREAS**, COMPANY is in the business of providing correctional healthcare services under contract and desires to provide such services for MCSO under the express terms and conditions contained herein.

**NOW THEREFORE**, in consideration of the mutual covenants and promises hereinafter made, the parties hereto agree as follows:

### ARTICLE I: HEALTH CARE SERVICES

- 1.1 General Engagement. COMPANY hereby contracts with the MCSO to provide healthcare services to inmates in the physical custody of the JAIL. This care is to be delivered to individuals under the custody and control of MCSO at the JAIL, and COMPANY enters into this Agreement according to the terms and provisions herein.
  
- 1.2 Scope of General Services. The responsibility of COMPANY for the healthcare of an inmate commences with the commitment of an inmate to the custody of the JAIL. COMPANY shall provide on a regular basis: intake screening, 14 day health assessments, nursing care, provider (physician and / or midlevel provider) care, dental care, electronic health records, tele-health, onsite emergency medical services, onsite laboratory studies, on-site radiology, medication administration, non-capital medical equipment, medical supplies, office supplies, and medical waste disposal, as set forth in COMPANY's Proposal dated May 18, 2018, in response to RFP No. 18-0019. COMPANY shall not be financially responsible for the cost of pharmaceuticals, on-site specialty care, off-site specialty care, hospitalizations, all other off-site healthcare, or ambulance services.

- 1.3 Specialty Care Services. When non-emergency specialty care is required and cannot be rendered at the JAIL, COMPANY shall make arrangements with MCSO for the transportation of the inmates in accordance with Section 1.8 of this Agreement.
- 1.4 Pharmacy Management Services. COMPANY shall provide a pharmaceutical management program for the JAIL health services at no additional cost that shall include formulary and non-formulary oversight; prescribing, and dispensing of medications; recordkeeping and the secure and proper storage of all medications in accordance with NCHC standards, JAIL policy and applicable law. Costs of the actual pharmaceutical products will be invoiced monthly and reimbursed to COMPANY by MCSO at its best-negotiated rate with no commission or management fee.
- 1.5 On-Site Emergency Services. COMPANY shall provide, at its own cost, on-site emergency medical care, as medically necessary.
- 1.6 Injuries Incurred Prior to Incarceration; Pregnancy. COMPANY will not be financially responsible for the cost of any medical treatment for health care services provided to any inmate prior to the inmate's commitment into the custody of the JAIL. Furthermore, COMPANY is not financially responsible for the cost of services outside the JAIL for any healthcare treatment or health care services provided to medically stabilize any inmate presented at booking with a life threatening injury or illness or in immediate need of emergency medical care, if said inmate is not in the custody of the JAIL.

Once it has been determined by COMPANY's intake medical personnel that the inmate has been medically stabilized, and accepted by MCSO personnel into the custody of the JAIL, COMPANY will, commencing at that point, then become responsible for the medical treatment for health care services rendered at the JAIL, regardless of the nature of the illness or injury and whether or not the illness or injury occurred prior or subsequent to the individual's incarceration at the JAIL. An inmate shall be considered medically stabilized when the patient's medical condition no longer requires immediate emergency medical care or outside hospitalization, and when any and/or all applicable medical clearances have been provided to the JAIL personnel, so that the inmate can reasonably be housed inside the JAIL. It is expressly understood that COMPANY shall not be responsible for costs associated with the health care of any infants born to inmates. COMPANY shall provide health care services to inmates up to, though, and after the birth process, but health care services provided to an infant following birth, other than those services that may be delivered in the JAIL prior to transport to a hospital, will not be the financial responsibility of COMPANY. In any event, COMPANY shall not be responsible for the costs associated with the performing or furnishing of elective abortions.

- 1.7 Inmates outside the Facility. The health care services contracted in the Agreement are intended only for those inmates in the actual physical custody of the JAIL. This does not include inmates who are under guard in outside jails or prisons. Such inmates are not to be included in the daily population count. No person(s), including those who are in any outside hospitals who are not under guard, shall be the financial responsibility of COMPANY with respect to the payment or the furnishing of their health care services. Persons in the physical custody of other public safety or other law enforcement/penal jurisdictions at the request of MCSO are likewise excluded from the population count and

are not the responsibility of COMPANY for the furnishing or payment of health care services.

The cost of medical services provided to inmates who become ill or are injured while on such temporary release, work release, or escape status will not be the responsibility of COMPANY. However, inmates on work detail who are supervised by MCSO personnel and become injured will be the responsibility of COMPANY as long as they are returned to the JAIL to be treated by COMPANY personnel. These inmates will be part of the daily census count.

- 1.8 Elective Medical Care. COMPANY is not responsible for providing elective medical care to inmates. For purposes of the Agreement, "elective medical care" means medical care, which, if not provided, would not cause definite harm to the inmate's well-being. MCSO and / or must review any referral of inmates for elective medical care prior to provision of such services.
- 1.9 Transportation Services. To the extent any inmate requires off-site non-emergency health care treatment including, but not limited to, hospitalization care and specialty services, MCSO will, upon request by COMPANY provide transportation as reasonably available provided that such transportation is scheduled in advance. When medically necessary, COMPANY shall arrange for all emergency ambulance transportation of inmates. COMPANY will not be financially responsible for the cost of ambulance services.
- 1.10 Utilization Management/Billing Adjudication: COMPANY shall provide utilization management services consisting of a prospective review, concurrent review, readmission review and retrospective review for offsite medical services. Such retrospective reviews shall be completed within 30 days of receipt of the invoice for the service. Upon completion of utilization management reviews, a copy of which shall be supplied to the Sheriff, COMPANY shall pay offsite medical providers on behalf of CCG and invoice CCG for reimbursement of the medical expenses paid by COMPANY. All approved offsite service invoices approved and paid by COMPANY will be billed for reimbursement on the next available monthly billing cycle, but in no event shall more than 90 days elapse between the receipt of an off-site invoice and its presentation to the CCG's Finance Department for payment unless it is placed on a list of disputed claims. The Sheriff and CCG shall be notified of all outstanding disputed claims on a monthly basis. With respect to any invoices pertaining to off-site services provided by Columbus Medical Center or its affiliates pursuant to a contract by and between the City and the Medical Center Hospital Authority of Columbus, Georgia for the provision of hospital care and certain referrals for care for prisoners dated as of July 1, 1992, as thereafter amended, COMPANY shall provide utilization review services described above, but it will make no payments and instead will, within 60 days from receipt of the invoice, forward approved charges to the Columbus, Georgia Finance Department for approval and payment pursuant to the terms of the contract referenced herein. COMPANY will follow applicable state laws and will keep the CCG and the Sheriff apprised of its utilization management practices.
- 1.11 Reporting and Quality Assurance: COMPANY will staff participation in quality assurance meetings and provide statistical data to demonstrate compliance with the Memorandum of Agreement between the CCG, MCSO, and the United States Department of Justice dated

as of January 16, 2015 or such other monitoring agreement as may be in effect during the pendency of this agreement.

- 1.7 Penalties for Non-compliance. The following are areas of concern that will be addressed with penalties for non-compliance. A period of ninety (90) days will be allotted from the first day of the medical contract to allow the vendor to make necessary adjustments and to correct these issues.

**14 Day Health Assessments:** Any health assessment not completed within the 14-day period will be assessed a penalty of \$50 for each health assessment not completed.

**Intake Screening:** Any inmate screening not completed with 8 hours of being booked into the facility will be assessed a penalty of \$50.00 for each incomplete screening. Any insulin dependent diabetic shall be seen within 4 hours of being booked into the facility.

*Note: Uncooperative/incapacitated inmates who cannot be processed by security are not counted as an inmate booked into the facility.*

**Sick Call Requests:** Any urgent/emergent sick call request not addressed within 4 hours during normal business hours or 24 hours if outside of normal business hours, or any non-emergent sick call not addressed within 72 hours, will be assessed a penalty for non-compliance at the rate of \$10.00 per inmate request, per day until appropriately addressed.

**Medical Grievances:** Any Medical Grievance not addressed within 72 hours, will be assessed a penalty for non-compliance at the rate of \$25.00 per inmate request/grievance, per day until appropriately addressed.

**Medication Distribution:** ALL medication passes must be accomplished within the established timeframe dedicated to medication pass. Medication issue shall be conducted within a time as will not disrupt the patient's dosing schedule. Failure to accomplish a med pass for any reason is unacceptable and shall be considered a breach of contract and the Sheriff may elect to void the contract for medical services.

## ARTICLE II: PERSONNEL

- 2.1 Staffing. COMPANY shall provide medical and support personnel reasonably necessary for the rendering of health care services to inmates at the JAIL, as identified on Exhibit A, which is attached hereto. At the reasonable professional discretion of the COMPANY, some services may be provided via tele-health.
- 2.2 Licensure, Certification and Registration of Personnel. All personnel provided or made available by COMPANY to render services hereunder shall be licensed, certified or registered, in their respective areas of expertise as required by applicable Georgia law.

- 2.3 MCSO's Satisfaction with Health Care Personnel. If the Sheriff, Chief Deputy, or Division Commander of the JAIL becomes dissatisfied with any health care personnel provided by COMPANY hereunder, or by any independent contractor, subcontractor or assignee, COMPANY, in recognition of the sensitive nature of correctional services, shall, following receipt of written notice from the Sheriff, Chief Deputy, or Division Commander of the JAIL of the grounds for such dissatisfaction and in consideration of the reasons therefore, exercise its best efforts to resolve the problem. If the problem is not resolved satisfactorily to the Sheriff, Chief Deputy, or Division Commander of the JAIL, COMPANY shall remove or shall cause any independent contractor, subcontractor, or assignee to remove the individual about whom the MCSO has expressed dissatisfaction. Should removal of an individual become necessary, COMPANY will be allowed reasonable time, prior to removal, to find an acceptable replacement, without penalty or any prejudice to the interests of COMPANY.
- 2.4 Use of MCSO Personnel and Inmates in the Provision of Health Care Services. MCSO personnel nor inmates shall be employed or otherwise engaged by either COMPANY or MCSO in the direct rendering of any health care services.
- 2.5 Subcontracting and Delegation. In order to discharge its obligations hereunder, COMPANY will engage certain health care professionals as independent contractors rather than as employees. MCSO consents to such subcontracting or delegation. As the relationship between COMPANY and these health care professionals will be that of independent contractor, COMPANY will not be considered or deemed to be engaged in the practice of medicine or other professions practiced by these professionals. COMPANY will not exercise control over the manner or means by which these independent contractors perform their professional medical duties. However, COMPANY shall exercise administrative supervision over such professionals necessary to insure the strict fulfillment of the obligations contained in this Agreement. For each agent and subcontractor, including all medical professionals, physicians, dentists, and nurses performing duties as agents or independent contractors of COMPANY under this Agreement, COMPANY shall provide MCSO proof, upon prior written request, that there is in effect a professional liability or medical malpractice insurance policy covering the agent or subcontractor that satisfies the requirements set forth in Section 8.1 below.
- 2.6 Discrimination. During the performance of this Agreement, COMPANY, its employees, agents, subcontractors, and assignees agree as follows:
- a. None will discriminate against any employee or applicant for employment because of race, religion, color, gender or national origin, except where religion, gender or national origin is a bona fide occupational qualification reasonably necessary to the normal operation of the contractor.
  - b. In all solicitations or advertisements for employees, each will state that it is an equal opportunity employer.
  - c. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of the section.

### **ARTICLE III: REPORTS AND RECORDS**



- 3.1 Medical Records. COMPANY shall cause and maintain complete and accurate medical records for each Inmate who has received health care services. Each medical record will be maintained in accordance with applicable laws. The medical records shall be kept separate from the inmate's confinement record. A complete legible copy of the applicable medical records shall be available at all times, to the Sheriff, as custodian of the person of the patient. Medical records shall be kept confidential. No information contained in the medical records shall be released by COMPANY except as provided by policy, by a court order, or otherwise in accordance with applicable law. COMPANY shall, at its own cost, provide all medical personnel necessary to maintain the medical records. At the termination of this Agreement, all medical records shall be delivered to and remain with the MCSO. However, MCSO shall provide COMPANY with reasonable ongoing access to all pertinent medical records even after the termination of this Agreement for the purposes of defending or investigating litigation.
- 3.2 Regular Reports by COMPANY. COMPANY shall provide to MCSO, and to CCG if requested, a monthly report in a form mutually acceptable to COMPANY and MCSO, relating to services rendered under this Agreement.
- 3.3 Inmate Information. Subject to the applicable Georgia law, in order to assist COMPANY in providing the best possible health care services to inmates, MCSO will provide COMPANY with information pertaining to inmates that COMPANY and MCSO mutually identify as reasonable and necessary for COMPANY to adequately perform its obligations hereunder.
- 3.4 COMPANY Records Available to MCSO with Limitations on Disclosure. COMPANY shall make available to MCSO, at MCSO's request, records, documents and other papers relating to the direct delivery of health care services to Inmates hereunder. MCSO understands that written operating policies and procedures employed by COMPANY in the performance of its obligations hereunder are propriety in nature and will remain the property of COMPANY and shall not be disclosed without written consent. Information concerning such may not, at any time, be used, distributed, copied or otherwise utilized by MCSO, except in connection with the delivery of health care services hereunder, or as permitted or required by law, unless such disclosure is approved in advance writing by COMPANY. Proprietary information developed by COMPANY shall remain the property of COMPANY. Provided however, MCSO will not be prevented from sharing such COMPANY information as may be required by the United States Department of Justice as part of its ongoing monitoring activities pursuant to a Memorandum of Agreement dated January 16, 2015 or as may be required by applicable provisions of the Georgia Open Records Act.
- 3.5 MCSO Records Available to COMPANY with Limitations on Disclosure. During the term of this Agreement and for a reasonable time thereafter, MCSO will provide COMPANY at COMPANY's request, MCSO's records relating to the provision of health care services to inmates as may be reasonably requested by COMPANY or as are pertinent to the investigation or defense of any claim related to COMPANY's conduct. Any such information provided by MCSO to COMPANY that MCSO considers confidential shall be kept confidential by COMPANY and shall not, except as may be required by law, be distributed to any third party without the prior written approval of the MCSO .

#### ARTICLE IV: SECURITY

- 4.1 General. COMPANY and MCSO understand that adequate security services are essential and necessary for the safety of the agents, employees, and subcontractors of COMPANY as well as for the security of inmates and JAIL personnel, consistent with the correctional setting. MCSO personnel will take all reasonable steps to provide sufficient security to enable COMPANY to safely and adequately provide the health care services described in this Agreement. It is expressly understood by MCSO and COMPANY that the provision of security and safety for the COMPANY personnel is a continuing precondition of COMPANY's obligation to provide its services in a routine, timely, and proper fashion. This provision, however shall not be considered to and shall not be construed to be a waiver of any defense, including sovereign or official immunity, to any claim against MCSO by an inmate, employee of company or any other person in anyway whatsoever.
- 4.2 Security During Transportation Off-Site. MCSO will provide prompt and timely security as medically necessary and appropriate in connection with the transportation of any inmate between the JAIL and any other location for off-site services as contemplated herein.

#### **ARTICLE V: OFFICE SPACE, EQUIPMENT, INVENTORY AND SUPPLIES**

- 5.1 General. /MCSO agree to provide COMPANY with reasonable and adequate office and medical space, facilities, and telephone equipment with dedicated line in the medical area. COMPANY will obtain, with the assistance of MCSO, secured internet access (minimum speeds 3MB down/3MB up) with a static public IP address as required for high definition telehealth and / or the operation of the Electronic Health Record (EHR). This internet connection will be for sole and exclusive use by COMPANY. MCSO will pay for utilities (e.g. gas, electric, water, phone lines, and long distance telephone service). Further, MCSO will provide necessary maintenance and housekeeping of the office space and facilities.

With regard to telemedicine, COMPANY will provide for all necessary equipment and any necessary internet / connection line, as set forth above. MCSO will be responsible for ensuring that the JAIL Management Software (JMS) provides a unidirectional interface, which integrates with COMPANY's EHR to populate the EHR with patient demographics and location data only.

COMPANY will provide medical and office supplies used in the healthcare delivery system administered at the JAIL. This includes medical supplies, medical records, office supplies, and forms. COMPANY will also provide for all non-capital medical equipment (i.e. less than \$500). MCSO will be responsible for any capital medical equipment (i.e. more than \$500).

- 5.2 Delivery of Possession. MCSO will provide to COMPANY beginning on the date of commencement of this Agreement, possession and control of all medical and office equipment and supplies in place at the JAIL's health care unit.

At the commencement of service by COMPANY an inventory of all supplies, medical and office equipment as described herein will be completed in writing by MCSO personnel. This inventory will be reviewed and approved in writing by the authorized agent of the MCSO as well as the COMPANY.

At the termination of this or any subsequent Agreement, COMPANY will return to the MCSO possession and control all supplies, medical and office equipment, in working order, reasonable wear and tear accepted, which were in place at the JAIL's health care unit prior to the commencement of services under this Agreement. Any such return will require written confirmation, executed by the JAIL Administrator of the JAIL, for proper acceptance.

#### ARTICLE VI: TERM AND TERMINATION OF AGREEMENT

- 6.1 Initial Term. The initial term of this Agreement will be two (2) years, from October 1, 2018 through September 30, 2020. This Agreement is renewable under the terms set forth in Exhibit B for three additional one year terms, upon delivery of written notice of intent to renew provided to COMPANY at least ninety (90) days prior to the expiration of the then-existing term.
- 6.2 Termination. This Agreement may be terminated as otherwise provided in this Agreement or as follows:
- a. Termination by Agreement. In the event that each of the parties mutually agrees in writing, this Agreement may be terminated on the terms and date stipulated therein.
  - b. Termination by Cancellation. This Agreement may be canceled, without cause, by either party upon ninety (90) days prior written notice in accordance with Section 9.3 this Agreement.
- 6.3 Responsibility for Inmate Health Care. Upon termination of this Agreement, all responsibility for providing health care services to all inmates, including inmates receiving health care services at sites outside the JAIL will be transferred from COMPANY to MCSO.

#### ARTICLE VII: COMPENSATION

- 7.1 Base Compensation & Per Diem Compensation. MCSO will pay COMPANY as indicated on Exhibit B. The compensation level on Exhibit B assumes a maximum inmate population of **1100** inmates.

COMPANY will invoice MCSO during the month prior to the month of service. Upon approval by MCSO the invoice shall be forwarded to CCG for payment to COMPANY within thirty (30) days of MCSO's initial receipt of the invoice provided that the invoice is properly documented and not disputed. In the event this agreement should terminate on a date other than the end of a calendar month, compensation to COMPANY will be prorated accordingly for the shortened month.

- 7.2 Per Diem. When the daily inmate census exceeds **1100**, MCSO agrees to compensate COMPANY a per diem rate (cost per inmate per day) for each inmate in excess of **1100**, as referenced on Exhibit B.

This per diem is intended to cover additional costs in those instances where minor, short-term increases in the inmate population result in the higher utilization of routine supplies and services. However, the per diem is not intended to provide for any additional fixed

costs, such as new staffing positions, which might prove necessary if the inmate population increases to more than **1100** inmates. As such, if the census increases by **20%** and is sustained, the parties agree to negotiate in good faith for additional staffing and associated compensation in order to continue to provide services to the increased number of inmates and maintain the quality of care consistent with COMPANY's Proposal and this Agreement.

- 7.3 Inmates From Other Jurisdictions. Medical care rendered within the JAIL to inmates from outside jurisdictions, and housed in the JAIL pursuant to written contracts between MCSO and such other jurisdictions or the State of Georgia, or by statute, will be the responsibility of COMPANY but as limited by this Agreement. Medical care that cannot be rendered within the JAIL will be arranged by COMPANY and the costs of such care subject to reimbursement by the other jurisdiction, the State of Georgia, or MCSO/. This Section does not apply to sentenced felons awaiting transfer to State facilities or inmates housed in the JAIL on ex parte orders. COMPANY shall directly bill other counties for onsite professional medical fees, supplies, tests and medications. COMPANY will forward other bills for offsite healthcare and program support services provided to other jurisdictions housing inmates in the JAIL. A nominal standard fee schedule will be utilized and is available upon request. MCSO agrees to assist COMPANY with these billing activities.
- 7.4 Change in Standard of Care or Scope in Services. The price in Section 7.1, above, quoted reflects the scope of services as outlined herein and the current community standard of care with regard to correctional healthcare services. If there is any change in or modification of the local, national (e.g. NCCHC, ACA) or community standards of care or scope of services, court order, ruling or interpretation, state or federal law or statute or interpretation thereof that results in sustained and material increase in costs (e.g. treatment of Hepatitis C, TB, HIV/AIDS, etc.), coverage of costs related to such changes are not included in the contract price and would need to be negotiated with the MCSO/. Further, if the mission and/or purpose of the JAIL changes substantially, the MCSO/ agree to negotiate with COMPANY in good faith for any change in services.

#### **ARTICLE VIII: LIABILITY AND RISK MANAGEMENT**

- 8.1 Insurance. At all times during this Agreement, COMPANY shall maintain professional liability insurance covering COMPANY, and naming MCSO and the Consolidated Government of Columbus Georgia ("CCG") as additional insureds, for its work at the JAIL with limits of one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in the aggregate. Upon request, COMPANY shall provide a Certificate of Insurance to MCSO and CCG. To the extent that COMPANY hires a contractor to provide any of the services contemplated by this Agreement in accordance with the provisions of Section 2.5 above, it will insure that such contractor provides insurance in the same amounts specified herein, also naming MCSO and CCG as additional insureds.
- 8.2 Indemnification. COMPANY shall indemnify, defend and hold MCSO and CCG harmless from and against any and all claims, actions, lawsuits, damages, judgments, or liabilities of any sort, including attorney's fees, against MCSO and/or CCG based on COMPANY's performance of its obligations hereunder including performance of such obligations by any contractor selected by COMPANY; provided, however, that COMPANY will not be responsible for any claim arising out of MCSO or their employee or agent preventing an

inmate from receiving medical care ordered by COMPANY or its agent or in failing to promptly present an ill or injured inmate to COMPANY for treatment.

**ARTICLE IX: MISCELLANEOUS**

9.1 Independent Contractor Status. The parties acknowledge that COMPANY is an independent contractor engaged to provide health care to Inmates at the JAIL under the direction of COMPANY management. Nothing in this Agreement is intended nor shall be construed to create an agency relationship, an employer - employee relationship, or a joint venture relationship between the parties.

9.2 Notice. Unless otherwise provided herein, all notices or other communications required or permitted to be given under this Agreement shall be in writing and shall be deemed to have been duly given if delivered personally in hand or sent by certified mail, return receipt requested, postage prepaid, and addressed to the appropriate party at the following address or to the other person at any other address as may be designated in writing by the parties:

(a) MCSO: Sheriff Donna Tompkins  
Muscogee County Sheriff's Office  
Government Center Tower, 4<sup>th</sup> Floor  
100 E. 10<sup>th</sup> Street  
Columbus, GA 31901

(b) CCG: Isaiah Hugley, City Manager  
Columbus Consolidated Government  
Government Center Tower, 6<sup>th</sup> Floor  
100 E. 10<sup>th</sup> Street  
Columbus, GA 31901

(c) COMPANY: CorrectHealth Muscogee, LLC  
ATTN: Carlo A. Musso, M.D.  
3384 Peachtree Road, NE, Suite 700  
Atlanta, GA 30326

Notices shall be effective upon receipt regardless of the form used.

9.3 Entire Agreement. This Agreement is part of a procurement contract file for Procurement No. 18-0019 "the Contract" which constitutes the entire agreement of the parties and is intended as a complete and exclusive statement of the promises, representations, negotiations, discussions and agreements that have been made in connection with the subject matter hereof. To the extent they are in conflict, provisions contained in the initial Request for Proposals, as amended, will govern. No modifications or amendment to the Contract shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto.

9.4 Amendment. This Agreement may be amended or revised only in writing and signed by all parties.

- 9.5 Waiver of Breach. The waiver by either party of a breach or violation of any provision of this Agreement shall not operate as, or be construed to be, a waiver of any subsequent breach of the same or other provision hereof.
- 9.6 Other contracts and Third-Party Beneficiaries. The parties agree that they have not entered into this Agreement for the benefit of any third person or persons, and it is their express intention that the Agreement is intended to be for their respective benefit only and not for the benefit of others who might otherwise be deemed to constitute third-party beneficiaries hereof.
- 9.7 Severability. In the event any provision of this Agreement is held to be unenforceable for any reason, the unenforceability thereof shall not affect the remainder of the Agreement which shall remain in full force and effect and enforceable in accordance with its terms.
- 9.8 Cooperation. On and after the date of this Agreement, each party shall, at the request of the other, make, execute and deliver or obtain and deliver all instruments and documents and shall do or cause to be done all such other things which either party may reasonable require to effectuate the provisions and intentions of this Agreement.
- 9.9 Time of Essence. Time is and shall be of the essence of this Agreement.
- 9.10 Authority. The parties signing this Agreement hereby state that they have the authority to bind the entity on whose behalf they are signing.
- 9.11 Binding Effect. This Agreement shall be binding upon the parties hereto, their heirs, administrators, executors, successors and assigns.
- 9.12 Cumulative Powers. Except as expressly limited by the terms of this Agreement, all rights, power and privileges conferred hereunder shall be cumulative and not restrictive of those provided at law or in equity.
- 9.13 Governing Law. This Agreement and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Georgia, except as specifically noted.
- 9.14 Jurisdiction and Venue. Should any disputes regarding this Agreement arise and require legal action, the proper jurisdiction and venue for said legal action will be Muscogee County, Georgia.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement, by and through their duly authorized officers, the day, month and year given below.

MUSCOGEE COUNTY SHERIFF'S OFFICE ("MCSO")

By: Donna Tompkins  
Title: Sheriff - muscogee County  
Print Name: Donna Tompkins  
Date: 10-22-18

COLOMBUS CONSOLIDATED GOVERNMENT ("CCG")

By: Isaiah Hugley  
Title: City Manager  
Print Name: Isaiah Hugley  
Date: 10-01-2018

CORRECTHEALTH MUSCOGEE, LLC ("COMPANY")

By: Stacy M. Scott  
Title: CHIEF LEGAL OFFICER  
Print Name: STACY M. SCOTT  
Date: 10-11-18

EXECUTION AUTHORIZED  
By Resolution No. 314-18

**EXHIBIT A – STAFFING**

PROVIDER	FTE	Hours / Week
<b>Medical Providers</b>		
Medical Director *	0.60	24
Midlevel Provider *	1.00	40
<b>Oversite Operations</b>		
Health Services Administrator	1.00	40
Director of Nursing	1.00	40
RN House Supervisor	4.20	168
Administrative Assistant	1.00	40
<b>Clinic</b>		
LPN Sick Call	2.00	80
<b>Infirmary</b>		
LPN	4.20	168
<b>Intake</b>		
LPN	4.20	168
Med Tech	4.20	168
<b>Pill Team</b>		
LPN	6.30	252
<b>Medical Records</b>		
HIT Supervisor	1.00	40
HIT Technician	1.00	40
<b>Dental Providers</b>		
Dentist	0.50	20
Dental Assistant	0.50	20
<b>TOTALS</b>	<b>32.70</b>	<b>1308</b>

*\* May be provided on-site and/or via tele-medicine, at the discretion of COMPANY.*



**Exhibit B – Compensation**

<b>Effective Dates</b>	<b>Annual Compensation</b>	<b>Monthly Compensation</b>	<b>Per Diem Rate</b>
10/01/18 – 09/30/19	\$2,940,115.02	\$245,009.59	\$0.55
10/01/19 – 09/30/20	\$3,013,617.90	\$251,134.82	\$0.56
10/01/20 – 09/30/21	\$3,088,958.34	\$257,413.20	\$0.58
10/01/21 – 09/30/22	\$3,166,182.30	\$263,848.53	\$0.59
10/01/22 – 09/30/23	\$3,245,336.86	\$270,444.74	\$0.61

**EXHIBIT B**

***Business Documents***

**The vendor's business documents are redacted.**

These documents are on file with the Columbus Consolidated Government:

Finance Department/Purchasing Division  
Government Center – 5<sup>th</sup> Floor  
100 10<sup>th</sup> Street  
Columbus, Georgia 31901

To review the documents, contact the Purchasing Division at 706-225-3072.

**EXHIBIT C**  
***Specifications and Addenda***

***Columbus Consolidated Government***  
***Inmate Medical & Pharmacy Services for***  
***Muscogee County Jail (Annual Contract)***  
***RFP No. 18-0019***

**COLUMBUS CONSOLIDATED GOVERNMENT**  
*Georgia's First Consolidated Government*



**FINANCE DEPARTMENT**  
**PURCHASING DIVISION**

1100 TENTH STREET, COLUMBUS, GEORGIA 31901  
P. O. BOX 1340, COLUMBUS, GEORGIA 31902-1340  
706-653-4105, Fax 706-225-3033  
[www.columbusga.org](http://www.columbusga.org)

May 11, 2018

**ADDENDUM NO. 3**  
**Inmate Medical & Pharmacy Services for**  
**Muscogee County Jail (Annual Contract)**  
**RFP No. 18-0019**

**Proposals should include acknowledgement of receipt for all Addenda.**

Vendors are informed that the above subject RFP is hereby modified, corrected, or supplemented as specified, described and set forth in this Addendum:

**QUESTIONS/RESPONSES:**

1. The MCJ's answer to vendor questions in the RFP notes that there is an analog dental x-ray machine in good working condition, but also that there were no dental x-rays taken and read annually. Please clarify if the dental x-ray machine is currently used to take dental x-rays and how many are typically taken on a weekly or monthly basis.  
**Response: Yes, the dental x-ray machine is in good working order and it is currently being used by dental staff. Approximately 11 dental x-rays are performed monthly.**
2. RFP Section I. B. Pharmacy Services – states: “Contracted vendor shall invoice (monthly) the Muscogee County Jail for amounts paid by the contracted vendor, on behalf of the Muscogee County Jail for pharmacy services, and cost details for the same, plus the management fee (percentage)”. Do the amounts paid for pharmacy services and invoiced monthly to the Jail include all charges from the pharmacy subcontractor to the medical services vendor including medication dispensing fees:  
**Response: Yes**
3. Please provide any performance measurements and associated liquidated damages in place in the current contract.  
**Response: There are no performance measurements and associated liquidated damages in place for the current contract.**
4. The RFP lists the current staffing matrix at 31.5 FTEs. The first Amendment to the current contract, dated April 1, 2017, indicates 30.5 FTEs with no Administrator. Please confirm which matrix represents the current contract terms.  
**Response: 31.5 is correct.**

5. Will the patient's chart data in the current vendor's EHR be transferred or provided to the new vendor's proposed EHR for migration? Does the County own their inmate data or does the vendor own the data?

**Response: Yes, if the incumbent vendor is not awarded this contract, the patient's chart data in the current vendor's EHR will be provided to the new vendor. All the data belongs to the Muscogee County Sheriff's Office (MCSO).**

6. Please provide the monthly trend in prescriptions and medication costs in total and by major medication category, including but not limited to HIV, Hepatitis C, Hemophiliac, Cancer, Psychotropic classifications for the current and prior fiscal years.

**Response:**

<b>HIV</b>	<b>August 2016 – March 2018</b>	<b>\$35,290.14 monthly</b>
<b>Hepatitis C</b>	<b>August 2016 – March 2018</b>	<b>\$0</b>
<b>Hemophiliac</b>	<b>August 2016 – March 2018</b>	<b>N/A</b>
<b>Cancer</b>	<b>N/A</b>	
<b>Psychotropic</b>		<b>\$17,400.00 monthly</b>

7. Please provide the monthly trend in medication costs credits (separate from above costs) and administrative fees for the current and prior fiscal years.

**Response: N/A**

8. Please provide a list of the top 25 medications by cost for the current and prior fiscal years.

**Response: This specific information is not available at this time.**

9. Please provide the trend and current number of inmates under treatment for Hepatitis C.

**Response: 0 patients.**

10. Please provide the current protocol including medications currently in use for treatment of inmates infected with Hepatitis C.

**Response: N/A**

11. Will the MCJ consider a cap on Hepatitis C, hemophiliac, cancer, and other high cost medications, which will allow vendors to avoid including risk premium for these treatments in their proposal?

**Response: The Muscogee County Sheriff's Office respectfully requests that all vendors provide proposals based on the current RFP specifications and addenda.**

12. Are HIV medications currently administered from stock or as patient specific order?

**Response: HIV medications are ordered as patient-specific.**

13. Is the facility currently utilizing a paper medication pass or is the med pass electronic?

**Response: Electronic**

14. How many prescriptions are dispensed on average per month?

**Response: 2,548**

15. Does the facility require a pharmacy license and what type of license? Who is the license held by, the facility or the medical vendor?

**Response: The Muscogee County Sheriff's Office currently does not hold a pharmacy**

**license, and is relying on the expertise of proposing firms to provide the services in accordance with all local, state and federal laws.**

16. Please provide us with Monthly Service Statistical Reports for the past 2 years.

**Response: See attachment.**

17. Please provide us with the annual expenditures for the past 2 years for:

- a. Total Health Care Services
- b. Total Pharmacy Services
- c. Total Hospital Services
- d. Total Specialty Services (Outside Physician, Surgery costs)

**Response:**

- a. Health Care Services – 2017      \$3,087,000.00**
- b. Pharmacy Services – 2017        900,765.00**
- c. Hospital Services                    N/A**
- d. Specialty Services                   N/A**

18. Have medical employees been required to report or subpoenaed to local court systems in the past year, and if so, how many times?

**Response: 0**

19. Does the County or the current medical provider have any type of catastrophic medical cost insurance plan in place for this facility?

**Response: The current provider does not.**

20. Please provide a listing of any current open medical positions and the length of time they have been open/unfilled.

**Response: N/A**

21. Please provide the monthly number of patients currently on medications for the past year:

- a. Chronic Care
- b. Withdrawal

**Response: Please see attached statistical reports.**

22. How are the EMR records stored (cloud based or server)? And who pays for the maintenance and storage costs?

**Response: Web server, and the contractor is responsible for server costs.**

23. Is there a discharge planning process in place? And if so, can you explain the process?

**Response: No**

24. Please state any current schedule in place for medical staff to hold sick call clinics each day.

**Response: N/A**

25. How many days per week is the Dentist on-site?

**Response: One (1) day per week.**

26. Regarding Appendix A, Response #94:

- a. Is the current Medical vendor billing Medicare and/or Medicaid at this time, or is that a

new program to be implemented within the next two (2) years?

- b. Is the current Medical vendor capturing either Medicare and/or Medicaid ID at this time?

**Response:**

- a. No  
b. No

27. How does the medical piece integrate into the agreement with New Horizon's Mental Health Services?

**Response: Mental health services are accomplished by a separate vendor, New Horizons. New Horizons and CCS communicate with each other when necessary to inform each other about a particular patient's mental health/medical health needs or issues.**

28. Where is the current EMR hosted? Is it hosted in the County's data center or somewhere else?

**Response: The current EMR is not hosted at Muscogee County; it is hosted by the provider.**

29. Is the Vizion EMR currently being used? If not, is there another EMR being used? What is the name of the EMR?

**Response: Vizion EMR is not currently being used. The current EMR is a Correct Care Solutions (CCS) property that is exclusive to them. They call their system "ERMA".**

30. Does the County want to continue using the Sapphire EMAR?

**Response: It is not required for this RFP.**

31. Are the computers and printers that are in place sufficient for the staff currently?

**Response: Yes**

32. If a new EMR is implemented, would the County require their forms configured or is it permissible to have the vendor's form in the EMR application?

**Response: In the event the contract is not awarded to the incumbent contractor, the new vendor will not have to use the forms that are currently in place, as long as the new forms are comparable to those forms being replaced. New forms must be approved by security staff prior to use.**

33. Will the medical vendor need to provide computers for the medical staff to use?

**Response: There are currently computers in place that should be acceptable for day-to-day activity; any additional computers must be requested and a determination will be made by the Sheriff.**

34. Does the MCJ provide internet access for the clinical computers or does the medical vendor need to procure a separate internet circuit for medical computers?

**Response: MCJ does have Wi-Fi and hard lines available for internet use.**

35. Please provide the quantity of medications dispensed of the top 50 drug costs for the last three months.

**Response: This specific information is not available at this time.**

36. Are medication room inspections required for the jail? What is the frequency required for the inspections?

**Response: Medication rooms are required to be inspected. They are currently inspected weekly.**

37. How many inmates received direct acting antiviral medication for Hepatitis C in 2017? So far in 2018?

**Response: This specific information is not available at this time.**

Andrea J. McCorvey,  
Purchasing Division Manager



**2017**

**FACILITY NAME: Muscogee County Jail (7101)**

Health Services Statistical Report	Average	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals YTD
<b>AVERAGE DAILY POPULATION</b>	<b>992.9</b>	<b>1013</b>	<b>925</b>	<b>935</b>	<b>978</b>	<b>973</b>	<b>980</b>	<b>985</b>	<b>1071</b>	<b>1076</b>				<b>8936</b>
<b>MEDICAL</b>														
SECURITY BOOKINGS (JMS)	0.0													0
INTAKE SCREENING BY CCS	854.3	789	803	862	830	863	852	943	899	848				7689
SICK CALL - NURSES	199.3	340	271	225	192	148	234	187	165	32				1794
SICK CALL - PROVIDER	399.7	567	478	418	400	469	346	347	384	188				3597
SICK CALL - TOTAL ENCOUNTERS	599.0	907	749	643	592	617	580	534	549	220				5391
SICK CALL - TOTAL REFERRALS RECEIVED	218.2	215	189	175	203	211	243	290	257	181				1964
EMERGENCY RESPONSE - ON-SITE	10.9	12	9	19	10	10	12	6	7	13				98
NURSE CONTACTS - TREATMENTS & MONITORING	247.3	451	191	224	244	239	219	245	110	303				2226
HEALTH ASSESSMENTS (14 days)	143.1	206	184	187	239	178	195	1	0	98				1288
ANNUAL HEALTH ASSESSMENTS COMPLETED	0.2	0	0	0	0	0	0	0	0	2				2
# OF INMATES INCARCERATED >12 MONTHS	371.1	395	336	379	431	422	492	279	326	280				3340
X-RAYS (NON-TB RELATED) ON-SITE	29.3	26	13	50	22	37	21	22	47	26				264
EKGs	6.7	10	7	9	4	5	8	5	3	9				60
TOTAL LABS DRAWN IN FACILITY	0.0	48	42	59	51	57	73	56	60	67				513
<b>MENTAL HEALTH</b>														
<b>PSYCHIATRY</b>														
NEW PATIENT VISITS	0.0	0	0	0	0	0	0	0	0	0				0
FOLLOW UP VISITS	0.0	0	0	0	0	0	0	0	0	0				0
PSYCHIATRIC NURSE VISITS	0.0	0	0	0	0	0	0	0	0	0				0
<b>MENTAL HEALTH PROVIDERS</b>														
MH SCREENS	0.0	0	0	0	0	0	0	0	0	0				0
FOLLOW-UP CONTACTS	0.0	0	0	0	0	0	0	0	0	0				0
SPECIAL NEEDS CONTACTS	0.0	0	0	0	0	0	0	0	0	0				0
SEGREGATION ROUNDS	0.0	0	0	0	0	0	0	0	0	0				0
INDIVIDUAL THERAPY CONTACTS	0.0	0	0	0	0	0	0	0	0	0				0
GROUP THERAPY SESSIONS	0.0	0	0	0	0	0	0	0	0	0				0
# OF PTS IN GROUP THERAPY SESSIONS	0.0	0	0	0	0	0	0	0	0	0				0
CRISIS CONTACTS	0.0	0	0	0	0	0	0	0	0	0				0
COLLATERAL CONTACTS	0.0	0	0	0	0	0	0	0	0	0				0
DISCHARGE PLANNING CONTACTS	0.0	0	0	0	0	0	0	0	0	0				0
<b>SELF-HARM</b>														
# OF SUICIDE THREATS/IDEATIONS	0.0	0	0	0	0	0	0	0	0	0				0
# OF SUICIDAL GESTURES	0.0	0	0	0	0	0	0	0	0	0				0
# OF SUICIDE ATTEMPTS	0.0	0	0	0	0	0	0	0	0	0				0
# OF COMPLETED SUICIDES	0.0	0	0	0	0	0	0	0	0	0				0
# OF SUICIDE WATCH EVENTS	0.0	0	0	0	0	0	0	0	0	0				0
TOTAL # OF DAYS FOR ALL SUICIDE WATCHES	0.0	0	0	0	0	0	0	0	0	0				0
<b>TRANSFER</b>														
# OF PETITIONS FOR CIVIL COMMIT	0.0	0	0	0	0	0	0	0	0	0				0
# OF INMATES CIVILLY COMMITTED	0.0	0	0	0	0	0	0	0	0	0				0
# OF FORENSIC REFERRALS	0.0	0	0	0	0	0	0	0	0	0				0
<b>SENTINEL EVENTS</b>														
# OF THERAPEUTIC RESTRAINT EPISODES	0.0	0	0	0	0	0	0	0	0	0				0
# OF EMERGENCY MEDICATION EPISODES	0.0	0	0	0	0	0	0	0	0	0				0
# OF INMATES ON INVOLUNTARY MEDICATION	0.0	0	0	0	0	0	0	0	0	0				0
<b>OTHER MH DATA</b>														
	0.0	0	0	0	0	0	0	0	0	0				0

**2017**

**FACILITY NAME:**

**Muscogee County Jail (7101)**

Health Services Statistical Report	Average	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals YTD
# OF INMATES ON SPECIAL NEEDS LIST	0.0	0	0	0	0	0	0	0	0	0				0
SICK CALL - MENTAL HEALTH	0.0	0	0	0	0	0	0	0	0	0				0
# OF MH SICK CALL REQUESTS/ REFERRALS	0.0	0	0	0	0	0	0	0	0	0				0
<b>DENTAL</b>														
DENTAL EXAMS	143.6	184	121	147	179	162	175	142	179	3				1292
DENTAL SICK CALL / SCREENS	173.1	204	152	201	221	192	200	215	121	52				1558
EXTRACTIONS	36.2	29	38	35	32	42	33	27	65	25				326
REFUSALS	28.0	21	28	39	34	39	32	37	22					252
TEMPORARY FILLINGS	0.0	0	0	0	0	0	0	0	0	0				0
OFF-SITE DENTAL REFERRALS	1.2	2	1	2	1	0	1	1	1	2				11
OTHER SERVICES NOT LISTED	0.0	0	0	0	0	0	0	0	0	0				0
<b>OFF-SITE SERVICES</b>														
EMERGENCY ROOM VISITS	21.8	14	17	20	32	25	14	26	21	27				196
COUNTY	21.8	14	17	20	32	25	14	26	21	27				196
FEDERAL/ICE	0.0	0	0	0	0	0	0	0	0	0				0
AMBULANCE TRANSPORTS to ER	9.1	4	6	9	6	13	8	11	12	13				82
COUNTY	9.1	4	6	9	6	13	8	11	12	13				82
FEDERAL/ICE	0.0	0	0	0	0	0	0	0	0	0				0
JAIL TRANSPORTS to ER	12.7	10	11	11	26	12	6	15	9	14				114
COUNTY	12.7	10	11	11	26	12	6	15	9	14				114
FEDERAL/ICE	0.0	0	0	0	0	0	0	0	0	0				0
HOSPITAL ADMISSIONS	4.3	1	1	3	3	7	4	5	7	8				39
COUNTY	4.3	1	1	3	3	7	4	5	7	8				39
FEDERAL/ICE	0.0	0	0	0	0	0	0	0	0	0				0
HOSPITAL DAYS	16.3	2	2	14	5	35	25	21	16	27				147
COUNTY	16.3	2	2	14	5	35	25	21	16	27				147
FEDERAL/ICE	0.0	0	0	0	0	0	0	0	0	0				0
AVERAGE LENGTH OF STAY	7.3	2	1	7	2	17	6	10	8	13				66
ON-SITE SPECIALTY CONSULTATIONS	40.8	63	58	46	61	56	46	10	8	19				367
OFF-SITE SPECIALTY CONSULTS	44.0	58	50	54	52	55	38	44	32	13				396
COUNTY	44.0	58	50	54	52	55	38	44	32	13				396
FEDERAL/ICE	0.0	0	0	0	0	0	0	0	0	0				0
ONE DAY SURGERIES	3.1	9	2	4	5	1	3	2	1	1				28
COUNTY	3.1	9	2	4	5	1	3	2	1	1				28
FEDERAL/ICE	0.0	0	0	0	0	0	0	0	0	0				0
OFF-SITE RADIOLOGY	9.2	11	10	4	8	12	10	17	5	6				83
DEATHS ON-SITE	0.4	1	0	0	1	0	0	1	1	0				4
DEATH IN CUSTODY	0.4	1	0	0	1	0	0	1	1	0				4
<b>PHARMACEUTICALS</b>														
TOTAL I/MS ON MEDS	1512.6	2787	2569	3010	738	731	749	751	766					12101
TOTAL I/MS ON MEDICAL MEDS	491.5	444	725	751	354	348	605	355	350					3932
TOTAL I/MS ON PSYCHOTROPIC MEDS	433.9	345	775	386	384	383	386	396	416					3471
<b>CHRONIC CARE</b>														
ASTHMA/COPD	6.0	4	6	10	9	5	7	4	5	4				54
DIABETICS	7.7	16	5	12	10	5	5	5	8	3				69
DIALYSIS	0.4	0	1	0	1	1	0	1	0	0				4
HIV	3.9	4	6	3	5	3	5	0	6	3				35
PREGNANCY	0.4	0	0	0	1	0	1	0	1	1				4
HYPERTENSION / CARDIOVASCULAR	36.8	36	48	34	46	35	40	30	43	19				331
SEIZURE DISORDERS	6.4	5	6	7	7	3	7	7	8	8				58
THYROID	0.1	0	0	0	0	0	0	0	0	1				1
TUBERCULOSIS	0.0	0	0	0	0	0	0	0	0	0				0
OTHER	22.3	23	25	27	23	16	34	18	22	13				201
HEP C	1.7	1	1	2	0	2	1	3	4	1				15

**2017**

FACILITY NAME: **Muscogee County Jail (7101)**

Health Services Statistical Report	Average	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals YTD
<b>INFECTIOUS DISEASE CONTROL</b>														
PPDs PLANTED	573.4	536	529	552	510	565	662	625	605	577				5161
PPDs READ	337.0	341	307	254	304	267	378	396	401	385				3033
POSITIVE PPDs	24.8	20	25	24	28	20	27	21	27	31				223
TB RELATED CHEST X-RAYS	28.6	39	14	34	24	28	20	27	43	28				257
ACTIVE TB	0.0	0	0	0	0	0	0	0	0	0				0
HIV TEST	19.7	47	32	44	30	24	0	0	0	0				177
POSITIVE HIV	7.9	12	13	15	12	19	0	0	0	0				71
# OF POSITIVE HIV INMATES	9.6	15	17	18	17	19	0	0	0	0				86
HEPATITIS A	0.0	0	0	0	0	0	0	0	0	0				0
HEPATITIS B	0.6	1	1	1	1	1	0	0	0	0				5
HEPATITIS C	5.7	10	9	7	8	17	0	0	0	0				51
CHLAMYDIA	12.7	29	34	22	28	1	0	0	0	0				114
GONORRHEA	10.3	34	28	18	10	3	0	0	0	0				93
SYPHILIS	0.8	4	2	1	3	0	0	0	0	0				6
OTHER STD	15.4	22	29	38	32	18	0	0	0	0				139
PEDICULOSIS (LICE)	0.0	0	0	0	0	0	0	0	0	0				0
SCABIES	0.3	2	1	0	0	0	0	0	0	0				3
MRSA CONFIRMED	0.7	1	1	0	0	4	0	0	0	0				6
CONFIRMED MRSA TREATED	0.7	1	1	0	0	4	0	0	0	0				6
SUSPECTED MRSA TREATED	0.7	5	1	0	0	0	0	0	0	0				6
<b>GRIEVANCES</b>														
INMATES WITH GRIEVANCES	274.2	201	234	281	298	305	315	301	322	211				2468
DISSATISFIED WITH MEDICAL CARE	0.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
DISSATISFIED WITH DENTAL CARE	0.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
DISSATISFIED WITH MENTAL HEALTH CARE	0.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
DISSATISFIED WITH STAFF CONDUCT	0.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
DISSATISFIED WITH DELAY IN HEALTHCARE	0.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
PROBLEMS WITH MEDS	0.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
REQUEST TO BE SEEN	0.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
OTHER	0.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0

Completed by: Nakisha Gross, MRT

**2016**

**FACILITY NAME: Muscogee County Jail (7101)**

Health Services Statistical Report	Average	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals YTD
<b>AVERAGE DAILY POPULATION</b>	<b>1075.3</b>	<b>1104</b>	<b>1017</b>	<b>1101</b>	<b>1108</b>	<b>1133</b>	<b>1100</b>	<b>1011</b>	<b>1028</b>					
<b>MEDICAL</b>														
SECURITY BOOKINGS	874.7	882	583	995	951	935	894	901	873	858				7872
INTAKE SCREENING BY CCS	874.7	882	583	995	951	935	894	901	873	858				7872
SICK CALL - NURSES	483.9	589	646	495	216	593	265	425	627	499				4355
SICK CALL - PROVIDER	361.6	315	448	437	362	334	377	304	318	359				3254
SICK CALL - PHYSICIAN VISIT	99.1	N/A	N/A	N/A	N/A	462	158	123	97	52				892
SICK CALL - TOTAL ENCOUNTERS	944.3	904	1092	932	578	1389	800	852	1042	910				8499
SICK CALL - TOTAL REFERRALS RECEIVED	46.7	40	18	20	30	35	43	66	92	76				420
EMERGENCY RESPONSE - ON-SITE	16.1	15	20	18	25	25	8	10	13	11				145
NURSE CONTACTS - TREATMENTS & MONITORING	365.1	825	353	305	317	234	362	209	362	319				3286
HEALTH ASSESSMENTS (14 days)	227.6	320	318	65	182	199	208	265	215	276				2048
HEALTH ASSESSMENTS UNCOMPLETED (14 days)	8.4	N/A	N/A	N/A	49	10	0	8	7	2				76
ANNUAL HEALTH ASSESSMENTS COMPLETED	19.8	N/A	N/A	N/A	59	20	0	15	32	52				178
ANNUAL HEALTH ASSESSMENTS UNCOMPLETED	3.9	N/A	N/A	N/A	12	2	8	10	0	3				35
# OF INMATES INCARCERATED >12 MONTHS	0.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
X-RAYS (NON-TB RELATED) ON-SITE	31.7	30	15	31	30	40	44							190
EKGs	5.0	3	3	2	2	6	8	6	8	7				45
SCANNED PAPERWORK (Medical Records)	4944.0	3491	5615	4513	5706	5568	4769	5002	5143	5710				29662
<b>MENTAL HEALTH</b>														
<b>PSYCHIATRY</b>														
NEW PATIENT VISITS	0.0													0
FOLLOW UP VISITS	0.0													0
PSYCHIATRIC NURSE VISITS	0.0													0
<b>MENTAL HEALTH PROVIDERS</b>														
MH SCREENS	0.0													0
FOLLOW-UP CONTACTS	0.0													0
SPECIAL NEEDS CONTACTS	0.0													0
SEGREGATION ROUNDS	0.0													0
INDIVIDUAL THERAPY CONTACTS	0.0													0
GROUP THERAPY SESSIONS	0.0													0
# OF PTS IN GROUP THERAPY SESSIONS	0.0													0
DISCHARGE PLANNING CONTACTS	0.0													0
<b>SELF-HARM</b>														
# OF SUICIDE THREATS/IDEATIONS	0.0													0
# OF SUICIDAL GESTURES	0.0													0
# OF SUICIDE ATTEMPTS	0.0													0
# OF COMPLETED SUICIDES	0.0													0
# OF SUICIDE WATCH EVENTS	0.0													0
TOTAL # OF DAYS FOR ALL SUICIDE WATCHES	0.0													0
<b>TRANSFER</b>														
# OF PETITIONS FOR CIVIL COMMIT	0.0													0
# OF INMATES CIVILLY COMMITTED	0.0													0
<b>SENTINEL EVENTS</b>														
# OF THERAPEUTIC RESTRAINT EPISODES	0.0													0
# OF EMERGENCY MEDICATION EPISODES	0.0													0
# OF INMATES ON INVOLUNTARY MEDICATION	0.0													0
<b>OTHER MH DATA</b>														
# OF INMATES ON SPECIAL NEEDS LIST	0.0													0
SICK CALL - MENTAL HEALTH	0.0													0
# OF MH SICK CALL REQUESTS/ REFERRALS	0.0													0
<b>DENTAL</b>														

**2016**

**FACILITY NAME: Muscogee County Jail (7101)**

Health Services Statistical Report	Average	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals YTD
DENTAL EXAMS	52.8	30	35	20	78	59	63	73	82	35				475
DENTAL SICK CALL / SCREENS	54.3	50	34	21	45	22	71	62	66	118				489
EXTRACTIONS	40.7	25	22	35	71	24	45	53	58	33				366
REFUSALS	26.3	22	17	18	46	33	25	27	31	18				237
TEMPORARY FILLINGS	0.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
OFF-SITE DENTAL REFERRALS	0.3	0	0	1	1	0	0	1	0	0				3
OTHER SERVICES NOT LISTED	0.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
<b>OFF-SITE SERVICES</b>														
EMERGENCY ROOM VISITS	24.8	21	19	35	20	22	30	30	19	27				223
COUNTY	24.8	21	19	35	20	22	30	30	19	27				223
FEDERAL/ICE	0.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
AMBULANCE TRANSPORTS to ER	9.2	10	5	18	5	6	12	10	6	11				83
COUNTY	9.2	10	5	18	5	6	12	10	6	11				83
FEDERAL/ICE	0.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
JAIL TRANSPORTS to ER	16.7	21	14	17	15	16	18	20	13	16				150
COUNTY	16.7	21	14	17	15	16	18	20	13	16				150
FEDERAL/ICE	0.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
HOSPITAL ADMISSIONS	5.1	2	2	7	7	3	13	1	5	6				46
COUNTY	5.1	2	2	7	7	3	13	1	5	6				46
FEDERAL/ICE	0.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
HOSPITAL DAYS	17.7	5	3	44	30	6	30	3	13	25				159
COUNTY	17.7	5	3	44	30	6	30	3	13	25				159
FEDERAL/ICE	0.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
AVERAGE LENGTH OF STAY	9.3	5	3	22	15	3	15	3	6	12				84
ON-SITE SPECIALTY CONSULTATIONS	36.6	40	38	26	17	48	21	40	52	47				329
OFF-SITE SPECIALTY CONSULTS	35.2	N/A	N/A	27	45	15	41	57	69	63				317
COUNTY	35.2	N/A	N/A	27	45	15	41	57	69	63				317
FEDERAL/ICE	0.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
ONE DAY SURGERIES	2.8	1	N/A	4	3	3	2	1	6	5				25
COUNTY	2.8	1	N/A	4	3	3	2	1	6	5				25
FEDERAL/ICE	0.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
OFF-SITE RADIOLOGY	12.3	9	15	8	13	12	14	12	18	10				111
DEATHS ON-SITE	0.0	0	0	0	0	0	0	0	0	0				0
DEATH IN CUSTODY	0.0	0	0	0	0	0	0	0	0	0				0
<b>PHARMACEUTICALS</b>														
TOTAL I/MS ON MEDS	1522.5	1008	787	718	2967	2840	815							9135
TOTAL I/MS ON MEDICAL MEDS	607.2	738	444	622	751	389	699							3643
TOTAL I/MS ON PSYCHOTROPIC MEDS	299.7	270	345	269	282	290	342							1798
TOTAL I/MS NONFORMULARY MEDS	374.0	N/A	297	391	233	339	984							2244
# OF MEDICATION CARDS RETURNED TO PHARMACY	5539.7	2822	10940	17424	3899	5518	3501	2900	1852	1001				49857
# OF MEDICATION BOXES RETURNED TO PHARMACY	21.0	9	44	40	20	28	25	9	6	8				189
<b>CHRONIC CARE</b>														
ASTHMA/COPD	52.9	44	58	40	55	83	76	73	23	24				476
DIABETICS	29.0	35	10	22	19	22	43	33	40	37				261
DIALYSIS	1.0	2	3	1	0	0	1	0	1	1				9
HIV	8.0	5	8	10	7	7	12	7	7	9				72
PREGNANCY	5.2	5	2	4	3	5	6	5	8	9				47
HYPERTENSION / CARDIOVASCULAR	58.3	67	33	66	65	53	40	51	78	72				525
SEIZURE DISORDERS	10.3	5	4	6	10	7	10	9	20	22				93
THYROID	2.8	2	2	6	2	3	3	4	2	1				25
TUBERCULOSIS	0.9	1	0	3	0	0	1	1	2	0				8
OTHER	48.6	N/A	N/A	49	55	61	74	63	66	69				437
<b>INFECTIOUS DISEASE CONTROL</b>														
PPDs PLANTED	661.6	871	827	875	615	588	618	541	494	525				5954
PPDs READ	419.7	736	575	850	204	306	316	239	266	285				3777
POSITIVE PPDs	23.0	21	28	2	22	21	19	18	53	23				207
TB RELATED CHEST X-RAYS	8.3	N/A	12	1	17	12	8							50
ACTIVE TB	0.2	0	0	2	0	0	0	0	0	0				2
HIV TEST	25.0	43	13	33	22	12	16	29	36	21				225
POSITIVE HIV	13.8	18	7	13	17	12	16	14	19	8				124

**2016**

FACILITY NAME: **Muscogee County Jail (7101)**

Health Services Statistical Report	Average	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals YTD
# OF POSITIVE HIV INMATES	11.3	13	16	13	20	8	9	7	7	9				102
HEPATITIS A	0.9	8	0	0	0	0	0	0	0	0				8
HEPATITIS B	0.0	0	0	0	0	0	0	0	0	0				0
HEPATITIS C	4.0	N/A	2	6	7	6	2	4	5	4				36
CHLAMYDIA	17.9	15	10	16	36	14	12	13	26	19				161
GONORRHEA	12.9	5	19	N/A	26	14	10	12	20	10				116
SYPHILIS	5.5	N/A	N/A	N/A	N/A	N/A	10	9	14	11				44
OTHER STD	16.1	5	N/A	N/A	26	8	14	20	40	32				145
PEDICULOSIS	0.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
SCABIES	0.3	0	0	2	0	0	1	0	0	0				3
MRSA CONFIRMED	1.3	N/A	N/A	N/A	4	3	1							8
CONFIRMED MRSA TREATED	1.3	N/A	N/A	N/A	4	3	1							8
SUSPECTED MRSA TREATED	6.0	N/A	N/A	N/A	15	10	11							36
<b>GRIEVANCES</b>														
INMATES WITH GRIEVANCES	278.4	325	245	277	310	215	232	340	292	270				2506
DISSATISFIED WITH MEDICAL CARE	0.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
DISSATISFIED WITH DENTAL CARE	0.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
DISSATISFIED WITH MENTAL HEALTH CARE	0.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
DISSATISFIED WITH STAFF CONDUCT	0.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
DISSATISFIED WITH DELAY IN HEALTHCARE	0.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
PROBLEMS WITH MEDS	0.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
REQUEST TO BE SEEN	0.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
OTHER	0.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0

**Completed by: Nakisha Gross, MRT**

**COLUMBUS CONSOLIDATED GOVERNMENT**  
Georgia's First Consolidated Government



**FINANCE DEPARTMENT**  
**PURCHASING DIVISION**

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May 1, 2018

**ADDENDUM NO. 2**  
Inmate Medical & Pharmacy Services for  
Muscogee County Jail (Annual Contract)  
RFP No. 18-0019

**Proposals should include acknowledgement of receipt for all Addenda.**

Vendors are informed that the above subject RFP is hereby modified, corrected, or supplemented as specified, described and set forth in this Addendum:

**I. PROPOSAL DUE DATE:**

The due date is extended to **Friday, May 18, 2018 no later than 5:00 PM.**

**II. QUESTIONS/RESPONSES:**

A. Answer 7 from the 2013 Questions and Answers, as updated with current information, indicates that MCJ is subject to a 1999 Consent Decree that includes requirements for healthcare.

1. Please provide a copy of the original Consent Decree and any subsequent addenda or modifications thereto.

**Response:** Please find attached the original Consent Decree and the last signed DOJ report. Mental Health and High Suicide Precaution (HSP) are the only remaining areas under DOJ scrutiny. All areas of the jail have been met the requirements of DOJ and are no longer being reviewed.

2. Please indicate how the Consent Decree is currently monitored.

**Response:** Since 1999 DOJ made two site-visits annually. In 2016, the MCJ was substantially in compliance in all areas and is in the final month of a two year period in which we must maintain the standard. No additional DOJ visits are scheduled at this time and was suggested that the final review would not be on-site and that the MCJ would be removed from DOJ review.

3. If there is active Court monitoring, please provide the most recent Court monitor report for this action.

**Response:** There is no current monitoring.

- B. Several answers from the 2013 Questions and Answers, as updated with current information, suggest that the current healthcare contractor is providing a proprietary electronic medical record.
1. Does the MCSO have an agreement with the current healthcare provider for transitioning the EHR in the event the contract is not re-awarded to the incumbent? If so, please describe the transition plan  
**Response:** Current contract calls for the current vendor, upon termination of the contract, to gather and deliver all physical medical records to the SHERIFF, and shall be property of the Sheriff's Office. Electronic records will be made available, upon request by the SHERIFF or COUNTY.
  2. Is the MCSO satisfied with the current EHR and does it meet all requirements for reporting and interfacing with other information systems?  
**Response:** The current EHR meets all requirements needed for the clinic needs.
  3. Please identify the electronic interfaces currently in operation for the EHR. Does it interface with pharmacy? Laboratory? Radiology?  
**Response:** The Jail Management System is an antiquated system that does not fully integrate with EHR. A new JMS system is in the works that should be able to work with any EHR used. The current EHR interfaces with pharmacy, laboratory and partial jail system. It does not interface with radiology.
  4. Is an EHR *required* under the RFP? If so, is the MCSO prepared to increase its healthcare budget to acquire an EHR that is not tied to a particular healthcare contractor?  
**Response:** Use of the EHR is not required for the RFP, however there is an expectation for vendors to have a recording method that suits the needs of a large jail. The Muscogee County Sheriff's Office is not open to increasing the budget for EHR.
- C. Does the MCSO utilize any Health Information Exchanges to obtain or share healthcare-related information and support continuity of care? For example, is there any electronic database through which inmate-reported medications can be verified?  
**Response:** No, they do not. Medications are verified via telephone from the patients' pharmacy.
- D. RFP page 15, at Section 4, paragraph B, requires bidders to provide names and titles of professional staff to be dedicated to the contract. Typically, most existing staff transition to a new healthcare contractor and it is not appropriate for non-incumbent bidders to contact these staff ahead of award. For non-incumbent bidders, is it permissible to provide job descriptions in lieu of resumes where needed?  
**Response:** We would like information on the company's senior staff/management team, as well as job descriptions for each of the different type of positions you plan to use.
- E. Answer 19 from the 2013 Questions and Answers, as updated with current information, indicates that MCJ does not have any negative pressure rooms. When a patient is suspected of harboring infectious disease such as tuberculosis that require placement in negative pressure room, what steps are currently taken to ensure the risk of contagion is minimized? Where is the patient placed?  
**Response:** The inmate is isolated in a Holding Cell (HD Cell), out of general population to minimize exposure. They are issued masks to wear and officers dealing with the inmate will



also have masks. When it is determined that the inmate may need a higher level of healthcare, they are transported to Piedmont Medical Center for treatment.

- F. Answer 25 from the 2013 Questions and Answers, as updated with current information, indicates that MCJ provides methadone to pregnant inmates who are already on methadone or require withdrawal management. Is the MCSO considering expansion of this program to provide medication assisted therapy for other inmates? If so, please describe.

**Response:** Not at this time.

- G. Answer 37 from the 2013 Questions and Answers, as updated with current information, indicates that there is an electronic grievance system in place.

1. Does this system utilize kiosks accessed by the inmates? If so, please identify the kiosk system.

**Response:** Our current commissary vendor is Legacy. They use a kiosk system for grievances, sick call, commissary, inmate requests, etc. They use the JailATM system for these functions.

2. Is there a similar electronic sick call submission process?

**Response:** Yes, same system.

- H. Answer 52 from the 2013 Questions and Answers, as updated with current information, indicates that on average there are four inmates on suicide watch each day. Answer 74 from the 2013 Questions and Answers, as updated with current information, indicates that “suicide is managed by a MT.”

1. Please confirm that “MT” is an abbreviation for “medical technician.”

**Response:** MT is Medical Technician.

2. Please confirm that the healthcare contractor (not the mental health contractor, and not MCSO officers) is responsible for providing the staff to monitor patients on suicide watch.

**Response:** The monitoring of HSP inmates are currently supervised by personnel employed by the healthcare contractor.

3. If the healthcare contractor is responsible for providing the staff to monitor patients on suicide watch, please indicate:

- a. All of the locations where patients may be placed on watch

**Response:** HSP inmates are held in the intake/release area in holding cells (HD Cells) there are (13) total HD cells. Four (4) dedicated to male inmates on HSP and (2) dedicated to female inmates. However, all (13) may be used if needed. One cellblock in the 2002 tower, (4G), houses our problem inmates. They are deemed our worse inmates and are kept from general population inmates. The inmates are housed in a designated cell within the cellblock and checked on by the officers working the floor, not by clinic staff.

- b. Whether a single staff member, tasked with observing patients on watch, may monitor more than one patient at a time (and if so, what limit, if any, the MCSO places on the number of patients that can be monitored by a single staff member).

**Response:** One healthcare employee will monitor all inmates placed on HSP. The exception is if an inmate is placed on DIRECT SUPERVISION, then an officer will be used to monitor that inmate.

c. Whether the MCJ uses CCTV to supplement suicide watch monitoring.

**Response:** We do not use CCTV to supplement HSP monitoring.

I. Does the County intend to seek and accreditation?

**Response:** No

J. When is the next DOJ review for the facility?

**Response:** The date initially given to us was April 2018. However, they have not scheduled any visits or meetings. So we do not currently have a date for the next DOJ visit.

K. Are Dialysis services performed on-site or off-site?

**Response:** Dialysis is done off site.

L. Do you currently have mobile x-ray services or is there x-ray equipment on-site?

**Response:** We utilize a mobile X-ray service.

M. RFP Page 20, item j.24 refers to “penalties for non-compliance”.

1. Please clarify if any penalties have been imposed over the past 24 calendar months.

**Response:** No penalties were assessed during that period. The penalties for non-compliance requirement was added to this new RFP.

2. Please provide examples or a description of the penalties referenced.

**Response:** Refer to page five (5) of this Addendum for an example provided by CCS.

### **III. FORTHCOMING ADDENDUM:**

The Purchasing Division has received a plethora of questions regarding this annual contract. Within the next several business days, Columbus Consolidated Government will release another addendum to answer questions that are not included in this Addendum.

Andrea J. McCorvey,  
Purchasing Division Manager

**EXHIBIT 3 – Performance Expectations**

The County may assess performance fees in the event CCS fails to perform the particular services as outlined below. Prior to the imposition of fees under this Exhibit, the County shall issue specific written notification of failure to achieve the Minimum Score on any Key Clinical Indicator ("KCI"). CCS shall implement a Corrective Action Plan and have 30 days to cure following receipt of written notice (the "Corrective Action Plan Period"). In the event such deficiency is not cured within the Corrective Action Plan Period, the County, in its discretion, may impose fees as further set forth below:

**KEY CLINICAL INDICATORS**

KEY CLINICAL INDICATOR	AUDIT CRITERIA				
	Review Frequency	Minimum Score	Penalty Amount per Occurrence		
			80%-89%	70% - 79%	Below 70%
1. Receiving Screening	Monthly	90.0%	\$ 100.00	\$ 150.00	\$ 200.00
2. Health Assessments - Initial	Monthly	90.0%	\$ 100.00	\$ 150.00	\$ 200.00
3. Sick Call	Monthly	90.0%	\$ 100.00	\$ 150.00	\$ 200.00
4. Laboratory	Monthly	90.0%	\$ 100.00	\$ 150.00	\$ 200.00
5. CIWA/COW Protocols	Monthly	90.0%	\$ 100.00	\$ 150.00	\$ 200.00
6. Medication Administration Records	Monthly	90.0%	\$ 100.00	\$ 150.00	\$ 200.00
7. Initiation of Essential Medications	Monthly	90.0%	\$ 100.00	\$ 150.00	\$ 200.00
8. Controlled Substance Log	Monthly	90.0%	\$ 100.00	\$ 150.00	\$ 200.00
9. Segregation Rounds	Monthly	90.0%	\$ 100.00	\$ 150.00	\$ 200.00
10. Continuity & Coordination of Care During Incarceration	Monthly	90.0%	\$ 100.00	\$ 150.00	\$ 200.00
11. Medication Services	Monthly	90.0%	\$ 100.00	\$ 150.00	\$ 200.00

**GENERAL NOTES**

- a. CCS will review 10% of the activity in each KCI area for Scoring in accordance with its own Quality Improvement Standards in order to assess compliance with KCI's.
- b. Audits shall begin for services upon the Effective Date of the Agreement.
- c. Following the Corrective Action Plan Period, Penalties may be assessed based on occurrence if scoring falls below the acceptable threshold for the month being reported. No Penalties shall be assessed for the Corrective Action Plan Period.

**Memorandum of Agreement**

**Between the United States Department of Justice and the  
Consolidated Government of Columbus, Georgia  
Regarding the Muscogee County Jail**

*Memorandum of Agreement between the U.S. Department of Justice and Columbus, Georgia  
Regarding the Muscogee County Jail*

**MEMORANDUM OF AGREEMENT**

This Memorandum of Agreement (“MOA”) is between the United States, by and through the United States Department of Justice, Civil Rights Division (“United States”); and Columbus, Georgia, a consolidated government, acting by and through the Sheriff of Muscogee County, in his official capacity, and the Columbus City Manager, in his official capacity, as authorized by the Columbus Council (collectively, “Columbus”). The United States and Columbus are parties to a Settlement Agreement entered by the district court in 1999 to resolve the United States’ investigation and litigation of conditions at the Muscogee County Jail, pursuant to the Civil Rights of Institutionalized Persons Act, 42 U.S.C. § 1997 *et seq.* The Settlement Agreement contains remedies in the areas of security, environmental health and safety, medical care, and mental health care. Columbus has made considerable progress since 1999 in the areas of security, medical care, and environmental health and safety, and it has substantially complied with most of the Settlement Agreement’s provisions. Significant concerns remain, however, in the provision of mental health care at the Muscogee County Jail (“the Jail”). The Parties therefore enter into this MOA to complete the necessary reforms in mental health care in an expeditious manner, while ensuring continued compliance with all areas where Columbus has achieved substantial compliance with the Settlement Agreement.

**I. INTRODUCTION**

1. The United States began its investigation of the Muscogee County Jail in October 1994. On December 1, 1994, United States Department of Justice attorneys and their consultants in the fields of penology, correctional health care, and environmental health and safety, toured the Jail pursuant to the Civil Rights of Institutionalized Persons Act, 42 U.S.C. § 1997 *et seq.*
2. On June 1, 1995, the United States issued a findings letter regarding conditions of confinement at the Jail based upon the Justice Department investigation and expert tour of the facility. The United States’ findings letter was sent to the Sheriff of Muscogee County and Columbus. This document detailed numerous constitutional deficiencies affecting the life, health, and safety of inmates in the Jail.
3. The parties entered into a settlement agreement to resolve their dispute over the United States’ claims and findings. The District Court approved and entered that agreement on September 30, 1999. Since that time, the United States, with the assistance of its expert consultants, has regularly monitored Columbus’ compliance with the settlement agreement.
4. During the last two compliance tours, conducted October–November 2011 and September 2012, the United States identified significant improvement in a number of important areas, including security staffing, use of force, maintenance, and sanitation. The United States also identified a number of deficiencies of constitutional import in the areas of mental health care and suicide prevention that remained unresolved.
5. To resolve these remaining issues in mental health care, and in recognition of Columbus’ progress towards substantial compliance with the other provisions of the Agreement, the

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parties agree to modify the Agreement in accordance with the provisions set forth in this MOA.

6. The parties agree that the provisions of this MOA are a reasonable, lawful, and fundamentally fair resolution that will assist Columbus and the Sheriff's Office to come into compliance with all of its obligations under the original Agreement.

## II. DEFINITIONS

The following definitions are used for the purposes of this MOA:

1. The term "Muscogee County Jail" (Jail) includes the existing Jail facilities (the "new jail," the "old jail," the "Annex," and the "Stockade"), as well as any other institutions built, leased, or otherwise used, to replace the existing Jail facilities.
2. The term "Jail Staff" shall include the Sheriff, in his official capacity, and any employees of his office or contracted companies or individuals hired to provide custodial or medical or mental health care for inmates at the Jail.
3. "Acute mental health contraindications" refer to observations that an inmate appears acutely psychotic, is actively suicidal or has made a recent serious suicide attempt, or is otherwise in need of immediate placement on suicide watch or otherwise held in a safe area to be seen by MH provider within 24 hours.
4. "Adequate" shall mean that level of service required for compliance with the Constitution of the United States.
5. "Effective Date" means the date this MOA is signed by all Parties.
6. "Extraordinary and exceptional circumstances" refer to a substantial and imminent risk to the safety of the inmate or other persons.
7. "Implement" or "implementation" means putting a remedial measure into place and into practice by all necessary means, including, inter alia, staffing augmentation, training impacting personnel, and maintaining data.
8. "Include" or "including" means "include, but not be limited to" or "including, but not limited to."
9. "Segregation" means the involuntary confinement in a locked room or cell for at least the majority of waking hours per day. This shall not include specialized secure mental health housing or suicide watch.
10. "Long-term segregation" means a period of segregation intended to last or does last more than fourteen (14) consecutive days.

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11. The terms “inmate” or “inmates” shall refer to one or more individuals sentenced to, incarcerated in, detained at, or otherwise confined at either the existing Muscogee County Jail or any institution that is built or used to replace the Jail or any part of the Jail. The term “special needs inmates” shall refer to those inmates who are suicidal, mentally ill, mentally retarded, intoxicated, or otherwise a danger to themselves or others.
12. “Qualified health professional” means a physician, physician assistant, nurse practitioner, a registered nurse, a practical nurse, or an EMT who is currently licensed by the State of Georgia to deliver those health services he or she has undertaken to provide.
13. “Qualified mental health professional” means an individual with a minimum of masters level education and training in psychiatry, psychology, social work, or psychiatric nursing who has received instruction and supervision in identifying and interacting with individuals in need of mental health services and is currently licensed by the State of Georgia to deliver those mental health services he or she has undertaken to provide.
14. “Qualified mental health staff” shall refer to individuals with a minimum of a bachelor’s degree and two years of experience providing mental health services.
15. “Quality Assurance” means a system of self-audit and improvement to assess the implementation and effectiveness of remedies instituted pursuant to this Settlement Agreement, to identify deficits that exist, and to effectuate new measures to cure deficits identified.
16. “Remedial Measure” includes each and every measure detailed in the substantive provisions of this Agreement geared toward achieving the Agreement’s goals, including new policies, procedures, training curricula, and outcome measures. However, the term does not refer to specific operational decisions.
17. “Secure mental health housing” refers to one or more housing units dedicated to providing the necessary mental health services and other accommodations needed by inmates who have been identified as having a serious mental illness and a significantly reduced capacity to accomplish the activities of daily living in the general population of the jail. Admission to this unit or return to general population from this unit is at the discretion of a mental health professional.
18. “Self harm” is an act by an inmate that inflicts damage to, or threatens the integrity of, his or her body. Such acts include, but are not limited to, hanging, self-strangulation, asphyxiation, cutting, self-mutilation, ingestion of a foreign body, insertion of a foreign body, head banging, drug overdose, jumping, and biting.
19. A “sentinel event” is an unexpected occurrence involving death or life threatening physical or psychological injury, or the imminent risk thereof.
20. An inmate with a “serious mental illness” (or “SMI”) is a person with a mental, behavioral,

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or emotional disorder of mood, thought, or anxiety; diagnosable currently or within the last year; that significantly impairs judgment, behavior, capacity to recognize reality, and the ability to cope with the demands of life in the general population facilities of the Jail.

21. "Serious suicide attempt" means a suicide attempt that is either potentially life-threatening or that requires medical treatment or hospitalization.
22. "Suicide Precautions" means any level of watch, observation, or measures to prevent self-harm.
23. "Sustained Substantial Compliance" means to achieve and maintain a prolonged and continuous practice consistent with a level of "substantial compliance," as that term is defined in Section VI (Monitoring and Enforcement).
24. "Train" means to instruct in the skills addressed to a level that the trainee has a documented post-training level of proficiency. "Trained" means to have achieved such proficiency in the skills and to implement those skills regularly.
25. A "treatment plan" is a series of written statements specifying a patient's particular course of therapy and the roles of qualified mental health professionals in carrying it out. Such a plan is individualized, may be multidisciplinary, and is based on an assessment of the patient's needs. It contains a statement of short-and long-term goals as well as the methods by which those goals will be pursued. This includes consideration of cultural and language differences.

### III. SUBSTANTIVE PROVISIONS

#### A. Mental Health Care and Suicide Prevention

Columbus shall provide adequate mental health services to inmates at the Jail, in accordance with constitutional standards. To that end, Columbus agrees to the following:

1. ***Policies, procedures, and training:*** Jail Staff shall develop and implement adequate mental health policies, procedures, forms, and training regarding the following areas:
  - a. mission and goal of the Jail's mental health program;
  - b. administrative structure of the Jail's mental health program;
  - c. staffing, including staff-to-inmate ratios, job descriptions, credentials, and privileging;
  - d. training of mental health staff regarding correctional or security procedures that are necessary for the delivery and accessibility of mental health care;



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- e. Crisis Intervention Team (CIT) training of correctional staff that includes training on (1) understanding and recognizing psychiatric signs and symptoms to identify inmates who have or may have SMI, (2) using de-escalation techniques to calm and reassure inmates who have or may have SMI before resorting to use of force, discipline, or isolation, and (3) making appropriate referrals of such inmates to mental health staff;
- f. strategies for effective communication with inmates with SMI in a respectful and supportive manner to promote pro-social behavior
- g. collaboration between mental health staff and correctional staff in the classification, housing, use of force, and discipline of inmates with SMI;
- h. reliable and valid methods for identifying inmates with SMI, including mental health screening, assessments, evaluations, and appropriate timeframes for completion;
- i. housing of inmates with SMI, including limits on the use of segregation;
- j. daily management of inmates with SMI and related safety and security procedures, including protection from inmate-on-inmate violence, constant direct supervision of actively suicidal inmates, and close supervision of special needs inmates with lower levels of risk;
- k. treatment planning;
- l. sick call, including
  - i. availability of written or electronic sick call request slips without advance charges;
  - ii. a collections method where the requests are directly sent to a qualified health or mental health professional;
  - iii. daily review of inmate requests by a qualified health or mental health professional to determine level of urgency;
  - iv. appropriate timeframes for responding to sick call requests depending on level of urgency;
  - v. logging procedures to record the date, time, and nature of each sick call request and responsive action; and
  - vi. documentation of the nature and response to each sick call request in an inmate's medical or mental health record;

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- m. suicide prevention and treatment;
  - n. use of psychotropic medications, including verification, continuity, and medication non-compliance;
  - o. involuntary treatment, including the use of seclusion, restraints, forced medications, and involuntary hospitalization;
  - p. medicolegal issues, including confidentiality, informed consent, and the right to refuse treatment;
  - q. collaboration with community services and discharge planning;
  - r. maintenance of medical and mental health records; and
  - s. quality assurance measures to regularly assess and ensure compliance with the terms of this MOA.
2. ***Mental Health Services (generally):*** The Jail Staff shall ensure that qualified mental health professionals provide adequate 24-hour on-call consultation as well as adequate in-person intervention and evaluation. The Jail Staff shall provide adequate evaluation, therapy, counseling, and array of other programs; adequate staff levels; and adequate space for programming consistent with other requirements of this MOA.
3. ***Psychology and Psychiatry Hours:*** The Jail Staff shall ensure that at least one psychiatrist or nurse practitioner with prescriptive authority will provide at least thirty hours of services every week, and that a psychologist shall provide at least twenty hours of services at the Jail every week. These hours shall be clearly documented and logged. The psychologist hours may be averaged over a four week period to determine compliance. The Jail Staff shall include an adequate number of qualified mental health professionals and mental health staff—as determined by an annual staffing analysis—to enable it to address the serious mental health needs of all inmates with timely and adequate mental health care.
4. ***Psychiatry-Psychology Collaboration:*** The psychiatrists and nurse practitioners shall collaborate with the psychology staff in mental health services management and clinical treatment, and both psychologists and psychiatrists shall communicate problems and resource needs to the Commander and Director of Mental Health Services.
5. ***Screening:*** The Jail Staff shall utilize qualified mental health staff or a qualified health professional with documented mental health screening training to administer a mental health/suicide screen for all inmates upon arrival at the Jail. The screening form shall provide for the identification and assessment of the following factors:
- a. past suicidal ideation or attempt;
  - b. current suicidal ideation, threat, or plan;
  - c. prior mental health treatment or hospitalization;

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- d. recent significant loss such as the death of a family member or close friend;
  - e. history of suicidal behavior by family members or close friends;
  - f. suicide risk during any prior confinement;
  - g. any observations by the transporting officer, court, transferring agency, or similar individuals regarding the inmate's potential suicidal risk or mental health;
  - h. substance(s) or medication(s) used, including the amount, time of last use, and history of use;
  - i. any physical observations, such as shaking, seizing, or hallucinating; and
  - j. history of drug withdrawal symptoms, such as agitation, tremors, seizures, hallucinations, or delirium tremens;
  - k. history or serious risk of delirium, depression, mania, or psychosis.
6. **Assessments:** Upon admission to the Jail, based on the results of the initial screening set forth in paragraph 5 above, the Jail Staff shall provide mental health assessments to inmates and refer inmates to qualified mental health professionals for treatment in accordance with the following:
- a. Emergent/Urgent Referrals: These referrals will be held in the clinic or HD area and a mental health assessment shall be provided by a qualified mental health professional for each inmate within 4 hours if during normal business hours, but no later than within 24 hours if outside of normal business hours, after the following triggering events:
    - i. signs and symptoms of acute mental illness;
    - ii. disorientation/confusion;
    - iii. jail history of placement on mental health units;
    - iv. inability to respond to basic requests or give basic information;
    - v. recent suicide attempt; and
    - vi. inmates who report any suicidal ideation or intent, or who attempt to harm themselves, or the arresting officer indicates threats or attempts to harm themselves, or who are so psychotic they are at imminent risk of harming themselves.
  - b. Routine Referrals: Mental health assessments shall be provided by a qualified mental health professional within 5 business days for each inmate whose mental health/suicide screening triggers the following assessment factors:
    - i. any past suicide attempt;

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- ii. any suicidal ideation, with intent or plan within the past 30 days;
- iii. any combination of the following:
  - 1. suicidal ideations within the past year, with or without intent or plan;
  - 2. suicidal gestures, current or within the last year;
  - 3. a diagnosis of one or more of the following: bipolar disorder, depressed, major depression with or without psychotic features, schizophrenia, schizoaffective disorder, any diagnosis within the pervasive developmental disorder spectrum, and any other factor(s) contributing to suicide risk (e.g., recent loss, family history, etc.)
- c. All other inmates shall receive an initial mental health assessment within 14 days of admission conducted by a qualified mental health professional or qualified health professional with mental health training.
- d. Mental health assessments shall include a structured, face-to-face interview with inquiries into the following:
  - i. a history of
    - 1. psychiatric hospitalization, psychotropic medication, and outpatient treatment,
    - 2. suicidal behavior,
    - 3. violent behavior,
    - 4. victimization,
    - 5. special education treatment,
    - 6. cerebral trauma or seizures, and sex offenses;
  - ii. the current status of
    - 1. mental health symptoms and psychotropic medications,
    - 2. suicidal ideation,
    - 3. drug or alcohol abuse, and
    - 4. orientation to person, place, and time;
  - iii. emotional response to incarceration; and
  - iv. a screening for intellectual functioning (e.g., mental retardation, developmental disability, learning disability).

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7. **Referrals:** Any jail staff member may refer an inmate to Mental Health based on observed changes in behavior, increase or appearance of psychotic symptoms, or other concern and these referrals shall be seen as follows:
- a. An inmate designated “Emergent/Urgent Referral” will be held in the clinic or HD area where they can be directly observed and supervised and be seen for assessment or treatment by a qualified mental health professional within 4 hours if during normal business hours, and within 24 hours if outside of normal business hours. The on-call qualified mental health professional must be notified within one hour of an Emergent Referral and advise with regard to course of treatment, housing, observation, medication, property restriction, and other appropriate care. Emergent Referrals will remain in the clinic/HD until seen and cleared by a qualified mental health professional. Triggering events for emergent/urgent referrals shall include the following:
    - i. increase or emergence of psychotic symptoms;
    - ii. inability to care for self appropriately;
    - iii. signs and symptoms of acute mental illness;
    - iv. disorientation/confusion; and
    - v. inability to respond to basic requests or give basic information.
  - b. An inmate designated as a “Routine Referral” will be seen for assessment or treatment by a qualified mental health professional within 5 business days, and a psychiatrist, when clinically indicated (e.g., for medication and/or diagnosis assessment). Routine referrals may include individuals who previously refused mental health treatment or medication or exhibit concerning but not emergent increases in symptoms, or raise concerns about medication compliance. The written policies and procedures governing referrals will include criteria for determining if a referral is not subject to this timeline requirement (e.g., a face-to-face contact is not clinically indicated).
8. **Mental Health Sick Call:** The Jail Staff shall ensure inmates’ access to adequate care in accordance with the following:
- a. Inmates submitting sick call requests shall be seen for assessment or treatment by a qualified health or mental health professional in a timely and adequate manner, as clinically appropriate.
  - b. Inmates with emergent/urgent mental health needs shall be seen for assessment or treatment by a qualified mental health professional or a qualified health professional with documented mental health screening training within 24 hours, and shall be placed in a setting with adequate monitoring pending the evaluation.

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Inmates with routine mental health needs shall be seen for assessment or treatment within 5 business days.

- c. Jail Staff shall permit inmates who are illiterate, non-English speaking, or otherwise unable to submit written or electronic sick call requests to verbally request care. Such verbal requests shall immediately be documented by the staff member who receives the request on an appropriate form and transmitted to a qualified medical or mental health professional for response in the same priority as those sick call requests received in writing or electronically.
  - d. The Jail Staff shall develop and implement an effective system for documenting, tracking, and responding to all sick call requests.
9. **Treatment Plans:** The Jail Staff shall ensure that each inmate on the mental health caseload receives a comprehensive, individualized treatment plan developed by a clinician with participation from the inmate and from others, as appropriate (e.g., mental health, medical, or correctional staff) within 10 days of his/her initial intake evaluation. Generally all treatment plans will meet the following requirements.
- a. Each individual treatment plan shall direct the mental health services needed for every patient on the mental health caseload and includes the treatment goals and objectives.
  - b. The Director of Mental Health provides guidelines for individual treatment plan review, which shall occur per the following frequency:
    - i. For inmates on a designated mental health unit, every 30 days;
    - ii. For all other inmates, every 6 months, or whenever there is a substantial change in mental health status or treatment.
  - c. Individual treatment planning is initiated on referral at the first visit with a qualified mental health professional.
  - d. Mental health treatment plans include, at a minimum:
    - i. Frequency of follow-up for evaluation and adjustment of treatment modalities;
    - ii. Adjustment of psychotropic medications, if indicated;
    - iii. Referrals for psychological testing, medical testing and evaluation, including blood levels for medication monitoring as required;
    - iv. When appropriate, instructions about diet, exercise, personal hygiene issues, and adaption to the correctional environment; and
    - v. Documentation of treatment goals and notation of clinical status progress (stable, improving, or deteriorating).

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- e. All aspects of the standard shall be addressed by written policy and defined procedures.

**10. Medication Administration:** The Jail Staff will develop and implement policies and procedures to ensure that all medications are appropriately prescribed, stored, controlled, dispensed, and administered in accordance with all applicable laws and through the following:

- a. ensuring that initial doses of prescribed medications are delivered to inmates within 48 hours of the prescription, unless it is clinically required to deliver the medication sooner;
- b. ensuring that inmates entering the Jail continue to receive previously prescribed medications or acceptable alternate medications, within 48 hours of entry, unless the facility physician makes an alternative clinical judgment;
- c. ensuring that medical staff who administer medications to inmates document in the inmate's Medical Administration Record (1) name and dosage of each dispensed medication, (2) each date and time medication is administered, and (3) the date and time for any refusal of medication; and
- d. ensuring that the inmate's unified health record is updated within one week of the end of each month to include a copy of the inmate's Medical Administration Record for that month.

**11. Psychiatric Hospitalization/Crisis Services:** Jail Staff shall ensure that inmates requiring emergency psychiatric hospitalization or who are acutely mentally ill receive timely and adequate treatment either on site or by agreement with a hospital offering the needed services.

**12. Housing:** Inmates shall be housed in an appropriate environment that ensures adequate staff supervision, mental health care and treatment, and personal safety in accordance with the following:

- a. Housing options for inmates with SMI shall include general population, a secure mental health unit, and a step-down unit for inmates with serious mental illness that is similar to a general population unit in which inmates are out of their cells during the day by default. Jail staff shall develop and implement these housing options with the technical assistance of the United States and its expert consultant(s).
- b. Jail Staff shall ensure that segregation is not used as an alternative to adequate mental health care and treatment.

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- c. All locked housing decisions for inmates with SMI shall include the input of a qualified mental health professional who has conducted a face-to-face evaluation of the inmate in a confidential setting, is familiar with the details of the available clinical history, and has considered the inmate's mental health needs and history.
- d. Segregation shall be presumed contraindicated for inmates with SMI.
- e. Within 24 hours of placement in any form of segregation, all inmates on the mental health caseload shall be screened by a qualified mental health professional to determine whether the inmate has a SMI, and whether there are any other acute mental health contraindications to segregation.
- f. If a qualified mental health professional finds that an inmate has a SMI or other acute mental health contraindications to segregation, that inmate shall not remain in segregation absent extraordinary and exceptional circumstances.
- g. Inmates who are placed in a secure mental health unit or a step-down unit shall be offered a minimum of:
  - i. at least 10 hours of out-of-cell structured time each week, with every effort made to provide two scheduled out-of-cell sessions of structured individual or group therapeutic treatment and programming Monday through Friday and one session on Saturdays, with each session lasting approximately one hour, with appropriate duration to be determined by a qualified mental health professional and detailed in that inmate's individualized treatment plan, and
  - ii. at least two hours of unstructured out-of-cell recreation with other inmates each day, including exercise, dining, and other leisure activities that provide opportunities for socializing, for a total of at least 14 hours of out-of-cell unstructured time each week.
- h. All out-of-cell time in the secured mental health or step-down units shall be documented, indicating the type and duration of activity.
- i. Policies and procedures shall detail the criteria for admission into the secure mental health housing or step-down units and levels of care provided to inmates in those units.
- j. Any determination not to divert or remove an inmate with SMI from segregation shall be documented in writing and include the reasons for the determination.
- k. Inmates with SMI who are not diverted or removed from segregation shall be offered a heightened level of care that includes the following:
  - i. If on medication, shall receive at least one daily visit from a qualified health care professional.
  - ii. Shall be offered a face-to-face, therapeutic, out-of-cell session with a qualified mental health professional at least once per week.



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- iii. Qualified mental health professionals shall conduct rounds at least once a week to assess the mental health status of all inmates in segregation and the effect of segregation on each inmate's mental health to determine whether continued placement in segregation is appropriate.
  - iv. Rounds shall not be a substitute for treatment and shall be documented.
  - l. Inmates with SMI who are placed in segregation for more than 24 hours shall have their cases reviewed by the Commander or the presiding Captain and the Director of Mental Health Services on a weekly basis at the critical management meeting.
  - m. Inmates with SMI shall not be placed into long-term segregation absent extraordinary and exceptional circumstances, and inmates with SMI currently subject to long-term segregation shall immediately be referred for appropriate assessment and treatment from a qualified mental health care professional who will recommend appropriate housing.
  - n. If an inmate on segregation develops signs or symptoms of SMI where such signs or symptoms had not previously been identified, or decompensates, the inmate shall immediately be referred for appropriate assessment and treatment from a qualified mental health care professional who will recommend appropriate housing.
  - o. If an inmate with SMI on segregation suffers a deterioration in his or her mental health, engages in self-harm, or develops a heightened risk of suicide, that inmate shall immediately be referred for appropriate assessment and treatment from a qualified mental health care professional who will recommend appropriate housing.
  - p. Muscogee County shall document the placement and removal of all inmates to and from segregation.
- 13. Collaboration between Mental Health and Security Staff:** Within six months of the effective date of this Agreement, the Jail Staff shall develop adequate training curricula, and within twelve months of the effective date of this Agreement, all relevant staff shall receive documented adequate training, regarding security and supervision issues specific to inmates with mental illness, including but not limited to
- a. use of force on inmates with mental illness;
  - b. pill call procedures to prevent inmates with serious mental illness, inmates on the mental health units, and inmates with mental illness in segregation units from hoarding or hiding pills;

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- c. safe shaving procedures to prevent inmates with serious mental illness, inmates on the mental health units, and inmates with mental illness in segregation units from hiding or misusing razor blades; and
- d. proper procedures in instances in which one inmates threatens to harm another with whom he/she is being placed in a suicide watch cell or a cell in a mental health unit, *i.e.*, the need for officers to immediately consult with the classification unit for a determination, based on a review of the inmates' history and interviews, as to whether such placement should occur.

**14. Disciplinary Action:** The Jail Staff shall ensure that disciplinary charges against inmates with a SMI are reviewed by a qualified mental health professional to determine the extent to which the charge was related to mental illness or a developmental disability and to ensure that an inmate's mental illness or developmental disability is used as a mitigating factor, as appropriate, when punishment is imposed and to determine whether placement into segregation is appropriate. The amount of time since a previous placement in segregation and any history of decompensation in segregation also shall be considered in determining whether placement is appropriate or would have a deleterious effect on the inmate's mental health. Prior history of decompensation in segregation shall be a contraindication to placement in such confinement.

- a. Jail Staff shall consider suggestions by mental health staff for minimizing the deleterious effect of disciplinary measures on the mental health status of the inmate. Any punishment must work within the inmate's mental health treatment plan.
- b. The hearing officer shall document the participation of mental health staff and the hearing officer's consideration of the mental health staff's recommendations, including treatment alternatives considered in the disciplinary process.
- c. Disciplinary measures taken against specially housed inmates with SMI shall be reviewed on a quarterly basis.
- d. Inmates shall not be subject to discipline for refusing treatment or medications or for engaging in self-injurious behavior or threats of self-injurious behavior.

**15. Suicide Prevention:** Jail Staff shall ensure that suicide prevention measures are in place at the Jail and shall also develop and implement adequate written policies, procedures, and training on suicide prevention and the treatment of special needs inmates.

- a. These procedures shall include provisions for constant direct supervision of actively suicidal inmates when necessary and close supervision of special needs inmates with lower levels of risk (e.g., 15 minute checks). Officers shall document their checks.
- b. Suicide prevention policies shall include procedures to ensure the safe housing and supervision of inmates based on the acuity of their mental health needs.

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- c. Jail Staff shall develop and implement an adequate suicide screening instrument that includes adequate screening for suicide risk factors and assessment triggers.
- d. A risk management system shall identify levels of risk for suicide and self-injurious behavior that requires intervention in an adequate and timely manner to prevent or minimize harm to inmates. The system shall include but not be limited to the following processes:
  - i. Incident reporting, data collection, and data aggregation to capture sufficient information to formulate reliable risk assessment at the individual and system levels regarding inmates with mental illness and developmental disabilities.
    - 1. Incidents involving pill hoarding or razor blades and injuries involving pills or razor blades shall be tracked and analyzed by the Jail Staff on a quarterly basis.
    - 2. Incidents involving weapons, self-harm, use of force, suicide, suicide attempts, or inmate-on-inmate assaults shall be tracked and analyzed by the Jail Staff on a quarterly basis.
    - 3. All such incidents shall be reviewed, including a psychological reconstruction for suicides, as part of a regularly scheduled suicide prevention committee composed of security, nursing, medical staff, and qualified mental health staff. Jail Staff shall develop a corrective action plan where appropriate, and the Staff's response shall be clearly documented.
  - ii. Identification of at-risk inmates in need of clinical or multidisciplinary review or treatment.
  - iii. Identification of situations involving at-risk inmates that require review by a multidisciplinary team and/or systemic review.
  - iv. A hierarchy of interventions that corresponds to levels of risk.
  - v. Mechanisms to notify multidisciplinary teams and the risk management system of the efficacy of interventions.
  - vi. Development and implementation of interventions that adequately respond appropriately to trends.
- e. Jail Staff shall ensure that placement on suicide precautions is made only pursuant to adequate, timely (within four (4) hours of identification, or sooner if clinically indicated), and confidential assessment and is documented, including level of observation, housing location, and conditions of the precautions.
- f. Inmates requiring crisis level of care will be seen by a qualified mental health care professional within 4 hours of being placed on suicide precautions or crisis level care if during normal business hours, or within 24 hours if outside of normal

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business hours. The on-call qualified mental health professional must be notified within one hour of being placed on suicide precautions or crisis level care and advise with regard to course of treatment, housing, observation, medication, property restriction, and other appropriate care.

- g. Jail Staff shall develop and implement an adequate system whereby inmates, upon evaluation and determination by a qualified mental health professional, may, where clinically appropriate, be released gradually from more restrictive levels of supervision to less restrictive levels for an appropriate period of time prior to their discharge from suicide precautions. Step-down placements should continue to be suicide-resistant and located in such a way as to provide full visibility to staff. Jail Staff shall ensure that inmates are placed on a level of observation that is not unduly restrictive.
- h. Inmates on suicide precautions shall be provided out-of-cell time for clinically appropriate structured activities and showers.
- i. Qualified mental health staff shall assess and interact with (not just observe) inmates on suicide precautions on a daily basis and shall provide adequate treatment to such inmates.
- j. Jail Staff shall ensure that inmates are discharged from suicide precautions or crisis level care as early as possible. Jail Staff shall ensure that all inmates discharged from suicide precautions or crisis level of care continue to receive timely and adequate follow-up assessment and care, specifically at a minimum of within 24 hours and 7 days following discharge. A qualified mental health professional may schedule additional follow-ups within the first 7 days of discharge if clinically indicated. A qualified mental health professional will develop a treatment plan within 7 days following discharge.

**16. *Morbidity/Mortality Reviews:*** Jail Staff shall conduct a written interdisciplinary review (critical incident report) of any suicide, serious suicide attempt or other sentinel event within thirty (30) days of the incident. The Morbidity/Mortality Review shall include a corrective action plan with timetables for completion.

**17. *Discharge Planning:*** Inmates on the mental health caseload shall be provided adequate discharge planning, including a sufficient amount of prescribed medications and appropriate referrals to community mental health services. The Jail shall develop relationships with and solicit input from community mental health organizations and providers regarding inmates' mental health needs in the Jail and upon discharge from the Jail.

**18. *Confidentiality:*** Jail Staff shall ensure that discussion of patient information and clinical encounters are conducted with adequate sound privacy in an office-like setting and carried out in a manner designed to encourage subsequent use of health services. All assessments shall be confidential. Because it may be necessary that Custody staff be present during clinical encounters, the Jail Staff shall ensure that Custody staff receives adequate and documented training on how to maintain patient confidentiality.

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**19. Health Records:** The Jail Staff shall maintain complete, legible, confidential, and well-organized mental health records as part of the medical records at the Jail, separate from the inmate record.

- a. Access to individual inmate mental health records shall be restricted to medical and mental health personnel, and mental health information shall be shared with jail officers only when the medical or mental health staff believes this is necessary or in the event of investigation of a critical incident.
- b. Jail Staff shall be instructed not to divulge inmate mental health information to other inmates.

**20. Quality Assurance:** Muscogee County shall develop and implement, with the technical assistance of the United States and its expert consultant(s), a quality assurance plan to regularly assess and take all necessary measures to ensure compliance with the terms of this MOA. The quality assurance plan shall include, but is not limited to, the following:

- a. creation of a multi-disciplinary review committee;
- b. periodic review of screening, assessments, use of psychotropic medications, emergency room visits and hospitalizations for inmates with SMI,
- c. periodic review of housing of inmates with SMI;
- d. periodic review of the use of segregation;
- e. tracking and trending of data on a quarterly basis;
- f. morbidity and mortality reviews with critical analyses of causes or contributing factors, recommendations, and corrective action plans with timelines for completion; and
- g. corrective action plans with timelines for completion to address problems that arise during the implementation of this MOA and prevent those problems from reoccurring.

#### IV. CONSTRUCTION

1. This MOA shall be applicable to and binding upon all parties, their officers, agents, employees, assigns, and their successors in office.
2. Within 30 days of the effective date of this modified Agreement, the Sheriff shall distribute copies of this MOA to all relevant staff, including all medical and mental health staff, and all security staff on the mental health units, and shall explain it as appropriate. Jail Staff shall provide a copy of the MOA to any future staff. Columbus and the Sheriff shall require strict compliance with this MOA from all employees, agents, assigns, or successors.

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3. The Parties shall notify each other of any court challenge to this MOA or the 1999 Settlement Agreement.
4. In the event any provision of this MOA is declared invalid for any reason by a court of competent jurisdiction, said finding shall not affect this Agreement's remaining provisions.
5. Failure by either Party to enforce this entire MOA or any provision thereof with respect to any deadline or any other provision herein shall not be construed as a waiver of its right to enforce other deadlines or provisions of this Agreement.

**V. IMPLEMENTATION**

1. The Jail Staff shall develop and begin implementing all policies, procedures, and training curricula required by this MOA within six months of the effective date. The Sheriff shall ensure that all staff receives the training required by this MOA within twelve months of the effective date.
2. All policies, procedures, plans, protocols, and training required by, or referenced in, this MOA shall be consistent with the MOA's substantive terms. Columbus shall submit all policies, procedures, plans, protocols, and training required by, or referenced in, this MOA to the United States for its review and approval. The United States shall review and comment on any such plans, policies, procedures, protocols, or training submitted under this provision within 60 days of receipt. The United States shall not unreasonably withhold approval. Absent unforeseen circumstances beyond the Parties' control, if the United States does not provide a written objection to said materials within 60 days of receipt, the materials will be deemed approved by the United States.
3. Columbus shall not retaliate against any person because that person has filed or may file a complaint, provided information or assistance, or participated in any other manner in an investigation or proceeding relating to this MOA.
4. Columbus shall make all good faith efforts to immediately implement and achieve substantial compliance with all substantive requirements of this MOA.
5. Except where otherwise specifically indicated, Columbus shall in good faith make all efforts to complete implementation of all the provisions of this MOA within one year of the effective date.

## **VI. MONITORING AND ENFORCEMENT**

1. The United States will monitor compliance with this MOA.
2. The following terms will be used when discussing compliance:
  - a. "Substantial Compliance" indicates that Columbus has complied with all or most components of the relevant provision of the MOA and that no significant work remains to accomplish the goal of that provision.
  - b. "Partial Compliance" indicates that Columbus with some components of the relevant provision of the MOA and that significant work remains to reach substantial compliance.
  - c. "Noncompliance" indicates that Columbus has not complied with most or all of the components of the relevant provision of the MOA and that significant work remains to reach partial compliance.
  - d. "Unratable" shall be used to assess compliance of a provision for which the factual circumstances triggering the provision's requirements have not yet arisen to allow for meaningful review. Provisions assessed as "unratable" shall not be held against Columbus in determining overall substantial compliance with this MOA in accordance with the termination procedures outlined below.
3. Within 30 days of the Effective Date, Columbus will submit a Status Report to the United States, listing all provisions where it believes it is already in Substantial Compliance, as defined in Paragraph VI.2. above, and describing the actions Columbus has taken to implement each provision of this MOA. Thereafter, Columbus may, but is not required to, submit additional Status Reports outlining additional actions or measures it has taken to implement the MOA when it believes it has reached substantial compliance in additional areas.
4. Within 30 days of receipt of each Status Report or 60 days in advance of each onsite compliance inspection, the United States may request any necessary documents or other information that demonstrate that Columbus has taken actions or measures to implement the MOA, including but not limited to policies, procedures, protocols, training materials, investigations, logbooks, medical/mental health records, and incident reports. Columbus shall provide such documents or information within 30 days of the United States' request.
5. The United States and its representatives, including its expert consultant(s), shall conduct periodic on-site compliance inspections, the first of which shall occur within 6 months of the Effective Date and every 6 months thereafter. The United States shall determine the dates and duration of each on-site compliance inspection in consultation with Columbus.
6. Columbus shall provide the United States and its representatives with reasonable access to the Muscogee County Jail, inmates, staff, documents, and all other information related

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to implementation of this MOA. The United States shall have the right to conduct confidential interviews with inmates, and to conduct interviews with facility staff outside the presence of other staff or supervisors.

7. Within 45 days of each on-site compliance inspection, the United States shall issue a compliance report describing the steps Columbus has taken to implement this MOA, evaluating the extent to which Columbus has successfully implemented each substantive provision of the MOA, and recommending specific actions Columbus must make to achieve substantial compliance with the MOA.
8. Jail Staff shall keep such records as will fully document that the requirements of this MOA are being properly implemented and shall produce such records or provide a written response as to when the requested records will be produced within 5 business days of the United States' request.
9. Columbus shall immediately notify the United States of any misrepresentations or inaccuracies, whether deliberate or inadvertent, that it discovers staff to have made or implied to the United States and shall provide updated information.
10. Jail Staff will promptly (within 48 hours) notify the United States upon the death of any inmate or sentinel event. Should any such incident occur, Columbus will provide the United States any related documentation.
11. Within 30 days of receipt of written questions from the United States concerning implementation of this Stipulated Order, Columbus will provide the United States with written answers.
12. If the United States believes that Columbus has failed to comply with any obligation under this MOA, the United States will, prior to pursuing an enforcement action, give Columbus written notice of the failure. The Parties shall engage in good-faith negotiations to attempt to resolve the dispute. These negotiations will last for a maximum of 30 days from the date of the United States' written notice. The United States commits to work in good faith with Columbus to avoid enforcement actions. However, in the case of an emergency posing an immediate threat to the health and safety of inmates, the United States may seek enforcement action without regard to the notice and negotiation requirements herein.

## VII. TERMINATION

1. This MOA shall not terminate until Columbus fully and faithfully implements all provisions of this MOA and maintains substantial compliance for a period of 2 years.
2. The Parties agree that the substantive provisions of the 1999 Settlement Agreement shall be exempt from continued monitoring and enforcement until this MOA is terminated. Until this MOA is terminated, Muscogee County shall maintain substantial compliance



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with those areas of the 1999 Settlement Agreement where substantial compliance has been achieved, namely Security, Medical Care (not including provisions overlapping with Mental Health Care), and Environmental Health and Safety. The United States reserves the right to seek enforcement, in accordance with Paragraph VI.12 above, of those provisions of the 1999 Settlement Agreement for which the County regresses into noncompliance that results in serious harm or the substantial risk of serious harm to inmates at the Jail.

3. This MOA will become terminable when the United States finds that Columbus has sustained substantial compliance with each substantive term of this MOA for 2 years. The Parties agree that when this MOA becomes terminable, they will move jointly in the district court to terminate all relief in both this MOA and the 1999 Settlement Agreement. However, nothing herein shall preclude Columbus from moving unilaterally in the district court for termination of the MOA in the event that it believes it has been in compliance with its terms for two years.

*Memorandum of Agreement between the U.S. Department of Justice and Columbus, Georgia  
Regarding the Muscogee County Jail*

For the UNITED STATES OF AMERICA:

ERIC H. HOLDER, JR.  
Attorney General

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Acting Assistant Attorney General  
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Deputy Assistant Attorney General  
Civil Rights Division

JONATHAN M. SMITH  
Chief  
Special Litigation Section

JULIE K. ABBATE  
Deputy Chief  
Special Litigation Section

DATED this \_\_\_\_ day of January, 2015

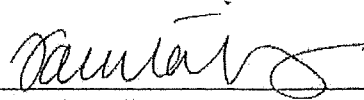
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*Memorandum of Agreement between the U.S. Department of Justice and Columbus, Georgia  
Regarding the Muscogee County Jail*

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JONATHAN M. SMITH  
Chief  
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JULIE K. ABBATE  
Deputy Chief  
Special Litigation Section




DATED this 16 day of January, 2015

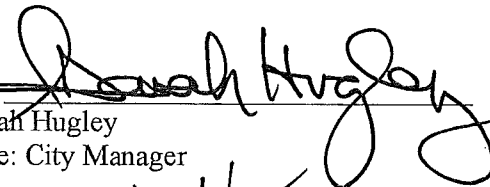
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Memorandum of Agreement between the U.S. Department of Justice and Columbus, Georgia  
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For the CONSOLIDATED GOVERNMENT OF COLUMBUS, GEORGIA:

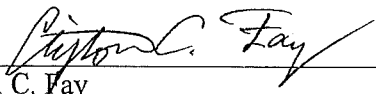
By:   
John Darr  
Title: Sheriff

Date: 1-12-15

By:   
Isaiah Hugley  
Title: City Manager

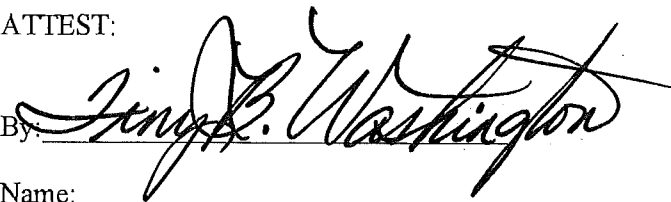
Date: 1/14/15

APPROVED AS TO LEGAL FORM:

By:   
Clifton C. Fay  
Title: City Attorney

Date: 1/14/15

ATTEST:

By: 

Name: \_\_\_\_\_  
Tiny B. Washington  
Title: Clerk of Council

Date: 1/14/15

**AGREEMENT**

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## **I. INTRODUCTION**

1. This agreement is made in light of the provisions of the Civil Rights of Institutionalized Persons Act, 42 U.S.C. § 1997 et seq., with which the United States has complied.

2. Venue over any action that might be filed would be in the Middle District of Georgia pursuant to 28 U.S.C. § 1391 (b).

3. Jurisdiction in the federal court would be pursuant to 28 U.S.C. § 1345.

## **II. DEFINITIONS**

4. Party of the first part shall refer to the United States of America, which hereinafter shall be referred to as the United States.

5. Parties of the second part shall refer to Muscogee County, Georgia; the Sheriff of Muscogee County, in his official capacity; the Mayor of Columbus, in his official capacity; the Columbus City Manager, in his official capacity; members of the Columbus Council, in their official capacities; and their agents and successors in office. The City of Columbus and Muscogee County are a consolidated government, and parties of the second part are hereinafter referred to as the City/County. This Agreement is between the United States and the City/County.

6. The term "Muscogee County Jail" (Jail) includes the three existing Jail facilities (the "new jail," the "old jail," and the "stockade") as well as any other Muscogee County institutions built, leased, or otherwise used, to replace the current Jail or Jail components.



7. The terms "inmate" or "inmates" shall refer to one or more individuals sentenced to, incarcerated in, detained at, or otherwise confined at either the existing Muscogee County Jail or any institution that is built or used to replace the Jail or any part of the Jail. The term "special needs inmates" shall refer to those inmates who are suicidal, mentally ill, mentally retarded, intoxicated, or otherwise a danger to themselves or others.

8. "Qualified professional" shall refer to an individual qualified to render the requisite and appropriate care, treatment, judgment(s), training and service, based on credentials recognized in the specific field.

### III. BACKGROUND

9. The City/County owns and operates the Jail, located in Columbus, Georgia.

10. The Sheriff is responsible for the day-to-day operation of the Jail. In his official capacity, the Sheriff has the custody, rule, and charge of the Jail and Jail inmates.

11. On December 1, 1994, United States Department of Justice attorneys and their consultants in the fields of penology, correctional health care, and environmental health and safety, toured the Jail pursuant to the Civil Rights of Institutionalized Persons Act. 42 U.S.C. § 1997 et seq.

12. On June 1, 1995, the United States issued a findings letter regarding conditions of confinement at the Jail based upon the Justice Department investigation and expert tour of the facility. The United States' findings letter was sent to the

City/County. This Document detailed numerous alleged constitutional deficiencies allegedly affecting the life, health, and safety of Muscogee County inmates.

13. The parties to this Agreement recognize the constitutional rights of inmates confined in the Jail. These rights include, but are not limited to, the right to: (1) adequate supervision to ensure reasonable inmate safety, (2) adequate medical and mental health care, (3) a safe and sanitary physical plant which does not pose an unreasonable threat to safety, (4) reasonable opportunity for exercise, and (5) meaningful access to the courts.

14. In order to avoid protracted litigation regarding the constitutionality of conditions of confinement at the Jail, the parties agree to the provisions set forth in this Agreement.

15. The parties agree that the provisions of this agreement are a reasonable, lawful, and fundamentally fair resolution of this case.

#### IV. SUBSTANTIVE PROVISIONS

##### OVERALL JAIL CONDITIONS

16. By July 1, 1999, the City/County shall complete or will have contracted for or budgeted for the following building projects to ensure a safe, sanitary, and healthy environment at the jail (any projects planned, contracted, or budgeted for shall be completed in a timely manner):

a) Repair or replace old and damaged plumbing, electrical, lighting and ventilation systems.

b) A plan to expand kitchen facilities or contract out food service. A Request for Proposal (RFP) is currently being developed to pursue contracting out the food service.

c) A plan to provide adequate clinical space and inmate medical (including isolation) housing.

d) Construct, lease, or otherwise obtain additional housing space for the number of inmates incarcerated. Adequate housing shall be provided to ensure that every inmate has a place to sleep off the floor and away from plumbing. Additionally, housing units shall contain adequate showers, toilets, lighting and other fixtures to allow adequate sanitation and humane living conditions. Any housing used for inmates must meet the requirements of this agreement and constitutional standards, and the United States shall have reasonable inspection rights for any facilities used as allowed by this agreement.

17. In ensuring City/County compliance with this section on overall jail conditions, City/County officials shall require that

construction and renovations be conducted in compliance with the National Fire Protection Association's Life Safety Code, state and local building codes, American Correctional Association (ACA) standards, the Americans with Disabilities Act (ADA), and ADA regulations.

18. The City/County shall retain qualified personnel to assist them with the renovation, construction, and facility replacement process. The City/County and their personnel shall regularly consult with the United States during this process as to the appropriate renovations, construction, services and staffing needed. The City/County shall also provide the United States with timetables, architectural plans, building inspections, legislation, and other documents related to this process as part of the Compliance system described in Section V.

19. Any renovations or construction shall be done by qualified personnel.

#### CORRECTIONAL ISSUES

##### **A. Policies and procedures.**

20. The City/County shall develop and implement, appropriate, comprehensive policies and procedures for Jail Operations. The City/County shall base their policies and procedures on professional standards. All staff shall have access to a copy of a staff manual containing Jail policies and procedures and shall sign a statement indicating that they have read and understood the

provisions of the manual. Jail policy and procedure manuals shall be reviewed annually and updated by the City/County as necessary. The City/County shall consult with the United States in the ongoing development of these policies and procedures.

**B. Inmate Handbook.**

21. Inmates shall receive an inmate handbook upon arrival summarizing policies applicable to them including, but not limited to: 1) Jail rules, 2) visitation and exercise policies, 3) a description of the process for obtaining bond and an attorney, 4) a description of the disciplinary procedure, 5) an explanation regarding how to access sick call, medications, and emergency assistance, and 6) a list of all legal materials available to inmates.

**C. Classification.**

22. Inmates shall be classified and housed based upon sound professional, penological principles.

**D. Training.**

23. The City/County shall develop an adequate training program which includes at least 40 hours of in-service training every year and which, in addition, requires all current jailers to complete the state jailer school program within one year of employment. All new jailers shall have attended the state jailer school program prior to working at the jail. If the City/County develops a local jailer training program which meets state credentialing standards and provides the same level of training

offered by the state school, they may use this local training program in lieu of the state jailer school. Staff shall be adequately trained to carry out the terms of this Agreement.

**E. Security and supervision.**

24. All use of force, including the use of chemical agents (e.g., pepper spray), shall be adequately documented. Adequate documentation includes the use of incident reports and summaries. All weapons will be kept in the custody of supervisors, carefully inventoried and monitored for unauthorized usage, and will not be distributed without documentation. Weapon inventories will be tracked and monitored to identify inappropriate or excessive use of force by officers. Each use of force shall be reviewed by Jail supervisors, and staff will be disciplined for violations of use of force policies. The City/County shall identify all known persons for whom chemical agents pose a danger to health, and chemical agents shall not be targeted at such persons. Persons subjected to chemical agents shall be afforded the opportunity to cleanse themselves of the chemical agent and shall be provided with prompt medical attention, if necessary. As part of the training process, staff shall be instructed on de-escalation techniques and use of force rules. Jail policies and procedures shall establish clear standards governing use of force. These standards shall be based on relevant law and professional practice. The amount of force used must be proportionate given the situation faced by an officer, and escalations in force levels must be appropriate.

25. The City/County no later than July 1, 1999 shall hire and retain or budget for staff to adequately supervise and operate all Jail facilities (old and new). Positions budgeted for shall be filled in a timely manner. Corrections staffing shall be sufficient to carry out the terms of this Agreement and minimum requirements shall include the following:

a) The City/County shall ensure that there is always at least one officer present, at all times, on every jail housing floor. Thus, at least one officer shall be present at all times on each floor of the "new jail," at the officers' post in the "stockade," and on each floor of the "old jail."

b) The City/County shall also provide sufficient staff to ensure adequate backup in the event of emergencies, to transport inmates to the medical unit and sick call, and to provide adequate inmate exercise. .

c) Rounds will be conducted at least once every half hour at irregular intervals (e.g., 20, 25, 30, 15 minutes), and shall include a logged, visual inspection of all housing areas.

**F. Exercise.**

26. Beginning September 1, 1999, inmates shall be given outdoor exercise 5 days each week, 1 hour per day, weather permitting. Until that time, weather permitting, inmates shall be given outdoor exercise as facilities and staffing permit.

**G. Reading materials and access to the courts.**

27. At their own expense, inmates may receive by mail direct from the publisher, a reasonable number of periodicals, legal

research materials, newspapers, books and other reading materials which may be kept in an inmate's cell so long as such materials do not create a fire hazard.

28. The City/County shall provide inmates with prompt access to appropriate legal materials as identified in Attachment A.

29. Legal materials shall be available for use by inmates no less than five days per week between 9:00 a.m. and 4:00 p.m. Inmate requests for access to legal materials shall be honored within two working days after receipt of the request, or earlier if the inmate faces a specific court deadline. The City/County shall ensure that qualified staff make reasonable efforts to meet inmate requests for legal materials even when an inmate is unable to provide a specific legal cite for the materials the inmate needs. Inmates may be required to pay the City/County for any legal materials they damage, steal, or destroy.

30. Inmates shall be provided with sufficient time and legal materials for a reasonable opportunity to conduct legal research. In the event that an inmate is facing a specific court deadline, the City/County shall make reasonable efforts to allow the inmate additional access to legal materials upon request.

**H. Use of trustees (runarounds).**

31. Jailers are responsible for the care and supervision of inmates. Those duties shall not be delegated to inmates, and no inmate shall have authority over other inmates. No inmate shall serve as the conduit for transmitting inmate requests for assistance to jail staff. The kitchen trustees shall always be



supervised by at least one jailer or civilian employee, even on weekends.

MEDICAL, DENTAL AND MENTAL HEALTH CARE

**A. Medical policies and procedures.**

32. The City/County shall implement medical policies and procedures that include, but are not limited to, provisions regarding: 1) initial screening and health assessments, 2) communicable disease testing and control, 3) access to medical care and sick call, 4) pill call and medication management, 5) medical records, 6) staff training, 7) mental health care, 8) emergency dental care, 9) emergency medical care and transport, and 10) inmate co-payments.

**B. Medical staffing.**

33. The City/County shall issue requests for proposals to ensure timely and competent medical care. The medical staffing shall be sufficient to carry out the requirements of this Agreement. A qualified medical professional shall oversee Jail medical and mental health services as the Responsible Healthcare Authority (RHA). Inmate medical and mental health treatment, nursing staff, and medical policy development, shall be supervised by qualified licensed physicians.

**C. Referrals for outside medical care.**

34. The City/County shall ensure, thru requirements in the medical provider contract or otherwise, that inmates who are referred to sub-specialty medical providers by a physician or

registered nurse shall receive medical evaluation and medical care from such specialists. Procedures and practices must ensure that timely emergency medical care is provided when necessary, and the City/County shall monitor, drill, and evaluate emergency response.

**D. Medical decisions.**

35. Adequate space, supplies, and equipment shall be provided for medical care. Jail officials shall not overrule medical decisions made by medical staff.

**E. Intake screenings.**

36. The City/County shall ensure that receiving screening includes screening for alcohol abuse, serious medical problems, mental health problems, and communicable diseases.

**F. Health assessment.**

37. Within two weeks of intake, inmates shall receive a health assessment which includes taking an initial medical history and identification of any known allergies, and a physical examination consisting of blood pressure, pulse, temperature, and respiration tests. The health assessment results shall be recorded on a standardized form that is placed in the inmate's medical record along with inmate's intake screening form.

**G. Communicable disease screening.**

38. The City/County shall continue implementing and refining their communicable disease testing, monitoring, and treatment program. The City/County shall continue to test for tuberculosis all inmates arriving at the jail upon booking and will follow-up on

test results as medically indicated. In the event a communicable disease, such as tuberculosis, is identified by the Jail's communicable disease screening program, the City/County will notify the relevant public health authorities and the United States about the incident.

**H. Sick call.**

39. The City/County shall implement a sick call policy and procedure that includes, at a minimum, the following:

(1) written sick call request slips; (2) a collections method where the request slips are carried by jail staff directly to a qualified health professional i.e., registered nurse, physician, or licensed practical nurse (LPN); (3) logging procedures to record each request for sick call services; (4) review of inmate requests by a registered nurse or physician on a daily basis to determine urgency of the need to be examined; (5) a sick call clinic held at least once per week conducted by a licensed physician, or registered nurse (RN) under the supervision of a licensed physician; and (6) a policy requiring medical staff to record the results of sick call in an inmate's record. At least three times a week, documented rounds will be conducted in segregation. Inmates submitting sick call requests shall be seen by qualified medical professionals in a timely manner.

40. The City/County shall permit illiterate inmates orally to request medical care through medical staff. Such requests will be processed in a timely fashion and properly documented by the medical staff who receive the request.

**I. Staff medical training.**

41. Staff shall be adequately trained to identify inmates with special mental health needs, identify medical emergencies, give first aid, and give CPR. Only qualified medical staff (i.e., not security staff) shall handle pill call and the administering of medications.

**J. Emergency care.**

42. Inmates requiring emergency medical care shall receive such care immediately. Inmates must be able to contact an officer for assistance on a timely basis.

**K. Mental health care and suicide prevention.**

43. The City/County shall provide adequate mental health services to the inmates by requests for proposals. To that end, the City/County shall ensure that the contracted, qualified mental health professionals shall provide 24-hour on-call consultation as well as in-person intervention and evaluation. Furthermore, mentally ill inmates shall be housed in an appropriate environment that facilitates staff supervision and personal safety. Inmates with special mental health needs shall be evaluated by a qualified mental health professional within twenty-four hours. Inmates requiring psychiatric hospitalization shall be transferred promptly to adequate psychiatric hospital facilities. The City/County shall ensure that a psychiatrist and a psychologist provide services at the jail for at least twenty hours per week each.

44. The City/County shall ensure that suicide prevention measures are in place at the Jail and shall also develop and implement written policies and procedures on suicide prevention and the treatment of special needs inmates. These procedures shall be consistent with professional standards and shall include provisions for constant direct supervision of actively suicidal inmates and close supervision of special needs inmates with lower levels of risk (e.g., 15 minute checks). Officers shall document their checks. Suicide prevention policies shall include procedures to ensure the safe housing and supervision of inmates based on the acuity of their mental health needs. Cells for suicidal inmates shall be retrofitted to render them suicide-resistant (e.g., elimination of protrusive shower heads, exposed bars, unshielded lighting or electrical sockets). Staff will be trained on suicide response, prevention, and detection. Staff posts will be equipped with 911 rescue tools.

**L. Medication management and pill call**

45. All medications shall be appropriately managed and securely stored at the Jail pursuant to a medication management policy. Drug prescription practices shall be in compliance with professional standards. To that end, medication orders must be reviewed by a physician or pharmacist, distribution of medications shall be properly logged, nurses shall not be allowed to remove medications from the pharmacy, only legally authorized personnel shall be permitted to distribute medications from the pharmacy, and staff shall be trained regarding medication side effects and pill

call procedures. Medication logs must be co-signed by inmates, and when an inmate is supposed to receive more than one medication, the forms should identify whether an inmate has received each medication prescribed during pill call. The City/County shall ensure that adequate supplies of medications are available. In particular, inmates on "PRN" medications shall receive their medications as ordered by medical staff.

**M. Medical records.**

46. The City/County shall ensure that the RHA Maintains complete, confidential, and well-organized medical records at the Jail, separate from the inmate record. To ensure continuity of care, medical record information shall be submitted to outside medical providers when inmates are sent out of the Jail for medical care, and reports and records from those providers will be returned with the inmates to the jail. Access to individual inmate medical records shall be restricted to medical personnel, and medical information shall be shared with jail officers only when the RHA believes this is necessary. Jail staff shall be instructed not to divulge inmate medical information to other inmates.

**N. Dental care.**

47. Inmates with emergency dental needs shall receive such care immediately. Dental care shall not be limited to extractions. Adequate dentist hours will be provided to avoid unreasonable delays in dental care. At least 30 hours of dental care shall be provided per week.

ENVIRONMENTAL HEALTH AND SAFETY

**A. Environmental health and safety policies and procedures.**

48. The City/County shall develop and implement environmental health and safety policies and procedures which include, but are not limited to, provisions regarding: 1) fire safety and drills, 2) general housekeeping plan, 3) maintenance plan, 4) safe use of cleaning agents, 5) food handling and nutrition, and 6) inmate laundry, mattresses and personal hygiene.

**B. General housekeeping and maintenance.**

49. The City/County shall regularly clean and maintain any Jail facilities pursuant to a general housekeeping plan. The City/County may continue to provide inmates with cleaning materials on a daily basis, but the City/County are ultimately responsible for the Jail's cleanliness and physical condition. Any new, renovated, or replacement Jail facilities must also be kept clean and in good physical condition.

**C. Pest extermination.**

50. The City/County shall continue to contract for professional exterminator services for the jail, and shall keep the jail reasonably pest free. A copy of this contract shall be retained as part of the compliance monitoring requirements of Section V below.

**D. Fire and electrical hazards.**

51. The City/County shall eliminate fire and electrical hazards (e.g., exposed wiring, excessive flammable debris),

routinely test and maintain the fire alarm and smoke detection system, continue to service all extinguishers, and keep updated a fire evacuation plan developed with the assistance of a qualified fire safety consultant (e.g., fire chief). The City/County shall ensure that keys are properly marked and organized for ready use during emergencies, and will conduct fire and disaster drills on every shift at least four times a year. Drill results will be documented, reviewed by management, and incorporated into staff training. The City/County shall ensure that the Jail is inspected every six months by a qualified fire safety inspector. Copies of any fire marshall or inspector reports and corrective actions taken in response shall be provided to the United States as part of the compliance monitoring process in Section V.

**E. Plumbing.**

52. The City/County shall continue to repair, replace, and maintain any leaking or inoperative plumbing fixtures in the current Jail facility. The City/County shall ensure that the water supply to living areas is adequate and that water temperatures meet health and safety standards.

**F. Lighting.**

53. The City/County shall provide inmates with lighting adequate for working, reading, security, and health (e.g., 20 foot candles minimum in work and reading areas).



**G. Ventilation.**

54. The City/County shall ensure that inmates receive an adequate supply of fresh air and heating. The ventilation systems shall be kept in good working condition.

**H. Food sanitation.**

55. The City/County shall ensure that the kitchen is operated in a manner consistent with public health standards. To that end, staff and trustees shall be adequately trained in safe food handling practices. A qualified, professional, food service supervisor shall be present at all hours of kitchen operation. Food shall be prepared, served, and stored in a clean, healthful manner. Food temperatures shall be adequate to minimize the possible transmission of food borne illnesses. Kitchen trustees will be supervised at all times by staff. Quarterly inspections of the kitchen shall be conducted by qualified inspectors.

**I. Mattresses, mattress covers, towels, and personal hygiene items.**

56. The City/County shall provide each arriving inmate with adequate bedding and washing materials to include no less than mattresses, mattress covers, towels, and personal hygiene items. All bed linen, towels, inmate clothes and uniforms shall be in good condition and cleaned at least once per week. The City/County shall ensure that each arriving inmate receives a standard, institutional, fire-resistant mattress which is in good condition. Mattresses will be sanitized before distribution to an inmate. The

City/County shall replace all torn mattresses with standard, institutional, fire-resistant mattresses.

57. The City/County shall provide inmates with an adequate supply of soap, hair shampoo, toothbrushes, toothpaste, toilet paper, combs, deodorant, feminine hygiene items, and shaving equipment.

**J. Training and chemical cleaners.**

58. The City/County will provide Jail staff with adequate training regarding environmental health and safety policies.

59. All brooms and hazardous chemicals shall be removed from housing areas after use. Chemical cleaning agents shall be safely stored, used, and mixed. Inmates provided cleaning agents shall receive training on the safe storage, use, and mixture of chemical cleaners.

60. The City/County will provide inmates with 3 nutritionally adequate meals per day. The menus of all meals served at the Jail must be approved by a trained dietician as meeting generally accepted nutritional guidelines. Nutritionally adequate, equivalent substitutions in the menu can be made.

**V. CONSTRUCTION, IMPLEMENTATION, AND TIMING OF COMPLIANCE**

61. This agreement shall be applicable to and binding upon all parties, their officers, agents, employees, assigns, and their successors in office.

62. This agreement shall remain in effect until the City/County fully and faithfully implement all provisions of this agreement. If the City/County fails to comply with the

requirements of this agreement in a timely manner, the United States has the right to seek relief from the United States District Court for the Middle District of Georgia.

63. Except where otherwise specifically indicated, the City/County shall complete implementation of all the provisions of this agreement within one hundred and eighty (180) days of the date of this agreement.

64. The City/County shall submit semi-annual compliance reports to the United States, the first of which shall be filed within 180 days after the date of this agreement. Thereafter, the reports shall be filed fifteen (15) days after the termination of each six-month period ending on July 1 and January 1 continuing until the agreement is terminated. The reports shall describe the actions the City/County has taken during the reporting period to implement this agreement and shall make specific reference to the agreement provisions being implemented.

65. The City/County shall submit upon request records or other documents to verify that they have taken such actions as described in their compliance reports (e.g., census summaries, staffing summaries, contracts, bills, incident reports) and will also provide all documents reasonably requested by the United States.

66. All parties shall bear their own costs, including attorney fees.

67. The City/County shall keep such records as will fully document that the requirements of this agreement are being properly

implemented and shall make such records available at the Jail at all reasonable times for inspection and copying by the United States.

68. The United States and its attorneys, consultants, and agents shall have unrestricted access to the Jail, Jail inmates, Jail staff, and documents as reasonably necessary to address issues affected by this agreement.

69. All Jail staff members and other individuals responsible for implementing this agreement shall be apprized of the contents of this agreement, and strict compliance with this agreement be required of employees, agents, assigns, or successors.

**VI. STIPULATION PURSUANT TO THE PRISON LITIGATION REFORM ACT,**

**18 U.S.C. § 3626.**

70. For purposes of this agreement only and in order to settle this matter, the City/County stipulates that this agreement complies in all respects with the provisions of 18 U.S.C. § 3626(a). The parties further stipulate and agree that the prospective relief in this agreement is narrowly drawn, extends no further than necessary to correct the violations of federal rights alleged by the United States, is the least intrusive means necessary to correct these violations, and will not have an adverse impact on public safety or the operation of a criminal justice system. Accordingly, the parties agree and represent that the agreement complies in all respects with the provisions of 18 U.S.C. § 3626(a).

71. The issue of liability has not been litigated.

72. This agreement is not intended to have any preclusive effect except between the parties. Should the issue of the preclusive effect of this agreement be raised, the parties agree to certify that this agreement was intended to have no such preclusive effect.

## **VII. TERMINATION**

73. The City/County shall not seek to terminate this Agreement until after January 1, 2000. The parties agree that the systemic and comprehensive nature of this Agreement shall require that implementation of its terms take place over a number of years as provided in this document.

74. If the City/County does not comply with the requirements of this Agreement, the United States reserves the right to seek enforcement of the inmates' constitutional rights and the appropriate terms of this Agreement by filing a Motion to Restore and then seeking relief from the Court. The Agreement shall be subject to final termination as soon as the City/County has complied with all the requirements of the Agreement.

75. Once the City/County has determined that the termination requirements of paragraphs 73-74 have been met, the City/County shall advise the United States of its determination in writing. Thereafter, the parties anticipate a period of consultation, evaluation, and conferral. If the parties concur that the final termination requirements have been met, the parties anticipate filing a Joint Motion for Final Dismissal of this action. If the United States objects to Final Dismissal, the City/County may file

a Motion for Final Dismissal. Once such a unilateral Motion is filed, a hearing shall be held to evaluate whether the conditions for final dismissal identified in paragraphs 73-74 (above) have been met. Nothing in this Agreement precludes the parties from jointly stipulating to termination of portions of this Agreement at any time.

**FINDING PURSUANT TO THE PRISON LITIGATION REFORM ACT**

Having considered the foregoing Agreement, and the associated Joint Motion for Conditional Dismissal and Order of Conditional Dismissal, and based on the stipulation of the parties, the Court hereby finds:

- i. The prospective relief in the Agreement is necessary to correct the violations of the federal rights of Muscogee County Jail inmates alleged by the United States.
- ii. The Agreement is narrowly drawn, extends no further than necessary to correct these violations, and is the least intrusive means necessary to correct these violations.
- iii. The Agreement will not have an adverse impact on public safety or the operation of a criminal justice system.

4. The Agreement complies with the requirements of the Prison Litigation Reform Act, 18 U.S.C. § 3626 et seq.

5. The parties have worked to settle this matter without the Court's intervention and have submitted a Joint Motion for Conditional Dismissal of this case pursuant to Federal Rule of Civil Procedure 41(a)(2).

Wherefore, this Agreement is entered as a judgment of the Court. An Order of Conditional Dismissal is being entered separately. The Agreement is not an adjudication on the merits and therefore shall have no preclusive effect except between the

parties to this matter.

So Ordered, the \_\_\_\_\_ day of \_\_\_\_\_, 199\_.

UNITED STATES DISTRICT JUDGE



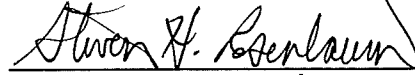
AGREED TO BY:

COUNSEL FOR THE UNITED STATES:

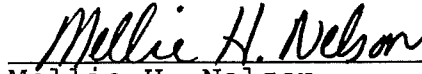
Date: Sept. 21, 1999

Beverly Martin  
United States Attorney  
Middle District of  
Georgia  
P.O. Box U  
Macon, GA 31202  
(912) 752-3511

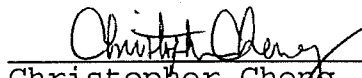
Bill Lann Lee  
Acting Assistant Attorney General  
U.S. Department of Justice  
Civil Rights Division



Steven H. Rosenbaum  
Chief  
Special Litigation Section

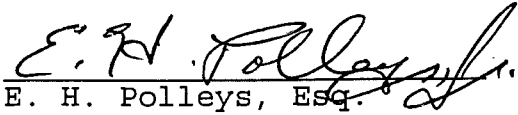


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COUNSEL FOR CITY/COUNTY OF COLUMBUS - MUSCOGEE COUNTY SHERIFF,  
MAYOR OF COLUMBUS, CITY MANAGER OF COLUMBUS, AND COLUMBUS COUNCIL



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Columbus Attorney  
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**COLUMBUS CONSOLIDATED GOVERNMENT**  
*Georgia's First Consolidated Government*



**FINANCE DEPARTMENT**  
**PURCHASING DIVISION**

1100 TENTH STREET, COLUMBUS, GEORGIA 31901  
P. O. BOX 1340, COLUMBUS, GEORGIA 31902-1340  
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April 19, 2018

**ADDENDUM NO. 1**  
Inmate Medical & Pharmacy Services for  
Muscogee County Jail (Annual Contract)  
RFP No. 18-0019

**Proposals should include acknowledgement of receipt for all Addenda.**

Vendors are informed that the above subject RFP is hereby modified, corrected, or supplemented as specified, described and set forth in this Addendum:

**REQUEST/RESPONSE**

**Request:** I am requesting the current contracts with any subsequent amendments related to Inmate Medical and Pharmacy Services for the Muscogee County Jail and Prison. This allows us to completely evaluate the services provided and provide the best, most cost-effective proposal in response to your current RFPs.

**Response:** Because this request is pertinent to outstanding Request for Proposals (RFPs), the information is being made available to all potential firms. The respective contract documents for the Muscogee County Jail and the Muscogee County Prison are posted as Attachment A on the web page of the Finance Department/Purchasing Division at [https://www.columbusga.gov/finance/purchasing/docs/opportunities/Bid Opportunities.htm](https://www.columbusga.gov/finance/purchasing/docs/opportunities/Bid_Opportunities.htm).

Andrea J. McCorvey,  
Purchasing Division Manager

C.M. 06-06-17(6)(F)

"ITEM F"

A RESOLUTION  
NO. 174 - 17

174-17

**A RESOLUTION AUTHORIZING THE AMENDMENT OF THE INMATE MEDICAL SERVICES CONTRACT WITH CORRECTIONAL HEALTHCARE COMPANIES, LLC (GREENWOOD VILLAGE, CO) BY ADDING PHARMACY SERVICES FOR THE MUSCOGEE COUNTY JAIL.**

WHEREAS, per Resolution No. 247-13, Council authorized the execution of an annual contract with Correctional Healthcare Companies, LLC for inmate medical services at Muscogee County Jail. It has been determined that it is necessary and in the best interest of Columbus Consolidated Government to add pharmacy services to the contract; and,

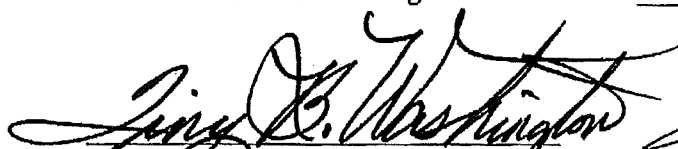
WHEREAS, Correctional Healthcare Companies will provide a pharmaceutical management program for the Jail that includes formulary and non-formulary oversight; prescribing and dispensing of medications; recordkeeping; and the secure and proper storage of all medications in accordance with NCCHC standards, Muscogee County Jail policy, and applicable laws. Correctional Healthcare Companies will invoice the City each month for any amounts that were paid by Correctional Healthcare Companies on behalf of the City for pharmacy services, and cost details for the same, plus a three percent (3%) management fee.


**NOW, THEREFORE, THE COUNCIL OF COLUMBUS, GEORGIA, HEREBY RESOLVES AS FOLLOWS:**

That the City Manager is hereby approved to amend the inmate medical services contract with Correctional Healthcare Companies, LLC (Greenwood Village, CO) by adding pharmacy services for the Muscogee County Jail. Funds are budgeted each fiscal year for this ongoing expense: General Fund - Sheriff - Medical Director + Consulting; 0101-550-2650-MEDD-6315.

Introduced at a regular meeting of the Council of Columbus, Georgia, held the 6<sup>th</sup> day of June 2017, and adopted at said meeting by the affirmative vote of nine members of Council.

- |                              |                        |
|------------------------------|------------------------|
| Councilor Allen voting       | <u>YES</u>             |
| Councilor Baker voting       | <u>YES</u>             |
| Councilor Barnes voting      | <u>ABSENT FOR VOTE</u> |
| Councilor Davis voting       | <u>YES</u>             |
| Councilor Garrett voting     | <u>YES</u>             |
| Councilor Henderson voting   | <u>YES</u>             |
| Councilor Huff voting        | <u>YES</u>             |
| Councilor Thomas voting      | <u>YES</u>             |
| Councilor Turner Pugh voting | <u>YES</u>             |
| Councilor Woodson voting     | <u>YES</u>             |

  
Tiny B. Washington, Clerk of Council

  
Teresa Pike Tomlinson, Mayor

**FIRST AMENDMENT TO THE AGREEMENT FOR INMATE HEALTH CARE  
SERVICES AT MUSCOGEE COUNTY JAIL, COLUMBUS, GEORGIA  
(Effective April 1, 2017)**

This First Amendment, effective April 1, 2017 (this "Amendment"), to the Agreement for Inmate Health Care Services, dated September 1, 2013 (the "Agreement"), is by and between Correctional Healthcare Companies, LLC, ("CHC") and the Columbus Consolidated Government (the "CCG").

**WHEREAS**, the Parties have determined that it is necessary and in the best interest of Covered Persons to add pharmacy services to the Agreement; and

**WHEREAS**, the Parties agree to add such pharmacy services at pass-through cost with a management fee of 3%; and

**WHEREAS**, in accordance with Section 11.15, the Parties desire to amend the Agreement to memorialize such changes.

**NOW, THEREFORE**, in consideration of the mutual covenants herein contained and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

1. **RECITALS.** The Parties hereto incorporate the foregoing recitals as a material portion of this Amendment.
2. **AMENDMENT TO SECTION 1.16 OF AGREEMENT.** The Agreement shall be amended by deleting Section 1.16 in its entirety and inserting the following language in lieu thereof:
  - 1.16 **PHARMACY SERVICES.** CHC shall provide a pharmaceutical management program for the Jail that includes formulary and non-formulary oversight; prescribing, and dispensing of medications; recordkeeping; and the secure and proper storage of all medications in accordance with NCCHC standards, Jail policy, and applicable law.
3. **ADDITION OF SECTION 8.2 OF AGREEMENT.** The Agreement shall be amended by adding a new Section 8.2 with the following language:
  - 8.2 **PHARMACY SERVICE COSTS.** CHC shall send CCG an invoice each month with any amounts paid by CHC on behalf of CCG for pharmacy services, and cost details for the same, plus a three percent (3%) management fee.
4. **STAFFING PATTERN.** The Parties agree that the staffing pattern attached hereto as Exhibit A is an accurate representation of the current staffing required under this

Agreement and shall replace all staffing patterns previously identified as Exhibit A or Exhibit A-1.

5. **SEVERABILITY.** If any terms or provisions of this Amendment or the application thereof to any person or circumstance shall to any extent be invalid or unenforceable, the remainder of this Amendment or the application of such term or provision to person or circumstances other than those as to which it is held invalid or unenforceable shall not be affected thereby and each term and provision of this Amendment shall be valid and enforceable to the fullest extent permitted by law.
6. **DEFINITIONS.** Capitalized terms used but not defined herein shall have the meaning ascribed to them under the Agreement.
7. **REMAINING PROVISIONS.** The remaining provisions of the Agreement not amended by this Amendment shall remain in full force and effect.

IN WITNESS WHEREOF, the Parties have caused this Amendment to be executed in their names or their official acts by their respective representatives, each of whom is duly authorized to execute the same.

**AGREED TO AND ACCEPTED AS STATED ABOVE:**

Columbus Consolidated Government

By: Donna Tompkins  
Donna Tompkins  
Title: Sheriff

By: Isaiah Hugley  
Isaiah Hugley  
Title: City Manager

Correctional Healthcare Companies, LLC

By: Chris Bove  
Chris Bove  
Title: President

**APPROVED AS TO FORM:**

By: Clifton C. Fay, asst. city atty  
Clifton C. Fay  
Title: City Attorney

**EXECUTION AUTHORIZED**

By Resolution No. 174-17

Lindsey Glisson  
Dep. Clerk of Council

**ATTEST:**

By: Lindsey Glisson  
Lindsey Glisson  
Title: Deputy Clerk of Council

**EXHIBIT A**

**Minimum Staffing Pattern for  
Muscogee County Jail**

Position	Hours/Week	Cost/Week
Medical Director – Physician	24	0.60
Mid-Level Practitioner	40	1.00
Dentist	30	0.75
Dental Assistant	30	0.75
Director of Nursing	40	1.00
Registered Nurse	168	4.20
Registered Nurse – History and Physicals	24	0.60
Licensed Practical Nurse - Intake	168	4.20
Licensed Practical Nurse – Medication	280	7.00
Licensed Practical Nurse – Sick Call	96	2.40
Medical Technician/Phlebotomist	168	4.20
Medical Records Clerk	112	2.80
Administrative Assistant	40	1.00
<b>Total</b>	<b>1220</b>	<b>30.50</b>

C.C. 07-23-13(3)(D)

"ITEM D"

A RESOLUTION

247-13

NO. 247-13

A RESOLUTION AUTHORIZING THE NEGOTIATION AND EXECUTION OF ANNUAL CONTRACTS WITH ARMOR CORRECTIONAL HEALTH SERVICES, INC. (MIAMA, FL) FOR COMPREHENSIVE MEDICAL SERVICES AT MUSCOGEE COUNTY PRISON AND WITH CORRECTIONAL HEALTHCARE COMPANIES (CUMMING, GA) FOR COMPREHENSIVE MEDICAL SERVICES AT MUSCOGEE COUNTY JAIL. (Greenwood Village, CO)

WHEREAS, an RFP was administered (RFP 13-0024) and proposals were received from seven offerors; and,

WHEREAS, the proposals submitted by Armor Correctional Health Services and Correctional Healthcare Companies met all proposal requirements and were evaluated most responsive to the RFP; and,

WHEREAS, the term of contract shall be for two years, with an option to renew for three additional twelve-month periods. Contract renewal is contingent upon the mutual agreement of the City and the Contractor.

NOW, THEREFORE, THE COUNCIL OF COLUMBUS, GEORGIA, HEREBY RESOLVES AS FOLLOWS:

That the City Manager is hereby authorized to negotiate and execute annual contracts with Armor Correctional Health Services, Inc. (Miami, FL) for comprehensive medical services at Muscogee County Prison and with Correctional Healthcare Companies (Cumming, GA) for comprehensive medical services at Muscogee County Jail. Funds are budgeted each fiscal year for this ongoing expense: General Fund - Sheriff - Medical Director - Consulting; 0101 - 550 - 2650 - MEDD - 6315. Upon contract approval, a subsequent partial transfer will be made to General Fund - Muscogee County Prison - Warden - Consulting; 0101-420-1000-MCCI-6315. Greenwood Village, CO

Introduced at a regular meeting of the Council of Columbus, Georgia, held the 23rd day of July, 2013 and adopted at said meeting by the affirmative vote of nine members of said Council.

- Councilor Allen voting YES
- Councilor Baker voting YES
- Councilor Barnes voting YES
- Councilor Davis voting YES
- Councilor Henderson voting YES
- Councilor Huff voting YES
- Councilor McDaniel voting ABSENT
- Councilor Thomas voting YES
- Councilor Turner Pugh voting YES
- Councilor Woodson voting YES

Tiny B. Washington, Clerk of Council

Teresa Pike Tomlinson, Mayor



"ITEM D"

A RESOLUTION

247-13

NO. 247-13

A RESOLUTION AUTHORIZING THE NEGOTIATION AND EXECUTION OF ANNUAL CONTRACTS WITH ARMOR CORRECTIONAL HEALTH SERVICES, INC. (MIAMA, FL) FOR COMPREHENSIVE MEDICAL SERVICES AT MUSCOGEE COUNTY PRISON AND WITH CORRECTIONAL HEALTHCARE COMPANIES (GREENWOOD VILLAGE, CO) FOR COMPREHENSIVE MEDICAL SERVICES AT MUSCOGEE COUNTY JAIL.

WHEREAS, an RFP was administered (RFP 13-0024) and proposals were received from seven offerors; and,

WHEREAS, the proposals submitted by Armor Correctional Health Services and Correctional Healthcare Companies met all proposal requirements and were evaluated most responsive to the RFP; and,

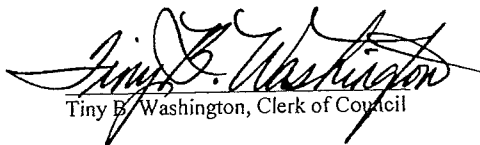
WHEREAS, the term of contract shall be for two years, with an option to renew for three additional twelve-month periods. Contract renewal is contingent upon the mutual agreement of the City and the Contractor.

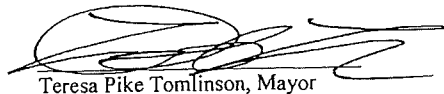
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- Councilor Thomas voting YES
- Councilor Turner Pugh voting YES
- Councilor Woodson voting YES

  
Tiny B. Washington, Clerk of Council

  
Teresa Pike Tomlinson, Mayor

# COLUMBUS CONSOLIDATED GOVERNMENT

*Georgia's First Consolidated Government*



## FINANCE DEPARTMENT PURCHASING DIVISION

100 TENTH STREET, P. O. BOX 1340  
COLUMBUS, GEORGIA 31902-1340  
706-653-4105, FAX 706-653-4109  
[WWW.COLUMBUSGA.ORG](http://WWW.COLUMBUSGA.ORG)

August 30, 2013

E-mail: [Gregg.Lynk@correctioncare.com](mailto:Gregg.Lynk@correctioncare.com)  
Fax: 561.266.3460

Gregg Lynk  
Correctional Healthcare Companies  
4733 W Atlanta Avenue, Suite C2  
Delray Beach, FL 33445

Re: Comprehensive Medical Services/Muscogee County Jail & Muscogee County Prison (Annual Contract)  
RFP No. 13-0024

Dear Mr. Lynk:

On Tuesday, July 23, 2013, Columbus Council approved a resolution authorizing the contract with Correctional Healthcare Companies for Comprehensive Medical Services for Muscogee County Jail. The authorizing resolution for the Muscogee County Jail is Resolution No. 247-13 (See Attachment).

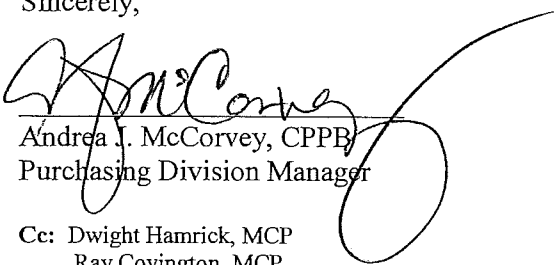
On Tuesday, August 27, 2013, Columbus Council approved a resolution authorizing the contract with Correctional Healthcare Companies for Comprehensive Medical Services for the Muscogee County Prison. The hard copy of the authorizing resolution is not available, at this time, but will be attached to the signed agreement.

Due to the holiday weekend, all City Officials may not be available to sign the contract agreements until after the official start date of September 1, 2013. Therefore, this letter serves as your notification to begin the services at the Muscogee County Jail and Muscogee County Prison, effective September 1, 2013 through August 31, 2015. The contract will be for two years, with the option to renew for three (3) additional twelve-month periods.

After all signatures have been applied to the final contracts, the Purchasing Division will forward copies of the finalized signed contracts to your attention at Correctional Healthcare Companies.

If you have questions regarding this notice, please contact Betty Hughey at 706 225-3071 or e-mail [bhughey@columbusga.org](mailto:bhughey@columbusga.org). Thank you for your cooperation.

Sincerely,

  
Andrea J. McCorvey, CPPB  
Purchasing Division Manager

Cc: Dwight Hamrick, MCP  
Ray Covington, MCP  
Dane Collins, MCJ  
Lucy Sheftall, Asst. City Attorney

# CONTRACT

THIS CONTRACT, executed this 1st day of September 2013, by and between the Consolidated Government of Columbus, Georgia, hereinafter called the "City", and Correctional Healthcare Companies, Inc., hereinafter called the "Contractor".

## WITNESSETH:

That in consideration of the mutual covenants, obligations and terms set-forth in the attached proposal and specifications, the parties hereby agree as follows:

1. That the Contractor is a responsive and responsible bidder for providing Comprehensive Medical Services for Muscogee County Jail was awarded the Contract by Columbus City Council on Tuesday, July 23, 2013, Resolution No. 247-13, for the initial term of two years, beginning September 1, 2013 through August 31, 2015, with the option to renew for three (3) additional twelve-month periods, for the services in accordance with specifications prepared by the City and the proposal of the Contractor.
2. The Contractor will, at its own cost and expense furnish all labor, materials and equipment required to be furnished and meet all other requirements or conditions imposed, all strictly in accordance with the Business Requirements, City's RFP, dated February 22, 2013 (and any correspondence thereto), Contractor's proposal dated April 12, 2013, which are attached hereto as exhibits "A", "B" and "C", respectively, and which are by reference made a part hereof to the same extent as if fully set out herein.
3. On the faithful performance of this Contract by the Contractor, the City will make payment to the Contractor in accordance with the terms and on the conditions stated in this Contract and the exhibits attached to and by reference made a part hereof.

**AGREEMENT FOR INMATE HEALTH CARE SERVICES**  
**AT MUSCOGEE COUNTY JAIL, COLUMBUS, GEORGIA**  
**Effective September 1, 2013 through August 31, 2015**

This Agreement for Inmate Health Care Services (hereinafter, the "AGREEMENT") entered into by and between the Columbus Consolidated Government, a political subdivision of the State of Georgia, (hereinafter, the "CCG"), and Correctional Healthcare Companies, Inc., (hereinafter, "CHC") a Delaware corporation.

**RECITALS**

**WHEREAS**, the CCG and the duly elected Sheriff (hereinafter the "SHERIFF") are charged by law with the responsibility for administering, managing, and supervising the health care delivery system of the Muscogee County Jail located at 700 10<sup>th</sup> Street, Columbus, Georgia (hereinafter, "JAIL"); and

**WHEREAS**, the objective of the CCG is to provide for the delivery of quality health care to the INMATES and DETAINEES of the JAIL (hereinafter, "JAIL POPULATION"), in accordance with applicable law; and

**WHEREAS**, CHC is in the business of administering correctional health care services and desires to administer such services on behalf of the CCG to the JAIL POPULATION under the terms and conditions hereof.

**NOW THEREFORE**, in consideration of the covenants and promises hereinafter made, the parties hereto agree as follows:

**DEFINITIONS**

**CONTRACT YEAR** – The initial, and any successive, twelve (12) month period beginning with the effective date of the AGREEMENT.

**CCG INMATES/DETAINEES** – An INMATE/DETAINEE held under the jurisdiction of the CCG. CCG INMATES/DETAINEES may be housed in the JAIL or in another jurisdiction's correctional facility. However, CCG INMATES/DETAINEES housed in another jurisdiction are not covered by the provisions of this AGREEMENT unless CHC administers health care services at the other jurisdiction's facility and as specifically set forth below.

**COVERED PERSONS** – An INMATE/DETAINEE of the JAIL who is: (1) part of the JAIL's average daily population; and (2) incarcerated in the JAIL.

**DETAINEE** – An adult or juvenile individual whose sentence has not yet been adjudicated and is held as a pre-trial detainee or other individual held in lawful custody.

**HEALTH CARE STAFF** – Medical, mental health and support staff provided or administered by CHC.

**INMATE** – An adult or juvenile individual who is being incarcerated for the term of their adjudicated sentence.

**MONTHLY AVERAGE DAILY POPULATION (MADP)** – The average number of INMATES/DETAINEES housed in the JAIL on a daily basis for the period of one month. The MADP shall include, but separately list, other county or agency inmates and detainees. The MADP shall be figured by summing the daily population for the JAIL (as determined by a count performed at the same time each day) for each day of the month and dividing this sum by the total number of days in the month. JAIL records shall be made available to CHC upon request to verify the MADP. Persons on work release and not indigent, home confinement, housed outside of the JAIL, and parolees and escapees shall not be considered part of the JAIL's MADP.

**NCCHC** – The National Commission on Correctional Health Care.

**PHYSICIAN EXTENDER** – An advanced level healthcare professional such as a Nurse Practitioner, Physician Assistant, or Clinical Nurse Specialist.

**SPECIALTY SERVICES** – Medical services that require physicians to be licensed in a specialty such as obstetrics, gynecology, or dermatology or other specialized field of medicine, but excluding services that are otherwise provided for in this AGREEMENT.

## **ARTICLE I** **HEALTH CARE SERVICES**

- 1.0 SCOPE OF SERVICES. CHC shall administer health care services and related administrative services at the JAIL according to the terms and provisions of this AGREEMENT.
- 1.1 GENERAL HEALTH CARE SERVICES. CHC will arrange and bear the cost of the following health care services:
  - 1.1.1 RECEIVING SCREENING. A receiving screening of an INMATE/DETAINEE shall be performed as soon as possible after the INMATE/DETAINEE's booking into the JAIL.
  - 1.1.2 HEALTH ASSESSMENT. A health assessment of a COVERED PERSON shall be performed as soon as possible, but no later than fourteen (14) calendar days after the INMATE/DETAINEE's arrival at the JAIL. The health assessment shall follow current NCCHC guidelines.
  - 1.1.3 SCHEDULED SICK CALL. A qualified healthcare professional shall conduct sick calls for COVERED PERSONS on a timely basis and in a clinical setting.
- 1.2 AMBULANCE SERVICE – NOT COVERED. In the event that ambulance services are required for the JAIL POPULATION, CHC shall not be responsible for the provision or cost of such ambulance services.
- 1.3 BODY CAVITY SEARCHES/COLLECTION OF PHYSICAL EVIDENCE. CHC HEALTH CARE STAFF will not perform body cavity searches, nor collect physical evidence (blood, hair, semen, saliva, etc.), except within guidelines established by the NCCHC. If CHC HEALTH CARE STAFF collect physical evidence, the CCG shall be responsible for arranging any testing and bear the cost of collection and testing the collected evidence and any associated staffing costs for HEALTH CARE STAFF to provide court related testimony. After collecting evidence, CHC HEALTH CARE

STAFF shall turn the specimen over to the SHERIFF or a court-designated representative for completion of chain-of-custody evidence

- 1.4 DENTAL. CHC shall arrange and bear the cost of on-site dental services. If the dental services cannot be rendered on-site, CHC shall arrange but not bear the cost of off-site dental services.
- 1.5 DIALYSIS SERVICES – NOT COVERED. In the event that dialysis services are required for the JAIL POPULATION, CHC shall not be responsible for the provision or cost of such dialysis services
- 1.6 ELECTIVE MEDICAL CARE - NOT COVERED. CHC shall not be responsible for the provision or cost of any elective care. Elective medical care shall be defined as care which, if not provided, would not, in the sole opinion of CHC’s CHIEF MEDICAL OFFICER or designee, cause the INMATE/DETAINEE’S health to deteriorate or cause harm to the INMATE/DETAINEE’S well being. Decisions concerning elective medical care shall be consistent with the applicable American Medical Association (AMA) Standards.
- 1.7 EXPENDABLE MEDICAL SUPPLIES. CHC will procure and supply all expendable medical supplies (including all expendables in sufficient quantity to execute daily delivery of medical care such as antifungal creams, dressings, over the counter analgesics, cold medicines), excluding prescription medications.
- 1.8 HOSPITALIZATION. In the event that hospitalization services are required for the JAIL POPULATION, CHC shall not be responsible for the provision or cost of such services. Costs for hospital services shall be administered pursuant to paragraph 3.1.
- 1.9 LONG TERM CARE – NOT COVERED. In the event that a member of the JAIL POPULATION requires skilled care, custodial care or other services of a long term care facility, CHC shall not be responsible for the provision or cost of any such care.
- 1.10 MEDICAL EQUIPMENT. CHC shall provide medical equipment necessary to conduct routine medical assessments and procedures, including but not limited to, devices to assess vital signs, stethoscopes, dopplers, glucometers and test strips, dressings and suture kits, etc.
- 1.11 MEDICAL WASTE. CHC shall arrange and bear the cost of removing and properly disposing of medical waste material generated while fulfilling its duties under this AGREEMENT in accordance with all applicable state laws and OSHA-regulated standards.
- 1.12 MENTAL HEALTH SERVICES – NOT COVERED. CHC shall not be responsible for the provision or cost of mental health services for the JAIL POPULATION. CHC shall be responsible to make appropriate mental health referrals to the CCG’s mental health provider.
- 1.13 MORAL RECONATION THERAPY. CHC shall provide Moral Reconciliation Therapy® (“MRT”) services including, initial startup, basic MRT staff training for up to 14 staff trainers and MRT workbooks for up to 128 INMATE/DETAINEE participants. The first CONTRACT YEAR of services shall be included in the annual amount. During all

subsequent CONTRACT YEARS the CCG shall reimburse CHC for the cost of MRT workbooks necessary for MRT participants.

- 1.14 OFFICE SUPPLIES. CHC shall provide office supplies such as books, medical record folders, and forms as required for the administrative operations of the medical unit.
- 1.15 PATHOLOGY/RADIOLOGY SERVICES. CHC shall arrange and bear the cost of on-site pathology and radiology services (also referred to as laboratory and x-ray services) ordered by a CHC physician for COVERED PERSONS. CHC shall arrange for on-site pathology and radiology services to the extent reasonably possible. To the extent pathology and radiology services are required and cannot be rendered on-site, CHC shall make appropriate arrangements for rendering offsite pathology and radiology care but shall not be responsible for the cost of such off-site services. CHC will arrange and coordinate with the SHERIFF's office for the transportation for offsite pathology and radiology services. Costs for offsite pathology and radiology services shall be administered pursuant to paragraph 3.1.
- 1.16 PHARMACEUTICAL ADMINISTRATION AND MANAGEMENT. CHC shall provide a Preferred Medication List ("PML") and utilization management, monitoring and reporting of pharmacy usage. CHC shall not be responsible for the cost of any medications except that CHC shall be responsible for the cost of any non-PML prescription medications that where prescribed outside the established utilization management process. The prescribing and administering of medication shall comply with all State and Federal laws and regulations and all medications shall be dispensed under the supervision of a duly authorized, appropriately licensed or certified health care provider.
- 1.17 PREGNANT COVERED PERSONS. CHC shall arrange and bear the cost of on-site health care services for any pregnant COVERED PERSON in accordance with NCCHC standards and this AGREEMENT, but CHC shall not arrange or bear the cost of any health care services for infants. To the extent off-site health care services are required for any pregnant COVERED PERSON, CHC shall make appropriate arrangements for rendering off-site care, but shall not be responsible for the cost of such off-site services.
- 1.18 SPECIALTY SERVICES. In the event that any SPECIALTY SERVICES are medically necessary for the JAIL POPULATION, CHC shall not be responsible for the provision or cost of such SPECIALTY SERVICES. Costs for SPECIALTY SERVICES shall be administered pursuant to paragraph 3.1.

## **ARTICLE II** **HEALTH CARE STAFF**

- 2.0 STAFFING HOURS. CHC shall provide or arrange for the provision of HEALTH CARE STAFF necessary to render the health care services contemplated in Article I as set forth in the staffing plan in Exhibit A effective September 1, 2013 and Exhibit A-1 effective October 1, 2013, attached hereto and made a part hereof. CHC reserves the right to assign the staff in Exhibit A to shift coverage as necessary based on operational needs to provide the health care services under this AGREEMENT.

- 2.0.1 Additional hours may be provided if mutually agreed upon by both parties in writing, with at least 24 hours advanced notice;
  - 2.0.2 CHC shall provide or arrange for the provision of an on-call physician and nurse available by telephone or pager, 24 hours per day and 7 days per week.
  - 2.0.3 CHC shall make reasonable efforts to supply the staffing levels contained in this section, however, failure to continuously supply all of the required staffing due to labor market demands or other factors outside the control of CHC, after reasonable efforts have been made, shall not constitute a breach of this AGREEMENT.
- 2.1 STAFFING LEVELS. Based on actual staffing needs as affected by medical emergencies, riots, increased or decreased INMATE/DETAINEE population, and other unforeseen circumstances, certain increases or decreases in staffing requirements may be agreed to by the SHERIFF and CHC. Such agreements shall be in writing between the parties unless an emergency situation warrants a verbal agreement which shall be subsequently documented in writing.
  - 2.2 STAFF SCREENING. The CCG and SHERIFF shall screen CHC's proposed HEALTH CARE STAFF, employees, agents and/or subcontractors providing services at the JAIL to ensure they do not constitute a security risk. The SHERIFF shall have final approval of CHC's HEALTH CARE STAFF, employees, agents and/or subcontractors in regards to security/background clearance.
  - 2.3 SATISFACTION WITH HEALTH CARE STAFF. In recognition of the sensitive nature of correctional facility operations, if the SHERIFF becomes dissatisfied with any member of the HEALTH CARE STAFF, the SHERIFF shall provide CHC written notice of such dissatisfaction and the reasons therefore. Following receipt of such notice, CHC shall use reasonable efforts to resolve the dissatisfaction. If the problem is not resolved to the satisfaction of the SHERIFF within ten (10) business days following CHC's receipt of the notice, CHC shall remove the individual from providing services at the JAIL within a reasonable time frame considering the effects of such removal on CHC's ability to deliver health care services and recruitment/hiring of an acceptable replacement. The SHERIFF reserves the right to revoke the security clearance of any HEALTH CARE STAFF at any time.

**ARTICLE III**  
**ADMINISTRATIVE SERVICES**

- 3.0 HEALTH AND MENTAL HEALTH EDUCATION AND TRAINING. CHC shall conduct an ongoing health and mental health education and training program for the CCG Deputies and Jailers in accordance with the needs mutually established by the CCG and CHC. Training shall be provided by methods and intervals determined by CHC.
- 3.1 UTILIZATION MANAGEMENT/BILLING ADJUDICATION. CHC shall provide utilization management services consisting of a prospective review, concurrent review, readmission review and retrospective review for offsite medical services. Upon completion of utilization management reviews, CHC shall pay offsite medical providers on behalf of CCG and invoice CCG for reimbursement of the medical expenses paid by CHC. With respect to any invoices pertaining to off-site services provided by Columbus



Medical Center or its affiliates pursuant to a contract by and between the City and the Medical Center Hospital Authority of Columbus, Georgia for the provision of hospital care and certain referrals for care for prisoners dated as of July 1, 1992, as thereafter amended, CHC shall provide utilization review services described above, but it will make no payments and instead will forward approved charges to the Columbus, Georgia Finance Department for approval and payment pursuant to the terms of the contract referenced herein. CHC will follow applicable state laws and will keep the CCG and/or SHERIFF apprised of its utilization management practices.

- 3.2 QUARTERLY REPORTS. As requested by the SHERIFF, CHC shall submit quarterly health care reports concerning the overall operation of the health care services program rendered pursuant to this AGREEMENT and the general health of the JAIL POPULATION.
- 3.3 QUARTERLY MEETINGS. As requested by the SHERIFF, CHC shall meet quarterly, or as soon thereafter as possible, with the SHERIFF, or designee, concerning health care services within the JAIL and any proposed changes in health-related procedures or other matters, which both parties deem necessary.
- 3.4 MEDICAL RECORDS MANAGEMENT. CHC shall provide the following medical records management services:
  - 3.4.1 MEDICAL RECORDS. CHC HEALTH CARE STAFF shall maintain, cause or require the maintenance of complete and accurate medical records for COVERED PERSONS who have received health care services. Medical records shall be kept separate from COVERED PERSON'S confinement records. A complete copy of the individual medical record shall be available to accompany each COVERED PERSON who is transferred from the JAIL to another location for off-site services or transferred to another institution. CHC will keep medical records confidential and shall not release any information contained in any medical record except as required by published JAIL policies, by a court order or by applicable law. Upon termination of this AGREEMENT, all medical records shall be delivered to and remain with the SHERIFF, as property of the SHERIFF's office.
  - 3.4.2 ELECTRONIC MEDICAL RECORDS. By April 1, 2014, CHC shall implement and maintain an electronic medical records software program for use at the JAIL according to the terms attached hereto as Exhibit B within.
  - 3.4.3 COMPLIANCE WITH LAWS. Each medical record shall be maintained in accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and any other applicable state or federal privacy statute or regulation.
  - 3.4.4 RECORDS AVAILABILITY. As needed to administer the terms of this AGREEMENT, CHC shall make available to the SHERIFF or CCG, unless otherwise specifically prohibited, at the SHERIFF's or CCG's request, all records, documents and other papers relating to the direct delivery of health care services to the JAIL POPULATION hereunder.

**ARTICLE IV**  
**PERSONS COVERED UNDER THIS AGREEMENT**

- 4.0 GENERAL. Except as otherwise provided in this AGREEMENT, CHC shall only be required to arrange for health care services under this AGREEMENT to be provided to COVERED PERSONS.
- 4.1 EMERGENCY MEDICAL CARE FOR JAIL EMPLOYEES AND VISITORS. CHC shall arrange for on-site first response emergency medical care as required for JAIL employees, contractors and visitors to the JAIL. The medical treatment shall be limited to the extent reasonably necessary to stabilize and facilitate the individual's referral to a medical facility or personal physician.

**ARTICLE V**  
**PERSONS NOT COVERED OR PARTIALLY COVERED UNDER THIS AGREEMENT**  
**(Intentionally Omitted)**

**ARTICLE VI**  
**COST OF SERVICES NOT COVERED UNDER THIS AGREEMENT**

- 6.0 SERVICES NOT LISTED. Both parties understand and agree that there will be costs incurred for health care related services as outlined in Articles I, II and III above. CHC shall not be responsible for any expenses not specifically covered under this AGREEMENT. In the event that any of the health care services not covered by CHC under this AGREEMENT, or any services that are not listed within this AGREEMENT, are required for a member of the JAIL POPULATION as a result of the medical judgment of a physician or CHC authorized personnel, CHC shall not be responsible for arranging such services and the cost of such services shall be billed directly to the CCG.
- 6.1 SERVICES BEYOND THE SCOPE OF THIS AGREEMENT. Both parties understand and agree that there are certain occurrences, both beyond and within the control of the parties, that may result in health care expenses which are outside the scope of the normal operation of a correctional facility and, therefore, outside the contemplated scope of services under this AGREEMENT. While both parties will act in good faith and endeavor to reduce the possibility of such occurrences, in the unlikely event of an occurrence such as an Act of God, riot, explosion, fire, food poisoning, epidemic illness outbreak or any other catastrophic event, or an event caused by the action or inaction of the CCG or SHERIFF or their employees, agents or contractors, which results in medical care for the JAIL POPULATION, JAIL staff, visitors, or contractors, CHC shall not be responsible for costs attributable to such catastrophic event. Notwithstanding the above, CHC shall be responsible for medical costs under this AGREEMENT associated with such an event only if such an event was caused solely by CHC.

**ARTICLE VII**  
**CCG'S DUTIES AND OBLIGATIONS**

- 7.0 COMPLIANCE WITH HIPAA/STATE HEALTH INFORMATION PRIVACY LAWS. The CCG, JAIL, and SHERIFF and their employees, agents and subcontractors shall comply with the Health Insurance Portability and Accountability Act of 1996 (hereinafter "HIPAA") and any State health information privacy laws, to the extent they are

applicable. The CCG and the SHERIFF shall implement policies and/or procedures in compliance with such laws.

- 7.1 COMPREHENSIVE MEDICAL/MENTAL HEALTH CARE. CHC shall identify to the SHERIFF those members of the JAIL POPULATION with medical or mental health conditions which may be worsened as a result of being incarcerated at the JAIL or which may require extensive care while incarcerated. After review of the circumstances, and when security risks permit, the SHERIFF shall make every effort to have such an INMATE/DETAINEE released, transferred or otherwise removed from the correctional setting.
- 7.2 RECORD ACCESS. During the term of this AGREEMENT, and for a reasonable time following the termination of this AGREEMENT, the SHERIFF shall provide CHC, at CHC's request, the CCG, JAIL and/or SHERIFF'S records (including medical records) relating to the provision of health care services to the JAIL POPULATION, including records maintained by hospitals, and other outside health care providers involved in the care or treatment of the JAIL POPULATION (to the extent the CCG, JAIL or SHERIFF has control of, or access to, such records). CHC may request such records in connection with the investigation of, or defense of, any claim by a third party related to CHC's conduct or to prosecute a claim against a third party. Any such information provided by the SHERIFF to CHC that the SHERIFF considers confidential shall be kept confidential by CHC and shall not, except as may be required by law, be distributed to any third party without prior written approval by the SHERIFF.
- 7.3 USE OF INMATES/DETAINEES IN THE PROVISION OF HEALTH CARE SERVICES. INMATES/DETAINEES of the JAIL shall not be employed or otherwise engaged or utilized by either CHC or the SHERIFF in rendering any health care services to the JAIL POPULATION, provided however, that INMATES/DETAINEES may be used in positions not involving the rendering of health care services directly to the JAIL POPULATION and not involving access to JAIL POPULATION records in accordance with NCCHC standards.
- 7.4 SECURITY OF THE JAIL FACILITY AND CHC. CHC and the CCG understand that adequate security services are necessary for the safety of the agents, employees, and subcontractors of CHC, as well as for the security of the JAIL POPULATION and SHERIFF'S staff, consistent with a correctional setting. The SHERIFF shall provide security sufficient to enable CHC, its HEALTH CARE STAFF, employees, agents and/or subcontractors to safely provide the health care services described in this AGREEMENT. CHC, its HEALTH CARE STAFF, employees, agents and/or subcontractors shall follow all security procedures of the SHERIFF while at the JAIL or other premises under the SHERIFF's direction or control. However, any CHC HEALTH CARE STAFF, employee, agent and/or subcontractor may, at any time, refuse to provide any service required under this AGREEMENT if such person reasonably feels that the current safety services are insufficient. CHC shall not be liable for any loss or damages resulting from CHC's HEALTH CARE STAFF, employees, agents and/or subcontractors failure to provide medical services due to insufficient security services.
- 7.5 SHERIFF'S POLICIES AND PROCEDURES. CHC, its HEALTH CARE STAFF, employees, agents and/or subcontractors shall operate within the requirements of the CCG'S and/or SHERIFF'S posted security Policies and Procedures, which impact the provision of medical services.

- 7.5.1 A complete set of said Policies and Procedures shall be maintained by the CCG and made available for inspection by CHC at the JAIL, and CHC may make a reasonable number of copies of any specific section(s) it wishes using the SHERIFF'S photocopy equipment and paper.
- 7.5.2 Any Policy or Procedure that may impact the provision of health care services to the JAIL POPULATION which has not been made available to CHC shall not be enforceable against CHC unless otherwise agreed upon by both parties.
- 7.5.3 Any modification of the posted Policies and Procedures shall be timely provided to CHC. CHC, its HEALTH CARE STAFF, employees, agents and/or subcontractors shall operate within the requirement of a modified Policy or Procedure after such modification has been made available to CHC.
- 7.5.4 If any of the CCG and/or SHERIFF's Policies and Procedures specifically relate to the delivery of medical services, the CCG and/or SHERIFF's representative and CHC shall review the CCG and/or SHERIFF's Policies and Procedures and modify or remove those provisions that conflict with CHC's Jail Health Care Policies and Procedures.
- 7.6 DAMAGE TO EQUIPMENT. CHC shall not be liable for loss of or damage to equipment and supplies of CHC, its agents, employees or subcontractors if such loss or damage was caused by the sole negligence of the CCG and/or SHERIFF's employees.
- 7.7 SECURE TRANSPORTATION. The SHERIFF shall provide security as necessary and appropriate in connection with the transportation of a member of the JAIL POPULATION to and from off-site services including, but not limited to, SPECIALTY SERVICES, hospitalization, pathology and radiology services as requested by CHC. CHC shall coordinate with the SHERIFF's office for transportation to and from the off-site services provider or hospital.
- 7.8 OFFICE/MEDICAL EQUIPMENT AND SUPPLIES. The SHERIFF shall provide use of CCG-owned office equipment, durable medical equipment and all necessary utilities (including telephone and fax line service) in place at the JAIL health care facilities. At the termination of this AGREEMENT, CHC shall return to the CCG's possession and control of all CCG-owned medical and office equipment. At such time, the office equipment shall be in good working order, reasonable wear and tear excepted.
- 7.9 NON-MEDICAL CARE OF JAIL POPULATION. It is understood that the SHERIFF shall provide for all the non-medical personal needs and services of the JAIL POPULATION as required by law. CHC shall not be responsible for providing, or liable for failing to provide, non-medical services to the JAIL POPULATION including, but not limited to, daily housekeeping services, dietary services, building maintenance services, personal hygiene supplies and services and linen supplies.
- 7.10 JAIL POPULATION INFORMATION. In order to assist CHC in providing the best possible health care services to COVERED PERSONS, the SHERIFF shall provide, as needed, information pertaining to the COVERED PERSON that CHC and the SHERIFF mutually identify as reasonable and necessary for CHC to adequately perform its obligations under this AGREEMENT.

**ARTICLE VIII**  
**COMPENSATION/ADJUSTMENTS**

- 8.0 ANNUAL AMOUNT/MONTHLY PAYMENTS.
- 8.0.1 Effective September 1, 2013, there will be a start up period of one month during which CHC will provide a physician, a Mid-Level practitioner and a dentist. The monthly payment for the period September 1, 2013 to September 30, 2013 shall be at Forty-Three Thousand, Eight Hundred Fifty Dollars and zero cents (\$43,850.00), pro-rated for any partial months and subject to any reconciliations as set forth below.
- 8.0.2 Effective October 1, 2013, the base annual amount to be paid by the CCG to CHC under this AGREEMENT is Two Million Five Hundred Fifteen Thousand One Hundred Twenty-Nine Dollars and twenty cents (\$2,515,129.20) for a period of twelve (12) months. The pro-rated amount for October 1, 2013 to August 31, 2014 shall be in the amount of Two Million Three Hundred Five Thousand Five Hundred Thirty Five Dollars and ten cents (\$2,305,535.10). Each monthly payment shall be at Two Hundred Nine Thousand Five Hundred Ninety-Four Dollars and ten cents (\$209,594.10), pro-rated for any partial months and subject to any reconciliations as set forth below.
- 8.0.3 The first monthly amount is to be paid to CHC on the 1st day of September, 2013 for services administered in the month of September, 2013. Each monthly payment thereafter is to be paid by the CCG to CHC before or on the 1<sup>st</sup> day of the month of service.
- 8.0.4 Year 2. Effective September 1, 2014, the base annual amount to be paid by the CCG to CHC in Year 2 shall be Two Million Five Hundred Fifteen Thousand One Hundred Twenty-Nine Dollars and twenty cents (\$2,515,129.20).
- 8.0.5 Option Year 3. Effective September 1, 2015, the base annual amount to be paid by the CCG to CHC in Year 3 shall be Two Million Five Hundred Ninety Thousand Five Hundred Eighty-Three Dollars and Four Cents (\$2,590,583.04).
- 8.0.6 Option Year 4. Effective September 1, 2016, the base annual amount to be paid by the CCG to CHC in Year 4 shall be Two Million Six Hundred Sixty Eight Thousand Three Hundred Dollars and Fifty Six Cents (\$2,668,300.56).
- 8.0.7 Option Year 5. Effective September 1, 2017, the base annual amount to be paid by the CCG to CHC in Year 5 shall be Two Million Seven Hundred Forty Eight Thousand Three Hundred Forty-Nine Dollars and Fifty Six cents (\$2,748,349.56).
- 8.1 QUARTERLY RECONCILIATION PROCESS. CHC will provide a quarterly reconciliation with the CCG for any amounts owed by either party pursuant to the terms of this AGREEMENT, including, but not limited to:
- 8.1.1 ADJUSTMENT FOR MADP. For each month reconciled, if the JAIL's MADP is greater than One Thousand Two Hundred Fifty (1,250) INMATES/ DETAINEES, the compensation payable to CHC by the CCG shall be increased

by the number of INMATES/DETAINEES over One Thousand Two Hundred Fifty (1,250) at the per diem rate of thirty nine cents (\$0.39). If the JAIL's MADP is less than One Thousand Fifty (1,050) INMATES/DETAINEES, then CHC will issue a credit to the CCG for the number of INMATES/DETAINEES under One Thousand Fifty (1,050) at the per diem rate of thirty nine cents (\$0.39).

8.1.2 OFFSITE MEDICAL SERVICE COSTS. The quarterly reconciliation shall include any amounts paid by CHC on behalf of CCG for offsite medical costs. The quarterly reconciliation shall contain offsite medical cost detail.

## **ARTICLE IX** **TERM AND TERMINATION**

- 9.0 TERM. The term of this AGREEMENT shall be two (2) years from September, 1, 2013 at 12:01 a.m., through August 31, 2015 at 11:59 p.m. This AGREEMENT may be renewed by CCG, by submitting written notice to CHC of its intent to renew prior to the expiration of the current contract term, for three (3) additional one (1) year periods on September 1st of each subsequent year with mutually agreed upon increases, unless this AGREEMENT is terminated or notice of termination is given, as set forth in this Article.
- 9.0.1 RENEWAL. Upon each subsequent renewal of this AGREEMENT pursuant to paragraph 9.0, the parties have agreed to increases of 3.0% of the base annual contract amount as calculated in paragraphs 8.0.5, 8.0.6 and 8.0.7 above.
- 9.1 TERMINATION FOR LACK OF APPROPRIATIONS. It is understood and agreed that this AGREEMENT shall be subject to annual appropriations by the council of the CCG.
- 9.1.1 Recognizing that termination for lack of appropriations may entail substantial costs for CHC, the CCG and the SHERIFF shall act in good faith and make every effort to give CHC reasonable advance notice of any potential problem with funding or appropriations.
- 9.1.2 If future funds are not appropriated for this AGREEMENT, and upon exhaustion of existing funding, the CCG and SHERIFF may terminate this AGREEMENT without penalty or liability, by providing a minimum of thirty (30) days advance written notice to CHC.
- 9.2 TERMINATION DUE TO CHC'S OPERATIONS. The CCG reserves the right to terminate this AGREEMENT immediately upon written notification to CHC in the event that CHC discontinues or abandons operations, is adjudged bankrupt or is reorganized under any bankruptcy law, or fails to keep in force any required insurance policies. Both parties agree that termination under this provision will be considered without cause.
- 9.3 TERMINATION FOR CAUSE. The AGREEMENT may be terminated for cause under the following provisions:
- 9.3.1 TERMINATION BY CHC. Failure of the CCG and/or SHERIFF to comply with any provision of this AGREEMENT shall be considered grounds for termination of this AGREEMENT by CHC upon sixty (60) days advance written notice to the CCG specifying the termination effective date and identifying the

“basis for termination.” The CCG shall pay for services rendered up to the date of termination of the AGREEMENT. Upon receipt of the written notice, the CCG shall have ten (10) days to provide a written response to CHC. If the CCG provides a written response to CHC which provides an adequate explanation for the “basis for termination” and the CCG cures the “basis for termination” to the satisfaction of the CHC, the sixty (60) day notice shall become null and void and this AGREEMENT will remain in full force and effect. Termination under this provision shall be without penalty to CHC.

9.3.2 TERMINATION BY CCG. Failure of CHC to comply with any provision of this AGREEMENT shall be considered grounds for termination of this AGREEMENT by the SHERIFF or the CCG who shall provide sixty (60) days advanced written notice specifying the termination effective date and identifying the “basis for termination.” The CCG shall pay for services rendered up to the date of termination of the AGREEMENT. Upon receipt of the written notice CHC shall have ten (10) days to provide a written response to the CCG. If CHC provides a written response to the CCG which provides an adequate explanation for the “basis of termination,” or cures the “basis for termination” to the satisfaction of the SHERIFF, the sixty (60) day notice shall become null and void and this contract will remain in full force and effect. Termination under this provision shall be without penalty to the SHERIFF or the CCG.

9.4 TERMINATION WITHOUT CAUSE. Notwithstanding anything to the contrary contained in this AGREEMENT, the SHERIFF, the CCG or CHC may, without prejudice to any other rights it may have, terminate this AGREEMENT for their convenience and without cause by giving ninety (90) days advance written notice to the other party.

9.5 COMPENSATION UPON TERMINATION. If any of the above termination clauses are exercised by any of the parties to this AGREEMENT, the CCG shall pay CHC for all services rendered by CHC up to the date of termination of the AGREEMENT regardless of the CCG’S failure to appropriate funds.

9.6 PROPERTY DISPOSITION UPON TERMINATION. Upon termination of this AGREEMENT, CHC shall be allowed to remove its property from the JAIL including its proprietary Policies and Procedures, Manuals, Training Material, and Forms and CCG agrees to maintain as confidential all CHC materials, documents or reports marked as confidential or proprietary

## **ARTICLE X** **LIABILITY AND RISK MANAGEMENT**

10.0 INSURANCE COVERAGE. CHC shall, at its sole cost and expense, procure and maintain during the term of this AGREEMENT, the following coverage and limits of insurance:

10.0.1 MEDICAL MALPRACTICE/PROFESSIONAL LIABILITY. Medical Malpractice/ Professional Liability insurance in an amount not less than \$1,000,000 per occurrence and \$3,000,000 in the aggregate.

- 10.0.2 COMPREHENSIVE GENERAL LIABILITY. Comprehensive General Liability insurance in an amount not less than \$1,000,000 per occurrence and \$3,000,000 in the aggregate.
- 10.0.3 WORKER'S COMPENSATION. Worker's Compensation coverage as required by applicable state law.
- 10.1 ENDORSEMENTS. The Comprehensive General Liability policy shall contain additional endorsements naming the Sheriff and CCG as additional insureds with respect to liabilities arising out of the performance of services under this AGREEMENT.
- 10.2 PROOF OF INSURANCE. CHC shall provide the CCG proof of professional liability or medical malpractice coverage for CHC's HEALTH CARE STAFF, employees, agents and subcontractors, for the term services are provided under this AGREEMENT. CHC shall promptly notify the SHERIFF, in writing, of each change in coverage, reduction in policy amounts or cancellation of insurance coverage. If CHC fails to provide proof of adequate insurance within a reasonable time under the circumstances, then the CCG shall be entitled to terminate this AGREEMENT without penalty to the CCG or the SHERIFF pursuant to the terms of Article IX.
- 10.3 INDEMNIFICATION. CHC agrees to indemnify and hold harmless the CCG, its officials, agents, and employees from and against any and all claims, actions, lawsuits, damages, judgments or liabilities of any kind whatsoever caused by, based upon or arising out of any act, conduct, misconduct or omission of CHC, its agents, employees, or independent contractors in connection with the performance or non-performance of its duties under this AGREEMENT.

EXCLUSION. CHC, its agents, employees or independent contractors, shall not in any event be required to indemnify, defend, or hold harmless, the CCG with respect to any portion of any claims, actions, lawsuits, damages, judgments or liabilities of any kind whatsoever caused by, based upon or arising out of any act, conduct, misconduct or omission of the CCG, its officials, agents and employees.

The CCG and SHERIFF agree to promptly notify CHC in writing of any incident, claim or lawsuit of which they become aware and shall fully cooperate in the defense of such claim. The CCG and SHERIFF agree that CHC's indemnification and defense obligations do not apply for any costs or expenses, including attorney's fees or settlements, incurred or effected prior to written notice to CHC as set forth above. Upon written notice of claim, CHC shall take all steps necessary to promptly defend and protect the CCG and SHERIFF from an indemnified claim, including retention of defense counsel, and CHC shall retain sole control of the defense while the action is pending, to the extent allowed by law.

- 10.4 HIPAA. CHC, the CCG, JAIL, and SHERIFF and their employees, agents and subcontractors shall fully comply with, and shall implement all necessary policies and/or procedures in order to comply with, the requirements of HIPAA as it applies to the services provided under this AGREEMENT. The CCG, JAIL and SHERIFF and their employees and agents shall indemnify and hold harmless CHC from and against any claims of any kind made as a result of alleged or actual violations of HIPAA by the CCG, the SHERIFF and their employees, agents and subcontractors, unless such claims are proven to be caused by the sole negligence or willful misconduct of CHC.



CHC, its agents, employees or independent contractors, shall not in any event be required to indemnify, defend, or hold harmless the CCG, JAIL and SHERIFF and their employees and agents from and against any claims of any kind made as a result of alleged or actual violations of HIPAA by the CCG, the SHERIFF and their employees, agents and subcontractors.

**ARTICLE XI**  
**MISCELLANEOUS**

- 11.0 INDEPENDENT CONTRACTOR STATUS. It is mutually understood and agreed, and it is the intent of the parties hereto that an independent contractor relationship be and is hereby established under the terms and conditions of this AGREEMENT. Nothing in this AGREEMENT shall be construed to create an agency relationship, an employer/employee relationship, a joint venture relationship, or any other relationship allowing the CCG or SHERIFF to exercise control or direction over the manner or methods by which CHC, its employees, agents or subcontractors perform hereunder, or CHC to exercise control or direction over the manner or methods by which the CCG or the SHERIFF, and their employees, agents or subcontractors perform hereunder, other than as provided in this AGREEMENT.
- 11.1 SUBCONTRACTING. In performing its obligations under the AGREEMENT, it is understood that CHC is not licensed or otherwise authorized to engage in any activity that may be construed or deemed to constitute the practice of medicine, dentistry, optometry, or other professional healthcare service requiring licensure or other authorization under state law. To comply with these requirements CHC may engage physicians or other clinicians as independent contractors (“Contract Professionals”), rather than employees, in order to supply the clinical services required under this AGREEMENT. CHC shall engage Contract Professionals that meet the applicable professional licensing requirements and CHC shall exercise administrative supervision over such Contract Professionals as necessary to insure the fulfillment of the obligations contained in this AGREEMENT. Contract Professionals shall provide clinical services under this AGREEMENT in a manner reasonably consistent with the independent clinical judgment that the Contract Professional is required to exercise.
- 11.2 AGENCY. For purposes of asserting any statutory rights afforded to the CCG or the JAIL to pay providers for medical services at certain reduced rates, CCG and/or SHERIFF designate CHC as their agent to assert such rights and privileges.
- 11.3 EQUAL EMPLOYMENT OPPORTUNITY. CHC will not discriminate against any employee or applicant for employment because of race, color, religion, sex, ancestry, national origin, place of birth, marital status, sexual orientation, age or handicap unrelated to a bona fide occupational qualification of the position or because of status as a disabled veteran or Vietnam-Era veteran. CHC will distribute copies of its commitment not to discriminate to all persons who participate in recruitment, screening, referral and selection of job applicants, and to prospective job applicants.
- 11.4 WAIVER OF BREACH. The waiver of either party of a breach or violation of any provision of this AGREEMENT shall not operate as, or be construed to be, a waiver of any subsequent breach of the same or other provision hereof.

- 11.5 OTHER CONTRACTS AND THIRD-PARTY BENEFICIARIES. The parties acknowledge that CHC is neither bound by or aware of any other existing contracts to which either the SHERIFF or the CCG are a party and which relate to the providing of health care to INMATES/DETAINEES at the JAIL. The parties agree that they have not entered into this AGREEMENT for the benefit of any third person or persons, and it is their express intention that this AGREEMENT is for their respective benefits only and not for the benefits of others who might otherwise be deemed to constitute third-party beneficiaries thereof.
- 11.6 FORCE MAJEURE. In case performance of any terms or provisions hereof shall be delayed or prevented because of compliance with any law, decree or order of any governmental agency or authority of local, State or Federal governments or because of riots, war, terrorism, explosions, acts of civil or military authority, acts of public enemy, public disturbances, lack of adequate security escorts, strikes, lockouts, differences with workers, earthquakes, fires, floods, Acts of God or any other reason whatsoever which is not reasonably within the control of the party whose performance is interfered with and which, by the exercise of reasonable diligence, said party is unable to prevent; the party so suffering may, at its option, suspend, without liability, the performance of its obligations hereunder during the period such cause continues.
- 11.7 ASSIGNMENT. Except as otherwise provided herein, no party to this AGREEMENT may assign any of its rights or delegate any of its duties under this Agreement without the prior written consent of the other parties; provided however, that CHC may assign its rights or delegate its duties to an affiliate of CHC, or in connection with the sale of all or substantially all of the stock, assets or business of CHC, without the prior written consent of the other parties. Any unauthorized attempted assignment shall be null and void and of no force or effect.
- 11.8 NOTICES. Any notice of termination, requests, demands or other communications under this AGREEMENT shall be in writing and shall be deemed delivered: (a) when delivered in person to a representative the parties listed below; (b) upon receipt when mailed by overnight courier service, mailed by first-class certified or registered mail, return receipt requested, addressed to the party at the address below; or (c) upon confirmation of receipt if sent by facsimile to the fax number of the party listed below:

If for CHC:  
 Correctional Healthcare Companies, Inc.  
 General Counsel  
 6200 South Syracuse Way, Suite 440  
 Greenwood Village, CO 80111  
 Fax number: (720) 458-3478

If for CCG:  
 Pamela Hodge  
 Finance Director  
 Columbus Consolidated Government  
 P.O. Box 1340  
 Columbus, GA 31902-1340  
 Fax number: (706) 653-4086

And

Dane A. Collins, CJM  
 Jail Commander  
 Muscogee County Sheriff's Office  
 700 10<sup>th</sup> Street  
 Columbus, GA 31901  
 Fax number: (706) 653-4678

Such address or facsimile number may be changed from time to time by either party by providing written notice as provided above.

- 11.9 GOVERNING LAW. This AGREEMENT shall be governed by and construed in accordance with the laws of the State of Georgia without regard to the conflicts of laws or rules of any jurisdiction.
- 11.10 EXECUTION AUTHORITY. By their signature below, each signatory individual certifies that they are the properly authorized agent or officer of the applicable party hereto and have the requisite authority necessary to execute this Agreement on behalf of such party, and each party hereby certifies to the other than any resolutions necessary to create such authority have been duly passed and are now in full force and effect.
- 11.11 SURVIVAL. The following provisions will survive any termination or expiration of the AGREEMENT: Article VIII, Article IX and Article X.
- 11.12 COUNTERPARTS. This AGREEMENT may be executed in several counterparts, each of which shall be considered an original and all of which shall constitute but one and the same instrument.
- 11.13 TITLES OF PARAGRAPHS. Titles of paragraphs are inserted solely for convenience of reference and shall not be deemed to limit, expand or otherwise affect the provisions to which they relate.
- 11.14 SEVERABILITY. In the event that any one or more provisions of this AGREEMENT shall, for any reason, be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provision of this AGREEMENT and this AGREEMENT shall be construed and enforced as if such invalid, illegal or unenforceable provision had never been contained herein.
- 11.15 ENTIRE AGREEMENT. This AGREEMENT constitutes the entire agreement of the parties and is intended as a complete and exclusive statement of the promises, representations, negotiations, discussions and agreements that have been made in connection with the subject matter hereof. This AGREEMENT may be amended at any time, but only with the written consent of all parties.

*(The balance of this page has been intentionally left blank.)*

IN WITNESS WHEREOF, the parties have caused this AGREEMENT to be executed as their official act by their respective representative, each of whom is duly authorized to execute the same.

**AGREED TO AND ACCEPTED AS STATED ABOVE:**

Consolidated Government of Columbus,  
Georgia

By: John Darr  
John Darr  
Title: Sheriff

Date: 9-6-13

By: Isaiah Hugley  
Isaiah Hugley  
Title: City Manager

Date: SEP 10 2013

Correctional Healthcare Companies, Inc.

By: Douglas D. Goetz  
Douglas D. Goetz  
Title: Chief Executive Officer

Date: 8/30/13

APPROVED AS TO LEGAL FORM:

By: Clifton C. Fay, City Attorney  
Clifton C. Fay  
Title: City Attorney

Date: 9-10-13

ATTEST:

By: Tiny B. Washington  
Name: Tiny B. Washington  
Title: Clerk of Council

Date: Sept. 11, 2013

EXECUTION AUTHORIZED

By Resolution No. 247-13

Tiny B. Washington  
Clerk of Council

**EXHIBIT A**

**MINIMUM STAFFING PATTERN FOR  
MUSCOGEE COUNTY JAIL  
(Effective September 1, 2013)**

<b>Position</b>	<b>Hours / Week</b>	<b>Total FTE's</b>
Medical Director - Physician	24	0.60
Mid-Level Practitioner	40	1.00
Dentist	30	0.75

**EXHIBIT A - 1**

**MINIMUM STAFFING PATTERN FOR  
MUSCOGEE COUNTY JAIL  
(Effective October 1, 2013)**

<b>Position</b>	<b>Hours / Week</b>	<b>Total FTE's</b>
Medical Director - Physician	24	0.60
Healthcare Services Administrator - RN	40	1.00
Mid-Level Practitioner	40	1.00
Dentist	30	0.75
Dental Assistant	30	0.75
Director of Nursing	40	1.00
Registered Nurse	168	4.20
Registered Nurse - History & Physicals	24	0.60
Licensed Practical Nurse - Intake	168	4.20
Licensed Practical Nurse - Medication	280	7.00
Licensed Practical Nurse - Sick Call	96	2.40
Medical Technician/Phlebotomist	168	4.20
Medical Records Clerk	112	2.80
Administrative Assistant	40	1.00

## Exhibit B

### ELECTRONIC MEDICAL RECORDS at MUSCOGEE COUNTY, GEORGIA Effective October 1, 2013

#### DEFINITIONS

**EMR SOFTWARE** – The VIZION software package developed and distributed by CHC, including the original computer software, computer program, source code, object code, algorithms and related documentation to enable the creation, maintenance, storage and access of electronic medical records and includes all enhancements, upgrades, modifications and additions.

**SERVER** – The single computer server owned, operated and maintained by CHC.

#### 1.0 EMR SOFTWARE USE.

1.0.1. GENERAL USE. For the duration of the AGREEMENT, CHC will maintain one copy of the EMR SOFTWARE on its SERVER for use by CHC HEALTH CARE STAFF at the JAIL.

1.0.2. EMR SOFTWARE USE UPON TERMINATION. Upon termination of the AGREEMENT, CHC shall provide COUNTY a stand alone, read only program which will allow the SHERIFF to search for, view and print medical records pertaining to INMATES/DETAINEES. Such data shall be in the same format the data was stored preceding termination of this AGREEMENT.

2.0 INTELLECTUAL PROPERTY AND OTHER PROPRIETARY INFORMATION. CHC grants to COUNTY a non-exclusive, non-transferable, limited authority to access and use EMR SOFTWARE for purposes consistent with this AGREEMENT. CHC has created, acquired or otherwise has intellectual property rights in the EMR SOFTWARE and all copies thereof, including any and all updates, enhancements, customizations, revisions, modifications, future releases and any other changes thereto and all related information, material and documentation. This AGREEMENT does not grant COUNTY or SHERIFF any intellectual property rights in the EMR SOFTWARE and all such rights are reserved by CHC. The EMR SOFTWARE and all CHC documents or images used in its application, including but not limited to CHC Nursing Protocols, are the confidential and proprietary information of CHC and may not be copied or reproduced by COUNTY or SHERIFF. CHC has no ownership or claim of ownership in any medical data that is accessed via the EMR SOFTWARE.

3.0 RESTRICTIONS. COUNTY and SHERIFF shall not: (1) disassemble, decompile, unbundle, reverse engineer, or translate any part of the EMR SOFTWARE, or otherwise reduce to a human perceivable form, or otherwise attempt to reconstruct or discover the source code of the EMR SOFTWARE; (2)

modify, copy, duplicate, reproduce, license, or transfer or convey the EMR SOFTWARE; (3) customize, modify, translate or extend the functionality of the EMR SOFTWARE.

- 4.0 LIMITATION ON CHC's OBLIGATIONS. CHC is not responsible for any issues, support, or loss of functionality that may result from COUNTY or SHERIFF installing and using third-party software on or with the EMR SOFTWARE. CHC is not responsible for any COUNTY cost associated with interfacing the COUNTY'S software/hardware systems with CHC's EMR system. Furthermore, CHC shall not be liable for any loss of use, lost or damaged data, any inability to access or retrieve data, including any loss, damages, claims, suits or actions of any nature, including claims of injury to any person or persons or of damage to property, resulting from or caused directly or indirectly be reason of any error, omission, negligence, or wrongful act by the COUNTY or SHERIFF, their officers, agents and/or employees.
- 5.0 NO WARRANTIES. The EMR SOFTWARE is provided "as is", without warranty or representation of any kind, whether express or implied, or arising from common law, custom, usage or otherwise, or statutory, including without limitation, any implied warranties or non-infringement, merchantability, and fitness for a particular purpose, or pertaining to title, integration, accuracy, security or availability.
- 6.0 EMR SOFTWARE UPDATES. During the term of this AGREEMENT, CHC will provide COUNTY any available updates, modifications or enhancements which improve the speed, efficiency, or ease of use of the EMR SOFTWARE, or add additional capabilities to the EMR SOFTWARE.



## **EXHIBIT A**

### ***Business Documents***

**The vendor's business documents are redacted.**

These documents are on file with the Columbus Consolidated Government:

Finance Department/Purchasing Division  
Government Center – 5<sup>th</sup> Floor  
100 10<sup>th</sup> Street  
Columbus, Georgia 31901

To review the documents, contact the Purchasing Division at 706-225-3072.

**EXHIBIT B**

**CITY'S SPECIFICATIONS**

**COMPREHENSIVE MEDICAL SERVICES/  
MUSCOGEE COUNTY JAIL**

**(ANNUAL CONTRACT)**

**COLUMBUS CONSOLIDATED GOVERNMENT**  
*Georgia's First Consolidated Government*



**FINANCE DEPARTMENT**  
**PURCHASING DIVISION**

100 TENTH STREET, P. O. BOX 1340  
COLUMBUS, GEORGIA 31902-1340  
706-653-4105, FAX 706-653-4109  
[WWW.COLUMBUSGA.ORG](http://WWW.COLUMBUSGA.ORG)

February 28, 2013

**ADDENDUM: NUMBER ONE**  
**RFP No. 13-0024**  
**Comprehensive Medical Services/Muscogee County Jail & Muscogee County Prison**  
**(Annual Contract)**

*Acknowledgment of receipt of each Addendum must be included with sealed proposal. Initial and include a copy of each Addendum with proposal.*

**INITIAL:** \_\_\_\_\_ **COMPANY NAME:** \_\_\_\_\_

***VENDORS ARE INFORMED THAT THE REFERENCED RFP SOLICITATION IS HEREBY MODIFIED, CORRECTED OR SUPPLEMENTED AS SPECIFIED, DESCRIBED AND SET FORTH IN THIS ADDENDUM.***

- A. The correct RFP due date is **Wednesday, March 20, 2013**, no later than 5:00 p.m. (EST).
- B. Site Visit/Walk-Thru is scheduled for **10:00 a.m. Thursday, March 7, 2013**. Vendors shall first convene in the Jail Lobby on the Ground Floor at the Muscogee County Jail, 700 Tenth Street, Columbus, GA 31901. Afterward vendors will immediately go to the Muscogee County Prison, 7175 Sacerdote Lane, Columbus, GA. The contact person at the Jail will be Paul Morris, and Ray Covington will be the contact at the Prison. Please complete the attendance sheet and fax to the Purchasing Division.
- C. Vendors attending the Site Visit/Walk-Thru must sign an attendance form complete with the company name, attendee name, address, e-mail address, telephone and fax numbers, which will be provided at the Site Visit/Walk Thru.
- D. All questions resulting from the Site Visit must be submitted in writing to Purchasing. The City will not be held by any verbal responses to questions.
- E. Responses to all "Questions/Clarifications requests will be provided in the next Addendum.

Sincerely,

*Andrea J. McCorvey*  
\_\_\_\_\_  
Andrea J. McCorvey, CPPB  
Purchasing Division Manager

**SITE VISIT/WALK-THRU  
ATTENDANCE CONFIRMATION  
FAX FORM**

**DATE:** \_\_\_\_\_

**TO:** Betty Hughey, Buyer Specialist  
FAX NO. (706) 653-4109

**RE:** RFP NO. 13-0024  
Comprehensive Medical Services  
(ANNUAL CONTRACT)

---

A SITE VISIT/WALK-THRU IS SCHEDULED FOR 10:00 A.M., THURSDAY, MARCH 7, 2013.

The Site Visit/Walk-Thru will be held at at the Muscogee County Jail, 700 10<sup>th</sup> Street, Columbus, GA, and later to Muscogee County Prison, 7175 Sacerdote Lane, Columbus, GA . Vendors must complete this notification form to confirm attendance. Fax the form to Betty Hughey, Buyer, at fax number (706) 653-4109.

All questions resulting from the Site Visit must be submitted in writing to Purchasing. The City will not be held by any verbal responses to questions.

All vendors attending the Site Visit must sign an attendance sheet, complete with name of the firm, name of the attendee, complete address, phone and fax numbers, e-mail address.

Completing this form and faxing to the Purchasing Division confirms your intent to attend the Site Visit.  
**(PLEASE PRINT)**

**FROM:** \_\_\_\_\_  
Vendor

**PLEASE INDICATE THE NUMBER OF REPRESENTATIVES ATTENDING: \_\_\_\_\_**  
**(Information is necessary to ensure adequate seating)**

---

Authorized Agent

---

Mailing Address	City	State	Zip Code
-----------------	------	-------	----------

---

Telephone Number	Fax Number
------------------	------------

**COLUMBUS CONSOLIDATED GOVERNMENT**  
*Georgia's First Consolidated Government*



**FINANCE DEPARTMENT**  
**PURCHASING DIVISION**

100 TENTH STREET, P. O. BOX 1340  
COLUMBUS, GEORGIA 31902-1340  
706-653-4105, FAX 706-653-4109  
[WWW.COLUMBUSGA.ORG](http://WWW.COLUMBUSGA.ORG)

March 15, 2013

**ADDENDUM: NUMBER TWO**  
**Comprehensive Medical Services/Muscogee County Jail & Muscogee County Prison**  
**(Annual Contract)**

*Acknowledgment of receipt of each Addendum must be included with sealed proposal. Initial and include a copy of each Addendum with proposal.*

**INITIAL:** \_\_\_\_\_ **COMPANY NAME:** \_\_\_\_\_

***VENDORS ARE INFORMED THAT THE REFERENCED RFP SOLICITATION IS HEREBY MODIFIED, CORRECTED OR SUPPLEMENTED AS SPECIFIED, DESCRIBED AND SET FORTH IN THIS ADDENDUM.***

- A.** The RFP due date has been extended until **Wednesday, March 27, 2013**, no later than 5:00 p.m. (EST).
- B.** Responses to all "Questions/Clarifications requests will be provided in the next Addendum.

Sincerely,

*Andrea J. McCorvey*

Andrea J. McCorvey, CPPB  
Purchasing Division Manager

**COLUMBUS CONSOLIDATED GOVERNMENT**  
*Georgia's First Consolidated Government*



**FINANCE DEPARTMENT**  
**PURCHASING DIVISION**

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COLUMBUS, GEORGIA 31902-1340  
706-653-4105, FAX 706-653-4109  
[WWW.COLUMBUSGA.ORG](http://WWW.COLUMBUSGA.ORG)

March 22, 2013

**ADDENDUM: NUMBER THREE**  
**Comprehensive Medical Services/Muscogee County Jail & Muscogee County Prison**  
**(Annual Contract)**  
**RFP NO. 13-0024**

*Acknowledgment of receipt of each Addendum must be included with sealed proposal. Initial and include a copy of each Addendum with proposal.*

**INITIAL:** \_\_\_\_\_ **COMPANY NAME:** \_\_\_\_\_

***VENDORS ARE INFORMED THAT THE REFERENCED RFP SOLICITATION IS HEREBY MODIFIED, CORRECTED OR SUPPLEMENTED AS SPECIFIED, DESCRIBED AND SET FORTH IN THIS ADDENDUM.***

- A. The RFP due date has been extended until **Wednesday, April 3, 2013**, no later than 5:00 p.m. (EST).
- B. Responses to all "Questions/Clarifications requests will be provided in the next Addendum.

Sincerely,

\_\_\_\_\_  
Andrea J. McCorvey, CPPB  
Purchasing Division Manager

**COLUMBUS CONSOLIDATED GOVERNMENT**  
*Georgia's First Consolidated Government*



**FINANCE DEPARTMENT**  
**PURCHASING DIVISION**

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COLUMBUS, GEORGIA 31902-1340  
706-653-4105, FAX 706-653-4109  
[WWW.COLUMBUSGA.ORG](http://WWW.COLUMBUSGA.ORG)

March 29, 2013

**ADDENDUM: NUMBER FOUR**  
**Comprehensive Medical Services/Muscogee County Jail & Muscogee County Prison**  
**(Annual Contract)**  
**RFP NO. 13-0024**

*Acknowledgment of receipt of each Addendum must be included with sealed proposal. Initial and include a copy of each Addendum with proposal.*

*INITIAL: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_*

***VENDORS ARE INFORMED THAT THE REFERENCED RFP SOLICITATION IS HEREBY MODIFIED, CORRECTED OR SUPPLEMENTED AS SPECIFIED, DESCRIBED AND SET FORTH IN THIS ADDENDUM.***

- A. The RFP due date has been extended until **Friday, April 12, 2013**, no later than 5:00 p.m. (EST).
- B. Responses to all "Questions/Clarifications requests will be provided in the next Addendum.

Sincerely,

\_\_\_\_\_  
Andrea J. McCorvey, CPPB  
Purchasing Division Manager

## ATTACHMENT B

### **Muscogee County Prison 7175 Sacerdote Lane Columbus, Ga. 31908**

1. Page 15, Section 9 – Sample Agreement: Is it the County's expectation that the Bidder must submit a complete sample contract with its proposal to the County? Or will the County provide its preferred contract for negotiation between the Parties upon contract award?

**Response: Both options will be considered.**

2. Page 17, Appendix – Scope of Services, #18: Which point of delivery sites has Muscogee designated as needing computers of medical care?

**Response: The Prison currently has a total of 3 Computers.**

3. Page 18, Appendix – Scope of Services #26: This requirement states the vendor is responsible for filing Medicare. Because Medicare cannot be used for incarcerated individuals, should this be Medicaid? Please clarify.

**Response: See response to #54 in Attachment A.**

4. Page 19, Appendix A, III, E: Please clarify that if non-formulary medication is used by the provide, the vendor will not be reimbursed by MCJ/P. Or is nonpayment only in the case of non-formulary procedure not being followed that MCJ/P does not reimburse?

**Response: See response to #55 in Attachment A.**

5. Please identify the current LAN/WAN infrastructure through the jail and the prison that will be made available to the vendor. Please include backbone, bandwidth and interconnectivity specification.

**Response: Ethernet infrastructure connecting at 100 Mbps. Only the Jail has wireless access at 56 Mbps.**

6. Please identify the Muscogee County's current Offender/Jail Management System by vendor and version.

**Response: Offender Management System for Windows Version 7.4.1**

7. Is it the intention of Muscogee County to provide any necessary computers, printers or scanners that will be required for the implementation of an HER solution.

**Response: The Prison has a total of 3 Computers for Medical usage**

8. Regarding the PC's/hardware for medical treatment and documentation, whether provided by the vendor or the County: Will the County provide internet connectivity back to the selected vendor's secure datacenter applications for a hosted HER, personnel management and any necessary reporting?

**Response: No; thick client software will need to be installed on the computers.**

9. New Horizons Mental Health Services is a current provider, can their providers write prescriptions?

**Response: Yes.**

10. If so, will they follow our formulary? Do they have their own formulary? And if so, is their pharmacy part of the Mental Health budget or does it fall under the medical budget?

**Response: Currently the Medical staff carry out or transcribe all Pharmaceutical orders including New Horizons order. All orders are submitted to Diamond Pharmacy – formulary is used.**

11. The dental suite has old equipment, Is that equipment all in working order? Is everything available for dentist to come in and do x-rays and extractions?

**Response: No. X-ray equipment is inoperable. All office and medical equipment is available for the vendor**



**COLUMBUS CONSOLIDATED GOVERNMENT**  
*Georgia's First Consolidated Government*



**FINANCE DEPARTMENT**  
**PURCHASING DIVISION**

100 TENTH STREET, P. O. BOX 1340  
COLUMBUS, GEORGIA 31902-1340  
706-653-4105, FAX 706-653-4109  
[WWW.COLUMBUSGA.ORG](http://WWW.COLUMBUSGA.ORG)

April 2, 2013

**ADDENDUM: NUMBER FIVE**  
**Comprehensive Medical Services/Muscogee County Jail & Muscogee County Prison**  
**(Annual Contract)**  
**RFP No. 13-0024**

*Acknowledgment of receipt of each Addendum must be included with sealed proposal. Initial and include a copy of each Addendum with proposal.*

*INITIAL: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_*

***VENDORS ARE INFORMED THAT THE REFERENCED RFP SOLICITATION IS HEREBY MODIFIED, CORRECTED OR SUPPLEMENTED AS SPECIFIED, DESCRIBED AND SET FORTH IN THIS ADDENDUM.***

The RFP due date has been extended until **Wednesday, April 12, 2013**, no later than 5:00 p.m. (EST).


**INCLUDED IN THIS ADDENDUM ARE THE FOLLOWING:**

- A. Attachment A includes the responses to "Questions/Clarifications" requests for **Muscogee County Jail**.
- B. Attachment B includes the responses to "Questions/Clarifications" requests for **Muscogee County Prison**.
- C. Attachment C includes the Current Employee Salaries.
- D. The City desires to consider the option of awarding the contract to more than one vendor. Therefore, it is requested that vendors submit proposals for the following: **Option I - Comprehensive Medical Services for Muscogee County Jail and/or Option II – Comprehensive Medical Services for Muscogee County Prison. See attached specifications.**

**ALL CLAUSES OF THE RFP REMAIN THE SAME FOR OPTION I AND OPTION II, with the exception of the changes noted on the attached Amendments.**

- E. Separate Cost Proposal Forms and Contract Signature Pages are attached for each Option.
- F. Separate Evaluations will be performed for each option.

Sincerely,

  
Andrea J. McCorvey, CPPB  
Purchasing Division Manager

# Amendment 1

## **Request for Proposal (Option I) Comprehensive Medical Services/ Muscogee County Jail (Annual Contract)**

This page has been revised to include only the Staffing Matrix for the Muscogee County Jail.

### **II. PERSONNEL/STAFFING**

Vendor will be required to recruit, train, and manage all clinical staff. The MCSO has provided a sample-staffing matrix below, but vendors are encouraged to offer innovative ways to enhance the delivery of care with more efficient staffing models. Any changes in population or standard of care set forth in the NCCHC Jail and Prison Standards which may require an adjustment in the staffing level agreed upon in the original contract, may be discussed between the MCSO, MCJ and the vendor. If an agreement in staffing or service levels cannot be met then either party may terminate upon 90 days written notice.

#### A. Staffing Matrix Proposed by the MCSO for the Muscogee County Jail

1.	Medical Director	32 hours
2.	NP/PA	40 hours
3.	Dentist	30 hours
4.	H.S.A	40 hours
5.	DON	40 hours
6.	Admin Asst.	40 hours
7.	RN for H&P	40 hours
8.	RN for Charge	168 hours
9.	LPN for Sick Call	112 hours
10.	LPN for Med Cart	336 hours
11.	LPN for Intake	168 hours
12.	Med Tech	168 hours
13.	Medical Records	<u>136 hours</u>
	<b>Total</b>	<b>1350 hours</b>

**APPENDIX A (OPTION I)**

**COST PROPOSAL (Revised)  
COMPREHENSIVE MEDICAL SERVICES/  
MUSCOGEE COUNTY JAIL  
(ANNUAL CONTRACT)  
RFP NO. 13-0024**

<b>DESCRIPTION</b>	<b>CONTRACT YEAR</b>	<b>ANNUAL CONTRACT AMOUNT</b>
<b>Medical Services</b>	<b>Initial Contract Years (1<sup>st</sup> &amp; 2<sup>nd</sup> Year)</b>	<b>\$</b>
<b>Medical Services</b>	<b>Third Year</b>	<b>\$</b>
<b>Medical Services</b>	<b>Fourth Year</b>	<b>\$</b>
<b>Medical Services</b>	<b>Fifth Year</b>	<b>\$</b>

**Company Name:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**APPENDIX E (Option I)**

**CONTRACT SIGNATURE PAGE  
Comprehensive Medical Services/  
Muscogee County Jail**

The undersigned hereby declares that he has/they have carefully examined the specifications herein referred to and will provide all equipment, terms and services of the Consolidated Government of Columbus, Georgia for the following:

By: \_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Witness as to the Contractor

\_\_\_\_\_  
Print Name and Title of Signatory

\_\_\_\_\_  
Witness as to the Contractor

\_\_\_\_\_  
Business Name

(Corporate Seal)

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Tax ID Number

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

**CONSOLIDATED GOVERNMENT OF  
COLUMBUS, GEORGIA**

Accepted this \_\_\_ day of \_\_\_\_\_ 20\_\_

**APPROVED AS TO LEGAL FORM:**

\_\_\_\_\_  
Isaiah Hugley, City Manager

\_\_\_\_\_  
Clifton C. Fay, City Attorney

**ATTEST:**

\_\_\_\_\_  
Tiny B. Washington, Clerk of Council

**\*\*COMPLETE AND RETURN THIS PAGE WITH SEALED PROPOSAL\*\***

**Amendment 2**

**Request for Proposal (Option II)  
Comprehensive Medical Services/  
Muscogee County Prison  
(Annual Contract)**

**I. INTRODUCTION**

It is the intent of the Columbus Consolidated Government (the city), Muscogee County Prison to enter into an annual contract with a qualified medical correctional provider for comprehensive medical services to those patients incarcerated in the Muscogee County Prison (MCP). These medical services will reflect the GDC medical standards for prisons and will be commensurate with the accepted community standard of care. These services are further delineated and revised in Appendix A to include the requirements for the MCPPrison.

**II. PERSONNEL/STAFFING**

Vendor will be required to recruit, train, and manage all clinical staff. The MCP has provided a sample-staffing matrix below, but vendors are encouraged to offer innovative ways to enhance the delivery of care with more efficient staffing models. GDC has separate guidelines that MCP must meet since the prison house 524 State inmates. Any changes in population or standard of care set forth in the GDC guidelines may require an adjustment in the staffing level agreed upon in the original contract, may be discussed between MCP and the vendor. If an agreement in staffing or service levels cannot be met then either party may terminate upon 90 days written notice.

**A. Staffing Matrix Proposed for the Muscogee County Prison**

1. Medical Director	20 hours
2. RN for Charge	40 hours
2. LPN	240 hours
3. Dentist	<u>4 hours</u>
	<b>304 hours</b>

**Note: The MCPPrison run (2) sick calls a day (1) doctor call; Med cart call; and intake as well.**

**APPENDIX A (OPTION II)**

**COST PROPOSAL (Revised)  
COMPREHENSIVE MEDICAL SERVICES/  
MUSCOGEE COUNTY PRISON  
(ANNUAL CONTRACT)  
RFP NO. 13-0024**

<b>DESCRIPTION</b>	<b>CONTRACT YEAR</b>	<b>ANNUAL CONTRACT AMOUNT</b>
<b>Medical Services</b>	<b>Initial Contract Years (1<sup>st</sup> &amp; 2<sup>nd</sup> Year)</b>	<b>\$</b>
<b>Medical Services</b>	<b>Third Year</b>	<b>\$</b>
<b>Medical Services</b>	<b>Fourth Year</b>	<b>\$</b>
<b>Medical Services</b>	<b>Fifth Year</b>	<b>\$</b>

**Company Name:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**APPENDIX E (Option II)**

**CONTRACT SIGNATURE PAGE  
Comprehensive Medical Services/  
Muscogee County Prison`**

The undersigned hereby declares that he has/they have carefully examined the specifications herein referred to and will provide all equipment, terms and services of the Consolidated Government of Columbus, Georgia for the following:

By: \_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Witness as to the Contractor

\_\_\_\_\_  
Print Name and Title of Signatory

\_\_\_\_\_  
Witness as to the Contractor

\_\_\_\_\_  
Business Name

(Corporate Seal)

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Tax ID Number

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

**CONSOLIDATED GOVERNMENT OF  
COLUMBUS, GEORGIA**

Accepted this \_\_\_ day of \_\_\_\_\_ 20\_\_

**APPROVED AS TO LEGAL FORM:**

\_\_\_\_\_  
**Isaiah Hugley, City Manager**

\_\_\_\_\_  
**Clifton C. Fay, City Attorney**

**ATTEST:**

\_\_\_\_\_  
**Tiny B. Washington, Clerk of Council**

**\*\*COMPLETE AND RETURN THIS PAGE WITH SEALED PROPOSAL\*\***

# ATTACHMENT A

## **Muscogee County Jail 700 10<sup>th</sup> Street Columbus, GA 31901**

### **Responses to Questions/Clarification requests;**

1. How many inmate beds are at each facility?

**Response: Muscogee County Jail has 1195.**

2. How many intakes are done daily and annually at each facility?

**Response: MCJ – 45 per day and about 16,500 annually.**

3. On average, how many females, juveniles, state and federal Inmates are held at each facility?

**Response: MCJ has 150 females, 0 juveniles, 125 state inmates, and 5 federal inmates.**

4. How many medical beds are at each facility?

**Response: MCJ has 26.**

5. What is the average length of stay for inmates in each facility?

**Response: This data is not available.**

6. Could you please provide a current staffing plan for each facility?

**Response: See Page 18 of 29 for Personnel/Staffing plan.**

7. Does the nursing staff currently work 12 or 8 hour shifts?

**Response: It is a combination of 8 hour shifts on week days and 12 hour shifts on weekends.**

8. Are there any current or pending lawsuits or is the County under any Consent Orders/Decrees because of medical care?

**Response: There is a consent decree from 1999, which covers medical.**

9. Are medical services provided to the Inmates 24/7? If not, would the County like to have medical services provided at each facility 24/7?

**Response: We currently provide medical services 24/7 and expect 24/7 from the contractor.**

10. What Jail Management System does each facility use?

**Response: In house designed mainframe system.**

11. Does the County currently utilize an Electronic Medical Records system? Does the County have any interest in doing so?

**Response: No current EMR, but we are considering using one.**

12. Does the County currently utilize telemedicine? Does the County have any interest in doing so?

**Response: No**

13. How many x-rays are done onsite?

**Response: 40 per week.**



14. Who is the current mobile x-ray provider?

**Response: HCX.**

15. Are dental services provided on-site? If so, is the x-ray machine digital or analog?

**Response: Yes dental services on site, we have an Analog X-Ray Machine.**

16. How many dental x-rays are taken and read annually?

**Response: This is not available.**

17. Who is responsible for the costs of dental services?

**Response: The contractor is responsible for all dental services.**

18. How many patients are seen by dentist per week?

**Response: Approximately 55 per week at the MCJ.**

19. Could you please forward a copy of the contract for the current medical provider?

**Response: See attached Letter of Agreement, Appendix 2.**

20. How many patients tested positive for TB in 2011? In 2012?

**Response: Approximately 48 positive PPDs but no positive TB patients.**

21. Do the facilities have at least one functioning negative pressure room?

**Response: No**

22. What is the annual average # of pregnant females?

**Response: On average there are 3 pregnant females in the MCJ at any time.**

23. Are OB/GYN services currently being provided on-site?

**Response: No**

24. Who is the current hazardous waste provider?

**Response: Steri -cycle.**

25. How many inmates were hemophiliacs in 2011? In 2012?

**Response: None**

26. How many inmates have Hepatitis C in 2011? In 2012?

**Response: This info is not available.**

27. How many inmates are HIV+ in 2011? In 2012?

**Response: At any time we have 6 to 7 HIV positive inmates being treated in the MCJ.**

28. How many inmates require a methadone clinic in 2011? In 2012?

**Response: The MCJ provides methadone to pregnant females who are already on methadone or require withdrawal support.**

29. How many inmates are on psychotropic medications in 2011? In 2012?

**Response: Approximately 200 of the 1100 plus inmates are getting long term medical/psychotropic intervention.**

30. How many Medicare claims were submitted in 2011? In 2012?

**Response: None.**

31. What is the average daily population at the jail?

**Response: 1140 MCJ**

32. What was the total amount spent in the last full budget year for medical inmate healthcare? (Including contract price and additional medical cost such as hospital visits, mental health, prescriptions, etc.)

**Response: Medical care and contract for offsite inmate medical care is \$5,219,341. Of which \$1,932,227 is personnel costs (wages & salaries), \$819,347 is for contract for offsite medical inmate care and \$83,586 is for inmate dental services.**

33. The total number of nurses on site each day and how many hours per day?

**Response: See Page 18 of 29, proposed staffing plan in RFP specifications.**

34. Does the jail have an infirmary? How many beds? Negative air flow rooms?

**Response: Yes; 26; No**

35. Is there a dental operatory suite on-site?

**Response: Yes**

36. Please provide a list of equipment available for vendor use.

**Response: We have a comprehensive clinic with adequate equipment to include an EKG.**

37. Is the vendor expected to pay for all offsite care upfront and then seek reimbursement for same?

**Response: Yes.**

38. Does ownership of equipment purchased by the vendor chosen transfer to the County Jail or County Prison?

**Response: This is open to negotiation.**

39. Do the County Jail and/or County Prison have an inmate grievance policy? Is it in electronic or paper format?

**Response: The MCJ has an electronic.**

40. Do the County Jail and/or County Prison have agreements with local hospitals or other offsite health care providers?

**Response: Yes**

41. Can the County provide the estimated inmate health care expense for the last 12 months or fiscal year, for the County Jail and County Prison?

**Response: See response to #32 above.**

42. If possible can the County provide a breakdown of the total expense for each facility in regards to wages/salaries, offsite medical expenses, pharmaceuticals, dental, etc.?

**Response: See response to #32 above, and Appendix 1.**

43. What is the approved bed size for the County Jail?

**Response: 1069**

44. Where does the County Jail procure their pharmaceuticals?

**Response: Diamond Pharmacy.**

45. Can the County Jail provide a more detailed current staffing plan, such as a sample schedule of health care staff working during a typical week, including days, shifts and hours worked?

**Response: See Page 18 of 29 of the RFP specifications.**

46. Will the Health Services Administrator be an employee of the vendor that secures the contract with the County?

**Response: Yes.**

47. Average number of inmates on dialysis at the County Jail?

**Response: We have 6 on average per year.**

48. Average number of HIV inmates at the County Jail?

**Response: 6**

49. Annual number of bookings/intakes at the County Jail?

**Response: 16,500 per year**

50. When does the County anticipate the chosen vendor to begin providing services (i.e. contract start date)?

**Response: Mid –May or Early June.**

51. Can the County provide a list of current medical equipment at the County Jail?

**Response: No, we have most routine equipment to include an EKG machine.**

52. Page 15, Section 9 – Sample Agreement: Is it the County's expectation that the Bidder must submit a complete sample contract with its proposal to the County? Or will the County provide its preferred contract for negotiation between the Parties upon contract award?

**Response: Both options will be considered.**

53. Page 17, Appendix – Scope of Services, #18: Which point of delivery sites has Muscogee designated as needing computers of medical care?

**Response: The current clinical staff has already designated the POD for computers and those computers will be in place when the contractor arrives.**

54. Page 18, Appendix – Scope of Services #26: This requirement states the vendor is responsible for filing Medicare. Because Medicare cannot be used for incarcerated individuals, should this be Medicaid? Please clarify.

**Response: The intent was for Medicaid.**

55. Page 19, Appendix A, III, E: Please clarify that if non-formulary medication is used by the provider, the vendor will not be reimbursed by MCJ/P. Or is nonpayment only in the case of non-formulary procedure not being followed that MCJ/P does not reimburse?

**Response: The City will pay for all medications prescribed by the provider. The City requires the provider to adhere to a formulary and to provide a system for approving non-formulary medications.**

56. Please identify the current LAN/WAN infrastructure through the jail and the prison that will be made available to the vendor. Please include backbone, bandwidth and interconnectivity specification.

**Response: Ethernet infrastructure connecting at 100 Mbps. Only the Jail has wireless access at 56 Mbps.**

57. Please identify the Muscogee County's current Offender/Jail Management System by vendor and version.

**Response: The JMS is a program built by the City's Information Technology Department.**

58. Is it the intention of Muscogee County to provide any necessary computers, printers or scanners that will be required for the implementation of an EHR solution.

**Response: Yes, it the intents to provide all the hardware required for an E.H.R.**

59. Regarding the PC's/hardware for medical treatment and documentation, whether provided by the vendor or the County: Will the County provide internet connectivity back to the selected vendor's secure datacenter applications for a hosted HER, personnel management and any necessary reporting?

**Response: Yes.**

60. The dental suite has old equipment, Is that equipment all in working order? Is everything available for dentist to come in and do x-rays and extractions?

**Response: Yes.**

61. On average how many daily intakes?

**Response: 35 to 40**

62. On average how many daily releases?

**Response: 35 to 40**

63. Sick call is completed on the floors is there wireless internet and computers available in each area sick call is performed?

**Response: Yes.**

64. Health Service Administrator (HAS) gave tour of the facility. Will he remain in the position? Is that position part of the contract provided by the vendor?

**Response: Yes, the position is part of the contract provided by the vendor. We expect the vendor to interview and offer employment to all the current staff that meets the vendor's standards. The vendor alone is responsible for the recruitment, and hiring of the staff.**

65. During the pre-bid meeting there was mention of purchasing an electronic MAR. Who is the vendor and does it interact with any electronic Medical records?

**Response: We are implementing Sapphire from Diamond.**

66. Are the nurses currently county employees, will those positions be moved to the vendor?

**Response: All the positions will become the vendor's employees.**

67. Is pill pass required for all county inmates at the Prison or are some of the inmates allowed to keep medications on them?

**Response: A limited amount of inmates can have a K.O.P**

68. What is the daily average number of inmates on suicide watch?

**Response: Eight.**

69. How many inmate deaths in the past 12 months?

**Response: No deaths**

70. Are your facility NCCHC or ACA accredited?

**Response: No.**

71. Please expand on #26 under the Scope of Services, "vendor is required for filing medicare" (page 18)

**Response: The intent is to seek reimbursement for inmate health services from Medicaid when possible.**

72. Is a cost pool acceptable for Over the counter medications, pharmacy, labs supplies, etc. If delivered in a transparent manner (with backup invoices from vendors providing supplies and services)?

**Response: Yes, a cost pool will be acceptable.**

73. What did you spend on the following items last year:

**Response:**

**X-ray (\$ 55,000)**

**Medical Supplies (\$38,000)**

**Office Supplies (not available, clinic office supplies provided by jail)**

**Outside Claims (inpatient & outpatient) (not included in RFP)  
Pharmacy (not included in the RFP)  
Labs (\$106,000)**

74. How many referrals were sent out to the hospital last year?

**Response: 310**

75. How much was spent on expendable supplies (page 17) last year?

**Response: \$38,000**

76. How many computers and printers are available for medical staff?

**Response: 14 computers and 4 printers**

77. What is the average number of diabetics at the facility?

**Response: Twenty (20).**

78. What is the average number of HIV patients at the facility?

**Response: Six (6).**

79. What is your current population Jail?

**Response: 1145**

80. How much has been expended on pharmacy each of the past two years,?

**Response: Not in the scope of the RFP.**

81. How much has been expended for overall medical care for inmates for each of the past two years?

**Response: See response to #32 above.**

82. How much has been expended for dialysis care for the inmates over the past two years?

**Response: Not in the scope of the RFP.**

83. How much has been expended for eyeglasses for inmates for each of the past two years?

**Response: Not in the scope of the RFP.**

84. How many inmates are on KOP medications at this site?

**Response: At different times between 0 and 35.**

85. Is telemedicine acceptable to the agency?

**Response: The City has not been seeking telemedicine but will consider it.**

86. Who is responsible for the T-1 Line for the telemedicine and EMR?

**Response: The City will be responsible for the lines for EMRs.**

87. How much has been expended on off- site services in each of the past two years?

**Response: Off site services are not included in the scope of this RFP.**

88. What hospital provider do you currently use at Muscogee County Jail/County prison?

**Response: Columbus Regional.**

89. What is the number of psychotropic medications per site per month?

**Response: Unknown.**

90. Who is the x-ray provider? Do they provide mammogram and ultrasound?

**Response: HCX provides x-rays; they do not currently provide mammograms or ultrasound.**

91. Who is the current Lab provider?

**Response: Clinical Pathologies.**

92. Do they provide phlebotomists?

**Response: No.**

93. Who is the medical waste provider?

**Response: Sterri-cycle.**

94. Is the successful vendor required to adhere to your pharmacy formulary or may we recommend our own formulary that is cost effective?

**Response: We are open to the best, most cost effective formulary without regard to who provides it.**

95. Is the price estimate for all years to remain the same or is there an allowance for "COLA" increase?

**Response: We expect a COLA increase.**

96. What accreditation body is required for this contract?

**Response: We are not currently accredited but would be interested in seeking ACA and NCCHC accreditation in the second year of the contract.**

97. How many medication carts are available at each site....how many delivery sites are required at each site?

**Response: At MCJ, 4 carts, with a deliver point on each floor.**

98. Do you test at intake for HIV? For Hep C? Do you require treatment for these diseases throughout incarceration?

**Response: There is no mandate to test for these diseases. However we test on request and treat if the Disease meets the current expected criteria for treatment, if in a doctor's opinion treatment is warranted, or if the patient is currently in treatment.**

99. Is the successful vendor responsible for pediatric care of newborns?

**Response: No.**

100. Is the successful vendor responsible for abortions?

**Response: No.**

101. Is successful vendor required to hire incumbent staff? Under what guidelines?

**Response: No. We expect the vendor to interview and offer employment to all the current staff that meets the vendor's standards. The vendor alone is responsible for the recruitment, and hiring of the staff.**

102. Would the agency be agreeable to a Cap Agreement wherein there is a cap to risk?

**Response: Yes we are open to a shared risk agreement.**

103. How much has been expended on offsite services each of the past two years?

**Response: See response to #32 above.**

104. How much has been expended on pharmacy each of the past two years?

**Response: Pharmacy is not in the scope of this RFP.**

105. How much has been expended for overall medical care for inmates for each of the past two years?

**Response: The RFP requests proposals which are limited to on site care, on site supplies, staffing and bill management (third party administration). The total cost of health care is beyond the scope of this RFP.**

106. Is any of the healthcare staff under a collective bargaining agreement?

**Response: No.**

107. Please provide a list of all office and medical equipment available to the vendor at both the Jail and Prison.

**Response: All office equipment and medical equipment including EKG machines are availed for the vendor.**

108. What Jail Management System is used at the Muscogee County Jail and Muscogee County Prison?

**Response: In house developed system.**

109. Are the Muscogee County Jail and Muscogee County Prison equipped with WIFI or Hard Data wires?

**Response: Yes**

110. What form of inmate ID is used at the Muscogee County Jail and Muscogee County Prison (wrist band, ID card, etc.)? Are inmate IDs bar coded? If not, are the Jail and Prison capable of implementing a bar code system?

**Response: MCJ has a bar code system.**

111. Do the Muscogee County Jail have a Medical Co-Pay? If so, can you please provide the schedule?

**Response: Yes, \$5.00 for each inmate request.**

112. How is Off-Site Security Watch handled? Do they use on-duty officers, comp. time, overtime, etc.?

**Response: The jail management provides off site security.**

113. What OTC medications are inmates allowed to purchase through the commissary? Please provide order sheet.

**Response: Inmates can get cold packs, aspirin and Tylenol etc.**

114. Are screenings conducted at intake and can the MCSO refuse admittance to inmates?

**Response: Yes.**

115. Please provide a copy of the current contract with Corizon.

**Response: See attached Letter of Agreement, Appendix 2.**

116. Please provide hourly rates by position for those employees covered under Corizon.

**Response: Information is unavailable.**

117. Please provide a list of any current vacancies that exist.

**Response: The clinic is currently without 3 RNs.**

118. Please confirm that a nurse is responsible for constant watch of suicidal patients during the day shift at the jail.

**Response: Currently a medical staff member is responsible for suicide watch.**

119. Please confirm the vendor will only be reimbursed for off-site claim expenses quarterly.

**Response: The vendor can request either monthly or quarterly reimbursement.**

120. Who is the current mobile X-ray vendor?

**Response: HCX**

121. Other than the chairs that require reupholstering are there any other known maintenance needs that will be the responsibility of the vendor.

**Response: No, and we intend to seek either new tables or we will reupholster.**

122. Will the County consider an extension on the proposal deadline to allow vendors two weeks after either the answers to questions have been published? This will allow all vendors sufficient time to analyze the necessary information and will likely result in stronger and more cost-effective responses.

**Response: The due date has been extended until April 12, 2013; 5:00 p.m.**

123. Please provide any currently applicable settlement agreement, memorandum of understanding, or other binding agreement between a Court or the US Department of Justice and the Columbus Consolidated Government, Muscogee County Sheriff's Office, Muscogee County Jail, or other entity under which the operations of the jail, including the services to be proposed as defined in this RFP, are subject to review, inspection, and compliance.

**Response: See Appendix 3.**

124. If, in the past, there was such an agreement, please confirm that the agreement is no longer applicable.

**Response: The consent decree is still in place. See Appendix 3.**

125. For any agreement that is currently applicable please provide the report of the last agency, court, or reviewer's survey.

**Response: Information unavailable.**

126. Please provide your contracts with vendors/contractors who provide inmate mental health and pharmacy services.

**Response: Outside the scope of this RFP.**

127. Please provide all off-site utilization statistics for the past 24 months by type of services and provider.

**Response: These statistics are not available; maybe outside the scope of the RFP.**

128. Please clarify what is meant by "Billing adjudication" in section I - A -13 if the vendor is not responsible for off-site cost?

**Response: We want the vendor to review the bill, make sure the patient was ours and the procedure is authorized, and then pay the bill according to the Medicaid rate or the Contracted rate.**

129. Will the vendor be responsible for adjudicating and processing all claims and reconciling them with the county for payment? Please clarify the process or if providers will direct bill the County.

**Response: The intent is for bills to be sent to the vendor to be evaluated and paid and then for the vendor to receive reimbursement from the City.**

130. Please specify what types of services that are currently rendered on-site by outside providers.

**Response: Pharmacy.**

131. Please provide the ADPs by facility (MCJ and MCP) by year for the last three (3) years.

**Response: See response below.**

132. What ADPs does the City require vendors to bid upon for the MCJ and MCP?

**Response: There is no mention of bids linked to ADPs in the RFP.**

133. Please provide the 2012/2013 intake statistics by year for both the MCJ and MCP.

**Response: See response for #2 above for MCJ. MCP response is in Attachment B.**

134. Are vendors required to submit completed GSICA for sub-subcontractors with proposals or would it be acceptable to submit these after award of contract and prior to beginning of service?

**Response: After notification, the recommended vendor (s) will have five (5) business days to provide the completed GSICA Form. The GSICA Form must be included with the contract documents prior to signing.**



135. What is the current annual budget for medical services for the MCJ and the MCP excluding offsite services, pharmacy services, and mental health services?

**Response:** See response to #32 above.

136. Please provide the current employees' hourly rates and/or salaries by discipline (MD, RN, LPN, etc.). Also, please provide years of service or hire dates.

**Response:** MCJ expects the vendor to provide a pay scale to whatever nurses it hires, which is competitive with those pay scales in the community. The MCJ recognizes that the vendor will need to focus on providing competitive compensation in order to recruit and retain the quality of nurses we seek. See Appendix 1 with the salaries by discipline for both MCJ and MCP.

137. Is the county currently using EMR system? If not, is the vendor expected to implement one?

**Response:** We are currently seeking an EMR, and are willing to discuss this with the selected vendor.

138. We understand that the vendor will be financially responsible for onsite lab and x-ray services. Please clarify if the vendor is responsible for both the management and the financial obligations that pertain to these in-clinic contracts.

**Response:** The vendor may negotiate and manage these contracts as they determine is in the best interest of the City and the management of the clinic. The vendor can retain the current contractors or establish relationships with new contractors.

139. What specialty services are currently being provided onsite (e.g. dialysis, physical therapy, OB/GYN, optometry)? What are all the specialty services provided onsite? Will the vendor be financially responsible for these specialty services?

**Response:** The vendor is not responsible for specialty services, currently we have an optometrist on site once per month and that service may be either included or excluded from the contract.

140. We understand that the City is requesting vendors' provide staffing matrices to enhance the care currently being provided onsite. Are vendors required to include a price based upon the staffing matrices proposed by the MCSO in the RFP as well? If the staffing matrices in the RFP do not reflect the current staffing plans, please provide current staffing matrices for the MCJ and the MCP.

**Response:** The staffing matrix in the Option I is the matrix we have determined is required to run the MCJ clinic and is the matrix we wish the vendor to bid on. The current staffing matrices is listed in Attachment C.

141. We understand that vendors will not be financially responsible for offsite services. However, since the vendors will be responsible for utilization management and claims adjudication, please provide the following by facility, by year for the last 3 years:

- Hospital days
- ER visits
- Specialty visits
- Outpatient surgeries
- Diagnostics
- Total offsite dollars (\$819,347)

**Response:** Other Information Unavailable.

142. Please identify who will be responsible for watching patients on suicide watch.

**Response:** Suicide is managed by a MT.

143. Who is required to manage copays for inmates?

**Response:** The jail accountant.

144. What are the onsite service stats (number of nursing sick calls, dental visits, HCP visits, etc) for each facility?

**Response:** The City is not interested in replicating the current or historical pattern of health care delivery rather we seek a vendor that we can be confident will bring systems which will improve the delivery of health

care at these two facilities. The current production follows: 1. Nursing sick call combined 360, Dental sick call combined 85 per week, MD/NP sick call combined 310.

145. How often are inmates transferred to the prison?

**Response:** Transfers are conducted when the Ga.DOC calls for the inmates, after they have been sentence by the court.

146. What days/times are inmates received from the DOC?

**Response:** The transfer days are set by the DOC and subject to change; transfers are always conducted during routine weekday operations.

147. Is this contract currently through a private company or is the Sheriff running it?

**Response:** Muscogee County Sheriff is running all health care for both facilities; Corizon is only one of a number of separate contracts all managed by the MCJ.

148. What is the name of the current provider for inmate healthcare and the current contract price?

**Response:** The MCSO manages all the contracts involved in the jail clinic and Corizon is one of many contracts. Corizon does not run the clinic. See Appendix 2, of this Addendum, the Letter of Agreement with Corizon.

149. New Horizons Mental Health Services is a current provider, can their providers write prescriptions?

**Response:** Yes.

150. If so, will they follow our formulary? Do they have their own formulary? And if so, is their pharmacy part of the Mental Health budget or does it fall under the medical budget? If we read the RFP we find that all prescription costs are the responsibility of the county.

**Response:** The Mental Health providers will continue to have their own formulary.

151. Please clarify if the staffing matrix is based on weekly hours?

**Response:** The staffing is based on the number of hours required by each level of provider to cover the required posts. MCJ has calculated the number of hours and the relief factor required to staff all the posts we understand to be required to provide the routine medical interventions such as sick call, medication delivery, physicals, chronic care, records keeping, intake screening, infection control, quality improvement, emergency response and supervision. Our staffing matrix is based on a careful analysis of what we do now, what we would hope to accomplish in the immediate future, and our understanding of the concept of the community standard of care. We expect that all vendors use this matrix to guide the development of their bids so we can judge each vendor's bid according to an objective standard. Once the bids have been evaluated, and the selected vendor and the MCSO enter into negotiations we will be open to discussions of alternative staffing matrixes, which will achieve the same goals.

152. Please provide an equipment list for each facility and approximate age.

**Response:** The clinic has all the equipment necessary to provide health care in this environment. See response #161 for complete equipment listing.

153. What is your ADP Jail?

**Response:** 1145

154. How many medication passes are held at this site?

**Response:** 3

155. Please identify all Infirmiry locations with number of beds and level of intensity of treatment. Is either the Jail or the Prison currently subject to any court orders or legal directives?

**Response:** MCJ is currently under a consent decree from 1999. The prison has 2 infirmiry beds and the

**jail has 26 infirmary beds. All treatment in the jail and prison would be considered sub-acute and not requiring emergency room intervention of inpatient care.**

156. Please provide a copy of current salaries for all Muscogee County healthcare employees.

**Response: See response #32 in Attachment A, and Attachment C.**

157. Please provide a copy of all existing equipment, furniture, and computers that will be provided to the selected vendor.

**Response: MCJ has all the furniture, equipment, and supplies needed to run a jail clinic of this size. Much of the furniture and equipment will need to be refurbished or replaced in the near future. Once a vendor is selected we will be open to negotiations related to adding to or replacing equipment.**

158. Please describe an example of when the Vendor will be responsible for filing Medicare claims.

**Response: We expect that the vendor seek evidence of a patient insurance at intake, then any services provided to include specialty care if Medicare will pay for it we want the vendor to submit the invoice to Medicare. Yes, within the next 2 year everyone that comes to jail should be enrolled in Medicare. We want the vendor to assist with the enrollment process and in turn seek reimbursement from Medicaid once the Medicaid program includes incarcerated patients.**

159. Please provide the most recent DOJ site visit report and recommendations. Has the DOJ recommended a specific staffing plan?

**Response: A complete copy of DOJ report is attached in Appendix 3.**

160. Since the vendor is not financially responsible for any off-site services, please clarify if the County has already contracts in place with hospitals, specialists, and ancillary providers which the vendor will be required to use. Will the County be providing a list of authorized vendors or should the vendor be ready to negotiate these agreements?

**Response: Currently most specialty services are provided by Columbus Regional and the City has a contract with this company. The City has contracts with vendors for all the required services. The selected vendor will not be required to negotiate any contracts with vendors in the first year. The MCSO will be open to discuss with the selected vendor related to renegotiations with other vendors but currently this service is not being sought with this RFP.**

161. Please provide a list of equipment (with estimated age) currently onsite. How many dental chairs are onsite at each facility?

**Response: Exam room equipment will require maintenance or replacement in the next year. The clinic has the following equipment:**

**2 Dental Chairs (both in good repair)**

**Dental x-rays**

**Centrifuges**

**Doppler's,**

**Nebulizers,**

**EKG machines**

**Suction devices**

**Automated vital sign machines**

**The clinic also has copiers, 14 computers, and a number of printers. We have 3 exam tables and adequate desks and cabinets in every exam room.**

162. We understand that vendors will not be financially responsible for pharmaceuticals. However, since the vendors will be responsible for managing the formulary, please provide the following by facility, by year for the last 3 years:

**Response: (psychotropic meds are the responsibility of another vendor.)**

**-Average monthly number of patients on HIV medications (6)**

- Average monthly number of patients on psychotropic medications (230)
- Average monthly number of patients on hepatitis medications (0)
- Average monthly number of patients on hemophiliac medications (0)
- Total spent on HIV dollars (\$650,000)
- Total spent on psychotropic dollars (\$571,000)
- Total pharmacy dollars (\$2,183,985)

**This is the combined total for the jail and prison**

163. How many patients at the jail are on medications?

**Response: This total will change every day. This total is driven in the most part by the prescribing practice of the doctors any vendor will hire to manage the inmate patient care. Currently have 643 patients on med and a total of 2033 prescriptions.**

164. What is the average number of intakes per month at the jail?

**Response: Average 40 intakes per day.**

165. What is the average length of stay at the jail?

**Response: Average stay is 3 days.**

## ATTACHMENT B

**Muscogee County Prison**  
7175 Sacerdote Lane  
Columbus, Ga. 31908

1. Page 15, Section 9 – Sample Agreement: Is it the County’s expectation that the Bidder must submit a complete sample contract with its proposal to the County? Or will the County provide its preferred contract for negotiation between the Parties upon contract award?

**Response: Both options will be considered.**

2. Page 17, Appendix – Scope of Services, #18: Which point of delivery sites has Muscogee designated as needing computers of medical care?

**Response: The Prison currently has a total of 3 Computers.**

3. Page 18, Appendix – Scope of Services #26: This requirement states the vendor is responsible for filing Medicare. Because Medicare cannot be used for incarcerated individuals, should this be Medicaid? Please clarify.

**Response: See response to #54 in Attachment A.**

4. Page 19, Appendix A, III, E: Please clarify that if non-formulary medication is used by the provide, the vendor will not be reimbursed by MCJ/P. Or is nonpayment only in the case of non-formulary procedure not being followed that MCJ/P does not reimburse?

**Response: See response to #55 in Attachment A.**

5. Please identify the current LAN/WAN infrastructure through the jail and the prison that will be made available to the vendor. Please include backbone, bandwidth and interconnectivity specification.

**Response: Ethernet infrastructure connecting at 100 Mbps. Only the Jail has wireless access at 56 Mbps.**

6. Please identify the Muscogee County’s current Offender/Jail Management System by vendor and version.

**Response: Offender Management System for Windows Version 7.4.1**

7. Is it the intention of Muscogee County to provide any necessary computers, printers or scanners that will be required for the implementation of an HER solution.

**Response: The Prison has a total of 3 Computers for Medical usage**

8. Regarding the PC’s/hardware for medical treatment and documentation, whether provided by the vendor or the County: Will the County provide internet connectivity back to the selected vendor’s secure datacenter applications for a hosted HER, personnel management and any necessary reporting?

**Response: No; thick client software will need to be installed on the computers.**

9. New Horizons Mental Health Services is a current provider, can their providers write prescriptions?

**Response: Yes.**

10. If so, will they follow our formulary? Do they have their own formulary? And if so, is their pharmacy part of the Mental Health budget or does it fall under the medical budget?

**Response: Currently the Medical staff carry out or transcribe all Pharmaceutical orders including New Horizons order. All orders are submitted to Diamond Pharmacy – formulary is used.**

11. The dental suite has old equipment, Is that equipment all in working order? Is everything available for dentist to come in and do x-rays and extractions?

**Response: No. X-ray equipment is inoperable. All office and medical equipment is available for the vendor**

**Response: See response to #72 in Attachment A.**

26. What did you spend on the following items last year:

X-ray

Medical Supplies

Office Supplies

Outside Claims (inpatient & outpatient)

Pharmacy

Labs

**Response: See response to #73 in Attachment A.**

27. How many referrals were sent out to the hospital last year?

**Response: See response to #74 in Attachment A for combined total.**

28. How much was spent on expendable supplies (page 17) last year?

**Response: See response to #75 in Attachment A for combined total.**

29. How many computers and printers are available for medical staff?

**Response: There are total of 3 computers**

30. What is the average number of diabetics at the facility?

**Response: See statistical reports (Appendix 1)**

31. What is the average number of HIV patients at the facility?

**Response: See statistical reports (Appendix 1)**

32. What is your current population Prison?

**Response: 576 Dormitory (528 state beds & 48 County beds) 20 Segregation & 2 Med Seg dorms**

33. What is your ADP Prison?

**Response: See statistical reports (Appendix 1)**

34. How much has been expended on pharmacy each of the past two years?

**Response: Not in the scope of the RFP**

5. How much has been expended for overall medical care for inmates for each of the past two years?

**Response: See response to #32 in Attachment A.**

36. How much has been expended for dialysis care for the inmates over the past two years?

**Response: There are no Dialysis patients at MCP**

37. How much has been expended for eyeglasses for inmates for each of the past two years?

**Response: Not in the scope of RFP. See response to #32 in Attachment A.**

38. How many inmates are on KOP medications at this site?

**Response: Approximately, 188 (prescribed meds)**

39. How many medication passes are held at this site?

**Response: Up to 4 med passes per day.**

40. Who is responsible for the T-1 Line for the telemedicine and EMR?

**Response: N/A**

41. How much has been expended on off- site services in each of the past two years?

**Response: See MCJ reports for #32.**

42. What hospital provider do you currently use at Muscogee County Jail/County prison?

**Response: The Medical Center – Columbus Regional**

43. What is the number of psychotropic medications per site per month?

**Response: Approximately 5 County inmates**

44. Who is the x-ray provider? Do they provide mammogram and ultrasound?

**Response: Teleradiology. Do not perform mammogram and ultrasounds.**

45. Who is the current Lab provider?

**Response: Clinical Pathology**

46. Do they provide phlebotomists?

**Response: No, MCP nursing staff draw labs.**

47. Who is the medical waste provider?

**Response: Steri-cycle**

48. Is the successful vendor required to adhere to your pharmacy formulary or may we recommend our own formulary that is cost effective?

**Response: See response to #94 in Attachment A.**

49. Is the price estimate for all years to remain the same or is there an allowance for “COLA” increase?

**Response: See response to #95 in Attachment A.**

50. What accreditation body is required for this contract?

**Response: Georgia Dept. of Corrections (GDC) – State Standard Operating Procedures (SOP) is adhered to at MCP**

51. Please identify all Infirmary locations with number s of beds and level of intensity of treatment.

**Response: None**

52. Is either the Jail or the Prison currently subject to any court orders or legal directives?

**Response: No for MCP. See Appendix 3 for the MCJ.**

53. How many medication carts are available at each site....how many delivery sites are required at each site?

**Response: MCP has a total of 1 medicine cart with 14 delivery dorm sites.**

54. Do you test at intake for HIV?

**Response: All state inmates are tested for HIV upon arrival (state) and upon discharge (MCP)**

55. For Hep C? Do you require treatment for these diseases throughout incarceration?

**Response: No HIV patients are sent to MCP from State. County inmates receive care from District Clinical Services (DCS)**

56. Is the successful vendor responsible for pediatric care of newborns?

**Response: N/A**

57. Is the successful vendor responsible for abortions?

**Response: N/A**

58. Is successful vendor required to hire incumbent staff? Under what guidelines?

**Response: Yes. We expect the vendor to interview and offer employment to all the current staff that meets the vendor's standards.**

59. Would the agency be agreeable to a Cap Agreement wherein there is a cap to risk?

**Response: See response #102 in Attachment A.**

60. How much has been expended on offsite services each of the past two years?

**Response: See response #32 in Attachment A.**

61. How much has been expended on pharmacy each of the past two years?

**Response: See response #104 in Attachment A.**

62. How much has been expended for overall medical care for inmates for each of the past two years?

**Response: See response #105 in Attachment A.**

63. Are any of the healthcare staff under a collective bargaining agreement?

**Response: No.**

64. What Jail Management System is used at the Muscogee County Prison?

**Response: Offender Management System for Windows Version 7.4.1**

65. What form of inmate ID is used at the Muscogee County Prison (wrist band, ID card, etc.)? Are inmate IDs bar coded? If not, are the Jail and Prison capable of implementing a bar code system?

**Response: ID Card.**

66. How is Off-Site Security Watch handled? Do they use on-duty officers, comp. time, overtime, etc.?

**Response: MCP officers transport all inmates off-site during regular shift hours. Outside appointments at MCP are generally handled Monday – Friday between 0900 – 1500.**

67. Are screenings conducted at intake and can the MCP refuse admittance to inmates?

**Response: All State inmate intakes are done on Tuesdays and Thursdays only.**

68. Please provide a copy of current salaries for all Muscogee County healthcare employees.

**Response: See response #32 in Attachment A, and Attachment C.**

69. Please provide a copy of the current contract with Corizon.

**Response: See attached Letter of Agreement (Appendix 2).**

70. Please provide hourly rates by position for those employees covered under Corizon.

**Response: Do not have the information.**

71. The staffing plan provided for the Muscogee County Prison is significantly less than what was noted during the tours. Please confirm you are only looking for bids to the provided staffing plan (e.g. Medical Director = 8 hours in the RFP, but nurses stated he was on site five days per week for four hours per day).

**Response: See additional information in attached Option II, Muscogee County Prison.**

72. Please provide a list of any current vacancies that exist.

**Response: None.**

73. Please confirm that a nurse is responsible for constant watch of suicidal patients during the day shift at the prison.



**Response: Security provides suicidal watches at MCP**

74. Will the selected vendor be responsible for coordinating reimbursement between the state and the county related to catastrophic off-site costs incurred from the prison population?

**Response: Yes.**

75. Please confirm the vendor will only be reimbursed for off-site claim expenses quarterly.

**Response: Yes.**

76. Please confirm weekend nursing coverage at the Muscogee County Prison.

**Response: See attached MCP statistical Reports. Weekend on-call and holidays are rotated among the 4 to 5 LPN's (Appendix 1).**

77. Who is the current mobile X-ray vendor?

**Response: Teleradiology**

78. Please describe an example of when the Vendor will be responsible for filing Medicare claims.

**Response: See response to #158, in Attachment A.**

79. Will the County consider an extension on the proposal deadline to allow vendors two weeks after either the answers to questions have been published? This will allow all vendors sufficient time to analyze the necessary information and will likely result in stronger and more cost-effective responses.

**Response: The due date has been extended until April 12, 2013; 5:00 p.m.**

80. Please provide your contracts with vendors/contractors who provide inmate mental health and pharmacy services.

**Response: See response to #126 in Attachment A.**

81. Please provide all off-site utilization statistics for the past 24 months by type of services and provider.

**Response: Information not available.**

82. Please clarify what is meant by "Billing adjudication" in section I - A -13 if the vendor is not responsible for off-site cost?

**Response: See response to #128 in Attachment A.**

83. Will the vendor be responsible for adjudicating and processing all claims and reconciling them with the county for payment? Please clarify the process or if providers will direct bill the County.

**Response: See response to #129 in Attachment A.**

84. Please specify what types of services that are currently rendered on-site by outside providers.

**Response: See response to #163 below.**

85. Please provide the 2012/2013 intake statistics by year for both the MCJ and MCP.

**Response: See attached MCP Statistical reports (Appendix 1).**

86. Are vendors required to submit completed GSICA for sub-subcontractors with proposals or would it be acceptable to submit these after award of contract and prior to beginning of service?

**Response: After notification, the recommended vendor (s) will have five (5) business days to provide the completed GSICA Form. The GSICA Form must be included with the contract documents prior to signing.**

87. What is the current annual budget for medical services for the MCJ and the MCP excluding offsite services, pharmacy services, and mental health services?

**Response: See response to #32 in Attachment A.**

88. Please provide the current employees' hourly rates and/or salaries by discipline (MD, RN, LPN, etc.). Also, please provide years of service or hire dates.

**Response: See response in Appendix 1.**

89. Is the county currently using EMR system? If not, is the vendor expected to implement one?

**Response: No**

90. We understand that the vendor will be financially responsible for onsite lab and x-ray services. Please clarify if the vendor is responsible for both the management and the financial obligations that pertain to in-clinic contracts. What specialty services are currently being provided onsite (e.g. dialysis, physical therapy, OB/gyn, optometry)? What are all the specialty services provided onsite? Will the vendor be financially responsible for these specialty services?

**Response: See responses to #138 & 139 in Attachment A.**

91. We understand that the City is requesting vendors' provide staffing matrices to enhance the care currently being provided onsite. Are vendors required to include a price based upon the staffing matrices proposed by the MCSO in the RFP as well? If the staffing matrices in the RFP do not reflect the current staffing plans, please provide current staffing matrices for the MCJ and the MCP.

**Response: See staffing matrix in the specifications attached for Option II for MCP.**

92. We understand that vendors will not be financially responsible for offsite services. However, since the vendors will be responsible for utilization management and claims adjudication, please provide the following by facility, by year for the last 3 years:

- Hospital days (**Determined by incident**)
- ER visits (**80 – 100 per year**)
- Specialty visits (**60 – 75**)
- Outpatient surgeries (**Determined by incident**)
- Diagnostics (**Determined by incident**)
- Total offsite dollars (**Total included with MCJ**)

**Response: See response above and in #32 Attachment A.**

93. Please identify who will be responsible for watching patients on suicide watch.

**Response: The Officers at MCP are responsible for suicide watch**

94. Who is required to manage copays for inmates?

**Response: The Nursing staff (1 LPN) manages co-pays at MCP**

95. What are the onsite service stats (number of nursing sick calls, dental visits, HCP visits, etc) for each facility?

**Response: See attached MCP Statistical reports (Appendix 1).**

96. How often are inmates transferred to the prison?

**Response: State Inmates are transferred on Tuesday and Thursday only. County inmates are transferred at various times throughout the week.**

97. What days/times are inmates received from the DOC?

**Response: Information not available.**

98. Are the initial histories and physicals completed prior to the transfer to the prison?

**Response: GDC State requirements for Physicals:**

**50 and older every 3 years**

**40 to 49 every 2 years**

**39 and younger every 3 years**

**\*MCP uses the same requirements for County inmates that are housed at MCP**

99. How many patients at the prison are receiving medication?

**Response: Approximately 188, patients receive prescribed medicines at MCP. This does not include OTC medicines.**

100. How many patients at the prison are enrolled in the chronic care program?

**Response: Approximately (varies and changes from week to week based on arrivals)**

**110+ HTN**

**40+ Pulmonary**

**12 INH**

**4 Diabetics**

**10 Gerd**

**5 Psych (County)**

**1 Gout**

101. What is the average length of stay at the prison?

**Response: 2 to 3 years State Inmates – County varies**

102. How many inmate beds at Muscogee County Prison (MCP)

**Response: 576 Dormitory (528 = State beds & 48 = County beds)**

**20 Segregation**

**2 Medical (Med Seg)**

103. How many intakes are done daily and annually at MCP?

**Response: 8 to 15 per week (State inmates are transferred to facility on Tuesdays and Thursdays only)**

**416 Annually (approximate)**

104. On average, how many females, juveniles, state, and federal inmates are held at facility?

**Response: All male facility with an average of 545 state inmates and 25 to 30 County inmates**

105. How many medical beds are at each facility?

**Response: 2**

106. What is the average length of stay for inmates?

**Response: 2 to 3 years for state inmates**

**Varies for county inmates**

107. Could you please provide a staffing plan?

**Response: See Amendment 2 in this Addendum, Option II MCP.**

108. Does the nursing staff currently work 12 or 8 hour shifts?

**Response: 8 hour shifts**

109. Are medical services provided to the Inmates 24/7?

**Response: Yes**

110. What Jail Management System does the Prison use?

**Response: Jail House Management & Crystal reports**

111 Does the County currently utilize an Electronic Medical Records System? Does the County have any interest in doing so?

**Response: No; Yes.**

112. Does the County currently utilize telemedicine? Does the County have any interest in doing so?

**Response: No.**

113. Is either facility accredited by the ACA, NCCHC or any other accrediting body?

**Response: No.**

114. Who is responsible for non-emergency off-site transportation?

**Response: Currently MCP security transports all inmates to non-emergency and outside appointments**

115. Who is currently the established laboratory service provider?

**Response: Clinical Pathology Laboratories Southeast – 1520 North Leg Road Augusta, Ga. 30909**

116. Are Ophthalmology services provided on-site? If so, how many patients are seen per week?

**Response: Yes, See attached statistical reports (Appendix 1).**

117. How many x-rays are done onsite?

**Response: See attached statistical reports (Appendix 1).**

118. Who is the current mobile x-ray provider?

**Response: North American Teleradiology 10567 Sawmill Parkway, Ste. 100 Powell, OH 43065**

119. Are dental services provided on-site? If so, is the x-ray machine digital or analog?

**Response: Yes, Analog. See response to #11.**

120. How many dental x-rays are taken and read annually?

**Response: No dental x-rays are being done on-site.**

121. Who is responsible for the costs of dental services?

**Response: RFP page 18 of 29 includes a dentist in staffing needs**

122. How many patients are seen by dental per week?

**Response: See attached statistical reports (Appendix 1).**

123. Could you please forward a copy of the contract for the current medical provider?

**Response: See attached Letter of Agreement (Appendix 2).**

124. How many patients tested positive for TB in 2011?

**Response; See attached statistical reports (Appendix 1).**

125. Do the facility have at least one functioning negative pressure room?

**Response: No**

126. What is the annual average # of pregnant females?

**Response: N/A – all male facility**

127. Are OB/GYN services currently being provided on-site?

**Response; N/A**

128. Who is the current hazardous waste provider?

**Response: Steri-cycle**

129. How many inmates were hemophiliacs in 2011/2012?

**Response: None**

130. How many inmates had Hepatitis C in 2011/2012?

**Response: See attached statistical reports (Appendix 1).**

131. How many inmates are HIV+ in 2011/2012?

**Response; See attached statistical reports (Appendix 1).**

132. How many inmates require a methadone clinic in 2011/2012?

**Response: None**

133. On average approximately 5 County inmates per day are on psychotropic medicines and require psychotropic follow-ups.

**Response: County inmates are transported to the Muscogee County Jail, by an MCP Officer, every 3 months for follow-ups with a Mental Health Provider. Per State SOP: State Inmates are classified as Level I upon arrival at MCP (work camp). Should a state inmate require psychiatric care the inmate is transported to Jack T. Rutledge Prison. State inmates do not take psychotropic medicines at MCP**

134. How many Medicare claims were submitted in 2011/2012?

**Response: See County Jail reports**

135. What is the average daily population at the prison?

**Response: 576 Dormitory (528 = State beds & 48 = County beds)  
20 Segregation  
2 Medical (Med Seg)**

136. The total number of nurses on site each day and how many hours per day?

**Response: 1 RN = 8 hours/day & 40 hours/week  
MCP clinic closed on weekends and holidays  
4 LPNs = 8 hours/day & 40 hours/week plus Rotate weekend on-call (Responsible for 48 to 96 hours depends on holidays) (Time on-site varies)**

137. Does the prison have an infirmary?

**Response: No**

138. Is there a dental operatory suite on-site?

**Response: Yes**

139. Is the vendor expected to pay for all offsite care upfront and then seek reimbursement for same?

**Response: Yes.**

140. Does ownership of equipment purchased by the vendor chosen transfer to the County Prison?

**Response: To be negotiated with the successful vendor.**

141. Does the County Prison have an inmate grievance policy?

**Response: Yes – the Counselors at MCP address all inmate grievances. Medical only respond in paper format and submit to Counselors. Is it in electronic or paper format? Both**

142. Does the County Prison have agreements with local hospitals or other Health Care providers?

**Response: Yes**

143. Can the County provide the estimated inmate health care expense for the last 12 months or fiscal year?

**Response: See response to #32 in Attachment A.**

144. If possible, can the County provide a breakdown of the total expense for each facility in regards to wages/salaries, offsite medical expenses, pharmaceuticals, dental, etc?

**Response: See responses to #32, Attachment A, and Appendix 1.**

145. What is the approved bed size for the County Prison?

**Response: 576 Dormitory (528 = State beds & 48 = County beds)  
20 Segregation  
2 Medical (Med Seg)**

146. Where does the County Prison procure their pharmaceuticals?

**Response: Diamond Pharmacy – 645 Kolter Drive Indiana, PA 15701-3570**

147. Can the County Prison provide a more detailed current staffing plan, such as a sample schedule of healthcare staff during a typical week, including days, shifts, and hours worked?

**Response: See Appendix 1**

148. Will the Health Services Administrator be an employee of the vendor that secures the contract with the county?

**Response: RFP page 18 of 29 list the HSA in the Personnel/Staffing needs**

149. Average number of inmates on dialysis at the County Prison?

**Response: None**

150. Average number of HIV inmates at the County prison?

**Response: See Statistical Reports**

151. Annual number of booking/intakes at the County Prison?

**Response: 545**

152. Is telemedicine acceptable to the agency?

**Response: Currently, MCP does not use telemedicine. There was a discussion about allowing telemedicine. However, this may be based on the vendor.**

153. Please provide a list of all office and medical equipment available to the vendor at both the Jail and Prison.

**Response: All office and medical equipment is available for the vendor use.**

**2 Exam Rooms:**

**1 of the following in each room:**

**Exam Tables, Physician stool**

**Exam Light**

**IV Pole**

**Blood Pressure**

**Pulse Oximetry**

**1 of the exam rooms has the following:**

**Laboratory Centrifuge(Belongs to Clinical Pathology – Lab Company)**

**Compressor Nebulizer**

**Otoscope**

**1 Dental Room:**

**Dental Exam Chair & stool**

**Lighting/Lamp**

**X-ray**

## Steam Sterilizer

### Additional Equipment:

- 2 Medicine carts – one for meds & one for sharps
- 2 Wheelchairs – one chair purchased this year 2013 & 1 damaged
- 1 Automated External Defibrillator w/2batteries-Physio-control life pak
- 2 Emergency bags
- 1 Portable Bed
- 2 Oxygen tanks
- Health-O-Meter digital scale up to 500 lbs (New 2013)

### Computers & Office equipment:

- 3 Computers
- 2 Printers
- 1 Copier (under contract w/Ricoh)
- 4 Office desks

### The following equipment is in need of repair:

- 1 Exam table; both exam tables were reupholstered in 2011
- Wall Blood Pressure Monitor
- Wall Otoscope
- 1 Wheelchair
- Dental X-ray (No x-rays are done on-site)

All equipment is approximately 20+ years old with the exception of Digital scale, copier, printers, 2 computers, 1 wheelchair and Omron portable blood pressure machines.

154. Is the Muscogee County Prison equipped with WIFI or Hard Data wires?

**Response:** MCP is not equipped with WIFI, but does have CAP 5.

155. Do the Muscogee County Prison have a Medical Co-Pay? If so, can you please provide the schedule?

**Response:** Yes, \$5.00 for each inmate.

156. What OTC medications are inmates allowed to purchase through the commissary? Please provide order sheet.

**Response:** All OTC medicines are issued through the clinic. No medications by mouth or creams are on the commissary list at the prison.

157. Please provide a copy of all existing equipment, furniture, and computers that will be provided to the selected vendor.

**Response:** All equipment listed above in response to #153 is available for vendor use.

158. Other than the chairs that require reupholstering are there any other known maintenance needs that will be the responsibility of the vendor.

**Response:** No. The MCP chairs were upholstered in 2011.

159. Please provide a list of equipment (with estimated age) currently onsite. How many dental chairs are onsite at each facility?

**Response:** See list of equipment in response to #153.

160. What is the average number of non-emergency transports per year?

**Response:** Approximately 60 to 75. Estimate from March 2012 to March 2013 based on Crystal Report.

161. How many inmates are on psychotropic medications in 2011/2012?

**Response: MCP has approximately 5 to 10 County inmates (only) per week on Psychotropic medications. State inmates at the prison do not take psychotropic medications (Level 1).**

162. Please provide a list of equipment available for vendor use.

**Response: See response to #153 above.**

163. Since the vendor is not financially responsible for any off-site services, please clarify if the County has already contracts in place with hospitals, specialists, and ancillary providers which the vendor will be required to use. Will the County be providing a list of authorized vendors or should the vendor be ready to negotiate these agreements?

**Response: Currently the following Providers are being utilized at the MCP.**

<b>Hospital</b>	-	<b>The Medical Center</b>
<b>Outside Eye care</b>	-	<b>West Georgia Eye Care</b>
<b>Dermatologist</b>	-	<b>Dr. Morgan Office</b>
<b>Orthopedic</b>	-	<b>Orthopedics w/Columbus Regional</b>
<b>Outside Dental</b>	-	<b>Rivertown Dental Care</b>
<b>Outside x-rays</b>	-	<b>The Medical Center</b>
<b>County Psychiatrist</b>	-	<b>County inmates are transported to the MCJ to New Horizons</b>

164. Please provide the ADPs by facility (MCJ and MCP) by year for the last three (3) years. What ADPs does the City require vendors to bid upon for the MCJ and MCP?

**Response: See MCJ response #131 & 132 in Attachment A.**

165. We understand that vendors will not be financially responsible for pharmaceuticals. However, since the vendors will be responsible for managing the formulary, please provide the following by facility, by year for the last 3 years:

- Average monthly number of patients on HIV medications **(1 HIV patient (County); GDC – State does not send HIV patients to the MCP (work camp))**
- Average monthly number of patients on psychotropic medications **(5 to 10 County Inmates only)**
- Average monthly number of patients on hepatitis medications **(2 to 5 on average)**
- Average monthly number of patients on hemophiliac medications **(None)**
- Total spent on HIV dollars **(See MCJ response (Attachment A))**
- Total spent on psychotropic dollars **(See MCJ response (Attachment A))**
- Total pharmacy dollars **(See MCJ response (Attachment A))**

**Response: See responses above and #162 in Attachment A.**



## ATTACHMENT C

Current employees' hourly rates and/or salaries by discipline

<u>#Position</u>	<u>Employee</u>	<u>Salary</u>
1	Health Service Administrator	\$71,515
1	Clinic Manager	\$45,853
1	Medical Record Clerk	\$25,351
1	Medical Record Clerk	\$25,985
1	Medical Tech	\$29,400
1	Medical Tech	\$30,134
1	RN	\$35,584
1	RN	\$45,844
2	Vacant RN's	\$38,575
1	LPN	\$34,944
1	LPN	\$34,092
4	LPN's	\$31,658
7	LPN's	\$32,448
1	Vacant LPN	<u>\$31,660</u>
		\$841,280
	Benefits (health, life, retire, statutory)	\$353,800
	<b>Grand Total for Salary &amp; Benefits</b>	<b>\$1,195,080</b>

**COLUMBUS CONSOLIDATED GOVERNMENT**  
*Georgia's First Consolidated Government*



**FINANCE DEPARTMENT**  
**PURCHASING DIVISION**

100 TENTH STREET, P. O. BOX 1340  
COLUMBUS, GEORGIA 31902-1340  
706-653-4105, FAX 706-653-4109  
[WWW.COLUMBUSGA.ORG](http://WWW.COLUMBUSGA.ORG)

April 3, 2013

**ADDENDUM: NUMBER SIX**  
**Comprehensive Medical Services/Muscogee County Jail & Muscogee County Prison**  
**(Annual Contract)**  
**RFP No. 13-0024**

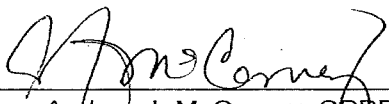
*Acknowledgment of receipt of each Addendum must be included with sealed proposal. Initial and include a copy of each Addendum with proposal.*

**INITIAL:** \_\_\_\_\_ **COMPANY NAME:** \_\_\_\_\_

***VENDORS ARE INFORMED THAT THE REFERENCED RFP SOLICITATION IS HEREBY MODIFIED, CORRECTED OR SUPPLEMENTED AS SPECIFIED, DESCRIBED AND SET FORTH IN THIS ADDENDUM.***

THE CORRECT EXTENDED DUE DATE FOR THE ABOVE RFP IS **FRIDAY, APRIL 12, 2013**, NO LATER THAN 5:00 PM (EST).

Sincerely,

  
\_\_\_\_\_  
Andrea J. McCorvey, CPPB  
Purchasing Division Manager

**COLUMBUS CONSOLIDATED GOVERNMENT**  
Georgia's First Consolidated Government



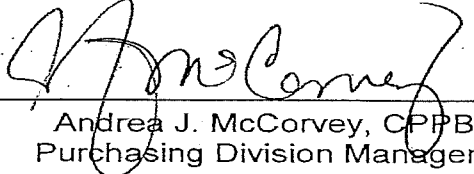
**FINANCE DEPARTMENT**

**PURCHASING DIVISION**

100 TENTH STREET, P. O. Box 1340  
COLUMBUS, GEORGIA 31902-1340  
706-653-4105, Fax 706-653-4109  
[WWW.COLUMBUSGA.ORG](http://WWW.COLUMBUSGA.ORG)

Date: February 22, 2013

<p><b>REQUEST FOR PROPOSALS:</b></p> <p><b>RFP NO. 13-0024</b></p>	<p>Qualified vendors are invited to submit sealed proposals, subject to conditions and instructions as specified, for the furnishing of:</p> <p align="center"><b>COMPREHENSIVE MEDICAL SERVICES/MUSCOGEE COUNTY JAIL &amp; MUSCOGEE COUNTY PRISON (ANNUAL CONTRACT)</b></p>
<p><b>GENERAL SCOPE</b></p>	<p>Provide comprehensive medical services for inmates at the Muscogee County Jail and Muscogee County Prison, in accordance with the specifications set forth herein.</p>
<p><b>DUE DATE</b></p>	<p align="center"><b>MARCH 20, 2013 - 5:00 PM (EST)</b></p> <p>Proposals must be received and date/time stamped on or before the due date by the Purchasing Division of Columbus Consolidated Government, located in the Finance Department, 5<sup>th</sup> Floor, Government Center, 100 Tenth Street, Columbus, GA.</p>
<p><b>HOW TO OBTAIN ADDENDA</b></p>	<p align="center"><b>IMPORTANT INFORMATION</b></p> <p>Any addenda for this project will be posted on the web page of the Finance Department/Purchasing Division (<a href="http://www.columbusga.org/finance/proposals.htm">www.columbusga.org/finance/proposals.htm</a>). It is the vendors' responsibility to periodically visit the web page for addenda before the due date and prior to submitting a proposal.</p>
<p><b>NO PROPOSAL RESPONSE</b></p>	<p><i>If you are not interested in this invitation please email <a href="mailto:bhughey@columbusga.org">bhughey@columbusga.org</a> or complete the form on the next page and fax to 706-653-4109.</i></p>

  
 Andrea J. McCorvey, CPPB  
 Purchasing Division Manager

## STATEMENT OF "NO PROPOSAL"

IF YOU DO NOT INTEND TO BID ON THIS COMMODITY OR SERVICE, PLEASE COMPLETE AND RETURN THIS FORM IMMEDIATELY. ATTENTION: Betty Hughey, Buyer

E-mail: [bhughey@columbusga.org](mailto:bhughey@columbusga.org)

FAX: 706 653-4102

Mail: Columbus Consolidated Government  
Purchasing  
P. O. Box 1340  
Columbus, GA 31902-1340

We, the undersigned decline to bid on your RFP No. 13-0024 – *Comprehensive Medical Services for Muscogee County Jail & Muscogee County Prison (Annual Contract)* for the following reason(s):

- Specifications too "tight", i.e. geared toward one brand or manufacturer only (explain below)
- Insufficient time to respond to the Invitation for Bids.
- We do not offer this product or service.
- We are unable to meet specifications.
- We are unable to meet bond requirements.
- Specifications are unclear (explain below).
- We are unable to meet insurance requirements.
- Remove us from your bidder's list for this commodity or service.
- Other (specify below)

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We understand that if this statement is not completed and returned, our company may be deleted from the Columbus Consolidated Government's bidders' list for this commodity or service.

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AGENT: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

**PROPOSALS WILL BE EVALUATED IN ACCORDANCE WITH THE PROCEDURES AS OUTLINED BELOW IN SECTION 3-110 OF THE PROCUREMENT ORDINANCE. ALL PROPOSALS WILL BE KEPT CONFIDENTIAL.**

**3-110 Competitive Sealed Proposals (Competitive Sealed Negotiations) For Equipment, Supplies or Professional Services - \$25,000 and Above**

**(1) Conditions for Use**

When the Purchasing Division Manager determines that the use of competitive sealed bidding for any procurement is either not practicable or not advantageous to the City, a contract may be entered into using the competitive sealed proposals (negotiation) method. In addition, the competitive sealed proposal process shall be used for the procurement of professional services.

The competitive sealed proposal process may be used for procurements with an estimated total cost less than \$25,000, if deemed to be in the best interest of the City. If the total cost can be determined, the authority to approve such solicitations will be as prescribed by Article 3-104, Purchasing Limits. If, due to the required services, a total cost cannot be determined then the award recommendation will be approved by Council.

**A. Request for Proposals**

Proposals shall be solicited through Request for Proposals. The Purchasing Division shall establish the specifications with the using agency and set the date and time to receive proposals. The request for proposal shall include a clear and accurate description of the technical requirements for the service or item to be procured.

**B. Public Notice**

Adequate public notice of the Request for Proposals shall be given in the same manner as provided under the section titled "Competitive Sealed Bids."

**C. Receipt of Proposals**

Proposals must be received by the deadline date established. No public opening will be held. No proposals shall be handled so as to permit disclosure of the identity of any offeror or the contents of any proposal to competing offerors during the process of discussion. A register of proposals shall be prepared as part of the contract file, and shall contain the name of each offeror, the number of modifications received (if any), and a description sufficient to identify the item offered. The register of proposals shall be open for public inspection only after contract award.

**D. Evaluation Factors**

The Request for Proposals shall identify all significant evaluation factors (including price or cost) and their relative importance. Mechanisms shall be established for technical evaluation of the proposals received, determinations of responsible offerors for the purpose of written or oral discussions, and selection for contract award.

**E. Discussion with Responsible Offerors and Revisions to Proposals**

As provided in the Request for Proposals, discussions (negotiations) may be conducted with responsible offerors who submit proposals determined to be reasonably susceptible of being

selected for award, to assure full understanding of and conformance to the solicitation requirements. All qualified, responsible offerors shall be given fair and equal treatment with respect to any opportunity for discussion and revision of proposals, and such revisions may be permitted after submissions and prior to award for the purpose of obtaining best and final offers. In conducting discussions, there shall be no disclosure of the identity of competing offerors or any information derived from proposals submitted by competing offerors. If only one proposal response is received, then the award recommendation shall be to the single offeror, if the offeror meets all requirements.

**F. Award.**

After negotiations, the award recommendation must be presented to Columbus City Council for final approval. Award will be made to the responsible offeror whose proposal is determined to be the most advantageous to the City, taking into consideration total cost (if determined) and all other evaluation factors set forth in the Request for Proposals.

After Council approval, a contract based on the negotiations (if negotiations were necessary) will be drawn and signed by all necessary parties. If Council does not approve the award, further negotiations may take place with the recommended offeror or negotiations will begin with the next most qualified offeror. The contract file shall contain the basis on which the award is made.

After contract award, the contract file, will be made public. Offerors will be afforded the opportunity to make an appointment to review the contract file.

**DO YOU HAVE QUESTIONS, CONCERNS OR NEED CLARIFICATION ABOUT THIS SOLICITATION?**

**COMMUNICATION CONCERNING ANY SOLICITATION CURRENTLY ADVERTISED MUST TAKE PLACE IN WRITING AND MUST BE ADDRESSED TO THE PURCHASING DIVISION.**

All questions or clarifications concerning this solicitation shall be submitted in writing. The City will not orally or telephonically address any question or clarification regarding specifications or procedures. If a vendor visits or calls the Purchasing Division with such questions, he or she will be instructed to submit the questions in writing.

**ALL CONTACT CONCERNING THIS SOLICITATION SHALL BE MADE THROUGH THE PURCHASING DIVISION.** Vendors shall not contact department heads or using agencies with questions about solicitations. You must submit the written question to the Purchasing Division. If it is necessary that a technical question needs addressing, the Purchasing Division will forward such to the using agency, which will submit a written response.

The Purchasing Division will forward written responses to the respective vendor or if it becomes necessary to revise any part of this solicitation, a written addendum will be issued to all vendors.

***THE CITY IS NOT BOUND BY ANY ORAL REPRESENTATIONS, CLARIFICATIONS, OR CHANGES MADE TO THE WRITTEN SPECIFICATIONS BY CITY'S EMPLOYEES, UNLESS SUCH CLARIFICATION OR CHANGE IS PROVIDED TO THE VENDORS IN WRITTEN ADDENDUM FORM FROM THE PURCHASING MANAGER.***

Any request by vendors after a solicitation has been opened and pending award must also be submitted in writing to the Purchasing Division.

**USE THE "QUESTION/CLARIFICATION" FAX FORM (ON THE REVERSE OF THIS SHEET) TO FAX YOUR QUESTION.**





**COLUMBUS CONSOLIDATED GOVERNMENT  
GENERAL PROVISIONS FOR REQUEST FOR PROPOSALS**

**Comprehensive Medical Services  
For Muscogee County Jail & Muscogee County Prison  
(Annual Contract)**

The Consolidated Government of Columbus, Georgia (the City) invites proposal submissions from qualified vendors to provide comprehensive medical services for inmates at the Muscogee County Jail and Muscogee County Prison.

**A. PROPOSAL SUBMITTAL DATE:**

**Sealed proposals are due: MARCH 15, 2013, NO LATER THAN 5:00 P.M (EST). Submit one original and nine (9) identical proposals.** For proper identification the proponent's complete name and address should appear on the exterior of the proposal package.

The proposal package should be hand delivered or mailed to the following:

Columbus Consolidated Government  
Purchasing Division  
**RE: RFP NO. 13-0024**  
**Comprehensive Medical Services/Muscogee County Jail  
& Muscogee County Prison (Annual Contract)**

Mail: P.O. Box 1340  
Columbus, Georgia 31902-1340

Deliver: 100 10<sup>th</sup> Street  
Columbus, Georgia 31901

If the proposal does not reach the Purchasing Division on or before the due date, the proposal will be returned to the Proposer unopened. It is the Proponent's responsibility to insure the proposal is mailed or delivered by the due date. The City will not be held responsible for proposals delayed by the US Mail or any other courier.

The City shall not be held liable for any expenses incurred by the respondent in preparing and submitting the proposal and/or attendance at any interviews, final contract negotiations or applicable site visits.

**The City reserves the right to award this project or to reject any and all proposals; whichever is in the best interest of the City.**

**B. RECEIPT OF PROPOSALS:**

**Unless otherwise stated in the technical specifications of the RFP, the City will accept one, and only one, proposal per Offeror.**

In the event a team of firms is entering into a joint venture to respond to the RFP, one firm shall be named the prime contractor and the proposal shall be submitted in the name of the prime contractor. All correspondence concerning the RFP will be between the City and prime contractor.

**C. SUBCONTRACTING:**

Should the proposer intend to subcontract all or any part of the work specified, name(s) and address (es) of subcontractor(s) must be provided in proposal response. The City reserves the right to review and approve any subcontractors. The proposer shall be responsible for subcontractor(s) full compliance with the requirements of the RFP specifications. **IF AWARDED THE CONTRACT, PAYMENTS WILL ONLY BE MADE TO THE PROPOSERS SUBMITTING THE PROPOSAL. THE COLUMBUS CONSOLIDATED GOVERNMENT WILL NOT BE RESPONSIBLE FOR PAYMENTS TO SUBCONTRACTORS.**

**D. QUESTIONS ABOUT THE RFP:**

**COMMUNICATION CONCERNING ANY BID/PROPOSAL CURRENTLY ADVERTISED MUST TAKE PLACE IN WRITING AND ADDRESSED TO THE PURCHASING DIVISION. SEE PAGE TITLED “DO YOU HAVE QUESTIONS ...” WITHIN THIS PROPOSAL PACKAGE. QUESTIONS AND REQUESTS FOR CLARIFICATION WILL BE RECEIVED UNTIL FIVE BUSINESS DAYS PRIOR TO THE PROPOSAL DUE DATE.**

**E. PUBLIC INFORMATION:**

All information and materials submitted will become the property of the Columbus Consolidated Government, Columbus, Georgia; and shall be subject to the provisions of the Georgia public records law. If awarded the contract, the proposal submission, in its entirety, will be included as part of the contract documents and filed, as public record, with the Clerk of Council.

**F. ADDENDA:**

The proposer shall include acknowledgment of receipt of addenda (if any) in their sealed proposal. The proposer should include an initialed copy of each addendum in the proposal package. It is the proposer's responsibility to contact the City for copies of addenda if they receive the proposal document from any other source other than the City. **It is also the proposer's responsibility to check the City's website ([www.columbusga.org/finance/proposals.htm](http://www.columbusga.org/finance/proposals.htm)) for copies of addenda if bid document is downloaded from the City's Website.**

**G. CONTRACT:**

Each proposal is received with the understanding that an acceptance in writing by the City of the offer to furnish any or all of the services and materials described shall constitute a contract between the proposer and the City. This contract shall bind the proposers to furnish and deliver the services and materials quoted, at the prices stated and in accordance with the condition of said accepted proposal. It is agreed that the successful respondent will not assign, transfer, convey or otherwise dispose of the contract or its right, title or interest in or to the same, or any part thereof, without previous consent of the City and any sureties.

**H. NON-COLLUSION:**

Proposer declares that the proposal is not made in connection with any other proposer submitting a proposal for the same commodity or commodities, and that the proposal is bona fide and is in all respects fair and without collusion or fraud.

**I. INDEMNITY:**

The successful respondent agrees, by entering into this contract, to defend, indemnify and hold City harmless from any and all causes of action or claims of damages arising out or under this contract.

**J. DISADVANTAGED BUSINESS ENTERPRISE CLAUSE:**

Disadvantaged Business Enterprises (minority or woman owned businesses) will be afforded full opportunity to submit proposals in response to this invitation and will not be discriminated against on the grounds of race, color, creed, sex or national origin in consideration for an award. It is the policy of the City that disadvantaged business enterprises and minority business enterprises have an opportunity to participate at all levels of contracting in the performance of City contracts to the extent practical and consistent with the efficient performance of the contract.

**K. SPECIFICATION DESCRIPTIONS:**

The specifications detailed herein represent the quality of equipment, goods or services required by the City. Whenever in this invitation any particular process, service or equipment is indicated or specified by patent, proprietary or brand name of manufacturer/developer/inventor, such wording will be deemed to be used for the purpose of facilitating descriptions of the process, service or equipment desired by the City. It is not meant to eliminate proposers or restrict competition in any RFP process. Proposals that are equivalent or surpass stated specifications will be considered. Determination of equivalency shall rest solely with the City.

**L. TAXES:**

The City is exempt from State Retail Tax and Federal Excise Tax. Tax Exemption No. GA Code Sec. 48-8-3. Federal ID No. 58-1097948.

**M. DRUG-FREE WORKPLACE:**

Per Ordinance No. 93-55, in compliance with Federal and State Drug Free Workplace Acts, the Council of Columbus, Georgia adopted a drug free Workplace Policy. Consequently, any vendor providing goods or services to Columbus Consolidated Government must comply with all applicable Federal and State Drug Free Workplace Acts.

**N. FEDERAL, STATE, LOCAL LAWS:**

All respondents will comply with all Federal, State and Local laws, ordinances, rules and regulations relative to conducting business in Columbus, Georgia and performing the prescribed service. Ignorance on the part of the respondent shall not, in any way, relieve the respondent from responsibility for compliance with said laws and regulations or any of the provisions of these documents.

**O. PROVISIONS OF THE PROCUREMENT ORDINANCE:**

**The provisions of the Procurement Ordinance for the Consolidated Government of Columbus, Georgia as adopted and amended by Council shall apply to all invitations to respond to Requests for Proposals and is specifically incorporated herein by this reference. A copy of the ordinance is on file in the Purchasing Division.**

**P. INSURANCE:**

All respondents shall maintain and if requested show proof of insurance applicable for services described in these specifications.

**Q. HOLD HARMLESS AGREEMENT:**

The successful respondent hereby agrees to indemnify, hold free and harmless Columbus Consolidated Government (The City), its agents, servants, employees, officers, Managers and elected officials or any other person(s) against any loss or expense including attorney fees, by reason of any liability imposed by law upon the City, except in cases of the City's sole negligence, sustained by any person(s) on account of bodily injury or property damage arising out of or in the consequence of this agreement.

**R. TERMINATION OF CONTRACT:**

1. **Default:** If the contractor refuses or fails to perform any of the provisions of this contract with such diligence as will ensure its completion within the time specified in this contract, or any extension thereof, otherwise fails to timely satisfy the contract provisions, or commits any other substantial breach of this contract, the Purchasing Division Manager may notify the contractor in writing of the delay or nonperformance and if not cured within **ten (10) days** or any longer time specified in writing by the Purchasing Division Manager, such Manager may terminate the contractor's right to proceed with the contract or such part of the contract as to which there has been delay or a failure to properly perform.

In the event of termination in whole or in part the Purchasing Division Manager may procure similar supplies or services, from other sources, in a manner and upon terms deemed appropriate by the Purchasing Division Manager. The contractor will continue performance of the contract to the extent it is not terminated and will be liable for excess costs incurred in procuring similar goods or services.

2. **Compensation:** Payment for completed supplies or services delivered and accepted by the City will be at the contract price. The City may withhold from amounts due the contractor such sums as the Purchasing Manager deems to be necessary to protect the City against loss because of outstanding liens or claims of former lien holders and to reimburse the City for the excess costs incurred in procuring similar goods and services.
3. **Excuse for Nonperformance or Delayed Performance.** Except with respect to defaults of subcontractors, the contractor shall not be in default by reason of any failure in performance of this contract in accordance with its terms (including any failure by the contractor to make progress in the prosecution of the work hereunder which endangers such performance) if the contractor has notified the Purchasing Division Manager within 15 days after the cause of the delay and the failure arises out of causes such as: acts of God; acts of public enemy; acts of the City and any other governmental entity in its sovereign or contractual capacity; fires; floods; epidemics; quarantine restrictions; strikes or other labor disputes; freight embargoes; or unusually severe weather, If the failure to perform is caused by the failure of a subcontractor to perform or to make progress, and if such failure arises out of causes similar to those set forth above, the contractor shall not be deemed to be in default, unless the supplies or services to be furnished by the subcontractor was reasonably obtainable from other sources in sufficient time to permit the contractor to meet the contract requirements.

Upon request of the contractor, the Purchasing Division Manager shall ascertain the facts and extent of such failure, and, if such Manager determines that any failure to perform was occasioned by anyone or more of the excusable causes, and that, but for the excusable cause,

the contractor's progress and performance would have met the terms of the contract, the delivery schedule shall be revised accordingly.

**S. TIME FOR CONSIDERATION:**

Due to the evaluation process, proposals must remain in effect for at least **120 days** after date of receipt.

**T. CONTRACT AWARD:**

Award of this contract will be made in the best interest of the City.

**U. REQUEST FOR EVALUATION RESULTS:**

Per the City's Procurement Ordinance, evaluation results cannot be divulged until after the award of the contract. After contract award, proponents desiring to review documents relevant to the RFP evaluation results will be afforded an opportunity by appointment only.

**V. GOVERNING LAW:**

The parties agree that this Agreement shall be governed by the laws of Georgia, both as to interpretations and performance.

**NOTICE TO VENDORS**

**Columbus Council, by Ordinance 92-60 has prohibited any business, which is owned by any member of Columbus Council or the Mayor, or any business in which any member of Columbus Council or the Mayor has a substantial pecuniary interest from submitting a bid for goods or services to the Consolidated Government of Columbus, Georgia.**

**Likewise, by Ordinance 92-61, no business which is owned by any member of any board, authority or commission, subordinate or independent entity, or any business in which any member of any board, authority or commission, subordinate or independent entity has substantial pecuniary interest may submit a bid to the Consolidated Government if such bid pertains to the board, authority or commission.**

**Request for Proposal  
Comprehensive Medical Services/  
Muscogee County Jail & Muscogee County Prison  
(Annual Contract)**

**I. INTRODUCTION**

It is the intent of the Columbus Consolidated Government (the city), Muscogee County Sheriff Office and Muscogee County Prison to enter into an annual contract with a qualified medical correctional provider for comprehensive medical services to those patients incarcerated in both the Muscogee County Jail (MCJ) and the Muscogee County Prison (MCP). These medical services will reflect the NCCHC and ACA medical standards for jails and prisons and will be commensurate with the accepted community standard of care. These services are further delineated in Appendix A.

**II. VENDOR QUALIFICATION**

- A. Five (5) years successful experience providing comprehensive health care to large jails with a population over 1000 inmates.
- B. 5 Years of successful experience providing comprehensive health care to state, county, or private prisons.
- C. Successful NCCHC or ACA accreditation of at least one large jail.

**III. TERM AND CONDITIONS**

A. The term of this contract will be for two years, with an option to renew for three (3) additional twelve-month periods. Contract renewal will be contingent upon the mutual agreement of the City and the Contractor(s).

Notice of intent to renew will be given to the contractor in writing by the City Purchasing Manager, normally sixty days before the expiration date of the current contract. This notice shall not be deemed to commit the City to a contract renewal.

It should be noted that multi-year contracts may be continued each fiscal year only after funding appropriations and program approval have been granted by the Council of the Consolidated Government of Columbus, Georgia.

In the event that the necessary funding is not approved, then the affected multi-year contract becomes null and void, effective July 1st of the fiscal year for which such approvals have been denied.

**B. Termination for Convenience**

For the protection of both parties, either party giving 90 days prior notice in writing to the other party may cancel this contract.

**IV. VENDOR INFORMATION**

**COMMUNICATION CONCERNING ANY BID/PROPOSAL CURRENTLY ADVERTISED MUST TAKE PLACE IN WRITTEN FORM AND ADDRESSED TO THE PURCHASING DIVISION (SEE "QUESTIONS ABOUT THIS BID/PROPOSAL")**

All questions must be submitted in writing by fax (706 653-4109) using the fax sheet enclosed in the RFP package, or e-mail questions to [bhughey@columbusga.org](mailto:bhughey@columbusga.org)

## V. ADDENDA AND EXPLANATIONS

The vendor shall include acknowledgment of receipt of addenda (if applicable) in their sealed proposal. The vendor may also fax an initialed copy of each addendum. **It is the vendor's responsibility to contact the City for copies of addenda if RFP document is received from any source other than the City. It is also the vendor's responsibility to check the City's website ([www.columbusga.org/finance/proposals.htm](http://www.columbusga.org/finance/proposals.htm)) for copies of addenda if RFP document is downloaded from the City's Website.**

Explanations desired by a prospective Bidder shall be requested of the City in writing, and if explanations are necessary a reply shall be made in the form of an Addendum, a copy of which will be forwarded to each vendor.

Every request for such explanation shall be in writing and addressed to the **Purchasing Manager**. Any verbal statements regarding same by any person, shall be unofficial and not binding on any party.

## VI. INDEMNITY CLAUSE

The Contractor covenants to save, defend, hold harmless, and indemnify the City, and all of its officers, departments, agencies, agents, and employees (collectively the "City") from and against any and all claims, losses, damages, injuries, fines, penalties, costs (including court costs and attorney's fees), charges, liability, or exposure, however caused, resulting from, arising out of, or in any way connected with the Contractor's intentional, negligent, or grossly negligent acts or omissions in performance or nonperformance of its work called for by the Contract Documents.

## VII. INSURANCE

The vendors shall be required, at their own expense, to furnish to the City of Columbus Purchasing Division, evidence showing the insurance coverage to be in force throughout the term of the contract. Insurance requirements are listed on the attached **Insurance Checklist (Appendix C)**. **The limits shown are minimum limits. Vendor shall indicate the actual limit they will provide for each insurance requirement. The bidder shall complete the Insurance Checklist and include with bid response. Certificate of Insurance is acceptable.** The Insurance Checklist will indicate to the City, the bidder's ability and agreement to provide the required insurance, in the event of contract award.

The successful candidate shall provide the required Certificates of Insurance within **10 business days** after award notification. The Certificates of Insurance will be included with the contract documents prior to signing.

## VIII. GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT E-Verify

In accordance with the Georgia Security and Immigration Compliance Act of 2006, every public employer, every contractor of a public employer, and every subcontractor of a public employer's contractor must register and participate in a federal work authorization program. Appendix D must be completed and returned with proposal.

## IX. PROPOSAL SUBMISSION REQUIREMENTS

The complete proposal shall contain the following information and shall be submitted in the order shown below.

**An offeror who submits a proposal that does not address each of the sections specified below will be deemed non-responsive, and the proposal submission deemed incomplete.**

Please address each section in your proposal submission and divide each section of your proposal with identifying tabs.

**Section 1: Transmittal Letter**

The transmittal letter shall introduce the firm, describe the ownership, include complete address, phone and fax numbers, and include the name of contact person(s) during this RFP process. **An authorized agent of the firm must sign the transmittal letter.**

**Section 2: Acknowledge of Addenda (if applicable)**

Provide acknowledgement of receipt of all addenda for this RFP (if any). **It is the vendor's responsibility to check for copies of addenda on the City's website.**  
*([www.columbusga.org/finance/proposals.htm](http://www.columbusga.org/finance/proposals.htm))*

**Section 3: Experience/Qualifications**

This section shall address the offeror's ability to fulfill the requirements of the RFP. Provide responses to the following:

- A. Describe in detail the firm's ability and experience in providing the services specified in Appendix A.
- B. Provide the names and titles of professional staff, including administrative and medical personnel, who will be dedicated to this contract to perform the services required. Provide copies of resumes, medical licenses, credentials etc.
- C. Attach additional facts about your firm, which you feel, will be an asset in evaluating your proposal.

**Section 4: Service Plan**

- A. Provide a written narrative, which demonstrates the method, or manner in which the offeror proposes to satisfy the requirements of this Request for Proposal.
- B. Provide a list of all known equipment that will be provided by the vendor, or must be provided by the Muscogee County Jail or Muscogee County Prison under this contract.
- C. Describe any similar contracts vendor is currently involved in and their duration. Include the entity name and contact person, project, location, service provided, date of completion, telephone and fax numbers.

**Section 5: Client Work History**

- A. Provide at least three (3) references for whom similar services have been performed. Include entity name, contact name, address, e-mail address, telephone and fax numbers.
- B. Provide a history of providing the comprehensive medical services described in Appendix A to incarcerated clients, as well as, other clients with similar needs.

**Section 6: Business Requirements**

- A. Provide copy of insurance (Appendix C)



- B. Complete GSICA Form (Appendix D)
- C. Tax ID Form (Appendix F)
- D. Provide copy of Business License

**Vendors shall submit, with their bid or proposal, a copy of the Business License (Occupation License) that is required to conduct business at your location.**

**If awarded the contract, the successful vendor must obtain a business license from the City of Columbus. However, if the business is located in Georgia and has proof of being properly licensed by a municipality in Georgia, and paid applicable occupation taxes in that city, the contractor will not be required to pay occupation taxes in Columbus, Georgia.**

**If you have questions regarding this requirement, please contact Yvonne Ivey, Occupation Tax Supervisor, 706-225-3091.**

**Section 7: Cost Proposal (Appendix B)**

- A. Complete cost proposal form, with annual fees, which will be paid in 12 equal monthly installments.
- B. Delineate any other associated costs relative to providing this service not included in the annual fee.

**Section 8: Contract Signature Page**

Complete **Appendix E**. City officials will sign the awarded vendor's copy after City Council has approved the contract award.

**Section 9: Sample Agreement**

Provide a copy of any agreements that must be signed, if your firm is awarded the contract.

**X. RFP EVALUATION**

Each submittal will be evaluated to determine the ability of each offeror to provide the required services. The following weighted criteria will be used to evaluate proposals.

Criteria	Weight
A. Experience/Qualifications	40%
B. Service Plan	40%
C. Client Work History	15%
D. Cost Proposal	5%

Each of the above criteria (A -D) will be given a rating, of 1 through 100, by each member of the Evaluation Committee. The ratings are as follows:

<b>RATING</b>	
1-10	Very Poor
11-20	Poor
21-30	Fair
31-40	Below Average
41-50	Average
51-60	Above Average
61-70	Good
71-80	Very Good
81-90	Excellent
91-100	Superior

After the review and rating of proposal(s) by the evaluation committee, individual scores will be averaged and ranked. Proponents will be ranked in descending order of numerical predominance.

# APPENDIX A

## CONTRACT REQUIREMENTS

The Medical Services Contractor will provide:

### I. SCOPE OF SERVICES

Contractor will be required to provide the staffing, supplies, in-clinic contracts, systems, and administration to provide the following services to the patients at both the Muscogee County Jail and Muscogee County Prison within the time frame and to a level of quality, which will meet the standards published in the NCCHC Guidelines for both Jails and Prisons. The following list will serve as a minimum expectation of services the vendor will be required to provide within the scope of this contract:

#### A. Health Care Services:

1. Intake screening
2. 14-day physicals
3. Sick call
4. Chronic Care
5. Medication Delivery
6. Nursing Services
7. Emergency Services
8. Women's Health Services
9. Referrals to Hospital and Specialty Care (vendor not financially responsible for bills)
10. Case Management
11. Utilization Management
12. Prior Authorization
13. Billing Adjudication
14. Quality Assurance/Quality Improvement
15. Inmate Health Education
16. Medical Records Management
17. Expendable Medical Supplies (includes all expendables in sufficient quantity to execute daily delivery of medical care such as antifungal creams, dressings, over the counter analgesics, cold medicines), (excludes pharmacy orders for prescription meds)
18. All office supplies, printing, postage, manuals, telephones, and computers not directly involved in the actual point of delivery inmate medical care will be the responsibility of the vendor.
19. Formulary Development and Management
20. In clinic labs (includes contract with lab services provider)
21. In clinic x-ray services (includes contract with mobile x-ray)
22. Dental services (will not include costs associated with partials, dentures, and oral surgery conducted off site)
23. Hazardous Waste Management and Disposal (includes contract with waste management disposal company)
24. Vendor is responsible for providing its employees with all equipment required for conducting routine medical assessments and procedures to include but not limited to any devices use to

assess vital signs, dopplers, stethoscopes, glucometers and test strips, dressings, suture kits etc.

25. Drugs and Alcohol Withdrawal and Detox.

26. Vendor is responsible for filing Medicare.

## II. PERSONNEL/STAFFING

Vendor will be required to recruit, train, and manage all clinical staff. The MCSO has provided a sample-staffing matrix below, but vendors are encouraged to offer innovative ways to enhance the delivery of care with more efficient staffing models. Any changes in population or standard of care set forth in the NCCHC Jail and Prison Standards which may require an adjustment in the staffing level agreed upon in the original contract, may be discussed between the MCSO, MCJ and the vendor. If an agreement in staffing or service levels cannot be met then either party may terminate upon 90 days written notice.

### A. Staffing Matrix Proposed by the MCSO for the Muscogee County Jail

1. Medical Director	32 hours
2. NP/PA	40 hours
3. Dentist	30 hours
4. H.S.A	40 hours
5. DON	40 hours
6. Admin Asst.	40 hours
7. RN for H&P	40 hours
8. RN for Charge	168 hours
9. LPN for Sick Call	112 hours
10. LPN for Med Cart	336 hours
11. LPN for Intake	168 hours
12. Med Tech	168 hours
13. Medical Records	<u>136 hours</u>
<b>Total</b>	<b>1350 hours</b>

### B. Staffing Matrix Proposed by the MCSO for the Muscogee County Prison

1. Medical Director	8 hours
2. RN for Charge	40 hours
3. LPN	168 hours
4. Dentist	<u>4 hours</u>
<b>Total</b>	<b>220 hours</b>

## III. VENDOR REQUIREMENTS

- A. Vendor will be responsible for arranging emergency service and emergency transport. Vendor will not be financially responsible for emergency room costs or the cost of transport.
- B. Vendor will be responsible for arranging hospital and specialty care. Vendor will not be responsible for the costs of either hospital or specialty care.
- C. Vendor will not be responsible for elective care. Elective care is any treatment or medical intervention not required to prevent deterioration in the patient's health or required to avoid obvious harm to the inmate/patient. The vendors Medical Director will determine what treatments, interventions, therapies and pharmaceuticals are elective as opposed to those required to maintain the patients health.

- D. Vendor will be required to provide emergency services to anyone on the property of the MCJ/MCP to include visitors, other contractors and staff. The vendor is not responsible for any costs associated with transport of follow on care provided to these patients.
- E. Vendor is responsible for providing the MCJ/MCP with a pharmaceutical formulary, which includes an objective process and peer oversight/ prior authorization for any prescriptions, which deviate from the base line first tier drug formulary. The vendor is NOT responsible for the cost associated with any prescription, which is derived from the formulary and/or follows the process agreed upon for ordering non-formulary drugs. In those cases in which the vendors provider does not follow the formulary or the process for of prior authorization for ordering non-formulary drugs the vendor WILL be responsible for the cost associated with that prescription.
- F. Vendor will be responsible for all Utilization Management and Claims Adjudication for any off site hospitalization or specialty care. The vendor will be identified as the administrative agent for all off-site medical care for the MCJ/MCP. The vendor will not be financially responsible for any off-site specialty or hospital care.
- G. Vendor will bill the MCSO 30 days after the end of the contract quarter for reimbursement equal to all the money the vendor has paid off-site medical services on behalf of the MCSO. The MCSO will submit payment to the vendor equal to the amount the vendor has billed within 30 days of receipt.
- H. The MCSO will provide all the office space, clinic space, durable medical equipment and security which will be required by the vendor to allow the vendor to provide medical services to inmate/patients within the time frame and of the quality required by the published NCCHC and ACA standards.
- I. Vendor will not be responsible for mental health treatment.
- J. Vendor will provide monthly summary reports on clinical services to the MCSO. These reports will include as a minimum the following:
  - 1. Number of patients on Psychotropic Drugs
  - 2. Pregnancy Management
  - 3. Treatment of patients with alcohol and drug abuse issues
  - 4. Any use of restraints
  - 5. Any use of forced medications
  - 6. Sick call
  - 7. Chronic care
  - 8. Physicals
  - 9. Intake Screening
  - 10. TB prevention
  - 11. Infection Control Tracking
  - 12. HIV Treatment
  - 13. Staffing report with actual FTEs, hours worked and level of professional certifications.
  - 14. Any sentinel events
  - 15. Legal Cases
  - 16. Dental Sick Call
  - 17. Vision Screening
  - 18. Referrals to outside specialists
  - 19. Any refusals of care by patients
  - 20. Any refusals of medication
  - 21. Narcotics counts
  - 22. Emergency Room visits (requires additional documentation and justification)

23. Specialist visits (requires additional documentation and justification)

#### **IV. SUMMARY**

The MCSO has purposely elected to not describe the methods of and procedures by which the selected vendor will execute the medical, services they will be contracted to provide. Rather we expect that the vendor will be cognizant of the NCCHC, ACA, and evolving legal/ medical environment from which the concept of “Community Standard of Care” is derived. We expect that the selected vendor can articulate innovative, efficient practices which will ensure the inmate/patient receives the quality of care required to protect their health, meets this communities expectation of humaneness and applies the investment the taxpayers have made as effectively as possible.

**APPENDIX B**

**COST PROPOSAL  
COMPREHENSIVE MEDICAL SERVICES/  
MUSCOGEE COUNTY JAIL & MUSCOGEE COUNTY PRISON  
(ANNUAL CONTRACT)  
RFP NO. 13-0024**

<b>DESCRIPTION</b>	<b>CONTRACT YEAR</b>	<b>ANNUAL CONTRACT AMOUNT</b>
Medical Services	Initial Contract Years (1 <sup>st</sup> & 2 <sup>nd</sup> Year)	\$
Medical Services	Third Year	\$
Medical Services	Fourth Year	\$
Medical Services	Fifth Year	\$

**Company Name:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

## APPENDIX C

### INSURANCE CHECKLIST RFP NO. 13-0024 COMPREHENSIVE MEDICAL SERVICES/ MUSCOGEE COUNTY JAIL & MUSCOGEE COUNTY PRISON (ANNUAL CONTRACT)

**CERTIFICATE OF INSURANCE MUST SHOW ALL COVERAGE  
AND ENDORSEMENTS INDICATED BY "X"**

CSL = Combined Single Limit; BI = Bodily Injury; PD=Property Damage

Required Coverage(s)		Limits (Figures denote minimums)	Bidders Limits/Response
<b>X</b>	1. Worker's Compensation and Employer's Liability	<b>STATUTORY REQUIREMENTS</b>	
	Comprehensive General Liability		
<b>X</b>	2. General Liability Premises/Operations	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
<b>X</b>	3. Independent Contractors and Sub - Contractors	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
	4. Products Liability	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
	5. Completed Operations	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
	6. Contractual Liability (Must be shown on Certificate)	\$ 1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
	Automobile Liability		
<b>X</b>	7. *Owned/Hired/Non-Owned Vehicles/ Employer non ownership	\$1 Million BI/PD each Accident, Uninsured Motorist	
	Others		
<b>X</b>	8. Miscellaneous Errors and Omissions	\$1 Million per occurrence/claim	
	9. Umbrella/Excess Liability	\$1 Million Bodily Injury, Property Damage and Personal Injury	
	10. Personal and Advertising Injury Liability	\$1 Million each offense, \$1 Million annual aggregate	
	11. Professional Liability	\$1 Million per occurrence/claim	



	Required Coverage(s)	Limits (Figures denote minimums)	Bidders Limits/Response
	12. Architects and Engineers	\$1 Million per occurrence/claim	
	13. Asbestos Removal Liability	\$2 Million per occurrence/claim	
X	14. Medical Malpractice	\$1 Million per occurrence/claim	
X	15. Medical Professional Liability	\$1 Million per occurrence/claim	
	16. Dishonesty Bond		
	17. Builder's Risk	Provide Coverage in the full amount of contract	
	18. XCU (Explosive, Collapse, Underground) Coverage		
	19. USL&H (Long Shore Harbor Worker's Compensation Act)		
	20. Contractor Pollution Liability	\$2 Million per occurrence/claim	
	21. Environmental Impairment Liability	\$2 Million per occurrence/claim	
X	22. Carrier Rating shall be Best's Rating of A-VII or its equivalents		
X	23. Notice of Cancellation, non-renewal or material change in coverage shall be provided to City at least 30 days prior to action.		
X	24. The City shall be named Additional Insured on all policies		
X	25. Certificate of Insurance shall show Bid Number and Bid Title		
	26. Pollution:	\$2 Million per occurrence/claim	

\*If offeror's employees will be using their privately owned vehicles while working on this contract and are privately insured, please state that fact in the **Bidders Limits/Response** column of the insurance checklist.

**INSURANCE AGENT'S STATEMENT:**

I have reviewed the above requirements with the bidder named below and have advised the bidder of required coverages provided or not provided through this agency. The bidder can comply with the insurance requirements stated above.

AGENCY NAME: \_\_\_\_\_

AGENTS NAME: \_\_\_\_\_

SIGNATURE of AGENT: \_\_\_\_\_

**BIDDER'S STATEMENT:**

If awarded the contract, I will comply with contract insurance requirements.

BIDDER NAME: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

## APPENDIX D

# **GEORGIA SECURITY AND IMMIGRATION COMPLIANCE** *and* **House Bill 87, also known as,** **The Illegal Immigration Reform and Enforcement Act of 2011**

Section 3 of House Bill 87 amends O.C.G.A. §13-10-91.

O.C.G.A. §13-10-91(b)(1) states, in part, “A public employer shall not enter into a contract ... for the physical performance of services unless the contractor registers and participates in the federal work authorization program.”

Accordingly, the affidavits on the pages that follow relate to documentation you must provide the City.

**All contractors must complete the attached “CONTRACTOR AFFIDAVIT”.** Additionally, if you utilize subcontractors, they must complete the “SUBCONTRACTOR AFFIDAVIT” and or the “SUB-SUBCONTRACTOR AFFIDAVIT.”

\*\*\*In lieu of the affidavit required by this subsection, a contractor, subcontractor, or sub-subcontractor who has no employees and does not hire or intend to hire employees for purposes of satisfying or completing the terms and conditions of any part or all of the original contract with the public employer shall instead provide a copy of the state issued driver's license or state issued identification card of such contracting party and a copy of the state issued driver's license or identification card of each independent contractor utilized in the satisfaction of part or all of the original contract with a public employer. A driver's license or identification card shall only be accepted in lieu of an affidavit if it is issued by a state within the United States and such state verifies lawful immigration status prior to issuing a driver's license or identification card.

**The complete verbiage for the law is on the Purchasing Web Page:**  
**[http://www.columbusga.org/finance/Purchasing\\_docs/Georgia\\_Security\\_and\\_Immigration\\_Compliance\\_Act.pdf](http://www.columbusga.org/finance/Purchasing_docs/Georgia_Security_and_Immigration_Compliance_Act.pdf)**

**"GEORGIA SECURITY AND IMMIGRATION COMPLIANCE"  
Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)**

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of **Columbus Consolidated Government** has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Name of Contractor

\_\_\_\_\_  
Name of Project

\_\_\_\_\_  
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_, 201\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:  
\_\_\_\_\_

**"GEORGIA SECURITY AND IMMIGRATION COMPLIANCE"**  
**Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)**

**By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with**

\_\_\_\_\_  
*(Name Of Contractor)*

on behalf of *Columbus Consolidated Government* has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice that a sub-subcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned subcontractor must forward, within five business days of receipt, a copy of the notice to the contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Name of Subcontractor

\_\_\_\_\_  
Name of Project

\_\_\_\_\_  
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_\_, 201\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

**"GEORGIA SECURITY AND IMMIGRATION COMPLIANCE"**  
**Sub-subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(4)**

By executing this affidavit, the undersigned sub-subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation, which is engaged in the physical performance of services under a contract for

\_\_\_\_\_  
*(Name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract)*  
and

\_\_\_\_\_  
*(Name of Contractor)*

on behalf of **Columbus Consolidated Government** has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned sub-subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned sub-subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the sub-subcontractor with the information required by O.C.G.A. § 13-10-91(b). The undersigned sub-subcontractor shall submit, at the time of such contract, this affidavit to

\_\_\_\_\_  
*(Name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract)*

Additionally, the undersigned sub-subcontractor will forward notice of the receipt of any affidavit from a sub-subcontractor to

\_\_\_\_\_  
*(Name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract)*

Sub-subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Name of Sub-subcontractor

\_\_\_\_\_  
Name of Project

\_\_\_\_\_  
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_\_, 201\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

**APPENDIX E**

**CONTRACT SIGNATURE PAGE  
Comprehensive Medical Services/  
Muscogee County Jail & Muscogee County Prison**

The undersigned hereby declares that he has/they have carefully examined the specifications herein referred to and will provide all equipment, terms and services of the Consolidated Government of Columbus, Georgia for the following:

By: \_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Witness as to the Contractor

\_\_\_\_\_  
Print Name and Title of Signatory

\_\_\_\_\_  
Witness as to the Contractor

\_\_\_\_\_  
Business Name

(Corporate Seal)

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
**Tax ID Number**

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

**CONSOLIDATED GOVERNMENT OF  
COLUMBUS, GEORGIA**

Accepted this \_\_\_ day of \_\_\_\_\_ 20\_\_

**APPROVED AS TO LEGAL FORM:**

\_\_\_\_\_  
Isaiah Hugley, City Manager

\_\_\_\_\_  
Clifton C. Fay, City Attorney

ATTEST:

\_\_\_\_\_  
Tiny B. Washington, Clerk of Council

**\*\*COMPLETE AND RETURN THIS PAGE WITH SEALED PROPOSAL\*\***

APPENDIX F

Form **W-9**  
 (Rev. December 2011)  
 Department of the Treasury  
 Internal Revenue Service

**Request for Taxpayer  
 Identification Number and Certification**

Give Form to the  
 requester. Do not  
 send to the IRS.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:  
 Individual/sole proprietor     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

Other (see instructions) ▶

Address (number, street, and apt. or suite no.)

City, state, and ZIP code

List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Social security number**

			-				
--	--	--	---	--	--	--	--

**Employer identification number**

--	--	--	--	--	--	--	--	--	--

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign Here**      Signature of U.S. person ▶      Date ▶

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

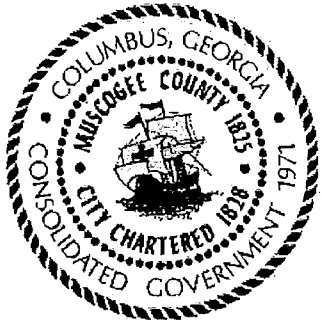
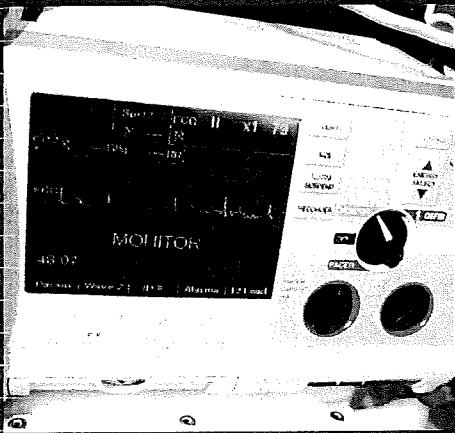
**EXHIBIT C**

**CONTRACTOR'S PROPOSAL**

**CORRECTIONAL HEALTHCARE COMPANIES, INC.**



## Comprehensive Medical Services

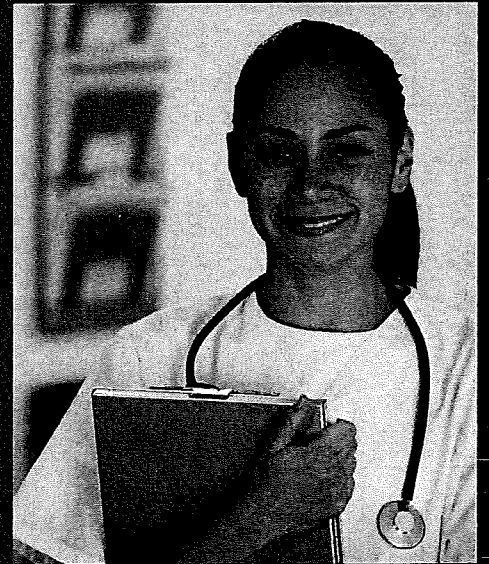


**ORIGINAL**

**Muscogee County Prison**  
**Muscogee County Jail**  
**Columbus Consolidated Government, Georgia**  
**Muscogee County Sheriff's Office**

**RFP NO. 13-0024**

April 12, 2013



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## Section 1: Transmittal Letter

April 12, 2013

Betty Hughey, Buyer  
 Columbus Consolidated Government  
 Purchasing  
 100 10<sup>th</sup> Street

Columbus, Georgia 31901

RE: RFP# 13-0024

Ms. Hughey:

Correctional Healthcare Companies, Inc. (CHC) is pleased to provide the following proposal for comprehensive medical services at the Muscogee County Jail (MCJ) and Muscogee County Prison (MCP). After careful consideration of the RFP, we propose the following customized, high-quality and cost-effective comprehensive medical services program.

CHC is proud to support the provision of medical services to more than 70,000 detainees daily. We have been providing top-quality service and uncompromised value to our clients for more than 21 years. We currently serve more than 240 prisons and jails nationwide, from facilities with an average daily population (ADP) of 10 to correctional institutions with an ADP of 3,500. All of our healthcare policies and procedures are based on National Commission on Correctional Health Care (NCCHC), American Correctional Association (ACA), state and federal regulations, as well as industry best practices. We are also knowledgeable of the Georgia Department of Corrections (GDC) – State Standard Operating Procedures.

We offer a proven partnership, a proficient and timely transition, and a commitment to build upon the foundation we have established in the correctional healthcare market. CHC's expertise in healthcare management and experience in Georgia will enable us to provide the Columbus

Consolidated Government, the Muscogee County Sheriff's Office, MCJ and MCP with the highest quality services.

Benefits of Partnering with CHC	
<b>Experience</b>	Leading provider of correctional healthcare, serving over 240 facilities across the country.
<b>Partnership</b>	CHC will be a strong partner to both the Muscogee County Sheriff's Office and Columbus Consolidated Government.
<b>Seamless Transition</b>	CHC has a streamlined transition process and can guarantee a smooth transition, even within tight timelines.
<b>Innovation</b>	CHC will implement the latest techniques and best practices to help OCCD remain a model Corrections Department.
<b>Military Experience</b>	CHC currently provides medical services at county jails located outside 8 CONUS mission-critical military installations
<b>Accreditation</b>	CHC's experienced team can assist the Muscogee County Jail in obtaining both NCCHC and ACA accreditations

**ORIGINAL**

In addition, CHC has extensive experience working with U.S. military installations located near county jails. As you are the proud hosts of Fort Benning – home of the Maneuver Center of Excellence and the U.S. Army's Armor and Infantry Schools – you understand the broad impact large military bases have on a community.

CHC currently provides comprehensive medical services at county jails located outside eight mission-critical military bases in the continental United States (CONUS), including Fort Carson (CO) and Fort Hood (TX), which are similar in personnel size to Fort Benning's 28,000 active-duty soldiers. We understand veteran health issues, Army Provost Marshall and Army post policies and procedures, and the UCMJ (Uniform Code of Military Justice). For more information on our jail experience with military veterans and installations, please see Section 3 C.

Should you have any questions regarding our proposal or services, please contact Gregg Lynk, your Georgia Director of Business Development, at (908) 230-1850 or [gregg.lynk@correctioncare.com](mailto:gregg.lynk@correctioncare.com). We are confident that our program will best serve your inmates, the jail and prison staffs, and The Muscogee County Sheriff's Office and Columbus Consolidated Government as a whole, and we welcome this opportunity to begin a partnership.

Sincerely,



Doug Goetz  
Chief Executive Officer  
Correctional Healthcare Companies, Inc.

CHC has addressed the following items required in the Transmittal Letter below.

#### Describe the Ownership

Correctional Healthcare Companies, Inc. is a privately held corporation. Over the years, CHC has consolidated several leading providers of offender healthcare services and integrated these in order to create a single, full-service company; this has allowed us to better support our clients with more services and greater cost efficiencies. Correctional Healthcare Companies, Inc. was incorporated in Delaware on January 28, 2010. We are currently licensed to provide inmate healthcare in every state in the country. CHC and our subsidiaries have been providing turn-key solutions to correctional facilities since 1992, and community services to court systems since 1979.

#### Complete Address

Correctional Healthcare Companies, Inc.  
6200 South Syracuse Way, Suite 440  
Greenwood Village, CO 80111

#### Phone and FAX Numbers

(866) 246-5245 (Toll Free)

(720) 622-8099 (FAX)

Contact Person Phone and Fax Numbers

Gregg Lynk, Georgia Director of Business Development  
(908) 230-1850 (direct line);  
(303) 706-9068 (FAX)



---

## Section 2: Acknowledge of Addenda

---

Provide acknowledgement of receipt of all addenda for this RFP (if any). It is the vendor's responsibility to check for copies of addenda on the City's website.

**COLUMBUS CONSOLIDATED GOVERNMENT**  
*Georgia's First Consolidated Government*



**FINANCE DEPARTMENT**  
**PURCHASING DIVISION**

100 TENTH STREET, P. O. BOX 1340  
COLUMBUS, GEORGIA 31902-1340  
706-653-4105, FAX 706-653-4109  
[WWW.COLUMBUSGA.ORG](http://WWW.COLUMBUSGA.ORG)

February 28, 2013

**ADDENDUM: NUMBER ONE**  
**RFP No. 13-0024**

**Comprehensive Medical Services/Muscogee County Jail & Muscogee County Prison**  
**(Annual Contract)**

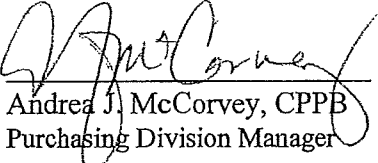
*Acknowledgment of receipt of each Addendum must be included with sealed proposal. Initial and include a copy of each Addendum with proposal.*

**INITIAL:** AC **COMPANY NAME:** Correctional Healthcare Companies, Inc.

**VENDORS ARE INFORMED THAT THE REFERENCED RFP SOLICITATION IS HEREBY MODIFIED, CORRECTED OR SUPPLEMENTED AS SPECIFIED, DESCRIBED AND SET FORTH IN THIS ADDENDUM.**

- A. The correct RFP due date is **Wednesday, March 20, 2013**, no later than 5:00 p.m. (EST).
- B. Site Visit/Walk-Thru is scheduled for **10:00 a.m. Thursday, March 7, 2013**. Vendors shall first convene in the Jail Lobby on the Ground Floor at the Muscogee County Jail, 700 Tenth Street, Columbus, GA 31901. Afterward vendors will immediately go to the Muscogee County Prison, 7175 Sacerdote Lane, Columbus, GA. The contact person at the Jail will be Paul Morris, and Ray Covington will be the contact at the Prison. Please complete the attendance sheet and fax to the Purchasing Division.
- C. Vendors attending the Site Visit/Walk-Thru must sign an attendance form complete with the company name, attendee name, address, e-mail address, telephone and fax numbers, which will be provided at the Site Visit/Walk Thru.
- D. All questions resulting from the Site Visit must be submitted in writing to Purchasing. The City will not be held by any verbal responses to questions.
- E. Responses to all "Questions/Clarifications requests will be provided in the next Addendum.

Sincerely,

  
Andrea J. McCorvey, CPPB  
Purchasing Division Manager

**ORIGINAL**

**COLUMBUS CONSOLIDATED GOVERNMENT**  
*Georgia's First Consolidated Government*



**FINANCE DEPARTMENT**  
**PURCHASING DIVISION**

100 TENTH STREET, P. O. BOX 1340  
COLUMBUS, GEORGIA 31902-1340  
706-653-4105, FAX 706-653-4109  
[WWW.COLUMBUSGA.ORG](http://WWW.COLUMBUSGA.ORG)

March 15, 2013

**ADDENDUM: NUMBER TWO**  
**Comprehensive Medical Services/Muscogee County Jail & Muscogee County Prison**  
**(Annual Contract)**

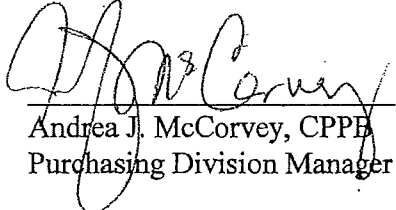
*Acknowledgment of receipt of each Addendum must be included with sealed proposal. Initial and include a copy of each Addendum with proposal.*

INITIAL: *AM* COMPANY NAME: Correctional Healthcare Companies, Inc.

**VENDORS ARE INFORMED THAT THE REFERENCED RFP SOLICITATION IS HEREBY MODIFIED, CORRECTED OR SUPPLEMENTED AS SPECIFIED, DESCRIBED AND SET FORTH IN THIS ADDENDUM.**

- A. The RFP due date has been extended until Wednesday, March 27, 2013, no later than 5:00 p.m. (EST).
- B. Responses to all "Questions/Clarifications requests will be provided in the next Addendum.

Sincerely,

  
Andrea J. McCorvey, CPPB  
Purchasing Division Manager

ORIGINAL

**COLUMBUS CONSOLIDATED GOVERNMENT**  
*Georgia's First Consolidated Government*



**FINANCE DEPARTMENT**  
**PURCHASING DIVISION**

100 TENTH STREET, P. O. BOX 1340  
COLUMBUS, GEORGIA 31902-1340  
706-653-4105, FAX 706-653-4109  
[WWW.COLUMBUSGA.ORG](http://WWW.COLUMBUSGA.ORG)

March 22, 2013

**ADDENDUM: NUMBER THREE**  
**Comprehensive Medical Services/Muscogee County Jail & Muscogee County Prison**  
**(Annual Contract)**  
**RFP NO. 13-0024**


*Acknowledgment of receipt of each Addendum must be included with sealed proposal. Initial and include a copy of each Addendum with proposal.*

**INITIAL:**   *TC*   **COMPANY NAME:**   Correctional Healthcare Companies, Inc.  

**VENDORS ARE INFORMED THAT THE REFERENCED RFP SOLICITATION IS HEREBY MODIFIED, CORRECTED OR SUPPLEMENTED AS SPECIFIED, DESCRIBED AND SET FORTH IN THIS ADDENDUM.**

- A. The RFP due date has been extended until **Wednesday, April 3, 2013**, no later than 5:00 p.m. (EST).
- B. Responses to all "Questions/Clarifications requests will be provided in the next Addendum.

Sincerely,

  
\_\_\_\_\_  
Andrea J. McCorvey, CPPB  
Purchasing Division Manager

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**COLUMBUS CONSOLIDATED GOVERNMENT**  
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March 29, 2013

**ADDENDUM: NUMBER FOUR**  
**Comprehensive Medical Services/Muscogee County Jail & Muscogee County Prison**  
**(Annual Contract)**  
**RFP NO. 13-0024**

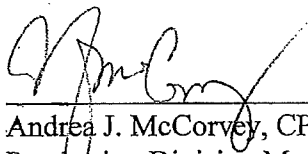
*Acknowledgment of receipt of each Addendum must be included with sealed proposal. Initial and include a copy of each Addendum with proposal.*

**INITIAL:**   *AM*   **COMPANY NAME:** Correctional Healthcare Companies, Inc.

**VENDORS ARE INFORMED THAT THE REFERENCED RFP SOLICITATION IS HEREBY MODIFIED, CORRECTED OR SUPPLEMENTED AS SPECIFIED, DESCRIBED AND SET FORTH IN THIS ADDENDUM.**

- A. The RFP due date has been extended until **Friday, April 12, 2013**, no later than 5:00 p.m. (EST).
- B. Responses to all "Questions/Clarifications requests will be provided in the next Addendum.

Sincerely,



Andrea J. McCorvey, CPPB  
Purchasing Division Manager

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**COLUMBUS CONSOLIDATED GOVERNMENT**  
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**FINANCE DEPARTMENT**  
**PURCHASING DIVISION**

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[WWW.COLUMBUSGA.ORG](http://WWW.COLUMBUSGA.ORG)

April 2, 2013

**ADDENDUM: NUMBER FIVE**  
**Comprehensive Medical Services/Muscogee County Jail & Muscogee County Prison**  
**(Annual Contract)**  
**RFP No. 13-0024**

*Acknowledgment of receipt of each Addendum must be included with sealed proposal. Initial and include a copy of each Addendum with proposal.*

**INITIAL:**   *AM*   **COMPANY NAME:** Correctional Healthcare Companies, Inc.

***VENDORS ARE INFORMED THAT THE REFERENCED RFP SOLICITATION IS HEREBY MODIFIED, CORRECTED OR SUPPLEMENTED AS SPECIFIED, DESCRIBED AND SET FORTH IN THIS ADDENDUM.***

The RFP due date has been extended until **Wednesday, April 12, 2013**, no later than 5:00 p.m. (EST).

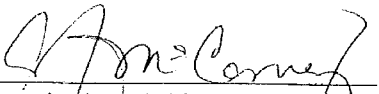
**INCLUDED IN THIS ADDENDUM ARE THE FOLLOWING:**

- A. Attachment A includes the responses to "Questions/Clarifications" requests for **Muscogee County Jail**.
- B. Attachment B includes the responses to "Questions/Clarifications" requests for **Muscogee County Prison**.
- C. Attachment C includes the Current Employee Salaries.
- D. The City desires to consider the option of awarding the contract to more than one vendor. Therefore, it is requested that vendors submit proposals for the following: **Option I - Comprehensive Medical Services for Muscogee County Jail and/or Option II - Comprehensive Medical Services for Muscogee County Prison.** See attached specifications.

**ALL CLAUSES OF THE RFP REMAIN THE SAME FOR OPTION I AND OPTION II, with the exception of the changes noted on the attached Amendments.**

- E. Separate Cost Proposal Forms and Contract Signature Pages are attached for each Option.
- F. Separate Evaluations will be performed for each option.

Sincerely,

  
Andrea J. McCorvey, CPPB  
Purchasing Division Manager

**ORIGINAL**

**COLUMBUS CONSOLIDATED GOVERNMENT**  
*Georgia's First Consolidated Government*



**FINANCE DEPARTMENT**  
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[WWW.COLUMBUSGA.ORG](http://WWW.COLUMBUSGA.ORG)

April 3, 2013

**ADDENDUM: NUMBER SIX**  
**Comprehensive Medical Services/Muscogee County Jail & Muscogee County Prison**  
**(Annual Contract)**  
**RFP No. 13-0024**


*Acknowledgment of receipt of each Addendum must be included with sealed proposal. Initial and include a copy of each Addendum with proposal.*

**INITIAL:**  **COMPANY NAME:** Correctional Healthcare Companies, Inc.

***VENDORS ARE INFORMED THAT THE REFERENCED RFP SOLICITATION IS HEREBY MODIFIED, CORRECTED OR SUPPLEMENTED AS SPECIFIED, DESCRIBED AND SET FORTH IN THIS ADDENDUM.***

**THE CORRECT EXTENDED DUE DATE FOR THE ABOVE RFP IS FRIDAY, APRIL 12, 2013, NO LATER THAN 5:00 PM (EST).**

Sincerely,

  
Andrea J. McCorvey, CPPB  
Purchasing Division Manager

**ORIGINAL**

## Section 3: Experience/Qualifications

This section shall address the offeror's ability to fulfill the requirements of the RFP. Provide responses to the following:

### Vendor Qualification

#### Large Jail Experience

A. Five (5) years successful experience providing comprehensive health care to large jails with populations over 1,000 inmates

CHC has extensive experience in providing comprehensive inmate healthcare services to adults and remanded juveniles in jails with over 1,000 ADP. Below we have provided information on current clients with similar ADP and scope of services to that proposed in this response.

Customer/Address	Services Provided	Client Start	ADP
Arapahoe County Sheriff's Office Detention Facility 7373 South Potomac Street Centennial, CO 80012	Medical, Dental, Mental and Behavioral Health, Pharmacy	3/24/2004	1,256
Bernalillo County Metropolitan Detention Center 100 Deputy Dean Miera Dr. Albuquerque, NM 87121	Medical, Dental, Mental and Behavioral Health, Pharmacy Diversion	7/1/2010	2,675
El Paso County Criminal Justice Facility 2739 East Las Vegas Colorado Springs, CO 80906	Medical, Dental, Mental and Behavioral Health, Pharmacy	3/1/2001	1,550
David L Moss Criminal Justice Center (Tulsa County) 300 North Denver Avenue Tulsa, OK 74103	Medical, Dental, Mental and Behavioral Health, Pharmacy	7/1/2005	1,800
Lubbock County Detention Center and Juvenile Justice Center 3502 N. Holly St Lubbock, TX 79403	Medical, Dental, Mental and Behavioral Health, Pharmacy	10/1/1999	1,512
Jefferson County Detention Facility 200 Jefferson County Parkway Golden, CO 80401	Medical, Dental, Mental and Behavioral Health, Pharmacy	1/1/2004	1,300



Customer/Address	Services Provided	Client Start	ADP
San Juan County Detention Facility 871 Andrea Drive Farmington, NM 87401	Medical, Dental, Mental and Behavioral Health, Pharmacy	8/1/2001	1,200
Collin County Detention Center 4300 Community Avenue McKinney, TX 75070	Medical, Dental, Mental and Behavioral Health, Pharmacy	10/1/2008	1,100
Fort Bend County Sheriff's Office 4909 FM 2826 Robstown, TX 78380	Medical, Dental, Mental and Behavioral Health, Pharmacy	3/1/2010	1,000

### State, County or Private Prison Experience

E. Five (5) years of successful experience providing comprehensive health care to state, county or private prisons

CHC has extensive experience in providing comprehensive healthcare services to adults in state, county and private prisons.

Below we have provided information on current clients with similar ADP and scope of services to that proposed in this response.

Customer/Address	Services Provided	Client	Client Start	ADP
Arizona State Prison, Kingman 4646 West English Dr. Golden Valley, AZ 86403	Medical, Dental, Mental and Behavioral Health, Pharmacy	Private	8/1/2004	3,230
Arizona State Prison, Florence West 715 E. Diversion Dam Road, Florence AZ 85232	Medical, Dental, Mental and Behavioral Health, Pharmacy	Private	7/1/2009	750
Arizona State Prison, Phoenix West 3402 W. Cocopah Street, Phoenix, AZ 85009	Medical, Dental, Mental and Behavioral Health, Pharmacy	Private	7/1/2009	484
Central Arizona Correctional Facility 1401 E. Diversion Dam Road, Florence AZ 85132	Medical, Dental, Mental and Behavioral Health, Pharmacy	Private	7/1/2009	1,280

Customer/Address	Services Provided	Client	Client Start	ADP
Coastal Bend Correctional Facility 4909 FM 2826, Robstown, TX 78380	Medical, Dental, Mental and Behavioral Health, Pharmacy	Private	1/11/2010	1,056
Gadsden Correctional Facility 6044 Greensboro Highway, Quincy, FL 32351	Medical, Dental, Mental and Behavioral Health, Pharmacy	Private	8/1/2010	1,368
Giles W. Dalby Correctional Facility P.O. Box 9000, 805 North Avenue, F, Post, TX 79356-9000	Medical, Dental, Mental and Behavioral Health, Pharmacy	Private	4/1/2007	1,503
Illinois Department of Juvenile Justice Six locations throughout the State	Medical, Dental, Mental Health and Behavioral Health, Pharmacy	State	1/16/2000	1,357
Reeves County Detention Center 1560 W. County Rd 204, Pecos, TX 79772	Medical, Dental, Mental and Behavioral Health, Pharmacy	County	8/1/2002	3,763
Willacy County Adult Correctional Facility 1601 Buffalo Drive, Raymondville, TX 75850	Medical, Dental, Mental and Behavioral Health, Pharmacy	Private	10/9/2003	540
Willacy County Correctional Center 1800 Industrial Drive, Raymondville, TX 78580	Medical, Dental, Mental and Behavioral Health, Pharmacy	Private	8/1/2011	2,484

### Large Jail Accreditations

C. Successful NCCHC or ACA accreditation of at least one large jail

Based on Addendum /Attachment A, it is our understanding the Muscogee County Sheriff's Office will be interested in seeking NCCHC and ACA accreditations for the Muscogee County Jail in the second year of the contract.

CHC has a proven track record in assisting clients in obtaining and maintaining industry accreditations including those of the NCCHC, ACA, Joint Commission, and Commission on Accreditation for Law Enforcement Agencies (CALEA). In fact, we have been 100 percent successful in obtaining and maintaining accreditations for each and every client who has sought one. Whether it

is a first-time accreditation or a renewal of an accreditation, CHC guides its clients through the process in a methodical and thorough approach. Our Risk Management personnel help sites prepare by performing audits of a percentage of the sites we manage each year.

Currently, 47 of our client facilities are accredited; 30 are accredited by the American Correctional Association (ACA), 17 are accredited by the National Commission on Correctional Health Care (NCCHC), and three are accredited by the Joint Commission on the Accreditation of Healthcare Organizations (TJC). Of these facilities, 12 are jointly accredited by ACA and NCCHC and three are jointly accredited by ACA and TJC.

Below is a list of large county jails that have earned ACA and NCCHC accreditation.

Customer	ADP	Accreditation
Bernalillo County Metropolitan Detention Center, NM	3,100	ACA, NCCHC
El Paso County Criminal Justice Facility, CO	1,550	ACA, NCCHC
David L Moss Criminal Justice Center (Tulsa County), OK	1,800	ACA, NCCHC
Jefferson County Detention Facility, CO	1,300	ACA, NCCHC
Collin County Detention Facility 4300 Community Ave McKinney, TX 75071	1,100	NCCHC

## Vendor Experience

- A. Describe in detail the firm's ability and experience in providing the services specified in Appendix A.

### CHC's Ability and Experience in Providing Inmate Medical Services

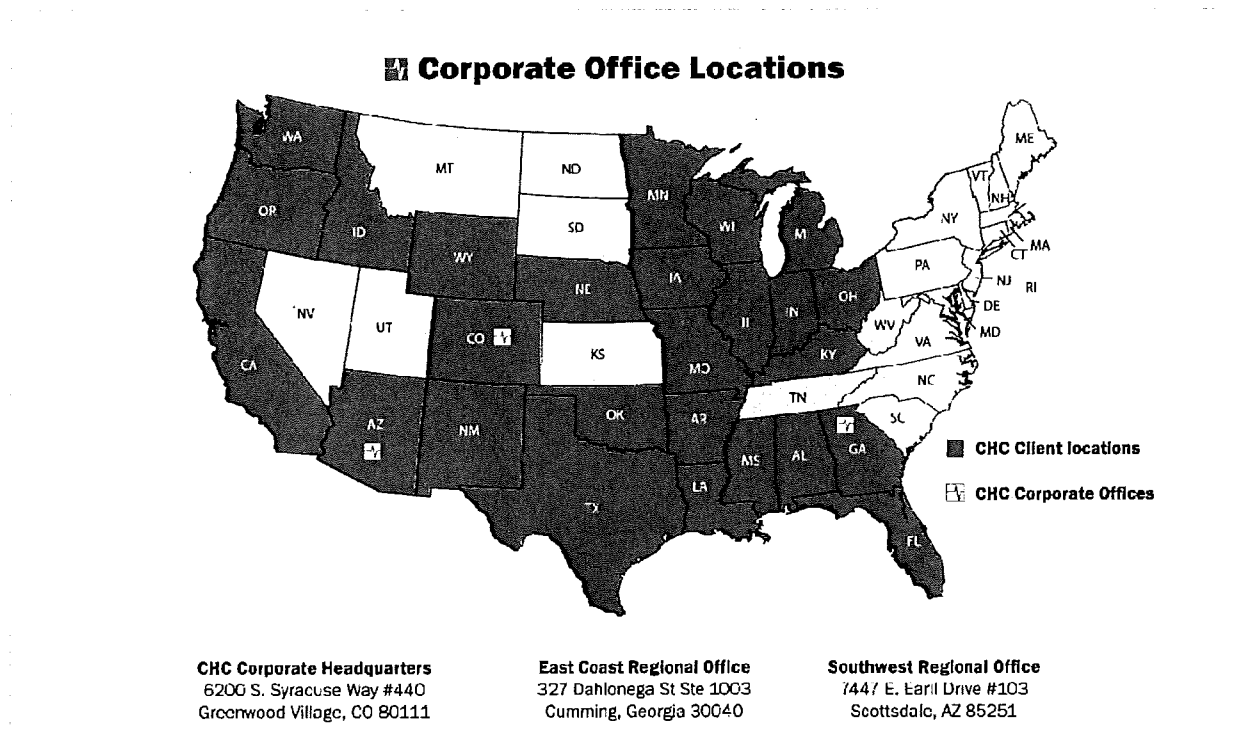
CHC's mission is to fully support our corrections agency customers in creating safer communities, safer facilities, successful offender outcomes, and more efficient use of correctional resources; we do this by providing total care through medical, mental, and behavioral health services to offenders – in the community, in custody, and upon re-entry into the community.

CHC is unique in the correctional healthcare industry. We take our client relationships and accounts seriously, with dedicated teams focused solely on providing the highest quality care at the most affordable prices. We do not cut corners and we work hard to ensure that our clients are satisfied with our services every step of the way.

### Depth and Breadth of Experience

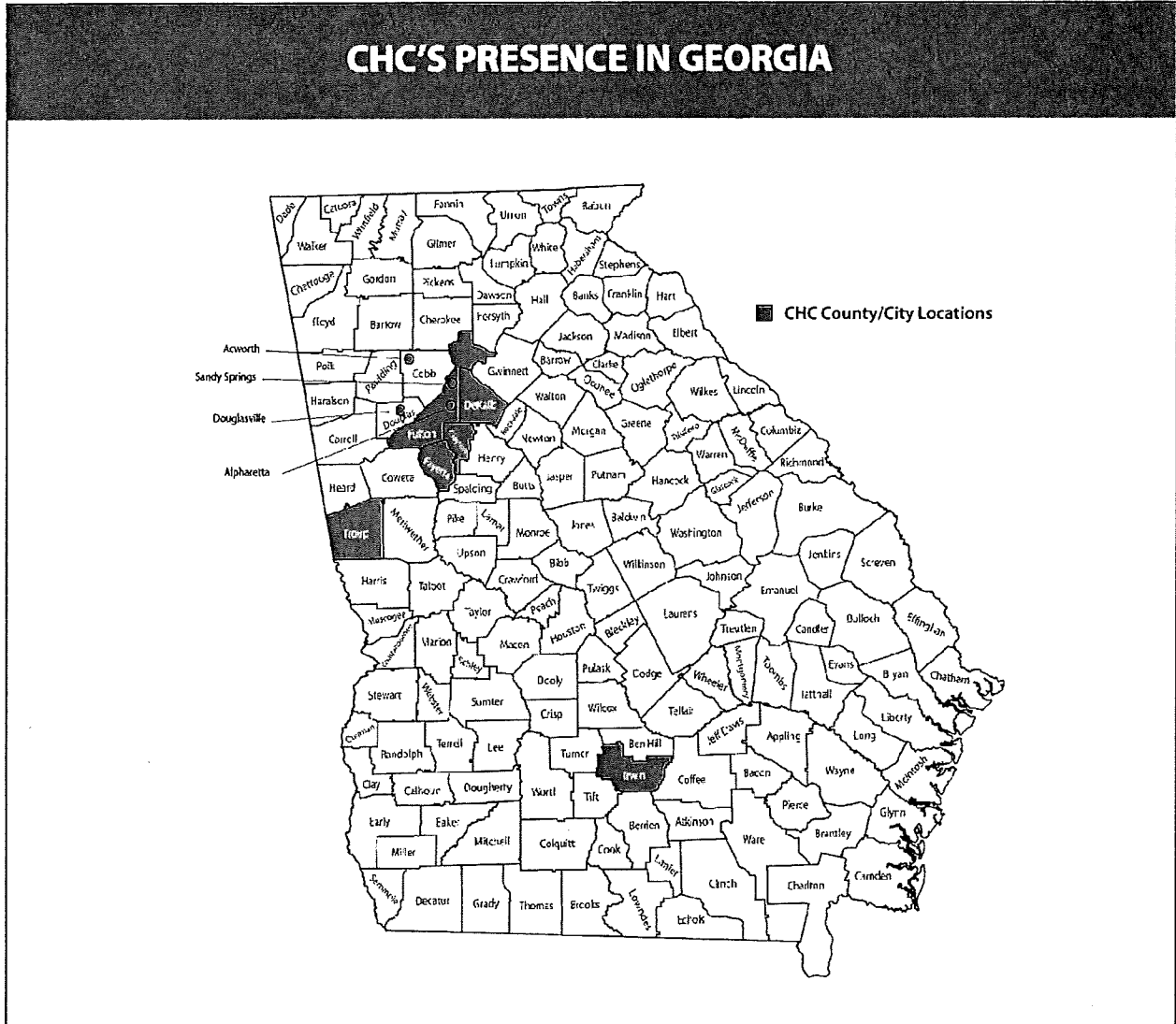
CHC is a national leader in inmate comprehensive medical services management, providing comprehensive medical, dental and pharmaceutical solutions, state-of-the-art service, and uncompromised value to our clients for 21 years. CHC currently serves more than 240 correctional facilities throughout the United States, including a number of Federal Bureau of Prison sites as well as multiple State Departments of Corrections, including Illinois, Texas, Arizona, Florida, and Oklahoma in both state and privately run facilities. We support the provision of medical services to more than 70,000 inmates daily.

Below is a map illustrating where we are located and states that we serve.



### Georgia Experience

CHC has served as the medical services provider for Irwin County Detention Center in Ocilla since February of 2010. CHC has been successful in meeting the needs of a diverse population, including ICE, BOP, and County detainees and inmates. CHC has repeatedly shown our proficiency by successfully passing multiple local, State, and Federal audits. In addition to our work with Irwin County, CHC has partnered with nine city and county governments in Georgia to provide supervisory probation and parole services. On the following page, we provide a map illustrating the locations of our Georgia services.



**Corporate History**

Over the years, Correctional Healthcare Companies has consolidated several leading providers of offender healthcare services and integrated these in order to create a single, full-service company; this has allowed us to better support our clients with more services and greater cost efficiencies.

Correctional Healthcare Companies, Inc. was incorporated in Delaware on January 28, 2010. We are currently licensed to provide inmate healthcare in every state in the country. CHC and our subsidiaries have been providing turn-key solutions to correctional facilities since 1992.

**Corporate Address and Contact Information**

Correctional Healthcare Companies, Inc. (CHC)  
 6200 S. Syracuse Way #440  
 Greenwood Village, CO 80111  
 Toll Free: (866) 246-5245, Fax: (720) 622-8099, E-mail: info@correctioncare.com

## Recognition of the State of Georgia's fiscal challenges

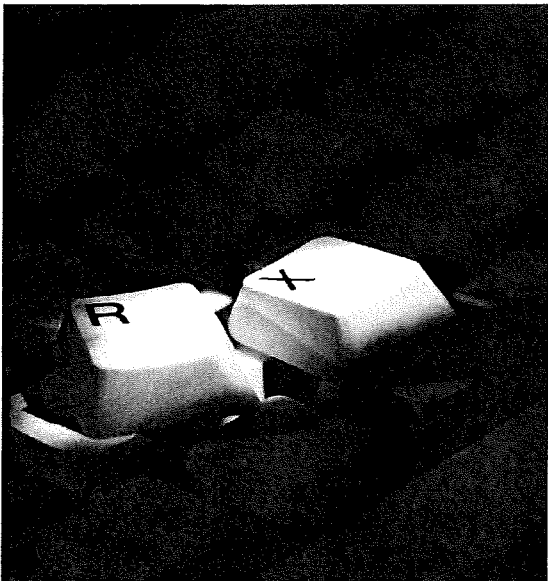
CHC understands the complex economic challenges facing the State of Georgia and how that directly impacts the availability of tax dollars allocated to the inmate healthcare budget for the Columbus Consolidated Government; it is within this context that we are submitting what we believe to be a very competitive offer. However, CHC would like to explore additional cost cutting opportunities which can only be determined once we have experienced first-hand the dynamics of the Columbus Consolidated Government's healthcare system.

## Proven cost-containment strategies

CHC is always looking for innovative cost containment solutions that result in great efficiencies without compromising the quality of care we provide to each inmate. We provide some of our greatest value to our clients in this area. Three areas in which we have had the greatest successes in cost containment include: 1) pharmaceutical management; 2) utilization management; and 3) staff deployment and scheduling.

### *Pharmaceutical management*

CHC's providers ensure quality patient care through medications that are safe, clinically efficacious, have minimal side effects, and are cost effective. CHC's general practice is to provide medications according to a formulary, and we will offer our own formulary for consideration by the Muscogee County Sheriff's Office as requested in Addendum 5. Generic medication equivalents may be substituted for a brand name medication, and CHC encourages appropriate substitution of less costly medication equivalents when these options are available. We have developed policies and procedures for the use of non-formulary medications and require our providers to formally request such medications from our corporate Medical Director to authorize receipt.



Our medication utilization and costs are monitored when the medication orders are submitted, on a scheduled monthly basis, and as part of our regular trend analysis monitoring. These monitoring activities are able to identify when a particular prescriber's pattern differs from the norm, and a Corporate Associate Medical Director or CHC's Chief Medical Officer will initiate contact with the prescribing provider to discuss the matter directly, providing clinical insight and education as needed. As well as the cost savings achieved by minimizing overutilization of medications, the additional time saved dispensing and administering unnecessary pharmaceuticals allows the nursing staff to work more efficiently and effectively.

CHC's pharmacy management initiatives focus on ensuring that effective medications are appropriately prescribed. We analyze medication usage and prescribing data to monitor our usage company-wide. When our pharmacy utilization is compared to national benchmarks for correctional medication usage, such as NCCHC's recommended benchmarks, CHC's medication usage in our jail systems is well under the recommended limits. This demonstrates the effectiveness and cost containment success of our medication management program.

### *Offsite management*

CHC's Utilization Management (UM) program for offsite services plays a significant role in our cost containment efforts. Through aggressive UM review, both onsite and at the corporate level, we are able to restrict the use of expensive offsite resources to only those treatments and procedures which are medically indicated. Additionally, we make every effort to provide appropriate care onsite as often as possible through the use of specialty clinics and telemedicine. Our healthcare program is structured to use as few outside services as medically appropriate without compromising inmate health. This serves to significantly lower the risk and costs associated with offsite transportation and security for medical appointments.

### *Staff Deployment and Scheduling*

CHC recognizes that the majority of costs for most clients are designated for payroll and staffing and as a result we aggressively manage our staffing to ensure appropriate deployment for all staff levels and shift coverage. We do this through a variety of methods, including:

- *Biweekly labor reports* which are generated following each pay period and actively monitored by our operations staff. These reports allows us to continually monitor our actual staffing levels and compare them to the contractual staffing levels, ensuring that we are conforming to the contractual levels at all times. Through this process we have been able to significantly reduce superfluous staff hours and overtime, eliminating as many as five to six full-time equivalent employees at some client locations where we operate.
- *Controlling and scheduling employee time off early.* By carefully monitoring and scheduling employee time off, especially for peak demand times such as summer and winter holidays, CHC is able to ensure that all shifts are effectively covered and the need for last-minute overtime or agency nursing coverage is kept to an absolute minimum.
- *Routine coaching with site managers and onsite visits,* as well as conference calls with multiple sites, occur on a regular basis to provide open communication and training to all sites on scheduling best practices.
- In addition to controlling CHC's staffing levels, CHC will assist the County in reducing its administrative and staffing costs through a decreased need for offsite security and transportation costs at each contracted facility. Since CHC closely monitors its offsite utilization and actively seeks to provide as much care as possible onsite, this will allow Columbus Consolidated Government realize savings through reduced security and staffing costs.

### **Staffing expertise**

The core of any successful correctional healthcare program is a motivated and professional medical staff that delivers high-quality services. When CHC begins a new contract, our Human Resources (HR) professionals review the qualifications of existing medical staff and retain as many existing staff members as possible (when and if desired). For vacant or new positions, CHC's HR Department employs full-time recruiters who identify high-quality and appropriately credentialed individuals. We do this through a variety of recruitment tactics, including, but not limited to, advertising, professional job boards, job fairs, and hiring bonuses. Because CHC's recruitment team pays special attention to motivation, satisfaction, and work ethic in addition to licensing, certification, and training, we are known to have one of the lowest job vacancy rates in the industry.

## Senior-level dedication to the Muscogee County Sheriff's Office and Columbus Consolidated Government

CHC is committed to this partnership and intends to create an open dialogue with the Muscogee County Sheriff's Office and the Columbus Consolidated Government post-award. As part of our program, we are proposing quarterly meetings with key Division Operational staff who recognize the importance of The Muscogee County Sheriff's Office and Columbus Consolidated Government and will be readily available throughout the contract to address any concerns related to the provision of inmate healthcare.

## Innovative and unique in-house approach to Total Correctional Healthcare

CHC is proud to be the only inmate health provider to offer comprehensive inmate health services that reach beyond the facility walls, from pre-incarceration to post-incarceration. We offer outpatient treatment and supervision services in addition to inmate healthcare, addressing the offender's needs both in custody and in the community, thus maximizing opportunities for the offender to complete programming and ultimately reduce recidivism. Our evidence-based programming has been proven successful over the last two decades at reducing recidivism; the co-creator of this program is an active member of the CHC team as well.

## Commitment to working with Small, Minority, and Women-owned Businesses

At CHC, we realize that bigger is not always better. We are committed to identifying and partnering with high-quality small, minority, and women-owned local businesses. Supplier diversity through purchasing and contracting creates strong local relationships that benefit our clients and the surrounding communities. Our Small, Minority, and Women-Owned Business Team is dedicated to recognizing opportunities that might be filled by these businesses and fostering the connection between CHC, local businesses, and our clients.

## A long-term partnership

The Muscogee County Sheriff's Office and Columbus Consolidated Government are looking for a partner that will assist its leaders in addressing the unique needs of today while planning for the ever-changing needs of the "medical mission" tomorrow. CHC is unique among inmate healthcare providers in that we will provide strategic and consultative guidance to where the Sheriff's office and Columbus Consolidated Government is and needs to be five, 10, and 20 years into the future.

## Professional Staff

- B. Provide the names and titles of professional staff, including administrative and medical personnel, who will be dedicated to this contract to perform the services required. Provide copies of resumes, medical licenses, credentials etc.

Our professional staffing infrastructure is composed of experts in all aspects of correctional healthcare, giving us a unique blend of medical and correctional environment experience. The team is credentialed in such disciplines as jail and prison administration, clinical psychology, insurance/HMO management, substance abuse counseling, labor relations, and forensic psychiatry. We understand the demands and needs of daily operations and work with the client to create a correctional healthcare program tailored for an individual site(s). In addition, our staff members are very familiar with industry standards, including NCCHC, ACA and Georgia Department of Corrections (GDC) – State



## Administrative Personnel

As your partner, we will work hand-in-hand with the Muscogee County Jail and Muscogee County Prison staffs to provide the support that is needed. We understand that effective communication skills, flexibility, and an in-depth understanding of your needs are critical to building and maintaining a successful operation. To this end, a member of the corporate management team is always available to our partners 24 hours a day, seven days a week.

### Divisional Vice President of Operations /Division Director

We provide each client with a Divisional Vice President of Operations whose responsibilities include, but are not limited to, the successful transition and implementation of the healthcare program at the facility and continued and regular oversight.

Ed Buss will serve as the Divisional Vice President of Operations for The Muscogee County Sheriff's Office and Columbus Consolidated Government.

Mr. Buss has extensive experience in management, budgeting, and strategic planning in correctional facilities and state systems, including 24 years in corrections in two different states. He served as the Secretary of the Florida DOC and Commissioner of the Indiana DOC, where he was responsible for 152,000 and 30,000 offenders respectively. While in Indiana, Mr. Buss created the first statewide comprehensive model of correctional healthcare management.

Mr. Buss is currently an auditor for the American Correctional Association (ACA), a Commissioner with the ACA's Accreditation Committee, and is a member of the Association of State Correctional Administrators (ASCA).

Daniel Ronay will serve as Division Director for The Muscogee County Sheriff's Office and Columbus Consolidated Government.

Mr. Ronay joined Correctional Healthcare Companies as Division Director, Division 1 on December 11, 2012. Immediately prior to joining CHC, Dan served as the Director of Reentry and Community Transition for the Pennsylvania Department of Corrections. Mr. Ronay previously served as the Chief Deputy Secretary for the Florida Department of Corrections and as Chief of Staff for the Indiana Department of Correction. In both capacities he assisted in the development of many innovations and processes which created significant efficiencies while retaining the highest level of public safety. Mr. Ronay began his career in corrections in 1995 as a correctional officer with the Indiana Department of Correction, and has also served as the Commander of Indiana's only juvenile Boot Camp, an Administrative Assistant to the Superintendent, an Assistant Superintendent, and as the Agency's Director of Staff Development & Training.

Mr. Ronay served in the United States Marine Corps from 1974 through 2006 when he retired from active duty. He is a three-tour decorated combat veteran inclusive of duty in Beirut, Lebanon, the Gulf War, and OIF III in Iraq. First Sergeant Ronay received the Meritorious Service Medal upon his retirement for leading his Marines in Iraq.

Mr. Ronay is also a member of the American Correctional Association and individually earned distinction as a Certified Correctional Executive in 2007 (Re-Certified in 2010). He remains an avid supporter of ACA, has presented at a myriad of national conference workshops, and has served as an Accreditation Manager for several institutions.

## Contract Manager

We provide each client with a dedicated Contract Manager who provides oversight and direction of the healthcare program at the facility. The Contract Manager will attend administrative meetings, as needed, and be available to the facility's administration 24 hours a day, 7 days a week. The Contract Manager is key to ensuring success in delivering inmate healthcare services. The Contract Manager's oversight includes:

- Developing and maintaining relationships with onsite medical and correctional staff
- Ensuring contract compliance
- Participating in continuous quality improvement (CQI) efforts by telephone, e-mail, fax, or in-person
- Providing professional healthcare staff development

Jim Clenney will serve as Contract Manager for The Muscogee County Sheriff's Office and Columbus Consolidated Government.

Mr. Clenney worked for the Arizona Department of Corrections for over 11 years, beginning as the Health Services Administrator for a 2,400-bed prison and advancing to the position of Regional Medical Operations Administrator for the State of Arizona. He has extensive experience in corrections, including operating female prisons, inpatient facilities, outpatient facilities, and managing specialty populations.

## Director of Business Development

We provide each client with a dedicated Director of Business Development (DBD). The DBD leads the design of the right program for the facility and continues to support the facility and facility administration throughout the contract. Our DBD will serve as a voice and advocate for both the jail and prison, and their administrators.

Gregg Lynk will serve as the Director of Business Development for The Muscogee County Sheriff's Office and Columbus Consolidated Government.

Mr. Lynk has more than 20 years experience with providing services in the corrections division. Prior to joining CHC, Gregg worked with two major national corrections companies, most recently as the East Coast Director of Operations and Development where he was responsible for all aspects of the treatment sites as well as business development. Gregg has extensive experience in addressing customer needs within a jail or prison; community based residential center as well as non-residential treatment facilities.

Mr. Lynk has a Bachelor's of Science degree in Psychology from Trinity International University in Florida, and a Master's of Education degree in Educational Counseling from Florida Atlantic University, also in Florida.

## Executive Management Team

Our senior management team has more than 150 years of cumulative expertise in correctional and managed healthcare experience. Our management team will work with the County to effectively execute, manage, and monitor all inmate healthcare delivery. This team pays close attention to site concerns as they arise. Issues are monitored by the contract management department and immediately forwarded to the appropriate individual(s) for review and corrective action, if needed.



**Douglas Goetz, Chief Executive Officer**

Doug Goetz was named CEO of Correctional Healthcare Companies in January 2007. He has more than 20 years of healthcare management and leadership experience and is now a national leader in correctional healthcare management. Prior to joining CHC, Doug served as Senior Vice President and CFO of HMS Healthcare (a \$90 million private-equity-backed, multi-state access network PPO). As a vice-president for the TriZetto Group, a healthcare services firm, Doug led numerous integrations of healthcare networks. Doug also served as Corporate CFO for PorterCare Adventist Health System, a Denver-based multi-hospital network, as well as serving as COO and CFO of Sloans Lake Managed Care. Doug holds a Bachelor's Degree in finance and management from Union College in Lincoln, Nebraska.



**Don Houston, Chief Operating Officer**

Don Houston joined Physicians Network Association (PNA) as President in January 2010 and became the COO of Correctional Healthcare Companies upon PNA's acquisition. Don has more than 27 years of correctional experience, including 18 years as a senior executive with The GEO Group, a major private corrections corporation. As Senior Regional Vice President of GEO, Don was responsible for overseeing 24 correctional facilities with an inmate population of 25,000, as well as overseeing more than 4,000 employees and a budget exceeding \$250 million. Don has extensive experience in proposal development, project management, financial planning, and client relations - including working closely with various state agencies, local governments, and legislative and executive branches of government. Don earned two degrees at Sam Houston University in Houston, Texas; and did post-graduate work in psychology and educational diagnostics.

**Bruce McDaniel, CPA, Executive Vice President and Chief Financial Officer**

Bruce McDaniel joined CHC as Chief Financial Officer in June 2010. With 25 years experience as CFO/COO in the healthcare industry, Bruce has proven his financial management expertise at companies such as Bariatric Partners and Renal Ventures Management, LLC. During his tenures, Bruce managed company growth of up to 20 percent, while improving margins fivefold. Bruce is a member of the American Institute of Certified Public Accountants and the Missouri Society of Certified Public Accountants, and has served as Treasurer for one of the largest Catholic healthcare systems in Colorado. He currently manages CHC's financial operations and contributes to strategic planning for our corporate vision. Bruce holds a Bachelor's Degree from the University of Missouri-St Louis and began his professional career with Ernst & Young.

**Dr. Raymond Herr, MD, Chief Medical Officer**

Dr. Herr joined CHC in 2007 as the Associate Medical Director of CHM. In 2011, he was promoted to Chief Medical Officer of CHC. As the chief medical officer at CHC, he has direct clinical oversight for all provider services, as well as clinical oversight of Utilization Management. Dr. Herr has been involved in correctional healthcare for two decades having served as a medical director in many county jails in Colorado, most recently at Jefferson County Detention Facility and Broomfield County Jail. In addition to his correctional experience, Dr. Herr worked with Kaiser Permanente for many years in their Family Practice Department providing primary care services and serving as a key member of their utilization management team. Dr. Herr's correctional experience, strong primary care skills and utilization experience have made him a perfect fit at CHC. Dr. Herr earned his Bachelor's Degree in Chemistry at Colorado College and his medical degree at the University of Colorado School of Medicine. He also has a Master's Degree in Exercise Physiology and a fellowship degree in Sports Medicine from the University of Arizona. Dr. Herr is board certified in General Preventive Medicine.

**Dr. Ken Robinson, Ed.D, Executive Vice President, Community Health Services**

Dr. Ken Robinson joined Correctional Healthcare Companies in January 2012. With over 30 years of correctional mental healthcare experience, he has served as the President of Correctional Counseling, Inc. and Counseling Centers Incorporated since 1987. Dr. Robinson is a co-developer of Moral Reconciliation Therapy® (MRT®), the main form of group services used in CHC's Community Health Programs. MRT has been selected for inclusion on the National Registry of Evidence-based Programs and Practices (NREPP) sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA); a distinction which no other cognitive skills program has attained. Over one million offenders have been treated using MRT and over 6,000 individuals have been trained as MRT facilitators. He is a certified Professional Counselor and gained his Doctorate in Educational Counseling from Memphis State University in Memphis, Tennessee.



### Shelton Frey, JD, CCHP, General Counsel

Shelton Frey has served as CHC's Chief Legal Counsel since 2007. He brings a wealth of expertise and firsthand experience in the full spectrum of the corrections field, from facility level operations to the inner workings of the judicial system. Prior to arriving at CHC, he served as Assistant of Warden Operations with the Illinois Department of Corrections at the Shawnee Correctional Center in Vienna, Illinois. As both Assistant Warden and Warden of the Tamms Closed-Maximum Security Correctional Center in Tamms, Illinois, he oversaw the operation of the state's only super-maximum security prison. In the judicial realm, Shelton has served as Legal Counsel for the Illinois Department of Corrections, an Illinois Assistant Attorney General in the Consumer Fraud Bureau and on the Sex Crimes Task Force, and as an Associate at Gilbert, Kimmel, Huffman & Prosser, Ltd. He is a member of the American Correctional Association, the National Commission on Correctional Healthcare and the American Society for Healthcare Risk Management. Shelton is a Certified Correctional Health Professional by NCHC and is licensed to practice law in Illinois and Colorado. Shelton earned a Bachelor's of Science degree from Southern Illinois University and a law degree from the Southern Illinois University School of Law.



### Wendy Dunegan, Senior Vice President of Operations

Ms. Dunegan will oversee the operation of this region from the corporate level. She joined CHC in January of 2011 with more than 12 years of correctional experience in business management and operations as a regional executive for The GEO Group, an international private corrections corporation, where she had the fiduciary responsibility for more than 20 correctional facilities with an annual revenue exceeding \$300 million. Ms. Dunegan has considerable experience and knowledge in federal contracting, including negotiating Intergovernmental Agreements. Ms. Dunegan is located at CHC's corporate office in Colorado. Ms. Dunegan earned a Bachelor's Degree in Accounting from Cameron University in Oklahoma.

Please see Attachment 1 for Georgia and Executive Management Personnel Resumes and Licenses.

## Medical Personnel

CHC's first priority upon contract award will be to attempt to retain as many of the current qualified healthcare staff members (physicians, health service administrators, nurse administrators, staff nurses, medical technicians, medical records personnel, dentists and mid-level providers) at both the Muscogee County Jail and Muscogee County Prison as possible. Our team of recruitment specialists will meet with the current healthcare staff to address transition concerns; we will meet one-on-one with each current staff member to answer any questions and address individual concerns. These meetings will occur as soon as possible after contract negotiations and obligations have been finalized to reduce employee concerns regarding their future employment opportunities with CHC.

As a result of CHC's competitive compensation plan and benefit structure, we anticipate retaining most, if not all, of the current healthcare staff. All retained employees will be properly licensed and providers will have all necessary qualifications.

Recruitment at CHC involves the following:

- Job description maintenance to assure accuracy
- Hiring Policies
- Staffing requisitions
- Recruiting sources
- Selection and Hiring procedures
- Standardized application forms and procedures
- Interview Process
- Background checks
- Employment Reference checks and education verification
- Employment Offer Letters and New Hire packets

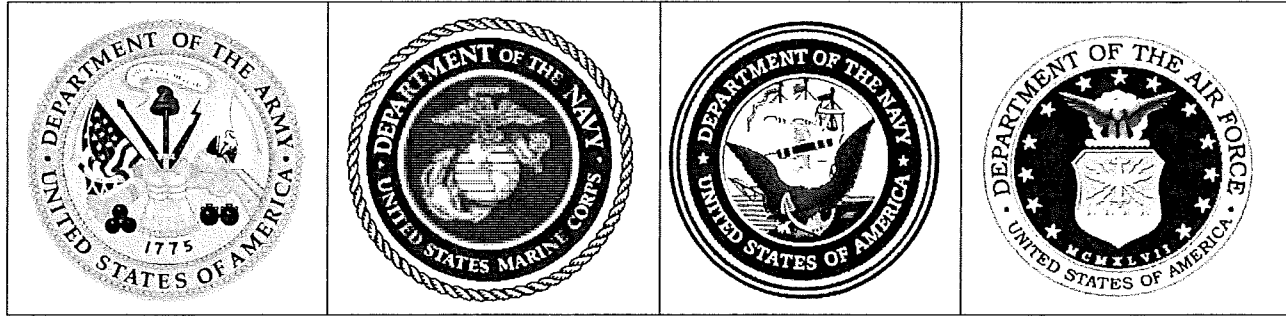
### Recruiting Strategy

CHC will focus our recruiting efforts on those current healthcare positions we are unable to retain after contract award and prior to the start of the contract. We will have a team of full-time recruiters dedicated to fully staffing of both the jail and prison. We utilize a wide range of tactics to recruit only the most qualified and competent employees. Our thorough approach to recruitment includes methods such as:

- Radio
- TV
- Newspapers
- Publications
- Websites
- Local Workforce offices
- Job fairs
- Conferences
- Direct mail campaigns
- Recruitment agencies
- Personal contacts
- Applicable Medical and Psychiatric Boards
- Private Industry groups (such as specialist malpractice insurance agencies)

### CHC Experience with Military Personnel and Jails near U.S. Military Installations

C. Attach additional facts about your firm, which you feel, will be an asset in evaluating your proposal.



CHC has extensive experience providing comprehensive medical services at jails located near U.S. Military mission-critical installations.

The chart below includes current contracts we have with jails that handle military personnel arrested by civilian authorities outside their assigned duty stations.

Customer/Address	Start Date	ADP	Military Installation/Personnel	Distance from town to installation
Bell County Jail 2405 South Loop 121 Belton, TX 76513	01/12/2009	906	Fort Hood 53,000 Active Duty Soldiers	19 miles
Bernalillo County Metropolitan Detention Center 100 Deputy Dean Miera Drive SW, Albuquerque, NM 87151	07/01/2010	2,675	Kirtland Air Force Base 4,200 Active Duty Airmen	7 miles
Curry County Detention Center 801 Mitchell Street, Clovis, NM 88101	08/01/2009	250	Cannon Air Force Base 3,700 Active Duty Airmen	9 miles
El Paso County Criminal Justice Facility 2739 E. Las Vegas, Colorado Springs, CO 80906	03/01/2002	1,550	Fort Carson 24,600 Active Duty Soldiers	10 miles
Laramie County Detention Center 1910 Pioneer Avenue, Cheyenne, WY 82001	06/01/1999	250	F.E. Warren Air Force Base 4,000 Active Duty Airmen	5 miles
Otero County Detention Center 1958 Dr. Martin Luther King Jr. Drive, Alamogordo, NM 88310-8121	07/01/2009	190	Holloman Air Force Base 3,400 Active Duty Airmen	11 miles

Customer/Address	Start Date	ADP	Military Installation/Personnel	Distance from town to installation
Wichita County Detention Center 900 Seventh Street, Wichita Falls, TX 76308	01/01/2010	600	Sheppard Air Force Base 8,500 Active Duty Airmen	4 miles
Yuma County Detention Center 200 W. Court Street, Yuma, AZ 85364	06/18/2007	625	Marine Corps Air Station (MCAS) Yuma 4,000 Active Duty Marines	7 miles

Jails located in close proximity to military installations often deal with Active-duty, Reserve and National Guard military personnel who allegedly commit crimes outside their assigned installations. Understanding the military culture, military procedures and military law is critical for vendors who provide comprehensive medical services to these jails. This knowledge of how the military works impacts booking/intake screening protocols, obtaining medical and mental health records, dealing with the service member's military commanders and installation legal authorities (Army Provost Marshall, Army Criminal Investigation Command and the Navy Judge Advocate General (JAG) offices), and a host of other issues.

More importantly, our experience has generated an understanding of individual soldiers, sailors, Marines and airmen – how they live, work, train and often deploy to combat zones.

According to the U.S. Department of Veterans Affairs (VA), while the incarceration rate for veterans is lower than non-veterans (630 per 100,000 veterans versus 1,390 per 100,000 non-veterans), military personnel – particularly combat veterans – when arrested bring some unique problems to county jail staffs.

The Department of Defense reports one in three combat veterans from the Iraq and Afghanistan wars suffer from Post Traumatic Stress Disorder (PTSD) or Traumatic Brain Injury (TBI), and at times suffer from alcoholism, legal and illegal drug abuse, depression, anxiety and homelessness.

CHC healthcare personnel have the experience and training to deal with incarcerated military personal, from enlisted personnel or officers arrested for DUI or simple assaults, to high-profile felons who make national headlines.

For example, currently incarcerated at the Bell County Jail outside Fort Hood, Texas - where CHC provides comprehensive medical services – is Army Major Nidal M. Hassan, who is awaiting trial on 13 counts of premeditated murder and 32 counts of attempted premeditated murder in connection to the Nov. 5, 2009 shooting rampage at Fort Hood. Major Hassan, stationed at Fort Hood as a psychiatrist, was severely wounded during the shooting rampage. Fort Hood is the most populous U.S. military installation in the world.

CHC is encouraged to learn the Muscogee County Jail in April 2012 opened a special dormitory for military veterans that can hold 16 inmates.



We believe our knowledge and experience with the military will prove a valuable asset to the Muscogee County Sheriff's Office, the Muscogee County Jail and the Muscogee County Prison.

### Reference Letters from current CHC Clients

Please see four reference letters from current clients on the following pages.



**LUBBOCK COUNTY SHERIFFS OFFICE**  
P. O. Box 10536  
LUBBOCK, TX 79408  
PHONE: (806) 775-1400  
FAX: (806) 775-1491

**KELLY S. ROWE**  
Sheriff  
**Mike Reed**  
Chief Deputy LE  
**Cody Scott**  
Chief Deputy Detention

March 29, 2012

To Whom It May Concern:


Correctional Healthcare Companies (CHC) is the current provider of medical, behavioral, and dental health services for the Lubbock County Detention Center (LCDC). CHC received no deficiencies during the annual inspection from the Texas Commission on Jail Standards.

The leadership for CHC is very responsive to our needs and works collaboratively with LCDC for the mutual benefit of our inmate population. The ability of the CHC staff to work well with our administration, line staff and other contractor staff ensures the care of the inmate population is outstanding and all issues and concerns are effectively and promptly resolved.

The professionalism and willingness of the CHC regional management to assist in meeting the needs of LCDC demonstrates CHC's commitment and diligence in solving care concerns and administrative challenges as they arise.

CHC is proactive and conscientious in its relationship with LCDC and provides exceptional care to the inmates. If you have questions or need more information about the performance of CHC, contact me at (806)775-7001.

Sincerely,

  
Cody Scott, CJM  
Chief Deputy

## Bernalillo County Metropolitan Detention Center

*Tom Zdunek, County Manager*  
*Thomas E. Swissstack, Deputy County Manager*



*Ramon C. Rustin, Chief of Corrections*

100 Deputy Dean Miera Drive SW  
Albuquerque, NM 87151

January 9, 2012

To Whom It May Concern:

Correctional Healthcare Companies (CHC) is the current provider of medical, behavioral, and dental health services for the Bernalillo County Metropolitan Detention Center (BCMDC). They have provided comprehensive medical, behavioral, and dental care to inmates of this jail since July 2010, and have received outstanding audits from both the American Correctional Association (ACA) and National Commission on Correctional Health Care (NCCHC).

The leadership for CHC has been very responsive to our needs. We are able to work collaboratively together for the mutual good of our inmate population. CHC staff have worked exceptionally well with our administration, correctional staff, and other contractors within our system. The care that CHC gives our inmate population is outstanding and all issues and concerns are resolved promptly.

The BCMDC has also experienced a collegial relationship with CHC regional management and corporate staff. They have been very professional to deal with and willing to assist in meeting the needs of our site. CHC has worked diligently to manage and solve care concerns and administrative challenges as they arise.

CHC has been a proactive and conscientious partner for the MDC in providing high quality care to our inmates. Should you have any questions about the performance of CHC with the BCMDC, please feel free to contact my office at (505) 839-8701.

Sincerely,

A handwritten signature in black ink, appearing to read "Rustin".

Ramon C. Rustin  
Chief of Corrections



## Nassau County Sheriff's Office

Tommy Seagraves, Sheriff

October 24, 2011

To Whom It May Concern:

It gives me great pleasure to recommend Correctional Healthcare Companies to your organization. We have worked with Correctional Healthcare Companies since April 2010. During this time, we have increased our medical coverage in the detention facility and reduced our overall medical costs. Due to the in-house coverage given, we have reduced the number of inmate transports out of the facility for medical treatment, thus maintaining our detention staff on shift(s).

Correctional Healthcare Companies made the transition easy and brought true professionals to our facility. They continue to make themselves available for any and all concerns and act promptly to resolve any issue.

I recommend Correctional Healthcare Companies without hesitation. If further information is needed, I would be glad to provide assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Bobby Rowe". The signature is written in a cursive style with a horizontal line underneath.

Undersheriff Bobby Rowe  
Nassau County Sheriff's Office  
Jail and Detention Facility

**SHERIFF'S OFFICE**

*Brown County*

300 EAST WALNUT ST.  
P.O. BOX 22003  
GREEN BAY, WISCONSIN 54305-2003  
PHONE (920) 448-4200 FAX (920) 448-4206



**JOHN GOSSAGE  
SHERIFF**

February 7, 2011

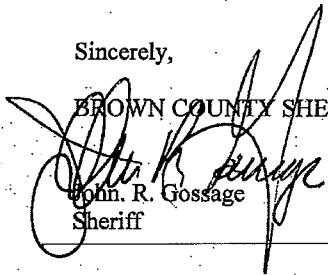
The Brown County Sheriff's Office has been fortunate to partner with Correction Healthcare Companies as the sole provider of healthcare services for over 730 inmates daily. This partnership began in 2007 and continues today.

Correction Healthcare Companies has a proven track record of professional, proactive and family oriented services that serve the needs of the inmates and taxpayers of Brown County. CHC's staff are dedicated professionals that provide quality and efficient healthcare. The staff have become an integral part of the facility; from the healthcare provider to the sales staff.

I would recommend CHC to any Sheriff's Office looking to make changes in their healthcare facilities.

Sincerely,

BROWN COUNTY SHERIFF'S OFFICE

  
John R. Gossage  
Sheriff

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## Section 4: Service Plan

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A. Provide a written narrative, which demonstrates the method, or manner in which the offeror proposes to satisfy the requirements of this Request for Proposal.

### A. Scope of Services

Contractor will be required to provide the staffing, supplies, in-clinic contracts, systems, and administration to provide the following services to the patients at both the Muscogee County Jail and Muscogee County Prison within the time frame and to a level of quality, which will meet the standards published in the NCCHC Guidelines for both Jails and Prisons. The following list will serve as a minimum expectation of services the vendor will be required to provide within the scope of this contract:

A. Health Care Services:

#### 1. Intake Screening

CHC healthcare personnel will provide 24/7 intake screening for all inmates brought into the Muscogee County Jail within two hours of booking, and as soon as possible after arrival at the Muscogee County Prison. Our healthcare staff will triage every inmate during the receiving screening process. This process ensures that anyone brought into the booking area is questioned about their health and triaged by a healthcare professional before being medically accepted for entry into the facility. The receiving screening includes, but is not limited to, the following:

- Inquiry into:
  - Any current illnesses, health conditions, medications, or special health requirements (e.g., dietary needs)
  - Diagnosis of serious infectious disease (Hepatitis, HIV/AIDS, TB, STDs)
  - Current communicable illness symptoms (e.g., chronic cough, coughing up blood, lethargy, weakness, weight loss, loss of appetite, fever, night sweats)
  - Past or current mental health treatment, hospitalizations, or medications
  - History of or current suicidal ideation
  - Dental problems, allergies
  - For females (Muscogee County Jail only), whether pregnant and history of pre-natal care
  - Alcohol and legal or illegal drug use (including the time of last use)
  - History of seizure activity, drug withdrawal symptoms



- History of tobacco use
- Other health problems as designated by the responsible provider
- Any health insurance or other payment sources (Medicaid, Medicare, Worker's Compensation, TRICARE)
- Observation of the following:
  - Appearance (e.g., tremors, anxious, disheveled)
  - Behavior (e.g., hostile, appropriate, cooperative)
  - State of consciousness (e.g., alert, disoriented, lethargic)
  - Mobility (e.g., limp, crutches, wheelchair)
  - Breathing (e.g., cough, hyperventilation)
  - Skin (e.g., lesions, jaundice, rashes, infestations, bruises, scars, tattoos, and needle marks or other indications of drug abuse)
- Disposition into one of the following categories:
  - Immediate referral to an appropriate medical or mental health provider
  - Referral to special housing
  - Placement in the general inmate population
  - Placement in the general inmate population and later referral to an appropriate healthcare service

CHC's screening policy and forms comply with all appropriate on National Commission on Correctional Health Care (NCCHC) and American Correctional Association (ACA) standards. When the receiving screening indicates that an inmate has a contagious disease, is on medication, has immediate medical needs, is intoxicated, or is experiencing substance withdrawal, our staff will refer the inmate to a provider for further review and treatment and follow isolation protocols as necessary. In addition, we will use prescribed medication to delouse any inmate entering the jail with scabies or lice, with the exception of inmates who are pregnant, have allergies, open sores, or who are on seizure medication. We will also administer tuberculosis (PPD) skin tests, as clinically indicated or required.

### Initial Triage Diversions

Triage diversion guidelines are based on the severity of an illness or injury a detainee may have upon arrival at the jail or prison. Contagious/infectious disease diversions are based on the risk to other inmates and detention center custody staff and administrators from a detainee arriving with symptoms of active communicable diseases. While life-threatening injuries such as gunshot wounds, stabbings or severe burns are easily identified by first-on-the-scene responders who authorize immediate transport to an emergency room, other injuries such as internal bone fractures or organ damage, concussions and severe head trauma, hypothermia, and exposure to toxic fumes or chemicals often may remain undetected while a detainee is transported to the detention center. The CHC health staff during the initial intake screening at the jail and prison will thoroughly assess and triage detainees – and with consultation with a staff physician – divert an injured detainee who cannot be adequately treated in the 26-bed Jail Infirmary or the Prison Clinic to an area emergency room or hospital.

## Infectious and Contagious Disease Diversions

CHC intake staff will also initiate diversion based on a diagnosis of an infectious or contagious disease. Contagious skin rashes such as poison ivy and contagious illnesses such as measles, mumps, and shingles will be isolated and clinically treated in the jail and prison Medical Units. More serious communicable diseases such as bacterial meningitis, tuberculosis, malaria, and whooping cough, will be immediately reported to the staff physician, and upon further examination or testing, the detainee will be placed isolated while awaiting transport to a local hospital.

## Mental Health Diversions

CHC will ensure that all persons with a serious mental illness will be identified, as possible, at intake screening and referred to an appropriate mental health provider for further assessment as clinically indicated. If it is determined that intoxicated detainees identified during intake screening can safely detoxify in the Medical Unit, they will be treated in the clinic and behavioral counseling provided as clinically required.

## Inmate Access to Medical Care

During the receiving screening, each inmate receives orientation and information from the CHC healthcare staff on how to access healthcare services while housed at the jail or prison. Non-English speaking inmates will receive verbal and/or written instructions, in their native language, regarding access to the healthcare services in the facilities. This orientation may include:

- The purpose of receiving history and physical evaluations, provision of emergency services, pharmaceutical services and policies, infirmary and inpatient care
- The procedures for sick call and the times they are held during the week
- The procedures for obtaining healthcare services
- How to file a healthcare grievance
- Information on oral hygiene
- Sign permission to treat

## 2. 14-day (Jail)/7-day (Prison) Physicals

In accordance with NCCHC standards, a qualified CHC healthcare professional will perform an inmate health assessment within 14 days of the inmate's arrival at the Muscogee County Jail and within 7 days of arrival at the Muscogee County Prison. If the assessment is performed by a nurse, the facility physician will review the results of the assessment to address any problems. The health assessment will include the following components:

- Review of the receiving screening results
- A complete and thorough physical examination, including comments about mental status
- Review of the significant findings of the health assessment, tests, and identification of problems by physician
- Record of the inmate's height, weight, pulse, blood pressure, temperature, respiratory rate, and pulse oximetry
- Initiation of therapy and immunizations when appropriate



- Additional testing as clinically indicated
- For pregnant inmates at the Muscogee County Jail, the health appraisal will also include:
  - Pregnancy test to confirm positive pregnancy
  - Routine prenatal education and care
  - Management of chemically addicted pregnant inmates
  - Postpartum follow-up care

If the inmate requires further evaluation or treatment, a referral to the appropriate health provider will be made. We will provide annual health assessments, including physical examinations, to inmates who have been incarcerated at the facility for over one year.

### Inmate Physical Exams for MCP Work Details

CHC will provide physical exams to inmates who may be assigned to outside or inside work details at the Muscogee County Prison, which houses county and state prisoners. Established more than 135 years ago, the prison each day dispatches 425 inmates for outside work details, and 150 remaining inside, all providing services and maintenance to city property.

The medical clearance process will be completed within a reasonable timeframe after receiving the list of names to be cleared, unless laboratory or other applicable testing increases the time required for clearance.

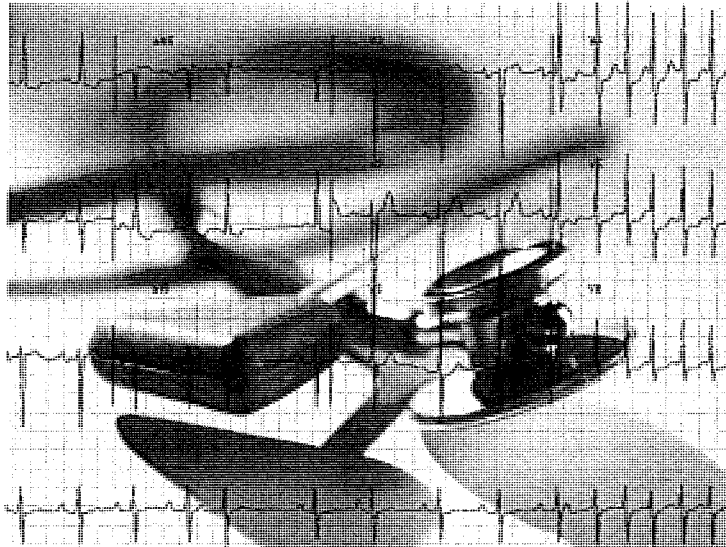
CHC will allow inmate workers to provide janitorial services within the healthcare unit at the discretion of the jail or prison's administration. Such inmate workers will at all times be under the direct visual supervision of a security staff member while working in the healthcare unit. Inmate workers will be prohibited from:

- Performing direct patient care services or scheduling healthcare appointments
- Determining an inmate's access to healthcare services
- Handling or having access to medications or health records
- Handling or having access to surgical instruments, syringes, or hypodermic needles, unless they are for performing self-care procedures
- Performing clerical duties involving health records
- Operating any healthcare equipment
- Under no circumstances are inmates allowed in the pharmacy or healthcare supply areas

### 3. Sick Call

Inmate requests are received and triaged daily by healthcare staff up to seven days per week. The inmate will request a healthcare consultation by using a healthcare request form provided by the jail or prison. Qualified healthcare team members will accept inmates' written requests for healthcare up to seven days per week. The nursing team will evaluate, triage, and suggest treatment within the constraints of their licensures and clinical protocols. Any problems that exceed the scope of the clinical protocols will be referred to the facility provider for review and treatment. Patient referrals shall be scheduled to a provider according to clinical priority. When indicated, inmates will be seen by a qualified healthcare professional within 24 hours of receipt of their request. If an inmate reports to sick call more than two times with the same complaint and has not been seen by a physician, they will be referred to a provider.

The facility provider will conduct a sick call clinic on a regular schedule each week. During the provider sick call clinic, the provider will evaluate inmates referred by the healthcare team nurse (post triage) and will conduct follow-up evaluation and/or treatment. The provider will provide routine non-invasive diagnostic procedures and will identify and refer any conditions requiring secondary or tertiary services. All requests for provider sick call will be seen by the provider. The provider will review prescriptions, medication administration, and monitoring of inmates with chronic or special health requirements on a regularly scheduled basis to ensure continuity of care and appropriateness of treatments.



A log will be utilized to record each request for sick call services, the date the inmate was seen, and disposition of the sick call visit. Appropriate documentation will be recorded and maintained for all inmates seen at sick call and will be incorporated into the inmate's health record. Thus each inmate's health record will contain appropriate entries documenting all sick call encounters:

- The inmate's specific healthcare complaint
- The examining healthcare professional's assessment
- The prescribed treatment plan
- Follow-up encounters to the point of healthcare problem's resolution

This will ensure that all inmate healthcare complaints are properly and promptly handled, documented, and followed through to a satisfactory resolution.

#### 4. Chronic Care

Security is the first priority and of paramount importance, and we recognize that there are always additional risks and costs associated with offsite transports for medical appointments. Therefore, we make every effort to provide appropriate care onsite as often as possible, and to that end, hold chronic care and/or specialty clinics whenever appropriate and practical for both the Columbus Consolidated Government and CHC. Onsite chronic care clinics monitor and treat diseases such as diabetes, hypertension, seizure disorder, asthma, cardiac disease, HIV, and other chronic illnesses that may warrant onsite specialty care services.

Inmates with chronic diseases or special needs are enrolled in chronic care or specialty clinics at the time of their health assessment. Individual treatment plans will be developed for special needs inmates. Each treatment plan will ensure that the inmate receives follow-up evaluation and treatment, along with the appropriate education. Inmates with chronic care conditions will generally be evaluated at least every three months or more often if clinically indicated. Each treatment plan will be approved by the provider and detailed in the inmate's health record. Treatment plans will

follow accepted patterns of care (i.e., NCCHC Standards and Guidelines, American Psychiatry Guidelines, and National Institute for Health Guidelines).

We give special attention to inmates with disabilities. Communication between medical and security staff will be vital for those inmates requiring medical appliances, such as wheelchairs or crutches, and for those inmates who are immobile.

## 5. Medication Delivery

### Administration

Each delivery of a single dose of prescribed medication will be documented in the inmate's healthcare record. Documentation will also be required if an inmate's ordered medication was not administered. Medication distribution will generally occur twice a day at both the Jail and Prison. When necessary, a third or fourth medication pass will take place for inmates who must take medication three/four times per day. Medications will generally be prepared in blister packs. A liquid drug dosage will be used for psychotropic medications whenever deemed necessary.

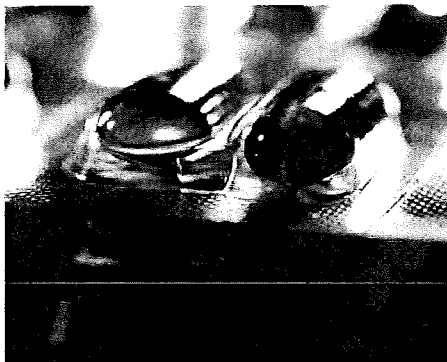
Only properly trained medical personnel will administer prescription medications. The healthcare team will be trained (under the supervision of the provider) in medication administration including, but not limited to:

- Security matters related to medications
- Accountability for timely executions of the practitioner's orders
- Accurate and timely recording of medication administration
- Common side effects of medications

CHC acknowledges that the Muscogee County Sheriff's Office allows "keep on person (KOP)" medication at the Muscogee County Jail, and almost all Muscogee County Prison inmates are on KOP/Self Administration Medications (SAM).

### Dispensing

All medications will be dispensed and labeled inmate specific, when indicated, in complete compliance with all current and future local, state, and federal laws, regulations, provisions, and court orders.



Our minimum labeling requirements for dispensed prescriptions include inmate name and number, drug name, prescription number, pharmacy name and address, date prescription is filled, quantity of tablets, manufacturer, expiration date, remaining refills, next refill date, directions for use, and prescribing physician.

Prescription and non-prescription medications will be dispensed in tamper-proof USP Class B unit-dose blister cards. A liquid drug dosage will be used for psychotropic medications whenever deemed necessary.

At the Jail, medications will be dispensed on carts at a designated delivery point on each floor. At the Prison, medications will be dispensed on a cart at 14 delivery dorm sites.

### Pharmacy Reports

We will provide detailed monthly medication utilization reports that include inmate name, inmate number, housing pod, clinical provider, date of service, prescription number, medication name, medication strength, quantity dispersed, days' supply and drug acquisition cost.

The reports may also include facility-wide medication summaries, including:

- Monthly drug usage per inmate
- Continual narcotic/controlled substances inventory
- Monthly psycho-tropic usage report
- List of inmates taking medications
- Total doses per inmate dispensed
- Percentage of inmates on medications
- Percentage of inmates on psycho-tropics
- Formulary versus non-formulary drugs
- Number of prescriptions per inmate
- Medication breakdown listed by physician
- Medication classification report
- Cost containment recommendation report

### Storage of Medications

All medications will be securely stored in the Jail infirmary and the Prison clinical area in a locked medication storage room.

All DEA-controlled substances are locked in an approved lockable container within the jail and prison Medical Unit's locked medication storage room, according to ACA and NCCHC standards for storing and handling controlled substance/psychotropic medications.

On the following page we have included a sample controlled substance log used in our storage and inventory procedures.



## 6. Nursing Services

Nurses are the keystone to every comprehensive medical services system CHC deploys at correctional facilities nationwide.

From Health Service Administrators (HSAs) and Directors of Nursing (DONs) to staff Registered Nurses (RNs) and Licensed Practice Nurses (LPNs), our cadre of nurses has the training, experience and knowledge to provide quality screening, triage, health assessments and medical treatment to inmates.

CHC nurses understand the correctional facility workplace is challenging and unique. According to the U.S. Department of Justice, the majority of the 2.3 million inmates in the America's jails and prisons are male, from lower socioeconomic groups, have lower literacy rates, higher instances of drug and alcohol abuse, and have not embraced good health habits or had regular medical or dental care prior to incarceration.

In addition, the rates of sexually transmitted and infectious disease are higher among inmates than the general population, as are concerns of suicide and mental illness.



Consequently, the standard nurse-patient relationship is remarkably different inside a jail or prison, where an understanding of an inmate's life circumstances and adjustments to incarceration are just as important as medical assessments and treatments.

Health care services provided by our staff RNs and LPNs include, but are not limited to:

- Screening
  - Intake facility admission
  - Diseases
  - Drug or Alcohol Abuse
  - Work Clearances
  - Pregnancy
- Triage
- 14-Day Health Assessments
- Administration
- Sick Call
- Medication Delivery
- Women's health services
- Infection Control
- Inmate health education
- Medical Records

- Emergencies
- Medical Treatment and Monitoring

## 7. Emergency Services

CHC will be responsible for arranging emergency service and emergency transport for inmates at both the Muscogee County Jail and Muscogee County Prison.

In the event of an emergency, the onsite healthcare team will immediately respond to the scene to assess and stabilize the ill or injured party or parties. The appropriate healthcare team members will be notified and will respond as necessary. The inmate(s), once stabilized, will be transported to an offsite urgent care center or emergency room. CHC healthcare staff will contact the local emergency room and verbally describe the event, as well as send a transfer summary regarding the symptoms and details of every inmate's condition.

We will have 24-hour on-call physician coverage and specific written policies and procedures to address emergency response for both medical and dental issues and the emergency transfer of inmates. We will provide telephones and/or pagers to certain specified healthcare staff (i.e. Site Managers and provider/Medical Director) to ensure their availability

To the extent any inmate requires offsite healthcare treatment (general hospitalization, specialty services, etc.), the Muscogee County Sheriff's Office will provide appropriate routine non-emergency transportation services including reasonable security, as requested by offsite provider. CHC healthcare staff will coordinate all necessary ambulance service for emergency medical care patients. The emergency transportation of any inmate to a hospital or specialty care unit will be coordinated with the jail or prison administrations. Policies and procedures regarding the transportation of inmates for medical reasons will be mutually developed by the Muscogee County Sheriff's Office and CHC within 30 days of contract start date. The policies shall be approved by the jail and prison administrators.

In the case of detention staff, contract employees, or visitors who become ill or injured in the facility, CHC will provide emergency services at no additional charge. These emergency services include first aid, assessment, attempted stabilization, and the coordination of service until the local EMS personnel arrive on the scene and take over responsibility of care. In times of emergency or threat thereof, whether accidental, natural, or man-made, CHC will provide onsite medical services at the facility to the extent staffing is available.

## 8. Women's Health Services

We recognize the special needs of the female inmate population and have developed a program specific to their needs for the Muscogee County Jail. This program includes Pap smear testing, mammograms, and testing for sexually transmitted diseases. Additionally, we provide healthcare for pregnant inmates. It is our policy to confirm all pregnancies or suspected pregnancies with a urine or serum HCG test. Upon pregnancy confirmation, we will provide a prenatal management program throughout their pregnancy that focuses on protection of the inmate and unborn child as well as the management of their care. This program may include:

- Access to healthcare professionals specializing in obstetrical and gynecological services
- Health education specific to female issues
- Pregnancy counseling

- Prenatal care including dietary supplements as determined by the provider
- Ultrasound and/or other diagnostic instruments, if available, maintained onsite to perform evaluations of pregnant inmates
- Management of high-risk pregnancies, including referral to appropriate community providers
- Treatment of chemical dependency for pregnant inmates will be individualized and supervised by a medical provider (with consideration of the impact of the drug withdrawal on the pregnancy and the fetus)

We will provide prenatal care and will develop an aftercare plan for the mother but will not be responsible for the cost of healthcare services associated with newborn care or for pregnancy terminations that are not medically indicated.

## **9. Referrals to Hospital and Specialty Care (vendor not financially responsible for bills)**

### **Hospital Care**

Should we determine that an inmate requires more intensive care than what can be rendered onsite, we will make provisions for hospitalization at the local hospital(s) as deemed acceptable by both the Muscogee County Sheriff's Office and CHC; this includes diagnostic and radiology services as needed. We will coordinate with jail or prison staffers for required security transport to and from the offsite facility. CHC will not be financially responsible for the hospital bills.

Based on Addendum 5/Attachment A and B, CHC acknowledges Columbus Regional is the current hospital provider for both the Jail and Prison.

Our Utilization Management team (further detailed in the Utilization Management Section – Item 11 below) will obtain necessary pre-approvals, monitor the hospitalization and provide a daily status report to both the CHC UM team and the Jail and Prison Administrators. A copy of the discharge summary from the hospital will be maintained in the inmate's permanent health record. CHC will be an active partner in the Muscogee County Sheriff's Office and Columbus Consolidated Government's cost containment efforts and will make recommendations when any promising instance to realize a cost savings is identified.

### **Specialty Care**

If an inmate has a condition that requires treatment by a specialist, we will make arrangements for an offsite specialty consultation in the community; this includes diagnostic, radiology, and dialysis services as needed. Our healthcare delivery program is structured to use as few outside services as is medically appropriate without compromising inmate health and safety. All outside consultations will be ordered by the provider and scheduled by the Health Services Administrator or his/her designee. We will coordinate all offsite specialty consultations with the facility's administrative staff. We make every effort to perform specialty services onsite depending upon volume of service required, availability of specialist, and equipment required for the examination. CHC will not be responsible for the specialty care bills.

Our Utilization Management program monitors the number of offsite medical transports, which in turn reduces the costs and security risks associated with those transports. Our healthcare staff will work closely with facility administration with regard to any inmate requiring offsite medical care. The



facility will be responsible for providing transportation and security for non-emergency offsite specialty services.

### Elective Care

CHC's Medical Director will determine what treatments, interventions, therapies and pharmaceuticals are elective as opposed to those required to maintain an inmate's health. CHC will not be responsible for elective care.

## 10. Case Management

Our Utilization Management (UM) team begins a concurrent review immediately after inpatient admission and continues throughout the hospital stay to ensure the inmate patient receives the most appropriate treatment, in the correct setting, with timely and effective discharge planning. Our UM team conducts discussions with facility and hospital personnel to ensure we can accommodate the inmate's discharge needs with regard to treatment plans, medication, durable medical equipment (DME), etc.

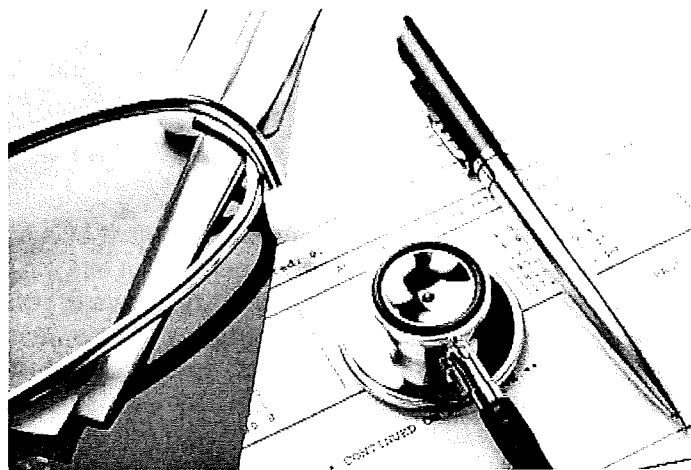
Our comprehensive concurrent review process includes participation by our UM nurse and corporate Medical Director, Health Service Administrator, and facility provider. We contact and coordinate with the hospital's utilization management department and the inmate patient's attending physician to develop an appropriate and timely discharge plan.

## 11. Utilization Management

CHC will be responsible for all Utilization Management (UM) for any off site hospitalization and specialty care.

CHC has an effective Utilization Management program designed for the correctional environment. We follow MCG (formerly Milliman Care Guidelines) as screening criteria to determine the medical necessity of offsite medical services and appropriate lengths of stay. Screening criteria is reviewed and updated annually by MCG. Our UM Program emphasizes the following areas of priority:

- Inmates have accessibility to medically necessary healthcare, based on established standards of care.
- Medical care is provided consistent with community standards and in a cost-effective manner.



Our UM program enhances inmate care by ensuring that care is provided in a timely manner when medical attention is needed. Providing care in a timely manner has the benefit of slowing down the progression of the disease or worsening of symptoms, which can yield an overall reduction in medical costs. Additionally, providing treatment in a consistent manner reduces variables among providers with the benefit of improving the quality of care.

Through our UM Program, we provide oversight of correctional medical management. We have a strong understanding of the many “public aid” states and State-specific statutes and regulations. In the event that any medical services provided to any inmate patient are payable by any third party source, we will relay this information to the offsite providers. Such insurance/third party payer shall include, but not be limited to, workers’ compensation, commercial medical insurance, Medicare, Medicaid, and Federal, State, or Local healthcare benefits or programs. We shall also provide such third party payer information to the designated person at the County upon request.

We are committed to the delivery of high quality inmate healthcare services in conformance with national standards, State regulations, and community standards within the proven framework of managed care to control taxpayer expenditures. Our performance and experience in diverse healthcare markets has provided the corporate expertise to critically evaluate and analyze healthcare services and trends on a national basis and demonstrate the value and positive outcome of our cost containment strategies.

Our UM Program is composed of four key interactive components:

- **Prospective Review** occurs prior to the delivery of non-emergency care and serves to ensure the most appropriate care, at the right time, in the most cost-effective setting for the following services:
  - Scheduled hospitalizations (inpatient or observation).
  - Scheduled outpatient surgical and/or non-surgical procedures.
  - Scheduled courses of outpatient treatment.
  - Scheduled specialty office visits.
  - Referral request for offsite services, as well as for some specialized onsite services.
  - Routine and complex patient management issues accomplished by reviewing the inmate’s medical history, physical findings, work-ups to date, and chief complaint(s).
  - Progress of patients with complex medical problems, as well as the relative effectiveness of site-specific operational issues that affect and impact the delivery of medical care.
  - Services that have a reasonable probability of altering management.

The UM nurse and UM staff have access to resources (i.e. Milliman Care Guidelines, Web-based resources, and specialty physician advisors) that enable our medical staff to resolve many medical issues without the need for specialty consultation.

- Our **Concurrent Review** begins immediately after inpatient admission and continues throughout the hospital stay to ensure the inmate patient receives the most appropriate treatment, in the correct setting, with timely and effective discharge planning. Our UM team conducts discussions with facility and hospital personnel to ensure we can accommodate the inmate’s discharge needs with regard to treatment plans, medication, durable medical equipment (DME), etc. Our comprehensive concurrent review process includes participation by our UM nurse and corporate Medical Director, Health Service Administrator, and facility provider. We contact and coordinate with the hospital’s utilization management department and the inmate patient’s attending physician to develop an appropriate and timely discharge plan.
- As part of our **Readmission Review** process, all hospital readmissions occurring within 30 days of initial patient discharge are flagged for review. We research whether the readmission was preventable, unavoidable, expected, or unrelated to the quality of the inmate patient’s discharge

plan or continued care. Our Medical Director then refers such cases back to the facility provider for peer review and further recommendations for quality improvement.

- **Retrospective Review** occurs if a question or concern arises about the quality or appropriateness of an inmate patient's care. We use the data collected in our UM reports and daily operating indicators to drive the retrospective review process. The facility physicians are clinically responsible for the decision to refer an inmate to an emergency room for treatment. These referrals are reviewed retrospectively with our physicians during peer review.

## Health Services Utilization Management

Management of the utilization of external medical service is conducted through utilization management. Our experienced health professionals provide the key clinical component in the management of offsite referrals, outpatient procedures, and hospital admissions. The UM nurse, in consultation with our Medical Director, monitors and evaluates the healthcare services and works with facility healthcare staff to reduce services or hospital stays that are not clinically indicated based upon medical best practices. Direct contact is made with the medical staff responsible for the patient, including the hospital providers or admitting physician, facility Medical Director, health administrator, and hospital case managers or UM staff, to determine the best course of treatment for the patient.

## Evaluation of Necessity of Offsite Services

In addition to reviewing offsite services for medical necessity, the appropriateness and need for delivery in an offsite setting is also reviewed. The UM nurse is specially trained in the management of health service utilization in the unique environment of corrections. Whenever possible, specialty services are provided onsite.

## Emergency Care

Emergency offsite treatment or hospitalization, by nature, cannot be pre-authorized by the UM department. Notification to the UM nurse by the facility healthcare staff is required by the next business day. This notification allows follow-up for ongoing hospitalizations. Procedures that are performed on an emergency basis are reviewed to assure the following:

- The treatment was of an emergent nature
- The service was authorized for payment
- Authorized or contracted providers were utilized when possible

## UM Quality Assurance

We have procedures in place that clearly define all components of our UM process. To ensure that our nurses are adhering to these procedures, we monitor the accuracy and effectiveness, as well as the turnaround times, for authorizations and denials. Our standard is a 24-48 hour turnaround time for urgent or emergency authorizations, and a 72 hour turnaround time for elective authorizations. Urgent or emergency authorizations are done immediately when phoned in, and emergency room authorizations are done after the fact within 24 hours on weekdays and 48 hours on weekends.

## 12. Prior Authorization

Our Utilization Management (UM) team begins a prospective review prior to the delivery of non-emergency care and serves to ensure the most appropriate care, at the right time, in the most cost-effective setting for the following services:

- Scheduled hospitalizations (inpatient or observation).
- Scheduled outpatient surgical and/or non-surgical procedures.
- Scheduled courses of outpatient treatment.
- Scheduled specialty office visits.
- Referral request for offsite services, as well as for some specialized onsite services.
- Routine and complex patient management issues accomplished by reviewing the inmate's medical history, physical findings, work-ups to date, and chief complaint(s).
- Progress of patients with complex medical problems, as well as the relative effectiveness of site-specific operational issues that affect and impact the delivery of medical care.
- Services that have a reasonable probability of altering management.

The UM nurse and UM staff have access to resources (i.e. Milliman Care Guidelines, Web-based resources, and specialty physician advisors) that enable our medical staff to resolve many medical issues without the need for specialty consultation.

## 13. Billing Adjudication

CHC will serve as the administrative agent for all off-site medical care for both the Jail and Prison.

CHC will not be financially responsible for any off-site specialty or hospital care.

Based on Addendum 5/Attachments A and B, CHC agrees it will be responsible for the review all off-site treatment bills, confirm the patients were incarcerated in either the Jail or Prison at the time of treatment, that the treatment(s) was authorized by our healthcare staff, and then pay the bill according to the current Medicaid rate or the contracted rate. The bill payment will then be turned over to the Columbus Consolidated Government for reimbursement.

CHC has a fully integrated, state-of-the-art management information system capable of tracking off-site medical/hospital care, generating required reports, and ensuring the ongoing, systematic evaluation of offender healthcare utilization. Our program provides:

- Health services utilization management
- Tracking and reporting cost data
- Tracking payment of provider claims

Each component of the data entered into the claims management program interfaces with our utilization management, contracting, and claims payment processes. This system eliminates overpayments and expedites and ensures the accuracy of claims processing. We store the authorization detail and match the appropriate record to the claim and provider contract during the claims payment process. This allows for continual cross-checking and ensuring proper contracting fees.

We also have the ability to produce reports that can deliver analyses of costs associated with utilization management. We also track and monitor service utilization levels through trend reports that compare utilization statistics in all categories on a historical basis. These reports allow us to monitor seasonal fluctuations and to identify any negative trends.

#### 14. Quality Assurance/Quality Improvement

We offer a Continuous Quality Improvement (CQI) Program for the purpose of ongoing review of the quantity and quality of healthcare services being provided at the Muscogee County Jail and Muscogee County Prison. Our program includes regularly scheduled audits of inmate healthcare services with documentation of deficiencies and plans for correction of deficiencies. The CQI Program will be governed by a committee composed of the following members as applicable:

- The facility Medical Director (provider)
- The Health Services Administrator
- A healthcare team member assigned to CQI responsibilities
- A pharmacist
- A dentist
- A psychiatrist and/or psychologist
- A medical clerk
- Muscogee County Jail/Prison representative(s)

The CQI committee will act on information, perform and review process and outcome studies, as well as internal audit data obtained through these processes. The committee will meet, in most cases, on a quarterly basis to evaluate the completed studies and audits. Minutes of all meetings will be maintained onsite with copies made available to all committee members and the facility contract monitor. Depending on facility needs, the CQI committee may review the following areas:

- Access to care, continuity of care
- Health assessments, receiving screenings, sick call
- Chronic care clinics, infirmary care, emergency care
- Inmate grievances
- Mental health services, pharmacy services, dental care
- Offsite services including hospitalizations and specialty care
- Results of mortality reviews
- Infection control findings
- Lab redraws/X-ray retakes
- Results of disaster drills
- Medical in-service training topics
- Other key sentinel events

The CQI committee will also be responsible for conducting routine health record reviews. Health records are the key means of communication between healthcare providers, and their completeness and accuracy are critical to providing quality care. As part of the CQI Program, peer reviews will be

conducted by a corporate physician to ensure providers are making sound clinical decisions and are provided with critical feedback to continually improve their practices.

## 15. Inmate Health Education

Inmate education services that promote healthy lifestyle choices are integral to the success of our inmate medical services program. Our goal is to help each inmate maintain a healthy lifestyle through self-care and proper lifestyle choices during his or her period of incarceration.

CHC emphasizes the importance of inmate education and it is imperative that inmates receive basic, and often critical, knowledge about common healthcare needs, issues, and diseases. Inmates will continue to receive complete education information upon orientation and admittance to the Muscogee County Jail and Muscogee County Prison, and additional information during any healthcare encounter as determined by the provider in the course of his or her examination. Most direct health education will continue to be provided by a provider, nurse, or other healthcare staff member during a service encounter, such as a sick call visit, chronic condition appointment, health assessment, or dental examination.

CHC provides inmate health education and high-risk behavior information through multiple means, including oral instructions at times of service delivery and written information through the use of brochures, pamphlets, orientation packets, and instructional posters. Materials are available in areas easily accessible to patients and are translated into other languages as needed. Detailed information will be provided on a variety of health issues that will assist inmates in self-care strategies including personal hygiene, healthy lifestyle choices, and ways to maintain optimal health.

All education encounters are documented in the inmate's health records.

### Inmate Disease Prevention Education

CHC will provide an Infection Control Program that focuses on the prevention, identification, and control of communicable and infectious diseases, whether they are acquired within the Muscogee County Jail or Muscogee County Prison, or introduced from the outside community.

To facilitate the prevention, identification, and control of communicable diseases, CHC's Infection Control Program utilizes an infection control manual that focuses on education, prevention, and monitoring infection control issues.

These activities help us in identifying and meeting the health education needs of inmates and employees of the facility. CHC also provides training to healthcare and security staff on the latest standard precautions to be utilized when handling inmates with communicable diseases. Our healthcare team at the facility will monitor and collect data regarding the incidence of communicable diseases, including:

- Inmates testing positive for HIV, hepatitis or sexually transmitted diseases
- Inmates diagnosed with AIDS
- Inmates testing positive for TB

Inmates diagnosed with HIV or AIDS will have access to infectious disease specialists and receive medications as clinically indicated.

All cases of infectious/communicable diseases will be immediately reported to the Muscogee County Sheriff's Office, the Columbus Department of Public Health, appropriate state of Georgia agencies, and the jail and prison administrators. Monthly reports will also be developed and distributed.

### *Infection Control Meetings*

A CHC Continuous Quality Improvement Committee oversees the Infection Control Program and is responsible for:

- Review and revision of infection control policies and procedures
- Monitoring of infectious disease data
- Monitoring of cleaning and sterilization techniques
- Review of environmental inspection reports
- Other matters related to infection control, as they emerge

### *Inmate Isolation Precautions*

We will continue to ensure that guidelines are in place or are established to facilitate isolation precautions of an inmate with a specific infection or communicable disease. Guidelines on ventilation, respiratory infection programs, and other infection control measures will be reviewed and revised as needed.

### *Recommendations*

Any written recommendations generated under CHC's Infection Control Program will be submitted to the Muscogee County Sheriff's Office, the Columbus Department of Public Health, and the jail and prison administrators.

## **16. Medical Records Management**

### **Individual Medical Records**

CHC will maintain a medical record for each inmate who has received healthcare services (medical, dental, and pharmaceutical) in the Muscogee County Jail or Muscogee County Prison. The medical record is kept separate from the jail/prison's confinement records of the inmate. They are maintained in accordance with NCCHC standards and any applicable state of Georgia regulations.

The medical record contains the following information, if applicable:

- Completed receiving screening form, health assessment forms
- Problem list, physician order sheets, progress notes
- All diagnostic findings, treatments, and dispositions
- Inmate requests for health services, immunization records, communicable disease records



- Diagnostic laboratory and radiology reports, including dental x-rays
- Record of prescribed medications and administrations
- Consent and refusal forms, release of information forms
- Place, date, and time of any health encounters
- Specialized treatment plans and notes concerning patient's education
- Records concerning injuries and health issues occurring prior to incarceration
- Any other miscellaneous forms or documentation of any and all healthcare, dental, and mental health services issues

All medical record notations including medical and dental care and pharmaceutical medications are recorded at the time of delivery. When an inmate is admitted to an offsite facility and/or seen in a specialist consultation, a signed release of information form is obtained. All records of outside health services are filed as part of the inmate's permanent health record. The medical record is kept current and will comply with the problem-oriented medical records format and standards. An entry will be made after each inmate health encounter. If an inmate health record cannot be located within 24 hours of discovered loss, the Muscogee County Jail or Muscogee County Prison Administrators are notified.

#### **Medical Record Access to/by Columbus Consolidated Government and Muscogee Jail and Prison Administrators**

All inmate health records are the property of Columbus Consolidated Government. CHC will act as custodian of the medical records, and such records shall be kept confidential subject to the rights of access thereto by Columbus Consolidated Government. We will ensure that access to inmate medical records is consistent with the applicable local, state of Georgia, and federal confidentiality laws. The confidential relationship of doctor and patient extends to inmate patients and their clinicians. We maintain a current record of the rules and regulations covering the confidentiality of medical records and the types of information that may and may not be shared.

The release of an inmate's medical record will occur only through policy approved by the Columbus Consolidated Government. This policy will ensure that appropriate legal measures are taken when anyone is requesting an inmate's health record. In the case of discharged inmates, the record will be maintained in accordance with the state laws of Georgia. Inactive medical records will be maintained according to state of Georgia statutes and American Medical Association protocols.

Upon an inmate's return to incarceration, any prior medical records will be incorporated into the new record to ensure continuity of care. It is understood that all medical records will remain the property of the Columbus Consolidated Government. In the event of any inmate litigation involving medical care provided, we request permission to access the relevant inmate records. Notice of all legal actions involving inmates and the medical care will be provided to the Jail and Prison Administrators and appropriate Columbus Consolidated Government staff within 24 hours.

All medical records - both paper and electronic - will remain the property of Columbus Consolidated Government at the termination of the contract, without further obligation to CHC. All inmate records maintained by CHC will be made available to Columbus Consolidated Government upon request and following confidentiality requirements.



## General Confidentiality

CHC will keep all inmate medical records confidential and shall not release any information contained in any medical record except as required by published Columbus Consolidated Government jail and prison policies, by a court order or by applicable law.

## Medical Records Retention

We will ensure that storage of inmate healthcare records is consistent with applicable local, state and federal confidentiality laws, including compliance with all applicable requirements of HIPAA and the HITECH Act.

CHC will retain inmate medical records in the Muscogee County Jail and Muscogee County Prison for 5 years, and then transfer the records offsite for professional archival storage.

## 17. Expendable Medical Supplies

Expendable Medical Supplies (includes all expendables in sufficient quantity to execute daily delivery of medical care such as antifungal creams, dressings, over the counter analgesics, cold medicines), (excludes pharmacy orders for prescription meds)

CHC will procure and supply all expendable medical supplies (includes all expendables in sufficient quantity to execute daily delivery of medical care such as antifungal creams, dressings, over the counter analgesics, cold medicines), (excludes pharmacy orders for prescription meds)

## 18. All office supplies, printing, postage, manuals, telephones, and computers not directly involved in the actual point of delivery inmate medical care will be the responsibility of the vendor.

CHC agrees to procure and supply all office supplies, printing, postage, manuals, telephones, and computers not directly involved in the actual point of delivery inmate medical care.

## 19. Formulary Development and Management

Based on information in Addendum 5/Attachment A & B, the Muscogee County Sheriff's Office and the Jail and Prison administrators are open to alternative pharmacy formularies that are more cost effective. CHC acknowledges Addendum 5 lists the current provider of pharmacy services as Diamond Pharmacy, but the vendor manages the formulary.

CHC can offer both the Muscogee County Jail and Muscogee County Prison a cost effective pharmaceutical formulary, or preferred medication list (PML), which will include an objective process and peer oversight/prior authorization for any prescriptions which deviate from the base line first tier drug formulary.

Formulary development will include consultation with the Muscogee County Sheriff's Office and appropriate Columbus Consolidated Government agencies.

Criteria utilized for inclusion of medications to the PML are based on effectiveness, safety, and cost of the medication. We have policies and procedures for use of non-PML medications and require our providers to submit requests to our corporate Medical Director to obtain authorization for non-PML medications. Prescriptions written by offsite healthcare specialists will be considered

recommendations only, with the final prescription authority residing with the CHC prescribing provider responsible for the care of the inmate.

On the following pages we have included our **CONFIDENTIAL AND PROPRIATARY** preferred medication list.

**WCHC CORRECTIONAL™  
HEALTHCARE COMPANIES** **PREFERRED MEDICATION LIST**

- A -**
- Abacavir Sulfate (Ziagen) tab, soln\*\*Pt Specific\*\*
- Abacavir Sulfate/Lamivudine (Epizyme) tab \*\*Pt Specific\*\*
- Acetaminophen (Tylenol) - all forms
- Acetaminophen w/Cocaine (Tylenol #3) tab
- Acetic Acid (Vesol) 2% otc soln
- Acyclovir (Zovirax) tab, cap - not ointment or suspension
- Alarms/Alarms Plus (Maox, Maox Plus)
- Albuterol (Proventil) solution, unit dose
- Allopurinol (Zyloprim) tab
- Amantadine (Symmetrel) cap
- Amoxicillin (Novas) tab
- Ammonia inhalants
- Amoxicillin (Amoxil) cap
- Amoxicillin/Clavulanic (Augmentin) tab - 875mg only
- Ampicillin IV - all strengths
- Ampicillin/Subsuctam (Unasyn) IV - all strengths
- Analgesic rub (Bengay)
- Anusoft-HC (Anusof-HC) rectal suppository
- Aproline (Aclifed) tab
- Aspirin Chewable/Aspirin E.C. tab
- Aspirin E.C. (Ecofin) tab
- Atazanavir Sulfate (Reyataz) tab \*\*Pt Specific\*\*
- Atenolol (Tenormin) tab
- Atipria tab \*\*Pt Specific\*\*
- Azithromycin (Zithromax) tab
- Azithromycin (Zithromax) 600mg tab - prophylatic \*\*Pt Specific\*\*
- B -**
- Bacitracin (Baciguent) ointment
- Bacteriostatic Sodium for Chloride Injection
- Bacteriostatic Water for Injection
- Bactrim IV
- Bayet 250 units syringe
- Beclomethasone (QVAR 80) \*\*Pt Specific\*\*
- Belladonna Alkaloids/Phenobarbital (Dormatal) tab, albir
- Benzoyle Parozda (Benzaco) gel, lotion, wash
- Benzotropine Mesylate (Cogentin) tab, inj
- Bicillin LA - IM Only
- Bisacodyl (Dulcolax) 5mg tab, 10mg supp
- Bismuth (Pepto-Bismol) liquid, tab
- Brimonidine Tartrate (Alphagan) eye drop \*\*Pt Specific\*\*
- Bupropion (Buppar) tab \*not 30mg use 2 x 15mg
- C -**
- Calcium Antacid/Calcium EX (Turns, Turns EX) chewable
- Captopril (Capoten) tab
- Carbamazepine (Tegretol) tab
- Carbamide Peroxide (Dabrox) 6.5% otc soln
- Cerivudil (Coreg) tab
- Cefazolin (Ancef) inj
- Ceftriaxone (Rocephin) inj
- Cephalexin (Keflex) cap
- Chlordiazepoxide (Librium) cap
- Chlorpheniramine (Chlor-Trimefon) tab
- Chlpropromazine (Thorazine) 50mg/2ml inj
- Chlorpromazine (Thorazine) tab, inj
- Chlorzhalidone (Thalitone) tab
- Chlorzoxazone (Parafon Forte) tab
- Ciprofloxacin HCl (Cipro) tab
- Ciprofloxacin HCl, Opth sol 0.03% - 5ml, 10ml
- Citalopram (Celexa) tab
- Citrate of Magnesia (Cytrome) liquid
- Clinidamycin (Gleocin) cap
- Clonidine (Catapres) tab
- Clorzepate (Tramex) tab ETOH Withdrawal Protocol
- Cylobenzaprine (Fexaval) \*\*Pt Specific\*\* max TID x 3 days
- D -**
- Dapsone-DDS tab \*\*Pt Specific\*\*
- Darunavir (Prezista) 400mg, 600mg tab \*\*Pt Specific\*\*
- Dalavirdine (Rasapript) tab \*\*Pt Specific\*\*
- Diazepam (Valium) single dose (1ml)
- Dicloxacillin (Dynapan) cap
- Dicyclomine (Bentyl) tab, cap
- Didanosine (Videx-df) EC cap \*\*Pt Specific\*\*
- Digoxin (Lanoxin) tab, inj
- Dimenhydrinate (Dramamine) 50mg tab
- Diphenhydramine(Benadryl) cap, elixer, inj
- Divalproex sodium (Depakote) tab
- Docusate Sodium (Colace) cap - not 50 mg
- Doneboto packets
- Dorzolamide (Trusopt) 2% eye drop \*\*Pt Specific\*\*
- Doxycycline (Vibramycin) tab, cap
- E -**
- Efavirenz (Sustiva-EFV) tab, cap \*\*Pt Specific\*\*
- Emiticitabine (Emtriva) cap \*\*Pt Specific\*\*
- Enalapril (Vasotec) tab
- Erythromycin (E-Mycin) tab - not capsule
- F -**
- Ferrous Sulfate 325mg tab
- Fluconazole (Diflucan) tab
- Fluoxetine (Prozac) cap \*not 40mg use 2 x 20mg
- Fluphenazine (Prolixin) tab, 2.5mg/ml inj
- Fluphenazine (Prolixin) Decanoate 25mg/ml inj MDV
- Folic Acid (Folate) 1mg tab
- Fosamprenavir Calcium (Loseva) tab \*\*Pt Specific\*\*
- Furosemide (Lasix) - tab, inj
- G -**
- Gabapentin (Neurontin) cap, tab
- Gemfibrozil (Lopid) tab
- Glipizide (Glucotrol) tab
- Glucagon Emergency Kit
- Glucose tab, gel
- Glyburide (Microne) tab -not Micronized
- Glyburide/Metformin (Glucovance) tab
- Guafenesin (Robitussin) tablet, syrup
- H -**
- Haloperidol (Haldol) - 1mg, 2mg, 5mg tab
- Haloperidol (Haldol) 5mg/ml inj
- Haloperidol (Haldol)Decanoate 50mg/ml, 100mg/ml inj
- Hemorrhoidal cm, oint
- Hepain injection
- Hepatitis B vaccine (Engerix, Recombivax)
- Homatropine (Isopto Homatropine) ophth drop \*\*Pt Specific\*\*
- Hydralazine (Apresoline) tab
- Hydrochlorofluazide (Hydrodiuril) tab
- Hydrocortisone (Plytone) cm, oint - not lotion
- Hydroxyzine Pamoate (Vistar) cap - not susp or 100mg
- Hydroxyzine Pamoate (Vistar) 25mg/ml, 50mg/ml inj
- HyperT et inj
- I -**
- Ibuprofen (Motrin) tab
- Indinavir (Crabven) cap \*\*Pt Specific\*\*
- Indomethacin (Indocin) cap - not SR
- Insulin/Human (Humulin N, R, U, 70/30, Humalog, Humalog mix 75/25, 50/50)
- Intelence tab \*\*Pt Specific\*\*
- Ipratropium (Atrovent) inhalation soln
- Isoniazid (INH) 300mg tab - not 100mg
- Isoorbide Dinitrate (Isordil) tab
- Isoorbide Mononitrate (mduir) tab

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CHC Preferred Medication List  
updated 10/25/2011

**CORRECTIONAL™  
HEALTHCARE COMPANIES** | **PREFERRED MEDICATION LIST**



- L -
- Lactulose (Enulose) syrup
- Lamivudine (EpiVir-3TC) tab, oral soln **\*\*Pt Specific\*\***
- Lamivudine/Zidovudine (Combivir) tab **\*\*Pt Specific\*\***
- Lamivudine/Zidovudine/Abacavir (Trizivir) tab **\*\*Pt Specific\*\***
- Latanoprost (Xalatan) 0.005% eye drop **\*\*Pt Specific\*\***
- Levetiracetam (Keppra) tab **\*\*Pt Specific\*\***
- Levalthyroxine (Levo-T, Levotroid) tab
- Lice Shampoo (Rid) - 1st line
- Lidocaine (Xylocaine) inj 1%, 2%, w/ Epi, w/o Epi
- Lidocaine (Xylocaine) 2% Viscous Soln **\*1 bottle per facility as stock**
- Lisinopril (Prinivil) (Zestril) tab
- Lithium Carbonate (Eskalith) tab, cap - not SR
- Loperamide (Imodium) cap - not tab or A-D
- Lopinavir/Ritonavir (Kaletra) tab **\*\*Pt Specific\*\***
- Lorazepam (Chantix) tab
- Lorazepam (Ativan) inj - SDV only (1 ml)
- Losartan (Cozaar) tab
- Loxapine Succinate (Lodrane) cap
- L-Tyrosine 500mg cap
- M -
- Medicazine (Antivent) tab
- Mefenorex (Mobic) tab
- Mefloquine HCL (Glucophage) tab
- Mefloquine (Abomec) tab
- Methylergonovine Maleate (Methergine) tab, inj **\*\*Pt Specific\*\*** Pregnancy
- Methylprednisolone (Solu-Medrol) inj
- Methylprednisolone Depo (Depo-Medrol) inj
- Mebutolamide (Reglin) tab - not inj or liquid
- Mefoprolol (Lopressor) tab
- Mefonidazole (Flagyl) tab - not 375mg capsule
- Miconazole (Monistat 7) crm
- Miconazole Nitrate (Monistat Derm) 2% crm
- Milk of Magnesia Liquid
- Mirzapine (Remeron) tab
- Multivitamin (Theragen, One A Day) tab
- Multivitamin/Calcium/iron (Prenatal) tab
- Multivitamin/iron (One A Day w/iron) tab
- N -
- Naphazoline (Clear Eyes, Naproon) 0.12% ophth gts
- Naproxen (Naprosyn) tab - not Anaprox
- Naphazoline (Clear Eyes Opt. Gts.)
- O -
- Onasemnole (Pritelio) 20mg cap only
- Oxybutynin (Ditropan) tab
- P -
- Paroxetine (Paxil) tab
- Penicillin (Pan VK) tab
- Permethrin (Nix) 1% lotion - 2nd line
- Perphenazine (Trilafon) tab
- Phenobarbital tab, 65mg/ml inj, elixir
- Phenytoin (Dilantin) tab, cap, 250mg/ml inj
- Phisohex 3% cleanser
- Phosphate (Fleet) Enema
- Pilocarpine (Piloca) eye gts **\*\*Pt Specific\*\***
- Polymyxin B/Trimethoprim (Polymixin) ophth gts
- Polymyxin/Neomycin/Hc (Cortisporin) dtb susp, soln
- Polaxasium Chloride - not 25mg eq effervescent packet
- Povidone Iodine (Betadine) soln
- Prazosin (Minipress) cap
- Probenecid/Colchicine (Cobenemid) tab
- Promethazine (Phenergan) tab, inj
- Proparandol (Inderal) tab, inj - not LA
- Psyllium (Metamucil) packet, powd
- R -
- Raltegravir (Isentress) tab **\*\*Pt Specific\*\***
- Ranitidine (Zantac) tab
- Regulid (Metamucil) packet, powd
- Ritampin (Ritadin) cap
- Risperidone (Risperdal) tab - for psychosis
- Ritonavir (Norvir) tab, cap, oral soln **\*\*Pt Specific\*\***
- S -
- Saline Nasal Spray
- Saquinarin Mesylate (gq (Invisase) tab, cap **\*\*Pt Specific\*\***
- Sertraline (Zoloft) tab
- Silver Sulfadiazine (SSD) 1% crm
- Simvastatin (Zocor) tab - not 80mg
- Sodium Chloride 0.9% inj
- Solacaine gel
- Sorbicid 70% soln
- Spiroololone (Aldactone) tab
- Stavudine (Zerit-44T) cap, soln **\*\*Pt Specific\*\***
- Sterile Water for Injection
- Sterile Water for Irrigation
- Suboxone tab, filmab
- Sulfacetamide (Bleph-10) 10% ophth soln
- Sulfamethoxazole/Trimethoprim (Bactrim) tab
- Sulfasalazine (Azulfidine) tab - not EC
- T -
- Tar Shampoo
- Tenofovir Disoproxil Fumarate (Viread) tab **\*\*Pt Specific\*\***
- Terezozin (Tytrin) cap
- Tetbutaline (Bretine) tab, inj
- Telenus Diphenidol inj
- Telenus Toxicoid Absorbed inj
- Tetracycline (Achromycin) cap
- Timolol Maleate (Timoptic) ophth gts **\*\*Pt Specific\*\***
- Tipranavir (Aptivus) cap **\*\*Pt Specific\*\***
- Tolmetate (Tiqvion) cream, powder, solution
- Tofiramat (Topamax) tab
- Trazodone (Desyre) tab
- Tramadolone (Fristicot) crm, oral, lotion
- Trifluoperazine (Stelazine) tab
- Trimethoprim (Trimpez) tab
- Truvada tab **\*\*Pt Specific\*\***
- Tuberculin PPD, Mantoux (Aplisol, Tubersol) inj
- V -
- Venlafaxine (Effexor) tab - not 37.5 use 75mg half tab
- Ventafaxine ER (Effexor XR) tab, cap - 150mg only
- Vitamin B-1 (Thiamine) tab, inj
- Vitamin B-3 (Niacin, Nicotinic Acid)
- Vitamin B-6 (Pyridoxine) tab
- W -
- Warfarin (Jantoven) tab
- Z -
- Zidovudine (Retrovir-AZT) cap, syrup **\*\*Pt Specific\*\***

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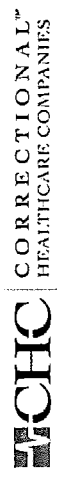
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CHC Preferred Medication List

**PREFERRED MEDICATION LIST**

- Allergy/Cold**  
Aprodine (Acifed) tab  
Chlorpheniramine (Chlor-Timeton) tab  
Diphenhydramine (Benadryl) cap, elixir, inj  
Guaifenesin (Robitussin) tablet, syrup  
Loratadine (Claritin) tab  
Saline Nasal Spray
- Analgesics**  
Acetaminophen (Tylenol) - all forms  
Acetaminophen w/Cocaine (Tylenol #3) tab  
Aspirin Chewable (Aspirin E.C. tab  
Chlorzoxazone (Parafon Forte) tab  
Cyclobenzaprine (Flexeril) tab  
\*\*Pt Specific\*\* max TID x 3 days  
Ibuprofen (Motrin) tab  
Indomethacin (Indocin) cap - not SR  
Meloxicam (Mobic) tab  
Naproxen (Naprosyn) tab - not Anaprox
- Anti Asthmatics/Bronchodilators**  
Albuterol (Ventolin) HFA Inhaler  
Albuterol (Proventil) Solution  
Albuterol (Proventil) unit dose  
Beclomethasone (QVAR 80) \*\*Pt Specific\*\*  
Ipratropium (Atrovent) inhalation soln  
Methylprednisolone (Solu-Medrol) inj  
Methylprednisolone Depo (Dopo-Medrol) inj  
Prednisone (Deltasone) tab, dose pack
- Anti Cholinergics/Anti Parkinsonian**  
Amantadine (Symmetrel) cap  
Benztrapine Mesylate (Cogentin) tab, inj  
Oxybutynin (Ditropan) tab
- Anti Coagulants/Anti Platelets**  
Aspirin E.C. (Ecotrin) tab  
Heparin Injection  
Warfarin (Jantoven) tab
- Anti Convasants**  
Divalproex sodium (Depakote) tab  
Gabapentin (Neurontin) cap, tab  
Levetiracetam (Keppra) tab \*\*Pt Specific\*\*  
Phenytoin (Dilantin) tab, cap, inj  
Phenobarbital tab, inj, elixir
- Anti Convulsants Injections**  
Diazepam (Valium) single dose (1ml)  
Lorazepam (Ativan) inj - SDV only (1ml)  
Phenobarbital Injection 65mg/ml  
Phenytoin (Dilantin) 250mg/ml injection
- Anti Diabetic**  
Glipizide (Glucotrol) tab  
Glyburide (Micronase) tab -not Micronized  
Glyburide/Metformin (Glucovance) tab  
Insulin/Human (Humulin N, R, U, 70/30, Humalog, Humalog mix 75/25, Humalog mix 50/50) inj  
Metformin HCL (Glucophage) tab
- Anti Gout**  
Allopurinol (Zyloprim) tab  
Probenecid/Colesticine (Colbenemid) tab
- Anti Hypertension**  
Atenolol (Tenormin) tab  
Amlodipine (Novvasc) tab  
Captopril (Capoten) tab  
Chlorthalidone (Thalitone) tab  
Clonidine (Catapres) tab  
Furosemide (Lasix) - tab, inj  
Enalapril (Vasotec) tab  
Hydralazine (Apresoline) tab  
Hydrochlorothiazide (Hydrochlor) tab  
Lisinopril (Prinivil) (Zestril) tab  
Losartan (Cozaar) tab  
Methyldopa (Aldomet) tab  
Metoprolol (Lopressor) tab  
Prazosin (Minipress) cap  
Propranolol (Inderal) tab, inj - not LA
- Anti Infection/Antibiotics IV**  
Ampicillin IV - all strengths  
Ampicillin/Sulbactam (Unasyn) IV - all strengths  
Bactrim IV  
Cefazolin (Ancef) inj  
Ceftriaxone (Rocephin) inj
- Anti Infectives/Antibiotics**  
Amoxicillin (Amoxil) cap  
Amoxicillin/Clavulanic (Augmentin) tab - 875mg only  
Azithromycin (Zithromax) tab  
Bicillin LA - IM Only  
Cephalexin (Keflex) cap  
Ciprofloxacin HCL (Cipro) tab  
Clindamycin (Cleocin) cap  
Dicloxacillin (Dynapen) cap  
Doxycycline (Vibramycin) tab, cal  
Erythromycin (E-Mycin) tab - not capsule  
Fluconazole (Diflucan) tab  
Isoniazid (INH) 300mg tab - not 100mg  
Metronidazole (Flagyl) lab -not 375mg capsule  
Miconazole (Monistat 7) vag supp - not 1 or 3  
Nystatin (Mycostatin) sup  
Penicillin (Pen VK) tab  
Rifampin (Rifadin) cap  
Sulfamethoxazole/Trimethoprim (Bactrim) tab  
Tetracycline (Achromycin) cap  
Trimethoprim (Trimplex) tab
- Anti Lipemics**  
Gemfibrozil (Lopid) tab  
Nicotinic Acid-Vitamin B3 (Niacin) IR/SR tab, cap  
Simvastatin (Zocor) tab - not 80mg
- Anti Viral**  
Acyclovir (Zovirax) tab, cap - not ointment or suspension
- Cardiovascular**  
Carvedilol (Coreg) tab  
Digoxin (Lanoxin) tab, inj  
Isosorbide Dinitrate (Isordil) tab  
Isosorbide Mononitrate (Imdur) tab  
Nitroglycerin (Nitrostat) sublingual  
Potassium Chloride - not 25mEq effervescent packet  
Propranolol HCl (Inderal) tab, inj - not LA
- Dermatology/Topicals**  
Acticin/Permethrin (Elimite) 5% cream - 2nd line  
Analgesic rub (Bengay)  
Bacitracin (Baciguent) ointment  
Benzoyl Peroxide (Benzac) gel, lotion, wash  
Domeboro packets  
Hemorrhoidal cm, oint  
Hydrocortisone (Hytone) cm, oint - not lotion  
Lice Shampoo (Rid) - 1st line  
Miconazole (Monistat 7) cm  
Miconazole Nitrate (Monistat Derm) 2% cm  
Permethrin (Nix) 1% lotion - 2nd line  
Phisohex 3% cleanser  
Silver Sulfadiazine (SSD) 1% cm  
Solarcaine gel  
Tar Shampoo  
Tolnateate (Tinactin) cm, powd, soln  
Triamcinolone (Aristocort) cm, oint, lotion
- Endocrine/Thyroid**  
Levothyroxine (Levo-T, Levothroid) tab
- Gastrointestinal/GI**  
Alamag/Alamag Plus (Maalox, Maalox Plus)  
Anusol-HC (Anusol-HC) rectal suppository  
Bella Donna Alkaloids/Phenobarbital (Donnatal) tab, elixir  
Bisacodyl (Dulcolax) 5mg tab, 10mg supp  
Bismuth (Pepto-Bismol) liquid, tab  
Calcium Antacid/Calcium EX (Tums, Tums EX) chewable  
Citrates of Magnesia (Citra) liquid  
Dicyclomine (Bentyl) tab, cap

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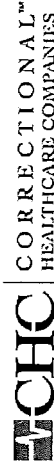
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**PREFERRED MEDICATION LIST (continued)**

- Gastrointestinal - continued-**  
 Dimenhydrinate (Dramamine) 50mg tab  
 Docusate Sodium (Colace) cap - not 50 mg  
 Lactulose (Enulose) syrup  
 Loperamide (Imodium) cap - not tab or A-D  
 Medication (Antivert) tab  
 Metoclopramide (Reglan) tab - not inj or liquid  
 Milk of Magnesia Liquid  
 Omeprazole (Prilosec) 20mg cap only  
 Phosphate (Fleet) Enema  
 Promethazine (Phenergan) tab, inj  
 Psyllium (Metamucil) packet, powder  
 Reguloid (Metamucil) packet, powder  
 Ranitidine (Zantac) tab  
 Sorbitol 70% soln  
 Sulfasalazine (Azulfidine) tab - not EC
- HIV/Related Agents,\***  
 \* All Medications must be Pt Specific  
 Abacavir Sulfate/amivudine (Epzicom) tab  
 Abacavir Sulfate (Ziagen) tab, soln  
 Atazanavir Sulfate (Reyataz) cap  
 Atriple tab  
 Azithromycin (Zithromax) 600mg tab  
 Dapsone-DDS tab  
 Darunavir (Prezista) 400mg, 600mg tab  
 Delavirdine (Rescriptor) tab  
 Didanosine (Videx-ddI) EC cap  
 Efavirenz (Sustiva-EFV) tab, cap  
 Emtricitabine (Emtriva) cap  
 Fosamprenavir Calcium (Lexiva) tab  
 Indinavir (Crixivan) cap  
 Inleience tab  
 Lamivudine (Epivir-3TC) tab, oral soln  
 Lamivudine/Zidovudine/Abacavir (Trizavir) tab  
 Lamivudine/Zidovudine (Combivir) tab  
 Lopinavir/Ritonavir (Kaletra) tab  
 Nelfinavir Mesylate (Viracept) tab, cap, powder  
 Nevirapine (Viramune-NVP) tab
- HIV/Related Agents,\* - continued -**  
 \* All Medications must be Pt Specific  
 Raltegravir (Isentress) tab  
 Ritonavir (Norvir) tab, cap, oral soln  
 Saquinavir Mesylate hgc (Invirase) tab, cap  
 Stavudine (Zerit-d4T) cap, soln  
 Tenofovir Disoproxil Fumarate (Viread) tab  
 Tipranavir (Aptivus) cap  
 Truvada tab  
 Zidovudine (Retrovir-AZT) cap, syrup
- Immunization/Prevention**  
 Hepatitis B vaccine (Engenx, Recombivax)  
 HyperTet inj  
 Tetanus Diphtheria inj  
 Tetanus Toxoid Absorbed inj  
 Tuberculin PPD, Mantoux (Aplisol, Tubersol) inj
- Misc**  
 Ammonia Inhalants  
 Bacteriostatic Sodium for Chloride Injection  
 Baylet 250 units syringe  
 Clorazepate (Tranxene) tab ETOH Withdrawal Protocol  
 Glucagon Emergency Kit  
 Glucose tab, gel  
 Heparin injection  
 Lidocaine (Xylocaine) inj - 1%, 2%, w/ Epi, w/o Epi  
 Lidocaine (Xylocaine) 2% Viscous Soln  
 \*1 bottle per facility as stock  
 NSS Irrigation Solution  
 Povidone Iodine (Betadine) soln  
 Sodium Chloride 0.9% inj  
 Suboxone tab, film tab  
 Sterile Water for Injection  
 Sterile Water for Irrigation
- Ophthalmic/Antibiotics**  
 Ciprofloxacin HCl Oph sol 0.03% - 5ml, 10ml  
 Neo/Gram/Poly (Neosporin) ophth soln  
 Polymyxin B/Timethoprim (Polytrim) ophth drop  
 Sulfacetamide (Bleph-10) 10% ophth soln
- Ophthalmic/Anti Glaucoma**  
 Brimonidine Tartrate (Alphagan) eye drop \*\*Pt Specific\*\*  
 Dorzolamide (Trusopt) 2% eye drop \*\*Pt Specific\*\*  
 Latanoprost (Xalatan) 0.005% eye drop \*\*Pt Specific\*\*  
 Pilocarpine (Pilocar) eye drop \*\*Pt Specific\*\*  
 Timolol Maleate (Timoptic) ophth drop \*\*Pt Specific\*\*
- Ophthalmic Misc. Agents**  
 Homatropine (Isopto Homatropine) ophth drop \*\*Pt Specific\*\*  
 Naphazoline (Clear Eyes, Naphcon) 0.12% ophth drop
- Otic (Ear)**  
 Acetic Acid (Voseol) 2% otc soln  
 Carbamide Peroxide (Debrox) 6.5% otc soln  
 Polymyxin/Neomycin/HC (Cortisporin) otc susp, soln
- Pregnancy-related Protocol Medications\***  
 \* All Medications must be Pt Specific  
 Methylglucosamine Maleate (Methergine) tab, inj  
 Nifedipine (Procardia) 10mg cap, 20mg cap  
 Terbutaline (Brethine) tab, inj
- Psychotropics - continued**  
 Fluphenazine Decanoate (Prolixin) inj  
 Haloperidol (Haldol) - 1mg, 2mg, 5mg tab  
 Haloperidol Decanoate (Haldol Decanoate) inj  
 Hydroxyzine Pamoate (Vistaril) cap - not susp or 100mg  
 Lithium Carbonate (Eskalith) tab, cap - not SR  
 Loxapine Succinate (Loxitane) cap  
 Mirtazapine (Remeron) tab  
 Paroxetine (Paxil) tab  
 Perphenazine (Trilafon) tab  
 Risperidone (Risperdal) tab - for psychosis  
 Sertaline (Zoloft) tab  
 Venlafaxine (Effexor) tab - not 37.5 use 75mg half tab  
 Venlafaxine ER (Effexor XR) tab, cap - 150mg only  
 Topiramate (Topamax) tab  
 Trazodone (Desyre) tab  
 Trifluoperazine (Stelazine) tab
- Psychotropic Injections**  
 Chlorpromazine (Thorazine) 50mg/2ml inj  
 Fluphenazine (Prolixin) 2.5mg/ml inj  
 Fluphenazine (Prolixin) Decanoate 25mg/ml MDV  
 Haloperidol (Haldol) 5mg/ml inj  
 Haloperidol (Haldol) Decanoate 50mg/ml, 100mg/ml inj  
 Hydroxyzine Pamoate (Vistaril) 25mg/ml, 50mg/ml inj
- Vitamins**  
 Ferrous Sulfate 325mg tab  
 Folic Acid (Folate) 1mg tab  
 L-Tyrosine 500mg cap  
 Multivitamin (Theragan, One A Day) tab  
 Multivitamin/Calcium/Iron (Prenatal) tab  
 Multivitamin/Iron (One A Day w/Iron) tab  
 Nicotinic Acid (Niacin) tab, SR tab, cap  
 Vitamin B-1 (Thiamine) tab, inj  
 Vitamin B-3 (Niacin, Nicotinic Acid)  
 Vitamin B-6 (Pyridoxine) tab

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## 20. In-clinic labs (includes contract with lab services provider)

Laboratory services will be provided by a national laboratory company. Laboratory services will include routine, special chemistry, and toxicology analysis. All laboratory testing performed onsite will be in compliance with the Clinical Laboratory Improvements Amendments. Services will include timely pickup and delivery, accurate reporting, and all necessary supplies.

Laboratory specimens will be drawn by the healthcare staff and sent to the reference laboratory. Arrangements will be made with the local hospital or laboratory service for stat testing. The laboratory will call the facility to provide notification of all critical results. All laboratory results will be reviewed and initialed by the Medical Director with a follow-up plan of care if indicated.

Based on Addendum 5/Attachments A and B, CHC acknowledges it can retain the current vendor or establish relationships with a new laboratory contractor.

## 21. In-clinic x-ray services (includes contract with mobile x-ray)

Standard X-rays will be completed on site whenever possible and results will be promptly reviewed. In some cases, EKG services can be conducted on site within the scope of licensure. It may be necessary to send some radiology patients to an urgent care center or hospital as determined by the healthcare staff. All radiology results will be reviewed and initialed by the site Medical Director with a follow-up plan of care as indicated.

We will make appropriate offsite arrangements for any specialty care or diagnostic service, which will be coordinated with detention staff for required security transport to and from the offsite facility.

Upon contract award, CHC will contract with a mobile x-ray provider.

Based on Addendum 5/Attachments A and B, CHC acknowledges it can retain the current vendor or establish relationships with a new x-ray contractor.

## 22. Dental Care

Inmates will have their dental needs assessed on intake. Each inmate requiring dental care will be seen under the direction of an onsite dentist. CHC healthcare staff will be trained to provide inmates with instruction in oral hygiene, examination, and how to address dental problems. We will address emergent needs, and all care will be recorded in the inmate's medical record.

Current infection control procedures will be followed. Routine dental problems will be managed in a timely fashion in keeping with current community standards of practice. Extractions will be prioritized based upon emergent need and when medically necessary will be performed in a manner consistent with community standards of care and in adherence with the American Dental Association's clinical guidelines. Appropriate inventory and control of all dental supplies, instruments, and chemicals used in provision of dental services will be maintained.

### Emergent Treatment

When onsite, the dental staff will be available for emergencies, including fractured jaws, excessive bleeding, and acute abscess or other acute conditions. After hours or in the absence of a dentists and/or dental staff, CDC medical staff will evaluate the emergency in accordance with dental emergency protocols and policies.

## Routine Treatment

In the event routine dental treatment is needed, an inmate may submit a written request for dental care. Upon receipt of the request, the inmate's name will be added to the waiting list. Those inmates without sufficient teeth for proper mastication of food or those deemed to be urgent need of care will have a higher priority in the scheduling of appointments.

## Dental Examinations

A periodic dental exam will be performed by a Georgia-licensed dentist. Results will be recorded and filed in the inmate's medical record. Examinations will include evaluation of any urgent needs, charting of teeth, examination of the hard and soft tissue of the oral cavity, x-ray studies for diagnostic purposes if necessary, extra oral, head and neck examination, arrangements for consultation with referral to specialists in dentistry or oral surgery, as needed, review of documentation of dental history for the inmate, and scheduling dental examination and follow-up appointments for the dentist using the Dental Sick Call Log and prioritization for need.

## Preventive Dentistry

CHC's dental program emphasizes preventive dentistry. Our staff will provide oral hygiene instructions and prevention training as part of the orientation to healthcare services performed upon an inmate's arrival at the jail or prison. As part of the inmate's Dental Treatment Plan, personal preventive training and instructions will be provided and reinforced. The dental clinic will display preventive dentistry and oral hygiene posters for the inmates to view.

## Oral Surgery

If a CHC dentist determines that an offender needs oral surgery or other specialty services that cannot be provided onsite, CHC will make arrangements with an offsite oral surgeon or dental specialist in the community to provide such services.

## 23. Hazardous Waste Management and Disposal

### Waste Management and Disposal

We will assume responsibility for training our team members to implement the proper methods of handling and storage of hazardous and/or contaminated medical waste. All solid or semi-solid waste will be double bagged in red biohazard bags, and laundry will be placed in the properly designated bags. Used needles, syringes, and other sharps will be placed in biohazard sharps containers and properly disposed. Cleanup kits for bodily fluid spills will be available at all inmate housing units. We will be responsible for the cost of removal and disposal of medical waste.

### Contract with Waste Management and Disposal Company

CHC will contract with a waste management and disposal company upon award of the contract.



**24. Vendor is responsible for providing its employees with all equipment required for conducting routine medical assessments and procedures to include but not limited to any devices use to assess vital signs, dopplers, stethoscopes, glucometers and test strips, dressings, suture kits, etc.**

CHC will provide its employees at the Muscogee County Jail and Muscogee County Prison with all equipment required for conducting routine medical assessments and procedures, including but not limited to devices to assess vital signs, stethoscopes, dopplers, glucometers and test strips, dressings and suture kits, etc.

**25. Drugs and Alcohol Withdrawal and Detoxification**

Inmates arrested under the influence of alcohol or drugs will be separated from the general population and kept under close observation. The healthcare team, including the provider when onsite, will use established protocols to monitor intoxicated inmates during the detoxification period. If the inmate indicates a history or exhibits signs of an intense detoxification period, a provider may need to evaluate the inmate. Under extreme conditions, the inmate will be transported to a hospital for evaluation and treatment.

Generally inmates displaying acute detoxification symptoms will be admitted to the medical observation area managed by the nursing team, if applicable, and the facility provider will immediately be notified. The inmate will be watched for the following conditions, any of which may indicate that additional medical attention may be warranted:

- Tremors and/or agitation
- Nausea and/or vomiting
- Sweating, rapid pulse, fever
- Seizures, confusion
- Auditory and/or visual hallucinations

The Muscogee County Jail and Muscogee County Prison providers will be contacted regarding inmates whose condition begins to deteriorate during detoxification, and the provider may refer the inmate to a hospital if necessary. At the next sick call clinic, the provider will see any inmate who is admitted to the infirmary or exhibiting concerning withdrawal signs/symptoms.

**Withdrawal Management Policies and Procedures**

CHC has developed Policies and Procedures as well as Clinical Protocols on how to identify and treat inmates potentially in need of withdrawal management. In most cases, symptoms of intoxication or signs of withdrawal will be identified during the receiving screening and/or intake assessment. Inmates identified in need of a detoxification protocol will be identified through the use of a colored wristband.

Below is an overview of our policy, which can be customized to meet the needs of the jail and prison.

Adults arriving at the jail and prison for intake/booking who exhibit symptoms of drug or alcohol intoxication will be separated from the general population and kept under close observation. If the initial screening shows severe symptoms of intoxication and addiction, the detainee will be transferred to an area hospital or clinic for treatment. If medically cleared for booking, the detainee

will be transferred to the Medical Unit and monitored by the CHC clinical staff until sobriety is reached. The detainee will then undergo a comprehensive medical assessment, including:

- Complete physical exam to evaluate the detainee's overall health, presence of infectious or sexually transmitted diseases, eating disorders, medical and psychotic prescription history, and deterioration of physical appearance and personal grooming habits
- Family history of addiction and the degree of family support in the treatment process

The detainee will be monitored for the following withdrawal conditions, and if severe or persistent, transferred to an offsite treatment center:

- Tremors, slurred speech and impaired coordination
- Nausea, diarrhea or vomiting
- Sweating, rapid pulse, fever
- Seizures and delirium tremens (DTs)
- Auditory and/or visual hallucinations
- Racing heart or palpitations
- Difficulty breathing
- Depression or anxiety
- Paranoid or fearful for no reason

In addition, CHC will work with the current mental health vendor New Horizons to dual-diagnose any behavioral health disorders associated with the inmate's addiction.

## 26. Vendor is Responsible for filing Medicaid

Third party payment eligibility and verification is a function handled by CHC's Utilization Management (UM) department. When an offsite referral request is received, CHC's UM nurses will attempt to verify Medicaid or other third-party payer eligibility for the inmate. In the event that any medical services provided to an inmate are payable by a third party, we will relay this information to the offsite providers for appropriate billing. This includes, but is not limited to, workers' compensation, commercial medical insurance, Medicaid, Medicare, and federal, state, or local healthcare benefits or programs.

This process begins when an inmate is booked into the facility. The inmate is asked if they have health insurance as part of the booking process, and if so we attempt to get the policy information and/or a copy of the inmate's insurance card. If an inmate is brought to the Jail or Prison from the hospital ER, we will request the ER record and search for information that would indicate the inmate has current insurance coverage. We will also attempt to verify coverage by other methods, including contacting the spouse if the inmate is married and reviewing the past medical history for issues which may indicate a high likelihood that the inmate has Medicaid or Medicare coverage.

## Healthcare Reform Legislation

CHC actively follows healthcare reform legislation and continues to monitor court developments as they occur. CHC understands that, under the terms of the Patient Protection and Affordable Care Act

(PPACA), individuals in the criminal justice system are likely to have increased eligibility for coverage while incarcerated. However, pre-trial detainees are not considered incarcerated, and any existing Medicaid, Medicare, or commercial medical insurance coverage will remain in effect until the detainee is convicted. Additionally, inmates may be eligible for Medicaid and/or subsidized coverage upon parole or release. CHC's onsite discharge planner will assist the inmate with enrollment in Medicaid in advance of his or her scheduled release date.

Beginning in 2014 many inmates will qualify for Medicaid through a significant expansion of the program. Where Medicaid will pay for services for individuals in the criminal justice system, CHC will arrange their contract to allow for billing of Medicaid where allowed. Where inmates receive Medicaid coverage, a significant percentage of hospital admissions may be eligible to receive Federal Financial Participation (FFP) funds, which are matching federal funds that will be given to the County for eligible Medicaid expenditures. When this legislation takes effect, CHC will fully cooperate with the County to assist in realizing any potential savings or matching funds for which the County may be eligible.

**A-1. Additional Scope of Services CHC will Provide**

In addition to the "the minimum expectation of services" the vendor will be required to provide that are listed in Appendix A, CHC will also provide the following additional services.

**Proven 30-Day Jail and Prison Start-Up Plans**

CHC has developed an effective transition plan which is customized to each site and accounts for all aspects of beginning a comprehensive medical services program. We have been 100 percent successful in program implementation once a contract has been awarded – regardless of the facility's location. CHC has developed a well-versed transition team who is experienced in getting a project implemented quickly and methodically.

Our personnel have a proven track record of excelling in quick-turnaround start-ups or transitions to our healthcare program with even less than 30 days notice of award to start of the contract.

**PROGRAM IMPLEMENTATION SCHEDULE**  
Muscogee County Jail and Muscogee County Prison

Note: This schedule is based on a 30-day start up. The timelines provided are estimates based on our experience with program implementation at other facilities. Upon award of contract, we will work closely with the Muscogee County Sheriff's Department to adjust timelines as mutually agreed upon.

Event or Activity	Department	Completion Due Date	Date and Signature When Completed
<b>1. Contract Award</b>			
Negotiate final contract terms	Legal/ Operations	30 days before start up	

Event or Activity	Department	Completion Due Date	Date and Signature When Completed
Review manpower needs	Operations	30 days before start up	
Identify lead time before startup; develop timetable for CHC to be on site, be visible, interviewing, making contacts, etc.	Operations/HR	30 days before start up	
<b>2. Corporate Transition Team</b>			
Designate transition team; depending on size of facility; transition team may include HSA, HR, Accounting, Mental Health, IT	Operations	30 days before start up	
Assign transition team leader	Operations	30 days before start up	
Review contract to be sure CHC has included all contract requirements in the planning process	Legal/ Operations	30 days before start up	
Identify specific list of administrative and medical forms that need to be developed and in place at new facility on day one	Operations	14 days before start up	
Complete and send P&P Request for Changes form to Risk Management	Operations/ Legal	14 days before start up	
Review background of current medical team to determine continuation with CHC	Operations	21-14 days before start up	
Review offers for staff with corporate personnel	HR	21-14 days before start up	
Obtain state/regional license requirements	HR/Pharmacy/ Legal	14-7 days before start up	
Review insurance requirements, procure insurance certificate	Legal	14-7 days before start up	
Procure certificate of insurance to meet OCCD's insurance requirements	Legal	14-7 days before start up	

Event or Activity	Department	Completion Due Date	Date and Signature When Completed
Order medical reference books	Operations/UM	14-7 days before start up	
<b>3. Meet with Facility Authorities</b>			
Identify permanent office for HSA	Operations	14-7 days before start up	
Obtain facility policies and procedures	Operations	14-7 days before start up	
Conduct onsite visit and tour facility	Operations/Business Development	14-7 days before start up	
Establish facility priorities	Operations	14-7 days before start up	
Establish training requirements	Operations/UM	14-7 days before start up	
Determine facility requirements for security clearances	Operations/Business Development	14-7 days before start up	
Obtain facility telephone numbers	Operations/Business Development	14-7 days before start up	
Distribute CHC telephone numbers	Operations	14-7 days before start up	
Exchange organization charts	Operations	14-7 days before start up	
Meet with all shifts of security to answer any questions	Operations	14-7 days before start up	
Determine meal times, lockdown hours, shift changes to facilitate designing shift schedules	Operations	14-7 days before start up	

Event or Activity	Department	Completion Due Date	Date and Signature When Completed
Provide information to inmates regarding access to healthcare	Operations/ Onsite Staff/ Jail Staff	14-7 days before start up	
Identify facility's public relations policy	Operations/ Legal	14-7 days before start up	
Transition team reviews medical supplies and equipment on hand, reviews ongoing medical issues concerning inmate patients	Operations	14-7 days before start up	
<b>4. Contact Local Health Providers</b>			
Identify available services (ER, labs, oxygen, etc.)	Provider Contracting	30-14 days before start up	
<b>5. Assign Interview Team and Recruitment Function</b>			
Obtain list of current employees with address and telephone numbers	Contract Manager or Regional Director	30 days before start up	
Send welcome letters	HR/Recruiting	14-7 days before start up	
Check for local applications for positions	HR/Recruiting	30 days before start up	
Place ads for employment in local newspapers to identify outside candidates (if necessary) after notifying local staff	HR/Recruiting	30 days before start up	
Provide presentation to current employees regarding CHC, current HR policies, and benefits overview	Operations/HR	30-21 days before start up	
Interview current employees; confirm location for interviews	Regional Director or Contract Manager	30-21 days before start up	
Have all current employees complete CHC employment application	Regional Director or Contract Manager	14 days before start up	

Event or Activity	Department	Completion Due Date	Date and Signature When Completed
Interview outside applicants	Regional Director or Contract Manager	14 days before start up	
Send offer/no offer letters to current employees	HR	14 days before start up	
Identify HSA candidates if necessary	Regional Director or Contract Manager	14 days before start up	
Identify physician/Medical Director candidates if necessary	HR/Regional Director	14 days before start up	
Identify key department head candidates if necessary (DON, dentist, psychiatrist)	Operations/HR	14 days before start up	
Establish hire dates with startup date and security training/clearance requirements	Operations/HR	14-7 days before start up	
Develop staffing schedules	Regional Director/HSA	14-7 days before start up	
Arrange orientation for HSA	Regional Director	14-7 days before start up	
Arrange orientation for Medical Director	Regional Director/ Medical Director	14-7 days before start up	
<b>6. Supplies and Equipment</b>			
Conduct inventory of existing supplies, medications, and equipment	Operations	21-14 days before start up	
Determine facility supply/equipment receiving procedures	Operations	21-14 days before start up	

Event or Activity	Department	Completion Due Date	Date and Signature When Completed
Establish purchasing process for prescription drugs, medical supplies, etc.	Pharmacy/UM	21-14 days before start up	
Order necessary equipment, review maintenance agreements on existing equipment	Regional Director/HSA	21-14 days before start up	
Order business cards, envelopes, office supplies, stamps, FedEx supplies	Business Development Transition Team/ Regional Director	14-7 days before start up	
Obtain property tags and tag all CHC equipment (if applicable)	Regional Director/HSA	First day of start up	
Review all emergency supplies and equipment in medical center and in the Pods to ensure adequate supplies and nothing is out of date	Regional Director	14 days before start up	
<b>7. Computers and Telephones</b>			
IT consultant reviews computer and telephone systems to determine what, if any, new computer, fax, copier, telephone equipment needs to be ordered	IT/Regional Director	30-21 days before start up	
Arrange for delivery of computer and telephone/fax equipment	IT	7 days before start up	
Arrange for communications access for telephones, beepers, fax, etc.; arrange for cell phone for HSA	IT	21-14 days before start up	
Ensure that e-mail addresses are set up, CHC name appears on faxes, and new team members trained on all software applications and ready to go on day one	IT	First day of start up	
Change voicemail messages to new CHC contacts on first day	IT	First day of start up	
ID existing equipment needs and ownership for electronic medical records (EMR) system (if applicable)	IT	14-7 days before start up	



Event or Activity	Department	Completion Due Date	Date and Signature When Completed
Document existing technical services for EMR (if applicable)	IT	14-7 days before start up	
ID current jail management system/interface for EMR (if applicable)	IT	14-7 days before start up	
Document existing technical services for EMR (if applicable)	IT	14-7 days before start up	
<b>8. Offsite Providers</b>			
Identify all potential hospitals with whom CHC may contract (for specialty care)	Provider Contracting	14-7 days before start up	
Identify ambulance service; negotiate for best price	Provider Contracting	14-7 days before start up	
Identify preferred provider specialists in the community and arrange contact, including labs, X-ray, offsite medical specialists	Provider Contracting	14-7 days before start up	
Identify emergency sources for prescription drugs with local pharmacy	Pharmacy/ Provider Contracting	14-7 days before start up	
<b>9. Human Resources Services</b>			
Prepare new hire package for all current employees to become CHC employees, including offer letter, salary, reporting status, etc.	HR	14-7 days before start up	
Obtain application, licenses, certifications for all HR files	HR	14-7 days before start up	
Inform insurance carrier of new facility so carrier can set the facility up in their system	HR/Regional Director	14-7 days before start up	
Coordinate W4 information and give to Payroll to set up in P/R system	HR/Regional Director	14-7 days before start up	

Event or Activity	Department	Completion Due Date	Date and Signature When Completed
Confirm all required compliance posters are on display in new facility (EEO, FLSA, etc.)	HR/Regional Director	14-7 days before start up	
Provide instruction on new time keeping procedures	Payroll/Regional Director	First day of contract	
Arrange for new security IDs for healthcare team members	Regional Director/ Jail Administration	7 days before start up	
Develop and post new organization chart (if applicable)	Regional Director/ HR	7-1 day before start up	
Post list of emergency numbers	HSA/Regional Director	First day of contract	
Develop and secure HR files for all team members	Benefits Coordinator	7-1 day before contract	
<b>10. Finance and Accounting</b>			
Prepare operating budget and reviews with HSA	Finance Operations	First week of contract	
Review process for expense reporting and payments	Finance Operations	First week of contract	
Prepare payroll schedule	Finance Operations	First week of contract	
<b>11. Pharmacy (If Applicable)</b>			
Set up pharmacy account for new facility	Pharmacy	14- 7 days before start up	
Apply for state pharmacy license and DEA number if necessary	Pharmacy/Legal	30 days before start up	
Post license	HSA/Regional Director	First day of contract	
Establish policies and procedures for pharmacy practices	Pharmacy	14-7 days before start up	

Event or Activity	Department	Completion Due Date	Date and Signature When Completed
Establish prescription storage system	Pharmacy/HSA	7 days before start up	
Establish emergency after-hours pharmacy utilization protocol	Pharmacy	7-1 day before start up	
Develop procedures and logs for narcotic utilization and inventory	Pharmacy/HSA	7-1 day before start up	
Obtain PDR and drug reference book	Operations	14-7 days before start up	
<b>12. Utilization Management/Operations</b>			
Follow all inpatient admissions for medical necessity and timely return to facility; Milliman Care. Guidelines® utilized in determining medical appropriateness and discharge planning	UM/HSA	First day of start up	
Review all referrals for offsite clinic appointments (i.e. specialty clinics, diagnostic, radiology, and surgical procedures) with corporate Medical Director	UM/HSA	First day of start up	
Track all offsite activity daily so immediate follow-up on inpatient admissions can be initiated	UM/HSA	First day of start up	
Review all non-preferred medication requests with corporate Medical Director for approval or recommendations and submit to pharmacy and site	UM/HSA	First day of start up	
Assist sites with submission of appropriate forms and authorization of treatment for other entities such as USM, DOC, and ICE, ensuring appropriate entity assumes responsibility for claim payment	UM/HSA	First day of start up	

Event or Activity	Department	Completion Due Date	Date and Signature When Completed
Work with Contract/Claims Manager on offsite claims to negotiate discounted rate if no public aid, indigent schedule available; work with Manager of Government Programs to assist in identifying inmate patients qualifying for Medicaid or other services	UM/HSA	First day of start up	
Work with corporate pharmacy tech to establish par levels and obtain start up medications; pharmacy tech assists sites with all pharmacy issues, tracks medication usage	Pharmacy/HSA	First day of start up	
Provide UM Handbook and training to medical and administrative staff	UM	First day of start up	
<b>13. Data Collection</b>			
Put logs in place for collection of statistics	Regional Director/ HSA	First day of start up	
Develop procedure for monthly statistics	Regional Director/ HSA	First day of start up	
Identify reports needed	Regional Director/ HSA	First day of start up	
Identify facility's legal and risk management contacts	Regional Director/ HSA	First day of start up	
<b>14. Meetings and Committees</b>			
Establish schedule for team meetings	Regional Director/ HSA	1-14 days after start up	
Establish CQI committee and meetings	Regional Director/ HSA	1-14 days after start up	
Determine frequency of meetings with Sheriff and facility administration	Regional Director/ HSA	1-14 days after start up	
<b>15. Chronic Care Clinics</b>			

Event or Activity	Department	Completion Due Date	Date and Signature When Completed
Establish referral system	HSA	1-7 days after start up	
Establish chronic care clinics	HSA	1-7 days after start up	
<b>16. Surveys and Audits</b>			
Set date for start-up survey	Regional Director	60-90 days after start up	
Set date for operations audit	Regional Director	60-90 days after start up	
<b>17. Schedule follow-up support for facility after transition team leaves</b>			
<b>18. Compare conditions at new facility from when CHC arrived to 30 days after start of new contract</b>			

### Consultation on Proposed New Muscogee County Jail Mental Health Wing

From the March 7 site visit, we understand a new Mental Health Wing is proposed for the Muscogee County Jail, and the Sheriff’s Office would like input on its design and function.

CHC has extensive experience operating onsite mental and behavioral health programs within correctional facilities nationwide, and currently provides services to several offsite community mental health centers throughout the country. CHC can provide consultation services on effective design and mental health programming at the new mental health wing.

### Community Health Services

CHC’s responsibility for an inmate does not end when he or she is released from prison. We believe that it is also our duty to provide each inmate with the tools necessary to lead a law-abiding, self-supporting life in the community. This is our responsibility to the offenders, to their families, to our partner/clients, and to the community as a whole. We will work with the both the jail and prison’s discharge staffs, the mental health provider New Horizons, and local businesses to help ex-offenders adjust to life back in their communities.

### Partnerships with Local Non-Profit and Community-Based Organizations

CHC takes pride in being an active member in the communities in which we operate. To this end, we are dedicated to partnering with local non-profit and community-based organizations to provide program services or consulting when possible. In many instances, CHC participates in community

advisory boards to ensure that the correctional, judicial, and greater communities are able to contribute their input of how our programs can best have a positive impact.

## Orientation and Training

We believe that comprehensive orientation and training of all team members is integral to the success of our healthcare program. Team members will be oriented to the facilities as well as to our company and be required to complete our New Team Member Orientation Program indicating that they have received both oral and written information concerning their job responsibilities, security issues, and healthcare policies and procedures. New team members will also be required to shadow and receive training by existing medical staff prior to working independently on any shift. In addition, all team members may be required to attend security training as deemed necessary and made available by the facility several times a year.

We will ensure that every nurse will meet the annual continuing education requirements as set forth in both the NCCHC and ACA standards and we will support each team member in obtaining the necessary training to maintain licensure.

We can establish a medical library onsite at the facility for use by the healthcare staff. CHC will work with the County to assess and agree upon the necessary hard copy reference materials. The library will include, at a minimum, basic reference texts related to diagnosis and treatment in a primary setting. We also provide concentrated training programs which enable the Muscogee County Sheriff's Office and staff at both the Muscogee County Jail and Muscogee County Prison to further expand their knowledge of correctional medical care. We will offer the following medical training services:

- **Basic Health Screenings:** This training offers information to develop effective interview, observation, and rapid screening skills; review the importance and goals of health screenings at intake; health observations, and inquiries common to screening practices based on National standards.
- **Mental Health:** We provide information on how mental illness is defined; an overview of mood disorders, anxiety disorders, psychotic disorders, dissociative disorders, personality disorders, and behavioral issues; the use of anti-depressants; autism and ADHD as a mental illness; substance abusers and mental illness; signs of substance abuse; addiction and withdrawal; drugs and crisis situations during intake.
- **Blood borne Pathogen:** This training provides a discussion of the elements of the Blood borne Pathogen Standard; risks associated with exposure to blood borne pathogens; how to recognize various workplace hazards; and methods to avoid exposure; as well as actions to take in the event of an accidental exposure.
- **Alcohol Withdrawal:** This training defines withdrawal and the signs and symptoms of withdrawal, including the predictors of severe withdrawal. It provides an overview of the general management and treatment of individuals going through withdrawal and establishes goals of the detoxification process. Participants will be able to identify key information to communicate to the healthcare staff.
- **Illicit Drugs and Their Effects:** This training provides a thorough review of the Controlled Substance Act, information on common drugs and their street name(s), how they are used, the effects, and important information that should be reported to the healthcare staff.
- **Medication Administration:** We provide instructions regarding the administration of prescription medications according to written Physicians' orders; offers processes to safely administer necessary medication; maintaining proper documentation of medications administered.

- **Emergency Situations:** We provide a review of various types of emergency situations correctional officers may encounter, how each situation should be assessed, pertinent questions to ask the inmate, if able, and when to contact 911 rather than referring the issue to the healthcare staff.
- **Suicide Prevention:** This important training provides a profile overview of common suicide attempts in a correctional setting; review of suicide methods; suicide risk factors; high risk times and places; the role of communication in preventing suicides; interventions; establishing housing; suicide watch criteria; evaluation of cells, isolation, and individuals.

## Legal Services

We take a proactive approach to litigation and risk management to reduce our client's exposure to liability. Our facility-level quality assurance programs are complimented by our corporate legal department led by General Counsel Shelton Frey. In addition to ensuring corporate compliance and responsibility and overseeing the client contracting process, the department's dedicated risk manager ensures clients receive facility-specific healthcare policies and procedures that are based on national accrediting standards.

With the goal of providing best-in-class services, our risk management team also performs random healthcare unit audits to ensure compliance with our policies and monitoring of follow-up action plans. Our risk management team meets regularly to review system-wide data, policies, services, and patient outcomes to identify trends that may benefit from corrective action. We believe this proactive approach reduces the incidence of patient complaints and lawsuits while improving the clinical care provided to the inmate population.

Since it is impossible to eliminate all risk from any healthcare setting, our in-house legal team of attorneys and paralegals aggressively address each claim or lawsuit, working with our insurers, outside legal counsel, involved staff, and our clients to provide a cohesive defense.

## Risk Management

CHC has a full-time Risk Manager who oversees employee safety and ensures compliance with CHC policies for inmate health care services. We have developed a correctional Safety Manual for use in all of our facilities. Due to the confidential and proprietary nature of this manual, we would be happy to share its contents at an oral presentation or some other confidential face-to-face meeting.

## Licensure, Certification, and Credentialing

In a correctional setting, the process by which employees and physicians are credentialed is key to creating a safe and consistent healthcare delivery system. We have a credentialing procedure to verify licensure and practice history for all licensed candidates prior to their hire. Routine licensure, verification, and update of CPR certifications are performed annually. Our team approach to credentialing ensures a thorough review of each applicant.

Credentialing includes all documentation required by state law and will meet all The Muscogee County Sheriff's Office and Columbus Consolidated Government requirements. Minimum credentialing includes the following:

- A verified copy of a license to practice in the State of Georgia
- A verified copy of the Federal controlled substance registration, if applicable

- A fully completed malpractice insurance application, including a history of all previous malpractice claims or lawsuits active, pending, or closed during the past ten years
- Current CPR certification or ACLS certification
- A report from the National Practitioner Data Base ensuring there are no adverse actions against the applicant's license, or no unreported malpractice reports
- A signed Professional Services Agreement detailing the applicant's responsibilities regarding client site security, compliance with HIPAA, and access to patient records.
- A completed background check initiated by CHC, in addition to any criminal background checks the County may require
- Evidence of successfully completing a drug screening test as required by CHC
- Two peer references
- Current admitting privileges for at least one local hospital, if applicable

Staff will not be hired or subcontracted if any of the following conditions exist:

- Loss of license or voluntary surrender of license
- Limitation on license
- Inability to obtain professional liability insurance

Proof of current licensure, certifications, and registrations will be maintained onsite. Each physician, dentist, and mid-level provider will be re-credentialed every two years.

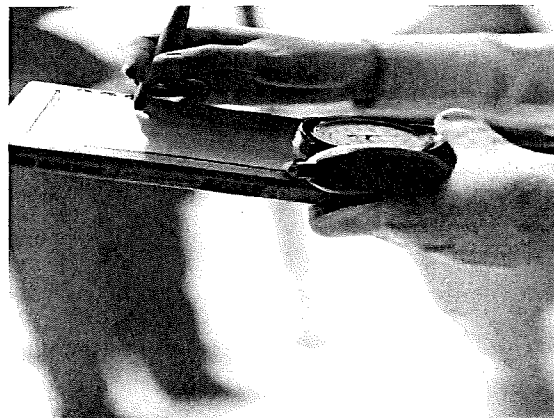
## A-2. Additional Negotiated Scope of Services CHC Can Offer

### Electronic Medical Records (EMR)

Based on Addendum 5/Attachments A and B, the Muscogee County Sheriff's Office is currently seeking an EMR, and are willing to discuss this with the selected vendor.

CHC is a technological leader in the industry and has developed a proprietary, customizable electronic medical records (EMR) system called Vizion® that we can offer to the Sheriff's Office and the Columbus Consolidated Government.

Vizion is a browser-based application developed specifically to enhance CHC's ability to deliver health services. It is a real-time health record creation and updating system with scanning capabilities to complement the digital storage of electronic records. Vizion contains modules designed to collect health information for intake, treatment, the Medication Administration Record (MAR), diet, utilization management, and standard and custom reporting. All modules are Internet Explorer-based applications with access to real-time information wherever internet access is available.





As CHC's proprietary system, Vizion differentiates itself by allowing complete customization for reporting, digital input forms for intake and treatment, custom problem-oriented records, seamless outbound email communication, and the exportation of data to office applications such as Microsoft Excel.

For full details of Vizion and specific examples of how it works, please see Attachment 2

## B. Equipment Provided by Vendor and Muscogee County Jail and Muscogee County Prison

B. Provide a list of all known equipment that will be provided by the vendor, or must be provided by the Muscogee County Jail or Muscogee County Prison under this contract.

### Equipment Provided by CHC

#### Jail and Prison Medical Supplies

CHC will procure and supply all medical supplies required to implement and run the inmate health services programs. Examples of medical supplies may include: hand instruments, syringes, bandages, gloves, and needles.

#### Jail and Prison Office Supplies

CHC will procure and supply all office supplies required to implement and run the inmate health services programs. Examples of office supplies may include: office paper, forms, and medical record folders.

#### Medical and Office Equipment

Based on Addendum 5/Attachment A and B, ownership of medical and office equipment purchased by CHC at both the Jail and Prison is open to negotiation following contract award.

### Equipment provided by the Muscogee County Jail or Muscogee County Prison

#### Equipment Provided by the Jail

Based on Addendum 5/Attachment A, CHC understands the Jail "has all the furniture, equipment, and supplies needed to run a Jail clinic of this size". CHC further understands "much of the furniture and equipment will need to be refurbished or replaced in the near future." We acknowledge that once a vendor is selected, the Sheriff's Office will be open to negotiations related to adding to or replacing equipment.

We further acknowledge that Addendum 5/Attachment A says new computers for medical care at the Jail will be in place when the contractor arrives.

We assume that the Sheriff's Office will supply housekeeping service, dietary service, personal hygiene service and supplies, and linen supplies at the Jail. It is further assumed the Sheriff's Office will supply the office space including office furniture and telephone services, as well as Internet access.

### Equipment Provided by the Prison

Based on Addendum 5/Attachment B, CHC understands all office and medical equipment listed on Pages 11-12 are "approximately 20+ years old, with the exception of the digital scale, copier, printers, two computers, one wheelchair and Omron portable blood pressure machines." We further acknowledge that the x-ray equipment in the Prison is inoperable.

We acknowledge that once a vendor is selected, the Sheriff's Office will be open to negotiations related to adding to or replacing equipment.

We assume that the Sheriff's Office will supply housekeeping service, dietary service, personal hygiene service and supplies, and linen supplies at the Prison. It is further assumed the Sheriff's Office will supply the office space including office furniture and telephone services, as well as Internet access.

### C. CHC Current Contracts

C. Describe any similar contracts vendor is currently involved in and their duration. Include the entity name and contact person, project, location, service provided, date of completion, telephone and fax numbers.

Please see Attachment 3 for our current client list.

## II. Personnel/Staffing

Please refer to Section 7: Cost Proposal for our staffing matrix for both the Muscogee County Jail and the Muscogee County Prison.

### III. Vendor Requirements

A: Vendor will be responsible for arranging emergency service and emergency transport. Vendor will not be financially responsible for emergency room costs or the cost of transport.

CHC acknowledges it will arrange for emergency services and transport, but will not be financially responsible for emergency costs or the cost of transport.

B. Vendor will be responsible for arranging hospital and specialty care. Vendor will not be responsible for the costs of either hospital or specialty care.

CHC will be responsible for arranging hospital and specialty care, but will not be responsible for the costs of either hospital or specialty care.

C. Vendor will not be responsible for elective care. Elective care is any treatment or medical intervention not required to prevent deterioration in the patient's health or required to avoid obvious harm to the inmate/patient. The vendors Medical Director will determine what treatments, interventions, therapies and pharmaceuticals are elective as opposed to those required to maintain the patient's health.

CHC agrees it will not be responsible for elective care. Our Medical Director will determine what treatments, interventions, therapies or pharmaceuticals are elective as opposed to required to maintain a patient's health.

D. Vendor will be required to provide emergency services to anyone on the property of the MCJ/MCP to include visitors, other contractors and staff. The vendor is not responsible for any costs associated with transport of follow or follow on care provided to these patients.

CHC agrees it will provide emergency services to anyone on the property of either MCJ or MCP to include visitors, other contractors and staff. CHC acknowledges it will not be responsible for transport or follow on care provided these patients.

E. Vendor is responsible for providing the MCJ/MCP with a pharmaceutical formulary, which includes an objective process and peer oversight/prior authorization for any prescriptions, which deviate from the base line first tier drug formulary. The vendor is NOT responsible for the cost associated with any prescription, which is derived from the formulary and/or follows the process agreed upon for ordering non-formulary drugs. In those cases in which the vendor's provider does not follow the formulary or the process of prior authorization for ordering non-formulary drugs the vendor WILL be responsible for the cost associated with that prescription.

CHC agrees it will be responsible for providing a pharmaceutical formulary to both MCJ and MCP. CHC acknowledges it will not be responsible for the cost associated with any prescription which is derived from the formulary and/or follows the process agreed upon for ordering non-formulary drugs. CHC further acknowledges it will be responsible for the cost of ordering non-formulary drugs if it does not follow the formulary or the process of prior authorization.

Please see our description and proposed formulary provided in Scope of Services, No. 19.

F. Vendor will be responsible for all Utilization Management and Claims Adjudication for any off site hospitalization or specialty care. The vendor will be identified as the administrative agent for all off-site medical care for the MCJ/MCP. The vendor will not be financially responsible for any off-site specialty or hospital care.

CHC agrees it will be responsible for all Utilization Management and Claims Adjudication for any off site hospitalization or specialty care. CHC acknowledges it will be identified as the administrative agent for all off-site medical care for the MCJ/MCP. CHC further acknowledges it will not be financially responsible for any off-site specialty or hospital care.

G. Vendor will bill the MCSO 30 days after the end of the contract quarter for reimbursement equal to all money the vendor has paid off-site medical services on behalf of the MCSO. The MCSO will submit payment to the vendor equal to the amount the vendor has billed within 30 days of receipt.

CHC agrees to bill MCSO 30 days after the end of the contract quarter for reimbursement equal to all money CHC has paid off-site medical services on behalf of the MCSO. CHC acknowledges MCSO will submit payment to the vendor equal to the amount the vendor has billed within 30 days of receipt.

H. MCSO will provide all the office space, clinic space, durable medical equipment and security which will be required by the vendor to allow the vendor to provide medical services to inmate/patients within the time frame and of the quality required by the published NCCHC and ACA standards.

CHC acknowledges MCSO will provide all office space, clinic space, durable medical equipment and security which will be required to provide MCJ/MCP inmates/patients within the time frame and quality of care mandated by NCCHC and ACA standards.

I. Vendor will not be responsible for mental health treatment.

CHC acknowledges it will not be responsible for mental health treatment. We will collaborate with New Horizons for the successful provision of these services when needed.

J. Vendor will provide monthly summary reports on clinical services to the MCSO. These reports will include as a minimum the following:

1. Number of patients on Psychotropic Drugs
2. Pregnancy Management
3. Treatment of patients with alcohol and drug abuse issues
4. Any use of restraints
5. Any use of forced medications
6. Sick Call
7. Chronic Care
8. Physicals
9. Intake Screening
10. TB prevention
11. Infection Control Tracking
12. HIV Treatment

- 
13. Staffing report with actual FTEs, hours worked and level of professional certifications
  14. Any sentinel events
  15. Legal Cases
  16. Dental Sick Call
  17. Vision Screening
  18. Referrals to outside specialists.
  19. Any refusals of care by patients
  20. Any refusals of medication
  21. Narcotics counts
  22. Emergency Room visits (requires additional documentation and justification)
  23. Specialist visits (requires additional documentation and justification)

CHC will provide monthly summary reports on clinical services to the Muscogee County Sheriff's Office (MCSO), including but not limited to – inmates on psychotropic drugs, pregnancy management, treatment of inmates with alcohol and drug abuse issues, any use of restraints, any use of forced medications, sick call, chronic care, physicals, intake screening, TB prevention, infection control tracking, HIV treatment, staffing report with actual FTEs, hours worked and level of professional certifications, any sentinel events, legal cases, dental sick call, vision screening, referrals to outside specialists, any refusals of care by patients, any refusals of medications, narcotics counts, emergency room visits and specialist visits.

## Section 5: Client Work History

A. Provide at least three (3) references for whom similar services have been performed. Include entity name, contact name, address, e-mail address, telephone and fax numbers.

Entity Name	<b>Bernalillo County Metropolitan Detention Center</b>
Contact Name	Ramon Rustin, Chief of Corrections
Address	100 Deputy Dean Miera Drive SW Albuquerque, NM 87151
E-Mail Address	rcrustin@bernco.gov
Telephone	(505) 839-8701
Fax Number	(505) 462-9806

Entity Name	<b>Lubbock County Detention Center and Juvenile Justice Center</b>
Contact Name	Kelly Rowe, Sheriff
Address	3501 N. Holly Ave. Lubbock, TX 79403
E-Mail Address	krowe@co.lubbock.tx.us
Telephone	(806) 775-1400
Fax Number	(806) 775-1491

Entity Name	<b>The GEO Group</b>		
Contact Name	James Black, Western Regional Director		
Address	<u>Facility 1</u>  Central Arizona Correctional Facility 1401 E. Diversion Dam Road Florence, AZ 85132	<u>Facility 2</u>  Arizona State Prison – Florence West 715 E. Diversion Dam Road Florence, AZ 85232	<u>Facility 3</u>  Arizona State Prison – Phoenix West 3402 W. Cocopah Street Phoenix, AZ 85009
E-Mail Address	jblack@geogroup.com		
Telephone	(310) 348-3000		
Fax Number	(561) 443-1906		

B. Provide a history of providing the comprehensive medical services described in Appendix A to incarcerated clients, as well as, other clients with similar needs.

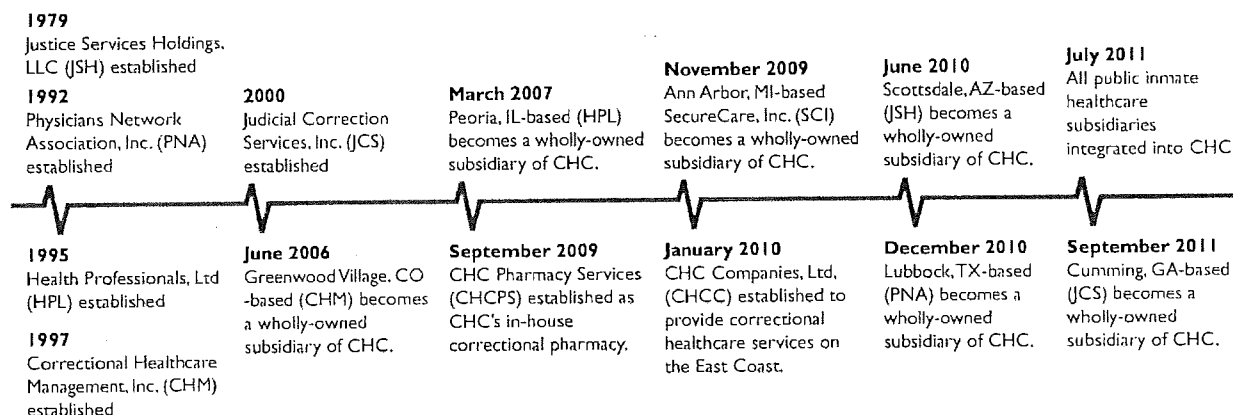
Correctional Healthcare Companies is a national leader in inmate healthcare management, providing comprehensive medical and behavioral healthcare solutions, state-of-the-art service, and uncompromised value to our clients for more than 21 years.

CHC was originally formed to create a leading inmate healthcare company for U.S. based jails and prisons, offering high quality, risk mitigating, and cost-effective services to all of our clients. Today, CHC serves more than 240 correctional facilities throughout the United States, from small facilities with an average daily population (ADP) of 10 to large correctional institutions with an ADP of 3,500. CHC also serves a number of Federal Bureau of Prison sites, as well as multiple State Departments of Corrections, including Illinois, Texas, Arizona, and Florida in both state and privately run facilities. We support the provision of medical services to more than 70,000 inmates daily in 26 states, and employ a professional staff of 2,750 employees and contractors.

CHC was incorporated in Delaware on January 28, 2010. We are currently licensed to provide inmate healthcare in every state in the country. CHC and our subsidiaries have been providing turn-key solutions to correctional facilities since 1992, and community services to court systems since 1979.

Below is a timeline of CHC's growth

## CHC Timeline



Since 2006, the Correctional Healthcare Companies, Inc., (CHC) brand has consolidated the institutional knowledge of four correctional healthcare companies, three community health service companies and a private probation company to offer best in class correctional and community health services. In June 2006, CHC acquired Correctional Healthcare Management, Inc., (CHM) based in Greenwood Village, Colorado. In March 2007, Peoria, Illinois based Health Professionals, Ltd., (HPL) was acquired. In November 2009, CHC acquired SecureCare, Inc., (SCI) based in Ann Arbor, Michigan. In June 2010, CHC acquired Justice Services Holdings, Ltd., (JSH) based in Phoenix, Arizona. In November 2010, San Bernardino, California based Hase & Associates Services, Inc. (HAS) was added to the CHC family. In December 2010, Texas based Physicians Network Association, Inc. (PNA) became a member of the CHC family of companies. In February 2011, CHC acquired Advanced Counseling Services, Inc., (ACC) based in Scottsdale, Arizona. Most recently, in September of 2011, Atlanta, Georgia based Judicial Correction Services, Inc. (JCS) was added to the

CHC family. In December 2011, many of the above companies were merged into CHC to streamline our corporate footprint and provide a single CHC brand recognition.

CHC's integration of HPL, CHM, SCI and PNA has positively affected its ability to provide inmate healthcare services. CHC's corporate structure has created synergies for each of its companies that enhance the programs and services offered. With the combined purchasing power of the CHC family of companies, CHC is able to purchase medical supplies, pharmaceuticals and other healthcare goods and services at reduced and extremely competitive rates. In turn, we are able to pass on significant savings to our clients. This represents a significant company differentiator for us and a huge benefit for our clients. In addition, CHC has streamlined supportive functions among its companies such as its finance, utilization management, and legal departments. This enables CHC to limit the cost impact of corporate support while increasing the supportive resources. As the CHC family of companies continues to grow, these savings and benefits will continue to be passed to our clients.

With the acquisition of JSH, ACC, HAS, and JCS, CHC has expanded its service capabilities to include community corrections and court services components such as court alternative sentencing sanctions, electronic monitoring services, reentry programs, and counseling treatment services including domestic violence, shoplifting, substance abuse, and cognitive skills programs. These community health services, located in 8 states serving over 120,000 participants annually, provide CHC with the unique opportunity to provide integrated community linkage to their traditional correctional healthcare services and effectively reduce the costs of incarceration while reducing recidivism.



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## Section 6. Business Requirements (Appendix C, D and F)

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A. Provide copy of insurance (Appendix C)

B. Complete GSICA Form (Appendix D)

C. Tax ID Form (Appendix F)

D. Provide copy of Business License

Vendors shall submit, with their bid or proposal, a copy of the Business License (Occupation License) that is required to conduct business at your location.

If awarded the contract, the successful vendor must obtain a business license from the City of Columbus. However, if the business is located in Georgia and has proof of being properly licensed by a municipality in Georgia, and paid applicable occupation taxes in that city, the contractor will not be required to pay occupation taxes in Columbus, Georgia.

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**APPENDIX C**

**INSURANCE CHECKLIST**

**RFP NO. 13-0024**

**COMPREHENSIVE MEDICAL SERVICES/  
MUSCOGEE COUNTY JAIL & MUSCOGEE COUNTY PRISON  
(ANNUAL CONTRACT)**

**CERTIFICATE OF INSURANCE MUST SHOW ALL COVERAGE  
AND ENDORSEMENTS INDICATED BY "X"**

CSL = Combined Single Limit; BI = Bodily Injury; PD=Property Damage

Required Coverage(s)		Limits (Figures denote minimums)	Bidders Limits/Response
X	1. Worker's Compensation and Employer's Liability	<b>STATUTORY REQUIREMENTS</b>	Statutory Limits
	Comprehensive General Liability		
X	2. General Liability Premises/Operations	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	\$1M / \$5M Annual Aggregate
X	3. Independent Contractors and Sub - Contractors	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	\$1M / \$5M Annual Aggregate
	4. Products Liability	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	\$1M / \$5M Annual Aggregate
	5. Completed Operations	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	\$1M / \$5M Annual Aggregate
	6. Contractual Liability (Must be shown on Certificate)	\$ 1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	for "insured Contracts" only as defined in the policy \$1M / \$5M Annual Aggregate
	Automobile Liability		
X	7. *Owned/Hired/Non-Owned Vehicles/ Employer non ownership	\$1 Million BI/PD each Accident, Uninsured Motorist	\$1M combined single limit
	Others		
X	8. Miscellaneous Errors and Omissions	\$1 Million per occurrence/claim	N/A
	9. Umbrella/Excess Liability	\$1 Million Bodily Injury, Property Damage and Personal Injury	\$5M Excess for GL/PL \$10M Excess Auto
	10. Personal and Advertising Injury Liability	\$1 Million each offense, \$1 Million annual aggregate	Included under GL - \$1M any one person / \$5M Annual Aggregate
	11. Professional Liability	\$1 Million per occurrence/claim	see Line 15 (MPL)

Required Coverage(s)	Limits (Figures denote minimums)	Bidders Limits/Response
12. Architects and Engineers	\$1 Million per occurrence/claim	N/A
13. Asbestos Removal Liability	\$2 Million per occurrence/claim	N/A
X 14. Medical Malpractice	\$1 Million per occurrence/claim	See line 15 (MPL)
X 15. Medical Professional Liability	\$1 Million per occurrence/claim	\$1M each Medical Incident / \$5M Annual Aggregate
16. Dishonesty Bond		Crime - handled by different broker
17. Builder's Risk	Provide Coverage in the full amount of contract	N/A
18. XCU (Explosive, Collapse, Underground) Coverage		not excluded
19. USL&H (Long Shore Harbor Worker's Compensation Act)		N/A
20. Contractor Pollution Liability	\$2 Million per occurrence/claim	N/A
21. Environmental Impairment Liability	\$2 Million per occurrence/claim	N/A
X 22. Carrier Rating shall be Best's Rating of A-VII or its equivalents		Yes
X 23. Notice of Cancellation, non-renewal or material change in coverage shall be provided to City at least 30 days prior to action.		Yes
X 24. The City shall be named Additional Insured on all policies		Yes - blanket Addtl Insured
X 25. Certificate of Insurance shall show Bid Number and Bid Title		Yes
26. Pollution: N/A	\$2 Million per occurrence/claim	N/A

\*If offeror's employees will be using their privately owned vehicles while working on this contract and are privately insured, please state that fact in the **Bidders Limits/Response** column of the insurance checklist.

**INSURANCE AGENT'S STATEMENT:**

I have reviewed the above requirements with the bidder named below and have advised the bidder of required coverages provided or not provided through this agency. The bidder can comply with the insurance requirements stated above.

AGENCY NAME: Alliant Insurance Services, Inc.

AGENTS NAME: James M. Fasone

SIGNATURE of AGENT: 

**BIDDER'S STATEMENT:**

If awarded the contract, I will comply with contract insurance requirements.

BIDDER NAME: Correctional Healthcare Companies, Inc.

AUTHORIZED SIGNATURE: 

## Section 7: Cost Proposal (Appendix B)

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- A. Complete cost proposal form, with annual fees, which will be paid in 12 equal monthly installments.
- B. Delineate any other associated costs relative to providing this service not included in the annual fee.

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**APPENDIX A (OPTION I)**

**COST PROPOSAL (Revised)  
COMPREHENSIVE MEDICAL SERVICES/  
MUSCOGEE COUNTY JAIL  
(ANNUAL CONTRACT)  
RFP NO. 13-0024**

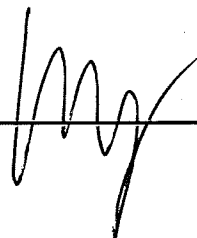
**Option One: RFP Staffing**

DESCRIPTION	CONTRACT YEAR	ANNUAL CONTRACT AMOUNT *
Medical Services	Initial Contract Years (1 <sup>st</sup> & 2 <sup>nd</sup> Year)	\$ 2,634,580.56
Medical Services	Third Year	\$ 2,713,617.98
Medical Services	Fourth Year	\$ 2,795,026.52
Medical Services	Fifth Year	\$ 2,878,877.32

\*Amount shown for the first and second year of \$2,634,580.56 is an annual amount. This amount would be needed for each year for a total of \$5,269,161.12 for the first two years in total.

**Company Name:** Correctional Healthcare Companies, Inc.

**Authorized Signature:** \_\_\_\_\_





**APPENDIX A (OPTION I)**

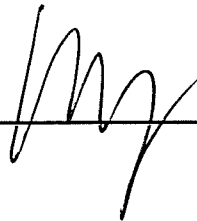
**COST PROPOSAL (Revised)  
COMPREHENSIVE MEDICAL SERVICES/  
MUSCOGEE COUNTY JAIL  
(ANNUAL CONTRACT)  
RFP NO. 13-0024**

**Option Two: CHC's Recommended Staffing**

<b>DESCRIPTION</b>	<b>CONTRACT YEAR</b>	<b>ANNUAL CONTRACT AMOUNT *</b>
Medical Services	Initial Contract Years (1 <sup>st</sup> & 2 <sup>nd</sup> Year)	\$ 2,247,739.44
Medical Services	Third Year	\$ 2,315,171.62
Medical Services	Fourth Year	\$ 2,384,626.77
Medical Services	Fifth Year	\$ 2,456,165.57

\*Amount shown for the first and second year of \$2,247,739.44 is an annual amount. This amount would be needed for each year for a total of \$4,495,478.88 for the first two years in total.

**Company Name:** Correctional Healthcare Companies, Inc.

**Authorized Signature:** \_\_\_\_\_  


## Staffing and Services Overview

Correctional Healthcare Companies, Inc. (CHC) is pleased to provide the following cost proposal for the consideration of Muscogee County (the "County"). We are proposing the following solution to best meet the County's specific needs. CHC is open to discussing our proposal in order to provide the optimal healthcare program for the County.

Staffing and Services Overview Muscogee County, GA		
<b>ADP Overview</b>	<b>Option 1</b>	<b>Option 2</b>
Average Daily Population (ADP)	1,895	1,895
Per Diem Reconciliation	\$0.40	\$0.40
<b>Professional Staffing (Hours per Week)</b>	<b>Option 1</b>	<b>Option 2</b>
Medical Director - Physician (Jail)	32.00	24.00
Healthcare Services Administrator - RN (Jail)	40.00	40.00
Mid-Level Practitioner (Jail)	40.00	40.00
Dentist (Jail)	30.00	30.00
Dental Assistant (Jail)	NOT PROPOSED	30.00
Director of Nursing (Jail)	40.00	40.00
Registered Nurse (Jail)	168.00	168.00
Registered Nurse - History & Physicals (Jail)	40.00	40.00
Licensed Practical Nurse - Intake (Jail)	168.00	168.00
Licensed Practical Nurse - Medication (Jail)	336.00	224.00
Licensed Practical Nurse - Sick Call (Jail)	112.00	112.00
Medical Technician/Phlebotomist (Jail)	168.00	NOT PROPOSED
Medical Records Clerk (Jail)	136.00	96.00
Administrative Assistant (Jail)	40.00	40.00
Medical Director - Physician (Prison)	8.00	16.00
Dentist (Prison)	4.00	4.00
Registered Nurse (Prison)	40.00	40.00
Licensed Practical Nurse (Prison)	224.00	112.00
<b>Total Equivalent Full-Time Employees</b>	<b>40.65</b>	<b>30.60</b>
<b>Professional Onsite Services</b>	<b>Option 1</b>	<b>Option 2</b>
Medical Services	✓	✓
Dental Services	✓	✓
Mental Health Coordination Services	✓	✓
Pharmaceutical Administration and Management	✓	✓
On-Call 24/7	✓	✓
Policies and Procedures	✓	✓
Laboratory Services	✓	✓
X-Ray Services	✓	✓
Medical Supplies	✓	✓
Medical Waste Removal	✓	✓
Office Supplies	✓	✓
Basic Medical Training - Jail Staff	✓	✓
Mental Health Training - Jail Staff	✓	✓
Comprehensive Medical Malpractice Insurance	✓	✓
Corporate Management and Oversight	✓	✓
<b>Professional Offsite Services</b>	<b>Option 1</b>	<b>Option 2</b>
Utilization Management	✓	✓
<b>Monthly Cost</b>	<b>\$273,475.71</b>	<b>\$232,524.74</b>
<b>Annual Cost</b>	<b>\$3,281,708.52</b>	<b>\$2,790,296.88</b>

### Flexible Staffing Matrix

CHC will provide the County with a comprehensive healthcare staffing program consisting of qualified medical and mental health professionals. The following staffing matrices provide detailed staffing plans for the options previously outlined. Please note that the exact days shown in the charts below are for illustrative purposes only and are flexible to meet the County's needs. We will work with the County to create an exact schedule which best maximizes the County's utilization of CHC's resources.

Staffing Matrix Option 1 - RFP Required Staffing												
Muscogee County Jail												
Position	On Call	Shift	Scheduled Hours							Total		
			MON	TUE	WED	THU	FRI	SAT	SUN	Hours	FTE	
Medical Director - Physician	✓	Day	8.00	8.00	8.00	8.00					32.00	0.80
Healthcare Services Administrator	✓	Day	8.00	8.00	8.00	8.00	8.00				40.00	1.00
Mid-Level Practitioner		Day	8.00	8.00	8.00	8.00	8.00				40.00	1.00
Dentist		Day	10.00	10.00			10.00				30.00	0.75
Director of Nursing		Day	8.00	8.00	8.00	8.00	8.00				40.00	1.00
Registered Nurse		Day	8.00	8.00	8.00	8.00	8.00	8.00	8.00		56.00	1.40
Registered Nurse		Evening	8.00	8.00	8.00	8.00	8.00	8.00	8.00		56.00	1.40
Registered Nurse		Night	8.00	8.00	8.00	8.00	8.00	8.00	8.00		56.00	1.40
Registered Nurse - History & Physicals		Day	8.00	8.00	8.00	8.00	8.00				40.00	1.00
Licensed Practical Nurse - Intake		Day	8.00	8.00	8.00	8.00	8.00	8.00	8.00		56.00	1.40
Licensed Practical Nurse - Intake		Evening	8.00	8.00	8.00	8.00	8.00	8.00	8.00		56.00	1.40
Licensed Practical Nurse - Intake		Night	8.00	8.00	8.00	8.00	8.00	8.00	8.00		56.00	1.40
Licensed Practical Nurse - Medication		Day	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	168.00	4.20
Licensed Practical Nurse - Medication		Evening	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	168.00	4.20
Licensed Practical Nurse - Sick Call		Day	8.00	8.00	8.00	8.00	8.00	8.00	8.00		56.00	1.40
Licensed Practical Nurse - Sick Call		Evening	8.00	8.00	8.00	8.00	8.00	8.00	8.00		56.00	1.40
Medical Technician / Phlebotomist		Day	8.00	8.00	8.00	8.00	8.00	8.00	8.00		56.00	1.40
Medical Technician / Phlebotomist		Evening	8.00	8.00	8.00	8.00	8.00	8.00	8.00		56.00	1.40
Medical Technician / Phlebotomist		Night	8.00	8.00	8.00	8.00	8.00	8.00	8.00		56.00	1.40
Medical Records Clerk		Day	8.00	8.00	8.00	8.00	8.00	8.00	8.00		56.00	1.40
Medical Records Clerk		Evening	8.00	8.00	8.00	8.00	8.00	8.00			40.00	1.00
Medical Records Clerk		Night	8.00	8.00	8.00	8.00	8.00				40.00	1.00
Administrative Assistant		Day	8.00	8.00	8.00	8.00	8.00				40.00	1.00
<b>Totals</b>			<b>218.00</b>	<b>218.00</b>	<b>208.00</b>	<b>208.00</b>	<b>210.00</b>	<b>144.00</b>	<b>144.00</b>	<b>1350.00</b>	<b>33.75</b>	

Staffing Matrix Option 1 - RFP Required Staffing												
Muscogee County Prison												
Position	On Call	Shift	Scheduled Hours							Total		
			MON	TUE	WED	THU	FRI	SAT	SUN	Hours	FTE	
Medical Director - Physician	✓	Day					8.00				8.00	0.20
Dentist		Day				4.00					4.00	0.10
Registered Nurse		Day	8.00	8.00	8.00	8.00	8.00				40.00	1.00
Licensed Practical Nurse		Day	16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00	112.00	2.80
Licensed Practical Nurse		Evening	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	56.00	1.40
Licensed Practical Nurse		Night	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	56.00	1.40
<b>Totals</b>			<b>40.00</b>	<b>40.00</b>	<b>40.00</b>	<b>44.00</b>	<b>48.00</b>	<b>32.00</b>	<b>32.00</b>	<b>276.00</b>	<b>6.90</b>	

Staffing Matrix Option 2 - CHC's Recommended Staffing												
Muscogee County Jail												
Position	On		Scheduled Hours							Total Hours	FTE	
	Call	Shift	MON	TUE	WED	THU	FRI	SAT	SUN			
Medical Director - Physician	✓	Day	8.00	8.00	8.00						24.00	0.60
Healthcare Services Administrator	✓	Day	8.00	8.00	8.00	8.00	8.00				40.00	1.00
Mid-Level Practitioner		Day	8.00	8.00	8.00	8.00	8.00				40.00	1.00
Dentist		Day	10.00	10.00	10.00						30.00	0.75
Dental Assistant		Day	10.00	10.00	10.00						30.00	0.75
Director of Nursing		Day	8.00	8.00	8.00	8.00	8.00				40.00	1.00
Registered Nurse		Day	8.00	8.00	8.00	8.00	8.00	8.00	8.00		56.00	1.40
Registered Nurse		Evening	8.00	8.00	8.00	8.00	8.00	8.00	8.00		56.00	1.40
Registered Nurse		Night	8.00	8.00	8.00	8.00	8.00	8.00	8.00		56.00	1.40
Registered Nurse - History & Physicals		Day	8.00	8.00	8.00	8.00	8.00				40.00	1.00
Licensed Practical Nurse - Intake		Day	8.00	8.00	8.00	8.00	8.00	8.00	8.00		56.00	1.40
Licensed Practical Nurse - Intake		Evening	8.00	8.00	8.00	8.00	8.00	8.00	8.00		56.00	1.40
Licensed Practical Nurse - Intake		Night	8.00	8.00	8.00	8.00	8.00	8.00	8.00		56.00	1.40
Licensed Practical Nurse - Medication		Day	16.00	16.00	16.00	16.00	16.00	16.00	16.00		112.00	2.80
Licensed Practical Nurse - Medication		Evening	16.00	16.00	16.00	16.00	16.00	16.00	16.00		112.00	2.80
Licensed Practical Nurse - Sick Call		Day	8.00	8.00	8.00	8.00	8.00	8.00	8.00		56.00	1.40
Licensed Practical Nurse - Sick Call		Evening	8.00	8.00	8.00	8.00	8.00	8.00	8.00		56.00	1.40
Medical Records Clerk		Day	8.00	8.00	8.00	8.00	8.00	8.00	8.00		56.00	1.40
Medical Records Clerk		Evening	8.00	8.00	8.00	8.00	8.00				40.00	1.00
Administrative Assistant		Day	8.00	8.00	8.00	8.00	8.00				40.00	1.00
<b>Totals</b>			<b>180.00</b>	<b>180.00</b>	<b>180.00</b>	<b>152.00</b>	<b>152.00</b>	<b>104.00</b>	<b>104.00</b>		<b>1052.00</b>	<b>26.30</b>

Staffing Matrix Option 2 - CHC's Recommended Staffing												
Muscogee County Prison												
Position	On		Scheduled Hours							Total Hours	FTE	
	Call	Shift	MON	TUE	WED	THU	FRI	SAT	SUN			
Medical Director - Physician	✓	Day				8.00	8.00				16.00	0.40
Dentist		Day				4.00					4.00	0.10
Registered Nurse		Day	8.00	8.00	8.00	8.00	8.00				40.00	1.00
Licensed Practical Nurse		Day	8.00	8.00	8.00	8.00	8.00	8.00	8.00		56.00	1.40
Licensed Practical Nurse		Evening	8.00	8.00	8.00	8.00	8.00	8.00	8.00		56.00	1.40
<b>Totals</b>			<b>24.00</b>	<b>24.00</b>	<b>24.00</b>	<b>36.00</b>	<b>32.00</b>	<b>16.00</b>	<b>16.00</b>		<b>172.00</b>	<b>4.30</b>

### Comprehensive Medical and Dental Services

CHC will provide the County with a wide-ranging inmate healthcare program consisting of either 40.65 or 30.60 equivalent full-time employees (depending on the option chosen by the County), as well as comprehensive onsite medical and dental services. CHC will also provide the County with healthcare policies and procedures, 24 hours a day on-call services, medical and office supplies, medical waste disposal, comprehensive medical malpractice insurance, pharmaceutical administration and management, and corporate management and oversight.

### Population Adjustments

This proposal is based on a base average daily jail population (ADP) of 1145 total adult inmates and a base average daily jail population (ADP) of 750 total adult inmates. If, in any calendar month, the County jail ADP exceeds 1250 inmates, the County will pay CHC a per diem of \$0.40 per inmate to be reconciled quarterly. If, in any calendar month, the jail ADP falls below 1050 inmates, CHC will credit the County a per diem of \$0.40 per inmate to be reconciled quarterly. If, in any calendar month, the County prison ADP exceeds 850 inmates, the County will pay CHC a per diem of \$0.40 per inmate to be reconciled quarterly. If, in any calendar month, the prison ADP falls below 650 inmates, CHC will credit the County a per diem of \$0.40 per inmate to be reconciled quarterly.

This per diem is intended to cover additional costs in those instances where short-term changes in the inmate population result in higher utilizations of routine supplies and services. However, the per diem is not intended to provide for any additional fixed costs, such as new staffing positions, which might prove necessary if the inmate population grows significantly and if the population increase is sustained. In such cases, CHC reserves the right to negotiate for a contract price increase in order to maintain the same high quality of care for the increased inmate population. If the County experiences a sustained decrease in inmate population, CHC is open to discussing changes in staffing levels to better reflect the normalized inmate population.

### Optional Enhancement: Electronic Medical Records

CHC can provide Vizion, our in-house electronic medical records system to the County, with or without electronic medical administration records (eMAR). The optional prices below indicate the additional monthly cost per inmate, depending on the provision of eMAR, hardware, and internet. This option is further discussed in Section 4 of this proposal.

Optional Enhancement	Cost Per Inmate Per Month
Electronic Medical Records (without eMAR) - County provides hardware and internet	\$2.00
Electronic Medical Records (with eMAR) - County provides hardware and internet	\$2.50
Electronic Medical Records (without eMAR) - CHC provides hardware and County provides internet	\$3.00
Electronic Medical Records (with eMAR) - CHC provides hardware and County provides internet	\$3.50

### Renewal Pricing

The annual cost presented in this price quote will remain in effect through the initial 24-month contract period (contract years 1 and 2). For subsequent contract years beyond the initial 24-month contract period, please see the included RFP cost form.

### Terms of Cost Proposal

The terms of this proposal shall be valid for 120 days beginning April 12, 2013. This price represents the cost for providing services as defined within the proposal. Deviations or changes to these services may alter the cost and the per diem rate. This proposal does not represent a legally binding contract. Additionally, should CHC staff members be involved in court-related testimony associated with healthcare that we provide, CHC reserves the right to bill for those hours.

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## Section 8: Contract Signature Page (Appendix E)

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Complete Appendix E. City officials will sign the awarded vendor's copy after City Council has approved the contract award.

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APPENDIX E (Option I)

CONTRACT SIGNATURE PAGE  
Comprehensive Medical Services/  
Muscogee County Jail

The undersigned hereby declares that he has/they have carefully examined the specifications herein referred to and will provide all equipment, terms and services of the Consolidated Government of Columbus, Georgia for the following:

[Signature]  
Witness as to the Contractor

[Signature]  
Witness as to the Contractor

(Corporate Seal)



By: [Signature]  
Signature of Authorized Representative

Doug Goetz, Chief Executive Officer  
Print Name and Title of Signatory

Correctional Healthcare Companies, Inc.  
Business Name

6200 South Syracuse Way #440  
Greenwood Village, CO 80111  
Business Address

Business Address  
[Redacted]

Tax ID Number  
866-246-5245

Telephone Number  
720-622-8099

Fax Number

doug.goetz@correctioncare.com  
Email Address

CONSOLIDATED GOVERNMENT OF  
COLUMBUS, GEORGIA

Accepted this \_\_\_ day of \_\_\_\_\_ 20\_\_

APPROVED AS TO LEGAL FORM:

\_\_\_\_\_  
Isaiah Hugley, City Manager

\_\_\_\_\_  
Clifton C. Fay, City Attorney

ATTEST:

\_\_\_\_\_  
Tiny B. Washington, Clerk of Council

\*\*COMPLETE AND RETURN THIS PAGE WITH SEALED PROPOSAL\*\*



**APPENDIX A (OPTION II)**

**COST PROPOSAL (Revised)  
COMPREHENSIVE MEDICAL SERVICES/  
MUSCOGEE COUNTY PRISON  
(ANNUAL CONTRACT)  
RFP NO. 13-0024**

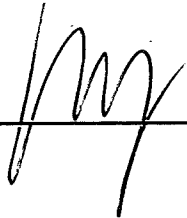
**Option One: RFP Staffing**

<b>DESCRIPTION</b>	<b>CONTRACT YEAR</b>	<b>ANNUAL CONTRACT AMOUNT *</b>
Medical Services	Initial Contract Years (1 <sup>st</sup> & 2 <sup>nd</sup> Year)	\$ 647,127.96
Medical Services	Third Year	\$ 666,541.80
Medical Services	Fourth Year	\$ 686,538.05
Medical Services	Fifth Year	\$ 707,134.19

\*Amount shown for the first and second year of \$647,127.96 is an annual amount. This amount would be needed for each year for a total of \$1,294,555.92 for the first two years in total.

**Company Name:** Correctional Healthcare Companies, Inc.

**Authorized Signature:** \_\_\_\_\_



**APPENDIX A (OPTION II)**

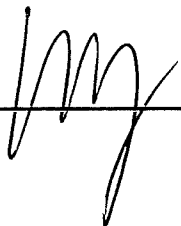
**COST PROPOSAL (Revised)  
COMPREHENSIVE MEDICAL SERVICES/  
MUSCOGEE COUNTY PRISON  
(ANNUAL CONTRACT)  
RFP NO. 13-0024**

**Option Two: CHC's Recommended Staffing**

<b>DESCRIPTION</b>	<b>CONTRACT YEAR</b>	<b>ANNUAL CONTRACT AMOUNT *</b>
Medical Services	Initial Contract Years (1 <sup>st</sup> & 2 <sup>nd</sup> Year)	\$ 542,557.44
Medical Services	Third Year	\$ 558,834.17
Medical Services	Fourth Year	\$ 575,599.19
Medical Services	Fifth Year	\$ 592,867.17

\*Amount shown for the first and second year of \$542,557.44 is an annual amount. This amount would be needed for each year for a total of \$1,085,114.88 for the first two years in total.

**Company Name:** Correctional Healthcare Companies, Inc.

**Authorized Signature:**  \_\_\_\_\_

APPENDIX E (Option II)

CONTRACT SIGNATURE PAGE  
Comprehensive Medical Services/  
Muscogee County Prison`

The undersigned hereby declares that he has/they have carefully examined the specifications herein referred to and will provide all equipment, terms and services of the Consolidated Government of Columbus, Georgia for the following:

[Signature]  
Witness as to the Contractor

[Signature]  
Witness as to the Contractor  
(Corporate Seal)

By: [Signature]  
Signature of Authorized Representative

Doug Goetz, Chief Executive Officer  
Print Name and Title of Signatory

Correctional Healthcare Companies, Inc.  
Business Name  
6200 S. Syracuse Way #440  
Greenwood Village, CO 80111  
Business Address

[Redacted]  
Tax ID Number

866-246-5245  
Telephone Number

720-622-8099  
Fax Number

doug.goetz@correctioncare.com  
Email Address



CONSOLIDATED GOVERNMENT OF  
COLUMBUS, GEORGIA

Accepted this \_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Isaiah Hugley, City Manager

APPROVED AS TO LEGAL FORM:

\_\_\_\_\_  
Clifton C. Fay, City Attorney

ATTEST:

\_\_\_\_\_  
Tiny B. Washington, Clerk of Council

**\*\*COMPLETE AND RETURN THIS PAGE WITH SEALED PROPOSAL\*\***

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## Section 9: Sample Agreements

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### Section 9: Sample Agreement

Provide a copy of any agreements that must be signed, if your firm is awarded the contract.

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**BUSINESS ASSOCIATE AGREEMENT BETWEEN  
CHC Contracting Entity  
AND \_\_\_\_\_ COUNTY, STATE.**

PURSUANT TO THE Health Insurance Portability and Accountability Act ("HIPAA") of 1996, P.L. 104-191, and its implementing regulations, the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. Parts 160 and 164 (hereinafter the "HIPAA Privacy Rule"), as amended by the Health Information Technology for Economic and Clinical Health Act ("HITECH") of 2009, P.L. 111-5, (cumulatively the "Health Privacy Laws"), CHC Contracting Entity (hereinafter "Covered Entity") and \_\_\_\_\_ County, State (hereinafter, "Business Associate"), (jointly "the Parties") wish to enter into an Agreement that addresses the requirements of the HIPAA Privacy Rule with respect to "Business Associates," as that term is defined in the HIPAA Privacy Rule.

**I. BACKGROUND AND PURPOSE**

The Parties have entered into one or more contracts for the Covered Entity to administer inmate health care services for the Business Associate (the "Underlying Contract(s)") which require Covered Entity to create, have access to, and maintain Protected Health Information (hereinafter "PHI") that is subject to the Health Privacy Laws. This Agreement shall supplement each of the Underlying Contract(s) only with respect to Business Associate's receipt and use of PHI under the Underlying Contract(s) to allow Covered Entity to comply with the Health Privacy Laws.

The Parties acknowledge and agree that in connection with the Underlying Contract(s), the Parties may create, receive use or disclose PHI as set forth in the HIPAA Privacy Rule.

PHI does not include health information that has been de-identified in accordance with the standards for de-identification provided for in the HIPAA Privacy Rule.

Therefore the Parties agree as follows:

**II. DEFINITIONS**

1. All capitalized terms of this Agreement shall have the meanings as set forth in the HIPAA Privacy Rule, unless otherwise defined herein.

**III. GENERAL TERMS**

1. In the event of inconsistency between the provisions of this Agreement and the mandatory terms of the HIPAA Privacy Rule, as may be expressly amended from time to time by the Department of Health And Human Services (HHS) or as a result of interpretations of HHS, court or regulatory agencies, such mandatory terms of the HIPAA Privacy Rule shall prevail. In the event of a conflict among the interpretation of these entities, the conflict shall be resolved in accordance with rules of precedence.
2. Where provisions of this Agreement are different from those mandated by HIPAA Privacy Rule, but are nonetheless permitted by the Rule, the provisions of the Agreement shall control.
3. Except as expressly provided in the HIPAA Privacy Rule or this Agreement, this Agreement does not create any rights in third parties.

**IV. SPECIFIC REQUIREMENTS**

1. To the extent applicable to this Agreement, Business Associate agrees to comply with the Health Privacy Laws, the Administrative Simplification provisions of the HIPAA, and any current and future regulations promulgated under either HITECH or HIPAA, including without limitation the Federal

Privacy Regulations, and the Federal Electronic Transactions Regulations, all as may be amended from time to time.

2. Business Associate shall not disclose PHI to any member of its workforce, unless Business Associate has advised such a person of Business Associate's obligation under this section and of the consequences of such action and for Business Associate of violating them. Business Associate shall take appropriate disciplinary action against any member of the workforce who uses or discloses PHI in violation of the Agreement.
3. Except as otherwise limited in this Agreement, Business Associate may use PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate and Business Associate may disclose PHI provided that disclosures are required by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as allowed by law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.
4. Business Associate agrees to enter into any further agreements as reasonably necessary to facilitate compliance with the Health Privacy Laws.
5. Business Associate agrees to establish appropriate administrative, technical, and physical safeguards to prevent the use or disclosure and to protect the confidentiality of PHI it receives from Covered Entity, and to prevent individuals not involved in the proper management and administration of the Business Associate from using or accessing the PHI. Business Associate shall provide Covered Entity such information concerning these safeguards as Covered Entity may from time to time request, and shall upon reasonable request give Covered Entity access, for information and copying, to Business Associate's facilities used for the maintenance and processing of PHI. This includes, but is not limited to, PHI for the purpose of determining Business Associate's compliance with this Agreement.
6. Business Associate agrees that it will immediately report to Covered Entity any use or disclosure of PHI received from Covered Entity that is not authorized by or otherwise constitutes a violation of this Agreement of which Business Associate becomes aware.
7. Business Associate agrees that if Covered Entity determines or has a reasonable belief that Business Associate may have used, made a decision or permitted access to PHI in a way that is not authorized by this Agreement, then Covered Entity may in its sole discretion require Business associate to: (a) promptly investigate and provide a written report to Covered Entity of the Business Associate's determination regarding any alleged or actual unauthorized disclosure access, or use; (b) cease such practices immediately; (c) return to Covered Entity, or destroy, all PHI; and (d) take any other action Covered Entity deems appropriate. Notwithstanding the above, Business Associate shall mitigate, to the extent feasible, any harmful effect that is known to the Business Associate.
8. Business Associate understands that Covered Entity is subject to State and Federal laws governing the confidentiality of PHI. Business Associate agrees to abide by all such laws, whether or not fully articulated herein, and to keep the PHI in the same manner and subject to the same standards as is required of Covered Entity.
9. Business Associate may use and/or disclose PHI that is De-Identified, as that term is defined in the current version of the Privacy Regulations, or as changed from time to time through written amendment, which includes the removal of all the identifiers listed in the Privacy Regulations so that Covered Entity could not have actual knowledge that the information could be used, alone or in combination with other data, to identify an individual.
10. Business Associate shall maintain a record of all authorizations and disclosures of PHI not otherwise provided for in this Agreement or the Underlying Contract(s), including the date of the disclosure, the

name and, if known, the address of the recipient of the PHI, a brief description of the PHI disclosed, and the purpose of the disclosure. Business Associate shall make such record available to Covered Entity on request.

11. Business Associate shall report to Covered Entity any unauthorized use or disclosure of PHI by Business Associate or its workforce or Business Associates, and the remedial action taken or proposed to be taken with respect to such use or disclosure.
12. Business Associate agrees that within thirty (30) days of receiving a written request from Covered Entity it will provide PHI necessary for Covered Entity to respond to an individual's request for access to PHI about the individual.
13. Business Associate agrees that, within fifteen (15) days of a request being made, it will provide Covered Entity with any PHI requested by Covered Entity.
14. Business Associate agrees to make available the information required to provide an accounting of disclosure in accordance with applicable law within sixty (60) days of a written request by Covered Entity.
15. Business Associate agrees that it will use all reasonable efforts to limit its request for PHI to the minimum amount of PHI necessary to achieve the purpose of which the request is made.

#### V. TERM AND TERMINATION

1. Term. The Term of this Agreement shall be effective DATE, and shall terminate when all of the PHI provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy PHI, protections are extended to such information, in accordance with the termination provisions in this Section.
2. Termination for Cause. Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:
  - a) Provide an opportunity for Business Associate to cure the breach or end the violation and terminate this Agreement if Business Associate does not cure the breach or end the violation within such reasonable period of time as shall be specified by Covered Entity; or
  - b) Immediately terminate this Agreement if Business Associate has breached a material term of this Agreement and cure is not possible; or
  - c) If neither termination nor cure are feasible, Covered Entity shall report the violation to the Secretary.
3. Effect of Termination.
  - a) Except as provided in paragraph (2) of this section, upon termination of this Agreement, for any reason, Business Associate shall return or destroy all PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the PHI.
  - b) In the event that Business Associate determines that returning or destroying the PHI is infeasible, Business Associate shall extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI.



**VI. MISCELLANEOUS**

1. Regulatory References. A reference in this Agreement to a section in the Health Privacy Laws means the section as in effect or as amended.
2. Amendment. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Covered Entity to comply with the requirements of the Health Privacy Laws or any applicable court decision.
3. Survival. The respective rights and obligations of Business Associate under Section V(3) of this Agreement shall survive the termination of this Agreement.
4. Interpretation. Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Health Privacy Laws.
5. Indemnification. Business Associate will indemnify and hold Covered Entity (including Covered Entity's Board of Directors, individually and collectively, and its officers, employers, agents, and other representatives, individually and collectively) harmless from and against all claims, demands, costs, expenses, liabilities and losses, including reasonable attorney's fees and punitive damages which may arise against Covered Entity as a result of any violation of this Agreement by Business Associate.
6. Assignment. No assignment of this Agreement of the rights and obligations hereunder shall be valid without the specific written consent of both Parties, provided, however, that this Agreement may be assigned by Covered Entity to any successor entity operating Covered Entity, and such assignment shall forever release Covered Entity hereunder.
7. Waiver. The waiver by either party of a breach or violation of any provision of this Agreement shall not operate as, or be construed to be a waiver of any subsequent breach of the same or other provision hereof.
8. Severability. In the event any provision of the Agreement is held to be unenforceable for any reason, the unenforceability thereof shall not affect the remainder of this Agreement, which shall remain in full force and effect and enforceable in accordance with its terms

**IN WITNESS WHEREOF**, the parties have caused this Agreement to be executed in their names or their official acts by their respective representatives, each of who is duly authorized to execute the same.

**Covered Entity**  
CHC Contracting Entity

**Business Associate**  
County of \_\_\_\_, State

By: \_\_\_\_\_  
Name: Douglas D. Goetz  
Title: Chief Executive Officer

By: \_\_\_\_\_  
Name:  
Title:

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**ILLUSTRATIVE HEALTH SERVICES AGREEMENT**

**Note: this document is provided for representative purposes only and does not constitute an offer for services or a contract. The specific terms and conditions will depend upon the client's unique situation and services purchased.**

**AGREEMENT FOR INMATE HEALTH CARE SERVICES**  
**AT [COUNTY NAME] COUNTY, [STATE]**  
**Effective [MONTH DATE, YEAR] through [MONTH DATE, YEAR]**

This Agreement for Inmate Health Services (hereinafter, the "AGREEMENT") entered into by and between the County of [county name], a municipality in the State of [STATE], (hereinafter, the "COUNTY") acting by and through its duly elected Board of COUNTY Commissioners, (hereinafter the "BOARD"), and Correctional Healthcare Companies, Inc., (hereinafter, "CHC") a Delaware corporation.

**RECITALS**

**WHEREAS**, the COUNTY and the duly elected [Sheriff] (hereinafter the "SHERIFF") are is charged by law with the responsibility for administering, managing, and supervising the health care delivery system of the [NAME OF JAIL] located at [ADDRESS, CITY, STATE, ZIP] (hereinafter, "JAIL"); and

**WHEREAS**, the objective of the COUNTY is to provide for the delivery of quality health care to the INMATES and DETAINEES of the JAIL (hereinafter, "JAIL POPULATION"), in accordance with applicable law; and

**WHEREAS**, CHC is in the business of administering correctional health care services and desires to administer such services on behalf of the COUNTY to the JAIL POPULATION under the terms and conditions hereof.

**NOW THEREFORE**, in consideration of the covenants and promises hereinafter made, the parties hereto agree as follows:

**DEFINITIONS**

**CONTRACT YEAR** – The initial, and any successive, twelve (12) month period beginning with the effective date of the AGREEMENT.

**COUNTY INMATES/DETAINEES** – An INMATE/DETAINEE held under the jurisdiction of the COUNTY or SHERIFF. COUNTY INMATES/DETAINEES may be housed in the JAIL or in another jurisdiction's correctional facility. However, COUNTY INMATES/DETAINEES housed in another jurisdiction are not covered by the provisions of this AGREEMENT unless CHC administers health care services at the other jurisdiction's facility and is specifically set forth below.

**COVERED PERSONS** – An INMATE/DETAINEE of the JAIL who is: (1) part of the JAIL's MADP; and (2) FIT FOR CONFINEMENT; and (3)(a) incarcerated in the JAIL; or (b) on work release status and is indigent.

**DETAINEE** – An adult or juvenile individual whose sentence has not yet been adjudicated and is held as a pre-trial detainee or other individual held in lawful custody.

**FIT FOR CONFINEMENT** – A determination made by a CHC authorized physician and/or health-trained JAIL staff that an INMATE/DETAINEE is medically stable and has been medically cleared for acceptance into the JAIL. Such determination shall only be made after resolution of any injury or illness requiring immediate transportation and treatment at a hospital or similar facility.

**HEALTH CARE STAFF** – Medical, mental health and support staff provided or administered by CHC.

**CHC CHIEF MEDICAL OFFICER** – CHC's Chief physician who is vested with certain decision making duties under this AGREEMENT.

**INMATE** – An adult or juvenile individual who is being incarcerated for the term of their adjudicated sentence.

**MONTHLY AVERAGE DAILY POPULATION (MADP)** – The average number of INMATES/DETAINEES housed in the JAIL on a daily basis for the period of one month. The MADP shall include, but separately list, other county or agency inmates and detainees. The MADP shall be figured by summing the daily population for the JAIL (as determined by a count performed at the same time each day) for each day of the month and dividing this sum by the total number of days in the month. JAIL records shall be made available to CHC upon request to verify the MADP. Persons on work release and not indigent, home confinement, housed outside of the JAIL, and parolees and escapees shall not be considered part of the JAIL's MADP.

**NCCHC** – The National Commission on Correctional Health Care.

**PHYSICIAN EXTENDER** – An advanced level healthcare professional such as a Nurse Practitioner, Physician Assistant, or Clinical Nurse Specialist.

**SPECIALTY SERVICES** – Medical services that require physicians to be licensed in a specialty such as obstetrics, gynecology, or dermatology or other specialized field of medicine, including but not limited to Dialysis, but excluding services that are otherwise provided for in this AGREEMENT.

## ARTICLE I HEALTH CARE SERVICES

1.0 **SCOPE OF SERVICES.** CHC shall administer health care services and related administrative services at the JAIL according to the terms and provisions of this AGREEMENT. The costs of the various health care services shall be borne by CHC or the COUNTY as set forth in this Article.

1.1 **GENERAL HEALTH CARE SERVICES.** CHC will arrange and bear the cost of the following health care services:

1.1.1 **RECEIVING SCREENING.** A receiving screening of a INMATE/DETAINEE shall be performed as soon as possible after the INMATE/DETAINEE's booking into the JAIL.

The COUNTY shall pay CHC \$15.00 per receiving screening performed on INMATE/DETAINEE's who are not counted in the MADP.

- 1.1.2 HEALTH ASSESSMENT. A health assessment of an adult COVERED PERSON shall be performed as soon as possible, but no later than fourteen (14) calendar days after the INMATE/DETAINEE's arrival at the JAIL. The health assessment shall follow current NCCHC standards.
- 1.1.3 SCHEDULED SICK CALL. A qualified healthcare professional shall conduct sick calls for COVERED PERSONS on a timely basis and in a clinical setting.
- 1.2 AMBULANCE SERVICE. CHC shall arrange and bear the cost of emergency ambulance services for COVERED PERSONS. Costs for ambulance services shall be included in the CAP AMOUNT listed in Section 1.19.
- 1.3 BODY CAVITY SEARCHES/COLLECTION OF PHYSICAL EVIDENCE. CHC HEALTH CARE STAFF will not perform body cavity searches, nor collect physical evidence (blood, hair, semen, saliva, etc.), except within guidelines established by the NCCHC. If CHC HEALTH CARE STAFF collect physical evidence, the COUNTY shall be responsible for arranging any testing and bear the cost of collection and testing the collected evidence and any associated staffing costs for HEALTH CARE STAFF to provide court related testimony. After collecting evidence, CHC HEALTH CARE STAFF shall turn the specimen over to the SHERIFF or a court-designated representative for completion of chain-of-custody evidence.
- 1.4 DENTAL - EMERGENCY DENTAL ONLY. CHC shall arrange and bear the cost of emergency dental services only if CHC's CHIEF MEDICAL OFFICER or designee determines that dental care is medically necessary. In the event that the JAIL POPULATION requires any other dental services, the COUNTY shall bear the cost. Costs for dental services shall be included in the CAP AMOUNT listed in Section 1.19.
- 1.5 ELECTIVE MEDICAL CARE - NOT COVERED. CHC shall not be responsible for the provision or cost of any elective care. In the event a member of the JAIL POPULATION requires elective care, the INMATE/DETAINEE or COUNTY shall be responsible for all costs. Elective medical care shall be defined as care which, if not provided, would not, in the sole opinion of CHC's CHIEF MEDICAL OFFICER or designee, cause the INMATE/DETAINEE'S health to deteriorate or cause harm to the INMATE/DETAINEE'S well being. Decisions concerning elective medical care shall be consistent with the applicable American Medical Association (AMA) Standards.
- 1.6 HOSPITALIZATION. CHC will arrange and bear the cost of hospitalization for a COVERED PERSON who, in the opinion of the treating physician and/or CHC's CHIEF MEDICAL OFFICER or designee, requires hospitalization. Costs for hospitalization services shall be included in the CAP AMOUNT listed in Section 1.19.
- 1.7 LONG TERM CARE - NOT COVERED. CHC shall not be responsible for the provision or cost of any long term care facility services. In the event that a member of the JAIL POPULATION requires skilled care, custodial care or other services of a long term care facility, the COUNTY shall bear the cost.
- 1.8 MEDICAL EQUIPMENT OVER \$100. In the event that the Parties mutually agree that medical equipment in excess of \$100 per unit cost is required to assist in providing health care services to COVERED PERSONS under this AGREEMENT, the COUNTY shall bear the cost of the medical equipment.

- 1.9 MEDICAL SUPPLIES/EQUIPMENT OF \$100 OR LESS. CHC shall provide and bear the cost of medical supplies (i.e. alcohol prep pads, syringes, etc.) and equipment (i.e. thermometers, scales, etc.) required to administer the terms of the AGREEMENT, which have a unit cost of \$100 or less, but does not include office and paper supplies.
- 1.10 MEDICAL WASTE. CHC shall arrange and bear the cost of removing and properly disposing of medical waste material generated while fulfilling its duties under this AGREEMENT in accordance with all applicable state laws and OSHA-regulated standards. Costs for medical waste services shall be included in the CAP AMOUNT listed in Section 1.19.
- 1.11 MENTAL HEALTH CARE. CHC shall arrange and bear the cost of on-site mental health services for COVERED PERSONS which shall include evaluations, referrals, crisis management, suicide intervention, individual therapy, group therapy, basic community linkage, comprehensive community linkage and continuity of care. CHC shall not be responsible for the provision or cost of any off-site or inpatient mental health services. The COUNTY shall be responsible for the provision and cost of off-site or inpatient mental health services for the JAIL POPULATION.
- 1.12 OFFICE EQUIPMENT. CHC shall be responsible for providing office equipment such as [LIST EQUIPMENT] required for the administrative operations of the medical unit. The COUNTY shall be responsible for providing and maintaining office equipment, such as copier, fax and phone service required for the administrative operation of the medical unit. Costs for office equipment shall be included in the CAP AMOUNT listed in Section 1.19.
- 1.13 OFFICE SUPPLIES. CHC shall be responsible for providing office supplies such as books, medical record folders, and forms as required for the administrative operations of the medical unit.
- 1.14 PATHOLOGY/RADIOLOGY SERVICES. CHC shall arrange and bear the cost of pathology and radiology services (also referred to as laboratory and x-ray services) ordered by a CHC physician for COVERED PERSONS. CHC shall arrange on-site pathology and radiology services to the extent reasonably possible. To the extent pathology and radiology services are required and cannot be rendered on-site, CHC shall make appropriate off-site arrangements for rendering pathology and radiology care. CHC will arrange and coordinate with the SHERIFF's office for the transportation for pathology and radiology off-site services. Costs for pathology and radiology services shall be included in the CAP AMOUNT listed in Section 1.19.
- 1.15 PHARMACY SERVICES. CHC shall provide monitoring of pharmacy usage as well as a Preferred Medication List. Except as provided below, CHC shall bear the cost of all prescription and non-prescription over-the-counter medications prescribed by a duly licensed CHC physician for a COVERED PERSON.
- 1.15.1 GENERAL. Prescribing, dispensing, and administering of medication shall comply with all State and Federal laws and regulations and all medications shall be dispensed under the supervision of a duly authorized, appropriately licensed or certified health care provider.

- 1.15.2 LIMITS. CHC shall bear the cost of prescription medication related to the treatment of INMATES/DETAINEES with Acquired Immune Deficiency Syndrome ("AIDS"), Human Immuno-deficiency Virus ("HIV"), Hepatitis C, organ transplants, cancer and neuromuscular disease up to One Thousand Two Hundred Dollars (\$1,200.00) per CONTRACT YEAR in the aggregate, to be pro-rated for any partial CONTRACT YEARS. Medications related to the treatment of INMATES/DETAINEES with AIDS, HIV, Hepatitis C, organ transplants, cancer and neuromuscular disease shall be defined in accordance with the Physician's Desk Reference. When the aggregate amount in this paragraph is reached, CHC will continue to provide utilization management, extend all pharmacy discounts to the COUNTY and pay these expenses on behalf of the COUNTY, as long as the COUNTY remains current with payments due under this AGREEMENT. Amounts paid by CHC which are over the aggregate amount in this paragraph will be periodically reconciled with the COUNTY pursuant to paragraph 8.1.
- 1.16 PREGNANT COVERED PERSONS. CHC shall arrange and bear the cost of on-site health care services for any pregnant COVERED PERSON in accordance with NCCHC standards and this AGREEMENT, but CHC shall not arrange or bear the cost of any health care services for infants. Off-site health care services for any pregnant COVERED PERSON shall be in accordance with SPECIALTY SERVICES as set forth herein in paragraph 1.17.
- 1.17 SPECIALTY SERVICES. In the event it is determined that a COVERED PERSON requires SPECIALTY SERVICES, CHC shall arrange and bear the cost of specialty services. CHC's authorized physician will make such determination and refer COVERED PERSONS for SPECIALTY SERVICES when, in the physician's professional opinion, it is deemed medically necessary. CHC's authorized personnel will make a recommendation and obtain approval from the SHERIFF's office for SPECIALTY SERVICES prior to making arrangements for specialty services. CHC shall arrange on-site SPECIALTY SERVICES to the extent reasonably possible. To the extent SPECIALTY SERVICES are required and cannot be rendered on-site, CHC shall make appropriate off-site arrangements for rendering off-site care. In the event that SPECIALTY SERVICES are rendered off-site but do not require hospitalization, CHC will arrange and bear the cost only if the CHC CHIEF MEDICAL OFFICER or designee approves off-site SPECIALTY SERVICES. Costs for off-site specialty services shall be included in the CAP AMOUNT listed in Section 1.19.
- 1.18 VISION CARE. In the event it is determined that a COVERED PERSON requires vision correction to achieve minimal function, CHC shall arrange and bear the cost of a vision examination and one (1) pair of ordinary glasses per COVERED PERSON. CHC's Chief Medical Officer, or designee, will make such determination and refer COVERED PERSONS for the vision examination. CHC's HEALTH CARE STAFF obtain approval from the SHERIFF's office for the vision examination prior to making arrangements for vision services. CHC shall arrange vision examinations to the extent reasonably possible. To the extent the vision examination is required and cannot be rendered on-site, CHC shall make appropriate off-site arrangements for rendering vision care. Costs for vision care services shall be included in the CAP AMOUNT listed in Section 1.19.

1.19 FINANCIAL LIMITATIONS. CHC's maximum liability for costs associated with the provision of off-site medical or other healthcare services which include, but are not limited to, the services in paragraphs [LIST ALL PARAGRAPHS OF SERVICES INCLUDED IN THE CAP] shall be [AMOUNT SPELLED OUT (\$AMOUNT)] in the aggregate per CONTRACT YEAR, to be pro-rated for any partial contract years (the "CAP AMOUNT"). Costs for any medical or other health services, as set forth above, which are provided to INMATES/DETAINEES during the CONTRACT YEAR which are in excess of the CAP AMOUNT shall be the responsibility of the COUNTY. When the CAP AMOUNT for the CONTRACT YEAR is reached, CHC will continue to provide utilization management, extend all provider discounts to the COUNTY and pay these expenses on behalf of the COUNTY, as long as the COUNTY remains current with payments due under this AGREEMENT. Amounts paid by CHC which are over the CAP AMOUNT will be periodically reconciled with the COUNTY pursuant to paragraph 8.1.

1.19.1 COUNTY REBATE. Should the costs associated with the provision of healthcare services listed above not exceed the CAP AMOUNT for the CONTRACT YEAR, CHC shall reimburse the COUNTY at a rate of [XXX] Percent (XX%) of the difference between the actual cost to CHC for these services and the CAP AMOUNT. The rebate shall be net of any other reconciliation amounts due to CHC under this AGREEMENT. The rebate will be calculated three months after the end of the CONTRACT YEAR to allow for processing of claims incurred during the CONTRACT YEAR. Any claims from the prior CONTRACT YEAR services received and paid after this three month period will be calculated in the subsequent CONTRACT YEAR CAP AMOUNT.

**ARTICLE II**  
**HEALTH CARE STAFF**

2.0 STAFFING HOURS. CHC shall provide or arrange for the provision of HEALTH CARE STAFF necessary to render the health care services contemplated in Article I as set forth in the Minimum Staffing Pattern set forth in Exhibit A, attached hereto and made a part hereof. CHC reserves the right to assign the staff in Exhibit A to shift coverage as necessary based on operational needs to provide the health care services under this AGREEMENT.

2.0.1 Additional hours may be provided if mutually agreed upon by both parties in writing, with at least 24 hours advanced notice.

2.0.2 CHC shall provide or arrange for the provision of an on-call physician and/or nurse available by telephone or pager, 24 hours per day and 7 days per week.

2.0.3 CHC shall make reasonable efforts to supply the staffing levels contained in this section, however, failure to continuously supply all of the required staffing due to labor market demands or other factors outside the control of CHC, after such reasonable efforts have been made, shall not constitute a breach of this AGREEMENT.

- 2.1 STAFFING LEVELS WAIVER. Based on actual staffing needs as affected by medical emergencies, riots, increased or decreased INMATE/DETAINEE population, and other unforeseen circumstances, certain increases or decreases in staffing requirements may be waived as agreed to by the SHERIFF and CHC.
- 2.2 STAFF SCREENING. The COUNTY and SHERIFF shall screen CHC's proposed HEALTH CARE STAFF, employees, agents and/or subcontractors providing services at the JAIL to ensure they do not constitute a security risk. The SHERIFF shall have final approval, which shall not be unreasonably withheld, of CHC's HEALTH CARE STAFF, employees, agents and/or subcontractors, related to security/background clearance.
- 2.3 SATISFACTION WITH HEALTH CARE STAFF. In recognition of the sensitive nature of correctional facility operations, if the SHERIFF becomes dissatisfied with any member of the HEALTH CARE STAFF, the SHERIFF shall provide CHC written notice of such dissatisfaction and the reasons therefore. Following receipt of such notice, CHC shall use commercially reasonable efforts to resolve the dissatisfaction. If the problem is not resolved to the satisfaction of the SHERIFF within ten (10) business days following CHC's receipt of the notice, CHC shall remove the individual from providing services at the JAIL within a reasonable time frame considering the effects of such removal on CHC's ability to deliver health care services and recruitment/hiring of an acceptable replacement. The SHERIFF reserves the right to revoke the security clearance of any HEALTH CARE STAFF at any time.

**ARTICLE III**  
**ADMINISTRATIVE SERVICES**

- 3.0 UTILIZATION MANAGEMENT. CHC shall provide utilization management services and administer medical claims processing for the offsite medical services/pharmacy services administered by CHC, as set forth in Article I, on behalf of the COUNTY. CHC will follow applicable state laws and make reasonable efforts to obtain provider discounts and will keep the COUNTY and/or SHERIFF apprised of its utilization management practices.
- 3.1 CARDIOPULMONARY RESUSCITATION (CPR), HEALTH AND MENTAL HEALTH EDUCATION AND TRAINING. CHC shall conduct an ongoing CPR, health and mental health education and training program for the COUNTY Deputies and Jailers in accordance with the needs mutually established by the COUNTY and CHC. Training shall be provided by methods and intervals determined by CHC.
- 3.2 QUARTERLY REPORTS. As requested by the SHERIFF, CHC shall submit quarterly health care reports concerning the overall operation of the health care services program rendered pursuant to this AGREEMENT and the general health of the JAIL POPULATION.
- 3.3 QUARTERLY MEETINGS. As requested by the SHERIFF, CHC shall meet quarterly, or as soon thereafter as possible, with the SHERIFF, or designee, concerning health care services within the JAIL and any proposed changes in health-related procedures or other matters, which both parties deem necessary.
- 3.4 MEDICAL RECORDS MANAGEMENT. CHC shall provide the following medical records management services:



- 3.4.1 **MEDICAL RECORDS.** CHC HEALTH CARE STAFF shall maintain, cause or require the maintenance of complete and accurate medical records for COVERED PERSONS who have received health care services. Medical records shall be kept separate from COVERED PERSON'S confinement records. A complete copy of the individual medical record shall be available to accompany each COVERED PERSON who is transferred from the JAIL to another location for off-site services or transferred to another institution. CHC will keep medical records confidential and shall not release any information contained in any medical record except as required by published JAIL policies, by a court order or by applicable law. Upon termination of this AGREEMENT, all medical records shall be delivered to and remain with the SHERIFF, as property of the SHERIFF's office.
- 3.4.2 **ELECTRONIC MEDICAL RECORDS.** CHC shall provide and maintain an electronic medical records software program for use at the JAIL according to the terms attached hereto as Exhibit B.
- 3.4.3 **COMPLIANCE WITH LAWS.** Each medical record shall be maintained in accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and any other applicable state or federal privacy statute or regulation.
- 3.4.4 **RECORDS AVAILABILITY.** As needed to administer the terms of this AGREEMENT, CHC shall make available to the SHERIFF or COUNTY, unless otherwise specifically prohibited, at the SHERIFF's or COUNTY's request, all records, documents and other papers relating to the direct delivery of health care services to the JAIL POPULATION hereunder.

**ARTICLE IV**  
**PERSONS COVERED UNDER THIS AGREEMENT**

- 4.0 **GENERAL.** Except as otherwise provided in this AGREEMENT, CHC shall only be required to arrange for health care services under this AGREEMENT to be provided to COVERED PERSONS.
- 4.1 **TESTING AND INOCULATIONS FOR JAIL EMPLOYEES.** CHC shall arrange, bear the cost and administer Tuberculosis skin testing, Hepatitis (A) Inoculations, and Hepatitis (B) Inoculations to JAIL employees. Costs incurred by CHC for said tests and inoculation will be periodically reconciled with the COUNTY pursuant to paragraph 8.1.
- 4.2 **EMERGENCY MEDICAL CARE FOR JAIL EMPLOYEES AND VISITORS.** CHC shall arrange for on-site first response emergency medical care as required for JAIL employees, contractors and visitors to the JAIL. The medical treatment shall be limited to the extent reasonably necessary to stabilize and facilitate the individual's referral to a medical facility or personal physician.
- 4.3 **RELEASE FROM CUSTODY.** The COUNTY acknowledges and agrees that CHC is responsible for the payment of costs associated with services rendered to COVERED PERSONS as set forth in this AGREEMENT only when such persons remain in the custody of, or under the jurisdiction of, the JAIL. In no event shall CHC be responsible

for payment of any costs associated with any services rendered to any individual when said individual is released from the custody of, or no longer under the jurisdiction of, the JAIL including, but not limited to, releasees, parolees and escapees. Furthermore, in no event shall CHC be responsible for payment of costs associated with any medical services rendered to a COVERED PERSON when said COVERED PERSON is injured outside the JAIL facility during transport to or from the JAIL.

#### **ARTICLE V**

#### **PERSONS NOT COVERED OR PARTIALLY COVERED UNDER THIS AGREEMENT**

- 5.0 COUNTY INMATES/DETAINEES HOUSED IN OTHER JURISDICTIONS OR OUTSIDE THE JAIL. CHC shall not be responsible for arranging the medical care or treatment for COUNTY INMATES/DETAINEES housed in other counties or jurisdictions. The COUNTY or SHERIFF or other agency with legal responsibility for the medical care of such persons shall be responsible for all medical expenses associated with the care and treatment of COUNTY INMATES/DETAINEES removed from the JAIL, including, but not limited to the services listed in Article I of this AGREEMENT and any other health care related expenses associated with said INMATES/DETAINEES, unless the INMATE/DETAINEE is housed in a facility where CHC provides INMATE/DETAINEE health care services. CHC shall not be responsible for arranging the medical care or treatment for COUNTY INMATES/DETAINEES housed outside the JAIL (i.e. non-indigent work release INMATES/DETAINEES or INMATES/DETAINEES on home confinement).
- 5.1 INJURIES PRIOR TO INCARCERATION, FIT FOR CONFINEMENT AND ESCAPED INMATES/DETAINEES. CHC shall not be responsible for the cost of providing off-site medical care for injuries incurred by an arrested person prior to incarceration at the JAIL or during an escape or escape attempt, including, but not limited to, medical services provided to any arrested person prior to the person's booking and confinement in the JAIL. In addition, CHC shall not be responsible for the cost of any medical treatment or health care services necessary to medically stabilize any arrested person presented at intake by an arresting agency with a life threatening injury or illness or in immediate need of emergency medical care. CHC shall provide such care as is medically necessary until the arrested person can be transported to a medical care facility by the arresting agency or their designee. The arresting authority or the COUNTY shall bear the cost of, and be responsible for, all reasonable and necessary medical services or health care services of the individual until such time as the arresting authority can present a medically stable individual that is FIT FOR CONFINEMENT. To the extent CHC is billed for medical services provided to an individual who is not FIT FOR CONFINEMENT the COUNTY shall reimburse CHC for all such costs. CHC shall not charge an additional fee simply to examine an individual to determine if he is suitably FIT FOR CONFINEMENT.

#### **ARTICLE VI**

#### **COST OF SERVICES NOT COVERED UNDER THIS AGREEMENT**

- 6.0 SERVICES NOT LISTED. Both parties understand and agree that there will be costs incurred for health care related services as outlined in Articles I, II and III above. CHC shall not be responsible for any expenses not specifically covered under Articles I, II and III of this AGREEMENT. In the event that any of the health care services not covered by CHC under Articles I, II and III, or any services that are not listed within this

AGREEMENT, are required for a member of the JAIL POPULATION as a result of the medical judgment of a physician or CHC authorized personnel, CHC shall not be responsible for arranging such services and the cost of such services shall be billed directly to the COUNTY.

- 6.1 SERVICES BEYOND THE SCOPE OF THIS AGREEMENT. Both parties understand and agree that there are certain occurrences, both beyond the control and within the control of the parties, that may result in health care expenses which are outside the scope of the normal operation of a correctional facility and, therefore, outside the contemplated scope of services under this AGREEMENT. While both parties will act in good faith and endeavor to reduce the possibility of such occurrences, in the unlikely event of an occurrence such as an Act of God, riot, explosion, fire, food poisoning, epidemic illness outbreak or any other catastrophic event, or an event caused by the action or inaction of the COUNTY or SHERIFF or their employees, agents or contractors, which results in medical care for the JAIL POPULATION, JAIL staff, visitors, or contractors, CHC shall not be responsible for costs attributable to such catastrophic event and all such costs shall be borne by the COUNTY. Notwithstanding the above, CHC shall be responsible for medical costs under this AGREEMENT associated with such an event only if such an event was caused solely by CHC.

#### **ARTICLE VII** **COUNTY'S DUTIES AND OBLIGATIONS**

- 7.0 COMPLIANCE WITH HIPAA/STATE HEALTH INFORMATION PRIVACY LAWS. The COUNTY, JAIL, and SHERIFF and their employees, agents and subcontractors shall comply with the Health Insurance Portability and Accountability Act of 1996 (hereinafter "HIPAA") and any State health information privacy laws, to the extent they are applicable. The COUNTY and the SHERIFF shall implement policies and/or procedures in compliance with such laws.
- 7.1 COMPREHENSIVE MEDICAL/MENTAL HEALTH CARE. CHC shall identify to the SHERIFF those members of the JAIL POPULATION with medical or mental health conditions which may be worsened as a result of being incarcerated at the JAIL or which may require extensive care while incarcerated. After review of the circumstances, and when security risks permit, the SHERIFF shall make every effort to have such an INMATE/DETAINEE released, transferred or otherwise removed from the correctional setting.
- 7.2 RECORD ACCESS. During the term of this AGREEMENT, and for a reasonable time following the termination of this AGREEMENT, the SHERIFF shall provide CHC, at CHC's request, the COUNTY, JAIL and/or SHERIFF'S records (including medical records) relating to the provision of health care services to the JAIL POPULATION, including records maintained by hospitals, and other outside health care providers involved in the care or treatment of the JAIL POPULATION (to the extent the COUNTY, JAIL or SHERIFF has control of, or access to, such records). CHC may request such records in connection with the investigation of, or defense of, any claim by a third party related to CHC's conduct or to prosecute a claim against a third party. Any such information provided by the SHERIFF to CHC that the SHERIFF considers confidential shall be kept confidential by CHC and shall not, except as may be required by law, be distributed to any third party without prior written approval by the SHERIFF.

- 7.3 USE OF INMATES/DETAINEES IN THE PROVISION OF HEALTH CARE SERVICES. INMATES/DETAINEES of the JAIL shall not be employed or otherwise engaged or utilized by either CHC or the SHERIFF in rendering any health care services to the JAIL POPULATION, provided however, that INMATES/DETAINEES may be used in positions not involving the rendering of health care services directly to the JAIL POPULATION and not involving access to JAIL POPULATION records in accordance with NCCHC standards.
- 7.4 SECURITY OF THE JAIL FACILITY AND CHC. CHC and the COUNTY understand that adequate security services are necessary for the safety of the agents, employees, and subcontractors of CHC, as well as for the security of the JAIL POPULATION and SHERIFF'S staff, consistent with a correctional setting. The SHERIFF shall provide security sufficient to enable CHC, its HEALTH CARE STAFF, employees, agents and/or subcontractors to safely provide the health care services described in this AGREEMENT. CHC, its HEALTH CARE STAFF, employees, agents and/or subcontractors shall follow all security procedures of the SHERIFF while at the JAIL or other premises under the SHERIFF's direction or control. However, any CHC HEALTH CARE STAFF, employee, agent and/or subcontractor may, at any time, refuse to provide any service required under this AGREEMENT if such person reasonably feels that the current safety services are insufficient. CHC shall not be liable for any loss or damages resulting from CHC's HEALTH CARE STAFF, employees, agents and/or subcontractors failure to provide medical services due to insufficient security services.
- 7.5 SHERIFF'S POLICIES AND PROCEDURES. CHC, its HEALTH CARE STAFF, employees, agents and/or subcontractors shall operate within the requirements of the COUNTY'S and/or SHERIFF'S posted security Policies and Procedures, which impact the provision of medical services.
- 7.5.1 A complete set of said Policies and Procedures shall be maintained by the COUNTY and made available for inspection by CHC at the JAIL, and CHC may make a reasonable number of copies of any specific section(s) it wishes using the SHERIFF'S photocopy equipment and paper.
- 7.5.2 Any Policy or Procedure that may impact the provision of health care services to the JAIL POPULATION which has not been made available to CHC shall not be enforceable against CHC unless otherwise agreed upon by both parties.
- 7.5.3 Any modification of the posted Policies and Procedures shall be timely provided to CHC. CHC, its HEALTH CARE STAFF, employees, agents and/or subcontractors shall operate within the requirement of a modified Policy or Procedure after such modification has been made available to CHC.
- 7.5.4 If any of the COUNTY and/or SHERIFF's Policies and Procedures specifically relate to the delivery of medical services, the COUNTY and/or SHERIFF's representative and CHC shall review the COUNTY and/or SHERIFF's Policies and Procedures and modify or remove those provisions that conflict with CHC's Jail Health Care Policies and Procedures.

- 7.6 DAMAGE TO EQUIPMENT. CHC shall not be liable for loss of or damage to equipment and supplies of CHC, its agents, employees or subcontractors if such loss or damage was caused by the sole negligence of the COUNTY and/or SHERIFF's employees.
- 7.7 SECURE TRANSPORTATION. The SHERIFF shall provide security as necessary and appropriate in connection with the transportation of a member of the JAIL POPULATION to and from off-site services including, but not limited to, SPECIALTY SERVICES, hospitalization, pathology and radiology services as requested by CHC. CHC shall coordinate with the SHERIFF's office for transportation to and from the off-site services provider or hospital.
- 7.8 OFFICE EQUIPMENT AND SUPPLIES. The SHERIFF shall provide use of COUNTY-owned office equipment, supplies and all necessary utilities (including telephone and fax line service) in place at the JAIL health care facilities except as otherwise set forth in Paragraphs 1.12 and 1.13. At the termination of this AGREEMENT, CHC shall return to the COUNTY possession and control of all COUNTY-owned medical and office equipment. At such time, the office equipment shall be in good working order, reasonable wear and tear excepted.
- 7.9 NON-MEDICAL CARE OF JAIL POPULATION. It is understood that the SHERIFF shall provide for all the non-medical personal needs and services of the JAIL POPULATION as required by law. CHC shall not be responsible for providing, or liable for failing to provide, non-medical services to the JAIL POPULATION including, but not limited to, daily housekeeping services, dietary services, building maintenance services, personal hygiene supplies and services and linen supplies.
- 7.10 JAIL POPULATION INFORMATION. In order to assist CHC in providing the best possible health care services to COVERED PERSONS, the SHERIFF shall provide, as needed, information pertaining to the COVERED PERSON that CHC and the SHERIFF mutually identify as reasonable and necessary for CHC to adequately perform its obligations under this AGREEMENT.

**ARTICLE VIII**  
**COMPENSATION/ADJUSTMENTS**

- 8.0 ANNUAL AMOUNT/MONTHLY PAYMENTS. The base annual amount to be paid by the COUNTY to CHC under this AGREEMENT is AMOUNT SPELLED OUT (\$AMOUNT) for a period of twelve (12) months. Each monthly payment shall be at AMOUNT SPELLED OUT (\$AMOUNT), pro-rated for any partial months and subject to any reconciliations as set forth below. The first monthly amount is to be paid to CHC on the NUMBER day of MONTH, YEAR for services administered in the month of MONTH, YEAR. Each monthly payment thereafter is to be paid by the COUNTY to CHC before or on the 1<sup>st</sup> day of the month of the month of service.

8.0.1

**IF MULTI YEAR WITH INCREASE OF CPI**

Year 2. Effective MONTH, YEAR, the base annual amount to be paid by the COUNTY to CHC in Year 2 shall be the annual amount of Year 1 multiplied by a fraction, the numerator of which is the Price Index (as defined below) for the month which is two

months immediately preceding the AGREEMENT renewal date, and the denominator of which is the Price Index for the same month for the year immediately preceding the AGREEMENT renewal date. However, the annual amount due for any year will not be less than the annual amount for the prior year. The "Price Index" is defined as the Consumer Price Index – All Urban Consumers, U.S. City Average, Medical Care Services (1982-84=100), published by the Bureau of Labor Statistics of the U.S. Department of Labor.

**OR IF BASED UPON % INCREASE**

Year 2. Effective MONTH, YEAR, the base annual amount to be paid by the COUNTY to CHC in Year 2 shall be the annual amount of Year 1, plus an increase of 3.5%.

8.1 QUARTERLY RECONCILIATION PROCESS. CHC will provide a quarterly reconciliation with the COUNTY for any amounts owed by either party pursuant to the terms of this AGREEMENT, including, but not limited to:

8.1.1 ADJUSTMENT FOR MADP. The quarterly reconciliation shall include a per diem adjustment based on the MADP of NUMBER (NUMBER) INMATES/DETAINEES. For each month reconciled, if the JAIL's MADP is greater than NUMBER (NUMBER) INMATES/DETAINEES, the compensation payable to CHC by the COUNTY shall be increased by the number of INMATES/DETAINEES over NUMBER (NUMBER) at the per diem rate of AMOUNT SPELLED OUT (\$AMOUNT).

8.1.2 ADJUSTMENT FOR COSTS IN EXCESS OF CAP AMOUNTS. The quarterly reconciliation shall include any amounts paid by CHC in excess of the financial limits listed in this AGREEMENT. The compensation payable to CHC by the COUNTY shall be increased by any costs paid by CHC in excess of the financial limits listed in 1.15.2 and 1.19.

8.1.3 ADJUSTMENT FOR ELECTRONIC MEDICAL RECORDS. The quarterly reconciliation shall include a per diem adjustment for electronic medical records based on the JAIL's MADP. For each month reconciled, the compensation payable to CHC by the COUNTY shall be increased by the per diem rates set forth in Exhibit B.

**ARTICLE IX**  
**TERM AND TERMINATION**

9.0 TERM. The term of this AGREEMENT shall be NUMBER (NUMBER) year from MONTH DATE, YEAR at 12:01 a.m. through MONTH DATE, YEAR at 11:59 p.m. This AGREEMENT shall automatically renew for additional one year periods on MONTH DATE of each subsequent year with mutually agreed upon increases, unless this AGREEMENT is terminated or notice of termination is given, as set forth in this Article.

9.0.1 RENEWAL. Upon each subsequent renewal of this AGREEMENT pursuant to paragraph 9.0, an increase in the annual compensation amount shall be negotiated between the parties. Should the parties reach said agreement after the renewal date, the agreed upon increase shall be retroactive to the date of the renewal.

CHC reserves the right to evaluate and recommend staffing increases to be mutually agreed upon by both parties.

- 9.1 TERMINATION FOR LACK OF APPROPRIATIONS. It is understood and agreed that this AGREEMENT shall be subject to annual appropriations by the BOARD of the COUNTY.
  - 9.1.1 Recognizing that termination for lack of appropriations may entail substantial costs for CHC, the COUNTY and the SHERIFF shall act in good faith and make every effort to give CHC reasonable advance notice of any potential problem with funding or appropriations.
  - 9.1.2 If future funds are not appropriated for this AGREEMENT, and upon exhaustion of existing funding, the COUNTY and SHERIFF may terminate this AGREEMENT without penalty or liability, by providing a minimum of thirty (30) days advance written notice to CHC.
- 9.2 TERMINATION DUE TO CHC'S OPERATIONS. The COUNTY reserves the right to terminate this AGREEMENT immediately upon written notification to CHC in the event that CHC discontinues or abandons operations, is adjudged bankrupt or is reorganized under any bankruptcy law, or fails to keep in force any required insurance policies. Both parties agree that termination under this provision will be considered without cause.
- 9.3 TERMINATION FOR CAUSE. The AGREEMENT may be terminated for cause under the following provisions:
  - 9.3.1 TERMINATION BY CHC. Failure of the COUNTY and/or SHERIFF to comply with any provision of this AGREEMENT shall be considered grounds for termination of this AGREEMENT by CHC upon sixty (60) days advance written notice to the COUNTY specifying the termination effective date and identifying the "basis for termination." The COUNTY shall pay for services rendered up to the date of termination of the AGREEMENT. Upon receipt of the written notice, the COUNTY shall have ten (10) days to provide a written response to CHC. If the COUNTY provides a written response to CHC which provides an adequate explanation for the "basis for termination" and the COUNTY cures the "basis for termination" to the satisfaction of the CHC, the sixty (60) day notice shall become null and void and this AGREEMENT will remain in full force and effect. Termination under this provision shall be without penalty to CHC.
  - 9.3.2 TERMINATION BY COUNTY. Failure of CHC to comply with any provision of this AGREEMENT shall be considered grounds for termination of this AGREEMENT by the SHERIFF or the COUNTY who shall provide sixty (60) days advanced written notice specifying the termination effective date and identifying the "basis for termination." The COUNTY shall pay for services rendered up to the date of termination of the AGREEMENT. Upon receipt of the written notice CHC shall have ten (10) days to provide a written response to the COUNTY. If CHC provides a written response to the COUNTY which provides an adequate explanation for the "basis of termination," or cures the "basis for termination" to the satisfaction of the SHERIFF, the sixty (60) day notice shall

become null and void and this contract will remain in full force and effect. Termination under this provision shall be without penalty to the SHERIFF or the COUNTY.

- 9.4 TERMINATION WITHOUT CAUSE. Notwithstanding anything to the contrary contained in this AGREEMENT, the SHERIFF, the COUNTY or CHC may, without prejudice to any other rights it may have, terminate this AGREEMENT for their convenience and without cause by giving ninety (90) days advance written notice to the other party.
- 9.5 COMPENSATION UPON TERMINATION. If any of the above termination clauses are exercised by any of the parties to this AGREEMENT, the COUNTY shall pay CHC for all services rendered by CHC up to the date of termination of the AGREEMENT regardless of the COUNTY'S failure to appropriate funds.
- 9.6 PAYMENT OF CAPPED EXPENSES UPON TERMINATION OR EXPIRATION OF AGREEMENT. Upon the termination or expiration of this AGREEMENT, the administration of expenses listed in paragraph 1.19 ("CAPPED EXPENSES") shall be handled as follows:
- 9.6.1 If the CAP AMOUNT for the CONTRACT YEAR has been reached as of the date of termination or expiration of this AGREEMENT, CHC shall not be responsible for administration or payment of CAPPED EXPENSES and all invoices received by CHC for CAPPED EXPENSES shall be forwarded to the COUNTY for payment.
- 9.6.2 Upon termination or expiration of this AGREEMENT, CHC shall not be responsible for administration or payment of CAPPED EXPENSES and all invoices received by CHC for CAPPED EXPENSES shall be forwarded to the COUNTY for payment, regardless of whether the CAP AMOUNT for the CONTRACT YEAR has been reached. CHC shall forward to the COUNTY any rebate due pursuant to the terms of paragraph 1.19.1
- 9.7 PROPERTY DISPOSITION UPON TERMINATION. Upon termination of this AGREEMENT, CHC shall be allowed to remove from the JAIL any stock medications or supplies purchased by CHC that have not been used at the time of termination. CHC shall also be allowed to remove its property from the JAIL including its proprietary Policies and Procedures, Manuals, Training Material, and Forms and COUNTY agrees to maintain as confidential all CHC materials, documents or reports marked as confidential or proprietary.

**ARTICLE X**  
**LIABILITY AND RISK MANAGEMENT**

- 10.0 INSURANCE COVERAGE. CHC shall, at its sole cost and expense, procure and maintain during the term of this AGREEMENT, the following coverage and limits of insurance:
- 10.0.1 MEDICAL MALPRACTICE/PROFESSIONAL LIABILITY. Medical Malpractice/ Professional Liability insurance in an amount not less than \$1,000,000 per occurrence and \$3,000,000 in the aggregate.



10.0.2 COMPREHENSIVE GENERAL LIABILITY. Comprehensive General Liability insurance in an amount not less than \$1,000,000 per occurrence and \$3,000,000 in the aggregate.

10.0.3 WORKER'S COMPENSATION. Worker's Compensation coverage as required by applicable state law.

10.1 ENDORSEMENTS. The Comprehensive General Liability policy shall contain additional endorsements naming the JAIL as an additional insured with respect to liabilities arising out of the performance of services under this AGREEMENT.

10.2 PROOF OF INSURANCE. CHC shall provide the COUNTY proof of professional liability or medical malpractice coverage for CHC's HEALTH CARE STAFF, employees, agents and subcontractors, for the term services are provided under this AGREEMENT. CHC shall promptly notify the SHERIFF, in writing, of each change in coverage, reduction in policy amounts or cancellation of insurance coverage. If CHC fails to provide proof of adequate insurance within a reasonable time under the circumstances, then the COUNTY shall be entitled to terminate this AGREEMENT without penalty to the COUNTY or the SHERIFF pursuant to the terms of Article IX.

10.3 INDEMNIFICATION. CHC agrees to indemnify and hold harmless the COUNTY, its officials, agents, and employees from and against any and all claims, actions, lawsuits, damages, judgments or liabilities of any kind whatsoever caused by, based upon or arising out of any act, conduct, misconduct or omission of CHC, its agents, employees, or independent contractors in connection with the performance or non-performance of its duties under this AGREEMENT. The COUNTY agrees to indemnify and hold harmless CHC, its officials, agents, and employees from and against any and all claims, actions, lawsuits, damages, judgments or liabilities of any kind whatsoever caused by, based upon or arising out of any act, conduct, misconduct or omission of COUNTY, its agents, employees, or independent contractors. The COUNTY and SHERIFF agree to promptly notify CHC in writing of any incident, claim or lawsuit of which they become aware and shall fully cooperate in the defense of such claim. The COUNTY and SHERIFF agree that CHC's indemnification and defense obligations do not apply for any costs or expenses, including attorney's fees or settlements, incurred or effected prior to written notice to CHC as set forth above. Upon written notice of claim, CHC shall take all steps necessary to promptly defend and protect the COUNTY and SHERIFF from an indemnified claim, including retention of defense counsel, and CHC shall retain sole control of the defense while the action is pending, to the extent allowed by law.

10.4 HIPAA. CHC, the COUNTY, JAIL, and SHERIFF and their employees, agents and subcontractors shall fully comply with, and shall implement all necessary policies and/or procedures in order to comply with, the requirements of HIPAA as it applies to the services provided under this AGREEMENT. The COUNTY, JAIL and SHERIFF and their employees and agents shall indemnify and hold harmless CHC from and against any claims of any kind made as a result of alleged or actual violations of HIPAA by the COUNTY, the SHERIFF and their employees, agents and subcontractors, unless such claims are proven to be caused by the sole negligence or willful misconduct of CHC.

**ARTICLE XI**  
**MISCELLANEOUS**

- 11.0 **INDEPENDENT CONTRACTOR STATUS.** It is mutually understood and agreed, and it is the intent of the parties hereto that an independent contractor relationship be and is hereby established under the terms and conditions of this AGREEMENT. Nothing in this AGREEMENT shall be construed to create an agency relationship, an employer/employee relationship, a joint venture relationship, or any other relationship allowing the COUNTY or SHERIFF to exercise control or direction over the manner or methods by which CHC, its employees, agents or subcontractors perform hereunder, or CHC to exercise control or direction over the manner or methods by which the COUNTY or the SHERIFF, and their employees, agents or subcontractors perform hereunder, other than as provided in this AGREEMENT.
- 11.1 **SUBCONTRACTING.** In performing its obligations under the AGREEMENT, it is understood that CHC is not licensed or otherwise authorized to engage in any activity that may be construed or deemed to constitute the practice of medicine, dentistry, optometry, or other professional healthcare service requiring licensure or other authorization under state law. To comply with these requirements CHC may engage physicians or other clinicians as independent contractors ("Contract Professionals"), rather than employees, in order to supply the clinical services required under this AGREEMENT. CHC shall engage Contract Professionals that meet the applicable professional licensing requirements and CHC shall exercise administrative supervision over such Contract Professionals as necessary to insure the fulfillment of the obligations contained in this AGREEMENT. Contract Professionals shall provide clinical services under this AGREEMENT in a manner reasonably consistent with the independent clinical judgment that the Contract Professional is required to exercise. It is further understood that CHC may subcontract for specialized services such as pharmacy, medical waste, medical supplies and other services or supplies which it is required to provide under this AGREEMENT.
- 11.2 **AGENCY.** For purposes of asserting any statutory rights afforded to the COUNTY or the JAIL to pay providers for medical services at certain reduced rates, COUNTY and/or SHERIFF designate CHC as their agent to assert such rights and privileges.
- 11.3 **EQUAL EMPLOYMENT OPPORTUNITY.** CHC will not discriminate against any employee or applicant for employment because of race, color, religion, sex, ancestry, national origin, place of birth, marital status, sexual orientation, age or handicap unrelated to a bona fide occupational qualification of the position or because of status as a disabled veteran or Vietnam-Era veteran. CHC will distribute copies of its commitment not to discriminate to all persons who participate in recruitment, screening, referral and selection of job applicants, and to prospective job applicants.
- 11.4 **WAIVER OF BREACH.** The waiver of either party of a breach or violation of any provision of this AGREEMENT shall not operate as, or be construed to be, a waiver of any subsequent breach of the same or other provision hereof.
- 11.5 **OTHER CONTRACTS AND THIRD-PARTY BENEFICIARIES.** The parties acknowledge that CHC is neither bound by or aware of any other existing contracts to which either the SHERIFF or the COUNTY are a party and which relate to the providing of health care to INMATES/DETAINEES at the JAIL. The parties agree that they have

not entered into this AGREEMENT for the benefit of any third person or persons, and it is their express intention that this AGREEMENT is for their respective benefits only and not for the benefits of others who might otherwise be deemed to constitute third-party beneficiaries thereof.

- 11.6 FORCE MAJEURE. In case performance of any terms or provisions hereof shall be delayed or prevented because of compliance with any law, decree or order of any governmental agency or authority of local, State or Federal governments or because of riots, war, terrorism, explosions, acts of civil or military authority, acts of public enemy, public disturbances, lack of adequate security escorts, strikes, lockouts, differences with workers, earthquakes, fires, floods, Acts of God or any other reason whatsoever which is not reasonably within the control of the party whose performance is interfered with and which, by the exercise of reasonable diligence, said party is unable to prevent; the party so suffering may, at its option, suspend, without liability, the performance of its obligations hereunder during the period such cause continues.
- 11.7 ASSIGNMENT. Except as otherwise provided herein, no party to this AGREEMENT may assign any of its rights or delegate any of its duties under this Agreement without the prior written consent of the other parties; provided however, that CHC may assign its rights or delegate its duties to an affiliate of CHC, or in connection with the sale of all or substantially all of the stock, assets or business of CHC, without the prior written consent of the other parties. Any unauthorized attempted assignment shall be null and void and of no force or effect.
- 11.8 NOTICES. Any notice of termination, requests, demands or other communications under this AGREEMENT shall be in writing and shall be deemed delivered: (a) when delivered in person to a representative the parties listed below; (b) upon receipt when mailed by overnight courier service, mailed by first-class certified or registered mail, return receipt requested, addressed to the party at the address below; or (c) upon confirmation of receipt if sent by facsimile to the fax number of the party listed below:

If for CHC:  
Correctional Healthcare Companies, Inc.  
General Counsel  
6200 South Syracuse Way, Suite 440  
Greenwood Village, CO 80111

If for COUNTY:

If for CHC: (720) 458-3478	If for COUNTY:
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Such address or facsimile number may be changed from time to time by either party by providing written notice as provided above.

- 11.9 GOVERNING LAW. This AGREEMENT shall be governed by and construed in accordance with the laws of the State of STATE without regard to the conflicts of laws or rules of any jurisdiction.

- 11.10 EXECUTION AUTHORITY. By their signature below, each signatory individual certifies that they are the properly authorized agent or officer of the applicable party hereto and have the requisite authority necessary to execute this Agreement on behalf of such party, and each party hereby certifies to the other that any resolutions necessary to create such authority have been duly passed and are now in full force and effect.
- 11.11 SURVIVAL. The following provisions will survive any termination or expiration of the AGREEMENT: 1.15, 1.19, Article VIII, Article IX and Article X.
- 11.12 COUNTERPARTS. This AGREEMENT may be executed in several counterparts, each of which shall be considered an original and all of which shall constitute but one and the same instrument.
- 11.13 TITLES OF PARAGRAPHS. Titles of paragraphs are inserted solely for convenience of reference and shall not be deemed to limit, expand or otherwise affect the provisions to which they relate.
- 11.14 SEVERABILITY. In the event that any one or more provisions of this AGREEMENT shall, for any reason, be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provision of this AGREEMENT and this AGREEMENT shall be construed and enforced as if such invalid, illegal or unenforceable provision had never been contained herein.
- 11.15 ENTIRE AGREEMENT. This AGREEMENT constitutes the entire agreement of the parties and is intended as a complete and exclusive statement of the promises, representations, negotiations, discussions and agreements that have been made in connection with the subject matter hereof. This AGREEMENT may be amended at any time, but only with the written consent of all parties.

IN WITNESS WHEREOF, the parties have caused this AGREEMENT to be executed as their official act by their respective representative, each of whom is duly authorized to execute the same.

**AGREED TO AND ACCEPTED AS STATED ABOVE:**

County of county name, STATE

Correctional Healthcare Companies, Inc.

By: \_\_\_\_\_  
 AUTHORIZED PERSON  
 Title: TITLE

By: \_\_\_\_\_  
 Douglas D. Goetz  
 Title: Chief Executive Officer

Date: \_\_\_\_\_

Date: \_\_\_\_\_



**Exhibit B**

**ELECTRONIC MEDICAL RECORDS at COUNTY, STATE  
Effective DATE**

**DEFINITIONS**

**EMR SOFTWARE** – The VIZION software package developed and distributed by CHC, including the original computer software, computer program, source code, object code, algorithms and related documentation to enable the creation, maintenance, storage and access of electronic medical records and includes all enhancements, upgrades, modifications and additions.

**SERVER** – The single computer server owned, operated and maintained by CHC.

1.0 EMR SOFTWARE USE.

1.0.1. GENERAL USE. For the duration of the AGREEMENT, CHC will maintain one copy of the EMR SOFTWARE on its SERVER for use by CHC HEALTH CARE STAFF at the JAIL.

1.0.2. EMR SOFTWARE USE UPON TERMINATION. Upon termination of the AGREEMENT, CHC shall provide COUNTY a stand alone, read only program which will allow the SHERIFF to search for, view and print medical records pertaining to INMATES/DETAINEES. Such data shall be in the same format the data was stored preceding termination of this AGREEMENT.

1.0.3. COMPENSATION. CHC will charge COUNTY on a monthly basis by multiplying the per diem rate listed below by the MADP of the JAIL. CHC shall reconcile amounts due under this AGREEMENT pursuant to Section 8.1.3 of the AGREEMENT. The per diem rates listed below may be adjusted upon agreement of COUNTY and CHC.

Payment Period	Per Diem Rate
	\$0.00

Upon expiration of the \_\_\_\_\_ payment period, an increase in the per diem amount shall be negotiated by the parties.

2.0 INTELLECTUAL PROPERTY AND OTHER PROPRIETARY INFORMATION. CHC has created, acquired or otherwise has intellectual property rights in the EMR SOFTWARE and all copies thereof. This AGREEMENT does not grant COUNTY or SHERIFF any intellectual property rights in the EMR SOFTWARE and all such rights are reserved by CHC. The EMR SOFTWARE and all CHC documents or images used in its application, including but not limited to CHC Nursing Protocols, are the confidential and proprietary information of CHC and may not be copied or reproduced by COUNTY or SHERIFF. CHC has no ownership or claim of ownership in any medical data that is accessed via the EMR SOFTWARE.

- 3.0 RESTRICTIONS. COUNTY and SHERIFF shall not: (1) disassemble, decompile, unbundle, reverse engineer, or translate any part of the EMR SOFTWARE, or otherwise reduce to a human perceivable form, or otherwise attempt to reconstruct or discover the source code of the EMR SOFTWARE; (2) modify, copy, duplicate, reproduce, license, or transfer or convey the EMR SOFTWARE; (3) customize, modify, translate or extend the functionality of the EMR SOFTWARE.
- 4.0 LIMITATION ON CHC's OBLIGATIONS. CHC is not responsible for any issues, support, or loss of functionality that may result from COUNTY or SHERIFF installing and using third-party software on or with the EMR SOFTWARE. CHC is not responsible for any COUNTY cost associated with interfacing the COUNTY'S software/hardware systems with CHC's EMR system. Furthermore, CHC shall not be liable for any loss of use, lost or damaged data, any inability to access or retrieve data, including any loss, damages, claims, suits or actions of any nature, including claims of injury to any person or persons or of damage to property, resulting from or caused directly or indirectly be reason of any error, omission, negligence, or wrongful act by the COUNTY or SHERIFF, their officers, agents and/or employees.
- 5.0 NO WARRANTIES. The EMR SOFTWARE is provided "as is", without warranty or representation of any kind, whether express or implied, or arising from common law, custom, usage or otherwise, or statutory, including without limitation, any implied warranties or non-infringement, merchantability, and fitness for a particular purpose, or pertaining to title, integration, accuracy, security or availability.
- 6.0 EMR SOFTWARE UPDATES. During the term of this AGREEMENT, CHC will provide COUNTY any available updates, modifications or enhancements which improve the speed, efficiency, or ease of use of the EMR SOFTWARE, or add additional capabilities to the EMR SOFTWARE.

# Edwin E. Buss



Vice President of Operations

## PROFESSIONAL HIGHLIGHTS

**Correctional Healthcare Companies, Inc.** – Greenwood Village, CO (October 2011 - Present)

**Vice President of Operations**

**Florida Department of Corrections** (February 2011 – October 2011)

**Secretary**

- Responsible for staff of 30,000
- Oversaw 152,000 offenders incarcerated and on probation/parole
- Managed budget of \$2.4 billion

**Indiana Department of Corrections** (August 2008 - February 2011)

**Commissioner**

- Responsible for staff of 10,000
- Oversaw 30,000 offenders
- Managed bi-annual budget of \$1.2 billion
- Key accomplishments include establishment of first statewide comprehensive model of correctional healthcare management.

**Warden, Westville Correctional Facility and Indiana State Prison** (1999 - 2008)

- Oversaw four different facilities in the state of Indiana
- Held managerial positions in adult male, female, and Juvenile facilities
- Responsible for Parole and Probation in two state jurisdictions

**Correctional Unit Team Manager** (1997 to 1999)

**Custody Supervisor** (1995 to 1997)

**Correctional Captain** (1994 to 1995)

**Correctional Lieutenant** (1991 to 1995)

**Correctional Sergeant** (1989 to 1991)

**Correctional Officer** (1987 to 1989)

**Correctional Officer** (1987 to 1997)

- Promoted to highest rank for uniformed officer over 10 years

## MEMBERSHIPS AND AWARDS

Commissioner - American Correctional Association's (ACA) Accreditation Committee

Member - Association of the State Correctional Administrators (ASCA)

Auditor and Member - American Correctional Association

Warden of the Year in Indiana, 2005

Correctional Peace Officers International Supervisor of the Year, 1995

State Correctional Officer of the Year in Indiana, 1989

## EDUCATION

Bethel University, Mishawaka, IN

*Degree in Organizational Management*

Vincennes University, Vincennes, IN

Degree in Criminal Justice



# Daniel G. Ronay, CCE

352 Meadow Ridge Drive • Tallahassee • Florida 32312 • (317) 473-5705 •  
daniel.ronay@correctioncare.com

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## Corrections & Operations Executive

A highly experienced Correctional Executive who has demonstrated the ability to lead diverse teams of professionals to new levels of achievements and success in a variety of highly strategic accomplishments. Sound management qualifications with an established track record during 18 years of hands-on experience in corrections and 32 years leading troops in the Armed Forces of the United States. Proven ability to successfully analyze an organization's critical requirements, identify deficiencies and potential opportunities, and develop innovative and cost-effective solutions for enhancing outcomes while orchestrating personnel and materials towards sound mission accomplishment.

### *Core competencies include:*

- Mission Accomplishment
- Succession Management
- Leadership Development
- Operations Management
- Strategic Thinking
- Strategic Planning
- Mentoring
- Performance Measuring
- Organizational Restructuring

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## CAREER HIGHLIGHTS

- Streamlined Central Office staffing patterns for a leaner and efficient state government
- Established an Agency wide leaders communication system
- Designed and implemented the re-designation and relocation of 6 major correctional facilities that resulted in an increase of 2200 additional beds without new construction and better utilized state properties
- Participated in negotiating the nation's lowest Medical per diem rate with an "all in" holistic approach to delivery
- Assisted in the implementation of cost savings initiatives Agency wide that allowed a reversion to the state of \$26 Million during economically challenged times
- Assisted in the reduction of state employee footprint by nearly 2,000 employees through staffing assessments and restructuring of job assignments

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## PROFESSIONAL EXPERIENCE

### **DIVISION DIRECTOR OF OPERATIONS 11 Dec 2012- Present Correctional Healthcare Companies**

Responsible for the operational oversight and leadership management of Division 1 comprised of over 25 medical sites within the southern United States. Comprised of, Federal & State prisons, ICE facilities, and county jails the division provides medical services to over \_\_\_\_\_ inmates daily.

# Daniel G. Ronay, CCE

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## **DIRECTOR, REENTRY & COMMUNITY April 9 2012 - November 21 2012 Pennsylvania Department of Corrections**

Responsible for the Reentry efforts of a jurisdiction that comprises 52,000 inmates and a Community Corrections Bureau consisting of 54 Community Correction Centers and Facilities with an annual operating budget of over 115 Million Dollars.

### ***Selected accomplishments:***

- Implemented a Reentry Strategic Planning Initiative
- Created Community Transitional Housing Unit Concepts
- Chairing multi-agency Task Force towards implementation of the Justice Reinvestment Initiative (JRI) in Pennsylvania

## **CHIEF DEPUTY SECRETARY, January 31, 2011 - November 1, 2011 Florida Department of Corrections**

Chief advisor and second-in-command of a jurisdiction that comprises 27,500 staff, 102,000 inmates, 115,000 parolees, and 144 Facilities. Reports directly to the Secretary of Corrections. Supervised and coordinated an Executive Staff of 10 Corrections Executives aimed towards carrying out the Mission and Vision of the Agency and ensuring the delivery of the soundest public safety possible. Oversaw the operational tempo throughout the state. Directly supervised the Divisions of Re-entry, Budget, Human Resources, Staff Development and Training, and Legislative Affairs. Represented and oversaw the Agency during the Secretary's absence.

### ***Selected accomplishments:***

- Assisted in the management of the procurement process for a large scale prison privatization initiative
- Assisted in the management for the procurement process of state-wide medical privatization
- Assisted in the closure & consolidation of prisons resulting in a 50M savings to the state
- Streamlined duplicative staffing and managerial positions resulting in over 20M of savings
- Assisted in implementing sound and evidenced-based re-entry initiatives state-wide
- Directed the refinement and validation of Evidenced Based Programming for Re-entry

## **CHIEF OF STAFF, 2008 – 2011 Indiana Department of Correction, Indian**

Chief advisor and second-in-command of a jurisdiction that comprises 7,500 staff, 28,000 inmates,

# Daniel G. Ronay, CCE

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12,000 parolees, 21 Adult and 5 Juvenile Facilities. Reports directly to the Commissioner of Corrections. Supervised and coordinated an Executive Staff of 10 Corrections Executives aimed towards carrying out the Mission and Vision of the Agency and ensuring the delivery of the soundest public safety possible. Directly supervised the Divisions of Human Resources, Research and Planning, Construction Services, Staff Development and Emergency Operations, and Internal Affairs. Represented and oversaw the Agency during the Commissioner's absence.

## *Selected accomplishments:*

- Implemented trendsetting communication and meeting methodologies
- Orchestration and management of four-year Agency Strategic Plan
- Instrumental in Capacity Management
- Fostered and sought Public/Private Partnerships that realized substantial cost savings
- Identified reduction of Central Office personnel without compromise to efficiency
- Directed the implementation of Veteran's Dormitory Programming
- Instrumental in the overall operational management of the Agency
- Championed numerous cost savings measures Agency wide

## **DIRECTOR, STAFF DEVELOPMENT & TRAINING, 2006-2008** **Indiana Department of Correction, Indiana**

Responsible for the overall training and career development of newly joined correctional staff as well as ongoing training and development of veteran staff.

## *Selected accomplishments:*

- Implemented regionalized training throughout Agency resulting in substantial cost savings
- Developed and Implemented Emerging and Experienced Leadership Cohort Program
- Implemented Computer Based Training comprising over 75 modules
- Planned and hosted a National Mental Health Conference
- Collaborated with NIC in introducing Organizational Cultural Competence Agency wide
- Developed mentoring and training program for new Superintendents
- Served as Interim Deputy Commissioner of Administration for 4 month span

## **ASSISTANT SUPERINTENDENT - CUSTODY SUPERVISOR, 1995-2006** **Indiana Department of Correction, Indiana**

Managed and had oversight over the operations of Indiana's only juvenile Boot Camp and subsequently the largest juvenile maximum security facility. Additionally; served as Administrative Assistant to the Superintendent of Indiana's largest (3500+) male medium security facility. Responsible for custody and programming staff; maintaining and enforcing discipline, safety, security, and custodial measures and directed the management of the institutions in the absence of the Superintendent. Began corrections career as a Correctional Officer for 3 years.

## *Selected accomplishments:*

- Led two facilities to their 1st ACA Accreditation
- Implemented new Juvenile Boot Camp Standards
- Created core competencies for staff and inmates

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- Responsible for operational and program management of high and medium security facilities

## UNITED STATES ARMED FORCES

**First Sergeant (Ret)**

**1974-2006**

**United States Marine Corps & United States Army**

Retired from the United States Army in 2006. Led marines and soldiers during four decades and three combat tours inclusive of Beirut, Lebanon; Operation Desert Storm, and Operation Iraqi Freedom III. Vast experience in Infantry Tactics, Low Altitude Air Defence, and Combat Engineering. Held leadership positions in both garrison and combat for over twenty-five years. Adept at the operational management of people, equipment, funding, and time. Attended and graduated from a myriad of upper level leadership and management academies.

### ***Selected accomplishments:***

- Participated in and managed numerous
- Trained and mentored thousands of marines and soldiers
- Responsible for Detainee Operations in Tal' Afar, Iraq, USA
- Drill Instructor, USMC, Parris Island
- Advance Schools Course Supervisor, USMC, Camp Pendleton

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## EDUCATION

**Bachelor Degree,  
Major in Leadership**

Bellevue University, Nebraska

**Master's Candidate (Grad: 8/13)**

**Major in Organizational Performance**

Bellevue University, Nebraska

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## PROFESSIONAL AFFILIATIONS

- American Correctional Association; *Certified Correctional Executive*
  - Indiana Correctional Association; *Past Treasurer 2003-2004*
  - Marine Corps League
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## Contract Manager

### Professional Highlights

**Correctional Healthcare Companies, Inc.** – Greenwood Village, CO

**Contract Manager, Division I**

Sept 2011 – Present

**Health Services Administrator** – Kingman, Arizona

Apr 2011 – Sept 2011

- Performed all administrative duties for a complex health system servicing 1900 inmate-patients.
- Provided monitoring activities (audits, process review and approval, site survey support, etc.) for eight sites in Arizona, New Mexico, and Georgia.
- Provided business development support by performing site surveys and making operational go/no go recommendations for submission of bids in response to RFPs.

**Arizona Department of Corrections** – Phoenix, AZ

**Health Services Regional Health Administrator– South**

Jan 2007 – Oct 2010

**Health Care Manager/Assistant to Bureau Administrator**

July 2006 – Jan 2007

**Facility Health Care Manager II - Tucson, Arizona**

Aug 2001 – July 2005

**Facility Health Care Manager I - Douglas, Arizona**

July 1998 – Aug 2001

- Produced complex integrated medical and dental routine and emergency systems supporting varying populations of up to 15,000 customers.
- Organizing over 100 clinical, clerical, and professional staff to meet all mission requirements.
- Planned or managed budget issues at operating, capital, and strategic level. Developed State budget submissions for \$1.6M expenditure for development of an inpatient facility.
- Developed action plans and measurement criteria to meet accreditation agency requirements. Achieved four tri-annual accreditations.
- Created initial contract documents (Statement of Work and/or Request for Proposal), plan and participate in negotiations, monitor contract compliance of supporting providers and suppliers.
- Provided personnel support at all levels; preparation of hiring packages, interviewing, documenting performance, reviewing performance, counseling performance, and disciplining staff.
- Responsible for up to \$3 million budget with operating budgets of \$1.5 million.
- Planned development of, edited, and rewrote much of 500 page in-depth Standard Operating Procedure manual; coordinating the output of 15 authors.
- Provided responses to inquiries from family, friends, executives, legislators, Governor, Senators.
- For approximately one year provided Executive Assistant support to the Division Director; performing executive secretarial duties such as staff coordination, counseling, organizing meetings, coordinating VIP visits, keeping calendar, and drafting correspondence.
- Served as primary guide and receptionist for visiting VIPs; presenting prepared and off-the-cuff information regarding the organization and the site.

**Copper Queen Community Hospital** – Bisbee, Arizona

**Director of Rural Health Clinics**

Jul 2005 – Jul 2006

- Directed outpatient medical support services for rural location.
- Developed and managed professional staff peer review processes.
- Developed and managed professional staff remuneration plans for medical staff.
- Provided technical, executive, and governing board briefings and recommendations.
- Created policy and managed corporate responses regarding provider activities.
- Coordinated installation of NexGen Electronic Practice Management /Electronic Health Record
- Provided personnel activities at all levels; including hiring, monitoring and firing of physicians.
- Handled and addressed all complaints and concerns presented by customers.
- Prepared marketing documents and activities for area of responsibility

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## Contract Manager

<b>Triwest Healthcare Alliance – Phoenix, Arizona</b> <b>Manager, Provider Relations</b>	1997 – 1998
<ul style="list-style-type: none"><li>• Managed (through twenty-eight consultants in sixteen states) contracting for a 20,000-provider network.</li><li>• Facilitated and lead large group trainings regarding professional responsibilities.</li><li>• Provided presentations to the general public regarding access to care and legislative processes.</li><li>• Provided technical and executive briefings and recommendations.</li><li>• Ensured accuracy of information and investigation of decisions in preparation for executive signature.</li><li>• Created policy and managed corporate responses regarding provider activities.</li><li>• Retained important contractor relationships through face-to-face negotiations.</li></ul>	
<b>Naval Medical Clinic / 2nd Construction Brigade – Gulfport, Mississippi</b> <b>Clinic Administrator and Brigade Medical Officer</b>	1994 – 1997
<b>III Marine Expeditionary Force – Okinawa, Japan</b> <b>Strategic Medical Plans Officer</b>	1991 – 1994
<ul style="list-style-type: none"><li>• Multiple Joint Task Force operations on Okinawa</li><li>• Deputy Marine Expeditionary Force Surgeon</li><li>• Deputy US Forces Surgeon (Bangkok, Thailand)</li><li>• Deputy Combined/Joint Task Force Surgeon (Thailand)</li></ul>	
<b>Naval Dental Clinics – Bremerton, Washington</b> <b>Director, Dental Clinic Administration</b> <b>Navy Medical Inspector General Augmentee</b>	1987 – 1991
<b>3rd Force Service Support Group – Okinawa, Japan</b> <b>Navy Personnel Officer – Camp Butler</b>	1985 – 1987
<ul style="list-style-type: none"><li>• Multiple Joint Task Force and Multi-service operations</li></ul>	
<b>37th Combat Service Support Group, 3rd Medical Battalion – Uncheon, Korea</b> <b>Company Commander/Primary Care Clinic Administrator</b>	1984 – 1985
<b>Eventide Lutheran Home - Moorhead, Minnesota</b> <b>Nursing Aide</b>	1979 - 1980
<b>Noble Drilling Company - Zapata, Texas</b> <b>Backup Tong Man (Floor Drilling hand)</b>	1974-1975

## Professional Education

William Carey College, Gulfport, MS MBA Degree: Business Administration – Health Care Administration	1997
Marine Corps Command & Staff College, Quantico, VA Certificate: Strategic Studies	1991
Concordia College, Moorhead, MN BA Degree: Hospital Administration	1980
Naval School Of Health Sciences, San Diego, Ca Certificate: Hospital Corpsman	1974

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**Contract Manager**

**Other Courses Completed**

- Strategic Medical Readiness & Contingency
- Instructor Training Certification
- Plans, Operations, and Medical Intelligence
- Contracting Officer's Technical Representative
- FEMA Influenza Planning and Readiness
- FEMA National Incident Control System

**Other Earned Credentials**

- 6 Sea Service Deployment ribbons
- Top Secret - Granted 1990 (Inactive)
- 2 Navy Achievement Medals
- 2 Navy Commendation Medals
- Meritorious Service Medal

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## Director, Business Development

### Professional Experience

#### Correctional Healthcare Companies, Greenwood Village, CO

2012 to Present

##### *Director, Business Development*

- Cultivate working relationships with key members located in Southeast
- Develop and administer systems and creative solutions for current and potential customers
- Enhance current opportunities with addition of community based alternatives

#### Atlantic City Rescue Mission, Atlantic City, NJ

2009 to 2011

##### *Director of Operations*

- Evaluate ongoing service deliverables and identify areas for improvement at Rescue Mission
- Coordinate with Director of Business Development and Executive Director of Community Partnerships to create strategy to increase donor base and completion of RFP's for new business opportunities.
- Assisted in creation of annual strategy with Executive Director of Community Partnerships and Director of Business Development to ensure that goals and budget are met.
- Implemented and trained employees on cognitive behavioral programming through National Institute of Corrections.
- Collaborate with county and community agencies to ensure seamless transition for residents of the Mission to other housing and/or other eligible services.

#### Community Education Center, Roseland, NJ

2006 to 2008

##### *Director of Development*

- Developed strategy for oversight and creation of new community corrections business unit
- Created strategy for new and organic business development in targeted market sectors
- Developed and designed behavioral health programs for inpatient and outpatient settings
- Established and managed highly successful business relationships and promoted services

#### BI Incorporated, Boulder, CO

1995 to 2005

##### *East Coast Director of Operations and Development*

- Designed business development strategies, reviewed RFP's and determined suitability of potential business in terms of "fit" and potential profitability, oversaw lobbying efforts and represented the company in contacts with clients, elected officials, public officials and the press.
- Provided oversight and management regarding new program implementation including financial, staff and facility planning, contract fulfillment and all operational service provisions/contractual obligations of regional Centers.
- Collaborate with Senior Staff and proposal division to create compliant proposals to RFP's



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## Director, Business Development

with support of “What Works” and evidence based practices.

- Provide support and insight with delivery of individualized models for juvenile/adult adult offender populations which incorporate best practices and integrate treatment, cognitive behavior modality, education, electronic monitoring, and GPS.

## NYS Department of Corrections, Albany, NY

*Corrections Officer*

**1984 to 1994**

- Implemented and enforced facility policy and procedure
- Obtained maximum security clearance

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## Director, Business Development

### Educational Background

#### **Master of Education in Educational Counseling (1994)**

Florida Atlantic University, Boca Raton, Florida  
Major concentration: Educational Psychology  
Collateral areas: Mental Health

#### **Bachelor of Science in Psychology (1991)**

Trinity International University Miami, Florida  
Specialization: Psychology  
Collateral areas: Theology

### Additional Training

- Motivational Interviewing
- Level of Services Inventory - Revised
- Evidence Based Programming and Curriculum

### Professional Certifications

- Moral Reconciliation Therapy
- Social Responsibility Therapy

### Professional Memberships

- American Association for Counseling & Development
- American Correctional Association
- American Counseling Association
- American Probation and Parole Association
- International Corrections and Prisons Association

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## Chief Executive Officer

### PROFESSIONAL HIGHLIGHTS

January 2007 to Present    **Correctional Healthcare Companies, Inc.** – Greenwood Village, CO  
**Chief Executive Officer**

- Oversees company operations including human resources, finance, operations, and sales and marketing
- Manages growing revenue stream from organic and acquisition growth
- Facilitates strategic meetings to ensure that corporate vision is met
- Assists departments in achieving company goals

2004 to 2007    **HMS Healthcare** – Denver, CO  
**Senior Vice President and CFO**

- Responsible for all aspects of corporate finance and core operations. Responsibilities included management of a comprehensive \$190 million credit facility, lender and shareholder relationships, mergers and acquisitions, all integration initiatives, information technology and claims/customer services operations.
- Increased enterprise value 56% (\$140 million), producing a shareholder ROI of 2.44:1 and an IRR of 147% in the July 2005 sale of the company.
- Accomplished, in less than one year:
  - Negotiated and closed two strategic acquisitions totaling more than \$200 million.
  - Managed the integration process for all acquisitions, reducing operating costs by more than \$8.3 million (18%) through integration synergies.
  - Negotiated a sale/lease back of real estate generating \$18 million cash.
  - Generated a dividend distribution to shareholders representing a 39% return of original equity investment six months after initial funding.

2000 to 2004    **The Trizetto Group, Inc.** – Denver, CO  
**Vice President**

- Managed three regional health plans (HMOs) in three states, totaling more than 300,000 members and \$350 million annual revenue in the publicly traded company.
- Responsibilities included strategic planning, product development, managing board of director's relationships of each plan, recruiting and managing health plan executive teams, negotiating provider contracts and working directly with State Regulators.
- Served as a member of both the board of directors and finance committees.
  - Developed and deployed corporate strategy for each regional health plan.
  - Managed all three plans from \$16 million cumulative annual operating losses to more than \$9 million cumulative annual operating gains.
  - Orchestrated full technology system conversions for two of the three regional plans, resulting in a 25% increase to productivity.
  - Implemented medical management and cost of care tools, reducing medical loss ratios by more than 5%.
- In addition, managed the Provider Services division of The Trizetto Group. Products included operations management, as well as technology solutions for physician-based organizations.
- Responsibilities included P&L, executive management, client relations and strategic vendor relations.
- Redesigned the divisions operating model, resulting in a 20% reduction in operating costs.
- Renegotiated vendor contracts, resulting in a savings of more than 25%.
- Renegotiated a single client contract, realizing a profit worth more than the initial stated fair market value of the entire division.

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## Chief Executive Officer

1995 to 2000 Sloans Lake Managed Care – Denver, CO

### Chief Operating Officer/CFO

- Responsible for all aspects of corporate operations, including finance, underwriting, network development, provider relations/contracting, claims/customer service, information technology and human resources of the “for profit” high growth managed care corporation.
- Managed the company from \$11 million to more than \$140 million in annual revenue.
- Designed and implemented a statewide HMO product, consolidating operations, resulting in significant operating efficiencies.
- Developed and implemented new “Point of Services” and “Open Access” products.
- Directed a business process re-engineering project identifying more than \$2 million in annual operating cost savings.
- Selected and implemented a new Enterprise-wide IT system on time and under budget.
- Successfully marketed and sold the company, generating significant shareholder returns in both 1997 and again in 2000.

1991 to 1995 PorterCare Adventist Health System – Denver, CO

### Senior Vice President/CFO

- Managed corporate financial operations and strategy for the four hospital not-for-profit system. Responsibilities included recruiting and managing hospital CFO’s management of finance, business office, information technology, reimbursement, capital planning and a \$90 million investment portfolio.
- Managed the \$400 million corporation from a \$7 million operating loss to an \$8 million operating profit.
- Successfully restructured and refinanced nine outstanding bond issues into a single \$190 million Master Trust Indenture, generating \$40 million new capital while reducing total interest costs.
- Consolidated finance, billing and IT functions, reducing corporate operating expenses by 30%.
- Significantly reduced corporate accounts receivable, generating more than \$20 million cash for the corporation.

1987 to 1991 Adventist Health System/Rocky Mountain Region – Denver, CO

### Regional Director/Internal Audit

- Coordinated and supervised financial and operational audits for member organizations, working extensively with several “Big Three” accounting firms.
- Managed cost reductions and budget planning for member organizations.
- Designed and managed feasibility studies for new facilities working closely with corporate management and Board of Directors.

1985 to 1987 Adventist Health System/Great Lakes Region – Chicago, IL

### Senior Auditor

- Worked directly with KPMG Peat Marwick managing annual financial and operational audits for member organizations and affiliates.

## QUALIFICATIONS

- More than 20 years experience in the healthcare industry.
- Proven track record of solid financial management.

# Douglas D. Goetz



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Chief Executive Officer

## AFFILIATIONS

- AICPA
- Colorado Society of CPAs
- HFMA
- Appointed by State Governor to Board of Directors of the Colorado Small Employer Reinsurance Program

## EDUCATION

Union College – Lincoln, NE  
B.S. Finance and Management, 1983

# DONALD E. HOUSTON



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## Chief Operating Officer

### PROFESSIONAL HIGHLIGHTS

January 2010 to Present **Correctional Healthcare Companies, Inc.** – Greenwood Village, CO  
**Chief Operating Officer**

### EXPERIENCE

**PNA** (January 2010 – December 2010)

***President***

- Served as President of PNA until its acquisition by CHC in December 2010.

**The GEO Group, Inc (1992 – 2009)**

***Senior Regional Vice President;*** (March, 2006 - 2009)

- As a senior officer, directly manage largest of three regions with oversight responsibility over other two.
- Achieved \$600 million revenue under management, which amounts to 83% of GEO's Operations.
- Manage two regional Vice Presidents, 17 Directors and managers.
- Responsibility over 7,000 employees, 38,000 offenders
- Oversee all business development, operational, financial, compliance, legal, systems, and human resource related issues.

***Vice President, Central Region;*** (July, 2000 - March, 2006)

- Manage 22 multi-million dollar projects, employing 3,000 staff, housing 18,000 offenders.
- Grew revenue 125% from \$100 Million to \$275 Million in six years, making it the fastest growing most profitable region in the company.
- Manage executive-level staff in a district office operating semi-independently from Corporate Headquarters.
- Work closely with major clients: Texas Department of Criminal Justice, Oklahoma Department of Criminal Justice, Louisiana Department of Public Safety and Corrections, Homeland Security, Bureau of Prisons, Immigration and Customs Enforcement, U.S. Marshal and various counties governments.
- Works closely with senior members of the Executive and Legislative Branches of local, state and federal government.

**Corporate Office Positions; (1992 – 2000)**

***Vice President Adult Services;*** (1998 – 2000)

- Operational responsibility of all domestic facilities managed by GEO.
- Participated in project development.
- Maintained client relations with 10 State Departments of Corrections as well as several Federal Agencies.

***Vice President Operations;*** (1995-1998)

- One of three Vice Presidents responsible for the domestic operations of GEO.
- Responsible for the start-up of 15 new multi-million dollar projects from 1995 – 1998.
- Supervised over 1,000 employees.

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## Chief Operating Officer

### **Vice President Programs; (1994-1995)**

- Responsible for all program services domestically and internationally for GEO
- Developed curriculum
- Supervised more than 200 professional level employees

### **Warden, Bridgeport, TX 520-bed facility; (1992-1994)**

The chief executive officer for a 520 bed correctional facility. The responsibilities of a Warden are similar to those of a city manager. Responsible for food service operations, business management, medical, sanitation, security operations, risk management, Human Resources, training, etc

Supervised 140 employees

### **Texas Department of Criminal Justice**

1984 - 1991

#### ***Supervisor of Diagnostic and Evaluation***

- Responsible for staff of Psychologists, Mental Health screens and Psychological Testers
- Responsible for the intake screening and placement of more than 25,000 offenders into the state correctional system

### **Livingston High School**

1982 - 1983

#### ***Coach and Educator***

- Coached Varsity Track and Cross-County and Junior Varsity Football
- Taught Special Education and History

### **United States Army**

1971 - 1978

#### ***Russian Linguist***

- Four years as a Russian Language instructor at the Defense Language Institute preparing Department of Defense personnel in technical language skills.

### **United States Navy Reserve**

1987- 1999

#### ***Russian Linguist***

- Served as a member of the On-Site Inspection Agency (OSIA) treaty verification team. Validated destruction of missiles pursuant to the provisions of the Intermediate Nuclear Forces Treaty.
- Top Secret clearance

## EDUCATION

Sam Houston University, Houston, TX

Post Graduate Work ( Psychology and Educational Diagnostics) 1984

BA, Kinesiology, 1978 -1982, Minor, History

BA, Russian, 1978 -1982, Minor, Special Education

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## Chief Financial Officer

### PROFESSIONAL HIGHLIGHTS

June 2010 to Present **Correctional Healthcare Companies, Inc.** – Greenwood Village, CO

#### **Chief Financial Officer**

- Oversees company financial operations
- Manages growing revenue stream from organic and acquisition growth
- Facilitates strategic meetings to ensure that corporate vision is met
- Assists departments in achieving company goals

2007 to 2009 **Bariatric Partners, Inc** – Charlotte, NC

#### **Chief Financial Officer**

**Bariatric Partners, a venture funded company, owned and operated ambulatory surgery centers through joint venture relationships.**

- Reorganized all financial operations with a team approach to provide more efficient centralized accounting activities such as timely monthly financial reporting, billing and collections, cash management, purchasing, inventory management, and accounts payable
- Developed first "real" budget and monthly financial reporting package for monitoring and managing financial performance through key metrics in a timely manner.
- Developed cash management techniques for monitoring burn rates and facilitated the collection of deposits in a timely and accurate manner at the surgery centers
- Resolved structural issues with a bank financing that had been previously negotiated.
- Completed additional bank financing to fund the build out and equipment requirements for a start up center at favorable financing terms and conditions.

2001 to 2007 **Renal Ventures Management, LLC** – Golden, CO

#### **Chief Operating/Financial Officer**

- Successfully negotiated and structured several debt financings totaling \$25 million including term loans and lines of credit, without personal guarantees, for development and acquisitions. Also completed a new deal with a major financial institution structuring additional mezzanine and senior debt financing..
- Managed company growth while improving EBITDA margins from 3.9% to in excess of 20% annually. Improved cash flow from operations from a high burn rate to positive cash flow from operations in excess of \$8 million annually Improved shareholder value by approximately four times
- Redesigned organizational structure to keep pace with company growth and to enhance accountability standards
- Developed the Chairman's Quality Index (CQI) concepts in concert with physicians for measuring "quality of care" provided at the local level
- Developed and implemented systems and controls to keep pace with company growth that included key financial / operational metrics for measuring labor productivity, product utilization, and financial performance at the user, management, and Board levels

1998 to 2001 **Clear Vision Laser Centers** – Lakewood, CO

#### **Chief Financial Officer**

- Responsibilities included all traditional aspects of finance and accounting including accounting, planning and budgeting, financial reporting, cash management, information technology and investor relations.
- Key member of the team that successfully presented, negotiated, and structured the sale of majority interest of the company to a New York based venture capital firm. The transaction was completed at



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## Chief Financial Officer

an attractive multiple of EBITDA and provided liquidity to early stage investors and additional growth capital to the company.

1995 to 1998 **QCI Holdings, Inc.** – Wheat Ridge, CO

### Chief Financial Officer

- Responsibilities included all traditional aspects of finance and accounting that included accounting, budgeting and planning, information systems and raising capital. Member of the Board of Directors committee that successfully negotiated the sale of the company to a German based company at an attractive multiple of EBITDA.

1991 to 1995 **Provenant Health Partners** – Denver, CO

### Treasurer

- Responsibilities included cash management, billing and collection operations, regulatory compliance, real estate portfolio management and special projects. In addition, member of the restructuring team that successfully turned the organization to profitability. Several years later, Provenant merged and is known today as Centura Health

## QUALIFICATIONS

- More than 20 years experience in the healthcare industry.
- Proven track record of solid financial management.

## AFFILIATIONS

- **Certified Public Accountant** – Colorado
- **AICPA**
- **Colorado Society of CPAs**
- **Missouri Society of CPAs**

## EDUCATION

University of Missouri, St. Louis, MO  
**B.S. Business Administration**

# Raymond Herr, M.D.



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Chief Medical Officer

## Professional Highlights

**Correctional Healthcare Management, Inc. – Greenwood Village, CO** 2007 to present  
*Associate Medical Director*

**Kaiser Permanente – Denver, CO** 1993 to May 2007  
*Physician, Department of Family Medicine*

**Havasupi Reservation – Supai, AZ** 1992 to 1993  
*Indian Health Service Physician/ Temporary Staff*

**Davis-Monthan Air Force Base – Tucson, AZ** 1990 to 1992  
*Part-time Emergency Department Physician*

**Thomas-Davis Medical Clinic – Tucson, AZ** 1990 to 1992  
*Part-time Urgent Care Physician*

**Sandwich Community Hospital – Sandwich, IL** 1989  
*Emergency Medicine Physician*

## Licensure

- State of Colorado #31138 Granted 1991
- State of Arizona #19377 Granted 1990 (inactive)

## Certifications

- Board Certified- Preventive Medicine
- ACLS
- Team Physician Certified, ACSM

## Volunteer Activities

**Women in Crisis Center – Denver, CO** 2001 to Present  
*Physician Volunteer*

**Samaritan House – Denver, CO** 2000 to present  
*Physician Volunteer*

**D'Evelyn High School – Lakewood, CO** 1994  
*Team Physician Volunteer*

# Raymond Herr, M.D.



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## Chief Medical Officer

**Santa Rita High School – Tucson, AZ** 1991

*Team Physician Volunteer*

**Saint Basil Free Clinic – Chicago, IL** 1988 to 1989

*Physician Volunteer*

## Awards and Honors

- Adler Scholar Award, 1986
- Chief Resident, Preventive Medicine, 1991
- Service Excellence Award, Emergency Medicine Department, Davis-Monthan AFB, 1992

## Education

**University of Arizona – Tucson, AZ**

*M.S. Exercise Physiology, 1990*

**University of Colorado School of Medicine – Denver, CO**

*M.D.; 1987*

**Colorado College – Colorado Springs, CO**

*B.A.; Chemistry, 1981*

## Internship and residency Training

**Saint Joseph Hospital – Denver, CO**

*General Surgery, 1993*

**University of Arizona Health Sciences Center – Tucson, AZ**

*Preventive Medicine, Clinical Sports Medicine Track, 1990 to 1991*

**Rush-Presbyterian-St. Luke's Medical Center – Chicago, IL**

*General Surgery, 1987 to 1989*

## Fellowship Training

**University of Arizona Health Sciences Center – Tucson, AZ**

*Sports Medicine Fellow, 1992*

*Faculty Development Fellow, 1992*

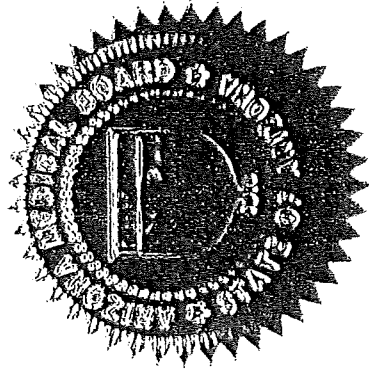
# Arizona Medical Board

State of Arizona

LICENSE 19377

*This Is To Certify, that Raymond Karl Herr, MD having a diploma dated May 23, 1987 has complied with the applicable provisions of Chapter 13, Title 32, Arizona Revised Statutes, as amended, required to practice Medicine in the State of Arizona, and therefore, is entitled to so practice. This license shall be evidence thereof unless or until suspended or revoked.*

*In testimony whereof, the ARIZONA MEDICAL BOARD of the STATE OF ARIZONA has issued this LICENSE and caused the same to be signed by its EXECUTIVE DIRECTOR, and its SEAL to be hereto affixed this 1ST day of March, A.D., 2012.*



A handwritten signature in cursive script, appearing to read "John B. Herr", is written over a horizontal line.

EXECUTIVE DIRECTOR

Professional Experience

**Correctional Healthcare Companies, Greenwood Village, CO** **2011 to Present**

*Executive Vice President, Community Health Services*

- Duties include the development and lead consult on correctional treatments, research, staff training and business related functions.

**Correctional Counseling, Inc. and Counseling Centers Incorporate, Memphis, TN** **1987 to Present**

*President*

- Duties include the development of correctional treatments, research, staff training and business related functions

**Health Industries of America, Memphis, TN** **1987 to 1989**

*Vice President of Behavioral Programs*

- Developed and designed behavioral health programs for inpatient and outpatient settings
- Developed unique counseling programs to reduce cost and maximize staff training and development

**Mid-Town Mental Health Center, Memphis, TN** **1985 to 1987**

*Director of Clinical Services & Crisis Stabilization Unit*

- Duties involved establishing the newly formed Crisis Stabilization Unit, a cooperative effort among Memphis mental health centers to provide temporary housing for people in crisis
- Maintained staff adherence to standards of quality care, regulations regarding mental health care, and staff training and development

**Whitehaven Southwest Mental Health Center, Memphis, TN**

*Coordinator of Clinical Services* **1984 to 1985**

- Duties involved insuring that appropriate and effective services were delivered to a wide ranging mental health consumer population

*Clinical Coordinator of Programs* **1981 to 1984**

- Duties involved direct supervision of case managers, counselors, and others involved in the provision of mental health services.

*Program Psychologist & Director of Emergency Services* **1978 to 1981**

- Duties involved running the day-to-day operations of Adult Day Treatment Program and insuring adequate emergency services coverage

Educational Background

**Doctor of Education in Educational Counseling (1984)**

Memphis State University, Memphis, Tennessee  
Major concentration: Educational Psychology  
Collateral areas: Counseling and Psychology

**Master of Science in Psychology (1976)**

Memphis State University, Memphis, Tennessee  
Specialization: Experimental Psychology

**Bachelor of Science in Psychology (1973)**

Memphis State University, Memphis, Tennessee  
Minors: Biology and Chemistry

Additional Training

- National Institute of Mental Health Training in Adult Partial Hospitalization Programs (1978)
- NIHM Cross Cultural Training Institute; University of Miami Medical School (1980)
- NIMH Training in the Development of Emergency Services Programs (1981)

Professional Certifications

- American Psychological Association of Presidential Citation, May 2009
- Certified Professional Counselor
- Certified Marriage and Family Counselor
- State of Tennessee Certification

Professional Memberships

- American Association for Counseling & Development
- Public Inmate Counselor's Association
- American Correctional Association
- Faculty, National Judicial College
- American Counseling Association
- California Association of Drug Court Professionals
- Faculty, National Drug Court Institute
- National Criminal Justice Association

Publications and Reports Available Upon Request

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**General Counsel**

**PROFESSIONAL HIGHLIGHTS**

2007 to Present **Correctional Healthcare Companies** – Greenwood Village, CO  
**General Counsel**

- General Counsel for Parent Corporation and two subsidiary correctional healthcare companies.
- Responsible for corporate governance, contract drafting/review and overall risk management duties including insurance, supervision of litigation and loss prevention functions.

2006 to 2007 **Illinois Department of Corrections, Shawnee Correctional Center** – Vienna, IL  
**Assistant Warden Operations**

- Served as Duty Administrative Officer and responsible for overall security operations of a high medium security correctional facility (1,800 beds) and a 200-bed Minimum Security Work Camp including the supervision of all security staff, Maintenance Department, Correctional Industries, and Dietary Unit.
- Developed and revised operating policies and procedures related to Operations areas. Served as Chief Administrative Officer in absence of Warden.

2004 to 2006 **Illinois Department of Corrections, Tamms Closed-Maximum Security Correctional Center** – Tamms, IL  
**Warden**

- Served as Chief Administrative Officer of the State's only Super-Maximum Security prison, which houses the Illinois Department of Corrections' most disruptive, violent and problematic inmates (500 beds) and the State's execution chamber.
- Also responsible for a companion 200-bed Minimum Security Unit.
- Charged with overall responsibility for the formulation of institutional policies and procedures as well as the continued efficient operation of the institution and management of its offenders and staff including the review, control and approval of the \$27M facility budget.
- Responsible for successfully employing two consecutive 10% annual budget reductions to meet fiscal constraints.

2002 to 2004 **Illinois Department of Corrections, Tamms Closed-Maximum Security Correctional Center** – Tamms, IL  
**Assistant Warden Programs**

- Served as Duty Administrative Officer and Supervisor of Program Departments including Clinical Services, Health Care Unit, Mental Health, Education, Chaplaincy Services, Dietary and Volunteer Services for the Closed-Maximum Security Facility and 200-bed Minimum Security Unit.
- Developed and revised operating policies and procedures related to Program areas.

1999 to 2002 **Illinois Department of Corrections, Tamms Closed-Maximum Security Correctional Center** – Tamms, IL  
**Legal Counsel**

- Provided legal advice, opinions and consultation to Department administrators and employees.
- Responded to inquiries from various governmental and private sources including media, State's Attorneys, Public Defenders and Judges.

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**General Counsel**

- Acted as liaison to Office of the Attorney General in litigation matters including meetings with Assistant Attorneys General, coordination of legal strategy, discovery and responses to settlement demands.
- Represented the Department and its employees before the Human Rights Commission and as Special Assistant Attorney General in high profile class action litigation.
- Reviewed and drafted department rules, administrative and institutional directives, leases and contracts.
- Participated in training of investigators, correctional officers, parole agents and administrators and conducted informational seminars and training for groups outside the Department. Oversaw Early Case Intervention personnel and inmate and employee litigation arising at 10 correctional centers and two youth centers in Southern Illinois.

**1998 to 1999 Office of the Illinois Attorney General, Regional Office – Carbondale, IL  
Assistant Attorney General - Sex Crimes Task Force SIRT**

- Assisted local State's Attorneys by providing all levels of investigative and prosecutorial assistance in felony and misdemeanor criminal sexual assault cases in the Southern twenty-eight Illinois counties.
- Supervised ongoing investigations of ten state police special agents including obtaining and executing court ordered search warrants and overhears. Civilly committed repeat offenders under the Sexually Violent Persons Commitment Act.

**1996 to 1998 Office of the Illinois Attorney General, Regional Office – Carbondale, IL  
Assistant Attorney General - Consumer Fraud Bureau**

- Sole attorney responsible for enforcement of Consumer Fraud Act in 28 Southern Illinois counties.
- Conducted civil investigation, discovery and litigation against numerous individuals and businesses for violation of state and federal consumer laws.
- Conducted interviews and oversaw undercover investigations into business practices to determine compliance with the law. Assisted with criminal prosecutions of official misconduct cases.

**1995 to 1996 Gilbert, Kimmel, Huffman & Prosser, Ltd. – Carbondale, IL  
Associate Attorney**

- Performed all aspects of civil and criminal litigation including court appearances, depositions, preparation of pleadings and motions, discovery and legal research. Appellate work including research and preparation of briefs and replies. Areas of concentration included labor, criminal, education, real estate and family law.

**1994 to 1995 Office of the State's Attorney, Jackson County – Murphysboro, IL  
Law Clerk**

- Conducted Pre-trial and trial research for both civil and criminal cases. Assisted practicing attorneys in courtroom criminal felony and misdemeanor cases including possession of narcotics, battery and domestic violence.



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**General Counsel**

1995 to 1996 **Office of the Public Defender** – Murphysboro, IL  
**Law Clerk**

- Aided in the supervision of individual legal cases through the entire trial process. Duties included interviewing clients, investigating crime scenes, and researching and writing legal memoranda.

**MEMBERSHIPS**

- American Correctional Association
- Illinois Correctional Association

**EDUCATION**

Southern Illinois University School of Law – Carbondale, IL  
Juris Doctor

Southern Illinois University – Carbondale, IL  
B.S. in Advanced Technical Studies Concentration in Business Management

# WENDY L. DUNEGAN



Senior Vice President, Operations

## PROFESSIONAL EXPERIENCE

**Correctional Healthcare Companies, Inc. – Greenwood Village, CO**

*Senior Vice President, Operations*

**2011 to Present**

- Senior officer responsible for Field Operations in \$250 Million Diversified Company providing services at over 250 sites in 26 states.
- Manage 4 Divisional Executive-Level Vice Presidents, who in turn have in excess of 21 mid-level Directors and Managers as direct reports supervising over 2,000 field-level employees.
- Report directly to and support the Chief Operating Officer to attain company goals
- Work closely with clients at the local, State and Governmental level.
- Ensure contract compliance and accreditation standards are consistently met.
- Direct business standards and controls across field operations.
- Work with Project Development on proposals for new local, State and Federal business.

**The GEO Group, Inc – San Antonio, Texas**

*Regional Director, Business Management*

**1998 to 2010**

- Executive-level position responsible for the financial oversight and management of 25 multi-million dollar projects in a four-state region with annualized revenue of \$300+ Million.
- Responsible for over \$1 Billion in company and client-owned assets.
- Member of the Regional Senior Management team involved in multi-million dollar project development, project pricing, contract development and negotiation for both short-term and long-term contracts, contract compliance, preparation and oversight of budgets, planning for an managing capital expenditures.
- Worked closely with the Region's clients to ensure contracts are in full compliance.
- Worked with both clients and State Legislatures to ensure funds are available for contracts.
- Responsible for internal controls within a publicly traded company with revenues in excess of \$1 Billion.
- Supervise 50+ professional-level managers in functional areas of Business Management, Administration, Human Resources, Information Technology, Commercial Food Service and Maintenance.

## EDUCATION & CERTIFICATIONS

Cameron University – Lawton, OK  
1995 – B.A. Accounting

Certified Public Accountant, 1995



CHC does not rely on off-the-shelf, one-size-fits-all solutions for our clients and believes that technology designed specifically for correctional settings provides a strategic advantage to our clients. Because of this, CHC developed Vizion®, a cost-effective suite of products, easily customizable, that supports our clients and allows information to be shared on a real-time basis.

CHC is a technological leader in the industry and has developed a proprietary, customizable electronic medical records (EMR) system called Vizion®. We understand that every site comes with a specific set of needs, and we set out to develop a program that would easily fit into different scenarios. As medical record technology in the general community begins to advance, we made it our mission to provide inmates, our employees, and our partner-clients with the same conveniences. While any of our competitors can buy commercial-off-the-shelf medical records software, we didn't settle for a "one size fits all" solution.

As CHC's proprietary system, Vizion differentiates itself by allowing complete customization for reporting, digital input forms for intake and treatment, custom problem-oriented records, seamless outbound email communication, and the exportation of data to office applications such as Microsoft Excel. Additionally, Vizion can be customized to integrate seamlessly with any other system the facility requires. Through the implementation of Vizion, facility and medical staff are able to quickly and efficiently carry out tasks such as recording a sick note in a chart, organizing medpass, or scheduling a follow-up reminder. Saving time on medical records means more time for treating inmates and performing rounds. Additionally, uniform and well-organized records will allow authorized personnel to easily pick up where other staff members leave off.

Benefits of Vizion include:

- **Convenience of transfer** – with an electronic web-based system, Vizion will promote an ease of use for the transfer of information of each inmate's record as he or she is transferred
- **Ability to interface with offender management systems** – our developers are able to create an interface with any offender management system, allowing seamless transition of information and easier inmate tracking
- **Completely customizable** – special commands, reminders, and forms can be incorporated into Vizion and customized to the Detention Center's needs
- **Cost savings** – decreased medical records personnel results in decreased staffing costs to our clients
- **Time savings** – tedious tasks take much less time, allowing more time for medical services
- **Compliance checks** – automated protocol checks are triggered to maintain compliance with standards
- **Alerts for review** – Physicians are automatically reminded when they need to review medical staff notes
- **Statistical reporting** – detailed fields are created in order to provide specific statistical reports to jail administration as needed
- **Automatic policies and procedures** – policies and procedures are pre-loaded (and customized) with the software, prompting medical professionals as they move through treatment
- **More detailed notes** – hand writing notes can be difficult and tiring, but typed notes allow more time to include detail and descriptions

- **Legible and Accurate** – typed notes are easy for anyone to read and uniform in format, leaving little room for error.
- **Automatic interface with UM** – offsite visits, medication administration, and other UM functions are automatically tracked and interface with our UM reporting system to keep detailed logs on all services

Vizion is a browser-based application that requires no specialized hardware or software onsite, only a computer or laptop and an internet connection. It combines scanned documents and dynamic (keyed) data entry into one consolidated patient record. Currently, Vizion is being used in six of CHC's facilities and is able to fully interface with each location's online management systems. We anticipate no problems in being able to interface with any IDOC/IDJJ systems, and are able to interface with Cerner without any problems or issues.

Vizion was built on Microsoft SQL Server database management system, using Microsoft's .net development tools with web page design for Internet Explorer. This single-platform development approach ensures that communication occurs in real time between the EHR, pharmacy, MAR, Utilization Management, and claims processing components.

Vizion fulfills the following features:

- It can integrate and exchange encounter data in XML format, including documentation version control and electronic signature encryption.
- It will exchange data with other systems as approved and/or required by the Department.
- It can integrate single sign on access for all users to physician and patient medical reference libraries such as Up-to-Date.
- It provides a Hosted solution with no server hardware necessary onsite. CHC will provide complete disaster recovery services, including fail over data centers.
- It combines scanned documents and dynamic (keyed) data entry documents into one consolidated patient record.
- It provides electronic signature workflows on all document types.
- It contains an option to electronically verify medications on demand with outside providers via RXHUB or similar data sources.
- It contains a device-level security for individual PCs and laptops to access the EMR.
- It is browser-based and does not utilize a Virtual Private Network (VPN).

### Implementation Plan

CHC has developed a plan to convert all current paper health records to electronic records, allowing them to be accessed using our proprietary Vizion® software. This process allows the paper medical records to be scanned while simultaneously implementing Vizion® Electronic Medical Records (EMR). Our plan for paper record conversion is as follows:

Action	Timeline
Procure and set up infrastructure	90 days
<b>eMar Site Activities (repeat for each site)</b>	<b>Timeline</b>
Install and configure hardware	5 days
Data enter of youth information	2 days
eMar training	3 days

Data enter medication orders	5 days
Go live with eMar, implementation complete	120 days
<b>Treatment Site Activities (repeat for each site)</b>	<b>Timeline</b>
Treatment training	5 days
Mental/Behavioral health training	5 days
Document digitizing training	2 days
Go live with EMR, implementation complete	96 days

## Vizion Requirements

### **Hardware**

Vizion requires a PC or laptop with either the Windows XP Professional or Windows 7 Professional operating system installed along with Internet Explorer version 7 or higher. A signature pad will be provided and attached to those machines that may need to collect signatures. Additionally, a scanner is needed to scan necessary documents into the electronic health record. No further hardware is required. Hardware will be provided by CHC.

### **Software**

Vizion is a browser-based EHR solution and requires no custom software to implement.

### **Technical Support**

Technical support for Vizion will be covered using a hybrid model. Local resources, including staff from CHC's Illinois office, will be utilized for hardware issues and other more serious technical issues. Simpler, first-level technical support will be available through CHC's larger, more responsive corporate IT Help Desk during normal business hours. After-hours support will be handled on an on-call basis and will be available 24 hours a day.

### **Data Backup**

CHC will host storage/data warehousing and backup.

### **Ongoing Maintenance**

Ongoing maintenance will be completed in accordance with current company policies. Planned outages related to maintenance of the system will be communicated to and coordinated with the Department in advance of the outage.

### **Software Updates**

Software updates will occur approximately every 60 to 90 days. Updates will occur as often as every 30 days in the first year as custom reporting changes are implemented.

### **Training**

Training will initially be performed onsite to ensure a successful implementation. Coordination with the Department's Office of Information Technology resources will be required to ensure network file store protocols are observed when using the Vizion scanning

system.

### ***Skills Required to Operate and Support Vizion***

The only skills required for the operation and support of Vizion are the ability to use a computer. Once a staff member has undergone training, he or she will be ready to use Vizion.

### ***Ownership at Contract Termination***

CHC understands the Department will retain complete ownership of all electronic health records created and stored in Vizion. Access to the relevant database structure will be provided should the Department wish to migrate to a different EHR system following contract termination.

### ***Certification***

Vizion is not currently certified by the Certification Commission for Healthcare Information Technology (CCHIT) or successor organization, however, upon award of contract and IDJJ decision to implement Vizion, we are able to apply for and obtain the certification within six months. Vizion is HIPAA compliant and updates are performed as necessary. We will perform, at minimum, annual upgrades to ensure continuous CCHIT certification and HIPAA compliance.

## **Sample Medical Record**

Samples of Vizion's screen captures have been provided to show the ease of use and clarity of information that Vizion can provide as an EMR solution, along with the problem-oriented and SOAPE format of the health record and the medication administration process. These images are considered CONFIDENTIAL and PROPRIETARY.

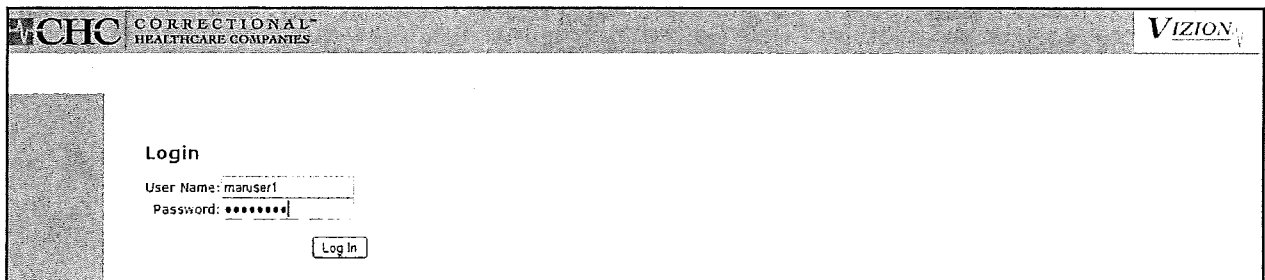


Figure 1: Login to Vizion

**Vitals**

Temperature:  \* ex: 98.6  
 Blood Pressure:  \* ex: 120/80  
 Pulse:  \* ex: 70  
 Respiration:  \* ex: 15  
 PulseOX:  \* ex: 90%  
 Liters of O2:  ex: 24  
 Weight:  \* ex: 185  
 Blood Glucose:  ex: 100

Vitals History

Figure 2: Vitals - Record New

Previous Clinical Protocols

**Problem Oriented Record: Abdominal Pain (H01)**

Date: 2/4/2011 Time: 3:53 PM

**SUBJECTIVE**

Allergies:

Initial Complaint:

How long have you had this pain?

Is the pain present now?  yes  no

Figure 3: View Protocols - View POR

**SOAPE**

Subjective Objective Assessment Plan Education

**SUBJECTIVE:** [Press TAB to proceed to the Objective]

Save

Figure 4: Provider Encounters - Enter SOAPE

**SOAPE:**

Date: 2/4/2011 Time: 4:30 PM

When all parts are complete, click Save

(S)ubjective (O)bjective (A)ssessment (P)lan (E)ducation

**ASSESSMENT:**

Acute Sinusitis

Allergic Rhinitis

Progress note saved.

Previous Provider Encounters

Close

Figure 5: Provider Encounters - Saved Encounter



## Provider Encounter

### Vitals

Temperature: 98.6  
Blood Pressure: 120/80  
Pulse: 70  
Respiration: 15  
Pulse OX:  
Liters of O2:  
Weight:  
Blood Glucose:

› Vitals History

### SOAPE

**(S)ubjective:**

test test test

**(O)bjective:**

objective data here

**(A)ssessment:**

Assessment of the situation

**(P)lan:**

Here is where I enter my treatment plan

**(E)ducation:**

This is where I note what plans are made to educate the patient.

**Provider Name:** Karl Atkinson

**Created Date:** 10/06/2011 04:12 PM

**Facility:** Alcatraz Demo Facility

Figure 6: Provider Encounters – View Previous Encounter

### Intake Note

Save

Previous Intake Notes

Date	Note	
01/26/2011 01:42PM	Patient complaining of pain in left hip.	Select

Page size: 10      1 items in 1 pages

Close

Figure 7: General Note - View

### Appointments

all day

today      Saturday, January 29, 2011      Day    Week    Month

all day	
8 <sup>am</sup>	
9 <sup>am</sup>	Mickey Mouse TB Test Reading.

Figure 8: Appointments - View Appointments

**Upload New Document**

**0 documents have been uploaded so far**

Designation: Current Treatment Type: Lab Date on document: 11/22/2010

Note:

Require document to be reviewed by doctor

Document: C:\Care Tree Expanded.tif

Scanned Documents

Figure 9: Attach a Document to a Patient Record

**+ Add new Inmate**

	Last Name	First Name	Middle Name	Date Of Birth	Facility	Book In Date	Last Release Date	Release Status
No records to display.								

JMS ID: \_\_\_\_\_ Facility: [Select]

Booking Number: \_\_\_\_\_ Release Status: N/A

Last Name: \_\_\_\_\_ Book In Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Release Date: \_\_\_\_\_

Middle Name: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

Gender: Male

Location 1: [None]

Location 2: [None]

Location 3: [None]

**Critical Health Information**

Allergy Note: NKDA

Health Designations:

- Chronic Care
- Mental Health
- Hepatitis C
- HIV
- Diabetic
- Tuberculosis
- Seizures
- Hypertension / CAD
- Asthma
- Pregnant
- Blind
- Deaf
- Special Needs
- Respiratory
- No Known Issues

0 items in 1 pages

Figure 10: Add New Inmate

### Referral Request

*[All fields marked with \* are required.]*

Correctional Facility: Alcatraz Demo Facility, CA

**Actual Dates of Service \***

Start:

End:

**Other Pertinent Information**

Type of visit: Outpatient Surgery

Pre-existing condition:  \*

Financial Responsibility: Pending

Jurisdiction: [Select]

Specialty Code: Hospital OP Surg

Referred By: Doctor, Demo

Offsite Hospital/Clinic:  \*

Physician/Staff member to be seen:  \*

### More Questions

How long has patient had condition?

If pre-existing, has patient sought treatment before and on what date?

Reason for Send Out:  \*

ER Final Diagnosis:  \*

List other medical conditions:  \*

Patient's current medications:  \*

Lab Tests / Results:  \*

Additional Notes:  \*

Figure 11: Referral Request

**Field Reports**

Pick from the following reports: **Offsite Report**

Select Facility: Alcatraz Demo Facility, CA | Scope Of Services: Dental, Diagnostic, ER, Global | [View Report](#)

Referral Status: Approved | Show Open Referrals? Yes

Created Date From (Uncheck NULL to enter): | NULL | Created Date To (Uncheck NULL to enter): | NULL

Service Date From (Uncheck NULL to enter): | NULL | Service Date To (Uncheck NULL to enter): | NULL

1 of 1 | 100% | Select a format | Export

Please Note: This report shows records that match the filter criteria selected at the time of running the report.

Alcatraz Demo Facility, CA [Open Referrals]								
Scope Of Service	Status	Patient	Referral Number	Payor	Diagnosis	Dates of Service	# of Claims	Claim DOS
Outpatient Surgery	Approved	Duck, Donald	20100924001	CHM Pays	S41-APPENDICITIS NOS		0	

Figure 12: Offsite Report

**MCHC** CORRECTIONAL HEALTHCARE COMPANIES **VIZION**

Logged in as: maruser1 (Logout | Change Password)


Total Alerts: 0



**Welcome**


- MIAR
  - Patient Prescriptions
  - Stock Orders
  - Admin History
  - Attach Documents
  - Before MedPass [Download]
  - After MedPass [Upload]
  - MedPass Completion Check
  - MedPass Vitals History
  - Paper MedPass Entry
- Alerts
  - Close Alerts
- Reporting
  - Site Level Reports
  - Client Reports

Figure 13: eMar Home Page

## Active Patient Prescriptions


 Add New Prescription


Medication	Strength	Start Date	Stop Date	Order Status	Rx Directions	Notes	Last Admin	Last Status
<p>Created By:</p> <p>Allergies: NKDA</p> <p>Non-Preferred: <input type="checkbox"/> </p> <p>Prescribed Medication: Aspirin TAB      Strength: 81MG</p> <p>Prescription Indicator: Biologicals</p> <p><input checked="" type="checkbox"/> Do not order from pharmacy - Medication will come from stock</p> <p><input type="checkbox"/> Do not order from pharmacy - Medication is provided by inmate </p>								


Allow renewal of this medication:  


Delivery Route: PO


MedPass Times:  AM - Morning Med Pass  
 PM - Evening Med Pass  
 D1 - Diabetic Med Pass (AM)  
 D2 - Diabetic Med Pass (PM)  
 PRN - As Needed

Start Date: 8/28/2011  Fill stop date as 10 days from this date


Stop Date: 9/7/2011 

Diagnosis: Arthritis 

Directions for Pharmacy: x 7 days 

Quantity for Pharmacy: 32 pills  Required when sending orders to Pharmacy

Keep on Person?

Note for MedPass: 

Doctor: eMAR Demo Doctor, MD

Doctor Approved:

Pharmacy Order Status: N/A

Figure 14: New Patient Prescription

### Active Patient Prescriptions

[+ Add New Prescription](#)

	Medication	Strength	Start Date	Stop Date	Order Status	Rx Directions	Notes	Last Admin	Last Status		
<a href="#">View</a>	Aspirin	81MG	8/28/2011	9/7/2011	N/A	x7 days				<a href="#">Administer AM</a>	<a href="#">Discontinue</a>
										<a href="#">Administer PM</a>	<a href="#">DC History</a>
<a href="#">View</a>	Seroquel	1000MG	8/29/2011	9/28/2011	N/A	q HS x 90 days				<a href="#">Administer AM</a>	<a href="#">Discontinue</a>
											<a href="#">DC History</a>

Page size: 25 2 items in 1 pages

Figure 15: View Active Patient Prescriptions

### Administration History - By Prescription

<b>Seroquel 1000MG TAB [AM]</b>	8/29/2011 - 9/28/2011	MedPass Note:	<a href="#">Show Administrations</a>
<b>Aspirin 81MG TAB [AM/PM]</b>	8/28/2011 - 9/7/2011	MedPass Note: float	<a href="#">Show Administrations</a>
<b>Erythromycin (E-Mycin, Erytab) 400MG TAB [AM/PM]</b>	8/1/2011 - 8/31/2011	MedPass Note: crush	<a href="#">Show Administrations</a>

Figure 16: Administration History






**Field Reports**

Pick from the following reports: **MedPass Prep List**

Facility: **Alcatraz Demo Facility, CA**      Prep for Med Pass: **PM - Evening Med Pass** **View Report**  
 Show different Pods on Separate Pages? **No**      Include PRN Only Meds? **No**

1 of 1      100%      Select a format      Export

---

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 HEALTHCARE COMPANIES

*VIZION*

**MedPass Prep List for PM - Evening Med Pass**

Correctional Facility: Alcatraz Demo Facility, CA

Time Report was run: 8/30/2011 11:17 AM      Report Run By: System Administrator

Jms Number	Booking Number	First Name	Last Name	Date Of Birth	Location
<b>Pod A [PM - Evening Med Pass]</b>					
		Donald	Duck	8/1/1980	Pod A; Cell 1; Bed 1

Figure 18: Sample Report: Med Pass Prep List


**Field Reports**

Pick from the following reports: **Released Inmates with Active Prescriptions**

Select Facility: **Alcatraz Demo Facility, CA** **View Report**

1 of 1      100%      Select a format      Export

---

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*VIZION*

**Released Inmates with Active Prescriptions**

Correctional Facility: Alcatraz Demo Facility, CA

Time Report was run: 8/30/2011 2:03 PM      Report Run By: System Administrator

Last Name	First Name	DOB	JMS ID	Booking #
Duck	Duffy	6/15/1979		ABC123

Figure 19: Sample Report: Released Inmates with Active Prescriptions

Appendix C: Current Client List

CHC'S CURRENT CLIENTS										
Customer	Address	Contact Name	Title	Phone	Email	Type of Inmates	Customer Start Date	Contract End Date	ADP	
Adair County Jail (MO)	215 N. Franklin St., Kirksville, MO 63501	John Asxom	Jail Administrator	660-665-4600	jaxsom@adairco so.com	Adult	06/01/2008	12/31/2013	42	
Adams County Jail (WI)	301 Adams St., PO Box 279, Friendship, WI 53934	Les Beckman	Captain	608-339-4265	les.beckman@co .adams.wi.us	Adult	04/16/2001	12/31/2013	70	
Alger County Jail (MI)	101 E. Varnum Street, Munising, MI 49862	Robert J. Hughes	Undersheriff	906-387-7028	undersheriffhugh es@algerso.com	Adult	06/01/2009	05/31/2013	18	
Allegan County Sheriff's Department (MI)	112 N. Walnut Street, Allegan, MI 49010	Deb Marculis	Lt. and Jail Administrator	269-673-0458	dmarculis@alleg ancounty.org	Adult	01/01/2007	12/31/2013	173	
Allen County Sheriff's Office (OH)	333 N. Main Street, Lima, OH 45801	Jim Everett	Chief Deputy	419-993-1406	everett@acso-oh.us	Adult	01/01/2007	12/31/2014	226	
Arapahoe County Detention Facility (CO)	7373 South Potomac Street, Centennial, CO 80012	Verlin Crecelius	Lieutenant	720-874-3317	vcrecelius@co.ar apahoe.co.us	Adult	03/24/2004	12/31/2013	1,256	
Arenac County Sheriff Department (MI)	126 North Grove Street, Standish, MI 48658	Mike Badour	Sergeant	989-846-4561	mbadour@arena ccountygov.com	Adult	07/01/2009	06/30/2013	50	

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CHC'S CURRENT CLIENTS										
Customer	Address	Contact Name	Title	Phone	Email	Type of Inmates	Customer Start Date	Contract End Date	ADP	
Arizona State Prison - Kingman (AZ)	4646 West English Drive, Golden Valley, AZ 86403	Al Murphy	Vice President Corrections	800-574-4682	Not available	Adult	08/01/2004	02/14/2014	3,230	
Arizona State Prison, Florence West (AZ)	715 E. Diversion Dam Road, Florence, AZ 85232	James Black	Western Regional Vice President	310-348-3000	jblack@geogroup.com	Adult	07/01/2009	06/30/2013	750	
Arizona State Prison, Phoenix West (AZ)	3402 W. Cocopah Street, Phoenix, AZ 85009	James Black	Western Regional Vice President	310-348-3000	jblack@geogroup.com	Adult	07/01/2009	06/30/2013	484	
Ashland County Sheriff's Department (WI)	220 East 6th Street, Ashland, WI 54806	Tony Jones	Jail Administrator	715-682-7050	tony.jones@co.ashland.wi.us	Adult	02/01/2011	01/31/2014	50	
Aurora Detention Center (CO)	14999 E. Alameda Pkwy., Aurora, CO 80012	Diane Groetzinger	Commander	303-739-6366	dgroetzi@aurora.gov.org	Adult	05/01/1999	12/31/2013	100	
Bannock County Jail (ID)	5800 South 5th Avenue, Pocatello, ID 83204	Ellie Peterson	Captain	208-236-7180	elliiep@bannockcounty.us	Adult	09/01/2007	09/30/2013	320	
Barron County Jail (WI)	Barron County Jail, 1420 State Highway 25 N, Barron, WI 54812	Mark Evans	Jail Administrator	715-537-5814	mark.evans@co.barron.wi.us	Adult	01/01/2012	12/31/2013	142	
Bay County Law Enforcement Center (MI)	501 Third Street, Bay City, MI 48708	John Miller	Sheriff	989-895-2025	Not available	Adult Juvenile	11/01/1998	08/13/2013	263	

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**CHC'S CURRENT CLIENTS**

Customer	Address	Contact Name	Title	Phone	Email	Type of Inmates	Customer Start Date	Contract End Date	ADP
Bell County Jail (TX)	2405 South Loop 121, Belton, TX 76513	Charlie Grogan	Major	254-933-6701	charles.grogan@co.bell.tx.us	Adult Juvenile	01/12/2009	01/12/2013	906
Benton County Jail (IN)	105 S. Lincoln, Fowler, IN 47944	Boston Pritchett	Sheriff	765-884-0080	bopritchett@sbcglobal.net	Adult	01/01/2008	12/31/2014	15
Benzie County Correctional Facility (MI)	505 S. Michigan Avenue, Beulah, MI 49617	Jeff Conquest	Lieutenant and Jail Administrator	231-882-4484 x235	jconquest@benzico.net	Adult	11/01/2011	10/31/2014	30
Bernalillo County Metropolitan Detention Center (NM)	100 Deputy Dean Miera Drive SW, Albuquerque, NM 87151	Ramon Rustin	Chief of Corrections	505-839-8701	rcrustin@bernco.gov	Adult	07/01/2010	06/30/2014	2,675
Blaine County Detention Center (ID)	1650 Aviation Drive, Hailey, ID 83333	Jay Davis	Lieutenant	208-788-5571	jdavis@co.blaine.id.us	Adult	10/01/2008	09/30/2013	40
Bond County Jail (IL)	403 S. 2nd Street, Greenville, IL 62246	Jeffrey J. Brown	Sheriff	618-664-2151	jeffbrowncsd@sbcglobal.net	Adult	12/01/2006	11/30/2014	22
Boone County Sheriff's Department Jail (IN)	1905 Indianapolis Avenue, Lebanon, IN 46052	Ken Campbell	Sheriff	765-482-1412	kcampbell@co.boone.in.us	Adult	10/01/2010	09/30/2013	150
Broomfield Detention Center (CO)	11600 Ridge Parkway, Broomfield, CO 80021	Pat Raulerson	Administrative Analyst	720-887-2075	praulerson@broomfield.org	Adult	10/15/2001	12/31/2013	100
Brown County Jail (WI)	3030 Curry Street, Green Bay, WI 54311	Captain Larry Malcomson	Jail Administrator	920-391-6806	malcomson_ld@co.brown.wi.us	Adult Juvenile	02/26/2007	12/31/2013	585

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**CHC'S CURRENT CLIENTS**

Customer	Address	Contact Name	Title	Phone	Email	Type of Inmates	Customer Start Date	Contract End Date	ADP
Caldwell County Detention Center (MO)	280 W. Main Street, Kingston, MO 64650	Jerry D. Galloway	Sheriff	816-586-2751	ccsgalloway@yahoo.com	Adult	12/09/2011	12/08/2013	78
Calumet County Jail (WI)	206 Court Street, Chilton, WI 53014	Kelly Sipple	Lt.	920-849-2335	sipple.kelly@co.calumet.wi.us	Adult	01/01/2006	12/31/2013	25
Carroll County Sheriff's Department Jail (IN)	310 West Main Street, Delphi, IN 46923	Tony L. Burns	Sheriff	765-564-2413	tburns@cacoshrf.com	Adult	08/25/2008	12/31/2014	32
Cass County Jail (IN)	100 Court Park, Logansport, IN 46947	Randy Pryor	Sheriff	574-753-7828	sheriff.pryor@co.cass.in.us	Adult	11/01/2011	10/31/2013	150
Center for Forensic Psychiatry (MI)	8303 Platt Road, Saline, MI 48175	Bethann Duffy	Purchasing	734-295-4531	duffybe@michigan.gov	Adult	08/01/2002	09/30/2014	228
Central Arizona Correctional Facility (AZ)	1401 E. Diversion Dam Road, Florence, AZ 85132	Not available	Not available	Not available	Not available	Adult	07/01/2009	11/30/2013	1,280
Champaign County Correctional Center (IL)	204 E. Main Street, Urbana, IL 61053	Dan Walsh	Sheriff	217-384-3820	dwalsh@co.champaign.il.us	Adult	05/01/2004	08/31/2012	223
Champaign County Juvenile Detention Center (IL)	400 S. Art Bartell Road, Urbana, IL 61802	Joe Gordon	Director	217-384-3751	kgordon@co.champaign.il.us	Juvenile	05/01/2004	08/31/2013	40
Chippewa County Jail (MI)	325 Court Street, Sault Ste. Marie, MI 49783	Jack Horka	Lieutenant	906-635-7620	jhorka@chippewa-countymi.gov	Adult	10/03/2011	10/02/2013	165
Clallam County (WA)	223 East 4th Street, Port Angeles, WA 98362	Alice Hoffman	Chief Civil Deputy	360-417-2257	ahoffman@co.clallam.wa.us	Adult	04/01/2010	03/31/2013	120

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**CHC'S CURRENT CLIENTS**

Customer	Address	Contact Name	Title	Phone	Email	Type of Inmates	Customer Start Date	Contract End Date	ADP
Clallam County Juvenile & Family Services (WA)	1912 W. 18th Street, Port Angeles, WA 98363	Cheryl Wilfong	Administrative Coordinator	360-565-2646	cwilfong@co.clallam.wa.us	Juvenile	10/01/2010	09/30/2013	17
Clare County Jail (MI)	255 W. Main Street, Harrison, MI 48625	Tim Theisen	Lt.	989-539-7166	theisent@clareco.net	Adult	11/15/2008	02/28/2014	175
Clinton County Jail (IN)	301 East Walnut Street, Frankfort, IN 46041	Jeff Ward	Sheriff	765-659-6393	jward@clintonco.com	Adult	04/07/2003	12/31/2013	120
Coastal Bend Correctional Facility - LCS Corrections Solutions, Inc. (TX)	4909 FM 2826, Robstown, TX 78380	Richard Harbison	Executive Vice President	337-234-1533	Not available	Adult	01/11/2010	01/10/2013	1,056
Collin County Detention Center (TX)	4300 Community Avenue, McKinney, TX 75070	Charles Adams	Assistant Chief Deputy	972-548-4101	cadams@co.collin.tx.us	Adult Juvenile	10/01/2008	09/30/2013	1,100
Columbia County (OR)	901 Port Avenue, St. Helens, OR 97051	Sarah Hanson	Not available	503-397-3839	Sarah.Hanson@co.columbia.or.us	Adult	02/01/2010	09/30/2013	150
Corrections Commission of Northwest Ohio (OH)	03151 County Road 2425, Stryker, OH 43557	Jim Dennis	Executive Director	419-428-3800 x300	jim.dennis@noris.org	Adult Juvenile	01/01/2010	12/31/2013	613
Crawford County Jail (OH)	3613 Stetzer Road, Bucyrus, OH 44820	Ronny J. Shawber	Sheriff	419-562-7906	rjs1701@crawfordcountysheriffio.com	Adult	08/01/2006	07/31/2013	90
Curry County Detention Center (NM)	801 Mitchell Street, Clovis, NM 88101	Hoyt Skabelund	Not available	575-749-2486	hskabelu@phs.org	Adult Juvenile	08/01/2009	06/30/2013	250

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CHCS CURRENT CLIENTS										
Customer	Address	Contact Name	Title	Phone	Email	Type of Inmates	Customer Start Date	Contract End Date	ADP	
Dallas County Jail (IA)	801 Court Street, Adel, IA 50003	Doug Lande	Jail Administrator	515-993-6951	doug.lande@co.dallas.ia.us	Adult	04/15/2010	06/30/2013	35	
David L Moss Criminal Justice Center (OK)	300 North Denver Avenue, Tulsa, OK 74103	Michelle Robinette	Chief Deputy	918-596-8871	mrobinette@tcs.o.org	Adult	07/01/2005	06/30/2013	1,870	
DeKalb County Jail (IN)	215 E. 8th Street, Auburn, IN 46706	Don Lauer	Sheriff	260-925-3365	dlauer@co.dekalb.in.us	Adult	11/01/2008	12/31/2014	80	
Delaware County Jail (OH)	844 U.S. Route 42 North, Delaware, OH 43015	Joseph Lynch	Jail Administrator	740-833-2860	jlynch@co.delaware.oh.us	Adult	07/01/2006	02/28/2015	210	
Delta County Jail (MI)	111 North 3rd Street, Escanaba, MI 49829	Gary A. Ballweg	Sheriff	906-786-3633	gballweg@deltacounty.mi.org	Adult	07/17/2006	09/30/2013	70	
Des Moines County Jail (IA)	3630 Bauer Dr., Burlington, IA 52601	Duane Worthy	Jail Administrator	319-753-8275 x205	worthyd@co.des-moines.ia.us	Adult	12/01/2007	06/30/2013	60	
Dickinson County Correctional Center (MI)	300 East D Street, Iron Mountain, MI 49801	Kay Pascoe	County Controller	906-774-2573	kaypascoe@yahoo.com	Adult	02/01/2009	01/31/2013	80	
Dodge County Jail (WI)	216 W. Center Street, Juneau, WI 53039	Not available	Not available	Not available	Not available	Adult	12/15/2000	12/14/2015	100	
Door County Jail (WI)	1201 South Duluth Avenue, Sturgeon Bay, WI 54235	Tammy Sternard	Jail Administrator	920-746-5660	tsternard@co.door.wi.us	Adult	01/01/2005	12/31/2013	60	

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**CHC'S CURRENT CLIENTS**

Customer	Address	Contact Name	Title	Phone	Email	Type of Inmates	Customer Start Date	Contract End Date	ADP
Douglas County Jail (IL)	920 S. Washington Street, Tuscola, IL 61953-0438	Charles McGrew	Sheriff	217-253-3511	charlie.mcgregor@douglascountyil.com	Adult	10/15/2004	10/31/2014	35
Douglas County Justice Facility (CO)	4000 Justice Way, Castle Rock, CO 80109	Jason Kennedy	Captain	303-814-7022	jkennedy@dcsheeriff.net	Adult	05/01/1998	12/31/2013	365
Eagle County Detention Center (CO)	0885 E Chambers Ave., Eagle, CO 81631	Bill Kaufman	Jail Administrator	970-328-8518	bill@sheriff.eagle.co.us	Adult	09/01/2009	12/31/2013	75
East Hidalgo Detention Center (TX)	1300 N Highway 107, La Villa, TX 78562	Dick Harbison	VP Corrections	337-234-1533	richard.harbison@lcs Corrections.com	Adult	03/01/2012	02/28/2015	1,100
Eau Claire County Jail (WI)	728 Second Avenue, Eau Claire, WI 54703	Joel Brettinge	Captain	715-839-6248	joel.brettingen@co.eau-claire.wi.us	Adult	08/01/2006	12/31/2013	250
Eddy County Detention Center (NM)	201 N. Main/Mail: P.O. Box 1388, 88221, Carlsbad, NM 88220	Shawn Funk	Warden	575-887-7556	sfunk@co.eddy.nm.us	Adult	07/01/2008	12/31/2013	232
El Paso County Criminal Justice Facility (CO)	2739 E. Las Vagas, Colorado Springs, CO 80906	Paula Presley	Chief	719-390-2103	paulapresley@elpasoco.com	Adult	03/01/2002	12/31/2013	1,550
Elbert County Jail (CO)	751 Ute Ave., Kiowa, CO 80117	Shayne Heap	Sheriff	303-621-2027	shayne.heap@elbertcounty-co.gov	Adult	05/15/2008	12/31/2013	35
Ellis County - Wayne McCollum Detention Center (TX)	300 S. Jackson, Waxahachie, TX 75165	Terry Ogden	Captain	972-877-2298	terry.ogden@co.ellis.tx.us	Adult	02/01/2007	09/30/2013	400



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CHCS CURRENT CLIENTS										
Customer	Address	Contact Name	Title	Phone	Email	Type of Inmates	Customer Start Date	Contract End Date	ADP	
Fayette County Jail (IL)	221 South Seventh Street, Vandalia, IL 62471	J.D. Viererge	Jail Administration	618-283-2141	jd_jail@yahoo.com	Adult	04/15/2005	11/30/2013	25	
Forest County Jail (WI)	100 S. Park Ave., Crandon, WI 54520	Ken Van Cleve	Chief Deputy	715-478-3331	vancleve@co.for est.wi.us	Adult	12/18/2006	12/17/2013	60	
Franklin County Adult Detention Facility (IL)	403 East Main Street, Benton, IL 62812	Chet Shaffer	Lieutenant	618-439-9553	cshaffer@co.fran klin.il.us	Adult	07/01/2003	11/30/2014	65	
Franklin County Juvenile Detention Center (IL)	409 E. Washington Street, Benton, IL 62812	Shawn Freeman	Jail Superintendent	618-438-2222	sfreeman@il2nd circuit.org	Juvenile	02/15/2004	11/30/2014	20	
Freeborn County Adult Detention Center (MN)	411 Broadway Avenue South, Albert Lea, MN 56007	Steve Westland	Jail Administrator	507-377-4683	steve.westland@co.freeborn.mn.us	Adult	10/15/2008	12/31/2013	116	
Fremont County Detention Center (CO)	100 Justice Center Road, Canon City, CO 81212	James Beicker	Sheriff	719-276-5510	jim.beicker@fre montso.com	Adult	12/01/2007	12/31/2013	200	
Ft. Bend County Sheriff's Office (TX)	1410 Ransom Road, Richmond, TX 77469	James Leach	Major	281-341-4730	leachjim@co.fort -bend.tx.us	Adult	03/01/2010	09/30/2013	1,000	
Fulton County Jail (IN)	815 Madison Street, Rochester, IN 46975	Walker D. Conley	Sheriff	574-223-2819	Not available	Adult	11/01/2003	10/31/2013	65	
Gadsden Correctional Facility - MTC (FL)	6044 Greensboro Highway, Quincy, FL 32351	Al Murphy	Vice President, Corrections	800-574-4682	Not available	Adult	08/01/2010	08/01/2013	1,368	

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**CHC'S CURRENT CLIENTS**

Customer	Address	Contact Name	Title	Phone	Email	Type of Inmates	Customer Start Date	Contract End Date	ADP
Garfield County Jail (CO)	107 8th Street, Glenwood Springs, CO 81601	Eugene Duran	Sr. Contract Administrator /Attorney	970-625-5904	eduran@garfield-county.com	Adult	06/01/1999	12/31/2013	200
Giles W. Dalby Correctional Facility (TX)	P.O. Box 9000, 805 North Avenue, F, Post, TX 79356-9000	Neil Adler	VP Regional Operations	Not available	Not available	Adult	04/01/2007	03/31/2013	1,503
Gilpin County Jail (CO)	2690 Dory Hill Road, Golden, CO 80403	Tonia Kapke	Captain	303-582-3576	kapke@co.gilpin.co.us	Adult	06/01/2008	12/31/2013	55
Gogebic County Jail (MI)	100 West Iron Street, Bessemer, MI 49911	Jay Kangas	Sergeant	906-667-0203 x193	jkangas@gogebic.org	Adult	08/06/2007	12/31/2013	25
Grand Traverse County Sheriff's Office (MI)	320 Washington Street, Traverse City, MI 49684	Not available	Not available	Not available	Not available	Adult	03/01/2010	02/28/2013	142
Grant County Security Center, IN (IN)	214 E. 4th Street, Marion, IN 46952	Not available	Not available	Not available	Not available	Adult Juvenile	04/01/2009	03/31/2013	250
Green Lake County Jail (WI)	571 County Road A, Green Lake, WI 54941	Lori L. Evans	Administrative Assistant	920-294-4000	levans@co.green-lake.wi.us	Adult	01/01/2006	12/31/2013	45
Grundy County Jail (IL)	111 E. Washington Street, Morris, IL 60450	Terry M. Marketti	Sheriff	815-942-6645	tmarketti@grundycountysheriff.com	Adult	12/01/2008	11/30/2013	50
Hancock County Jail (OH)	200 West Crawford Street, Findlay, OH 45840	Ryan Kidwell	Lieutenant	419-424-7098	rckidwell@co.hancock.oh.us	Adult	01/15/2007	01/14/2013	106

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CJCS CURRENT CLIENTS										
Customer	Address	Contact Name	Title	Phone	Email	Type of Inmates	Customer Start Date	Contract End Date	ADP	
Henry County Jail (IL)	311 W. Center St., Cambridge, IL 61238	Bryan Early		309-937-3940	bearley@henrycty.com	Adult	12/01/2003	11/30/2013	130	
Hidalgo County Detention Center (NM)	83 Old Highway 70, Lordsburg, NM 88045	J.J. Salazar	County Manager	575-542-9428	hcmgr@aznex.net	Adult	12/14/2011	12/13/2013	120	
Hocking Valley Community Residential Center (OH)	111 West Twenty-Nine Drive, Nelsonville, OH 45764	Tammy Bauman	Executive Director	740-753-4400 x235	hv_tbauman@seovec.org	Juvenile Other:	09/07/2010	09/06/2013	23	
Houghton County Jail (MI)	403 E. Houghton Ave., Houghton, MI 49931	Brian J. McLean	Sheriff	906-482-0055	bmclean@houghtonsheriff.com	Adult	10/23/2006	12/31/2014	35	
Howard County Jail (IN)	1800 West Markland Avenue, Kokomo, IN 46901	Steve Rogers	Sheriff	765-456-2020	steven.rogers@co.howard.in.us	Adult	08/01/2002	12/31/2014	270	
Huntington County Jail (IN)	322 East State St., Huntington, IN 46750	Karen Poling	Jail Matron	260-356-2520	karen.poling@huntington.in.us	Adult	06/01/2011	05/31/2014	100	
Iron County Jail (MI)	#2 S. 6th St., Crystal Falls, MI 49920	Vernon Jones	Lt.	906-875-6669	vjones@ironmi.org	Adult	10/30/2006	12/31/2013	31	
Irwin County Detention Center (GA)	132 Cotton Drive, Ocilla, GA 31774	Terry O'Brien	Managing Member	770-353-5845	tobrien@detentionmgt.com	Adult	02/15/2010	12/31/2013	725	
Isabella County Jail (MI)	207 N. Court Street, Mount Pleasant, MI 48858	Tom Recker	Lieutenant	989-772-5911 x233	trecker@isabellacounty.org	Adult	05/15/2007	09/30/2014	210	

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**CHC'S CURRENT CLIENTS**

Customer	Address	Contact Name	Title	Phone	Email	Type of Inmates	Customer Start Date	Contract End Date	ADP
Isabella County Non-Secure Detention Home (MI)	300 N. Main St., Mount Pleasant, MI 48858	Lance Dexter	Court Administrator	989-772-0911 x213	ldexter@isabella county.org	Juvenile	12/01/2007	05/15/2013	10
IYC Chicago (IL)	136 N. Western Ave., 3rd Floor, Chicago, IL 60612	Bryan Gleckler	Chief Financial Officer, Illinois DOC	217-558-2200 x2029	bryan.gleckler@ doc.illinois.gov	Juvenile	11/01/2001	09/28/2013	130
IYC Harrisburg (IL)	1201 W Poplar, P.O. Box 300, Harrisburg, IL 62946	Bryan Gleckler	Chief Financial Officer, Illinois DOC	217-558-2200 x2029	bryan.gleckler@ doc.illinois.gov	Juvenile	01/16/2000	09/28/2013	377
IYC Joliet (IL)	2848 W. McDonough, Joliet, IL 60436	Bryan Gleckler	Chief Financial Officer, Illinois DOC	217-558-2200 x2029	bryan.gleckler@ doc.illinois.gov	Juvenile	09/20/2000	09/28/2013	390
IYC Kewanee (IL)	2021 Kentville Rd, Kewanee, IL 61443	Bryan Gleckler	Chief Financial Officer, Illinois DOC	217-558-2200 x2029	bryan.gleckler@ doc.illinois.gov	Juvenile	09/01/2010	09/28/2013	198
IYC Murphysboro (IL)	636 Elza Brantley Road, Murphysboro, IL 62966	Bryan Gleckler	Chief Financial Officer, Illinois DOC	217-558-2200 x2029	bryan.gleckler@ doc.illinois.gov	Juvenile	11/01/2004	09/28/2013	95
IYC St Charles (IL)	4450 Lincoln Hwy, St. Charles, IL 601757500	Bryan Gleckler	Chief Financial Officer, Illinois DOC	217-558-2200 x2029	bryan.gleckler@ doc.illinois.gov	Juvenile	09/20/2000	09/28/2013	430
IYC Warrenville (IL)	30W200 Ferry Rd., PO Box 828, Warrenville, IL 60555	Bryan Gleckler	Chief Financial Officer, Illinois DOC	217-558-2200 x2029	bryan.gleckler@ doc.illinois.gov	Juvenile	09/20/2000	09/28/2013	124

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CHC'S CURRENT CLIENTS										
Customer	Address	Contact Name	Title	Phone	Email	Type of Inmates	Customer Start Date	Contract End Date	ADP	
Jefferson County Jail (FL)	Jefferson County Sheriff's Office, 171 Industrial Park, Monticello, FL 32344	David Hobbs	Sheriff	850-997-4640	hobbsdc@flcjn.net	Adult	01/01/2012	12/31/2013	55	
Jefferson County Detention Facility (CO)	200 Jefferson County Parkway, Golden, CO 80401	Mike Fish	Detention Services Manager	303-271-5391	mfish@co.jefferson.co.us	Adult	01/01/2004	12/31/2013	1,300	
Jefferson County Jail (MO)	510 South First Street, Hillsboro, MO 63050	Dave Marshak	Lieutenant	636-797-5588	dmarshak@jeffc.omo.org	Adult	11/01/2001	12/31/2013	310	
Kaufman County Jail (TX)	1900 Highway 175 East, Kaufman, TX 75142	Bryan Beavers	Chief Deputy	972-932-9703	beavers@kaufmanso.com	Adult	02/15/2011	02/28/2013	300	
Kay County Jail (OK)	1101 West Dry Road, Newkirk, OK 74647	Jody Burd	Jail Administrator	580-362-2517	director@kaycountydc.net	Adult	09/01/2001	06/30/2013	268	
Kendall County Public Safety Center (IL)	1102 Cornell Street, Yorkville, IL 60560	Sabrina Jennings	Commander	630-553-7500 x1104	sjennings@co.keandall.il.us	Adult Juvenile	01/01/2006	12/31/2013	106	
Kerr County Jail (TX)	400 Clearwater Paseo, Kerrville, TX 78028	W.R. Hierholzer	Sheriff	830-896-1257	sheriff@co.kerr.tx.us	Adult	10/01/2008	09/30/2013	180	
Kootenai County Public Safety Building (ID)	N. 5500 Government Way C-9000, Coeur d'Alene, ID 83815	Kim Edmondson	Lieutenant	208-446-1411	kedmondson@kc.gov.us	Adult	10/01/2010	09/30/2013	348	

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Customer	Address	Contact Name	Title	Phone	Email	Type of Inmates	Customer Start Date	Contract End Date	ADP
LaCrosse Adult County Jail (WI)	333 Vine St., LaCrosse, WI 54601	Bryan Jostad	LaCrosse County Purchasing Manager	608-785-5879	jostad.bryan@co.la-crosse.wi.us	Adult	01/16/2004	01/31/2014	190
LaCrosse Juvenile County Jail (WI)	300 4th St. N, PO Box 4002, LaCrosse, WI 54601	Bryan Jostad	LaCrosse County Purchasing Manager	608-785-5879	jostad.bryan@co.la-crosse.wi.us	Juvenile	01/16/2004	01/31/2014	12
Lancaster County Youth Services Center (NE)	1200 Radcliff Street, Lincoln, NE 68512	Michelle Schindler	Director	402-441-7093	mschindler@lancaster.ne.gov	Juvenile	07/01/2010	06/30/2013	62
Langlade County Jail (WI)	840 Clermont Street, Antigo, WI 54409	William Greening	Sheriff	715-627-6411 x8401	bgreening@co.la.nglade.wi.us	Adult	06/01/2011	12/31/2014	75
Laramie County Detention Center (WV)	1910 Pioneer Avenue, Cheyenne, WV 82001	Bill Long	Captain	307-633-4713	blong@laramiecounty.com	Adult	06/01/1999	06/30/2013	250
Laramie County Juvenile Services Center (WV)	13794 Prairie Center Circle, Cheyenne, WV 82009	Bill Long	Captain	307-633-4713	blong@laramiecounty.com	Juvenile	07/01/2012	10/31/2013	20
Larimer County Detention Facility (CO)	2405 Midpoint Drive, Ft. Collins, CO 80525	Staci Shaffer	Lieutenant	970-498-5213	shaffesl@co.larimer.co.us	Adult	04/07/1999	12/31/2013	550
LaSalle County Jail (IL)	707 East Etna Road, Ottawa, IL 61350	Jason Edgcomb	Jail Superintendent	815-434-8383	jedgcomb@lasallecounty.org	Adult	12/01/2002	11/30/2014	180
LaSalle Juvenile Detention Center (IL)	707 East Etna Road, Ottawa, IL 61350	Jason Edgcomb	Jail Superintendent	815-434-8383	jedgcomb@lasallecounty.org	Juvenile	12/01/2002	11/30/2014	11

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Customer	Address	Contact Name	Title	Phone	Email	Type of Inmates	Customer Start Date	Contract End Date	ADP
Latah County Jail (ID)	5th and VanBuren, Moscow, ID 83843	Ron Manell	Lieutenant	208-883-5705	rmanell@latah.id.us	Adult	09/27/2010	09/30/2013	23
Lee County Jail-IA (IA)	2530 255th Street, Montrose, IA 52639	Scott Bonar	Chief Deputy	319-524-1414	sbonar@leecounty.org	Adult	09/07/2007	09/07/2013	44
Lee County Jail-IL (IL)	122 West Third Street, Dixon, IL 61021	Doug Carlson	Jail Administrator	815-284-6631	dcarlson@countyoffice.org	Adult	03/04/2002	02/28/2014	44
Lenawee County Jail (MI)	549 N. Winter Street, Adrian, MI 49221	Dennis Steenrod	Jail Administrator	517-263-7980	dennis.steenrod@lenawee.mi.us	Adult	06/01/2007	12/31/2014	247
Lincoln County Sheriff's Department (WI)	1104 E. First Street, Merrill, WI 54452	David Manninen	Jail Administrator	715-536-9244	dmanninen@co.lincoln.wi.us	Adult	11/01/2002	12/31/2013	75
Livingston County Jail-MI (MI)	150 S. Highlander Way, Howell, MI 48843	Jana Daroczy	Purchasing Agent	517-540-8740	jdaroczy@co.livingston.mi.us	Adult	09/01/1996	03/17/2014	250
Lubbock County Community Supervision and Corrections Department (TX)	3501 N. Holly Ave, Lubbock, TX 79403	Valerie Montelhn	Warden	806-765-3328	Not available	Adult Other:	10/01/1994	08/31/2013	225
Lubbock County Detention Center and Juvenile Justice Center (TX)	3502 N. Holly Ave, Lubbock, TX 79403	Kelly Rowe	Sheriff	806-775-1400	Not available	Adult Juvenile	10/01/1999	12/15/2013	1,512

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**CHCS CURRENT CLIENTS**

Customer	Address	Contact Name	Title	Phone	Email	Type of Inmates	Customer Start Date	Contract End Date	ADP
Mackinac County Jail (MI)	100 S. Marley Street, St. Ignace, MI 49781	Scott Strait	Sheriff	906-643-1911	straits@mackina-csheriff.us	Adult	05/01/2007	06/30/2013	22
Macoupin County Correctional Center (IL)	215 S. East Street, Carlinville, IL 62626	Don Albrecht	Sheriff	217-854-3135	daalbrecht@fron-tiernet.net	Adult	12/15/2005	12/14/2013	50
Mahoning County Justice Center (OH)	110 Fifth Avenue, Youngston, OH 44503	Gina Bricker	Assistant Prosecuting Attorney	330-740-2330 x7250	gbricker@mahon-ingcountyoh.gov	Adult	01/01/2007	12/31/2013	300
Manistee County Jail (MI)	1525 E. Parkdale Ave., Manistee, MI 49966	Bob Lancaster	Captain	231-723-8393	lancasterr@mari-steelsheriff.org	Adult	04/01/2010	09/30/2013	55
Marquette County Jail (WI)	2161 University Drive, Marquette, WI 54143	Robert Majewski	Jail Administrator	715-732-7633	bmajewski@mari-nettecounty.com	Adult	02/01/2003	02/28/2015	101
Marquette County Jail (WI)	67 W. Park Street, Montello, WI 53949	Chris Kuhl	Captain	608-297-2115	ckuhl@co.marqu-ette.wi.us	Adult	06/01/2007	12/31/2013	30
Marquette County Sheriff's Department (MI)	236 West Baraga Avenue, Marquette, MI 49855		Not available	Not available	Not available	Adult	02/01/2006	01/31/2013	60
Maxey Training School; Juvenile Facility (MI)	9036 E. M-36, Whitmore Lake, MI 48189	Patricia Spencer	Not available	734-449-3069	Not available	Other:	10/01/2009	09/30/2013	180
McLean County Detention Facility (IL)	104 W. Front Street, Bloomington, IL 61701	Joan R. Naour, RN, BSN, CCHP	Director/MCD F Health Services	309-888-5934	joan.naour@mcleancountyil.gov	Adult	06/01/2012	12/31/2013	205



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**CHIPS CURRENT CLIENTS**

Customer	Address	Contact Name	Title	Phone	Email	Type of Inmates	Customer Start Date	Contract End Date	ADP
Mecosta County Jail (MI)	225 South Stewart Avenue, Big Rapids, MI 49307	Kevin Wood	Jail Administrator	231-592-0150	kwood@co.mecosta.mi.us	Adult	08/15/2006	10/31/2013	84
Mercer County Jail (IL)	906 Southwest Third Street, Aledo, IL 61231		Not available	Not available	Not available	Adult	01/15/2006	01/14/2013	50
Mesa County Detention Center (CO)	215 Rice Street, Grand Junction, CO 81505	Dori O'Rourke	Purchasing Agent	970-255-7153	dori.orourke@mesacounty.us	Adult	01/01/2002	12/31/2013	365
Miami County Jail (IN)	1104 West 200 North, Peru, IN 46970	Timothy Miller	Sheriff	765-472-1322 x325	tmiller@miamicounty.in.gov	Adult	01/19/2007	01/18/2013	108
Midland County Jail (MI)	101 Fast Ice Drive, Midland, MI 48642	Scott Stephens	Jail Manager	989-832-6688	sstephenson@co.midland.mi.us	Adult	04/10/2012	04/09/2015	250
Milan Federal Correctional Institution (MI)	4004 East Arkona Road, Milan, MI 48160	Dr. William Malatinsky	Not available	734-439-1511	Not available	Adult	03/01/1993	09/30/2013	1,600
Miller County Adult Detention Center (MO)	1999 Highway 52, P.O. Box 13, Tuscumbia, MO 65082	William M. Abbott	Sheriff	573-369-2341 x2239	kacipemberton@millercountysheriff.com	Adult	07/01/2011	06/30/2013	70
Miller County Correctional Center (AR)	2300 East Street, Texarkana, AR 78154	Ron Stoval	Sheriff	870-774-3001	rstovall@millercountyso.us	Adult	03/01/2009	02/28/2013	250
Moffat County Jail (CO)	800 West 1st Street, Craig, CO 81625	Dean Herndon	Lieutenant	970-826-2312	dherndon@sheriff.moffat.co.us	Adult	05/01/1999	12/31/2013	65
Monroe County Youth Center (MI)	3600 S. Custer Road, Monroe, MI 48161	Melissa Strong	Director	734-240-3237	melissa_strong@monroemi.org	Juvenile	01/17/2012	01/16/2015	30

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**CHCS CURRENT CLIENTS**

Customer	Address	Contact Name	Title	Phone	Email	Type of Inmates	Customer Start Date	Contract End Date	ADP
Montgomery County Jail (IL)	140 North Main Street, Hillsboro, IL 62049	Jim Vazzi	Sheriff	217-532-9511	mdeputy@montgomery.k12.il.us	Adult	07/01/2006	11/30/2013	35
Montrose County Jail (CO)	1200 North Grand, Montrose, CO 81401	Jim Gerlach	Jail Administrator	970-252-4065	jgerlach@co.montrose.co.us	Adult	06/01/1999	12/31/2013	125
Morgan County Detention Facility (CO)	801 East Beaver Avenue, Fort Morgan, CO 80701	Dave Martin	Undersheriff	970-542-3448	dmartin@comorgan.co.us	Adult	04/01/1999	12/31/2013	140
Morgan County Jail-IL (IL)	300 West Court, Jacksonville, IL 62650	Randy Duvenda ck	Sheriff	217-245-4143	rduvendack@net-axess.com	Adult	07/01/2008	06/30/2014	55
Muskegon County Jail (MI)	25 W. Walton Ave., Muskegon, MI 49440	Dean Roesler	Sheriff	231-724-6236	roeslerde@co.muskegon.mi.us	Adult	12/30/2009	09/30/2013	415
Nassau County Sheriff's Office (FL)	76001 Bobby Moore Circle, Yulee, FL 32097	Robert Crawford	Finance Manager	904-548-4039	rcrawford@nassaucountysheriff.com	Adult	04/01/2010	09/30/2013	260
New Mexico Military Institute (NM)	101 West College Blvd., Roswell, NM 88201	Judy Scharmer	Vice President of Finance	575-624-8040	scharmer@nmimi.edu	Other:	08/01/2009	07/31/2013	900
Newaygo County Jail (MI)	1035 E. James Street, White Cloud, MI 49349	Roger Palmiter	Jail Administrator	231-689-7364	rogerp@co.newaygo.mi.us	Adult	04/01/2008	09/30/2013	245
Northwest Community Corrections Center (OH)	1740 East Gypsy Lane Road, Bowling Green, OH 43402	Valerie Spears	Executive Director	419-354-7444	vspears@co.wood.oh.us	Adult	10/01/1999	06/30/2013	64

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OGCS CURRENT CLIENTS

Customer	Address	Contact Name	Title	Phone	Email	Type of Inmates	Customer Start Date	Contract End Date	ADP
Northwest Regional Juvenile Detention Center in Eau Claire (WI)	728 Second Avenue, Eau Claire, WI 54703	Rob Fadness	Jail Administrator	715-839-5128	rob.fadness@co.eau-claire.wi.us	Juvenile	01/01/2008	12/31/2013	15
Oconto County Jail (WI)	301 Washington Street, Oconto, WI 54153	Carol Kopp	Jail Administrator	920-834-6900	carol.kopp@co.oconto.wi.us	Adult Juvenile	07/01/2007	12/31/2013	50
Ogemaw County Jail (MI)	806 West Wright Street, West Branch, MI 48661	Doug Casselman	Undersheriff	989-345-3789	dcasselman@ogs.h.org	Adult	03/01/2010	02/28/2014	65
Ogle County Jail (IL)	103 Jefferson Street, Oregon, IL 61061	Michael R. Harn	Sheriff	815-732-6666	mharn@oglecounty.org	Adult	06/01/2000	11/30/2014	87
Olmsted County (MN)	101 4th Street SE, Rochester, MN 55904	Deborah Palmer	Director of Purchasing	507-328-7085	palmer.deb@co.olmsted.mn.us	Adult	01/01/2012	12/31/2014	207
Olmsted County Juvenile (MN)	2118 Campus Drive SE, Rochester, MN 55904	Deborah Palmer	Director of Purchasing	507-328-7085	palmer.deb@co.olmsted.mn.us	Juvenile	07/01/2012	12/31/2014	10
Oneida County Jail (WI)	2000 E. Winnebago Street, Rhinelander, WI 54501	Kaye Juel	Jail Administrator	715-361-5185	kjuel@co.oneida.wi.us	Adult	06/15/2003	12/31/2013	100
Osage County Jail (OK)	900 St. Paul, Pawhuska, OK 74056	Ty Koch	Sheriff	918-287-3535	jsellers@ocso.net	Adult	12/13/2011	12/12/2013	120

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**CHCS CURRENT CLIENTS**

Customer	Address	Contact Name	Title	Phone	Email	Type of Inmates	Customer Start Date	Contract End Date	ADP
Otero County Detention Center (NM)	1958 Dr. Martin Luther King Jr. Drive, Alamogordo, NM 88310-8121	Virginia Blansett	Correctional Services Director	575-434-2519	vblansett@co.otero.nm.us	Adult Other:	07/01/2009	12/31/2013	190
Ottawa County (MI)	12130 Fillmore St., West Olive, MI 49460	Steve Baar	Lieutenant, Jail Administrator	616-738-4090	sbaar@miottawa.org	Adult Juvenile	03/01/2005	05/31/2017	357
Outagamie County Sheriff's Office Jail (WI)	320 S. Walnut Street, Appleton, WI 54911	David Kiesner	Captain	920-832-5617	kiesnedr@co.outagamie.wi.us	Adult Juvenile	01/01/2009	12/31/2013	320
Park County Detention Center (WY)	1402 Riverview Drive, Cody, WY 82414	Todd Larson	Lieutenant	307-899-7417	tlarson@parkcountysheriff.net	Adult	09/01/2010	06/30/2013	70
Peoria County Jail (IL)	301 North Maxwell Road, Peoria, IL 61604	Brian Asbell	Jail Superintendent	309-697-7828	basbell@peoriacounty.org	Adult	02/01/1998	02/28/2014	499
Portage County Jail (OH)	8240 Infirmary Road, Ravenna, OH 44266	Joann Townend	Director	330-297-3614	Not available	Adult	04/01/2007	03/31/2013	205
Price County Jail (WI)	164 Cherry Street, Phillips, WI 54555	Dan Greenwood	Lieutenant	715-339-3011	jailadm@co.pric.e.wi.us	Adult	01/01/2007	12/31/2013	32
Pueblo County Detention Facility (CO)	909 Court Street, Pueblo, CO 81003	Paul Toth	Captain	719-583-6428	tothp@co.pueblo.co.us	Adult	09/20/2004	12/31/2013	600
Pulaski County Jail (IN)	110 East Meridian, Winamac, IN 46996-1645	Michael L. Gayer	Sheriff	574-946-6655	mgayer@pulaski.sheriff.net	Adult	09/01/2007	12/31/2013	110
Racine County Jail (WI)	717 Wisconsin Avenue, Racine, WI 53403	Douglas Wearing	Captain	262-636-3693	douglas.wearing@goracine.org	Adult	02/01/2003	12/31/2013	788

**CONFIDENTIAL**

**CHECK CURRENT CLIENTS**

<b>Customer</b>	<b>Address</b>	<b>Contact Name</b>	<b>Title</b>	<b>Phone</b>	<b>Email</b>	<b>Type of Inmates</b>	<b>Customer Start Date</b>	<b>Contract End Date</b>	<b>ADP</b>
Reeves County Detention Center (TX)	1560 West County Road 204, Pecos, TX 79772	The Honorable W.J. Bang, M.D.	Reeves County Judge	432-445-5418 X1437	dthbang@aol.com	Adult	09/01/2006	03/01/2014	2,407
Roosevelt County Detention Center (NM)	1700 North Boston Ave, Portales, NM 88130	Dave Casanova	Detention Administrator /Warden	575-356-6871	dcasanova@rooseveltkounty.com	Adult	03/27/2009	07/31/2013	85
Routt County Jail (CO)	2025 Sheild Drive, Steamboat Springs, CO 80477	Michelle Richards on	Lieutenant	970-870-5507	mrichardson@co.routt.co.us	Adult	09/13/1999	12/31/2013	30
Saginaw County Juvenile Detention Center (MI)	3360 Hospital Rd, Saginaw, MI 48602	Melissa Strong	Director	989-799-2821 X4206	Not available	Juvenile	12/01/2002	11/30/2013	56
San Juan County Detention Facility (NM)	871 Andrea Drive, Farmington, NM 87401	Tom Havel	Jail Administrator	505-334-4548	thavel@sicounty.net	Adult Juvenile	08/01/2001	06/30/2013	1,200
Sandoval County Detention Center (NM)	1100 Montoya Road, Bernalillo, NM 87004	Alfred Casamen to	Director	505-867-5339	acasamento@sandovalcountynm.gov	Adult	05/01/2012	04/30/2013	250
Sauk County Jail (WI)	1300 Lange Court, Baraboo, WI 53913	Mike Hafeman	Captain/Jail Administrator	608-355-3210	mhafeman@co.sauk.wi.us	Adult	01/01/2004	12/31/2013	130
Schoolcraft County Jail (MI)	300 Main Street, Manistiquette, MI 49854	Grant Harris	Sheriff	906-341-2122	sheriffgrantharris@gmail.com	Adult	11/01/2011	10/31/2013	20
Scioto County Jail (OH)	1025 16th Street, Portsmouth, OH 45662	Marty V. Donini	Sheriff	740-355-8261	sheriff@sciotocountysheriff.com	Adult	08/01/2009	12/31/2013	170

**CONFIDENTIAL**

**CHICS CURRENT CLIENTS**

Customer	Address	Contact Name	Title	Phone	Email	Type of Inmates	Customer Start Date	Contract End Date	ADP
SCORE (WA)	20817 17th Avenue South, Des Moines, WA 98198	Penny Bartley	Director	206-257-6262	penny@scorejail.org	Adult	09/02/2011	09/01/2014	400
Scott County Jail (MO)	211 S. New Madrid Street, Benton, MO 63736	Shawn Wood	Office Manager	573-545-3525	scsd343@charter.net	Adult	10/03/2005	12/31/2013	110
Seneca County Sheriff's Office (OH)	3040 S. State Route 100, Tiffin, OH 44883	Bill Eckelberry	Sheriff	419-447-8205	weeckelberry@senecacountyso.org	Adult	10/03/2011	10/02/2013	200
SEPTA Correctional Facility (OH)	7 West Twenty Nine Drive, Nelsonville, OH 45764	Kathy Tarantelli	Administrative Assistant	740-753-5000	kathy.tarantelli@septracbcf.org	Adult	07/01/2010	06/30/2013	106
Shawano County Jail (WI)	405 N. Main St., Shawano, WI 54166	Steve Borroughs	Jail Administrator	715-526-7950	law901@co.shawano.wi.us	Adult	11/01/2003	12/31/2013	110
Sheridan County Detention Center (WV)	54 West 13th Street, Sheridan, WV 82801	Emily Garrett	Lieutenant	307-672-3455	egarrett@sheridancountysheriff.com	Adult	04/01/2009	06/30/2013	90
Shiawassee County Jail (MI)	201 E. McArthur Street, Corunna, MI 48817	Doug Powell	Jail Administrator	989-743-2297		Adult	03/16/2009	03/15/2013	120
Shoshone Bannock Correctional Facility (ID)	East Agency Road, Building 56, Fort Hall, ID 83203	Beverly Wadsworth	Senior Contracting Compliance Officer	208-478-3816	bwadsworth@sbtribes.com	Adult Juvenile		08/19/2013	100

CONFIDENTIAL

CHCS CURRENT CLIENTS

Customer	Address	Contact Name	Title	Phone	Email	Type of Inmates	Customer Start Date	Contract End Date	ADP
Smith County Jail and Juvenile Detention Center (TX)	200 E. Elm (Adult) 2811 Public Rd (Low Risk) 2630 Morningside Drive (Juv), Tyler, TX 75710	Deal Folmar	Major -- Detention Services	903-590-4725	dfolmar@smith-county.com	Adult Juvenile	10/01/2006	09/30/2013	800
South Iowa Area Detention Service Agency (IA)	2528 255th Street, Montrose, IA 52639	Stephen McCoy	Executive Director	641-472-5017	siacc@iisco.com	Juvenile	11/01/2009	10/31/2013	21
South Texas Intermediate Sanction Facility (TX)	1511 Preston Road, Houston, TX 77002-2131	Neil Adler	VP Regional Operations	Not available	Not available	Adult	09/01/2010	08/31/2017	498
St. Charles County DOC (MO)	301 North Second Street, St. Charles, MO 63301	Scott Myers	Assistant Director of Corrections	636-949-3003 x4404	smyers@sccmo.org	Adult	01/01/2004	05/14/2013	403
St. Charles County Juvenile Detention Center (MO)	1700 South River Road, St. Charles, MO 63303	Beverly Temple	Associate County Counselor	636-949-7900 x3768	btemple@sccmo.org	Juvenile	07/02/2012	07/01/2013	12
St. Croix County Jail (WI)	1101 Carmichael Road, Hudson, WI 54016	Karen Humphrey	Jail Administrator	715-381-4320	Karenh2@co.sain-t-croix.wi.us	Adult	08/01/2006	12/31/2014	96
St. Francois County Jail (MO)	1550 Doubet Rd., Farmington, MO 63640	Daniel Bullock	Sheriff	573-756-3252	bullod@sfcisd.org	Adult	11/01/2006	10/31/2013	145
St. Martin Parish Sheriff's Office (LA)	437 W. Mills Ave., Breaux Bridge, LA 70517	Jack Bienvenu	Lt. Colonel	337-394-2571	jbienvenu@stma-rinsheriff.org	Adult	10/01/2010	09/30/2013	300

**CONFIDENTIAL**

**CHCS CURRENT CLIENTS**

Customer	Address	Contact Name	Title	Phone	Email	Type of Inmates	Customer Start Date	Contract End Date	ADP
Starke County Jail (IN)	108 N. Pearl Street, Knox, IN 46534	Kathy Norem	Starke County Commissioner	574-806-3910	knorem.starke@gmail.com	Adult	08/15/2007	12/31/2013	95
Ste Genevieve County Jail (MO)	5 Basler Drive, Sainte Genevieve, MO 63670	Gary Stolzer	Sheriff	573-883-5820	sheriff@sgcsso.com	Adult	11/15/2001	11/14/2016	30
Stephenson County Jail (IL)	1680 Singer Drive, Freeport, IL 61032	Dean Schrader	Jail Superintendent	815-235-8252	stephcojail@yahoo.com	Adult	09/02/2002	11/30/2013	135
Story County Jail (IA)	1315 S. B Avenue, Nevada, IA 50201	John Asmussen	Jail Administrator	515-382-7463	jasmussen@storycounty.com	Adult	12/01/2007	06/30/2015	100
Taylor County Jail (WI)	224 South Second Street, Medford, WI 54451	Bruce A. Daniels	Sheriff	715-748-2200 x223	bruce.daniels@co.taylor.wi.us	Adult	01/02/2006	12/31/2013	50
Tazewell County Jail (IL)	101 South Capitol, Pekin, IL 61554	Earl Helm	Jail Administrator	309-478-5613	ehelm@tazewell.com	Adult	12/01/1999	11/30/2013	170
Teller County Jail (CO)	288 County Road 29, Divide, CO 80814	Stan Bishop	Undersheriff	719-687-9652	bishops@co.teller.co.us	Adult	05/01/1998	12/31/2013	100
Teton County Detention Center (WY)	175 S. Willow Street, Jackson, WY 83001	Troy Sutton	Sergeant	307-732-8311	tsutton@tetonsheriff.org	Adult	10/01/2008	06/30/2013	45
Tri-Cap Community Corrections Center (MI)	2300 Veterans Memorial Pkwy, Saginaw, MI 48601	Gary Davis	Interim Executive Director	989-752-0800	gdavis@tricap.net	Other:	10/01/2009	10/31/2013	100



**CONFIDENTIAL**

**CHCS CURRENT CLIENTS**

<b>Customer</b>	<b>Address</b>	<b>Contact Name</b>	<b>Title</b>	<b>Phone</b>	<b>Email</b>	<b>Type of Inmates</b>	<b>Customer Start Date</b>	<b>Contract End Date</b>	<b>ADP</b>
Tri-County Regional Jail (OH)	4099 State Route 559, Mechanicsburg, OH 43044	Ed Bristol	Executive Director	937-834-5052	director@tricolj.com	Adult	04/20/2011	08/19/2013	153
Tuscola County Jail (MI)	420 Court Street, Caro, MI 48723	Leland Teschendorf	Sheriff	989-673-8161 x2224	sheriff@tuscolacounty.org	Adult	07/01/2009	12/31/2013	78
Umatilla County Jail (OR)	4700 NW Pioneer Place, Pendleton, OR 97801	Stewart Harp	Lieutenant	541-966-3629	sharp@umatillacounty.net	Adult	07/10/2001	08/31/2013	124
Vermillion County Jail (IN)	1888 S. State 63, PO Box 130, Newport, IN 47966	Shelly Smith	Matron	765-492-3737	shellysmith@vcs.heriff.com	Adult	04/16/2007	12/31/2014	65
Wabash County Jail (IN)	79 West Main Street, Wabash, IN 46992	Bob Land	Sheriff	260-563-8891	sheriffland@wcs.d.us	Adult	09/01/2003	12/31/2013	95
Washington County Detention Center (MO)	116 W. High Street, Potosi, MO 63664	Ginia Malugen	Jail Administrator	573-438-5478 X0	gmalugen@hotmail.com	Adult	03/01/2011	02/28/2013	28
Washtenaw County Correctional Facility (MI)	2201 Hopback Rd., Ann Arbor, MI 48107	Rick Kaledas	Commander	734-973-4931	kaledasr@ewash.tenaw.org	Adult	01/01/1993	12/31/2013	360
Washtenaw County Juvenile Detention Facility (MI)	4125 Washtenaw Ave., Ann Arbor, MI 48108	Lisa Greco	Director	734-973-4354	grecol@ewash.tenaw.org	Juvenile	06/01/2002	12/31/2013	40
Waupaca County Jail (WI)	1402 East Royakton Street, Waupaca, WI 54981	Jacci Olson	Captain	715-256-4505	jacci.olson@co.waupaca.wi.us	Adult	08/01/2001	12/31/2014	200

**CONFIDENTIAL**

**CHC'S CURRENT CLIENTS**

<b>Customer</b>	<b>Address</b>	<b>Contact Name</b>	<b>Title</b>	<b>Phone</b>	<b>Email</b>	<b>Type of Inmates</b>	<b>Customer Start Date</b>	<b>Contract End Date</b>	<b>ADP</b>
Williamson County Jail (IL)	200 West Jefferson Street, Marion, IL 62959	Bernie Vick	Sheriff	618-997-6541	bvick@wcscheriff.com	Adult	01/01/2001	12/31/2013	140
Winnebago County Jail-WI (WI)	4311 Jackson Street, Oshkosh, WI 54901	Mark Habeck	Captain	920-236-7339	mhabeck@co.winnnebago.wi.us	Adult	10/01/2001	12/31/2013	300
Wood County Jail (OH)	1960 East Gypsy Lane, Bowling Green, OH 43402	Ronda Gibson	Captain	419-373-6527	rgibson@co.wood.oh.us	Adult	01/01/2006	05/31/2013	149
Wood County Jail (WI)	400 Market Street, PO Box 8095, Wisconsin Rapids, WI 54494	Randal Dorshorst	Chief Deputy	715-421-8703	rdorshorst@co.wood.wi.us	Adult	03/12/2001	03/10/2013	80
Wood County Juvenile Detention Center (OH)	1032 South Dunbridge, Bowling Green, OH 43402	Tim Brown	Executive Director	419-352-3554	tjbrown@co.wood.oh.us	Juvenile	01/01/1993	06/30/2013	90
Yuma County Detention Center (AZ)	200 W. Court Street, Yuma, AZ 85364	Henry Hernandez	Lieutenant	928-539-7870	henry.hernandez@ycso.yumacountyaz.gov	Adult	06/18/2007	10/29/2013	625
Yuma County Juvenile Justice Center (AZ)	2440 West 28th Street, Yuma, AZ 85364	Tim D. Hardy	Director	928-314-1813	thardy@courts.az.gov	Juvenile	07/01/2009	06/30/2013	44

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**CHC'S CURRENT CLIENTS**

Customer	Address	Contact Name	Title	Phone	Email	Type of Inmates	Customer Start Date	Contract End Date	ADP
Waushara County Jail (WI)	430 East Division Street, Wautoma, WI 54982	George Peterman	Jail Administrator	920-787-6662	george.sheriff@co.waushara.wi.us	Adult	07/01/2003	12/31/2013	120
Wells County Jail (IN)	1615 West Western Avenue, Bluffton, IN 46714	Monte Fisher	Sheriff	260-824-3426	sheriff@wellscountysheriff.com	Adult	01/01/2009	12/31/2014	90
West Texas Intermediate Sanction Facility (Diversions) (TX)	2002 Lamesa Highway, Brownfield, TX 79316	Neil Adler	Vice President, Regional Operations	512-868-2429	Neil.adler@mtctrains.com	Adult	03/01/2004	08/31/2017	275
White County Jail (IN)	White County Jail, 915 West Hanawalt, Monticello, IN 47960	Terry Corso	Jail Commander	574-583-2251	tcorso@wcsheriff-in.us	Adult	05/22/2003	12/31/2014	116
Whitley County Jail-IN (IN)	101 West Market Street, Columbia City, IN 46725	Mark E. Hodges	Sheriff	260-244-6410	mhodges@whitleycountyindiana.com	Adult	08/01/2007	07/31/2013	115
Wichita County Detention Facility (TX)	900 Seventh Street, Wichita Falls, TX 76308	Donny Johns	Captain	940-766-8170	donny.johns@co.wichita.tx.us	Adult Juvenile	01/01/2010	12/31/2013	600
Willacy County Adult Correctional Facility (Willacy 1) (TX)	1601 Buffalo Drive, Raymondville, TX 75850	Neil Adler	VP Regional Operations	512-868-2429	Neil.adler@mtctrains.com	Adult	10/09/2003	12/31/2015	2,484
Willacy County Correctional Center (Willacy 2) (TX)	1800 Industrial Drive, Raymondville, TX 78580	Neil Adler	Vice President, Corrections	512-868-2429	Neil.adler@mtctrains.com	Adult	08/01/2011	07/31/2015	140

**COLUMBUS CONSOLIDATED GOVERNMENT**  
Georgia's First Consolidated Government



**FINANCE DEPARTMENT**  
**PURCHASING DIVISION**

100 TENTH STREET, COLUMBUS, GEORGIA 31901  
P. O. BOX 1340, COLUMBUS, GEORGIA 31902-1340  
706-653-4105, Fax 706-225-3033  
[www.columbusga.org](http://www.columbusga.org)

Date: April 6, 2018

<p><b>REQUEST FOR PROPOSALS:</b></p> <p><b>RFP No. 18-0019</b></p>	<p>Qualified vendors are invited to submit sealed proposals, subject to conditions and instructions as specified, for the furnishing of:</p> <p align="center"><b>INMATE MEDICAL &amp; PHARMACY SERVICES FOR MUSCOGEE COUNTY JAIL (ANNUAL CONTRACT)</b></p>
<p><b>GENERAL SCOPE</b></p>	<p>Provide comprehensive medical and pharmacy services to inmates incarcerated in the Muscogee County Jail, in accordance with the specifications set forth herein.</p>
<p><b>NON-MANDATORY SITE VISIT</b></p>	<p>No later than seven (7) business days before the proposal due date, vendors desiring to do so may schedule a site visit to view the Clinic of the Muscogee County Jail. To schedule the site visit, contact Capt. Robert Trombley at 706-329-3763 or <a href="mailto:rtrombley@columbusga.org">rtrombley@columbusga.org</a>. <b>Vendors are not required, but are strongly encouraged, to attend the Non-Mandatory Site Visit. Questions/concerns resulting from the Site Visit must be submitted in writing to the Purchasing Division,</b> as specified on pages 9 and 10.</p>
<p><b>DUE DATE</b></p>	<p align="center"><b>MAY 4, 2018 - 5:00 PM (EASTERN)</b></p> <p>Sealed proposals must be received and date/time stamped on or before the due date by the Finance Department/Purchasing Division of Columbus Consolidated Government, located on the 5<sup>th</sup> Floor, Government Center Tower, 100 Tenth Street, Columbus, GA.</p>
<p><b>ADDENDA</b></p>	<p align="center"><b><u>IMPORTANT INFORMATION</u></b></p> <p>The Purchasing Division will post addenda (if any) for this project at <a href="https://www.columbusga.gov/finance/purchasing/docs/opportunities/Bid_Opportunities.htm">https://www.columbusga.gov/finance/purchasing/docs/opportunities/Bid_Opportunities.htm</a>. <b>It is the vendors' responsibility to periodically visit the web page for addenda, before the due date and prior to submitting a proposal.</b></p>
<p><b>NO PROPOSAL SUBMISSION</b></p>	<p>If you are not interested in this solicitation, please complete and return page 3.</p>

**Andrea J. McCorvey,**  
**Purchasing Division Manager**



# **IMPORTANT INFORMATION**

## **E-Notification**

*Effective December 31, 2014*, Columbus Consolidated Government (the City) discontinued mailing postcard notifications to its registered vendors, and began using the Georgia Procurement Registry e-notification system.

You must register with the Team Georgia Marketplace to receive future procurement notifications at <http://doas.ga.gov/state-purchasing/suppliers/getting-started-as-a-supplier>.

**If you have any questions or encounter any problems while registering, please contact the Team Georgia Marketplace Procurement Helpdesk:**

**Telephone: 404-657-6000**

**Fax: 404-657-8444**

**Email: [procurementhelp@doas.ga.gov](mailto:procurementhelp@doas.ga.gov)**

# STATEMENT OF "NO PROPOSAL SUBMISSION"

**Notify the Purchasing Division if you do not intend to submit a Proposal:**

Email [BidOpportunities@ColumbusGA.org](mailto:BidOpportunities@ColumbusGA.org) or return this form, via fax or mail, to:

Fax number 706-225-3033

**Attn: Della Lewis, CPPB, Buyer Specialist**

Columbus Consolidated Government

Purchasing Division

P. O. Box 1340

Columbus, Georgia 31902-1340

We, the undersigned decline to submit a proposal for **RFP No. 18-0019** for **Inmate Medical & Pharmacy Services for Muscogee County Jail (Annual Contract)** for the following reason(s):

- Specifications are too "tight", i.e. geared towards one brand or manufacturer (explain below)
- There is insufficient time to respond.
- We do not offer this product and/or service.
- We are unable to meet specifications.
- We are unable to meet bond requirements.
- Specifications are unclear (explain below).
- We are unable to meet insurance requirements.
- Remove us from your vendor list for this commodity or service.
- Other (specify below)

Comments

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**We understand that if this statement is not completed and returned, Columbus Consolidated Government may delete our company from its bidder list for this commodity or service.**

COMPANY NAME: \_\_\_\_\_

AGENT: \_\_\_\_\_

DATE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**PROPOSALS WILL BE EVALUATED IN ACCORDANCE WITH THE PROCEDURES AS OUTLINED BELOW IN SECTIONS 3-110 AND 3-111 OF THE PROCUREMENT ORDINANCE. ALL PROPOSALS WILL BE KEPT CONFIDENTIAL.**

**3-110 Competitive Sealed Proposals (Competitive Sealed Negotiations) For Equipment, Supplies or Professional Services - \$10,000 and Above**

**(1) Conditions for Use**

When the Purchasing Division Manager determines that the use of competitive sealed bidding for any procurement is either not practicable or not advantageous to the City, a contract may be entered into using the competitive sealed proposals (negotiation) method. In addition, the competitive sealed proposal process shall be used for the procurement of professional services.

The competitive sealed proposal process may be used for procurements with an estimated total cost less than \$10,000, if deemed to be in the best interest of the City. If the total cost can be determined, the authority to approve such solicitations will be as prescribed by Article 3-104, Purchasing Limits. If, due to the required services, a total cost cannot be determined then the award recommendation will be approved by Council.

**A. Request for Proposals**

Proposals shall be solicited through Request for Proposals. The Purchasing Division shall establish the specifications with the using agency and set the date and time to receive proposals. The request for proposal shall include a clear and accurate description of the technical requirements for the service or item to be procured.

**B. Public Notice**

Adequate public notice of the Request for Proposals shall be given in the same manner as provided under the section titled “Competitive Sealed Bids.”

**C. Receipt of Proposals**

Proposals must be received by the deadline date established. No public opening will be held. No proposals shall be handled so as to permit disclosure of the identity of any offeror or the contents of any proposal to competing offerors during the process of discussion. A register of proposals shall be prepared as part of the contract file, and shall contain the name of each offeror, the number of modifications received (if any), and a description sufficient to identify the item offered. The register of proposals shall be open for public inspection only after contract award.

**D. Evaluation Factors**

The Request for Proposals shall identify all significant evaluation factors (including price or cost) and their relative importance. Mechanisms shall be established for technical evaluation of the proposals received, determinations of responsible offerors for the purpose of written or oral discussions, and selection for contract award.

**E. Discussion with Responsible Offerors and Revisions to Proposals**

As provided in the Request for Proposals, discussions (negotiations) may be conducted with responsible offerors who submit proposals determined to be reasonably susceptible of being selected for award, to assure full understanding of

and conformance to the solicitation requirements. All qualified, responsible offerors shall be given fair and equal treatment with respect to any opportunity for discussion and revision of proposals, and such revisions may be permitted after submissions and prior to award for the purpose of obtaining best and final offers. In conducting discussions, there shall be no disclosure of the identity of competing offerors or any information derived from proposals submitted by competing offerors. If only one proposal response is received, then the award recommendation shall be to the single offeror, if the offeror meets all requirements.

**F. Award.**

After negotiations, the award recommendation must be presented to Columbus City Council for final approval. Award will be made to the responsible offeror whose proposal is determined to be the most advantageous to the City, taking into consideration total cost (if determined) and all other evaluation factors set forth in the Request for Proposals.

After Council approval, a contract based on the negotiations (if negotiations were necessary) will be drawn and signed by all necessary parties. If Council does not approve the award, further negotiations may take place with the recommended offeror or negotiations will begin with the next most qualified offerer. The contract file shall contain the basis on which the award is made.

After contract award, the contract file will be made public. Offerors will be afforded the opportunity to make an appointment to review the contract file.



## **DO YOU HAVE QUESTIONS, CONCERNS OR NEED CLARIFICATION ABOUT THIS SOLICITATION?**

**COMMUNICATION CONCERNING ANY SOLICITATION CURRENTLY ADVERTISED MUST TAKE PLACE IN WRITTEN FORM AND ADDRESSED TO THE PURCHASING DIVISION.**

ALL QUESTIONS OR CLARIFICATIONS CONCERNING THIS SOLICITATION SHALL BE SUBMITTED IN WRITING. THE CITY WILL NOT ORALLY OR TELEPHONICALLY ADDRESS ANY QUESTION OR CLARIFICATION REGARDING BID/PROPOSAL SPECIFICATIONS. IF A VENDOR VISITS OR CALLS THE PURCHASING DIVISION WITH SUCH QUESTIONS, HE OR SHE WILL BE INSTRUCTED TO SUBMIT THE QUESTIONS IN WRITING.

**ALL CONTACT CONCERNING THIS SOLICITATION SHALL BE MADE THROUGH THE PURCHASING DIVISION.** BIDDERS SHALL NOT CONTACT CITY EMPLOYEES, DEPARTMENT HEADS, USING AGENCIES, EVALUATION COMMITTEE MEMBERS OR ELECTED OFFICIALS WITH QUESTIONS OR ANY OTHER CONCERNS ABOUT THE SOLICITATION. QUESTIONS, CLARIFICATIONS, OR CONCERNS SHALL BE SUBMITTED TO THE PURCHASING DIVISION IN WRITING. IF IT IS NECESSARY THAT A TECHNICAL QUESTION NEEDS ADDRESSING, THE PURCHASING DIVISION WILL FORWARD SUCH TO THE USING AGENCY, WHO WILL SUBMIT A WRITTEN RESPONSE.

THE PURCHASING DIVISION WILL FORWARD WRITTEN RESPONSES TO THE RESPECTIVE BIDDER OR IF IT BECOMES NECESSARY TO REVISE ANY PART OF THIS SOLICITATION, A WRITTEN ADDENDUM WILL BE ISSUED TO ALL BIDDERS.

THE CITY IS NOT BOUND BY ANY ORAL REPRESENTATIONS, CLARIFICATIONS, OR CHANGES MADE TO THE WRITTEN SPECIFICATIONS BY CITY EMPLOYEES, UNLESS SUCH CLARIFICATION OR CHANGE IS PROVIDED TO THE BIDDERS IN A WRITTEN ADDENDUM FROM THE PURCHASING MANAGER.

BIDDERS ARE INSTRUCTED TO USE THE ENCLOSED "QUESTION/CLARIFICATION FORM" TO FAX OR EMAIL QUESTION.

**ANY REQUEST, AFTER A SOLICITATION HAS CLOSED AND PENDING AWARD MUST ALSO BE SUBMITTED IN WRITING TO THE PURCHASING DIVISION.**



# COLUMBUS CONSOLIDATED GOVERNMENT GENERAL PROVISIONS FOR REQUEST FOR PROPOSALS

Inmate Medical & Pharmacy Services for  
Muscogee County Jail (Annual Contract)  
RFP No. 18-0019

Provide comprehensive medical and pharmacy services to inmates incarcerated in the Muscogee County Jail, in accordance with the specifications set forth herein.

**A. PROPOSAL SUBMITTAL DATE:**

**SEALED PROPOSALS ARE DUE: MAY 4, 2018 NO LATER THAN 5:00 PM (Eastern).**

***Submit one (1) original and seven (7) identical copies of the proposal.*** For proper identification, the proponent's complete name and address should appear on the exterior of the proposal package.

The proposal should be hand delivered or mailed to the following:

Columbus Consolidated Government - Purchasing Division  
**RE: Inmate Medical & Pharmacy Services for Muscogee County Jail  
(Annual Contract) – RFP No. 18-0019**

Mail: P.O. Box 1340  
Columbus, Georgia 31902-1340

Deliver: 100 10th Street  
Columbus, Georgia 31901

If the proposal does not reach the Purchasing Division on or before the due date, the proposal will be returned to the Proposer unopened. It is the Proponent's responsibility to insure the proposal is mailed or delivered by the due date. The City will not be held responsible for proposals delayed by the US Mail or any other courier.

The City shall not be held liable for any expenses incurred by the respondent in preparing and submitting the proposal and/or attendance at any interviews, final contract negotiations or applicable site visits. The City reserves the right to award this project or to reject any and all proposals; whichever is in the best interest of the City.

**B. RECEIPT OF PROPOSALS:**

Unless otherwise stated in the technical specifications of the RFP, the City will accept one, and only one, proposal per Offeror. In the event a team of firms is entering into a joint venture to respond to the RFP, one firm shall be named the prime contractor and the proposal shall be submitted in the name of the prime contractor. All correspondence concerning the RFP will be between the City and prime contractor.

**C. SUBCONTRACTING:**

Should the offeror intend to subcontract all or any part of the work specified, names and address of subcontractors must be provided in proposal response. The offeror shall be responsible for

subcontractors' full compliance with the requirements of the RFP specifications. If awarded the contract, payments will only be made to the offerors submitting the proposal. The Columbus Consolidated Government will not be responsible for payments to subcontractors.

**D. QUESTIONS ABOUT THE RFP:**

Communication concerning any solicitation currently advertised must take place in writing and addressed to the Purchasing Division. See page titled "Do You Have Questions ..." within this proposal package. **Questions and Requests for Clarification will be received until five business days prior to the proposal due date.**

**E. PUBLIC INFORMATION:**

All information and materials submitted will become the property of the Columbus Consolidated Government, Columbus, Georgia; and shall be subject to the provisions of the Georgia public records law. If awarded the contract, the proposal submission, in its entirety, will be included as part of the contract documents and filed, as public record, with the Clerk of Council.

**F. ADDENDA:**

The proposer shall include acknowledgment of receipt of addenda (if any) in their sealed proposal. The proposer should include an initialed copy of each addendum in the proposal package. It is the proposer's responsibility to contact the City for copies of addenda if they receive the proposal document from any other source other than the City.

**G. CONTRACT:**

Each proposal is received with the understanding that an acceptance in writing by the City of the offer to furnish any or all of the services and materials described shall constitute a contract between the proposer and the City. This contract shall bind the proposers to furnish and deliver the services and materials quoted, at the prices stated and in accordance with the condition of said accepted proposal.

It is agreed that the successful respondent will not assign, transfer, convey or otherwise dispose of the contract or its right, title or interest in or to the same, or any part thereof, without previous consent of the City and any sureties.

**H. NON-COLLUSION:**

Proposer declares that the proposal is not made in connection with any other proposer submitting a proposal for the same commodity or commodities, and that the proposal is bona fide and is in all respects fair and without collusion or fraud.

**I. INDEMNITY:**

The successful respondent agrees, by entering into this contract, to defend, indemnify and hold City harmless from any and all causes of action or claims of damages arising out of or under this contract.

**J. DISADVANTAGED BUSINESS ENTERPRISE CLAUSE:**

Disadvantaged Business Enterprises (minority or women owned businesses) will be afforded full opportunity to submit proposals in response to this invitation and will not be discriminated against on the grounds of race, color, creed, sex, sexual orientation, gender identity or national origin in consideration for an award. It is the policy of the City that disadvantaged business enterprises and minority business enterprises have an opportunity to participate at all levels of contracting in the

performance of City contracts to the extent practical and consistent with the efficient performance of the contract.

**K. AFFIRMATIVE ACTION PROGRAM - NON-DISCRIMINATION CLAUSE:**

The City has an Affirmative Action Program in connection with Equal Employment Opportunities. The successful vendor will comply with all Federal and State requirements concerning fair employment and employment of the handicapped, and concerning the treatment of all employees, and will not discriminate between or among them by reason of race, color, age, religion, sex, sexual orientation, gender identity, national origin or physical handicap.

**L. SPECIFICATION DESCRIPTIONS:**

The specifications detailed herein represent the quality of equipment, goods or services required by the City. Whenever in this invitation any particular process, service or equipment is indicated or specified by patent, proprietary or brand name of manufacturer/developer/inventor, such wording will be deemed to be used for the purpose of facilitating descriptions of the process, service or equipment desired by the City. It is not meant to eliminate offerors or restrict competition in any RFP process. Proposals that are equivalent or surpass stated specifications will be considered. Determination of equivalency shall rest solely with the City.

**M. TAXES:**

The City is exempt from State Retail Tax and Federal Excise Tax. Tax Exemption No. GA Code Sec. 48-8-3. Federal ID No. 58-1097948.

**N. DRUG-FREE WORKPLACE:**

Per Ordinance No. 93-55, in compliance with Federal and State Drug Free Workplace Acts, the Council of Columbus, Georgia adopted a drug free Workplace Policy. Consequently, any vendor providing goods or services to Columbus Consolidated Government must comply with all applicable Federal and State Drug Free Workplace Acts.

**O. FEDERAL, STATE, LOCAL LAWS:**

All respondents will comply with all Federal, State and Local laws, ordinances, rules and regulations relative to conducting business in Columbus, Georgia and performing the prescribed service. Ignorance on the part of the respondent shall not, in any way, relieve the respondent from responsibility for compliance with said laws and regulations or any of the provisions of these documents.

**P. PROVISIONS OF THE PROCUREMENT ORDINANCE:**

The provisions of the Procurement Ordinance for the Consolidated Government of Columbus, Georgia as adopted and amended by Council shall apply to all invitations to respond to Requests for Proposals and is specifically incorporated herein by this reference. A copy of the ordinance is on file in the Purchasing Division.

**Q. INSURANCE:**

All respondents shall maintain, and if requested, show proof of insurance applicable for services described in these specifications.

**R. HOLD HARMLESS AGREEMENT:**

The successful respondent hereby agrees to indemnify, hold free and harmless Columbus Consolidated Government (The City), its agents, servants, employees, officers, directors and

elected officials or any other person(s) against any loss or expense including attorney fees, by reason of any liability imposed by law upon the City, except in cases of the City's sole negligence, sustained by any person(s) on account of bodily injury or property damage arising out of or in the consequence of this agreement.

**S. TERMINATION OF CONTRACT:**

- 1. Default:** If the contractor refuses or fails to perform any of the provisions of this contract with such diligence as will ensure its completion within the time specified in this contract, or any extension thereof, otherwise fails to timely satisfy the contract provisions, or commits any other substantial breach of this contract, the Purchasing Division Director may notify the contractor in writing of the delay or nonperformance and if not cured within **ten (10) days** or any longer time specified in writing by the Purchasing Division Director, such director may terminate the contractor's right to proceed with the contract or such part of the contract as to which there has been delay or a failure to properly perform.

In the event of termination in whole or in part the Purchasing Division Director may procure similar supplies or services, from other sources, in a manner and upon terms deemed appropriate by the Purchasing Division Director. The contractor will continue performance of the contract to the extent it is not terminated and will be liable for excess costs incurred in procuring similar goods or services.

- 2. Compensation:** Payment for completed supplies or services delivered and accepted by the City will be at the contract price. The City may withhold from amounts due the contractor such sums as the Purchasing Director deems to be necessary to protect the City against loss because of outstanding liens or claims of former lien holders and to reimburse the City for the excess costs incurred in procuring similar goods and services.
- 3. Excuse for Nonperformance or Delayed Performance.** Except with respect to defaults of subcontractors, the contractor shall not be in default by reason of any failure in performance of this contract in accordance with its terms (including any failure by the contractor to make progress in the prosecution of the work hereunder which endangers such performance) if the contractor has notified the Purchasing Division Director within 15 days after the cause of the delay and the failure arises out of causes such as: acts of God; acts of public enemy; acts of the City and any other governmental entity in its sovereign or contractual capacity; fires; floods; epidemics; quarantine restrictions; strikes or other labor disputes; freight embargoes; or unusually severe weather, If the failure to perform is caused by the failure of a subcontractor to perform or to make progress, and if such failure arises out of causes similar to those set forth above, the contractor shall not be deemed to be in default, unless the supplies or services to be furnished by the subcontractor was reasonably obtainable from other sources in sufficient time to permit the contractor to meet the contract requirements.

Upon request of the contractor, the Purchasing Division Director shall ascertain the facts and extent of such failure, and, if such director determines that any failure to perform was occasioned by anyone or more of the excusable causes, and that, but for the excusable cause, the contractor's progress and performance would have met the terms of the contract, the delivery schedule shall be revised accordingly.

**T. TIME FOR CONSIDERATION:**

Due to the evaluation process, proposals must remain in effect for at least **120 days** after date of receipt.

**U. CONTRACT AWARD:**

Award of this contract will be made in the best interest of the City.

**V. REQUEST FOR EVALUATION RESULTS:**

Per the City's Procurement Ordinance, evaluation results cannot be divulged until after the award of the contract. After contract award, proponents desiring to review documents relevant to the RFP evaluation results will be afforded an opportunity by appointment only.

**W. GOVERNING LAW:**

The parties agree that this Agreement shall be governed by the laws of Georgia, both as to interpretations and performance.

**X. FINAL CONTRACT DOCUMENTS:**

It is understood that the final contract shall include the following: 1) The RFP; 2) Addenda; 3) Awarded Vendor(s) response; 4) Awarded Vendor(s) Clarifications; 5) Negotiated Components; 6) Additional Agreements required by Awarded Vendor(s); and 7) Awarded Vendor(s) Business Requirements.

**Y. PAYMENT DEDUCTIONS:**

The City reserves the right to deduct from payments to awarded vendor(s), any amount owed to the City for various fees, to include, but not limited to: False Alarm fees, Ambulance fees, Occupation License Fees, Landfill fees, etc.

**Z. PAYMENT TERMS:**

The City's standard payment term is usually net 30 days, after successful receipt of goods or services. Payment may take longer if invoice is not properly documented or not easily identifiable, goods/services are not acceptable, or invoice is in dispute.

**NOTICE TO VENDORS**

Columbus Council, by Ordinance 92-60 has prohibited any business, which is owned by any member of Columbus Council or the Mayor, or any business in which any member of Columbus Council or the Mayor has a substantial pecuniary interest from submitting a bid for goods or services to the Consolidated Government of Columbus, Georgia.

Likewise, by Ordinance 92-61, no business which is owned by any member of any board, authority or commission, subordinate or independent entity, or any business in which any member of any board, authority or commission, subordinate or independent entity has substantial pecuniary interest may submit a bid to the Consolidated Government if such bid pertains to the board, authority or commission.

**INMATE MEDICAL & PHARMACY SERVICES  
FOR MUSCOGEE COUNTY JAIL (ANNUAL CONTRACT)  
RFP NO. 18-0019**

**I. INTRODUCTION**

It is the intent of Columbus Consolidated Government (the City) and the Muscogee County Sheriff's Office (MCSO) to enter into an annual contract with a qualified medical correctional provider for comprehensive medical and pharmacy services to those patients incarcerated in the Muscogee County Jail (MCJ). These medical services will reflect the NCCHC and ACA medical standards for jails and prisons and will be commensurate with the accepted community standard of care. These services are further delineated in **Appendix A**. Refer to **Appendix B** for frequently asked questions and **Appendix C** for current staffing.

Correctional Healthcare Companies, LLC (Greenwood Village, CO) is the current provider of inmate medical and pharmacy services. The monthly cost for the medical services is \$229,029.13 and the pharmacy services are provided at pass-through cost with a management fee of 3%.

**II. VENDOR QUALIFICATION**

- A. Five (5) years successful experience providing comprehensive health care to large jails with a population over 1000 inmates.
- B. Five (5) years of successful experience providing comprehensive health care to state, county, or private prisons.
- C. Successful NCCHC or ACA accreditation of at least one large jail.

**III. TRANSITION PERIOD**

Columbus Consolidated Government and Correctional Healthcare Companies, LLC have exhausted all renewals for the contract, which will expire on **August 31, 2018**. If the incumbent contractor is not awarded this contract, the successful contractor is expected to coordinate with Correctional Healthcare Companies, LLC to effect a smooth transition.

**IV. TERM AND CONDITIONS**

- A. The term of this contract will be for two years, with an option to renew for three (3) additional twelve-month periods. Contract renewal will be contingent upon the mutual agreement of the City and the Contractor(s).

Notice of intent to renew will be given to the contractor in writing by the City Purchasing Manager, normally sixty days before the expiration date of the current contract. This notice shall not be deemed to commit the City to a contract renewal.

It should be noted that multi-year contracts may be continued each fiscal year only after funding appropriations and program approval have been granted by the Council of the Consolidated Government of Columbus, Georgia. In the event that the necessary funding is not approved, then the affected multi-year contract becomes null and void, effective July 1st of the fiscal year for which such approvals have been denied.



## **B. Termination for Convenience**

For the protection of both parties, either party giving 90 days prior notice in writing to the other party may cancel this contract.

## **V. INDEMNITY CLAUSE**

The Contractor covenants to save, defend, hold harmless, and indemnify the City, and all of its officers, departments, agencies, agents, and employees (collectively the "City") from and against any and all claims, losses, damages, injuries, fines, penalties, costs (including court costs and attorney's fees), charges, liability, or exposure, however caused, resulting from, arising out of, or in any way connected with the Contractor's intentional, negligent, or grossly negligent acts or omissions in performance or nonperformance of its work called for by the Contract Documents.

## **VI. INSURANCE**

The vendors shall be required, at their own expense, to furnish to the City of Columbus Purchasing Division, evidence showing the insurance coverage to be in force throughout the term of the contract. Insurance requirements are listed on the attached **Insurance Checklist (Form 3)**. **The limits shown are minimum limits. Vendor shall indicate the actual limit they will provide for each insurance requirement. The bidder shall complete the Insurance Checklist and include with bid response. Certificate of Insurance is acceptable.** The Insurance Checklist will indicate to the City, the bidder's ability and agreement to provide the required insurance, in the event of contract award.

The successful candidate shall provide the required Certificates of Insurance within **10 business days** after award notification. The Certificates of Insurance will be included with the contract documents prior to signing.

## **VII. GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT**

In accordance with the Georgia Security and Immigration Compliance Act/E-Verify, every public employer, every contractor of a public employer, and every subcontractor of a public employer's contractor must register and participate in a federal work authorization program (see [http://www.dol.state.ga.us/spotlight/sp\\_sb\\_529\\_new\\_rules.htm](http://www.dol.state.ga.us/spotlight/sp_sb_529_new_rules.htm)). **A completed, notarized E-Verify Affidavit must be included with sealed proposal; failure to do so will render the firm's or individual's proposal non-responsive and ineligible for award consideration.**

## **IX. PROPOSAL PREPARATION AND SUBMISSION**

The complete proposal shall contain the following information and shall be submitted in the order shown below. Please address each section in your proposal submission; divide each section with identifying tabs.

**Firms should submit proposals that address each of the sections specified below. *With the exception of the E-Verify Affidavit*, the City reserves the right to request any omitted information. Firms shall be notified, in writing, and shall have two (2) days after notification to submit the omitted information. If the omitted information is not received within two (2) days, the firm shall be deemed non-responsive and the proposal will not receive further consideration.**

## **PART A. TECHNICAL PROPOSAL**

### **Section 1: Transmittal Letter**

Transmittal letter shall introduce the applicant/business, describe the ownership, include complete address, phone and fax numbers (if applicable), and include the name and email of contact person(s) during this proposal process. Include a statement to the effect that the proposal is binding for at least 120 days from the proposal date. **An authorized agent of the business must sign the transmittal letter.**

### **Section 2: Affidavit for E-Verify/Georgia Security and Immigration Compliance Act (Form I)**

**A properly completed, notarized E-Verify Affidavit must be included with sealed proposal; failure to do so will render the firm's proposal non-responsive and ineligible for further consideration.** To access your E-Verify Company Identification Number, see <https://e-verify.uscis.gov/emp/vislogin.aspx?JS=YES>.

### **Section 3: Addenda Acknowledgement**

Acknowledge receipt for all addenda (if any). Addenda will be posted at: [https://www.columbusga.org/finance/purchasing/docs/opportunities/Bid\\_Opportunities.htm](https://www.columbusga.org/finance/purchasing/docs/opportunities/Bid_Opportunities.htm). It is the vendors' responsibility to periodically visit the web page for addenda, before the due date and before submitting a proposal.

### **Section 4: Experience and Qualifications**

This section shall address the firm's ability to fulfill the requirements of the RFP. Provide responses to the following:

- A. Describe in detail the firm's ability and experience in providing the medical and pharmacy services to incarcerated clients, as specified in Appendix A, as well as other clients with similar needs.
- B. Provide the names and titles of professional staff, including administrative, medical and pharmacy personnel, who will be dedicated to this contract to perform the services required. Provide copies of resumes, medical licenses, credentials, etc.
- C. Attach additional facts about your firm that you feel will be an asset in evaluating your proposal.

### **Section 5: Client Work History**

Use **Form 2** to provide details of the last three (3) state, county or private jails/prison for which you have provided the specified services. The City reserves the right to contact additional clients not listed.

### **Section 6: Service Plan**

- A. Describe the firm's understanding of the Scope of Services.
- B. Provide a written narrative, which demonstrates the method, or manner in which the offeror proposes to satisfy the requirements of this Request for Proposals. Include a proposed transition plan, and the requirements from Columbus Consolidated Government and the incumbent contractor, in the event the incumbent contractor is not awarded the new contract.
- C. Provide a list of all known equipment that will be provided by the vendor, or must be provided by the Muscogee County Jail, under this contract.
- D. Describe any similar contracts vendor is currently awarded and their duration. Include the entity name and contact person, project, location, services provided, date of completion, and contact telephone and email.

**Section 7: Cost Proposal** (*subject to negotiations*)  
 Use **Form 5** to provide annual fees for medical services, which will be paid in twelve (12) equal monthly installments, and the percentage for pharmacy services. Delineate other associated costs required to provide the services but are not included in the annual fee.

**Section 8: Contract Signature Page**  
 Complete **Form 6**. City officials will sign the copies after Columbus Council approves the contract award with the successful firm. Contracts for Columbus Consolidated Government are typically comprised of the RFP specifications and addenda; the business documents of the successful firm; the proposal of the successful firms; cost proposal and negotiation documents; and any clarification documents.

Per Section 8 below, the firm’s agreement/contract form may be incorporated into the contract; subject to review and approval by the City’s Legal Department.

**Section 9: Agreement/Contract Form** (*If Applicable*)  
 Provide a copy of any and all Agreement(s)/Contract Form(s) the City would be required to sign prior to entering into a contract with your firm.

**PART B. BUSINESS REQUIREMENTS**

**IN A SEPARATE ENVELOPE, SUBMIT ONE (1) COPY OF THE FOLLOWING DOCUMENTS:**

1. Provide Insurance Checklist (**Form 3**) or Certificate of Insurance
3. W-9 (**Form 4**)
4. Provide a current copy of the Business License (Occupation License) that is required to conduct business at your location.

If awarded the contract, the successful vendor must obtain a business license from the City of Columbus. However, if the business is located in Georgia and has proof of being properly licensed by a municipality in Georgia, and paid applicable occupation taxes in that city, the contractor will not be required to pay occupation taxes in Columbus, Georgia.

If you have questions regarding this requirement, please contact Yvonne Ivey, Revenue Division Manager, at telephone 706-225-3091.

**X. RFP EVALUATION**

Each submittal will be evaluated to determine the ability of each offeror to provide the required services. The following weighted criteria will be used to evaluate proposals:

Criteria for Evaluation Weight	Weight
A. Experience and Qualifications	40%
B. Service Plan	40%
C. Client Work History	15%
D. Proposed Cost ( <i>subject to negotiations</i> )	5%
Total	100%

Each of the above criteria (A-D) will be given a rating, of 1 through 100, by each member of the Evaluation Committee. The ratings are as follows:

<b>RATING</b>	<b>DESCRIPTION</b>
1-20	Poor
21-40	Fair
41-60	Good
61-80	Excellent
81-100	Superior

After the review and rating of proposal(s) by the evaluation committee, individual scores will be averaged and ranked. Offerors will be ranked in descending order of numerical predominance.

# APPENDIX A

## CONTRACT REQUIREMENTS

### I. SCOPE OF SERVICES

Contractor will be required to provide the staffing, supplies, in-clinic contracts, systems, and administration to provide the following services to the patients at the Muscogee County Jail within the time frame and to a level of quality, which will meet the standards published in the NCCHC Guidelines for both Jails and Prisons. The medical and pharmacy services shall be provided in accordance with all state and federal laws and guidelines. The following list will serve as a minimum expectation of services the vendor will be required to provide within the scope of this contract:

#### A. Health Care Services:

1. Intake screening
2. 14-day physicals
3. Sick call
4. Chronic Care
5. Medication Delivery
6. Nursing Services
7. Emergency Services
8. Women's Health Services
9. Referrals to Hospital and Specialty Care (vendor not financially responsible for bills)
10. Case Management
11. Utilization Management
12. Prior Authorization
13. Billing Adjudication
14. Quality Assurance/Quality Improvement
15. Inmate Health Education
16. Medical Records Management
17. Expendable Medical Supplies (includes all expendables in sufficient quantity to execute daily delivery of medical care such as antifungal creams, dressings, over the counter analgesics, cold medicines), (excludes pharmacy orders for prescription meds)
18. All office supplies, printing, postage, manuals, telephones, and computers not directly involved in the actual point of delivery inmate medical care will be the responsibility of the vendor.
19. Formulary Development and Management
20. In clinic labs (includes contract with lab services provider)
21. In clinic x-ray services (includes contract with mobile x-ray)
22. Dental services (will not include costs associated with partials, dentures, and oral surgery conducted off site)
23. Hazardous Waste Management and Disposal (includes contract with waste management disposal company)
24. Vendor is responsible for providing its employees with all equipment required for conducting routine medical assessments and procedures to include but not limited to any devices use to assess vital signs, Doppler's, stethoscopes, glucometers and test strips, dressings, suture kits etc.
25. Drugs and Alcohol Withdrawal and Detox.
26. Vendor is responsible for filing Medicare.

B. Pharmacy Services

1. Formulary and non-formulary oversight
2. Prescribing and dispensing of medications
3. Recordkeeping
4. Management data and reports quantifying medications ordered, processed, delivered, and disposed.
5. Reports shall be delivered in a mutually agreed upon HIPAA-compliant format.
6. Secure and proper storage of all medications in accordance with NCCHC standards, Muscogee County Jail policy, and applicable state and federal laws.
7. Contracted vendor shall invoice (monthly) the Muscogee County Jail for amounts paid by the contracted vendor, on behalf of the Muscogee County Jail for pharmacy services, and cost details for the same, plus the management fee (percentage).

**II. PERSONNEL/STAFFING**

Vendor will be required to recruit, train, and manage all clinical staff. The Muscogee County Sheriff’s Office (MCSO) has provided a sample-staffing matrix below, but vendors are encouraged to offer innovative ways to enhance the delivery of care with more efficient staffing models. Any changes in population or standard of care set forth in the NCCHC Jail and Prison Standards that may require an adjustment in the staffing level agreed upon in the original contract may be discussed between the MCSO, MCJ and the vendor. If an agreement in staffing or service levels cannot be met then either party may terminate upon 90 days written notice.

Staffing Matrix Proposed by the MCSO for the Muscogee County Jail

<u>Position</u>	<u>Fulltime Employees</u>
1. Medical Director	.80
2. NP/PA	1.00
3. Dentist	.75
4. Dental Asst.	.75
5. H.S.A	1.00
6. DON	1.00
7. Admin Asst.	1.00
8. Registered Nurse	6.20
9. Licensed Practical Nurse	16.70
10. Medical Assistant	4.20
11. Medical Records Clerk	3.00
<b>Total</b>	<b>36.40</b>

**III. VENDOR REQUIREMENTS**

- A. Vendor will be responsible for arranging emergency service and emergency transport. Vendor will not be financially responsible for emergency room costs or the cost of transport.
- B. Vendor will be responsible for arranging hospital and specialty care. Vendor will not be responsible for the costs of either hospital or specialty care.
- C. Vendor will not be responsible for elective care. Elective care is any treatment or medical intervention not required to prevent deterioration in the patient’s health or required to avoid obvious harm to the inmate/patient. The vendor’s Medical Director will determine what treatments, interventions, therapies and pharmaceuticals are elective as opposed to those

- required to maintain the patients' health.
- D. Vendor will be required to provide emergency services to anyone on the property of the MCJ to include visitors, other contractors and staff. The vendor is not responsible for any costs associated with transport of follow on care provided to these patients.
  - E. Vendor is responsible for providing the MCJ with a pharmaceutical formulary, which includes an objective process and peer oversight/ prior authorization for any prescriptions, which deviate from the base line first tier drug formulary. The vendor is NOT responsible for the cost associated with any prescription, which is derived from the formulary and/or follows the process agreed upon for ordering non-formulary drugs. In those cases in which the vendor's provider does not follow the formulary or the process for of prior authorization for ordering non-formulary drugs the vendor WILL be responsible for the cost associated with that prescription.
  - F. Vendor will be responsible for all Utilization Management and Claims Adjudication for any off site hospitalization or specialty care. The vendor will be identified as the administrative agent for all off-site medical care for the MCSO. The vendor will not be financially responsible for any off-site specialty or hospital care.
  - G. Vendor will bill the MCSO 30 days after the end of the contract quarter for reimbursement equal to all the money the vendor has paid off-site medical services on behalf of the MCSO. The MCSO will submit payment to the vendor equal to the amount the vendor has billed within 30 days of receipt.
  - H. The MCSO will provide all the office space, clinic space, durable medical equipment and security that will be required by the vendor to allow the vendor to provide medical services to inmate/patients within the time frame and of the quality required by the published NCCHC and ACA standards.
  - I. Vendor will not be responsible for mental health treatment.
  - J. Vendor will provide monthly summary reports on clinical services to the MCSO. These reports will include as a minimum the following:
    - 1. Number of patients on Psychotropic Drugs
    - 2. Pregnancy Management
    - 3. Treatment of patients with alcohol and drug abuse issues
    - 4. Any use of restraints
    - 5. Any use of forced medications
    - 6. Sick call
    - 7. Chronic care
    - 8. Physicals
    - 9. Intake Screening
    - 10. TB prevention
    - 11. Infection Control Tracking
    - 12. HIV Treatment
    - 13. Staffing report with actual FTEs, hours worked and level of professional certifications.
    - 14. Any sentinel events
    - 15. Legal Cases
    - 16. Dental Sick Call
    - 17. Vision Screening
    - 18. Referrals to outside specialists
    - 19. Any refusals of care by patients
    - 20. Any refusals of medication
    - 21. Narcotics counts
    - 22. Emergency Room visits (requires additional documentation and justification)
    - 23. Specialist visits (requires additional documentation and justification)
    - 24. Penalties for non-compliance

#### **IV. SUMMARY**

The MCSO has purposely elected to not describe the methods of and procedures by which the selected vendor will execute the medical and pharmacy services they will be contracted to provide. Rather we expect that the vendor will be cognizant of the NCCHC, ACA, and evolving legal/ medical environment from which the concept of “Community Standard of Care” is derived. We expect that the selected vendor can articulate innovative, efficient practices that will ensure the inmate/patient receives the quality of care required to protect their health, meets this community’s expectation of humaneness and applies the investment the taxpayers have made as effectively as possible.



## APPENDIX B

### QUESTIONS/CLARIFICATION REQUESTS

The following information was provided during the previous RFP in 2013. These responses have been updated with current information.

1. How many inmate beds are at the Muscogee County Jail?

**Response: Muscogee County Jail has 1195.**

2. How many intakes are done daily and annually at the Muscogee County Jail?

**Response: MCJ – 45 per day and about 16,500 annually.**

3. On average, how many females, juveniles, state and federal Inmates are held at the facility?

**Response: MCJ has 150 females, 0 juveniles, 125 state inmates, and 2 federal inmates.**

4. How many medical beds are at the Muscogee County Jail?

**Response: MCJ has 26.**

5. What is the average length of stay for inmates in the Muscogee County Jail?

**Response: 27 days**

6. Does the nursing staff currently work 12 or 8 hour shifts?

**Response: All nursing staff are 12 hour shifts. Med Techs and Records Clerks are 8 hour personnel.**

7. Are there any current or pending lawsuits or is the County under any Consent Orders/Decrees because of medical care?

**Response: There is a consent decree from 1999, which covers medical.**

8. Are medical services provided to the Inmates 24/7? If not, would the County like to have medical services provided at each facility 24/7?

**Response: We currently provide medical services 24/7 and expect 24/7 from the contractor.**

9. What Jail Management System does the facility use?

**Response: In house designed mainframe system.**

10. Does the County currently utilize an Electronic Medical Records system? Does the County have any interest in doing so?

**Response: Electronic Medical Records are provided by current contracted vendor.**

11. Does the County currently utilize telemedicine? Does the County have any interest in doing so?

**Response: No**

12. How many x-rays are done onsite?

**Response: 40 per week.**

13. Who is the current mobile x-ray provider?

**Response: HCX provides x-rays; they do not currently provide mammograms or ultrasound.**

14. Are dental services provided on-site? If so, is the x-ray machine digital or analog?

**Response: Yes dental services on site, we have an Analog X-Ray Machine.**

15. How many dental x-rays are taken and read annually?

**Response: This is not available.**

16. Who is responsible for the costs of dental services?

**Response: The contractor is responsible for all dental services.**

17. How many patients are seen by dentist per week?

**Response: Approximately 55 per week.**

18. How many patients tested positive for TB in 2016? In 2017?

**Response: Approximately 48 positive PPDs but no positive TB patients.**

19. Does the facility have at least one functioning negative pressure room?

**Response: No**

20. What is the annual average # of pregnant females?

**Response: On average there are 3 pregnant females in the MCJ at any time.**

21. Are OB/GYN services currently being provided on-site?

**Response: No**

22. Who is the current hazardous waste/Medical Waste provider?

**Response: Steri -cycle.**

23. How many inmates were hemophiliacs in 2016? In 2017?

**Response: None**

24. How many inmates are HIV+ in 2016? In 2017?

**Response: 2016- 28, 2017 -25**

25. How many inmates require a methadone clinic in 2016? In 2017?

**Response: The MCJ provides methadone to pregnant females who are already on methadone or require withdrawal support.**

26. How many inmates are on psychotropic medications in 2016? In 2017?

**Response: June 2016-Dec 2016- 375; Jan 2017-July 2017- 311; August 2017-Dec 2017-404**

27. What is the average daily population at the jail?

**Response: 2016- Ave Pop 1010, 2017- Ave Pop 1014, 2018 –Ave Pop 1016**

28. Does the jail have an infirmary? How many beds? Negative air flow rooms?

**Response: Jail does have an Infirmary; 26beds; No negative air flow rooms.**

29. Is there a dental operatory suite on-site?

**Response: Yes**

30. Please provide a list of equipment available for vendor use.

**Response: The clinic has the following equipment:**

**2 Dental Chairs (both in good repair)**

**Dental x-rays**

**Centrifuges**

**Doppler's,**

**Nebulizers,**

**EKG machines**

**Suction devices**

**Automated vital sign machines**

**The clinic also has copiers, 14 computers, and a number of printers. We have 3 exam tables and adequate desks and cabinets in every exam room.**

31. Is the vendor expected to pay for all offsite care upfront and then seek reimbursement for same?

**Response: Yes.**

36. Does ownership of equipment purchased by the vendor chosen transfer to the County Jail?

**Response: This is open to negotiation.**

37. Does the County Jail have an inmate grievance policy? Is it in electronic or paper format?

**Response: The MCJ has an electronic grievance system in place.**

38. Does the County Jail have agreements with local hospitals or other offsite health care providers?

**Response: Yes**

39. What is the approved bed size for the County Jail?

**Response: 1069**

40. Average number of inmates on dialysis at the County Jail?

**Response: We have 6 on average per year.**

41. Annual number of bookings/intakes at the County Jail?

**Response: 16,500 per year**

42. Can the County provide a list of current medical equipment at the County Jail?

**Response: No, we have most routine equipment to include an EKG machine.**

43. Please identify the current LAN/WAN infrastructure through the jail that will be made available to the vendor. Please include backbone, bandwidth and interconnectivity specification.

**Response: Ethernet infrastructure connecting at 100 Mbps. The Jail has wireless access at 56 Mbps.**

44. Please identify the Muscogee County's current Offender/Jail Management System by vendor and version.

**Response: The JMS is a program built by the City's Information Technology Department.**

45. Is it the intention of Muscogee County to provide any necessary computers, printers or scanners that will be required for the implementation of an EHR solution?

**Response: Yes, it the intents to provide all the hardware required for an E.H.R.**

46. Regarding the PC's/hardware for medical treatment and documentation, whether provided by the vendor or the County: Will the County provide internet connectivity back to the selected vendor's secure datacenter applications for a hosted HER, personnel management and any necessary reporting?

**Response: Yes.**

47. The dental suite has old equipment, is that equipment all in working order? Is everything available for dentist to come in and do x-rays and extractions?

**Response: Yes.**

48. On average, how many daily intakes?

**Response: 35 to 40**

49. On average, how many daily releases?

**Response: 35 to 40**

50. Sick call is completed on the floors is there wireless internet and computers available in each area sick call is performed?

**Response: Yes.**

51. Is pill pass required for all county inmates at the Jail or are some of the inmates allowed to keep medications on them?

**Response: No KOP.**

52. What is the daily average number of inmates on suicide watch?

**Response: Four.**

53. How many inmate deaths in the past 12 months?

**Response: 3-27-17 through 3-27-18, three deaths.**

54. Are your facility NCCHC or ACA accredited?

**Response: No.**

55. What is your current population Jail?

**Response: 1014**

56. What hospital provider do you currently use at Muscogee County Jail?

**Response: Columbus Regional.**

57. Who is the current Lab provider?

**Response: Clinical Pathologies.**

58. Do they provide phlebotomists?

**Response: No.**

59. Is the successful vendor required to adhere to your pharmacy formulary or may we recommend our own formulary that is cost effective?

**Response: We are open to the best, most cost effective formulary without regard to who provides it.**

60. What accreditation body is required for this contract?

**Response: No**

61. How many medication carts are available? How many delivery sites are required?

**Response: 4 carts, with a deliver point on each floor.**

62. Do you test at intake for HIV? For Hep C? Do you require treatment for these diseases throughout incarceration?

**Response: There is no mandate to test for these diseases. However we test on request and treat if the Disease meets the current expected criteria for treatment, if in a doctor's opinion treatment is warranted, or if the patient is currently in treatment.**

63. Is the successful vendor responsible for pediatric care of newborns?

**Response: No.**

64. Is the successful vendor responsible for abortions?

**Response: No.**

65. How much has been expended for overall medical care for inmates for each of the past two years?

**Response: The City requests proposals that are limited to on-site care, on-site supplies, staffing and bill management (third party administration). The total cost of health care is beyond the scope of this RFP.**

66. Is the Muscogee County Jail equipped with WIFI or Hard Data wires?

**Response: Yes**

67. What form of inmate ID is used at the Muscogee County Jail (wrist band, ID card, etc.)? Are inmate IDs bar coded? If not, is the Jail capable of implementing a bar code system?

**Response: MCJ has a bar code system.**

68. Does the Muscogee County Jail have a Medical Co-Pay? If so, can you please provide the schedule?

**Response: Yes, \$5.00 for each inmate request.**

69. How is Off-Site Security Watch handled? Do they use on-duty officers, comp. time, overtime, etc.?

**Response: The Jail management provides off site security.**

70. What OTC medications are inmates allowed to purchase through the commissary? Please provide order sheet.

**Response: Inmates can get cold packs, aspirin and Tylenol etc.**

71. Are screenings conducted at intake and can the MCSO refuse admittance to inmates?

**Response: Yes.**

72. Please confirm that a nurse is responsible for constant watch of suicidal patients during the day shift at the Jail.

**Response: Currently a medical staff member is responsible for suicide watch.**

73. Please confirm the vendor will only be reimbursed for off-site claim expenses quarterly.

**Response: The vendor can request either monthly or quarterly reimbursement.**

74. Please provide any currently applicable settlement agreement, memorandum of understanding, or other binding agreement between a Court or the US Department of Justice and the Columbus Consolidated Government, Muscogee County Sheriff's Office, Muscogee County Jail, or other entity under which the operations of the jail, including the services to be proposed as defined in this RFP, are subject to review, inspection, and compliance.

**Response: Available through Georgia Open Records Act.**

75. If, in the past, there was such an agreement, please confirm that the agreement is no longer applicable.

**Response: The consent decree is still in place.**

76. For any agreement that is currently applicable please provide the report of the last agency, court, or reviewer's survey.

**Response: Information unavailable.**

78. Please provide all off-site utilization statistics for the past 24 months by type of services and provider.

**Response: These statistics are not available; maybe outside the scope of the RFP.**

79. Please clarify what is meant by "Billing adjudication" in section I - A -13 if the vendor is not responsible for off-site cost?

**Response: We want the vendor to review the bill, make sure the patient was ours and the procedure is authorized, and then pay the bill according to the Medicaid rate or the Contracted rate.**

80. Will the vendor be responsible for adjudicating and processing all claims and reconciling them with the county for payment? Please clarify the process or if providers will direct bill the County.

**Response: The intent is for bills to be sent to the vendor to be evaluated and paid and then for the vendor to receive reimbursement from the City.**

81. We understand that the vendor will be financially responsible for onsite lab and x-ray services. Please clarify if the vendor is responsible for both the management and the financial obligations that pertain to these in-

clinic contracts.

**Response: The vendor may negotiate and manage these contracts as they determine is in the best interest of the City and the management of the clinic. The vendor can retain the current contractors or establish relationships with new contractors.**

82. We understand that the City is requesting vendors' provide staffing matrices to enhance the care currently being provided onsite. Are vendors required to include a price based upon the staffing matrices proposed by the MCSO in the RFP as well? If the staffing matrices in the RFP do not reflect the current staffing plans, please provide current staffing matrices for the MCJ.

**Response: The Muscogee County Jail has determined that the specified staffing matrix is required to efficiently run the MCJ clinic; vendors shall submit a cost proposal based on this matrix. Vendors also may propose an optional staffing matrix. The current staffing matrices is listed in Appendix C.**

83. We understand that vendors will not be financially responsible for offsite services. However, since the vendors will be responsible for utilization management and claims adjudication, please provide the following by facility, by year for the last 3 years:

- Hospital days
- ER visits
- Specialty visits
- Outpatient surgeries
- Diagnostics
- Total offsite dollars (**\$819,347**)

**Response: Other information is unavailable.**

84. Please identify who will be responsible for watching patients on suicide watch.

**Response: Suicide is managed by a MT.**

85. Who is required to manage copays for inmates?

**Response: The Jail accountant.**

86. What are the onsite service stats (number of nursing sick calls, dental visits, HCP visits, etc.) for the facility?

**Response: The City is not interested in replicating the current or historical pattern of health care delivery. The current production follows: Nursing sick call combined 360, Dental sick call combined 85 per week, MD/NP sick call combined 310.**

87. How often are inmates transferred to the prison?

**Response: Transfers are conducted when the Georgia Department of Corrections (DOC) calls for the inmates, after they have been sentenced by the court.**

88. What days/times are inmates received from the DOC?

**Response: The transfer days are set by the DOC and subject to change; transfers are always conducted during routine weekday operations.**

89. New Horizons Mental Health Services is a current provider, can their providers write prescriptions?

**Response: Yes.**

90. If so, will they follow our formulary? Do they have their own formulary? And if so, is their pharmacy part of the Mental Health budget or does it fall under the medical budget? If we read the RFP we find that all prescription costs are the responsibility of the county.

**Response: The Mental Health providers will continue to have their own formulary.**

91. Please clarify if the staffing matrix is based on weekly hours?

**Response: The staffing is based on the number of hours required by each level of provider to cover the required posts. MCJ has calculated the number of hours and the relief factor required to staff all the posts we understand to be required to provide the routine medical interventions such as sick call, medication**

delivery, physicals, chronic care, records keeping, intake screening, infection control, quality improvement, emergency response and supervision. Our staffing matrix is based on a careful analysis of what we do now, what we would hope to accomplish in the immediate future, and our understanding of the concept of the community standard of care. We expect that all vendors use this matrix to guide the development of their bids so we can judge each vendor's bid according to an objective standard. Once the bids have been evaluated, and the selected vendor and the MCSO enter into negotiations we will be open to discussions of alternative staffing matrices, which will achieve the same goals.

92. How many medication passes are held at this site?

**Response: 3**

93. Please identify all Infirmiry locations with number of beds and level of intensity of treatment. Is the Jail currently subject to any court orders or legal directives?

**Response: MCJ is currently under a consent decree from 1999. The Jail has 26 infirmiry beds. All treatment in the Jail would be considered subacute and not requiring emergency room intervention of inpatient care.**

94. Please describe an example of when the Vendor will be responsible for filing Medicare claims.

**Response: We expect that the vendor seek evidence of a patient insurance at intake, then any services provided to include specialty care if Medicare will pay for it we want the vendor to submit the invoice to Medicare. Yes, within the next 2 year everyone that comes to jail should be enrolled in Medicare. We want the vendor to assist with the enrollment process and in turn seek reimbursement from Medicaid once the Medicaid program includes incarcerated patients.**

95. Please provide the most recent DOJ site visit report and recommendations. Has the DOJ recommended a specific staffing plan?

**Response: Available through Georgia Open Records Act.**

96. Please clarify if the County has already contracts in place with hospitals, specialists, and ancillary providers which the vendor will be required to use. Will the County be providing a list of authorized vendors or should the vendor be ready to negotiate these agreements?

**Response: Currently most specialty services are provided by Columbus Regional and the City has a contract with this company. The City has contracts with vendors for all the required services. The selected vendor will not be required to negotiate any contracts with vendors in the first year. The MCSO will be open to discuss with the selected vendor related to renegotiations with other vendors but currently this service is not being sought with this RFP.**

97. How many patients at the jail are on medications?

**Response: This total will change every day. This total is driven in the most part by the prescribing practice of the doctors any vendor will hire to manage the inmate patient care. Currently have 643 patients on med and a total of 2033 prescriptions.**

## APPENDIX C

### Staffing Matrix of Current Contractor

Position	Hours/Week	Total Full-Time Employees
Medical Director – Physician	24	.60
Health Services Administrator	40	1.00
Mid-Level Practitioner	40	1.00
Dentist	30	.75
Dental Assistant	30	.75
Director of Nursing	40	1.00
Registered Nurse	168	4.20
Registered Nurse – History and Physicals	24	.60
Licensed Practical Nurse – Intake	168	4.20
Licensed Practical Nurse – Medication	280	7.00
Licensed Practical Nurse – Sick Call	96	2.40
Medical Technician/Phlebotomist	168	4.20
Medical Records Clerk	112	2.80
Administrative Assistant	40	1.00
<b>Total</b>	<b>1260</b>	<b>31.50</b>



**VENDOR INFORMATION REGARDING  
GEORGIA SECURITY AND IMMIGRATION COMPLIANCE**  
*and*

House Bill 87, also known as, The Illegal Immigration Reform and  
Enforcement Act of 2011

Section 3 of House Bill 87 amends O.C.G.A. §13-10-91.

O.C.G.A. §13-10-91(b)(1) states, in part, “A public employer shall not enter into a contract ... for the physical performance of services unless the contractor registers and participates in the federal work authorization program.”

Accordingly, the affidavits on the pages that follow relate to documentation you must provide the City.

**All contractors must complete the attached “CONTRACTOR AFFIDAVIT”\*\*\*\*. Additionally, if you utilize subcontractors, they must complete the “SUBCONTRACTOR AFFIDAVIT” and or the “SUB-SUBCONTRACTOR AFFIDAVIT.”**

\*\*\*In lieu of the affidavit required by this subsection, a contractor, subcontractor, or sub-subcontractor who has no employees and does not hire or intend to hire employees for purposes of satisfying or completing the terms and conditions of any part or all of the original contract with the public employer shall instead provide a copy of the state issued driver's license or state issued identification card of such contracting party and a copy of the state issued driver's license or identification card of each independent contractor utilized in the satisfaction of part or all of the original contract with a public employer. A driver's license or identification card shall only be accepted in lieu of an affidavit if it is issued by a state within the United States and such state verifies lawful immigration status prior to issuing a driver's license or identification card.

See <https://e-verify.uscis.gov/emp/vislogin.aspx?JS=YES> to access your E-Verify Company Identification Number.

Information is available at: [http://www.dol.state.ga.us/spotlight/sp\\_sb\\_529\\_new\\_rules.htm](http://www.dol.state.ga.us/spotlight/sp_sb_529_new_rules.htm)

**CONTRACTOR AFFIDAVIT  
E-VERIFY / GEORGIA SECURITY & IMMIGRATION COMPLIANCE ACT**

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of **Columbus Consolidated Government** has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Company ID Number (*numerical, 4-7 digits*)

\_\_\_\_\_  
Date of Authorization

**\*\*See <https://e-verify.uscis.gov/emp/vislogin.aspx?JS=YES> to access your E-Verify Company Identification Number.**

\_\_\_\_\_  
Name of Contractor

**Inmate Medical & Pharmacy Services for MCJ (Annual Contract); RFP No. 18-0019**

\_\_\_\_\_  
Name of Project

**Columbus Consolidated Government**

\_\_\_\_\_  
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_, 20\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

*Subscribed and sworn before me on this the \_\_\_\_ day of \_\_\_\_\_, 201\_\_.*

\_\_\_\_\_  
*NOTARY PUBLIC*

*My Commission Expires:*

**A properly completed, notarized E-Verify Affidavit must be included with sealed proposal; failure to do so will render the firm's proposal non-responsive and ineligible for further consideration.**

## CLIENT WORK HISTORY

Provide details of the last three (3) state, county or private jails/prison for which you have provided the specified services. The City reserves the right to contact additional clients not listed.

Facility Name:	Contact Name:	Annual Contract Value:
		\$ _____
Address:	Telephone:	
	Fax Number:	
	E-Mail Address:	
Description of Services Provided:		
<hr/>		
Facility Name:	Contact Name:	Annual Contract Value:
		\$ _____
Address:	Telephone Number:	
	Fax Number:	
	E-Mail Address:	
Description of Services Provided:		
<hr/>		
Facility Name:	Contact Name:	Annual Contract Value:
		\$ _____
Address:	Telephone Number:	
	Fax Number:	
	E-Mail Address:	
Description of Service Provided:		

**COMPANY NAME**

**AUTHORIZED SIGNATURE**

**DATE**

**INSURANCE CHECKLIST**

**INMATE MEDICAL & PHARMACY SERVICES  
FOR MUSCOGEE COUNTY JAIL (ANNUAL CONTRACT)  
RFP NO. 18-0019**

**CERTIFICATE OF INSURANCE MUST SHOW ALL COVERAGE  
AND ENDORSEMENTS INDICATED BY "X"**

CSL = Combined Single Limit; BI = Bodily Injury; PD=Property Damage

Required Coverage(s)		Limits (Figures denote minimums)	Bidders Limits/Response
X	1. Worker’s Compensation and Employer’s Liability	<b>STATUTORY REQUIREMENTS</b>	
	<b>Comprehensive General Liability</b>		
X	2. General Liability Premises/Operations	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
X	3. Independent Contractors and Sub - Contractors	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
	4. Products Liability	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
	5. Completed Operations	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
	6. Contractual Liability (Must be shown on Certificate)	\$ 1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
	<b>Automobile Liability</b>		
X	7. *Owned/Hired/Non-Owned Vehicles/ Employer non ownership	\$1 Million BI/PD each Accident, Uninsured Motorist	
	<b>Others</b>		
X	8. Miscellaneous Errors and Omissions	\$1 Million per occurrence/claim	
	9. Umbrella/Excess Liability	\$1 Million Bodily Injury, Property Damage and Personal Injury	
	10. Personal and Advertising Injury Liability	\$1 Million each offense, \$1 Million annual aggregate	
	11. Professional Liability	\$1 Million per occurrence/claim	
	12. Architects and Engineers	\$1 Million per occurrence/claim	
	13. Asbestos Removal Liability	\$2 Million per occurrence/claim	
X	14. Medical Malpractice	\$1 Million per occurrence/claim	
X	15. Medical Professional Liability	\$1 Million per occurrence/claim	
	16. Dishonesty Bond		

	Required Coverage(s)	Limits (Figures denote minimums)	Bidders Limits/Response
	17. Builder's Risk	Provide Coverage in the full amount of contract	
	18. XCU (Explosive, Collapse, Underground) Coverage		
	19. USL&H (Long Shore Harbor Worker's Compensation Act)		
	20. Contractor Pollution Liability	\$2 Million per occurrence/claim	
	21. Environmental Impairment Liability	\$2 Million per occurrence/claim	
<input checked="" type="checkbox"/>	22. Carrier Rating shall be Best's Rating of A-VII or its equivalents		
<input checked="" type="checkbox"/>	23. Notice of Cancellation, non-renewal or material change in coverage shall be provided to City at least 30 days prior to action.		
<input checked="" type="checkbox"/>	24. The City shall be named Additional Insured on all policies		
<input checked="" type="checkbox"/>	25. Certificate of Insurance shall show Bid Number and Bid Title		
	26. Pollution:	\$2 Million per occurrence/claim	

\*If offeror's employees will be using their privately owned vehicles while working on this contract and are privately insured, please state that fact in the **Bidders Limits/Response** column of the insurance checklist.

**BIDDER'S STATEMENT:**

If awarded the contract, I will comply with contract insurance requirements.

BIDDER NAME: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

Form **W-9**  
(Rev. December 2014)  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer  
Identification Number and Certification**

**Give Form to the  
requester. Do not  
send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
				-					

or

Employer identification number									
				-					

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.
- By signing the filled-out form, you:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
  - Certify that you are not subject to backup withholding, or
  - Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
  - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

## What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note. ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.



**Line 2**

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

**Line 3**

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

**Limited Liability Company (LLC).** If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

**Line 4, Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

**Exempt payee code.**

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note.** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

**Line 5**

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

**Line 6**

Enter your city, state, and ZIP code.

**Part I. Taxpayer Identification Number (TIN)**

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.



**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in Items 1 through 5 below.

1. **Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
2. **Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
3. **Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
4. **Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
5. **Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup>  The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>1</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor <sup>1</sup>
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>1</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

**\*Note.** Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

**COST PROPOSAL**

**Inmate Medical and Pharmacy Services for Muscogee County Jail (Annual Contract)  
RFP No. 18-0019**

**OPTION 1: Specified Staffing**

<b>DESCRIPTION</b>	<b>CONTRACT YEAR</b>	<b>*ANNUAL CONTRACT AMOUNT</b>
Medical Services	1 <sup>st</sup> Year	\$
	2 <sup>nd</sup> Year	\$
	Total Initial Contract Amount	\$
Medical Services	3 <sup>rd</sup> Year	\$
Medical Services	4 <sup>th</sup> Year	\$
Medical Services	5 <sup>th</sup> Year	\$
Pharmacy services at pass-through cost with a management fee		_____ % Management Fee

\*Subject to negotiations

**OPTION 2: Vendor’s Recommended Staffing**

<b>DESCRIPTION</b>	<b>CONTRACT YEAR</b>	<b>*ANNUAL CONTRACT AMOUNT</b>
Medical Services	1 <sup>st</sup> Year	\$
	2 <sup>nd</sup> Year	\$
	Total Initial Contract Amount	\$
Medical Services	3 <sup>rd</sup> Year	\$
Medical Services	4 <sup>th</sup> Year	\$
Medical Services	5 <sup>th</sup> Year	\$
Pharmacy services at pass-through cost with a management fee		_____ % Management Fee

\*Subject to negotiations

**Company Name**

**Authorized Signature**

**Date**

**CONTRACT SIGNATURE PAGE**

**Inmate Medical and Pharmacy Services for Muscogee County Jail (Annual Contract)  
RFP No. 18-0019**

**THE UNDERSIGNED HEREBY DECLARES THAT HE HAS/THEY HAVE CAREFULLY EXAMINED THE SPECIFICATIONS HEREIN REFERRED TO AND WILL PROVIDE ALL EQUIPMENT, TERMS AND SERVICES TO THE CONSOLIDATED GOVERNMENT OF COLUMBUS, GEORGIA.**

\_\_\_\_\_  
Witness as to the signing of the contract

By: \_\_\_\_\_  
Signature of Authorized Representative      Date

\_\_\_\_\_  
Witness as to the signing of the contract  
  
(Corporate seal, if applicable)

\_\_\_\_\_  
Print Name and Title of Signatory  
  
Company: \_\_\_\_\_

***Company Ordering Address***

***Company Payment Address***

\_\_\_\_\_  
\_\_\_\_\_  
Contact: \_\_\_\_\_  
Contact Email \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Contact: \_\_\_\_\_  
Contact Email \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax \_\_\_\_\_

**CONSOLIDATED GOVERNMENT OF COLUMBUS, GEORGIA**

Accepted this \_\_\_ day of \_\_\_\_\_ 20\_\_

**APPROVED AS TO LEGAL FORM:**

\_\_\_\_\_  
**Isaiah Hugley, City Manager**

\_\_\_\_\_  
**Clifton C. Fay, City Attorney**

**ATTEST:**

\_\_\_\_\_  
**Tiny B. Washington, Clerk of Council**

**\*\*COMPLETE AND RETURN THIS PAGE WITH SEALED PROPOSAL\*\***

**EXHIBIT D**

***Proposal***

***CorrectHealth Muscogee, LLC (Atlanta, GA)***

**PROPOSAL  
FOR ANNUAL CONTRACT  
INMATE MEDICAL & PHARMACY SERVICES  
FOR MUSCOGEE COUNTY JAIL**

**RFP NO. 18-0019**

**MAY 18, 2018 – 5:00 PM**

**CORRECTHEALTH**



**Columbus Consolidated Government-**

**Purchasing Division**

**P. O. Box 1340**

**Columbus, GA 31902-1340**

**100 10<sup>th</sup> Street**

**Columbus, GA 31901**

**ORIGINAL**

**CorrectHealth Muscogee, LLC  
Carlo A. Musso, MD  
3384 Peachtree Road, Suite 700  
Atlanta, GA 30326  
[carlo.musso@correcthealth.org](mailto:carlo.musso@correcthealth.org)  
M: 770-692-4750, F: 770-692-4754**

**3384 Peachtree Rd NE, Suite 700, Atlanta, GA 30326**



**PROPOSAL  
FOR ANNUAL CONTRACT  
INMATE MEDICAL & PHARMACY SERVICES  
FOR MUSCOGEE COUNTY JAIL**

**RFP NO. 18-0019**

**MAY 18, 2018 – 5:00 PM**

**CORRECTHEALTH**



**Columbus Consolidated Government-**

**Purchasing Division**

**P. O. Box 1340**

**Columbus, GA 31902-1340**

**100 10<sup>th</sup> Street**

**Columbus, GA 31901**

**ORIGINAL**

**CorrectHealth Muscogee, LLC  
Carlo A. Musso, MD  
3384 Peachtree Road, Suite 700  
Atlanta, GA 30326  
[carlo.musso@correcthealth.org](mailto:carlo.musso@correcthealth.org)  
M: 770-692-4750, F: 770-692-4754**

**3384 Peachtree Rd NE, Suite 700, Atlanta, GA 30326**



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Sample Contract	Page 90

### PART B. BUSINESS REQUIREMENTS

IN A SEPARATE ENVELOPE, (1) COPY OF THE FOLLOWING DOCUMENTS:

1. Insurance Checklist (Form 3) & Certificate of Insurance
2. W-9 (Form 4)
3. Current copy of the Business License (Occupation License)



## SECTION 1. Transmittal Letter

May 1, 2018

### VIA Hand Delivery

TO: Ms. Andrea J. McCorvey, Purchasing Division Manager  
Ms. Della Lewis, CPPB, Buyer Specialist  
Columbus Consolidated Government  
Purchasing Division  
P.O. Box 1340  
Columbus, GA 31902-1340

Re: **Proposal to Provide Comprehensive Inmate Medical & Pharmacy Services for the Muscogee County Jail, (Annual Contract), RFP No. 18-0019**

Dear Ms. McCorvey and Ms. Lewis:

CorrectHealth Muscogee, LLC (hereinafter referred to as "CorrectHealth") is pleased to submit this Proposal to the Columbus Consolidated Government to provide comprehensive inmate medical and pharmacy services to the inmates of the Muscogee County Jail. Our contact person for this project is:

**Carlo A. Musso, M.D., President**  
**CorrectHealth Muscogee, LLC**  
**3384 Peachtree Rd. NE, Suite 700, Atlanta GA 30326**  
**Office: 770.692.4755 Cell: 404.386.4989 Fax: 770.692.4754**  
**Email: carlo.musso@correcthealth.org**

As a physician owned and operated correctional healthcare company, it is our pleasure to tailor the medical services of CorrectHealth to the needs of the Jail. Organized in June 2000, CorrectHealth currently provides healthcare services at over 40 jails, prisons and youth detention centers, caring for near 15,000 patients throughout the Southeast. Our Proposal outlines our qualifications, our experience, and our approach to providing a comprehensive inmate medical and pharmacy program at the Muscogee County Jail, both on-site and off-site.

CorrectHealth is committed to operating our health care programs according to the standards of the National Commission on Correctional Health Care (NCCHC, American Correctional Association (ACA) and the Medical Association of Georgia (MAG). CorrectHealth will provide all on-site medical and pharmacy services and coordinate all necessary off-site health care.

Of particular note, CorrectHealth's proposal calls for an increase in staffing from current levels. Our plan improves intake assessment, by including the 14 day history and physical within the inmate's first 8 hours of arrival to the facility and prior to inmate movement to general population. Lastly, CorrectHealth is committed to technology. We will fully implement telemedicine, allowing our on-duty nighttime providers ("nocturnists") to be available to the Jail 24/7.



CorrectHealth stands willing and able to customize our healthcare services for the Muscogee County Jail to meet your needs.

Sincerely,

A handwritten signature in black ink, appearing to read "Carlo A. Musso". The signature is fluid and cursive, with a large initial "C" and "M".

Carlo A. Musso, M.D.  
President



## SECTION 2. E-Verify

**CONTRACTOR AFFIDAVIT  
E-VERIFY / GEORGIA SECURITY & IMMIGRATION COMPLIANCE ACT**

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of *Columbus Consolidated Government* has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

65870

November 5, 2007

Company ID Number (*numerical, 4-7 digits*)

Date of Authorization

\*\*See <https://e-verify.uscis.gov/emp/vislogin.aspx?JS=YES> to access your E-Verify Company Identification Number.

CorrectHealth, LLC

Name of Contractor

Inmate Medical & Pharmacy Services for MCJ (Annual Contract); RFP No. 18-0019

Name of Project

Columbus Consolidated Government

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on April, 30, 2018 in Atlanta (city), GA (state).

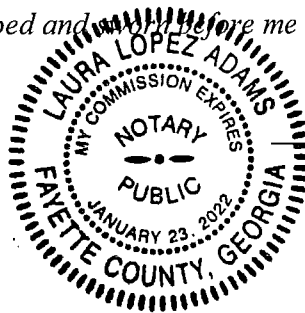
Amy D'Amore

Signature of Authorized Officer or Agent

Amy D'Amore, Director of Human Resources

Printed Name and Title of Authorized Officer or Agent

Subscribed and sworn to before me on this the 30<sup>th</sup> day of April, 2018.



Laura H. Lopez Adams

NOTARY PUBLIC

My Commission Expires:

1/23/22

**A properly completed, notarized E-Verify Affidavit must be included with sealed proposal; failure to do so will render the firm's proposal non-responsive and ineligible for further consideration.**



## **SECTION 3. Acknowledgement of Addenda**

CorrectHealth hereby acknowledges its receipt and understanding of all addenda to RFP 18-0019. Cover pages of each addendum to follow.

ADDENDUM: NUMBER ONE

ADDENDUM: NUMBER TWO

ADDENDUM: NUMBER THREE



Addendum NO. 1

**COLUMBUS CONSOLIDATED GOVERNMENT**  
*Georgia's First Consolidated Government*



**FINANCE DEPARTMENT  
PURCHASING DIVISION**

1100 TENTH STREET, COLUMBUS, GEORGIA 31901  
P. O. BOX 1340, COLUMBUS, GEORGIA 31902-1340  
706-653-4105, Fax 706-226-3033  
[www.columbusga.org](http://www.columbusga.org)

April 19, 2018

**ADDENDUM NO. 1**

Inmate Medical & Pharmacy Services for  
Muscogee County Jail (Annual Contract)  
RFP No. 18-0019

**Proposals should include acknowledgement of receipt for all Addenda.**

Vendors are informed that the above subject RFP is hereby modified, corrected, or supplemented as specified, described and set forth in this Addendum:

**REQUEST/RESPONSE**

**Request:** I am requesting the current contracts with any subsequent amendments related to Inmate Medical and Pharmacy Services for the Muscogee County Jail and Prison. This allows us to completely evaluate the services provided and provide the best, most cost-effective proposal in response to your current RFPs.

**Response:** Because this request is pertinent to outstanding Request for Proposals (RFPs), the information is being made available to all potential firms. The respective contract documents for the Muscogee County Jail and the Muscogee County Prison are posted as Attachment A on the web page of the Finance Department/Purchasing Division at [https://www.columbusga.gov/finance/purchasing/docs/opportunities/Bid\\_Opportunities.htm](https://www.columbusga.gov/finance/purchasing/docs/opportunities/Bid_Opportunities.htm).

Andrea J. McCorvey,  
Purchasing Division Manager

Addendum NO. 2

**COLUMBUS CONSOLIDATED GOVERNMENT**  
*Georgia's First Consolidated Government*



FINANCE DEPARTMENT  
PURCHASING DIVISION

1100 TENTH STREET, COLUMBUS, GEORGIA 31901  
P. O. BOX 1340, COLUMBUS, GEORGIA 31902-1340  
706-653-4105, Fax 706-225-3033  
[www.columbusga.org](http://www.columbusga.org)

May 1, 2018

**ADDENDUM NO. 2**  
Inmate Medical & Pharmacy Services for  
Muscogee County Jail (Annual Contract)  
RFP No. 18-0019

**Proposals should include acknowledgement of receipt for all Addenda.**

Vendors are informed that the above subject RFP is hereby modified, corrected, or supplemented as specified, described and set forth in this Addendum:

**I. PROPOSAL DUE DATE:**

The due date is extended to *Friday, May 18, 2018 no later than 5:00 PM.*

**II. QUESTIONS/RESPONSES:**

A. Answer 7 from the 2013 Questions and Answers, as updated with current information, indicates that MCJ is subject to a 1999 Consent Decree that includes requirements for healthcare.

1. Please provide a copy of the original Consent Decree and any subsequent addenda or modifications thereto.

**Response:** Please find attached the original Consent Decree and the last signed DOJ report. Mental Health and High Suicide Precaution (HSP) are the only remaining areas under DOJ scrutiny. All areas of the jail have been met the requirements of DOJ and are no longer being reviewed.

2. Please indicate how the Consent Decree is currently monitored.

**Response:** Since 1999 DOJ made two site-visits annually. In 2016, the MCJ was substantially in compliance in all areas and is in the final month of a two year period in which we must maintain the standard. No additional DOJ visits are scheduled at this time and was suggested that the final review would not be on-site and that the MCJ would be removed from DOJ review.

3. If there is active Court monitoring, please provide the most recent Court monitor report for this action.

**Response:** There is no current monitoring.

Addendum NO. 3

**COLUMBUS CONSOLIDATED GOVERNMENT**  
*Georgia's First Consolidated Government*



FINANCE DEPARTMENT  
PURCHASING DIVISION

1100 TENTH STREET, COLUMBUS, GEORGIA 31901  
P. O. BOX 1340, COLUMBUS, GEORGIA 31902-1340  
706-653-4105, Fax 706-225-3033  
[www.columbusga.org](http://www.columbusga.org)

May 11, 2018

**ADDENDUM NO. 3**  
Inmate Medical & Pharmacy Services for  
Muscogee County Jail (Annual Contract)  
RFP No. 18-0019

**Proposals should include acknowledgement of receipt for all Addenda.**

Vendors are informed that the above subject RFP is hereby modified, corrected, or supplemented as specified, described and set forth in this Addendum:

**QUESTIONS/RESPONSES:**

1. The MCJ's answer to vendor questions in the RFP notes that there is an analog dental x-ray machine in good working condition, but also that there were no dental x-rays taken and read annually. Please clarify if the dental x-ray machine is currently used to take dental x-rays and how many are typically taken on a weekly or monthly basis.  
**Response: Yes, the dental x-ray machine is in good working order and it is currently being used by dental staff. Approximately 11 dental x-rays are performed monthly.**
2. RFP Section I. B. Pharmacy Services – states: “Contracted vendor shall invoice (monthly) the Muscogee County Jail for amounts paid by the contracted vendor, on behalf of the Muscogee County Jail for pharmacy services, and cost details for the same, plus the management fee (percentage)”. Do the amounts paid for pharmacy services and invoiced monthly to the Jail include all charges from the pharmacy subcontractor to the medical services vendor including medication dispensing fees:  
**Response: Yes**
3. Please provide any performance measurements and associated liquidated damages in place in the current contract.  
**Response: There are no performance measurements and associated liquidated damages in place for the current contract.**
4. The RFP lists the current staffing matrix at 31.5 FTEs. The first Amendment to the current contract, dated April 1, 2017, indicates 30.5 FTEs with no Administrator. Please confirm which matrix represents the current contract terms.  
**Response: 31.5 is correct.**

## SECTION 4. EXPERIENCE AND QUALIFICATIONS

CorrectHealth is a Georgia-based, physician owned and operated correctional healthcare company. We have been providing correctional healthcare services since 2000. With 18 years of experience, CorrectHealth has provided high-quality, cost-effective healthcare to inmate populations throughout the southeastern United States. We have provided service to nearly 20,000 maximum, medium, minimum security, pre-release, and transitional inmates in over 60 prisons and jails. Currently, we serve 5 agencies that have a capacity of over 1,000 inmates. Our statewide network in Georgia manages 30 jails with over 10,000 inmates. We have approximately 350 providers and healthcare staff in Georgia alone. Retention of qualified incumbent staff will be our priority. Our programs at each facility are specifically tailored to their unique environment and needs. Our success is attributable to our experience in correctional healthcare, background in emergency medicine, ability to partner with our clients, understanding our clients' operations and needs, and integrating an appropriate healthcare program that meets national and community standards.

CorrectHealth has a unique leadership team drawing from the fields of medicine, nursing, diagnostics, corrections, and law. While our experience and expertise is premised on a vast network of correctional facilities, we have a lean management team and efficient staffing model designed to facilitate client service excellence, including quick decision-making and problem-solving. We rapidly respond to identified needs in a flexible, timely and non-bureaucratic manner. The CorrectHealth leadership team has a proven track record of successfully delivering efficient, cost-effective healthcare in correctional settings with high quality outcomes through a patient-centered, coordinated care delivery model.

### CorrectHealth's Approach

CorrectHealth's delivery model for the correctional health setting is based on successful "informed treatment decisions" delivery systems. Under the CorrectHealth service delivery model, providers must know how, where, and when to best treat patients while optimizing resource consumption. Our primary care providers coordinate the patient's access to care, manage the patient's referral to specialty care when appropriate, facilitate the patient's return to the primary care system, and develop a discharge plan for an inmate's release back into the community. All patients will have unimpeded access to health care services without exception. Our approach is founded on providing as many treatment options as possible on-site, which allows us to speed up care delivery, monitor care more effectively, and lower administrative and transportation costs. When off-site care is the only option, we will network with local providers to ensure that we provide the most efficient full range of care.

### Technology

CorrectHealth's sophisticated 24/7 virtual healthcare delivery model incorporates telemedicine in conjunction with a robust EHR, allowing for real-time, 24/7 access to our providers. This includes a "Nocturnist" (nighttime provider) who is on duty and available to see patients at night, on





weekends, and on holidays. This provides for in-depth patient triage and clinical decision-making, particularly when our medical director is away from the facility.

### **Accreditation**

CorrectHealth fully satisfies the National Commission on Correctional Healthcare (NCCHC), American Correctional Association (ACA), and Medical Association of Georgia (MAG) standards as they apply to correctional facilities and all the services required in the scope of work. In our 18-year history, we have successfully achieved and maintained MAG, ACA and NCCHC accreditations and re-accreditations in many of our facilities.

MAG accredits correctional health programs based upon compliance with the standards of the NCCHC. Our team has extensive knowledge and experience with ACA and NCCHC standards and site accreditation. In addition, CorrectHealth is proud to share that numerous staff members have achieved the distinction of becoming Certified Correctional Health Professionals through NCCHC. We are also proud to have five (5) accreditation surveyors for NCCHC and MAG on our staff, all of whom are available to consult at any CorrectHealth facility.

Monthly preparatory audits will be conducted and our accreditation team, along with our Health Services Administrator, will communicate regularly with the Facility Administration to ensure that our staff and the facility are prepared for an accreditation survey within eighteen (18) months of start-up or sooner as directed. On an ongoing basis, monitoring will include the gathering of data necessary for both ACA and NCCHC accreditation maintenance.

While all of our jails have programs that are managed according to national standards, we have successfully achieved accreditation by NCCHC, ACA and / or MAG for the facilities identified in section 6, D. This facilities represent 100% of our clients who desired accreditation. In 2014 and 2016 MAG's committee on Correctional Medicine awarded a CorrectHealth facility the Herman E. Spivey, M.D. Award for Excellence for its innovation and quality of inmate healthcare. And, last year, another CorrectHealth facility was nominated to receive the Award. **See our current list of accredited facilities in section "6, D".**

### **Management Team**

#### **Carlo A. Musso, M.D. - President**

Our Senior Management team is led by Dr. Carlo Musso, our founder and a leader in the correctional healthcare field. With extensive experience in correctional healthcare, and a background in emergency medicine, he understands the impact of each medical decision to security operations and to the outcome for the patient, and he has instilled that understanding in his team. Our goal is to provide necessary care in a high quality and cost efficient manner, always striving for care to be provided in the most secure location possible, within your facility.

As an Emergency Medicine physician, his intuitive insight into patient care, coupled with a business background, provides a solid foundation as the company leader. He works directly with the physicians, mid-level providers and healthcare managers in providing high quality, cost-effective healthcare through his active participation in operations and case review. As a clinical and administrative resource, Dr. Musso has instilled a culture of excellence in correctional healthcare.



As the President of CorrectHealth, he is responsible for company operations, including, but not limited to clinical services, human resources, finance, operations, client relations and business development. In addition, he is responsible for the development of internal and external business strategies designed to promote company growth while maintaining efficiencies and quality for our clients. Under his direction, CorrectHealth has quickly become a leading correctional healthcare company in Georgia.

**Walter Smith, M.D. - Executive Medical Director**

Dr. Walter Smith, a Georgia licensed physician, served as a community Family Medicine physician for over 10 years before joining CorrectHealth. Now, with over 15 years of correctional healthcare experience, Dr. Smith currently serves as the Executive Medical Director for CorrectHealth. His responsibilities include planning, implementing, managing, and improving the quality of healthcare services for CorrectHealth and our clients. In addition to providing services to patients and leadership to our medical personnel, he works closely with the physician and mid-level team members while diligently monitoring Utilization Management for the Company. Dr. Smith continually demonstrates his ability to minimize inmate medical expenses, saving our client's time and money, while improving the quality of patient care.

**Susan L. Hatfield, RN, MS, FNP-C, CCHP - Executive Director of Clinical Services**

Ms. Susan Hatfield is a Georgia licensed and board certified Family Nurse Practitioner. She has been a licensed registered nurse since 1984. Her early career was in traditional hospital and medical practice nursing and management. Ms. Hatfield has been with CorrectHealth for over 10 years as a Nurse Practitioner and is a Certified Correctional Health Professional (CCHP) through NCCHC. She manages all aspects of nursing clinical services for CorrectHealth and has vast experience designing and implementing healthcare programs for jails and prisons. Ms. Hatfield provides oversight for all aspects of Clinical Services including the supervision of all Health Services Administrators, Coordinators, and nursing staff within the company. Ms. Hatfield's responsibilities also include continuing education, infection control, continuous quality improvement/management, and health information management. Under the guidance of Ms. Hatfield, CorrectHealth continues to meet and exceed NCCHC Correctional Healthcare Standards.

**Stephen Kissinger, M.D. - Executive Director of Mental Health**

As a clinical psychiatrist and Executive Director of Mental Health, Dr. Stephen Kissinger brings over 15 years of correctional mental health experience to the CorrectHealth team. Since becoming a licensed psychiatrist in 1985, Dr. Kissinger has worked in a variety of clinical settings such as hospitals and community mental health centers. In addition to providing oversight and leadership to our mental health division, Dr. Kissinger is a solution-focused psychiatrist who offers a highly personalized approach tailored to meet the needs of our client.

**Lester Jackson, DDS – Dental Director**

Dr. Lester Jackson is a Georgia licensed Doctor of Dental Surgery and family dentist from Savannah, who has been providing exceptional dental services to his patients for nearly three decades. In addition to his private practice, Dr. Jackson has spent the last ten years providing for the dental needs of inmates through partnerships with correctional institutes throughout the southeast. Since partnering with CorrectHealth in 2014, Dr. Jackson has deployed a team of highly qualified

dentists to serve as the treating and consulting dental providers for our facilities throughout the state of Georgia.

**Nena Worsham – Director of Clinical Services**

Ms. Nena Worsham, a Board Certified Family Nurse Practitioner and Director of Clinical Services for CorrectHealth, is an experienced clinical professional with over 28 years of clinical experience. In her role as the Director of Clinical Services, Ms. Worsham is responsible for numerous aspects of our clinical services division, including accreditation and education. Since joining our team in July of 2017, Ms. Worsham has proven herself to be a disciplined, innovative, and proactive team leader with the ability to ensure excellence and high quality services for our clients.

**Lynn Junca, BS - Chief Financial Officer**

Building upon her experience in business and healthcare management, Ms. Lynn Junca joined CorrectHealth in 2003 as a consultant to the Finance Department. In January 2005, she joined us full time as the Chief Financial Officer and continues to provide leadership with accounting, finance, information technology and human resources, as well as working closely with our allied health services vendors. Ms. Junca's experience as the director of a large hospital laboratory enables her to successfully integrate complex business and healthcare processes and systems. As the Chief Financial Officer for CorrectHealth, she provides strategic oversight for all accounting, finance, billing, purchasing, budgeting, payroll, and information technology activities within the company. She is responsible for assessing organizational performance against both the annual budget and the company's long-term strategy in order to achieve our mission of providing high-quality, cost-effective, comprehensive correctional healthcare. Ms. Junca and her team are committed to providing our clients with an unparalleled level of customer service, helping them manage and navigate the financial complexities of correctional healthcare delivery.

**Stacy M. Scott, Esquire - Chief Legal Officer**

Ms. Stacy Scott joined CorrectHealth in July of 2006 as Chief Legal Officer. Prior to 2006, Ms. Scott was a partner at a law firm that specialized in the defense of Medical Malpractice lawsuits. She now enjoys her proactive role in healthcare management with CorrectHealth. Her full-time duties include risk assessment, avoidance and reduction; oversight of credentialing of healthcare providers; contract drafting and review; assurance of contract compliance; assurance of corporate compliance with legal policy, laws, rules, and regulations; active involvement in the company's Continuous Quality Improvement/Management Program; oversight of workers' compensation matters; and oversight and handling of all litigation matters. Ms. Scott's demonstrated ability to successfully develop risk management programs, limit litigation and ensure contract compliance has contributed to the successes of both CorrectHealth and our clients. In addition to providing oversight of litigation and loss prevention functions, Ms. Scott is also responsible for providing strategic guidance in the development of policies and procedures, chart audits, and insurance procurement. Successfully educating staff members through the facilitation of company in-services related to risk management and reduction, Ms. Scott's contributions directly align with the mission, vision, and values of CorrectHealth and our clients.

**Amy D'Amore – Director of Human Resources**


Ms. Amy D'Amore joined CorrectHealth in July of 2012 and is serving as the Director of Human Resources. Before joining CorrectHealth, Ms. D'Amore worked for a large metro Atlanta




healthcare system where she began her career in Human Resources. An Ohio native, she received her Bachelor of Science degree in Business Administration with a specialization in Healthcare Administration from Bowling Green State University. Ms. D'Amore's strong educational background combined with her healthcare experience has given her a vast understanding of people management within the medical environment. Ms. D'Amore is currently an active member of both the Society for Human Resources Management and the American Society for Healthcare Human Resources Administration. As the Director of Human Resources, Ms. D'Amore holds corporate-wide accountability for all human resources activities. Using a well-defined strategy tailored to meet the needs of each facility, Ms. D'Amore is responsible for ensuring the right people are in the right place at the right time. Ms. D'Amore works closely with our site managers to continuously evaluate and monitor staffing levels to ensure the delivery of high-quality healthcare while minimizing the cost of labor. In addition to talent acquisition and recruitment, Ms. D'Amore's responsibilities also include oversight of all day-to-day human resources functions such as employee relations, performance management, benefits, employee engagement, credentialing, and employee health services.

What sets CorrectHealth apart from other providers of correctional healthcare is our support of the CorrectHealth facility staff. On a daily basis, our corporate management team communicates with and conducts site visits at our Jail, ensuring that they have the resources and tools necessary to successfully manage the healthcare needs of their patients. With our corporate office located in Atlanta, Georgia, resources for the Jail are less than 2 hours away. Our Directors are mentors for our sites, ensuring that our mission, "Providing high-quality, cost-effective care inside the walls of correctional Jail" remains at the forefront of all facility activities. **Individual CV's to follow.**

CorrectHealth CV's

	
<p><b>Carlo A. Musso, M.D.</b> President &amp; CEO</p>	
<p><b>EDUCATION</b></p> <ul style="list-style-type: none"> <li>• RESIDENCY, EMERGENCY MEDICINE DENVER GENERAL AFFILIATED HOSPITALS DENVER, CO (1987 - 1990)</li> <li>• INTERNSHIP PRESBYTERIAN/ST. LUKE'S MEDICAL CENTER DENVER, CO (1986 - 1987)</li> <li>• DOCTOR OF MEDICINE LOUISIANA STATE UNIVERSITY SCHOOL OF MEDICINE NEW ORLEANS, LA (1986)</li> <li>• B.S., BIOCHEMISTRY LOUISIANA STATE UNIVERSITY BATON ROUGE, LA (1982)</li> </ul> <p><b>PROFESSIONAL LICENSURE</b></p> <ul style="list-style-type: none"> <li>• MEDICAL DOCTOR             <ul style="list-style-type: none"> <li>○ STATE OF LOUISIANA</li> <li>○ STATE OF GEORGIA</li> <li>○ STATE OF TENNESSEE</li> <li>○ STATE OF FLORIDA</li> </ul> </li> <li>• DEA REGISTRATION</li> </ul>	<p><b>PROFESSIONAL BACKGROUND</b></p> <p>As the President &amp; CEO, Dr. Carlo A. Musso brings over twenty-five years of experience to CorrectHealth. A graduate of Louisiana State University School of Medicine, Dr. Musso was Board Certified in Emergency Medicine and is a Fellow of the American College of Emergency Physicians. Prior to establishing CorrectHealth, Dr. Musso worked as an emergency physician in metro Atlanta for over a decade. During this time, Dr. Musso was an integral member of Pinnacle Emergency Consultants and served as the Medical Director of Emergency Medical Services for numerous fire and EMS agencies. As a practicing physician, Dr. Musso integrated the complexities of emergent, urgent and chronic medical care into a growing correctional healthcare organization.</p> <p><b>EXPERIENCE HIGHLIGHTS</b></p> <p>CORRECTHEALTH – Atlanta, GA <i>Founder, President &amp; CEO, November 2000–Present</i></p> <p>HENRY MEDICAL CENTER – Stockbridge, GA <i>Emergency Medicine Physician, 1993 – 2002</i></p> <p>SOUTHERN REGIONAL MEDICAL CENTER – Riverdale, GA <i>Emergency Medicine Physician, 1990 - 2002</i></p> <p>EMORY UNIVERSITY &amp; GRADY MEMORIAL HOSPITAL – Atlanta, GA <i>Assistant Clinical Professor of Surgery, 1995 - 1997</i></p> <p>GASTON MEMORIAL HOSPITAL – Gastonia, NC <i>Emergency Medicine Physician, 1992 - 1997</i></p> <p>ROCKDALE HOSPITAL – Conyers, GA <i>Emergency Medicine Physician, 1990 - 1997</i></p>



 <b>Walter T. Smith, M.D.</b> Executive Medical Director	
<p><b>EDUCATION</b></p> <ul style="list-style-type: none"><li>• RESIDENCY, FAMILY PRACTICE MOREHOUSE SCHOOL OF MEDICINE ATLANTA, GA (1992 - 1994)</li> <li>• INTERNSHIP, FAMILY PRACTICE MOREHOUSE SCHOOL OF MEDICINE ATLANTA, GA (1991 - 1992)</li> <li>• DOCTOR OF MEDICINE MEHARRY MEDICAL COLLEGE NASHVILLE, TN (1991)</li> <li>• B.S., BIOLOGY MOREHOUSE COLLEGE ATLANTA, GA (1982)</li></ul> <p><b>PROFESSIONAL LICENSURE &amp; CERTIFICATION</b></p> <ul style="list-style-type: none"><li>• MEDICAL DOCTOR<ul style="list-style-type: none"><li>○ STATE OF GEORGIA</li><li>○ STATE OF LOUISIANA</li><li>○ STATE OF TENNESSEE</li><li>○ STATE OF KENTUCKY</li><li>○ STATE OF ALABAMA</li><li>○ STATE OF SOUTH CAROLINA</li></ul></li> <li>• DEA REGISTRATION</li> <li>• BASIC CARDIAC LIFE SUPPORT (BCLS) AMERICAN HEART ASSOCIATION</li> <li>• ADVANCED CARDIAC LIFE SUPPORT (ACLS) AMERICAN HEART ASSOCIATION</li></ul> <p><b>AWARDS</b></p> <ul style="list-style-type: none"><li>• MCGRAW-HILL SCHOLARSHIP</li> <li>• NATIONAL DEAN'S LIST</li></ul>	<p><b>EXPERIENCE HIGHLIGHTS</b></p> <p>CORRECTHEALTH – Atlanta, GA <i>Executive Medical Director, December 2004 – Present</i></p> <p>SOUTH PERIMETER FAMILY PHYSICIANS – Stockbridge, GA <i>Physician, 1999 - 2004</i></p> <p>MCDONOUGH AFTER HOURS URGENT CARE – McDonough, GA <i>Physician, 1999 - Present</i></p> <p>SOUTH FULTON MEDICAL CENTER – Atlanta, GA <i>Staff Physician, 1997 - 1999</i></p> <p>SOUTHWEST HOSPITAL AND MEDICAL CENTER – Atlanta, GA <i>Physician, 1990 – 1997</i></p> <p>AFTER HOURS URGENT CARE – Atlanta, GA <i>Staff Physician, 1997 - 1999</i></p> <p>SOUTH SIDE HEALTHCARE – Atlanta, GA <i>Staff Physician, 1994 – 1997</i></p> <p><b>HOSPITAL AFFILIATIONS</b></p> <p>SOUTHERN REGIONAL MEDICAL CENTER – Riverdale, GA</p> <p>HENRY MEDICAL CENTER – Stockbridge, GA</p> <p>ATLANTA MEDICAL CENTER – Atlanta, GA</p> <p><b>PROFESSIONAL ORGANIZATIONS</b></p> <p>GEORGIA ACADEMY OF FAMILY PHYSICIANS</p> <p>AMERICAN ACADEMY OF FAMILY PHYSICIANS</p> <p>NATIONAL MEDICAL ASSOCIATION</p>



**Stephen N. Kissinger, MD**  
Psychiatrist

**EDUCATION**


- RESIDENCY  
BEHAVIORAL MEDICINE & PSYCHIATRY  
WEST VIRGINIA UNIVERSITY  
SCHOOL OF MEDICINE - CHARLESTON  
CHARLESTON, WV (1981 - 1985)
- DOCTOR OF MEDICINE  
WEST VIRGINIA UNIVERSITY  
SCHOOL OF MEDICINE  
MORGANTOWN, WV (1981)
- B.A., PSYCHOLOGY  
WEST VIRGINIA STATE UNIVERSITY  
MORGANTOWN, WV (1977)

**PROFESSIONAL LICENSURE**

- PSYCHIATRIST
  - STATE OF GEORGIA
- DEA REGISTRATION
- BOARD ELIGIBLE  
PSYCHIATRY & NEUROLOGY  
AMERICAN BOARD OF PSYCHIATRY &  
NEUROLOGY
- BASIC CARDIAC LIFE SUPPORT (BCLS)  
AMERICAN HEART ASSOCIATION


**EXPERIENCE HIGHLIGHTS**

- CORRECTHEALTH – Atlanta, GA  
*Executive Director of Mental Health Services, June 2017 – Present*  
*Psychiatrist, 2006 - 2017*
- HIGHLANDS RIVERS CENTER CSB – Canton, GA  
*Staff Psychiatrist, 1997 - 2006*
- GEORGIA REGIONAL HOSPITAL AT ATLANTA – Decatur, GA  
*Staff Psychiatrist, 1993 - 1997*
- TIDELANDS COMMUNITY MENTAL HEALTH CENTER – Savannah, GA  
*Staff Psychiatrist, 1991 - 1993*
- CHATHAM COUNTY JAIL/DETENTION CENTER – Savannah, GA  
*Psychiatrist, 1990 – 1993*
- GEORGIA REGIONAL HOSPITAL AT SAVANNAH – Savannah, GA  
*Staff Psychiatrist, 1988 – 1991*
- JOHN P. MACCALLUM, MD AND ASSOCIATES – Hurricane, WV  
*Psychiatrist, 1985 - 1988*

	
<b>Lester G. Jackson, DDS</b> Doctor of Dental Surgery	
<p><b>EDUCATION</b></p> <ul style="list-style-type: none"> <li>• DOCTOR OF DENTAL SURGERY MEHARRY MEDICAL COLLEGE NASHVILLE, TN (1985)</li> <li>• B.S., PAINE COLLEGE AUGUSTA, GA (1981)</li> </ul> <p><b>PROFESSIONAL LICENSURE &amp; CERTIFICATION</b></p> <ul style="list-style-type: none"> <li>• DOCTOR OF DENTAL SURGERY               <ul style="list-style-type: none"> <li>○ STATE OF GEORGIA</li> </ul> </li> <li>• DEA REGISTRATION</li> </ul> <p><b>AWARDS &amp; RECOGNITION</b></p> <ul style="list-style-type: none"> <li>• GLBC LEGISLATOR OF THE YEAR GEORGIA LEGISLATIVE BLACK CAUCUS , 2012</li> <li>• GLBC LEGISLATOR OF THE YEAR GEORGIA LEGISLATIVE BLACK CAUCUS , 2009</li> <li>• LEGISLATOR OF THE YEAR THE GEORGIA DENTAL ASSOCIATION, 2002</li> <li>• DISTINGUISHED SERVICE AWARD NATIONAL DENTAL ASSOCIATION, 2001</li> <li>• LEGISLATOR OF THE YEAR THE GEORGIA DENTAL ASSOCIATION, 2000</li> </ul>	<p><b>PROFESSIONAL BACKGROUND</b></p> <p>A family dentist from Savannah, Georgia, Dr. Lester G. Jackson has been providing exceptional dental services to his patients for nearly three decades. Partnered with his wife, Dr. Lorna Jackson, The Jackson Dental Center is a cornerstone of dental services for the coastal region of Georgia, expanding their services in the last ten years to providing for the needs of inmates through a partnership with correctional institutes in the southeast.</p> <p>Dr. Jackson also serves the Georgia General Assembly as the State Senator representing the 2<sup>nd</sup> district of Georgia and was first elected to serve in the House of Representatives in 1998. A graduate of Meharry Medical College, he also spent seven years of his life serving his country as a dental officer for the United States Navy.</p> <p>After distinguished service to his country, Dr. Jackson founded Jackson Dental Center in Savannah, Georgia, a participating small business with the Minority and Women Businesses Enterprise (MWBE), which is an organization that has the commitment to developing mutually beneficial business relationships with minority and women owned businesses with the capability of meeting or exceeding client requirements for products and services in Chatham County, Georgia.</p> <p>Expanding on the reach of their services to the community, Dr. Jackson today is the CEO of Coastal Health Solutions, Inc., a private agency servicing the staffing and management needs of the dental and allied health industry. This arm of Dr. Jackson's focus takes pride in building strong relationships with both those hiring candidates in the health field and the qualified staff that is sought after. Dr. Jackson and his team are committed to providing the highest quality of dental and allied healthcare services and look forward to expanding their reach.</p> <p><b>EXPERIENCE HIGHLIGHTS</b></p> <p>JACKSON DENTAL CENTER – Savannah, GA <i>Owner &amp; Dentist of Private Practice, 1993 – Present</i> <i>Specializing in General &amp; Cosmetic Dentistry</i></p> <p>ARMSTRONG ATLANTIC STATE UNIVERSITY – Savannah, GA <i>Assistant Adjunct Professor, 2008 – 2011</i></p> <p>MEDICAL COLLEGE OF GEORGIA – Augusta, GA <i>Assistant Adjunct Professor, 2004 – 2008</i></p> <p>DR. JAMES WILLIAMS, DDS –Savannah, GA <i>Associate Dentist, 1991 – 1993</i></p> <p>UNITED STATES NAVY – Beauford, SC <i>Navy Dental Corp. Lt. Commander, 1985 – 1991</i></p>





	
<b>Susie L. Hatfield, RN, MS, FNP-BC, CCHP</b> Executive Director of Clinical Services	
<b>EDUCATION</b> <ul style="list-style-type: none"><li>• M.S., FAMILY NURSE PRACTITIONER GEORGIA STATE UNIVERSITY ATLANTA, GA (1996)</li> <li>• B.B.A., ACCOUNTING KENNESAW STATE UNIVERSITY KENNESAW, GA (1991)</li> <li>• ASSOCIATE DEGREE, NURSING KENNESAW STATE UNIVERSITY KENNESAW, GA (1984)</li></ul> <b>PROFESSIONAL LICENSURE &amp; CERTIFICATION</b> <ul style="list-style-type: none"><li>• ADVANCED NURSE PRACTITIONER<ul style="list-style-type: none"><li>○ STATE OF LOUISIANA</li><li>○ STATE OF GEORGIA</li><li>○ STATE OF TENNESSEE</li><li>○ STATE OF KENTUCKY</li></ul></li> <li>• DEA REGISTRATION</li> <li>• AMERICAN NURSES ASSOCIATION (1996)</li> <li>• AMERICAN ACADEMY OF NURSE PRACTITIONERS (1996)</li> <li>• CCHP, NATIONAL COMMISSION ON CORRECTIONAL HEALTHCARE</li> <li>• BASIC CARDIAC LIFE SUPPORT (BCLS) AMERICAN HEART ASSOCIATION</li> <li>• ADVANCED CARDIAC LIFE SUPPORT (ACLS) AMERICAN HEART ASSOCIATION</li></ul>	<b>PROFESSIONAL BACKGROUND</b> <p>Susie L. Hatfield is a highly experienced clinical manager, Board Certified Family Nurse Practitioner, and a NCCHC Certified Correctional Health Professional with over ten years of correctional experience. As the Executive Director of Clinical Services, Ms. Hatfield is responsible for all aspects of Clinical Services, including Education, Infection Control, Continuous Quality Improvement, Health Information and Accreditation. She is a disciplined, action-oriented team leader with a proven ability to meet and exceed the expectations of our client.</p> <b>EXPERIENCE HIGHLIGHTS</b> <p>CORRECTHEALTH – Atlanta, GA <i>Executive Director of Clinical Services, May 2013–Present</i> <i>Family Nurse Practitioner/Facility Manager, July 2003 – April 2013</i></p> <p>INTERNAL MEDICINE ASSOCIATES – Cartersville, GA <i>Family Nurse Practitioner, 1993 - 2002</i></p> <p>CARTERSVILLE MEDICAL CENTER – Cartersville, GA <i>Administrative Nursing Supervisor, 1992 - 1996</i> <i>Charge Nurse, Emergency Department, 1984 - 1996</i></p> <b>PROFESSIONAL AFFILIATIONS</b> <p>AMERICAN CORRECTIONAL HEALTH SERVICES ASSOCIATION <i>Treasurer, National Chapter, 2014</i></p> <p>AMERICAN CORRECTIONAL HEALTH SERVICES ASSOCIATION <i>Vice President, Georgia Chapter, 2011 - 2012</i></p>



**Nena A. Worsham, RN, BSN, MSN, FNP-BC**  
Director of Clinical Services

**EDUCATION**

- M.S., FAMILY NURSE PRACTITIONER  
WALDEN UNIVERSITY  
MINNEAPOLIS, MN (2015)
- BACHELOR OF SCIENCE DEGREE, NURSING  
UNION UNIVERSITY  
JACKSON, TN (1996)

**PROFESSIONAL LICENSURE & CERTIFICATION**

- ADVANCED NURSE PRACTITIONER
  - STATE OF GEORGIA
- DEA REGISTRATION
- AMERICAN ACADEMY OF NURSE PRACTITIONERS (2015)
- BASIC CARDIAC LIFE SUPPORT (BCLS)  
AMERICAN HEART ASSOCIATION
- ADVANCED CARDIAC LIFE SUPPORT (ACLS)  
AMERICAN HEART ASSOCIATION

**PROFESSIONAL BACKGROUND**

Nena A. Worsham is an experienced clinical professional and Board Certified Family Nurse Practitioner, with over 28 years of clinical experience. As the Director of Clinical Services, Ms. Worsham is accountable for numerous aspects of Clinical Services at which includes facility accreditation and education. In addition to her being a disciplined, innovative, and proactive team leader, Ms. Worsham is a provider that ensures excellence and high quality care for our client.


**EXPERIENCE HIGHLIGHTS**

CORRECTHEALTH – Atlanta, GA  
*Director of Clinical Services, July 2017–Present*  
*Family Nurse Practitioner/Facility Clinical Services*


SOUTHERN CORRECTIONAL MEDICINE – Waycross, GA  
*Family Nurse Practitioner, 2016 - 2017*

PIEDMONT CORPORATION – Atlanta, GA  
*Director of Clinical Appeals/Revenue Cycles, 2013 - 2015*



	
<b>Stacy M. Scott, Esq.</b> General Counsel	
<p><b>EDUCATION</b></p> <ul style="list-style-type: none"> <li>• J.D., CUMBERLAND UNIVERSITY SCHOOL OF LAW SAMFORD UNIVERSITY Birmingham, AL (1996)</li> <li>• BACHELOR OF SCIENCE BALL STATE UNIVERSITY MUNCIE, IN (1993)</li> </ul> <p><b>PROFESSIONAL MEMBERSHIPS</b></p> <ul style="list-style-type: none"> <li>• STATE BAR OF GEORGIA</li> <li>• ATLANTA BAR ASSOCIATION, MEMBER</li> <li>• NATIONAL COMMISSION ON CORRECTIONAL HEALTHCARE (NCCHC), MEMBER</li> <li>• MARTINDALE HUBBELL AV PEER REVIEW RATED (2007 – PRESENT)</li> <li>• GA SUPER LAWYERS, RISING STAR RECIPIENT 2006, 2007, 2008, 2009, AND 2010 (ONLY 2.5% OF ALL GEORGIA ATTORNEYS RECEIVE THIS RECOGNITION)</li> </ul>	<p><b>EXPERIENCE HIGHLIGHTS</b></p> <p><b>CORRECTHEALTH – Atlanta, GA</b> <i>General Counsel, July 2006–Present</i> Responsible for developing programs designed to manage risk, limit litigation and ensure contract compliance. Provide strategic guidance and oversight for risk identification and risk reduction, litigation, workers’ compensation, Continuous Quality Improvement, development of policies and procedures, contract compliance, chart audits, insurance procurement, and provider credentialing. Facilitate company in-services to staff members, as those in-services relate to Risk Management and Risk Reduction. Also responsible for the oversight of the company’s adherence to State and Federal laws, rules, and regulations.</p> <p><b>CARLOCK, COPELAND, SEMLER &amp; STAIR, LLP – Atlanta, GA</b> <i>Partner, 2004 – 2005</i> <i>Senior Associate, 2001 - 2004</i> Managed an active caseload of medical malpractice and deliberate indifference lawsuits, both as lead and co-counsel. Responsible for developing a litigation plan and budget for each case, preparing and responding to written discovery, conducting depositions, researching relevant information, researching pertinent case and statutory law, drafting motions for court submissions on any and all legal issues, preparing the case for Trial, conducting the Trial of the case. Held management responsibility for associates, paralegals and nurse consultants, as it related to their involvement with the cases. This included instructing the team members, reviewing and revising their work product, and evaluating their performance.</p> <p><b>THE KEENAN LAW FIRM , P.C. – Atlanta, GA</b> <i>Associate, 1997 - 2001</i> Participated in the representation of Plaintiffs in medical malpractice cases and other catastrophic injury cases. Specific duties included defending depositions of plaintiffs, fact witnesses, and expert witnesses (including physicians, economists, life care planners, and accident reconstructionists) as well as taking depositions of defendants, including physicians, nursing home personnel, nurses, truck drivers, and business owners. Prepared witnesses for depositions and Trials. Drafted motions on applicable legal issues in each case. Acted as associate counsel in Jury trials throughout the State of Georgia, South Carolina, and North Carolina.</p>



	
<b>Lynn M. Junca, BS, MT (ASCP)</b> Chief Financial Officer	
<b>EDUCATION</b> <ul style="list-style-type: none"><li>• MEDICAL TECHNOLOGY CLINICAL PROGRAM Oschner Medical Center New Orleans, LA (1975)</li><li>• B.S., BIOLOGY/CHEMISTRY UNIVERSITY OF SOUTHWESTERN LOUISIANA LAFAYETTE, LA (1975)</li><li>• PRE-MEDICINE CURRICULUM LOUISIANA STATE UNIVERSITY BATON ROUGE, LA (1971)</li><li>• PRE-MEDICINE CURRICULUM MANHATTANVILLE COLLEGE PURCHASE, NEW YORK (1970 - 1971)</li></ul> <b>PROFESSIONAL LICENSURE &amp; CERTIFICATION</b> <ul style="list-style-type: none"><li>• MEDICAL TECHNOLOGIST AMERICAN SOCIETY FOR CLINICAL PATHOLOGY</li></ul>	<b>PROFESSIONAL BACKGROUND</b> <p>With more than 30 years of progressive experience in finance and operations management, Lynn M. Junca is a highly accomplished, results-driven financial management executive. As the Chief Financial Officer for CorrectHealth, Ms. Junca is responsible for all aspects of accounting and finance, purchasing, payroll, and information technology. Her demonstrated ability to streamline business operations has driven growth and increased cost efficiencies for both CorrectHealth and our clients.</p> <b>EXPERIENCE HIGHLIGHTS</b> <p>CORRECTHEALTH – Atlanta, GA <i>Chief Financial Officer, September 2005–Present</i></p> <p>PIEDMONT FAYETTE HOSPITAL – Fayetteville, GA <i>Laboratory Director, 1999 - 2005</i></p> <p>SOUTHERN REGIONAL MEDICAL CENTER – Riverdale, GA <i>Medical Technologist, 1997 - 1999</i></p> <p>FRANKLIN FOUNDATION HOSPITAL – Franklin, LA</p> <p>H&amp;H PLANTING COMPANY – Franklin, LA <i>Business Manager, 1988 – 1994</i></p> <p>FRANKLIN FOUNDATION HOSPITAL – Franklin, LA <i>Medical Technologist, Supervisory, 1975 – 1988</i></p>



**Amy E. D'Amore**  
Director of Human Resources

**EDUCATION**

- B.S.B.A, HEALTHCARE ADMINISTRATION  
BOWLING GREEN STATE UNIVERSITY  
BOWLING GREEN, OH (2010)
- INTERNATIONAL BUSINESS STUDIES  
AUDENCIA SCHOOL OF MANAGEMENT  
NANTES, FRANCE (2008)

**PROFESSIONAL MEMBERSHIPS**

- SOCIETY FOR HUMAN RESOURCES  
MANAGEMENT (SHRM), MEMBER
- AMERICAN SOCIETY FOR HEALTHCARE  
HUMAN RESOURCES ADMINISTRATION,  
MEMBER

**PROFESSIONAL BACKGROUND**

Amy E. D'Amore is a results oriented Human Resources professional with highly developed problem-solving and decision making abilities. As the Director of Human Resources, Ms. D'Amore is committed to providing strategic guidance on talent acquisition and retention, employee relations, credentialing, benefits, and employee health services. The competitive advantages created by her leadership and superb recruiting efforts are reflected in her outstanding commitment to client satisfaction and compassionate care.

**EXPERIENCE HIGHLIGHTS**

**CORRECTHEALTH – Atlanta, GA**

*Director of Human Resources, September 2013 – Present*

Responsible for the oversight and development of comprehensive HR strategies to support over 35 facilities throughout Georgia, Louisiana, Tennessee, and Kentucky. Plans, develops, implements and monitors diverse HR programs including but not limited to recruitment and staffing, employee relations, policy development and compliance, employee orientation, staff development and training, compensation and benefits administration, provider credentialing, performance management, and employee engagement.

*Employment Coordinator, 2012 - 2013*

Held full responsibility for a broad range of HR functions including but not limited to recruitment, credentialing, new hire processing, onboarding, compensation, employee relations, and oversight of daily HR activities. Partnered with hiring managers at all levels of the organization to effectively recruit, identify, and retain top talent

**WELLSTAR HEALTH SYSTEM – Austell, GA**

*Human Resources Representative, 2010 - 2012*

Promoted to fulfill a broad range of HR functions and provide support to team members in the areas of recruitment, employee relations, benefits, compensation, records management, and customer service. Responsible for various tasks related to employee relations, including but not limited to onboarding, employee engagement, performance management, statistical reporting, and special projects. Continually recognized for outstanding performance and dedicated support provided to both internal and external customers.



## SECTION 5. CLIENT WORK HISTORY (FORM 2)

## CLIENT WORK HISTORY

Provide details of the last three (3) state, county or private jails/prison for which you have provided the specified services. The City reserves the right to contact additional clients not listed.

Facility Name:		Contact Name:	Annual Contract Value:
Chatham County Detention Center, Sheriff John Wilcher			\$ <u>7,148,067.70</u>
Address:		Telephone:	912-652-7609
1050 Carl Griffin Drive, Savannah, GA 31405		Fax Number:	
		E-Mail Address:	jtwilche@chathamcounty.org
Description of Services Provided:			
Comprehensive Inmate Medical, Mental Health & Dental Services			
Facility Name:		Contact Name:	Annual Contract Value:
Jefferson Parish Detention Center, Joe Denny			\$ <u>4,623,076.00</u>
Address:		Telephone Number:	504-736-6844
100 Dolhonde Street, Gretna, LA 70053		Fax Number:	
		E-Mail Address:	jdenny@jeffparish.net
Description of Services Provided:			
Comprehensive Inmate Medical, Mental Health & Dental Services			
Facility Name:		Contact Name:	Annual Contract Value:
Douglas County Detention Center, Chief Deputy Kenneth Conner			\$ <u>1,928,013.00</u>
Address:		Telephone Number:	770-942-2121
8470 Earl D. Lee Blvd., Douglasville, GA 30134		Fax Number:	
		E-Mail Address:	kconner@sheriff.douglas.ga.us
Description of Service Provided:			
Comprehensive Inmate Medical, Mental Health & Dental Services			

Carlo Musso, MD		5/16/18
<b>COMPANY NAME</b>	<b>AUTHORIZED SIGNATURE</b>	<b>DATE</b>

## SECTION 6. CORRECTHEALTH SERVICE PLAN

### Objectives

The objectives of the Healthcare Program proposed by CorrectHealth for the Muscogee County Jail include the following:

- To deliver high quality healthcare services that that will meet or exceed standards established by NCCHC and ACA that govern the health care of detainees.
- To operate the healthcare program in a cost-effective manner as a steward of the County's inmate healthcare budget with full reporting and accountability to the Sheriff and the Columbus Consolidated Government.
- To operate a health care program at full staffing 24-hours-a-day, seven-days-a-week, using only licensed, certified and professionally trained personnel that meet all licensing requirements of the State of Georgia. Staffing will include 24-hour access to physicians, medical care providers, and dental services.
- To develop and implement a written health care plan with clear objectives, policies, procedures, and an annual evaluation of compliance. The CorrectHealth program focuses the provision of needed medical, mental health and dental care on-site as much as possible and within the scope of services for the facility.
- To maintain an open and cooperative working relationship with the administration and staff of the Muscogee County Sheriff's Office, the Columbus Consolidated Government and its employees.
- To provide all health care for the inmates, thereby relieving Muscogee County Jail staff of any responsibility for the performance of healthcare functions.
- To provide a comprehensive program for continuing education of healthcare staff and security staff, and to provide health education for the patients that is appropriate and comprehensive.
- To maintain complete and accurate records of care rendered in compliance with HIPAA regulations, and to collect and analyze health statistics on a regular basis.
- To operate the healthcare program in a humane manner with respect to the inmates' rights to basic healthcare services.

## I Scope of Services (ATTACHMENT A)

### A. Health Care Services

#### 1. Intake Screening

CorrectHealth licensed healthcare staff will be posted in the Intake area of the Muscogee County Jail 24-hours per day, 7 days per week to complete, on every detainee that arrives in the booking area, a detailed Receiving Screening and Health History, which includes a medical and mental health screening, and to assist Detention Facility officers in the determination of an arrestee's suitability for confinement based upon their presenting medical condition.



At a minimum, the Receiving Screening and Health History will include the following:

- Documentation of current illnesses and health problems, including medications taken, and special health requirements, including mental, dental, communicable diseases, and those problems unique to females;
- Obtaining a full set of vital signs;
- Screening for Tuberculosis prior to being dressed into the facility;
- Screening of other health problems specifically designated by our Medical Director;
- Behavioral observations, including state of consciousness, mental status, and whether the inmate is under the influence of alcohol or drugs;
- Notation of body deformities, trauma, bruises, ease of movement, etc.;
- Assessment of the condition of skin and body orifices, including infestations, lesions, jaundice, rashes, needle marks or other indicators of drug abuse;
- Mental Health History;
- Assessment of inmate mental status to determine current or potential suicidal or homicidal ideation;
- Documentation of personal physician and any medical needs to facilitate verification by staff;
- Documentation of the disposition of the inmate; and
- The initiation any necessary referral for special housing, mental health services, medical or dental routine care or additional medical specialties as appropriate.

The comprehensive health history will identify acute and chronic conditions that may require immediate intervention. In-depth information will be gathered about alcohol and substance abuse, communicable diseases, mental health conditions, and pregnancy. This provides advantages to Columbus Consolidated Government in the following ways:

- This comprehensive approach enables us to identify individuals whose pre-incarceration conditions warrant medical or mental health clearance prior to booking.
- It allows our healthcare staff to identify complex medical, mental and dental conditions upon entry. As a result, our staff can immediately begin to develop individualized treatment plans and provide care.
- It permits our staff to refer acute and chronic conditions more rapidly to our upper level providers to begin an aggressive treatment plan before more serious and costly complications occur.

**Tuberculosis Screening and Testing for Detainees.** At intake, every detainee will be screened for signs and symptoms of tuberculosis. If they have symptoms of active tuberculosis, they will be diverted to the Emergency Department for further evaluation. Proper precautions will be taken to ensure that security staff will not be exposed unduly while transporting the detainee. If the detainee does not have symptoms, they will receive a tuberculin skin test (TST) on arrival. Detainees who have tested positive on the TST in the past will receive a chest x-ray.

**Disposition.** All information gathered during the Intake Screening process will be used to determine the appropriate disposition for the inmate, to include:

- ✓ Referral to the appropriate health care service on an emergency basis;
- ✓ Placement in a preventive suicide setting;
- ✓ Placement in the general inmate population;
- ✓ Placement in the general inmate population with referral to the appropriate Medical, Dental or Mental Health Provider; or
- ✓ Placement in the appropriate area of the Mental Health Unit.

**Diversion.** All inmates who present to the Jail unconscious or who appear to be seriously injured/ill will be sent to the Emergency Department for treatment. Their return to the Jail is predicated upon written medical clearance.

Detainee reports of special medical needs, current medications and past medical treatments will be verified by healthcare staff using information provided by the patient, if possible. Healthcare staff will contact the Provider to discuss patients who require immediate continuity of care/medications. All detainees reporting current medical treatment will be referred to the Provider at their next available clinic.

## **2. 14-Day Physicals (Health Appraisal)**

Each patient will receive a hands-on Initial Health Appraisal within fourteen (14) calendar days of their arrival at the Jail. Per NCCHC Standard J-E-04 and P-E-04, this may be completed by a Physician, a Mid-Level Provider or a Registered Nurse who has received specialized training in physical assessment. At a minimum, the Health Appraisal will include the following:

1. Review of the Receiving Screening and Health History;
2. Completion of medical, dental, psychiatric and immunization history;
3. Additional data to complete a standard history and physical examination, to include breast, rectal and testicular exams as indicated by the patient's gender, age and risk factors, and other evaluations as determined by the Medical Director;
4. Observation and documentation of mental status;
5. Testing for communicable diseases, such as sexually transmitted disease, when clinically indicated;
6. A review of the TST planted in Intake and read 48-72 hours later, or the results of the chest x-ray results for an inmate previously positive;
7. Dental and vision screening;
8. Additional laboratory testing as directed by the provider for particular medical or health problems;
9. Additional testing, as required, based on the original screening tests or reported histories, such as tests for hepatitis and HIV, and chest x-rays;
10. Initiation of appropriate therapy;
11. Measurement of height, weight, pulse, blood pressure, and temperature;
12. For females, an inquiry about pertinent obstetrical and gynecological conditions, including menstrual cycle and unusual bleeding, current use of contraceptive medication, presence of an IUD, breast masses and nipple discharge, and possible pregnancy.

The Medical Director will review and sign off on all Health Appraisals to ensure that appropriate treatment plans have been initiated.

Health Appraisals will also be completed according to NCCHC for the entire term of the inmate's incarceration. The Medical Director will determine the elements of these annual health assessments based upon the age, sex and health needs of the individual with consideration for the recommendations of the American Academy of Family Physicians, and in collaboration with Dr. Walter Smith, CorrectHealth Executive Medical Director.

#### Health Appraisals at Intake:

As a future efficiency and in collaboration with the facility administration, CorrectHealth would like to discuss the possibility of conducting the Health Appraisals for the Jail at intake screening. CorrectHealth is currently doing this at several Jail with greater than 1000 inmates successfully. As a matter for discussion we would like to point out the pros and cons as follows:

#### PROS

- o H&P standard compliance increase
- o Improved medical database
- o Identify problems earlier with a comprehensive triage
- o Decreases chronic illness decompensation
- o Decreases off-site care expenses by improved early disease identification
- o Improves Pre-incarceration diversion

#### CONS

- o Increased supply costs
- o Staffing at intake might increase
- o Slight increase book-in time for intake

### **3. Sick Call**

Nurse Sick Call will be conducted daily Monday through Friday. Nursing staff will utilize CorrectHealth's extensive Nursing Assessments to address minor injuries and illnesses using over-the-counter medications. All Nursing Assessments are reviewed and approved by the Medical Director annually. Each Assessment has a corresponding printed Nursing Note that facilitates a thorough physical assessment and documentation of the encounter. All Assessments include appropriate inmate education. Currently, the CorrectHealth program includes over 75 inmate education hand-outs in both English and Spanish that correspond to our Nursing Assessments.

If the care required to treat a patient's condition exceeds the scope of practice for the nursing staff, the patient will be referred to the next appropriate level of Provider. When appropriate, the patients will be referred to the Medical Director for evaluation. Urgent needs will be addressed same day. Routine provider sick calls will be seen within 7 days. Any detainee whose custody status precludes attendance at a clinic sick call will be seen at their confinement location under conditions that preserve confidentiality while providing for the security of the healthcare staff.

As part of our Continuous Quality Improvement Program, upper level Providers are responsible for reviewing the assessments and interventions provided by all healthcare staff via a peer review process. In addition, monthly focus audits are completed so that areas of high volume, high acuity or high risk are monitored.

#### **4. Chronic Care**

CorrectHealth has a formalized Chronic Care Program that includes, but is not limited to, clinics for Asthma, Diabetes, Seizure Disorders (Epilepsy), Infectious Diseases (including Hepatitis B & C, HIV, and TB) and Hypertension. All patients presenting with a chronic illness will be monitored through our Chronic Care Program. Our Program utilizes evidence-based guidelines, specific for each disease process, which are based upon nationally accepted clinical guidelines. Dr. Walter Smith, Executive Medical Director, has approved all CorrectHealth clinical protocols used for inmate care. All are reviewed at least annually, or when changes occur in the national guidelines or community standard. Every inmate enrolled in our Chronic Care Program will have an individualized treatment plan.

Patient education is paramount to treatment and medication compliance, which in turn, leads to better disease control and ultimately, better patient health. Thus, a large part of each chronic care patient encounter is patient education, and the verification that the patient understands their disease process, the mechanism by which the medications prescribed (if any) affect the disease process, and the importance of a healthy lifestyle to improve their outcome.

#### **5. Medication Delivery**

Only licensed professional staff will administer medications at the Jail. Medication administration rounds are currently being conducted three times a day. CorrectHealth proposes med pass twice per day on each housing unit. This is usual and customary, and currently in place at all other CorrectHealth facilities. CorrectHealth's experience has validated that having two main medication passes per day is therapeutically sound and has a positive impact on security activity schedules. Arrangements will be made for nursing staff to administer any medication ordered by the Provider more often than twice per day. Nursing staff will also monitor the patient's compliance and response to medications, and conduct medication counseling as needed. Detainees scheduled to go out for court will receive their medications prior to leaving the Jail, or immediately upon return. If medications are ordered in such a way that the medication is needed during the time at court, arrangements will be made by medical staff to assure that the patient receives their medication appropriately. Staff will ensure that all patients for whom a Provider orders medication will receive it.

All medications administered will be documented on a patient-specific Medication Administration Record. In addition, any medication refused or not administered will also be documented on the Medication Administration Record with a notation as to why the medication was not administered. Any patient refusing more than three consecutive doses of a medication will be referred to a Provider for counseling.

CorrectHealth will work with the Jail staff to determine the most convenient times for medication administration to occur that satisfies both therapeutic and security needs.



Detainees who request over-the-counter medications must be assessed by a nurse prior to any medication administration. If the nurse determines that an over-the-counter medication is necessary, it will be provided to the inmate. Practicing within the CorrectHealth nursing assessments, nurses may administer certain over-the-counter medications if necessary. In all cases of administration of over-the-counter medication, the nurse will document the patient assessment, the nursing protocol used and the medication administered in the health record.

## **6. Nursing Services**

**Daily Triage of Complaints.** CorrectHealth utilizes a tiered, multidisciplinary approach to inmate healthcare. Site-specific policies and procedures will be established for handling and responding to non-urgent requests for medical, dental and mental health treatment. These policies and procedures will include triage of the Health Services Request form within 24 hours of receipt, response within 48 hours (up to 72 hours on the weekend) of receipt, and the criteria used for triage as approved by the provider. Detainee medical requests will be picked up daily and triaged by a nurse trained in physical assessment and triage protocols. All detainees needing a physical evaluation will have an appointment within 48 hours of submission. Staff will always have the ability to immediately evaluate any inmate whose complaint is unclear or who describes an urgent issue by calling them to the clinic.

All non-acute mental health concerns will be forwarded to the Mental Health staff. Serious mental health needs of an inmate will be conveyed to the on-site Mental Health Provider immediately by the nurse triaging the health service request form, after ensuring the safety of the patient.

A health service request log will be used to track all requests from initial receipt to final disposition, and will include pertinent dates, and the name and title of the healthcare staff who provided treatment. The number and type of requests received will be included in the monthly Health Services Statistical Report.

Detainees in segregation (disciplinary detention and/or administrative segregation) will be allowed to request health care daily during medication administration. Nursing rounds will be conducted in segregation daily at the time of medication pass and these rounds will be documented on a form that will be filed in the individual's medical record at the end of each month or when discharged from Segregation. The number of Segregation Rounds conducted will be reported in the monthly Health Services Statistical Report and will be shared at the quarterly Medical Audit Committee meeting.

**Medical Observation / Infirmary Services.** CorrectHealth understands that the Jail has a medical observation area (MOA). We commit to utilizing the observation cell space to its maximum potential in order to reduce off-site care traffic whenever possible. Our experience in corrections over the past thirteen years reinforces that much of the medical care sent to local emergency rooms can easily be provided within the facility by utilizing minimal program enhancements, particularly at the Jail. Our providers understand the importance of treating our patients in a facility that can appropriately address their healthcare needs while also maintaining the security that their status demands.

Our medical observation plan is very simple. First, we will study the current utilization of the MOA. We will learn how the staff use the MOA to handle various problems, special needs and treatments. Second, we will identify simple / low acuity problems that we believe the staff can easily manage in the MOA. Any training and education that is needed will be performed by our clinical services staff. Third, we will collaborate with facility administration and security to make them aware of our new capability, then make a plan to start. As the staff grows in skill and competence, we will introduce more complex problems to be addressed in our MOA. Over time, staff confidence and the level on care will dramatically increase. In some of our infirmaries we are providing care similar to a med/surg floor in a community hospital. By maximizing the healthcare provided in a medical observation / infirmary setting, CorrectHealth can provide a more efficient medical operation and significantly reduce costs for off-site care.

CorrectHealth shall maintain the MOA through a program of rigorous staff education and Continuous Quality Improvement. The provision of the appropriate equipment, supplies and post orders for staff needed to provide the level and quality of care expected by CorrectHealth shall be developed specific to the Jail. Guidelines for our care of patients in the MOA will include the following:

- A MOA Scope of Services will be established and all care rendered in the MOA will be within this Scope.
- The MOA Manual includes specific Policies and Procedures and will guide the care provided. These will be updated as care expands.
- The MOA will be supervised by a Registered Nurse twenty-four hours per day, seven days per week.
- A Provider will be on-site daily M-F to conduct rounds and a Provider will be on-call 24 hours per day.
- Patients will be within sight or sound of medical staff personnel at all times.
- A Manual of Nursing Care Procedures will be utilized as a resource for staff.
- If and when the level of care in the MOA at the Jail reaches to that of a typical Infirmary, we will begin a process of Admission to and Discharge from the Infirmary. This will occur only on the order of a Provider.
  - There will be a separate, individual and complete medical record for each patient admitted to the Infirmary. Documentation within this record will include: Admitting order with diagnosis, medications, diet, activity restrictions, diagnostic tests and frequency of vital signs and other follow up; complete documentation of the care and treatment given each shift/day; the MAR; and any discharge plans or notes.
  - When the individual is discharged from the Infirmary, the medical record will then be merged into the patient's Health Record. When the Electronic Health Record is implemented, the Infirmary Care documentation will be available at all times as an Infirmary tab within the patient's single health record.

**Special Medical Treatment Plans.** CorrectHealth's Medical and Dental Providers will develop written individualized treatment plans to monitor, care and/or treat inmates with special conditions requiring close supervision, including, but not limited to:

- ✓ Acute or chronic medical, dental or mental health conditions
- ✓ Special needs
- ✓ Mental or developmental impairment
- ✓ Drug and alcohol withdrawal
- ✓ Geriatric inmates
- ✓ Women's health issues, including pregnancy
- ✓ End-of-life care
- ✓ Impaired mobility
- ✓ Other physical limitations, such as hearing or sight impairment
- ✓ Communicable diseases

All written individualized treatment plans will include instructions to healthcare personnel regarding their roles in the care and supervision of the patient. Collaboration with security will be included in the planning process, and any special security concerns will be noted within the treatment plan.

**Elective Care.** CorrectHealth understands that we are not responsible for "Elective care", which is defined as any treatment or medical intervention not required to prevent deterioration in the patient's health or required to avoid obvious harm to the inmate/patient. CorrectHealth's Medical Director will determine what treatments, interventions, therapies and pharmaceuticals are elective, as opposed to those required to maintain the patients' health.

**Staff Tuberculosis Screening.** All Correctional staff and healthcare staff will receive an annual tuberculosis screening, the results of which will be maintained in a confidential database on-site. All CorrectHealth staff receive a two-step TST at the time of hire. Annually, all CorrectHealth staff are tested during the month of March. Any correctional staff member or CorrectHealth staff member whose result is positive will be referred to their personal healthcare provider for follow-up. All individuals previously testing positive will be screened for signs and symptoms of active disease annually based upon the above schedule. Any individuals with symptoms will be immediately referred to their personal healthcare provider for evaluation.

**Staff Hepatitis B Vaccinations.** All correctional and CorrectHealth staff will be offered a vaccination series for Hepatitis B. Correctional staff will initially be offered the vaccination upon hire, but it will be available at any time they decide to initiate the series. CorrectHealth staff are offered the vaccination at initial hire during orientation. They, too, may decide to accept the vaccination series at any time during their employment. CorrectHealth understands that the cost of the serum will be paid for by the Sheriff's Department for their employees. CorrectHealth is happy to administer the vaccine at no cost to the Sheriff.

**On-Call.** To ensure quality of care and continuity of services, CorrectHealth will provide on-call services for medical and dental care for after hours and emergent situations twenty-four (24) hours a day, seven (7) days a week. Our on-call Providers understand the importance of responding on-site to decrease the transfers of patients to off-site healthcare services.

**EKG.** Electrocardiogram machines will be available on-site twenty-four (24) hours per day, seven (7) days per week for immediate testing should the need arise. All staff will be trained on, and will

demonstrate correct knowledge of its use prior to working in the clinic. EKGs may be sent to the Provider on-call for review and patient disposition when there is no provider on-site.

## **7. Emergency Services**

CorrectHealth provides access to care 24 hours a day 7 days a week with nurses, Physicians and Midlevel providers available to render care on-site and via telemedicine when needed to make determination if the Inmate needs to be transported to the nearest medical facility for further emergent care. CorrectHealth will have a licensed nurse on-site twenty-four (24) hours a day, seven (7) days a week who will respond to all emergencies inside of the Jail that involve staff and visitors, and will provide emergency interventions and stabilization care until outside emergency medical personnel arrive. Further, CorrectHealth will assist in the development and training for disaster emergencies and fire drills.

## **8. Women's Health Services**

The following procedures are followed for pregnant inmates at the facility:

1. All pregnant inmates receive timely and appropriate prenatal care by qualified healthcare practitioners.
2. Individuals who specialize in obstetrical care provide prenatal care on-site or off-site.
3. Prenatal and postpartum care is scheduled per clinical guidelines and standards and includes medical examinations, advice on appropriate levels of activity, safety precautions, nutritional guidance, counseling and any lab or diagnostic testing which is clinically indicated
4. Pregnant inmates are given comprehensive counseling and assistance in accordance with their expressed desire regarding their pregnancy.
5. CorrectHealth has a routine set of both diagnostic and therapeutic orders related to the identification of pregnancy. These orders should be consistent with the American College of Obstetrics and Gynecology (ACOG) recommendations and the prenatal monitoring should also be consistent with the ACOG guidelines.
6. Urine pregnancy tests are performed on females of child-bearing age, as clinically indicated. If the pregnancy test is positive, prenatal care is initiated and the patient is referred to the medical provider for initial evaluation and prenatal care.
7. If a patient informs the healthcare staff during the intake process that she is pregnant, prenatal care is initiated, beginning with a confirmation of pregnancy either by a positive urine pregnancy test or auscultated fetal heart tones.
8. Documentation of pre-natal services is maintained in the inmate's medical record.
9. The medical provider evaluates the patient during routine sick call and determine the appropriate treatment plan according to gestation, co-existing medical conditions, and the prenatal care received prior to incarceration.
10. The facility medical provider monitors first trimester pregnancies. All 2nd and 3rd trimester pregnancies, and all high-risk obstetrical patients, regardless of estimated gestational age, are referred to the appropriate women's health provider (certified nurse midwife, women's health nurse practitioner or obstetrical



- specialist). These specialists also act as consultants for the first trimester pregnancies, as needed.
11. Pregnant inmates with a history of opiate or benzodiazepine use are immediately referred to the medical director or on call provider.
  12. The screening should include a prenatal history, in which the following are addressed:
    - a. Medical, surgical, and obstetrical history;
    - b. Family and social history; and
    - c. High risk factors including drug, tobacco and alcohol use, infectious diseases, past obstetrical complications, and chronic medical conditions.
  13. The Health Services Administrator and the on-site provider maintain a list of pregnant inmates and pregnancy outcomes.
  14. While the pregnant inmate is incarcerated, the medical or obstetrical provider considers the following:
    - a. Routine urine testing for ketones and proteins;
    - b. Vital signs and the measurement of fundal height;
    - c. The auscultation of and fetal heart tones at prenatal care visits;
    - d. The provision of vitamins with iron supplements;
    - e. The provision of special diets with increased calories.
  15. Diagnostic testing is provided according to the community standard of obstetrical care, including on-site ultrasonography.
  16. CorrectHealth has establish written agreements with local providers for off-site obstetrical care.
  17. The healthcare staff are informed of any impending estimated dates of delivery. Placement in the Infirmary Unit as the due date approaches is at the discretion of the obstetrical provider.
  18. The obstetrical provider (on-site or off-site) discusses all available options with the patient regarding the pregnancy.
  19. The obstetrical provider (on-site or off-site) notifies Social Services at the delivering hospital prior to the estimated date of delivery to assist in placement of the infant.
  20. When the patient exhibits signs and symptoms suggestive of active labor, the healthcare staff notify the on-call provider for instructions. If it is determined that the patient is in labor, she is transported via EMS to the delivering hospital for evaluation. The healthcare staff contact the Labor & Delivery staff to provide a patient report.
  21. Precipitous delivery kits are located in the Medical Department, along with basic neonatal resuscitative equipment, in the event that an unexpected delivery occurs.
  22. Restraints are not used during active labor and delivery.
  23. Standard postpartum care is provided upon return to the Facility.
  24. Pregnant patients are referred to the Mental Health Team and Chaplain Services for consultation.
  25. Pregnancy care and outcomes are monitored through the CQI program.
  26. The Health Services Administrator maintains a list of pregnancies and their outcomes, located in medical administration.
  27. CorrectHealth staff assist the pregnant inmate in implementing her decision for the pregnancy as follows:

- a. Abortion
    - i. Provide information on local abortion clinics.
    - ii. Discuss logistics of the procedure, including transportation, cost and post-procedure care.
    - iii. Refer to mental health and chaplain services for pre- and post-procedure evaluation, counseling and support.
  - b. Adoption
    - i. Provide access to local community adoption agencies or social services.
    - ii. Refer to mental health and chaplain services for prenatal and post-partum evaluation, counseling and support.
  - c. Keeping the child
    - i. Provide access to local hospital social services department to facilitate placement of the infant with a responsible adult (family or foster care).
    - ii. Refer to mental health and chaplain services for prenatal and post-partum evaluation, counseling and support.
28. When applicable, nondirective counseling, written information, and community resources about pregnancy prevention are provided to female inmates of childbearing age

## 9. Referrals to Hospital and Specialty Care

Specialty Care referrals will be processed through the CorrectHealth Utilization Management Program. Scheduled services will be referred and approved prospectively and all emergency care rendered will be evaluated retrospectively to ensure appropriateness of the care and treatment received.

CorrectHealth will be responsible for the identification of the need for all emergency and non-emergency medical and dental care for detainees at the Jail. We will also be responsible for the scheduling and coordination of all emergency and non-emergency care. CorrectHealth understands that all off-site care expenses will be the responsibility of the Columbus Consolidated Government.

**Referral Services.** Although CorrectHealth will attempt to provide as much on-site specialty care as possible, there will be situations when the patient's needs exceed the capabilities of the Facility. In such necessary cases, CorrectHealth will arrange for laboratory testing, diagnostics, specialty care, and off-site inpatient and outpatient care. Policies and procedures site-specific to the Jail will be written to describe the process for off-site care.

**Hospitalization.** When hospitalization of a patient is required, CorrectHealth will be responsible for the arrangements and daily monitoring of the patient's condition, and the continuing determination of medical necessity for hospitalization. CorrectHealth will develop a professional relationship with the hospital's Utilization Management Department in order to facilitate the patient's return to the Jail as soon as medically feasible.



Patients who go to an outside provider or hospital, whether due to an emergency or as the result of a scheduled appointment, will be seen by medical staff upon return to the Jail and the discharge plan will be reviewed. As necessary, the on-call Provider will be contacted to discuss the recommendations and to obtain any appropriate orders. A note regarding this review, with reference to follow up on-site evaluation and treatment, will be documented in the detainee's health record. CorrectHealth will ensure that all pertinent hospital and Specialty Provider records are filed in the patient's health record on-site.

CorrectHealth understands the impact that sending patients to off-site appointments has on security operations, and a cornerstone of our program is bringing services on-site whenever possible. In addition to high-volume services, such as dialysis, we have made arrangements with other clients to bring specialty services such as OB-GYN, Infectious Diseases, Orthopedics, and Physical Therapy on-site. CorrectHealth will evaluate the utilization and the need for Specialty Services, and will work with Facility Administration to facilitate making these services available on-site.

**Optical Care.** CorrectHealth will assist the County any way possible to support this existing County program to include scheduling, coordination of visits, the handling of orders, distributing eyeglasses to the inmates and any instructions if applicable.

## **10. Case Management**

CorrectHealth utilizes a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet the Inmate's comprehensive health needs through communication with off-site services and available resources to promote quality, cost-effective outcomes.

**Discharge Planning.** CorrectHealth espouses the philosophy that discharge planning begins upon entry into the system. We will provide a Discharge Plan for each patient with a chronic medical condition or special need who has a planned release.

A major component of the Discharge Plan will be referrals to community services pertinent to the care of the patient. We will foster relationships with community providers to whom we can refer to effect better opportunities for our patients released from the Jail. The Discharge Plan will include patient education, appropriate referrals and a three (3) day supply or more, as clinically indicated, of medication given as a bridge measure until they can be seen by a community provider. CorrectHealth staff will review the plan with the patient to ensure understanding prior to discharge.

## **11. Utilization Management**

CorrectHealth employs a robust utilization management (UM) program for consults, off-site services and transportation, hospitalizations and pharmaceuticals. Our program includes site monitoring and accountability, utilization review by the site Medical Director and staff education. All consults generated at the Jail will be reviewed by the site Medical Director within 24 hours of referral. Simultaneously and via our electronic UM application, the CorrectHealth Executive Medical Director will review all referrals for offsite services to determine their medical necessity.



Appropriate referrals will be booked by the Consult Coordinator and will be logged into our Consult System. Those that require clarification will be discussed with the originating Provider. Patients will be re-assessed every 30 days by the CorrectHealth onsite clinician if they have not been evaluated by the off-site consultant. Emergency care will be obtained immediately, and a retrospective review will occur. All hospitalizations will receive concurrent review daily by the Executive Medical Director and the site Director of Nursing or designee. They will monitor the patients who are hospitalized to insure that they return to the facility as soon as they meet the criteria for care on-site. For all hospitalizations, retrospective case review will occur to ensure that the use of the outside service was appropriate and that the length of the hospital stay was appropriate. This retrospective review will be conducted between the Executive Medical Director and the Jail Medical Director. Findings will be discussed with staff.

All non-formulary medications ordered will be reviewed by the Executive Medical Director and the Site Medical Director. Pharmacy utilization will be monitored monthly by the site Medical Director, Health Services Administrator and the Corporate Director of Operations and Development Support.

**Peer Review.** Peer Review, the evaluation of the clinical care provided to a patient by a provider, occurs annually as part of the CorrectHealth Continuous Quality Improvement Program. Each provider's documentation of care is reviewed by a clinician with the same credentials (i.e. MD reviews MD). Multiple health records are reviewed for each provider and the results are shared with them. If necessary, corrective action plans are developed that may include educational components. Logs are kept of this review to satisfy accreditation requirements; the actual review is considered privileged and confidential information.

## 12. Prior Authorization

See Section 11. Utilization Management, above

## 13. Billing Adjudication

**Cost Saving/Cost Containment Procedures.** CorrectHealth demonstrates fiscal stewardship in a variety of ways. We continuously review our procedures, search for cost-effective alternatives to current supplies, equipment and pharmaceuticals, and we perform cost-benefit analysis before making any changes to ensure it would be in the best interest of our clients and our staff. The CorrectHealth program complies with the requirements of the Patient Protection and Affordable Care Act.

A Formulary for pharmaceuticals will be utilized at the Jail, and all non-formulary medications will be available through our Utilization Management process. CorrectHealth works closely with the Pharmacy vendor to take advantage of all manufacturer and other deals that are available. In this way, we are able to lower your overall pharmacy costs.

Under our program, CorrectHealth will be responsible for the management of all inpatient and outpatient invoices and claims, including verification of patient eligibility and charges. Columbus

Consolidated Government will be financially responsible for all inpatient care and all outpatient Specialty care for their detainees.

House Bill 197, which amended O.C.G.A. §42-4-15. In addition to providing for the deduction of a copayment for certain medical care and prescriptions in Jails in Georgia, it also limited the reimbursement available to Hospitals for the emergency medical treatment of Inmates to no more than the applicable Georgia Medicaid rate, unless there was a pre-existing contract between the State and the Hospital.

CorrectHealth staff have extensive experience with both outpatient and inpatient claims review, especially as it relates to ensuring that only Medicaid rates are being charged. CorrectHealth has been instrumental in assisting our clients implement changes in their procedures to take full advantage of this legislation. Columbus Consolidated Government will be financially responsible for all outpatient and off-site healthcare.

#### **14. Quality Assurance/Quality Improvement**

**Medical Audit Committee.** CorrectHealth will implement a Medical Audit Committee (MAC) to include Facility Administration. The MAC will be responsible for developing, recommending and implementing all policies and procedures necessary for the operation of the medical program. The objective of the MAC is to assure that quality health services are available to all inmates. Members of the MAC typically include representatives from Facility Administration (as designated by the Facility), the Health Services Administrator, the Medical Director, the Dentist (when needed), the Mental Health Director, and Continuous Quality Improvement/Infection Control staff. Other vendors, such as those responsible for Food Service, may also attend when there are issues that involve their areas of supervision (i.e. Special Diets). The Committee will meet at least quarterly. CorrectHealth's Health Services Administrator will be responsible for organizing all MAC meetings, developing the agenda and recording minutes.

**Facility Meetings.** It has been our experience that developing an open and collegial relationship with the Facility Administration has enhanced communication and department operations, and this is our goal at the Jail. CorrectHealth's HSA will be available to meet with the Administrator or their designee at his/her request. In addition, the HSA or designee will attend all Muscogee County staff meetings as requested.

**Continuous Quality Improvement.** A Continuous Quality Improvement Committee will be initiated onsite at the Jail to monitor the quality of care and the quality of service provided. Per NCCHC Standard, this Committee will be organized and chaired by the Medical Director. A primary responsibility of this committee will be to develop, recommend and implement all protocols, policies and procedures necessary for the operation of a comprehensive healthcare program at the Jail. This Committee, in consultation with facility administration, will design and implement interventions to improve quality in the medical, dental and mental health programs at each facility. Our Clinical Services team will assist the Jail staff on immediately implementing a Comprehensive Continuous Quality Improvement (CQI) Program. Our CQI Program includes monthly audits determined by both corporate initiatives and site-specific areas of concern. Audits include the collection of data from appropriate sources, analysis of the data, and the development and

implementation of a corrective action plan. Reevaluation of the issue occurs within a pre-determined timeframe to ensure correction.

Examples of successful CQI initiatives:

- ✓ Reengineering Health Appraisals to be performed in Intake.
- ✓ "Unscheduled contact" tracking and reporting. Recently, our CQI process at a CorrectHealth facility led to the following operational improvement:

POLICY: Requests for clinical care not previously scheduled will be addressed and documentation of these contacts will be made.

DEFINITION: "Clinical care not previously scheduled", also known as unscheduled health care contacts, include man down events, medical department "walk-ups", task interruptions, pre-booking encounters, and telephone calls to the medical department. Note: The Unscheduled Contact Algorithms maybe used to guide patient care, but their use should never override clinical judgment.

PROCEDURE:

1. Unscheduled healthcare encounters will be documented on an Unscheduled Contact/Telephone Log. If applicable the information will be documented in the patient's health record.
2. The Health Services Administrator/Health Services Coordinator will ensure that the Unscheduled Contact/Telephone Log is readily accessible in areas of the facility frequented by healthcare staff, including the main clinic area, remote treatment areas, and the Intake/Booking area.
3. The Health Services Administrator/Health Services Coordinator/designee will review the logs to determine if additional follow-up is needed and will schedule follow-up accordingly.
4. At Jail that do not have on-site healthcare staffing 24/7, the healthcare staff person will contact Security upon their return to the facility to ascertain if any requests for medical treatment were received. Any requests that were received will be documented on the Unscheduled Contact Telephone Log and will be followed-up appropriately.
5. The number of monthly unscheduled healthcare contacts will be included in the monthly Health Services Statistical Report.
6. Unscheduled Healthcare Contacts will be monitored through the site Continuous Quality Improvement Program.
7. The Unscheduled Contact/Telephone Logs will be kept on-site for a minimum of three years per CorrectHealth record retention procedures.



Staff training is necessarily an important component of any action plan, and CorrectHealth will have the corporate trainers and the site staff work together to plan and coordinate education activities for the staff. Other disciplines may be invited based upon the particular issue studied. CQI audit results will be discussed at the Medical Audit Committee meetings and will be shared with staff during the monthly staff meetings. An annual CQI report for each facility will also be completed and shared with the respective site Administrators.

All sentinel events, including deaths in custody, will be reviewed by the Medical Director, the Health Services Administrator, and any other appropriate staff within 30 days of occurrence. It has been our practice to include Stacy Scott, our Chief Legal Officer, and Dr. Walter Smith, Executive Medical Director, in all Mortality Reviews.

**Monthly Health Services Statistical Report.** CorrectHealth will submit a monthly Health Services Statistical Report that summarizes the services provided during the previous month. The Report will be customized with input from Facility Administration so that the data tracked will address the needs of all users. Currently, CorrectHealth tracks all statistical information in a central database to allow comparisons and analysis. Our Electronic Health Record will generate statistical reports on demand. CorrectHealth is happy to work with the Facility Administration to draft any informational report regarding healthcare services at the Jail, and will do so in an expeditious manner. Reports will include the following:

1. Number of patients on Psychotropic Drugs
2. Pregnancy Management
3. Treatment of patients with alcohol and drug abuse issues
4. Any use of restraints
5. Any use of forced medications
6. Sick call
7. Chronic care
8. Physicals
9. Intake Screening
10. TB prevention
11. Infection Control Tracking
12. HIV Treatment
13. Staffing report with actual FTEs, hours worked and level of professional certifications.
14. Any sentinel events
15. Legal Cases
16. Dental Sick Call
17. Vision Screening
18. Referrals to outside specialists
19. Any refusals of care by patients
20. Any refusals of medication
21. Narcotics counts
22. Emergency Room visits (requires additional documentation and justification)
23. Specialist visits (requires additional documentation and justification)
24. Penalties for non-compliance



**Inmate Complaint/Grievance Procedure.** CorrectHealth policies and procedures address the handling of inmate complaints regarding medical care (Grievances), and site-specific policies and procedures will be customized for the system at the Jail. All grievances will be date and time stamped, and entered into a Grievance Log. This log will include the inmate name and ID number, date received, nature of the Grievance, date answered, and resolution/disposition. CorrectHealth will respond to all Grievances within a timeframe established jointly by the facility administration and the Health Services Administrator, which will not be more than five (5) business days after receipt by CorrectHealth staff. All Grievance information will be summarized and shared at the quarterly Medical Administration Committee meeting. In addition, trends in Grievance activity will be analyzed and further studied by the CQI Committee and Corporate Staff should that be indicated.

**Policies and Procedures.** Our policies and procedures are based upon NCCHC standards and all CorrectHealth sites provide care accordingly. Internal audits are conducted to ensure compliance. All policies and procedures are reviewed at least annually, or when treatment standards change.

At the Jail, CorrectHealth will implement policies and procedures that are based upon ACA and NCCHC standards and are site-specific to the facility. Our corporate Policy and Procedure Committee, chaired by Dr. Walter Smith, Executive Medical Director, ensures that any changes to national standards are incorporated into our policies and procedures. The Committee also reviews any proposed changes to site policies to ensure that they continue to be in congruence with national standards and corporate policy.

CorrectHealth welcomes the review and approval of the Muscogee County Facility Administrators or their designees of our policies and procedures impacting the security and the general administration of the Muscogee County Jail. Our responsibility as the provider of medical, mental health, and dental care at the Jail is not limited by this collaboration.

## 15. Inmate Health Education

Health education, recovery and wellness information are offered to all inmates. Individual health education and instruction is provided to patients during the healthcare encounter. CorrectHealth's Inmate education policy is that Healthcare staff document the education that patients receive during the health encounter in the individual's health record. General health education for inmates is available in various forms, including group instruction, educational posters, pamphlets, audio/video tapes and brochures. Examples of appropriate topics for patient education include, but are not limited to, the following:

- Chronic diseases and disabilities
- Discharge planning in preparation for release
- Oral hygiene
- Domestic violence
- Stress management
- Family-planning
- Medications
- Nutrition and exercise



- Personal hygiene
- Self-breast examination
- Smoking cessation
- Substance-abuse
- Infectious diseases, including STIs, tuberculosis, hepatitis, HIV, and MRSA

Healthcare staff advocate for patients so that they may be afforded exercise opportunities appropriate to their clinical conditions.

## 16. Medical Records Management

CorrectHealth has significant experience using several different EMR systems, in correctional care settings. As part of this proposal, however, CorrectHealth proposes the CorEMR system, which through a unique and specialized arrangement between CorEMR and CorrectHealth, has been heavily customized to offer real-time alerts, flags, notifications and monitoring capabilities to allow CorrectHealth to monitor compliance with accreditation standards and facility protocols on a proactive, ongoing basis, for example, CorrectHealth's CorEMR platform keeps track of deadlines associated with intake screenings, chronic care visits, sick call, infirmary care, medication administration, timing of rounds, provision of diagnostic testing results, etc. and notifies staff so that all inmates obtain timely continuity of care. More information about CorEMR can be found at [www.coremr.com](http://www.coremr.com). Company-wide, 100% of our jails operate with a full electronic health record.

In addition, CorrectHealth's CorEMR system has been uniquely modified to ensure that all critical documentation is maintained and provided to patients as required. In other words, the customized CorEMR system has built-in stopgap measures and checks-and-balances that prevent staff and providers from failing to enter and/or provide key information and documentation. For example, a record will not allow staff or providers from proceeding to save a record that excludes a treatment plan, diet or activity orders, where one should have been provided to the inmate.

**Electronic Medication Administration Record.** CorrectHealth utilizes CorEMR for as the electronic medication administration record that will be interfaced with pharmacy vendor at the Jail. This will enable ordering, order reconciliation, and reporting. The electronic Medication Administration Records positions us to offer continuity and consistency for the program.

CorEMR's Electronic Medication Administration Record (eMAR) utilizing an existing HL7 interface for all medication orders. The Electronic Medication Administration Record (eMAR) program will improve accountability, increase cost savings, and emphasize quality care. CorEMR incorporates a fully paperless MAR that enables our nursing staff to efficiently administer and track all medication administration. This web-based software is offered at no additional cost provided that the facility nursing staff transmits all orders utilizing the electronic ordering program. The CorEMR eMAR system enables staff to display each inmate's medication schedule by selecting the inmate's name either alphabetically or by entire facility location. The system will electronically record the actual administration date, time, and nurse's initials when the medications are given. The system also has the option to print a paper pill call list or "Med Pass Prep List" alphabetizing each inmate by unit and in an easy to use grid format, listing all medications and the time medications are to be administered that day. This system eliminates the month end MAR change-over process

because all medication ordering and changes are automatically updated on the paperless MAR and the paperless med pass administration throughout the month. This process will provide significant staff efficiencies in administering medications.

**Forms Management.** CorrectHealth has a comprehensive forms management process. We ensure that all forms or electronic templates that are utilized meet the data collection requirements as established by the client, CorrectHealth, MAG, NCCHC and ACA accreditation bodies. We offer a variety of forms that provide a systematic process for data collection. The forms we currently use provide detailed documentation in all facets of patient care that include, but are not limited to, chronic care management, infirmary care, patient history and physicals, mental health, etc.

We have a forms committee that meets on a regular basis to provide oversight of forms management and design. This committee has the responsibility of assisting with the development of the medical record forms and templates for use in the electronic health record that will meet the needs of the facility. Forms are reviewed, revised, and updated when necessary to ensure that all data collection requirements are met. Our commitment to high quality, cost effective patient care mandates that we comply with all laws and standards regarding the patient medical record.

Individual health records will be initiated and maintained for every inmate as a result of the Admission Receiving Screening process. All medical and dental will be documented in the health record. The health record will remain separate from the custody record. All forms/templates included in the health record will be approved by the CorrectHealth Medical Record Forms Committee. Detainee health records will be kept current and will comply with the problem-oriented record format (SOAPE). The health record will be available at all health encounters.

The health record will include, but not be limited to, the following:

- ❖ Identifying information (e.g., inmate name, identification number, date of birth, sex);
- ❖ A problem list containing medical, dental and mental health diagnoses and treatments as well as known allergies;
- ❖ Progress notes of all significant findings, diagnoses, treatments, and dispositions, including place, date, and time of each clinical encounter; and signature and title of each documenter;
- ❖ Provider orders for prescribed medication and medication administration records;
- ❖ Reports of laboratory, x-ray, and diagnostic studies;
- ❖ Flow sheets;
- ❖ Consent and refusal forms (scanned versions);
- ❖ Release of information forms (scanned versions);
- ❖ Results of specialty consultations and off-site referrals (scanned versions);
- ❖ Reports of Inpatient stays (scanned versions, unless the inpatient facility has the capability to interface with our EHR);
- ❖ Special needs treatment plan, if applicable; and
- ❖ Immunization records, if applicable

All transcription and filing of information in the health record will be done by professional nurses or trained medical records staff (Health Information Technicians). As part of our Comprehensive



CQI Program, CorrectHealth will perform health record audits on a regular basis to ensure the completeness and accuracy of all health records. Further, all health records and processes applicable to health records will follow ACA and NCCHC Standards.

Senior Leadership at the Jail will be allowed access to, and copies of, detainee health records on a need to know basis and in a manner consistent with confidentiality laws. Detainees will never be allowed access to health records for any reason, although copies of their health records may be procured through our health record request policies and procedures.

We will archive the health records within the areas designated by Muscogee County for that purpose, and in accordance with Georgia and federal laws and regulations and the Muscogee County policies and procedures. CorrectHealth understands that health records are the property of the Muscogee County Sheriff's Office.

Site-specific logs, Appointment Books, Forms Notebook and Protocols Notebook will be developed during week 2 of the transition. The CorrectHealth Director of Health Information Management will oversee this process. If the logs and appointment system are computerized, templates will be developed to reflect each site's distinctive operations.

**Clinical Services/Administration.** The CorrectHealth Policies and Procedures will be organized for each site, as will the Infection Control Manual, the Safety Manual and the CQI Manual. Site-specific Policies and Procedures will be written during the first month on-site. Text resources for staff, including clinical textbooks and nursing procedure manuals, drug references, TB video, and NCCHC's current Jail standards will be purchased for each facility. CLIA waiver application will be submitted as needed. A list of medical equipment will be finalized and submitted to our Materials Manager for processing to ensure all equipment is available by the start-up date.

**Information Systems.** The CorrectHealth IS Department Manager will contact the IS department at the City of Columbus to discuss connectivity and telephone systems. Any necessary supplies and installations will be presented to the Transition team Leader and the Facility Administrative designee. In conjunction with Columbus Consolidated Government's IS department, the CorrectHealth IS Manager will determine the deliverables necessary for an on-site contract assumption. The IS departments will work collaboratively providing progress updates to the City, the Jail, and CorrectHealth.

## **17. Expendable Medical Supplies**

CorrectHealth understands that we are responsible for the procurement and purchase of all medical and lab supplies, forms, books and periodicals. CorrectHealth will supply all medical department office supplies, including paper, pens, medical/dental file folders, medical records and tabs, and miscellaneous office supplies.

## **18. Office Supplies**

CorrectHealth will provide all necessary office supplies to carry out the daily medical operations.

## **19. Formulary Development and Management**



CorrectHealth has standardized formularies and will further customize and manage the formulary to meet the needs of the facility. Formularies are ever-evolving lists of preferred pharmaceuticals that are reviewed at quarterly P&T Committee meetings. Further information regarding pharmacy services can be found in the pharmacy section of this proposal.

## **20. In-Clinic Laboratory Services**

CorrectHealth will provide point-of-service testing on-site and provide phlebotomy and specimen collection for other laboratory services processed off-site. CorrectHealth currently contracts with Quest Laboratory to provide off-site laboratory services to our clients. With Quest, our Providers have the ability to access lab results through a secure website, thus allowing remote access at any time. All lab results will be reviewed by a healthcare provider prior to placement in the patient's chart. Abnormal results will be addressed as indicated. CorrectHealth staff will maintain a log of all laboratory tests performed, including inmate name, identification number and type of test. When the Electronic Health Record is implemented, lab results will be immediately filed in the health record. The Provider will review the results and sign-off electronically.

**CLIA Waived Tests.** Tests such as urine dip, pregnancy, and fasting blood glucose will be available twenty-four (24) hours per day, seven (7) days per week to aid in the evaluation of a patient. CorrectHealth will consider point of care testing. An example is the implementation of bedside troponin and CK enzyme blood testing to assist in the evaluation of chest pain.

If a patient needs services that exceed the capability of the on-site ancillary service equipment, arrangements will be made for them to receive the service off-site through our Specialty Services referral process.

## **21. In-clinic X-ray Services**

Mobile x-ray and ultrasound services will be provided on-site. All reports will be reviewed by the Provider prior to filing in the Medical Record, and appropriate follow-up will occur as necessary. In addition, a Radiology log will be maintained to verify that all studies were conducted as ordered and results were received. CorrectHealth contracts with Global Diagnostic Services, a minority owned and operated business, for these services.

## **22. Dental Services**

CorrectHealth will provide dental services for the detainees at the Jail to include dental examinations within twelve months of admission and dental treatment when the health of the inmate would otherwise be adversely affected as determined by the dentist. Emergency dental services will be made available twenty-four hours per day, seven days per week. All necessary pharmaceuticals will be ordered by a provider licensed in Georgia to do so. Basic dental services will include tooth extraction, incision and drainage of abscesses and treatment for the resolution of pain.

A dental screening is part of the CorrectHealth Health History and Physical, as is patient education regarding basic oral hygiene. The dental screening will include the charting of decayed, missing and filled teeth, and inquiry into the patient's dental history to ascertain dental problems. Written



treatment plans will be developed for detainees exhibiting acute or chronic dental conditions and will include:

- ✓ Dental evaluations consistent with ACA and NCCHC standards;
- ✓ Referral for acute and chronic dental conditions;
- ✓ Patient education and oral hygiene counseling;
- ✓ Interface with Medical and Mental Health providers in the provision of comprehensive care; and
- ✓ Management of any dental special needs that affect nutritional status.

All findings will be documented in the health record.

As multiple staffing options have been offered, we will provide on-site dental care as negotiated in our final contract. As with all of our staffing schedules, CorrectHealth understands that Administration must approve them prior to implementation.

### **23. Hazardous Waste Management**

CorrectHealth is responsible for the secure storage and disposal of biohazardous medical waste generated in the medical department. We currently utilize the services of Healthcare Medical Waste Removal.

### **24. Medical Equipment**

CorrectHealth will provide all the necessary medical equipment carry out the daily medical functions and work with the Facility to recommend necessary equipment to purchase. If there is equipment that we feel is necessary that costs more than five hundred (\$500) we will request that Columbus Consolidated Government purchase the equipment. If the equipment cost is less than five hundred (\$500) CorrectHealth will purchase the equipment at our own expense. Columbus Consolidated Government will provide capital equipment needs, particularly EKG machines and AEDs.

### **25. Drug and Alcohol Withdrawal and Detox**

CorrectHealth has an aggressive and effective approach to the care of patients experiencing drug and alcohol withdrawal. During the Intake process, CorrectHealth staff triage and identify patients with substance abuse dependence, who are at risk for drug and alcohol withdrawal. CorrectHealth may use the Clinical Institute Withdrawal Assessment (CIWA) Protocols for assessment of severity of alcohol withdrawal symptoms and the Clinical Opiate Withdrawal Scale (COWS) for assessment of severity of opiate withdrawal symptoms. Providers are on site and /or on call 24 hours per day, 7 days a week.

Patients with mild withdrawal signs and symptoms are placed on a regimented schedule of observation to identify signs of active withdrawal. If and when those signs are identified, appropriate medications and treatment are initiated, utilizing protocols, to treat the patient safely and appropriately. Patients displaying moderate withdrawal signs and symptoms may be observed in the Infirmary. Treatment plans can be utilized in the infirmary that involve



more frequent medications and observation. Patients with severe withdrawal signs and symptoms are referred to the emergency room for stabilization.

The acute phases of withdrawal and detoxification are managed medically with mental health consultation as needed. Once the detoxification process is completed and the patient is medically stable, the mental health team evaluates the patient and assume patient care management as indicated.

When available, patients are offered enrollment in on-site addiction-assistance classes, such as Alcohol Anonymous, Narcotics Anonymous, faith-based programs, and life-style programs, and other community linkages. The Health Service Administrator maintains a list of local community resources that address addiction, so that patients may be referred to outside services prior to discharge.

CorrectHealth has specific and tiered Provider Protocols for the treatment of patients withdrawing from alcohol, benzodiazepines, opiates, and narcotics.

## **25. Filing Medicare**

See Utilization Management and Billing Adjudication above.

## **Mental Health Services**

CorrectHealth understands that Columbus Consolidated Government currently uses the services of another Mental Health Provider. We will cooperate with and support the mental health program at the Jail through patient assessment, referral, pharmacy management, and medical care.

Upon admission to the Jail, all detainees will receive an Initial Mental Health Screening, which is part of the CorrectHealth Receiving Screening, by qualified licensed health professionals specifically trained in medical and mental health screening and evaluation. If indicated, the detainee will either be referred immediately for further evaluation by a qualified mental health professional, referred for an urgent (next day) mental health evaluation or referred for a routine mental health evaluation.

Paramount to providing an appropriate health services delivery system, quality care involves the integration of medical, mental health, dental and specialty care. This, along with a strong security partnership, is a cornerstone of the CorrectHealth program. All care will be documented in the patient's health record, and our staff will freely consult with each other, security staff and other providers to ensure a consistent and integrated treatment plan. CorrectHealth would be pleased to assist in both the initial and the ongoing Mental Health/Special Needs training for the officers. The CorrectHealth's Health Service Administrator will regularly collaborate with the Mental Health Director to insure continuity and consistency in the medical response to mental health issues.

## **B. Pharmacy Services (ATTACHMENT A)**



It is understood that CorrectHealth will be responsible for the procurement, inventory control, dispensing and disposal of all pharmaceuticals. We understand that the County will be responsible for the cost of all medications. CorrectHealth currently contracts with Diamond Pharmacy Services for our other facilities. Our familiarity with Diamond, including ordering, order reconciliation, reporting, returns for credit, and record keeping positions us perfectly to offer you continuity and consistency in your pharmacy program.

A Registered Pharmacist will oversee pharmacy operations, including inventory control and safety, medication ordering, dispensing and disposal. All controlled and over the counter medications will be packaged by the pharmacy. Records that will be maintained include inventory, cost and ordering history for both prescription and over the counter medications. All medications ordered will come with information regarding potential drug interactions and adverse effects. The pharmacy system has the ability to generate many customized reports, including current patient drug profiles and patient lists by medication or categories of medication. The system may generate reports of patients whose medication order will expire within a stated timeframe (i.e. 7 days), to enable staff to have the provider review the medical record to verify the necessity for renewal, and to renew in a timely manner to ensure continuity of care. Other information that can be obtained from the system includes types of medication ordered, most frequently ordered medication, most costly medication ordered and provider history of orders written.

The consultant pharmacist will participate in our Pharmacy And Therapeutics Committee Meeting and lend their expertise in such areas as use of non-formulary medications and medication utilization in general. The Pharmacist may recommend areas for review and appropriate indicators and outcome measures for CQI activities regarding Pharmacy services and medication administration. Pharmacy inspections will be conducted quarterly and any necessary action plans will be developed in collaboration with the Health Services Administrator. Results will be shared with CorrectHealth staff at monthly staff meetings. Representatives from Jail will participate on the CorrectHealth corporate Pharmacy and Therapeutics Committee, and will share information at the site CQI meetings. Site-specific policies and procedures will address all aspects of Pharmacy operation and will ensure compliance with all State and Federal Laws and regulations for prescription, dispensing and administration of medications. Documented procedures include medication receipt, distribution, storage, dispensing, administration and disposal. The current operating license will be conspicuously displayed at all times. Medication will be ordered only by a Provider licensed within the state of Georgia to do so. Patient-specific Medication Administration Records will be used to document each medication a patient receives and will be filed in the patient's medical record on a monthly basis. A current Pharmacy Manual will be maintained to assist in overall pharmaceutical operations.

All controlled substances, syringes, needles and surgical instruments will be stored securely, and counts will be conducted at every change of shift to verify balances. If, after staff has made diligent efforts to reconcile the count, it is incorrect, the Health Services Administrator and the Facility Administration will be notified and their directives will be followed

CorrectHealth has a comprehensive list of preferred medications (Formulary), which is available upon request. Non-Formulary medications (those not listed nor preferred) may be prescribed from time to time for patient care. The Executive Medical Director must approve these drugs in



advance, and this is done through our Utilization Management process that allow for an immediate approval to be communicated. Limited stock medications will be maintained at the facility for use in an urgent situation. These include medications for pain and for the treatment of infection, and medications commonly prescribed for such chronic medical conditions as asthma, diabetes, hypertension, epilepsy and HIV infection. The Medical Director or Medical Provider will review the medications of all detainees admitted to the facility. Using evidence based clinical guidelines, he/she will determine the best therapeutic course of treatment for the detainee and appropriate medication will be ordered. Non-formulary medications may be the drug of choice in some cases, and, if so, they will be ordered expeditiously so that there is no lapse in medication regimen.

When notified by security, CorrectHealth staff will arrange for releasing patients who have been prescribed medication to receive an appropriate supply of and a written discharge plan for follow-up.

## **II. PERSONNEL/STAFFING**

At CorrectHealth, we believe the consistent delivery of high quality, cost-effective, comprehensive healthcare starts with our greatest asset – our people. We pride ourselves on effectively recruiting, retaining, and training quality healthcare professionals through a robust staffing and recruitment process that is carefully tailored to meet the needs of our client.

In an effort to meet and exceed the needs of the Muscogee County Jail, it is our goal to offer innovative ways to enhance the delivery of care through the use of more efficient staffing models. As outlined in the Staffing Matrix below, CorrectHealth is pleased to present two (2) staffing options for consideration by the CCG.

- Option 1 represents the specified staffing requested by the County in Section II., Personnel Staffing, of the RFP for the Muscogee County Jail.
- Option 2 represents an alternate staffing plan that will ensure the delivery of high quality healthcare while also providing substantial cost savings to the CCG:





STAFFING MATRIX	Specified Staffing OPTION 1		Alternate Staffing OPTION 2	
	FTE	Hrs / Week	FTE	Hrs / Week
<b>Medical Providers</b>				
Medical Director	0.80	32	0.60	24
Nurse Practitioner / Physician Assistant	1.00	40	1.00	40
<b>Oversite Operations</b>				
Health Services Administrator (RN)	1.00	40	1.00	40
Director of Nursing (RN)	1.00	40	1.00	40
House Supervisor (RN)	4.20	168	4.20	168
Administrative Assistant	1.00	40	1.00	40
<b>Clinic</b>				
RN Sick Call	2.00	80		
LPN Sick Call	2.00	80	2.00	80
<b>Infirmary</b>				
LPN	4.20	168	4.20	168
<b>Intake</b>				
LPN	4.20	168	4.20	168
Med Tech	4.20	168	4.20	168
<b>Pill Team</b>				
LPN	6.30	252	6.30	252
<b>Medical Records</b>				
HIT Supervisor	1.00	40	1.00	40
HIT Technician	2.00	80	1.00	40
<b>Dental Providers</b>				
Dentist	0.75	30	0.50	20
Dental Assistant	0.75	30	0.50	20
<b>TOTALS</b>	<b>36.40</b>	<b>1456</b>	<b>32.70</b>	<b>1308</b>

Health Services Administrator (HSA) – The Health Services Administrator will be a licensed healthcare professional who has responsibility for all healthcare operations at the Jail and will be the on-site CorrectHealth liaison with the Jail’s Administration. The HSA will work closely with the Medical Director and the Director of Nursing to ensure that high quality, cost-effective care is rendered to all patients at the Jail.

Medical Director – The Medical Director will conduct Provider Sick Call, Chronic Care Clinic, and complete Health Assessments (if necessary) and will be responsible for all clinical administrative duties, such as the monthly medical record review, attending meetings and reviewing off-site referrals. They will be available to the medical and mental health staff. The Medical Director or designee (nocturnists) will be on-call for the staff twenty-four (24) hours per day, seven (7) days per week.



Mid-Level Provider – CorrectHealth will provide a Mid-level Provider at the Muscogee County Jail to augment the services provided by the Medical Director and other Physician(s). The Mid-level Provider will be a Nurse Practitioner, Nurse Midwife or Physician’s Assistant licensed in the state of Georgia. He/she may be responsible for Physical Assessments, Clinics, Sick Call, Special Housing rounds, emergency care and other clinical duties within their scope of practice.

Director of Nursing – The Director of Nursing will be a licensed Registered Nurse in Georgia with experience in correctional healthcare or a comparable clinical setting. The Director of Nursing will be responsible for the Supervision of all nursing staff, including RNs, LPNs, Paramedics, MAs and EMTs. They will be on-call twenty-four (24) hours per day, seven (7) days per week.

Dentist – Dental services will be provided on-site at the Jail on a weekly basis by a Dentist licensed in the state of Georgia. Dental clinic will be held according to the schedule agreed to between the Jail and CorrectHealth.

Registered Nurse – The Registered Nurse will work either full-time (40 hours per week) or part time. They will be responsible for the management of the Chronic Care Program, the completion of Initial and Annual Health Assessments, Nursing Sick Call, and in general, oversight of the medical staff while on duty.

Licensed Practical Nurse – The Licensed Practical Nurse may be responsible for screening detainees in the Intake area, administering medications to the detainees during medication pass, managing medication procurement, assisting the Physician or Mid-Level Provider, responding to emergencies within the Jail and assisting in the clinic. They will cover both medical and mental health departments as needed. They may coordinate some clinical activities, as well as provide limited sick call.

Administrative Assistant/Medical Records/Clerical staff – These individuals will work within the department to support the healthcare services being provided on-site and off-site. Scheduling appointments, maintaining databases and patient information, maintaining intact and accurate health records, and managing supplies are just a few of the duties that will be completed by these staff members.

The CorrectHealth team currently includes over 400 employees providing inmate healthcare services and, at this time there are fewer than 35 full time and part time positions open company-wide. We use agency staff sparingly in any our facilities. Additionally, we maintain a large PRN staff pool that augments our regularly scheduled staff. While our ability to recruit skilled staff is very important, CorrectHealth management believes that a vital component our client relationship is our ability to retain staff to provide continuity within the contract. To that end, CorrectHealth has instituted an Employee Recognition Program, Excellence in Action and provides numerous employee educational opportunities, including internal in-services, special education programs, BLS and ACLS. We are currently developing an on-line Correctional Health education program so staff may obtain continuing education at times most convenient for them. CorrectHealth uses licensed, professional healthcare providers, including physicians, mid-level providers, registered nurses, and licensed practical nurses. In addition, we use Medical Assistants and EMTs to augment our staff.

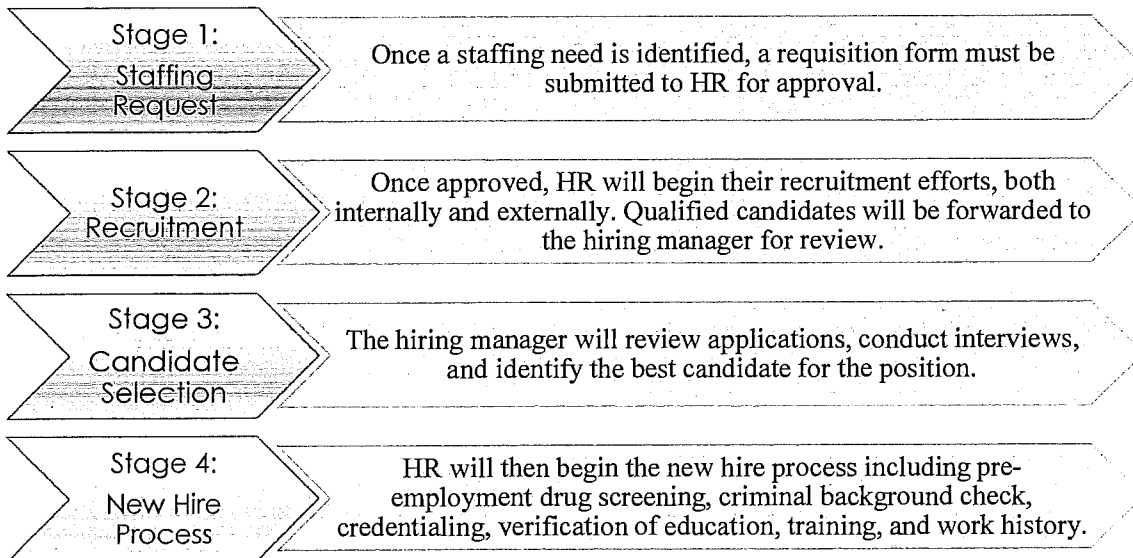
## Healthcare is a service! Talent is crucial!

**Recruitment Practices.** Our Human Resources (HR) Team is committed to attracting and retaining superior employees that are not only passionate about what they do, but fervently committed to providing high quality healthcare inside the walls of correctional Jail.

CorrectHealth has a team of dedicated HR professionals that work closely with our site managers to understand the needs of the individual facility. By forming a partnership with our managers, we are able to continuously evaluate staffing levels and strategically plan for dynamic recruitment opportunities. With a vacancy rate of only 6%, our proactive approach to recruitment allows us to meet all of our staffing needs while maintaining cost efficiencies.

CorrectHealth has developed a well-defined strategy that is tailored to meet the needs of each facility. With the support of our Recruitment Team, hiring leaders are able to quickly identify and select qualified individuals who have the knowledge, skills, and abilities to succeed as a part of our organization.

The following figure outlines the CorrectHealth recruiting process:



The Muscogee County Jail will be provided with an approved staffing matrix that assures a sufficient number of healthcare personnel are available to provide assessment and treatment consistent with contemporary standards of patient care. When a vacancy occurs or a staffing need is identified, our site managers initiate the recruitment process by submitting a Personnel Action Requisition to HR for approval. This approval process ensures the facility is adequately staffed while also maintaining labor costs.

In addition to our requisition process, CorrectHealth also maintains labor costs through the use of PRN employees. Each facility is provided with a pool of PRN team members to utilize whenever a staffing need is identified. This pool allows CorrectHealth to hedge against unexpected staffing

shortages and is particularly useful when a full-time or part-time vacancy occurs. In the event a PRN team member is unavailable to provide coverage, our managers will utilize part-time staff prior to full-time staff to ensure that overtime is kept to a minimum. This practice also allows us to avoid the costly expenses of agency staffing.

Once a Personnel Action Requisition has been approved, CorrectHealth's HR Team will continue their recruitment efforts both internally and externally. In addition to continually maintaining a pipeline of qualified candidates; our team is also well-versed in effective and efficient recruitment method such as:

- Networking (best source of talent!)
- Internal Recruitment & Advancement – Our team's initial step in their recruitment efforts focus on attracting highly-qualified CorrectHealth employees to fill the position. All available openings are posted internally for a period of seven days to allow internal candidates the opportunity to express their interests before announcements are posted in the public domain. When requesting to transfer to another facility, team members must be in good standing with at least six months of continuous employment to be eligible for consideration.
- Internet Recruitment – We utilize a variety of online recruitment avenues such as Monster.com, Indeed.com, Social Media Networking, LinkedIn.com, Department of Labor Career Websites, Resume Sourcing, and Targeted Job Boards.
- Direct Mail Campaign – Our direct mail recruitment efforts allow us to effectively target potential candidates within a specific area through the use of print advertising (i.e. postcards, flyers). This has proved to be our most effective recruitment method to attract and retain top nursing professionals in rural areas.
- Employee Referrals
- College & University Recruitment
- External Career Fairs
- Local & Regional Newspapers

All incoming applications are then thoroughly reviewed by our Recruitment Team to determine if the applicant meets the qualifications for the respective position. Once the most qualified candidates have been identified, they are then electronically forwarded to the hiring manager for review. From here, the selection process is driven by the hiring manager who will review the applications, identify candidates to be interviewed, and select the best fit for the position. Once the top candidate for a position has been identified, an employment offer is extended, which is contingent upon all required pre-employment screenings outlined in the final stage of our recruitment process.

CorrectHealth has developed a clear New Hire Process which we believe is vital to ensuring a smooth transition for our new hires. Once the candidate has been approved by our client and received security clearance at the facility, HR will proceed with the pre-employment drug screen, criminal background check, and primary source verification of licensure, education and work history. In order to expedite this piece, CorrectHealth's pre-employment drug screening, background checks, and education verification are quickly expedited through the use of our



vendor, Quest Diagnostics. From their online solutions to their national network of drug screening locations, our partnership with Quest has created an end-to-end solution that is seamlessly integrated with our New Hire Process.

**Credentialing.** CorrectHealth is responsible for verifying the credentials of each healthcare staff member hired or contracted to provide services for our clients. All personnel who provide services to inmates are appropriately credentialed according to licensure, certification, and registration requirements of the state or jurisdiction of practice. In addition to the pre-employment screenings outlined above, our providers (employee or independent contractor) must also complete an in-depth credentialing application that is used to further investigate the provider's background to determine their employment eligibility with CorrectHealth. Through the use of the National Practitioner Data Bank (NPDB), an alert system created by Congress to improve health care quality, we are able to quickly obtain a comprehensive review of the provider's professional credentials to be used in conjunction with our collection of primary source data, verification of education, training, and work history, and a ten year claims history verification with all current and prior malpractice insurance carriers. Once all necessary documentation and verification has been received, the completed credentialing profile is then reviewed by CorrectHealth's Chief Legal Officer for final determination of the provider's employment eligibility.

**On-Boarding.** In addition to the New Hire Process, CorrectHealth also offers a smooth On-Boarding Process to ensure our new employees are prepared to succeed as part of our team. This seamless process is our most successful strategy for maintaining our excellent retention rate while creating dedicated, well-trained employees.

Our On-Boarding Process begins when an employment offer has been made and continues into the weeks and months after the employees first day of work. We provide our new hires with an effortless process for submitting their new hire paperwork which is one of the first steps in their on-boarding process that not only allows us to process them through our Human Resources Information System but also ensures we are in compliance with various rules and regulations. This is especially true in regards to E-Verify and the verification of new hires employment eligibility. Through the use of E-Verify, an Internet-based system that allows employers to determine the eligibility of their employees, CorrectHealth ensures they are employing a legal workforce at all times. In addition to ensuring compliance, our new hires are prepared to focus on their orientation and training from day one.

All CorrectHealth employees are required to participate in a two-part orientation which consists of a general and facility orientation. During general orientation, our employees receive in-depth training on important topics such as HR policies and procedures as well as clinical topics such as nurse and provider sick call, inmate fraternization and contraband, physical assessment, intake receiving and screening, and much more. This training provides our employees with the foundation they need to begin their facility orientation.

Facility orientation consists of topics and skills relevant to the new staff member's work facility. Facility orientation is split into two parts, a general Day 1 Orientation and a Comprehensive 30 Day Orientation. Day 1 Orientation consists of relevant topics that introduce the new hire to the facility



and the operations of the clinical areas. Once a new hire has been oriented to the facility, they will complete a Comprehensive 30 Day Orientation. This lengthy orientation is an in-depth precepted orientation that prepares our new hires to continuously deliver high quality, cost-effective, comprehensive healthcare inside the walls of correctional Jail. We strive to continue our On-Boarding Process not only through their initial orientation period but into the next few months of their employment to ensure we are employing satisfied, well-developed employees.

All employees and professional independent contractors for CorrectHealth will be appropriately credentialed, licensed and certified to provide healthcare in the State of Georgia. No person having restrictions on their license will be hired. Any past restriction will be reviewed carefully and the County will be consulted prior to any offer to hire being made. All Mid-Level Providers and Physicians will be required to submit to an internal Credentialing Process, including the completion of a comprehensive and detailed Credentialing Application designed specifically for CorrectHealth.

During the hiring process, all candidates will be interviewed at the Jail with the special focus on technical expertise, emotional stability and motivation. CorrectHealth understands that any candidate selected may be subject to approval by the Facility Administration, and any rejection of current or potential staff will be final. All staff will have a personnel file securely maintained by CorrectHealth on-site at the Facility. The personnel file will include verification of professional credentials, work history, license, degree, clinical skills and all training and in-service education. All staff credentials will be shared with the County when requested.

All employees and professional independent contractors for CorrectHealth will be required to pass a background investigation by Muscogee County prior to, or for continued, employment. CorrectHealth and its staff will comply with current and future State, Federal and local laws, regulations, court orders administrative regulations, administrative directives, and policies and procedures of Muscogee County Sheriff's Office and professional standards.

**Orientation.** CorrectHealth utilizes a multi-disciplinary training program to introduce its new employees to the correctional environment, to explain their role and to ensure their safety. This program includes a formal orientation program which is a modular design with sections that are specific to the scope of practice for each employee. The modules include general clinical, administrative, clerical, provider and facility management components as applicable to the new employee. Currently this program begins with a two day general orientation at the Corporate Office. The new employee is then oriented to the site by the Health Services Administrator or designee, assigned a preceptor and completes a skills checklist.

**Staff Training and Personnel Development.** Each CorrectHealth staff member is governed by the licensing requirement for his/her specialty to obtain the required annual training. Additionally, CorrectHealth will maintain personnel files in the health care unit available for inspection by the Sheriff and County Leaders, upon request. CorrectHealth conducts monthly meetings for our managers that include leadership training, guest speakers, and lecturers on pertinent topics for the provision of healthcare in the correctional environment.

CorrectHealth has a proprietary Management Development Program that all Health Services Administrators and Directors of Nursing attend. This program includes such topics as Human



Resources, Payroll, Jail expectations, Case Management/Utilization Review, Accreditation, Risk Management, Customer Service and Leadership. The curriculum of this program is modified regularly to reflect the current needs of our management staff.

**A Written Job Description and Employee Handbook.** CorrectHealth staff members will receive a written job description which delineates their duties. The Health Services Administrator or Director of Nursing will ensure that they understand their role and responsibilities as part of the healthcare team at the Jail.

Each new employee is assigned to a preceptor who provides clinical oversight during the first 90 days of employment. The culmination of this orientation is the completion of a skills checklist that includes verification of applicable policy and procedure understanding. Throughout the orientation process Supervisors monitor the new employee's progress to ensure comprehension.

We have developed "Jail School" for our correctional healthcare staff that has been shared regionally and nationally at conferences for correctional healthcare professionals. This class is held on the first day of Orientation and addresses issues specific to corrections, such as inmate fraternization and communicating with inmates effectively. CorrectHealth staff at Jail will receive further instruction regarding facility operations by Facility staff.

**Employee Assistance Program.** CorrectHealth offers employee assistance through United Health Care. This service is offered 24/7.

**Continuing Education.** CorrectHealth supports its staff in continuing education through professional correctional conference participation annually. CorrectHealth staff participates locally and nationally with correctional healthcare professional organizations.

Annually staff are required to complete a Skills Checklist which documents their ongoing proficiency with correctional healthcare competencies. All full-time and part-time staff at the Jail will receive a minimum of 12 hours of continuing education, including all mandatory NCCHC topics.

**In-service training.** CorrectHealth staff receive monthly education on issues of importance to the provision of healthcare services specific to the correctional environment. A web-based education program has been developed to facilitate staff access to educational programs. CorrectHealth staff participates locally and nationally with correctional healthcare professional organizations.

**Performance Reviews.** All staff are evaluated based upon their job description on an annual basis or more frequently if necessary. Any performance issues are addressed promptly by CorrectHealth site management staff, and may include education and retraining. When it is determined that an employee is not fulfilling the performance expectations for responsibilities of the position to which they are assigned, appropriate corrective action will be taken. Any performance or behavior deemed inappropriate by management that violates the policies of CorrectHealth is grounds for corrective action ranging from a verbal warning up to immediate discharge as dictated by the severity of the infraction.



**Equal Employment Opportunities.** It is the policy of CorrectHealth to provide equal employment opportunities to all qualified employees and applicants for employment, without regard to race, color, religion, sex, sexual orientation, age, national origin, unfavorable military discharge or disability pursuant to the guidelines of the EEOC. It is CorrectHealth’s policy to base our employment and promotional decisions on job-related standards of past performance, experience, education, evaluations, training, achievements, skills, interpersonal strengths and abilities, disciplinary history and references.

**Drug Free Workplace.** Since 2008, CorrectHealth has been a certified Drug-free Workplace in the State of Georgia. We have a **Zero Tolerance Policy**. In addition to monthly education, pre-employment testing, post-accident testing and random drug testing is conducted on a quarterly basis by our lab vendor, Quest Diagnostics.

CorrectHealth Job Descriptions.



## Job Description

### Medical Director

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Certification: MD/DO

Reports to: \_\_\_\_\_ Job Code: DRMD

#### Job Summary

Provides and supervises medical care to inmates. Evaluates and treats conditions of a medical nature that relate to general medicine and healthcare needs of patients. Interacts with a variety of healthcare professional and security staff in a correctional environment. Responsible for the medical and clinical management of all cases assigned. Works with other physicians. May be requested to supervise Physician Assistant / Nurse Practitioners and other medical support staff. Interacts and works effectively with patients / inmates, medical and nursing staff, security staff at all levels, administrative and support staff, and supervising staff.

#### Education Requirements and Qualifications

1. Licensed to practice as a Medical or Osteopathic Physician in the State of Practice.
  - a. Graduate from an accredited school of medicine
  - b. Demonstrates the knowledge and ability to apply all principles of comprehensive healthcare (medical, nursing and allied healthcare principles).
2. Maintains current certification, at a minimum





- a. CPR
- b. ACLS or
- c. A higher level of Certification

**Physical Requirements**

Able to lift, bend, stand, stoop, walk, go up and down stairs, run, push, pull, and reach overhead.

**Position Accountabilities**

<b>Clinical Responsibilities</b>	
1.	Responsibility for the clinical elements of the entire health care system, including professional duties.
2.	Provides services to Inmates and consultation to professional staff.
3.	Evaluates medical program and medical services provided.
4.	Monitors patient care, condition, and adequacy of treatment facility, and need for and condition of necessary medical equipment.
5.	Evaluates conditions of non-medical nature that relate to general medical and health needs of Inmates.
6.	Establish liaison with community resources, i.e., Health Department, Fire and Rescue, and local hospital.
<b>Departmental Responsibilities</b>	
1.	Assumes responsibility for clinical program as stated by NCCHC.
2.	Consults with medical specialists to provide advice and expertise in their respective areas.
3.	Provides professional consultation for all employees and contracted workers within the medical system.
4.	Provides medical services to Inmates during scheduled clinics.
5.	Supervises the Quality Assurance program, including patient complaints, sanitation, infection control and development of appropriate criteria.
6.	Reviews policies, procedures, protocols and fire and disaster plan.
7.	Ensures a continuing in-service education program.
8.	Supervises and responsible for the medical activities of Mid Level Providers (PAs and FNPs)
9.	Serves as a liaison between security, the community and the health care system: <ul style="list-style-type: none"> <li>• Visibility with the Sheriff's Dept.</li> <li>• Active and regular meeting with the Sheriff and appointees</li> </ul>
10.	Assists in developing, reviewing and evaluating the training program for jail staff – the training will include, but not limited to: <ul style="list-style-type: none"> <li>• Basic First Aid</li> <li>• CPR</li> <li>• Recognition of signs and symptoms of common illnesses</li> </ul>
11.	Approves all medical records forms.
12.	Directs the ongoing medical program in the jail as defined in the Standards for the Accreditation of Medical Care and Health Services in Jails.



13.	Assists the jail in developing and implementing policies that assure high quality medical and nursing care. Assists in preparation of certain policies and procedures concerning the following: <ul style="list-style-type: none"> <li>• Emergency treatment of Inmates</li> <li>• Prescription medication</li> <li>• Special Diets</li> </ul>
14.	Responsible for tracking the management of patients transferred to Hospital for treatment.
15.	Provides tracking and accounting for all inmate medical expenses that occur away from the Jail.

**Mission**

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**Acknowledgement of Receipt and Understanding**

I have reviewed the job description of Medical Director and have been afforded the opportunity to ask questions. I understand the expectations for this job. CorrectHealth, reserves the right to revise or change job duties and responsibilities as the need arises. All proprietary information will not be disclosed or reproduced without the written consent of CorrectHealth.



**Job Description**

**Health Services Administrator (HSA)  
Health Services Coordinator (HSC)**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Certification: \_\_\_\_\_

Reports to: Executive Director of Clinical Services Job Code: \_\_\_\_\_

**Job Summary**

This is a managerial position responsible for the efficient and effective administration of all aspects of the health care services 24hrs daily, 7days a week. This position is responsible for the clinical, financial, administrative, information technology and human resources systems.

The HSA/HSC promotes the highest quality of patient care through application of fair and equitable policies and procedures in collaboration with other health services team members and correctional staff. Duties are operationally directed with an emphasis on appropriate resource utilization and performance standards as established by NCCHC, ACA and other accrediting agencies. Display's personal attributes including leadership, team building, ethics, integrity and professionalism.



**Education Requirements**

1. BS degree in Nursing or health management related field or years of related work experience equivalent to a BS degree.
2. Holds and maintains if applicable current professional license to practice in the state of employment.
3. Maintains current American Heart Association BLS.
4. 3-5 yrs administrative/supervisory experience preferred.
5. Strong analytical and decision-making skills.
6. Experience in short term and long term planning, budgeting and contracting.
7. Strong interpersonal skills.
8. Strong computer skills including office software and internet.

**Physical Requirements**

Able to lift, bend, stand, stoop, walk, go up and down stairs, run, push, pull, and reach overhead.

**Position Accountabilities**

<b>HSA/HSC</b>
1. Supports philosophy, objective and goals of the medical department.
2. Adheres to policy and procedures
3. Functions as a role model and provides instructions and support to the health care team.
4. Assumes individual accountability for own conduct.
5. Maintains professional appearance as directed by the CH Employee Handbook.
6. Demonstrates good customer services and telephone etiquette.
7. Ensures client satisfaction by acting as liaison between jail administration, ancillary services, CorrectHealth and staff.
8. Approaches change in a positive manner.
9. Accepts and learns from constructive criticism.
10. Utilizes time effectively.
11. Accounts for time away from work area.
12. Demonstrates appropriate communication skills by sharing, clarifying, reflecting, and interpreting.
13. Available to provide shift coverage when needed as applicable.
14. Demonstrates the organizational skills required to multi task.
15. Demonstrates calm behavior in times of stress, conflict or tense situations.
16. Maintains professionalism at all times while representing CH.
17. Functions as a team player and assist co-workers as needed.
18. Conducts and coordinates staff meeting in-services, for medical, correctional staff, and inmates as required.
19. Contributes to the corporate initiatives through active participation in monthly management meetings.
20. Attends programs to meet identified needs through in-services, and other formal and informal means.
21. Completes annual in-service hours as required by NCCHC and CH standards to include Infection Control, Safety, OSHA, etc.



<b>HSA/HSC</b>	
22.	Participates in cross-training within the department and company within their scope of practice.
23.	Adheres to established corporate and facility policies and procedures.
24.	Identifies existing and potential personnel and client problems and takes appropriate action.
25.	Uses good judgment in meeting the responsibilities and performing the duties of the position.
26.	Recognizes potential safety problems and intervenes to correct with preventative measures.
27.	Reports to corporate all incidents/accidents and documents sentinel events at the time of the occurrence.
28.	Reports to the VP of Clinical Services about matters that affect the organization's ability to function and fulfill its contractual and legal obligations.
29.	Prepares external and internal reports and submits in a timely manner.
30.	Serves as a resource and advisor to healthcare staff on matters pertaining to corporate management and organizational philosophy.
31.	Serves as an advisor and resource to facility administration.
32.	Develops and maintain relationship with community based organizations.
33.	Ensures company records are updated and maintained according to policy and procedures.
34.	Ensures staff has the equipment and supplies to perform day to day operations.
35.	Serves as an advisor and resource to corporate administration.
36.	Assist in the development, preparation and maintenance of the annual budget.
37.	Maintains confidentiality of medical records and patient information.
38.	Participates in Human Resource planning and recruitment.
39.	Operates within budget guidelines, justifies variances
40.	Ensures staff performance evaluations are completed timely.
41.	Utilizes the company's performance evaluation process to positively impact the employee's development.
42.	Utilizes the company's progressive disciplinary process to positively impact the employee's development.
43.	Oversee the management of the occupational health and safety programs, ensuring all exposures/injuries are appropriately reported and established CH Policies and procedures are followed.
44.	Maintains up to date personnel files in a secure and confidential manner.
45.	Ensures bi-directional flow of information in a timely manner to Human Resources.
46.	Acts as a liaison with Health Service Providers and ancillary services to ensure a collaborative approach to the delivery of healthcare services.
47.	Monitors and reports the conditions of the medical areas for safety, state of repair and other required services.
48.	Maintains cleanliness and restocks work area
49.	Identifies operational problems and develops systems and procedures to achieve efficient health care operations.
50.	Initiates or reviews the purchase of supplies including pharmaceutical and equipment, within approved budget.
51.	Establishes update, and ensures compliance of site specific policies and procedures.
52.	Oversees medical records management while maintaining confidentially.
53.	Assures necessary staffing levels to meet the contractual agreement.



<b>HSA/HSC</b>	
54.	Develops, administers and maintains immunization programs for healthcare staff and/or security.
55.	Oversees ongoing accreditation activities.
56.	Meets with Facility Administration and represents the interest of the Medical department and CH.
57.	Monitors inpatient hospitalization and outpatient services. Coordinates with Medical Director and Midlevel Providers to case manage.
58.	Audits ancillary service billing for accuracy.
59.	Audits and ensures staff compliance with CH pharmacy manual, and policy and procedures.
60.	Reviews and critiques man down drills/events with staff.
61.	Conducts and/or critique mass disaster drill or actual events according with NCCHC standards.
62.	Ensures inmate grievances are responded to within the allotted facility time and maintains grievance logs.
63.	Participates in the orientation and training for all new employees.
64.	Documents, monitors and reports all sentinel events to VP of Clinical Services, CQI Director and General Counsel.
65.	Actively involved in complex case management. Proactive with interventions.
66.	Participates in Continuous Quality Improvement (CQI).
67.	Able to perform all duties of the RN.
68.	Able to perform all duties of the LPN.
69.	Completes any other tasks as assigned by corporate.

**Mission**

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**Acknowledgement of Receipt and Understanding**

I have reviewed the job description of HSA / HSC and have been afforded the opportunity to ask questions. I understand the expectations for this job. CorrectHealth, reserves the right to revise or change job duties and responsibilities as the need arises. All proprietary information will not be disclosed or reproduced without the written consent of CorrectHealth.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**



**Job Description**

**MID LEVEL PROVIDER**



Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Certification: \_\_\_\_\_

Reports to: \_\_\_\_\_ Job Code: \_\_\_\_\_

**Education Requirement:**

- 3. Graduate from an accredited Master’s level program
  - a. As a Family Nurse Practitioner, Adult Nurse Practitioner, Physician’s Assistant or current authorization to practice in same capacity as provided through previous military training.
  - b. Maintains a valid and unrestricted license to practice as a Family Nurse Practitioner, Adult Nurse Practitioner, Physician’s Assistant or current authorization to practice in same capacity as provided through previous military training in the State of work.
  - c. Complies with all legal and ethical requirements set forth by Federal, State, County, or Corporate Agencies

2. Ongoing Education

- a. Maintains current certification for BCLS, CPR and ACLS.
- b. Maintains a minimum of 15 hours of continuing education annually.

**Physical Requirements:** Able to lift, bend, stand, stoop, walk, go up and down stairs, run, push, pull, and reach over head.

**Position Accountabilities**

1. Provide sick call to male and female Inmates.
2. Provide History & Physicals to male and female Inmates as needed.
3. Consult Certified Nurse Midwife on OB cases.
4. Provide Infirmary Rounds Monday through Friday and PRN on weekends.
5. Provide Chart Reviews daily.
6. Coordinate PPD/ CXR results with ID RN.
7. Coordinate RPR results with ID RN.
8. Research PMH for appropriate care for CCC and all other clinics.
9. Respond to episodic emergencies during the day.
10. Review all lab and x-ray data initially and act upon concerning lab values or X-ray findings.
11. Review all sick call requests, triaging minor ones out.
12. Respond to observations made by medications nurses.
13. Provide patient education.
14. Give phone orders based on nursing assessment.
15. Co-sign verbal orders.
16. Review CCC cases with Chronic Care Dr. for appropriateness of midlevel care.



17. Case review on daily and as needed basis with medical director or other physicians as needed.
18. Provide pertinent information for Nursing Administration and Clinical Manager.
19. Discuss all patient transfers with physician.
20. Contact families regarding medication needs.
21. Coordinate care with private physicians as appropriate.
22. Provide on-call relief for Medical Director as needed.
23. Respond to on-site conditions that can be handled without utilizing outside resources.
24. Meet patients in the ED to provide care when needed.
25. Telephone triage with nursing staff after hours and as needed.
26. Provide Hospital Rounds at local hospital or phone contact with other hospitals.
27. Coordinate specialist's follow-up appointments with the Clinical Manager.
28. Respond to episodic emergencies during the day.
29. Maintain and oversee narcotic box (drug counts, pharmacist interaction)
30. Coordinate emergency department care on patients' transported to local hospital as needed.
31. Review provider and nursing progress notes on infirmary patients.
32. Discuss care plans with nursing staff.
33. Communicate pertinent information to other health care providers as needed (psychologist, psychiatrist, medical direct, consulting providers)
34. Review H&P assessment forms completed by nursing staff.
35. Position oneself as liaison with family in specific situations.
36. Provide pertinent information for correctional officers under specific circumstances.
37. Assist law enforcement officials by providing the collection of forensic evidence when requested.
38. Participates on Policy & Procedure Committee, others as needed
39. Provide care for correctional staff as needed.
40. Participate in development of protocols and nursing care plans.
41. Compose correspondence drafts regarding Inmate's medical conditions for review by the Medical Director.
42. Review medical records received from other facilities.
43. Coordinate holistic care utilizing Chaplain's Services, AA, NA, etc.
44. Discuss diet issues with kitchen staff/ director as needed.
45. Monitor progress of wound management.
46. Monitor daily BS and BP boards
47. Research and resolve any medication conflicts or issues.
48. Coordinate/ initiate discharge planning as appropriate
49. Adheres to established formulary unless otherwise approved by physician.

**Mission**

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**Acknowledgement of Receipt and Understanding**

I have reviewed the job description of MLP and have been afforded the opportunity to ask questions. I understand the expectations for this job. CorrectHealth, reserves the right to revise



or change job duties and responsibilities as the need arises. All proprietary information will not be disclosed or reproduced without the written consent of CorrectHealth.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



## Job Description

### Dentist

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Certification: Dentist

Reports to: \_\_\_\_\_ Job Code: DDS

#### Job Summary

Provides direction for all facets of dental care provided within the Correctional Facility(ies) set forth in Appendix B. As Dentist, he/she supervises dental care provided by all staff, evaluates patient care required or administered, condition and adequacy of treatment facilities, and need for and condition of necessary dental equipment and supplies.

#### Education Requirement and Qualifications

1. Licensed to practice as a Dentist in the State of employment
  - a. Graduate from an accredited school of Dentistry
  - b. Demonstrates the knowledge and ability to apply all principles of dental care in a correctional environment.
  
2. Maintains current certification, at a minimum
  - a. CPR

#### Physical Requirements

Able to lift, bend, stand, stoop, walk, go up and down stairs, run, push, pull, and reach overhead.

#### Position Accountabilities

Clinical Responsibilities	
1.	Responsibility for the clinical elements of the entire dental care system, including professional duties.
2.	Provides dental services to Inmates during scheduled clinics.





3.	Evaluates dental program and dental services provided.
4.	Monitors patient dental care, condition, and adequacy of treatment facility, and need for and condition of necessary dental equipment.
5.	Supervises and responsible for the dental services activities of Staff members.
<b>Departmental Responsibilities</b>	
1.	Directs and assumes responsibility for the overall Dental Program in the Facility, as defined in the Standards for the Accreditation of Medical Care and Health Services in Jails.
2.	Consults with off-site dental specialists to provide advice and expertise in their respective areas.
3.	Supervises the Quality Assurance program, as it relates to Dental Services, including patient complaints, sanitation, infection control and development of appropriate criteria.
4.	Reviews policies, procedures, and protocols, as they relate to Dental Services.
5.	Participates in a continuing in-service education program, as it relates to Dental Services, for on-site Staff.
6.	Approves all Dental Services' forms.
7.	Provides tracking and accounting for all inmate dental expenses that occur away from the Jail.
8.	Participates in Company's Peer Review, Quality Assurance and CQI Programs, as requested by Company.

**Mission**

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**Acknowledgement of Receipt and Understanding**

I have reviewed the job description of Dentist and have been afforded the opportunity to ask questions. I understand the expectations for this job. CorrectHealth, reserves the right to revise or change job duties and responsibilities as the need arises. All proprietary information will not be disclosed or reproduced without the written consent of CorrectHealth.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



**Job Description**

**Licensed Practical Nurse**

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Job Title: \_\_\_\_\_

Certification: Licensed Practical Nurse

Reports to: \_\_\_\_\_

Job Code: \_\_\_\_\_



**Job Summary**

Participates in the clinical aspect of the patient care with all members of the healthcare team and law enforcement. Performs duties under the supervision of the RN, HSA, Mid Level Provider, Physician, or the administrative supervision of the HSC. Possesses knowledge and ability to provide care to the Inmate population as well as respond to needs within the correctional environment. Maintains standard and ethics of nursing in accordance with applicable State Board of Nursing and other accrediting agencies.

**Education Requirements**

Licensed Practical Nurse

1. Graduate from a national or state approved school of nursing.
2. Holds and maintains a current license to practice as a LPN/LVN in the state of employment.
3. American Heart Association BLS

**Physical Requirements**

Able to lift, bend, stand, stoop, walk, go up and down stairs, run, push, pull, and reach over head.

**Position Accountabilities**

<b>LPN</b>	
70.	Supports philosophy, objective and goals of CH and its facilities.
71.	Accepts and performs staffing assignments and other related duties as required or assigned.
72.	Demonstrates adherence to policy and procedures, including but not limited to CH and the facility.
73.	Functions as a role model by providing instructions and clinical support to the health care team and correctional staff.
74.	Delegates assignments and tasks appropriately.
75.	Demonstrates good customer service skills and telephone etiquette.
76.	Assumes individual accountability for own conduct.
77.	Maintains professional appearance as directed by the CH Employee Handbook.
78.	Approaches change in a positive manner.
79.	Motivates staff to work as a team.
80.	Accepts and responds to constructive criticism in a positive manner.
81.	Maintains productivity and utilizes time effectively by being prepared to start promptly and end shift timely.
82.	Accounts for time away from work area.
83.	Demonstrates appropriate communication skills by sharing, clarifying, reflecting, and interpreting.
84.	Available to provide shift coverage when needed.
85.	Demonstrates the organizational skills required to multi task.
86.	Demonstrates calm behavior in times of stress, conflict or tense situations.
87.	Demonstrates respect for the work environment including resources, people, processes and property.
88.	Maintains professionalism at all times while representing CH.
89.	Functions as a team player and assists co-workers as needed.
90.	Attends and participates in monthly staff meetings.



<b>LPN</b>
91. Assists in the presentation of in-services, training and education of medical and correctional staff, as requested.
92. Actively participates in the accreditation process.
93. Attends programs to meet identified needs through in-services, and other formal and informal means.
94. Completes annual in-service hours as required by NCCHC, CH standards, and other regulatory agencies to include Infection Control, Safety, OSHA, and other areas as defined by CH.
95. Identifies existing and potential problems and takes effective action.
96. Identifies needed improvement in patient care, procedures, equipment, supplies and makes recommendations to supervisor.
97. Reports to supervisor and documents all incidents/accidents, sentinel events at the time of the occurrence.
98. Demonstrates working knowledge of security procedures and practices as they pertain to healthcare delivery.
99. Participates in cross-training within the department.
100. Provides leadership in the coordination of multidisciplinary health care for integrated delivery of patient care services.
101. Maintain confidentiality of medical records and patient information.
102. Recognition of signs and symptoms and knowledge of action required in a potential emergency; responds appropriately to emergencies.
103. Recognition of signs and symptoms of acute and chronic illness. Reports problems to supervisor and/or Provider.
104. Implements procedures for any outside transfer of patient.
105. Participates and documents in discharge planning.
106. Accurately collects data pertinent to health history of patient.
107. Performs Nurse Sick Call and implements Nursing Protocols. Refers complex medical problems to the appropriate clinician.
108. Assists with Provider Sick Call and procedures.
109. Performs rounds and duties of infirmary or medical observation beds.
110. Demonstrates the ability to perform daily assigned tasks and reports to the next shift.
111. Performs and documents basic nursing procedures, including but not limited to, phlebotomy, IV's, EKG's, PPD's, FSBS and other nursing treatments.
112. Maintains sharps accountability. Destroys and properly disposes all sharps. Attempts to resolve discrepancies and reports unresolved discrepancies to supervisor.
113. Documents in SOAPE (subjective, objective, analysis, plan, education) format completely, accurately and timely.
114. Documents all other pertinent information in narrative form.
115. Participates with co-workers to initiates, copy, and maintain MAR's, chart checks, and order transcription.
116. Maintains cleanliness and restocks work area.
117. Prepares for pill call and distribute medications using the five rights of medication distribution.
118. Inventories and reorders medications.
119. Documents on the MAR the administration or refusal of medications.



<b>LPN</b>
120. Counts narcotics and verifies the correct amounts, attempts to resolve discrepancies. Reports unresolved discrepancies to supervisor.
121. Performs and documents Isolation Segregation rounds.
122. Performs and documents lockdown clearance.
123. Performs and documents Inmate worker screening.
124. Pulls and files medical records and loose paper work.
125. Initiates and completes involuntary commitment paperwork (1013) for mental health placement.
126. Provides and documents patient counseling of medication non compliance and refers to appropriate Provider.
127. Appropriately prepares and maintains logs and assist the HSA/HSC with collection of monthly data.
128. Participates in Continuous Quality Improvement (CQI).
129. Completes additional tasks assigned by the RN, HSA or administrative tasks assigned by the.

**Mission**

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**Acknowledgement of Receipt and Understanding**

I have reviewed the job description of **LPN** and have been afforded the opportunity to ask questions. I understand the expectations for this job. CorrectHealth, reserves the right to revise or change job duties and responsibilities as the need arises. All proprietary information will not be disclosed or reproduced without the written consent of CorrectHealth.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**



**Job Description**  
**Administrative Assistant**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Job Title: \_\_\_\_\_



Reports to: \_\_\_\_\_ **Job Code: 5002**

**Job Summary**

The Administrative Assistant (AA) is responsible for administrative functions related to the support and management of the Medical department at a correctional facility or the Corporate Office. AA is responsible for maintaining processes in accordance to corporate policy and procedures. The AA is under the immediate supervision of the HSA / HSC, Corporate Sr. Management or designee. Must maintain a professional attitude at all times.

**Education Requirements**

1. High School Diploma or GED preferred. A technical degree or certification in office management systems is preferred.
2. Must have good written and verbal communication skills and reading comprehension.
3. Strong typing and computer skills including office software and internet.
4. One or more years of administrative experience preferred.
5. American Heart Association BLS required if performing duties at a correctional facility.

**Physical Requirements**

Able to lift, bend, stand, stoop, walk, go up and down stairs, run, push, pull, and reach overhead.

**Position Accountabilities**

<b>Administrative Assistant</b>
130. Supports philosophy, objective and goals of CH and its facilities.
131. Accepts and performs staffing assignments and other related duties as required or assigned.
132. Demonstrates adherence to policy and procedures, including but not limited to CH, and the facility.
133. Functions as a role model by providing instructions and clinical support to the health care team and correctional staff or corporate staff.
134. Completes assignments and tasks appropriately.
135. Demonstrates good customer services and telephone etiquette.
136. Assumes individual accountability for own conduct.
137. Maintains professional appearance as directed by the CH Employee Handbook.
138. Approaches change in a positive manner.
139. Motivates staff to work as a team.
140. Accepts and learns from constructive criticism in a positive manner.
141. Maintains productivity and utilizes time effectively by being prepared to start promptly and end shift timely.
142. Accounts for time away from work area.
143. Demonstrates appropriate communication skills by sharing, clarifying, reflecting, and interpreting.
144. Available to provide shift coverage when needed.



<b>Administrative Assistant</b>
145. Demonstrates the organizational skills required to multi task.
146. Demonstrates calm behavior in times of stress, conflict or tense situations.
147. Demonstrates respect for the work environment including resources, people, processes and property.
148. Maintains professionalism at all times while representing CH.
149. Functions as a team player and assist co-workers as needed.
150. Attends and participates in monthly or weekly staff meetings.
151. Assist in the presentation of in-services, training and education of medical and correctional staff or corporate staff, as requested.
152. Actively participates in the accreditation process.
153. Attends programs to meet identified needs through in-services, and other formal and informal means.
154. Completes annual in-service hours as required by NCCHC, CH standards, and other regulatory agencies to include Infection Control, Safety, OSHA, and other areas as defined by CH.
155. Reports to CH management all incidents/accidents and documents events at the time of the occurrence.
156. Maintain confidentiality of health information and personnel files.
157. Maintains cleanliness and restocks work area.
158. Distributes daily census and other reports to appropriate offices.
159. Develop inventory checklist and monitor par levels weekly for office supplies.
160. Order and monitor receipt of supplies, keeping copies of inventory checklist orders and delivery slips of supplies.
161. Maintains and monitors use of office equipment.
162. Develop an interdepartmental mail system.
163. Assist with all departmental meetings including posting, maintaining minutes, and notebooks.
164. Develop a communication book that will contain any memos and pertinent staff information.
165. Assists with preparation of Payroll information, including the processing of all leave requests.
166. Ensures completed new hire paperwork is submitted to corporate HR on Day 1 of employment.
167. Maintains complete staff files including all current licensure and certification for all employees.
168. Compile end-of-the-month reports for HSA/HSC or Corporate Sr. Management and distributes as directed.
169. Keeps current Provider on-call, medical staff contact list and active staffing schedules for all departments.
170. Purge all terminated employee files and forward to corporate HR.
171. Manages all employee changes as directed by Supervisor, HSA/HSC or Corporate Sr. Management.
172. Verification for approval of invoices for payment by CH finance department.
173. Identify unusual usage of supplies, company equipment and discuss with Supervisor, HSA/HSC or Corporate Sr. Management.
174. Schedules internal/external patient appointments.



<b>Administrative Assistant</b>
175. Develop system to manage, track and monitor off-site referrals and appointments.
176. Verify the appointment with the outside provider and confirm all transportation arrangements advance.
177. Pulls and files medical records and loose paper work.
178. Initiates and completes involuntary commitment paperwork (1013) for mental health placement.
179. Participates in Continuous Quality Improvement (CQI).
180. Completes any other tasks as assigned by HSA/HSC or Supervisor.

**Mission**

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**Acknowledgement of Receipt and Understanding**

I have reviewed the job description of Admin Asst and have been afforded the opportunity to ask questions. I understand the expectations for this job. CorrectHealth reserves the right to revise or change job duties, schedules, and responsibilities as the need arises. All proprietary information will not be disclosed or reproduced without the written consent of CorrectHealth.

End Job Descriptions.

### III VENDOR REQUIREMENTS

CorrectHealth understands and will comply with all Vendor Requirements in Section III of Appendix A of the RFP.

### IV. SUMMARY

**Consultation.** CorrectHealth has a recognized team of correctional health experts whose talents will be available to the Muscogee County Sheriff's Office and the County under this contract. The Special Projects Team and other CorrectHealth staff will be happy to provide consultation and strategic planning services to Muscogee County on any and all aspects of the health care delivery system, including evaluations and recommendations concerning new programs, architectural plans, staffing patterns for Jail, alternate pharmaceutical and other systems, and on any other matter relating to this Contract upon which Muscogee County seeks advice and counsel.

#### Transition

**Start-Up Transition.** Perhaps the most important aspect of any new contract is the Transition Plan. At CorrectHealth, we believe that the acquisition of a new facility is our opportunity to initiate a relationship that will be the basis of our future joint endeavors. We also understand that this may be a time of great angst for current healthcare Staff and Administration. In order to ease any anxiety of a change in medical provider, a CorrectHealth employee packet will be provided, including a description of benefits and an employment application. We will also provide current personnel with our Employee Handbook that covers our employee policies from A to Z delineating the expectations of their performance in the provision of health services and the expectation of their obligations to perform in a professional and productive manner. Our handbook also delineates our progressive approach to managing misconduct, unprofessional practice, and security violations so there is no misunderstanding what the consequences will be in the event of any violation of the requirements. This tool is intended to give us the opportunity to serve our client in the manner which is expected and to support every employee to be confident, productive and satisfied and to create a solid balance between their professional and personal lives.

The following pages outline our detailed plan for assuming our role at the Muscogee County Jail in a strategic, smooth and seamless manner.

In any transition, CorrectHealth gathers key individuals in all corporate departments to oversee the process. It is truly a Team operation. The Directors of Human Resources, Accreditation and Leadership, Clinical Programs and Special Programs, together with staff from the Education Department, the Information Systems Department, the Finance Department and Administration, meet and ensure that all participants understand their responsibility in the transition process. Once the site Administrative staff is identified (i.e. HSA, Medical Director, Director of Nurses), they will be included in all meetings and updates to ensure a smooth transition. The facility healthcare staff who commit to continuing at each site by working for CorrectHealth will receive intermittent Transition updates to include them in the process and ensure that there is a smooth transition.





Transition teams will be set up for each site. Some activities will be done concurrently for each site, while others may have to be done individually. All activities described in our plan will occur at each Facility, as applicable.

***NOTE: the following transition plan can be compressed into 3-4 weeks if necessary. We request a minimum of three weeks to transition.***

### **WEEK ONE**

#### **Human Resources.**

Recruitment efforts and staff interviews will begin to include generic job postings in Columbus and surrounding areas, on the internet, in local media outlets and on the CorrectHealth website. Current staff will be notified of the selected vendor and plans will be made for on-site visits to the each facility to interview each interested staff member. The staffing matrix for each facility will be entered into the HR system. Position control logs will be developed. Contact information will be shared.

#### **Facility Acquisition.**

During the first week, an on-site visit by CorrectHealth Senior Management will occur. During this visit, the Medical, Pharmacy, Mental Health and Dental operations will be thoroughly reviewed. Meetings will occur with Facility Administration (both security and healthcare) to discuss intentions and requirements. Administration will receive a copy of our requested return visit dates and contact information will be exchanged to facilitate future discussion of the activities related to the project assumption. The CorrectHealth Team will meet with current Health Services Administration, Providers and Staff to discuss the transition plan and any concerns they may have. At the end of Week 1, our specific Transition Teams will be appointed for each facility. A more detailed Transition Plan will be developed and the teams will begin their respective activities. Contact information for all pertinent Jail and County personnel involved with services are obtained.

#### **Finance.**

The preferred hospitals, local medical professionals, and other healthcare vendors will be contacted to discuss CorrectHealth's assumption of the contract. Finance will obtain a copy of the contract (as soon as completed) to review for fiscal purposes. Vendor contracts will be initiated as needed, including Lab, X-ray, and Medical Waste.

#### **Legal Services.**

All necessary Federal and State Legal Notices will be prepared for posting on-site, as required by law. As contract negotiations continue, Legal Services will work closely with the County's attorneys to finalize wording and obtain required signatures.

### **WEEK TWO**

#### **Human Resources.**

An HR Specialist and one (1) Clinical Specialist will conduct onsite visits, with the Facility Administrators' permission, to interview current staff who are interested in positions with CorrectHealth. Out of respect for the staff and operations, CorrectHealth will set up times for the incumbent staff to meet with our HR and Clinical Representatives so that it avoids operational



interference and when healthcare staff are not “on the clock”, unless otherwise approved by the County. Employee packets will be disseminated to interested candidates, and all questions related to CorrectHealth or employment will be addressed.

After the site visits are completed, licensure verification will begin for all staff who have expressed an interest in continuing as part of the Facility Team, including the initiation of our CorrectHealth credentialing process, as applicable. Because CorrectHealth is a State-certified Drug-Free Company, pre-employment drug screens will be conducted for all potential employees.

Security clearance/background check information for employee candidates will be submitted for processing. Employee candidates who successfully pass the pre-employment drug screen and criminal background check will then be contacted to discuss position opportunities. HR will provide periodic updates to Facility Administration on hiring progress. Recruitment efforts will continue based upon projected openings.

### **WEEK THREE**

**Transition Team Meeting 2.** This meeting should take no longer than an hour. Formal reports will be presented from each member to see if additional resources are needed in any particular area.

#### **Transition Team Leader.**

The Transition Team Leader will conduct the Team Meeting and re-organize/procure resources to ensure project completion. Contact will be made with the Clinical and Administrative staff designated by the Facility Administrators to report the status of the transition project. During WEEK THREE, the Team Leader will verify that all contracts with vendors are executed. The Team Leader will contact each Vendor and ascertain any unique needs for their start-up at each facility. The Transition Team Leader will ensure that these needs are met within the following two weeks.

#### **Human Resources.**

Staffing levels and recruitment efforts will be reported to the Transition Team Leader to determine if additional resources are needed. Recruitment, licensure verification, background checks and credentialing efforts will continue. New staff will be entered into our automated Human Resources system as they are credentialed and cleared. This system populates our Payroll system. Healthcare Staff and Provider orientation packets will be organized and disseminated.

#### **Clinical Services.**

During this week, the Pharmacy Manual and formulary for each site will be finalized. The MSDS Manual and any other necessary on-site manuals will be completed. Clinical Services staff will begin the planning for on-site staff orientation at a central location, preferably in one of the Muscogee County Jail. General orientation includes 2 days of formal classroom and skills competency stations including books and handouts, PowerPoint presentations, videos and clinical supplies necessary. The written Orientation Plan will be shared at the Transition Team Meeting. General orientation is designed for all staff, but there are some break-out sessions for homogenous groups, such as providers, clinical staff and clerical staff.



#### **WEEK FOUR**

This week the Team members will ensure that their respective duties have been completed and will convey any outstanding needs to the Team Leader.

#### **Human Resources.**

Human Resources will continue to recruit, initiate background checks, verify licensure, update HR Information System, and collate all new employee forms needing completion during the first on-site week at each facility. They will ensure that the Human Resources presentation for the New Employee Orientation is current and specific to each facility.

#### **WEEK FIVE**

#### **Transition Team Meeting 3.**

This will be a brief status meeting.

#### **Human Resources.**

Human Resources will continue their aforementioned activities, with the exception that daily staffing reports will be given to the Transition Team Leader if there continue to be vacancies. The sites' Kronos Time Clocks will be ordered; the Transition Team Leader and IS staff will coordinate installation with Facility Administration.

#### **Finance.**

A Specialty Care Log will be developed for each site tracking specialty on-site and off-site care, emergency department visits, and hospitalizations in our Access Database. A site-specific Invoicing system will be initiated.

#### **Clinical Services.**

Contact will be made with all Vendors to verify readiness. Continue preparations for first day/week onsite. The Orientation Program will be finalized, and all necessary supplies will be gathered. At this time, we will determine if we can schedule General Orientation for the following 2 weeks when incumbent staff are available on their off time. Ideally, we would like to have 2 – 3 separate orientation sessions to ensure all staff have been able to attend. Those who cannot attend during this time will be scheduled for General Orientation.

#### **WEEK SIX**

#### **Transition Team Meeting 4.**

A full Transition Team meeting will be held at the beginning of the week to review status and review the detailed plan for our "go-live" at each facility. An inventory of necessary resources will be discussed, including corporate and human resources.

#### **Human Resources.**

Human Resources will continue their recruiting efforts and the daily reporting to the Transition Team Leader. A Master Roster of staff, including their position and contact information will be developed and shared with the Clinical Team and the Transition Team Leader. Letters of welcome with an information update will be sent to all staff to include them in the Transition efforts. This letter will include the contact information for pertinent Departments, such as Human Resources and Clinical Services, and the site telephone numbers that may be important to new staff.



**Clinical Services.**

A staff schedule will be completed for the first month and will be communicated to current/new staff. A roster of all Specialty Providers and their contact information will be developed. If possible, the first General Orientation session will be conducted.

**Transition Team Leader.**

All vendors required on-site will be contacted to ensure they will be ready and on-site, by the start-up date. A formal Readiness Report will be sent to the designated Administrative staff members in the early part of the week. This written report will be followed by a teleconference at the end of the week. The Transition Team Leader will work with each facility to get clearance for all members of the Deployment Team that will be coming on-site the first week of operation to assist in the transition.

**WEEK SEVEN**

**Transition Team Meeting 5.**

The final full Transition Team meeting will be held on the Monday of the 7<sup>th</sup> week. Individuals identified as our on-site Deployment Team will be included in the meeting, and each detail of the plan will be reviewed. Each team member will receive his/her assignment, and the Transition Team member will ensure that each understands their responsibilities.

**Clinical Services.**

A staff schedule will be completed for the first month and will be communicated to current/new staff. A roster of all Specialty Providers and their contact information will be developed. If possible, the second, and perhaps third, General Orientation sessions will be conducted.

**START-UP DATE**

All Deployment Team members will be assigned a specific time to be at their designated work station. Each area of the medical unit will be organized, and CorrectHealth forms, books, Manuals and materials will be introduced. Stock medication inventories will be completed. Orientation for staff who have not been able to previously participate will be conducted. Medical Department services will continue to be provided during this time.

**POST-START-UP ACTIVITIES**

The Deployment Team will remain on-site as long as necessary. Frequent Team status reports will be given to Facility Administrative staff. Experience has indicated that Support Team members may be on-site for up to a week, while Clinical/Operations team members may be on-site for two or more weeks.



**D. CorrectHealth Current Client Listing**

<b>Agency</b>	<b>Contact</b>	<b>Dates</b>	<b>Services</b>	<b>Capacity</b>
Athens-Clarke County CI	Warden Roy Covington 2825 County Farm Road Athens, GA 30605 706.613.3400	03/01/2005 - Present	Medical and pharmaceutical services	116
Barrow County Jail	Sheriff Jud Smith 652 Barrow Park Drive Winder, GA 30680 770.307.3080	12/15/2005 - Present	Medical, mental health, dental and pharmaceutical services	300
Bartow County Jail	Sheriff Clark Millsap 104 Zena Drive Cartersville, GA 30121 770.382.5050	04/15/2003- Present	Medical, mental health, dental and pharmaceutical services	650
Bibb County Law Enforcement Center  <b>MAG Accredited, August 2010</b>	Sheriff David Davis 668 Oglethorpe Street Macon, GA 31201 478.621.5613	07/01/2007- Present	Medical, dental and pharmaceutical services	1000
Carroll County Jail	Sheriff Terry Langley 1000 Newnan Road Carrollton, GA 30116 770.830.5888	06/01/2003 – 07/31/2008  07/01/2009- Present	Medical, mental health, dental and pharmaceutical services	550
Carroll County Prison	Warden Robert Jones 96 Horsley Mill Road Carrollton, GA 30117 770.830.5905	06/01/2003 – 07/31/2008  07/01/2009- Present	Medical, dental and pharmaceutical services	240
Catoosa County Jail	Sheriff Gary Sisk 5842 US Highway 41 Ringgold, GA 30736 706.935.2424	2/15/2015- Present	Medical, mental health, dental and pharmaceutical services	250



Agency	Contact	Dates	Services	Capacity
Chatham County Detention Center  <b>MAG Accredited, October 2017</b>	Sheriff John T. Wilcher 1050 Carl Griffin Dr. Savannah, GA 31405 912-652-7609	09/01/2016- Present	Medical, mental health, dental, telehealth and pharmaceutical services	1800
Chattooga County Jail  <b>MAG Accredited, October 2010</b>	Sheriff Mark Schrader 35 W. Washington Street Summerville, GA 30747 706.857.3411	07/01/2005- Present	Medical, mental health, dental, telehealth and pharmaceutical services	90
Clayton County Prison	Warden Dennis Nelson 11420 S.L.R. Boulevard Lovejoy, GA 30250 770.473.5777	04/06/2007- Present	Medical, dental and pharmaceutical services	242
Columbia County Jail  <b>MAG Accredited, September 2015</b>	Sheriff Clay N. Whittle 2273 County Camp Road Appling, GA 30802 706-541-1042	6/1/2015- Present	Medical, mental health, dental and pharmaceutical services	375
East Baton Rouge Parish Prison	Warden Dennis Grimes 2867 Brig. Gen Isaac Smith Ave. Baton Rouge, LA 70807 225-355-3311	12/31/2016- Present	Medical, mental health, dental, telehealth and pharmaceutical services	1500
Dawson County Jail	Sheriff Jeff Johnson 19 Tucker Avenue Dawsonville, GA 30534 706-344-3535	05/02/2014 - Present	Medical, mental health, dental, telehealth and pharmaceutical services	200
Douglas County Jail  <b>MAG Accredited, June 2012</b>	Sheriff Tim Pounds 6840 W. Church Street Douglasville, GA 30135 770-942-2121	12/01/2010- Present	Medical, mental health, dental and pharmaceutical services	875



Agency	Contact	Dates	Services	Capacity
Fayette County Jail	Sheriff Barry Babb 145 Johnson Avenue Fayetteville, GA 30214 770.461.6353	07/01/2003- Present	Medical, mental health, dental and pharmaceutical services	300
Floyd County Jail	Sheriff Tim Burkhalter 2526 New Calhoun Road Rome, GA 30161 706.291.4111	07/01/2003- Present	Medical, mental health, dental and pharmaceutical services	1170
Floyd County Prison	Warden Michael Long 329 Black Bluff Road Rome, GA 30161 706.236.2490	07/01/2003- Present	Medical, dental and pharmaceutical services	
Forsyth County Jail	Sheriff Ron Freeman 202 Veterans Memorial Boulevard Cumming, GA 30040 770.781.3077	01/01/2011- Present	Medical, mental health, dental and pharmaceutical services	400
GDCP Jackson	Randy Sauls 300 Patrol Road Forsyth, GA 31029 478.992.2999	06/01/2007 - Present	Physician services	N/A
Hamblen County Jail	Mayor Bill Brittain 511 W. 2nd North Street Morristown, TN 37814 423.586.1931	02/01/2012- Present	Medical, mental health, dental, telehealth and pharmaceutical services	350
Heard County Jail	Sheriff Ross Henry 11820 Highway 100 N Franklin, GA 30217 706.675.3329	09/01/2006- Present	Medical, mental health, dental and pharmaceutical services	60
Henry County Jail	Sheriff Keith McBrayer 120 Henry Parkway McDonough, GA 30253 770.288.7100	12/23/2002- Present	Medical, mental health, dental and pharmaceutical services	750
Iberia Parish Detention Center	Michael Broussard Purchasing Director 3618 Broken Arrow Road New Iberia, LA 30560 337-365-8246	10/01/2013- Present	Medical, dental, telehealth and pharmaceutical services	500



Agency	Contact	Dates	Services	Capacity
Jackson County Jail	Sheriff Janice Mangum 555 Stan Evans Drive Jefferson, GA 30549	01/01/2014 - Present	Medical, dental, Mental Health, telehealth and pharmaceutical services	325
Jackson County Prison	Warden Johnny Weaver 265 I W Davis Road Jefferson, GA 30549 706-387-6450	01/01/2014 - Present	Medical, dental, telehealth and pharmaceutical services	200
Jefferson Parish Correctional Center  <i>NCCHC Accredited, January 2006</i>	Joe Denny 1221 Elwood Park Boulevard, Suite 607 New Orleans, LA 70123 504.736.6844	01/01/2006- Present	Medical, mental health, dental, telehealth and pharmaceutical services	1200
Lafourche Parish Correctional Center	Sheriff Craig Weber 952 Highway 3185 Thibodaux, LA 70301 985.449.4458	07/09/2008- Present	Medical, mental health, dental, telehealth and pharmaceutical services	275
Lafourche Parish Work Release Center  <i>ACA Accredited, April 2013</i>	Sheriff Craig Weber 952 Highway 3185 Thibodaux, LA 70301 985.449.4458	12/15/2011- Present	Medical, mental health, dental and pharmaceutical services	200
Lumpkin County Jail	Sheriff Stacy Jarrard 385 E. Main Street Dahlonega GA 30533 706-864-0414	12/01/2011- Present	Medical, mental health, dental and pharmaceutical services	170
Monroe County Jail  <i>MAG Accredited, February 2018</i>	Sheriff John Cary Bittick 145 L. Cary Bittick Dr. Forsyth, GA 31029	11/01/2016- Present	Medical, dental, mental health, telehealth and pharmaceutical services	150





Agency	Contact	Dates	Services	Capacity
Peach County Jail	Sheriff Terry Deese 1007 Spruce Street Fort Valley, GA 31030 478.825.3435	12/01/2006- Present	Medical, mental health, dental and pharmaceutical services	120
Pickens County Jail	Sheriff Donnie Craig 2985 Camp Road Jasper, GA 30143	11/01/2017- Present	Medical, dental, telehealth and pharmaceutical services	140
Plaquemines Parish Detention Center	Sheriff Gerald A. Turlich 16801 Highway 15 Davant, LA 70040 504-934-7622	10/01/2014- Present	Medical, dental, telehealth and pharmaceutical services	520
Robert Rivarde Youth Detention Center	Joe Denny 1221 Elwood Park Boulevard, Suite 607 New Orleans, LA 70123 504.736.6844	07/01/2008- Present	Physician and pharmaceutical services	50
Saint Bernard Parish Detention Center	John Vickers #2 Courthouse Square Chalmette, LA 70043 504.278.7612	03/01/2015- Present	Medical, dental, telehealth and pharmaceutical services	300
Saint James Parish Detention Center	Sheriff Willie Martin Jr. P.O. Box 83 Convent, LA 70723 225-562-2211	10/01/2017- Present	Medical, dental, telehealth and pharmaceutical services	100
Stephens County Jail	Sheriff Randy Shirley 70 N. Alexander Street Toccoa, GA 30577 706.886.2567	05/01/2006- Present	Medical, mental health, dental and pharmaceutical services	180
Tangipahoa Parish Detention Center	Sheriff Daniel H. Edwards 101 Campo Lane Amite City, LA 70403	06/01/2015- Present	Medical, dental and pharmaceutical services	550
Union County Jail	Commissioner Lamar Paris 114 Courthouse Street, Box 1 Blairsville, GA 30512 706.439.600	01/01/2003- Present	Medical, mental health, dental and pharmaceutical services	70



Agency	Contact	Dates	Services	Capacity
Walton County Jail  <b>MAG Accredited, January 2010</b>	Sheriff Joe Chapman 1425 S. Madison Avenue Monroe, GA 30655 706.439.6066	07/01/2004- Present	Medical, mental health, dental and pharmaceutical services	425
White County Jail	Sheriff Neal Walden 1210 Hulsey Road Cleveland, GA 30528 706.865.5178	07/01/2002- Present	Medical, mental health, dental and pharmaceutical services	100



## SECTION 7. COST PROPOSAL (FORM 5)

**Proposal Pricing.** CorrectHealth agrees to provide a quality-driven, cost effective, healthcare program for the inmates and detainees at the Jail. The prices attached on Form 5 below include the provision of healthcare services, as described in this Proposal, for the inmates at the Muscogee County Jail. CorrectHealth will be financially responsible for medical, dental, nursing and support staffing, on-site diagnostics, electronic medical records software and support, and supplies and administrative support costs as per this proposal.

CorrectHealth is pleased to present two (2) options for consideration:

**Option I.** Option I represents the specified staffing requested by the County in Section II, Personnel Staffing, of the RFP for the Muscogee County Jail. Please see the specified Staffing Matrix in Section II of this proposal for more detailed information.

**Option II.** Option II represents an alternate staffing plan for the Muscogee County Jail presented by CorrectHealth for consideration. CorrectHealth is confident that this staffing plan will meet the needs of the medical and dental programs at the Muscogee County Jail while providing substantial savings to the Columbus Consolidated Government. Please see the alternate Staffing Matrix in Section II of this proposal for more detailed information.

**Specialty Care.** Through our accounting and claims management department, CorrectHealth will manage scheduling, claims adjudication and accounting for off-site hospitalization and specialty care services. For emergency treatment, Columbus Consolidated Government will receive savings as set forth in HB 197 > O.C.G.A. 42-4-15 utilizing Medicaid rates for reimbursements to hospitals, which has historically saved up to 80% of usual and customary charges.

For Hospitalization and Specialty Care provided on-site or off-site, CorrectHealth will abide by existing contracts in place between the City of Columbus and Columbus Regional Medical Center, as well as any other provider agreements that may exist for provider reimbursement. Columbus Consolidated Government is financially responsible for the actual costs of specialty care and hospitalization services.

CorrectHealth will adjudicate and pay hospitalization and specialty care claims on a monthly basis. Paid claims will be invoiced to the MCSO thirty (30) days after the end of the contract quarter for reimbursement equal to the amount paid for the preceding quarter.

**Changes in Standards of Care or Scope of Services.** The prices quoted reflect the scope of services as outlined in the CorrectHealth Service Plan in section 6 of our proposal and the current community standard of care with regard to correctional healthcare services. If there is any change in or modification of the local, national (e.g. NCCHC, ACA) or community standards of care or scope of services, court order, ruling or interpretation, state or federal law or statute or interpretation there of that results in sustained and material increase in costs (e.g. treatment of Hepatitis C, TB, HIV/AIDS, etc.), coverage of costs related to such changes are not included in this proposal and would need to be negotiated with Columbus Consolidated Government. Further, if the mission



and / or purpose of the Muscogee County Sheriff's Office changes substantially, Muscogee County agrees to negotiate with CorrectHealth in good faith for any change in services.

**Per Diem.** CorrectHealth will charge a per diem rate of **\$0.48** per inmate per day when the daily census is greater than **1050** at Muscogee County Jail. This per diem is intended to cover additional costs in those instances where minor, short-term changes in the inmate population result in the higher utilization of routine supplies and services. However, the per diem is not intended to provide for any additional fixed costs, such as new fixed staffing positions that might prove necessary if the inmate population grows significantly and / or if the population increase is sustained. CorrectHealth will negotiate in good faith with Muscogee County for an increase in staffing complement and contract price in order to provide services to an increased number of inmates and maintain quality of care. CorrectHealth will invoice MCSO for per diem overages in the month following the month of service. Payment will be due within thirty days.

**Payment Terms.** CorrectHealth will invoice CCG for one-twelfth of the annual base compensation on a monthly basis during the month of service. CCG agrees to pay CorrectHealth within 30 days of the invoice date. In the event this agreement should terminate on a date other than the end of a calendar month, compensation to CorrectHealth will be prorated accordingly for the shortened month.

CorrectHealth will invoice the CCG for pharmaceutical expenses on a monthly basis. The pharmaceutical invoice will be processed as a pass through expense. CorrectHealth will provide oversight and management of the pharmaceutical formulary at no additional charge.

**Annual Renewal.** CorrectHealth will guarantee renewal pricing as outlined in the attached cost proposal.

**Statement of Financial Condition.** CorrectHealth Companies is a group of private, limited liability companies owned by Triage Holding, Inc. (Triage). Triage provides administrative support including but not limited to Human Resources, Accounting and Legal support, for the group of CorrectHealth Companies, for which it receives an administrative fee. If awarded the contract, we operate as CorrectHealth Muscogee, LLC. CorrectHealth Companies are currently licensed to do business in the states of Georgia, Louisiana, Kentucky and Tennessee. At the close of business December 31, 2017, combined annual operating revenues exceeded \$43 million. Our annualized payroll is currently \$23 million. CorrectHealth Companies' operations have been self-funded for its entire 18 year history and the group of companies is debt free. CorrectHealth has significant cash balances, a healthy cash flow and an available line of credit in the amount of \$3 million. The companies are financially stable and capable of performing under the proposed contract.

CorrectHealth will adjudicate and pay claims on a monthly basis. An invoice for adjudicated claims will be sent to Columbus Consolidated Government in a quarterly basis

**Summary.** CorrectHealth is making an honest, transparent and fair proposal to Columbus Consolidated Government to provide high quality, cost effective, comprehensive healthcare services to the inmates at the Muscogee County Jail. CorrectHealth looks forward to the



opportunity to discuss our proposal with Columbus Consolidated Government representatives during the evaluation process.

**Pricing.** Please see our proposed pricing for four (2) distinct options being offered below in Form 5.

FORM 5

**COST PROPOSAL**

**Inmate Medical and Pharmacy Services for Muscogee County Jail (Annual Contract)**

**RFP No. 18-0022**

**OPTION 1: Specified Staffing**

DESCRIPTION	CONTRACT YEAR	ANNUAL CONTRACT AMOUNT
Medical Services	1 <sup>st</sup> Year	\$3,287,946.73
	2 <sup>nd</sup> Year	\$3,370,145.40
	Total Initial Contract Amount	\$6,658,092.12
Medical Services	3 <sup>rd</sup> Year	\$3,454,399.03
Medical Services	4 <sup>th</sup> Year	\$3,540,759.01
Medical Services	5 <sup>th</sup> Year	\$3,629,277.98
Pharmacy services at pass-through cost with a management fee		<u>0.00</u> % Management Fee

\*Subject to negotiations

**OPTION 2: Vendor's Recommended Staffing**

DESCRIPTION	CONTRACT YEAR	ANNUAL CONTRACT AMOUNT
Medical Services	1 <sup>st</sup> Year	\$2,963,741.50
	2 <sup>nd</sup> Year	\$3,037,835.04
	Total Initial Contract Amount	\$6,001,576.54
Medical Services	3 <sup>rd</sup> Year	\$3,113,780.91
Medical Services	4 <sup>th</sup> Year	\$3,191,625.44
Medical Services	5 <sup>th</sup> Year	\$3,271,416.07
Pharmacy services at pass-through cost with a management fee		<u>0.00</u> % Management Fee

\*Subject to negotiations

CorrectHealth Muscogee, LLC  
Company Name

Authorized Signature

5/16/18  
Date



## SECTION 8. CONTRACT SIGNATURE PAGE (FORM 6)

**CONTRACT SIGNATURE PAGE**

**Inmate Medical and Pharmacy Services for Muscogee County Jail (Annual Contract)  
RFP No. 18-0019**

THE UNDERSIGNED HEREBY DECLARES THAT HE HAS/THEY HAVE CAREFULLY EXAMINED THE SPECIFICATIONS HEREIN REFERRED TO AND WILL PROVIDE ALL EQUIPMENT, TERMS AND SERVICES TO THE CONSOLIDATED GOVERNMENT OF COLUMBUS, GEORGIA.

Witness as to the signing of the contract

By: Carlo Musso 5/16/18  
Signature of Authorized Representative Date

Witness as to the signing of the contract

Carlo A. Musso, MD, President  
Print Name and Title of Signatory

(Corporate seal, if applicable)

Company: CorrectHealth Muscogee, LLC

*Company Ordering Address*

*Company Payment Address*

Contact: Carlo A. Musso, MD

Contact: Carlo A. Musso, MD

Contact Email carlo.musso@correcthealth.org

Contact Email carlo.musso@correcthealth.org

Telephone 770-692-4750, 209 Fax 770-692-4754

Telephone: 770-692-4750, 209 Fax 770-692-4754

**CONSOLIDATED GOVERNMENT OF COLUMBUS, GEORGIA**

Accepted this \_\_\_ day of \_\_\_\_\_ 20\_\_

**APPROVED AS TO LEGAL FORM:**

\_\_\_\_\_  
Isaiah Hugley, City Manager

\_\_\_\_\_  
Clifton C. Fay, City Attorney

**ATTEST:**

\_\_\_\_\_  
Tiny B. Washington, Clerk of Council

**\*\*COMPLETE AND RETURN THIS PAGE WITH SEALED PROPOSAL\*\***





## SECTION 9. AGREEMENT/CONTRACT FORM



Sample Contract

HEALTH SERVICES AGREEMENT

THIS HEALTH SERVICES AGREEMENT (hereinafter referred to as "AGREEMENT") by and between the COLUMBUS CONSOLIDATED GOVERNMENT (hereinafter referred to as "CITY"), the MUSCOGEE COUNTY SHERIFF'S OFFICE (hereinafter referred to as "MCSO"), and CORRECTHEALTH MUSCOGEE, LLC (hereinafter referred to as "COMPANY"), is entered into as of the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ to be effective as set forth in Paragraph 6.1, below.

WITNESSETH:

WHEREAS, MSCO is charged by law with the responsibility for obtaining and providing reasonably necessary medical care for inmates or detainees of the MUSCOGEE COUNTY JAIL (hereinafter called "JAIL") and,

WHEREAS, MSCO and CITY desires to provide for health care to inmates in accordance with applicable law; and,

WHEREAS, MSCO, which receives funding as approved by the CITY, desires to enter into this Agreement with COMPANY to promote this objective; and,

WHEREAS, COMPANY is in the business of providing correctional healthcare services under contract and desires to provide such services for the CITY under the express terms and conditions contained herein.

NOW THEREFORE, in consideration of the mutual covenants and promises hereinafter made, the parties hereto agree as follows:

ARTICLE I: HEALTH CARE SERVICES

- 1.1 General Engagement. CITY and MCSO hereby contract with COMPANY to provide healthcare services to inmates in the physical custody of the JAIL. This care is to be delivered to individuals under the custody and control of MCSO at the JAIL, and COMPANY enters into this Agreement according to the terms and provisions herein.
- 1.2 Scope of General Services. The responsibility of COMPANY for the healthcare of an inmate commences with the commitment of an inmate to the custody of the JAIL. COMPANY shall provide on a regular basis: nursing care, provider (physician and / or midlevel provider) care, dental care, electronic health records, tele-health, onsite emergency medical services, onsite laboratory studies, on-site radiology, medication administration, non-capital medical equipment, medical supplies, office supplies, and medical waste disposal, as set forth in COMPANY's Proposal dated May 18, 2018, in response to RFP No. 18-0019. COMPANY shall not be financially responsible for the cost of pharmaceuticals, on-site specialty care, off-site specialty care, hospitalizations, all other off-site healthcare, or ambulance services.
- 1.3 Specialty Care Services. When non-emergency specialty care is required and cannot be rendered at the JAIL, COMPANY shall make arrangements with MCSO for the transportation of the inmates in accordance with Section 1.8 of this Agreement.
- 1.4 On-Site Emergency Services. COMPANY shall provide, at its own cost, on-site emergency medical care, as medically necessary.

- 1.5 Injuries Incurred Prior to Incarceration; Pregnancy. COMPANY will not be financially responsible for the cost of any medical treatment for health care services provided to any inmate prior to the inmate's commitment into the custody of the JAIL. Furthermore, COMPANY is not financially responsible for the cost of services outside the JAIL for any healthcare treatment or health care services provided to medically stabilize any inmate presented at booking with a life threatening injury or illness or in immediate need of emergency medical care, if said inmate is not in the custody of the JAIL.

Once it has been determined by COMPANY's intake medical personnel that the inmate has been medically stabilized, and accepted by MCSO personnel into the custody of the JAIL, COMPANY will, commencing at that point, then become responsible for the medical treatment for health care services rendered at the JAIL, regardless of the nature of the illness or injury and whether or not the illness or injury occurred prior or subsequent to the individual's incarceration at the JAIL. An inmate shall be considered medically stabilized when the patient's medical condition no longer requires immediate emergency medical care or outside hospitalization, and when any and/or all applicable medical clearances have been provided to the JAIL personnel, so that the inmate can reasonably be housed inside the JAIL.

It is expressly understood that COMPANY shall not be responsible for costs associated with the health care of any infants born to inmates. COMPANY shall provide health care services to inmates up to, though, and after the birth process, but health care services provided to an infant following birth, other than those services that may be delivered in the JAIL prior to transport to a hospital, will not be the financial responsibility of COMPANY. In any event, COMPANY shall not be responsible for the costs associated with the performing or furnishing of elective abortions.

- 1.6 Inmates outside the Facility. The health care services contracted in the Agreement are intended only for those inmates in the actual physical custody of the JAIL. This does not include inmates who are under guard in outside jails or prisons. Such inmates are not to be included in the daily population count. No person(s), including those who are in any outside hospitals who are not under guard, shall be the financial responsibility of COMPANY with respect to the payment or the furnishing of their health care services. Persons in the physical custody of other public safety or other law enforcement/penal jurisdictions at the request of MCSO are likewise excluded from the population count and are not the responsibility of COMPANY for the furnishing or payment of health care services.

The cost of medical services provided to inmates who become ill or are injured while on such temporary release, work release, or escape status will not be the responsibility of COMPANY. However, inmates on work detail who are supervised by MCSO personnel and become injured will be the responsibility of COMPANY as long as they are returned to the JAIL to be treated by COMPANY personnel. These inmates will be part of the daily census count.

- 1.7 Elective Medical Care. COMPANY is not responsible for providing elective medical care to inmates. For purposes of the Agreement, "elective medical care" means medical care, which, if not provided, would not cause definite harm to the inmate's well-being. MCSO and / or CITY must review any referral of inmates for elective medical care prior to provision of such services.

- 1.8 Transportation Services. To the extent any inmate requires off-site non-emergency health care treatment including, but not limited to, hospitalization care and specialty services, MCSO will, upon request by COMPANY provide transportation as reasonably available provided that such transportation is scheduled in advance. When medically necessary, COMPANY shall arrange for all

emergency ambulance transportation of inmates. COMPANY will not be financially responsible for the cost of ambulance services.

## ARTICLE II: PERSONNEL

- 2.1 Staffing. COMPANY shall provide medical and support personnel reasonably necessary for the rendering of health care services to inmates at the JAIL, as identified on Exhibit A, which is attached hereto. At the sole discretion of the COMPANY, some services may be provided via tele-health.
- 2.2 Licensure, Certification and Registration of Personnel. All personnel provided or made available by COMPANY to render services hereunder shall be licensed, certified or registered, in their respective areas of expertise as required by applicable Georgia law.
- 2.3 CITY's Satisfaction with Health Care Personnel. If the Sheriff, Chief Deputy, or Division Commander of the JAIL becomes dissatisfied with any health care personnel provided by COMPANY hereunder, or by any independent contractor, subcontractor or assignee, COMPANY, in recognition of the sensitive nature of correctional services, shall, following receipt of written notice from the Sheriff, Chief Deputy, or Division Commander of the JAIL of the grounds for such dissatisfaction and in consideration of the reasons therefore, exercise its best efforts to resolve the problem. If the problem is not resolved satisfactorily to the Sheriff, Chief Deputy, or Division Commander of the JAIL, COMPANY shall remove or shall cause any independent contractor, subcontractor, or assignee to remove the individual about whom the MCSO has expressed dissatisfaction. Should removal of an individual become necessary, COMPANY will be allowed reasonable time, prior to removal, to find an acceptable replacement, without penalty or any prejudice to the interests of COMPANY.
- 2.4 Use of MCSO Personnel and Inmates in the Provision of Health Care Services. MCSO personnel nor inmates shall be employed or otherwise engaged by either COMPANY or MCSO in the direct rendering of any health care services.
- 2.5 Subcontracting and Delegation. In order to discharge its obligations hereunder, COMPANY will engage certain health care professionals as independent contractors rather than as employees. CITY and MCSO consent to such subcontracting or delegation. As the relationship between COMPANY and these health care professionals will be that of independent contractor, COMPANY will not be considered or deemed to be engaged in the practice of medicine or other professions practiced by these professionals. COMPANY will not exercise control over the manner or means by which these independent contractors perform their professional medical duties. However, COMPANY shall exercise administrative supervision over such professionals necessary to insure the strict fulfillment of the obligations contained in this Agreement. For each agent and subcontractor, including all medical professionals, physicians, dentists, and nurses performing duties as agents or independent contractors of COMPANY under this Agreement, COMPANY shall provide CITY/MCSO proof, upon prior written request, that there is in effect a professional liability or medical malpractice insurance policy covering the agent or subcontractor.
- 2.6 Discrimination. During the performance of this Agreement, COMPANY, its employees, agents, subcontractors, and assignees agree as follows:
- a. None will discriminate against any employee or applicant for employment because of race, religion, color, gender or national origin, except where religion, gender or national origin is a bona fide occupational qualification reasonably necessary to the normal operation of the contractor.

- b. In all solicitations or advertisements for employees, each will state that it is an equal opportunity employer.
- c. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of the section.

### **ARTICLE III: REPORTS AND RECORDS**

- 3.1 Medical Records. COMPANY shall cause and maintain complete and accurate medical records for each Inmate who has received health care services. Each medical record will be maintained in accordance with applicable laws. The medical records shall be kept separate from the inmate's confinement record. A complete legible copy of the applicable medical records shall be available at all times, to the SHERIFF, as custodian of the person of the patient. Medical records shall be kept confidential. No information contained in the medical records shall be released by COMPANY except as provided by policy, by a court order, or otherwise in accordance with applicable law. COMPANY shall, at its own cost, provide all medical personnel necessary to maintain the medical records. At the termination of this Agreement, all medical records shall be delivered to and remain with the MCSO. However, MCSO shall provide COMPANY with reasonable ongoing access to all pertinent medical records even after the termination of this Agreement for the purposes of defending or investigating litigation.
- 3.2 Regular Reports by COMPANY to CITY. If requested, COMPANY shall provide to MCSO, on a date and in a form mutually acceptable to COMPANY and MCSO, reports relating to services rendered under this Agreement.
- 3.3 Inmate Information. Subject to the applicable Georgia law, in order to assist COMPANY in providing the best possible health care services to inmates, MCSO will provide COMPANY with information pertaining to inmates that COMPANY and MCSO mutually identify as reasonable and necessary for COMPANY to adequately perform its obligations hereunder.
- 3.4 COMPANY Records Available to MCSO with Limitations on Disclosure. COMPANY shall make available to MCSO, at MCSO's request, records, documents and other papers relating to the direct delivery of health care services to Inmates hereunder. MCSO understands that written operating policies and procedures employed by COMPANY in the performance of its obligations hereunder are propriety in nature and will remain the property of COMPANY and shall not be disclosed without written consent. Information concerning such may not, at any time, be used, distributed, copied or otherwise utilized by MCSO, except in connection with the delivery of health care services hereunder, or as permitted or required by law, unless such disclosure is approved in advance writing by COMPANY. Proprietary information developed by COMPANY shall remain the property of COMPANY.
- 3.5 MCSO Records Available to COMPANY with Limitations on Disclosure. During the term of this Agreement and for a reasonable time thereafter, MCSO will provide COMPANY at COMPANY's request, MCSO's records relating to the provision of health care services to inmates as may be reasonably requested by COMPANY or as are pertinent to the investigation or defense of any claim related to COMPANY's conduct. Any such information provided by MCSO to COMPANY that MCSO considers confidential shall be kept confidential by COMPANY and shall not, except as may be required by law, be distributed to any third party without the prior written approval of the MCSO .

### **ARTICLE IV: SECURITY**

- 4.1 General. COMPANY and MCSO understand that adequate security services are essential and necessary for the safety of the agents, employees, and subcontractors of COMPANY as well as for the security of inmates and JAIL personnel, consistent with the correctional setting. MCSO personnel will take all reasonable steps to provide sufficient security to enable COMPANY to safely and adequately provide the health care services described in this Agreement. It is expressly understood by MCSO and COMPANY that the provision of security and safety for the COMPANY personnel is a continuing precondition of COMPANY's obligation to provide its services in a routine, timely, and proper fashion. This provision, however shall not be considered to and shall not be construed to be a waiver of any defense, including sovereign or official immunity, to any claim against MCSO by an inmate, employee of company or any other person in anyway whatsoever.
- 4.2 Security During Transportation Off-Site. MCSO will provide prompt and timely security as medically necessary and appropriate in connection with the transportation of any inmate between the JAIL and any other location for off-site services as contemplated herein.

#### ARTICLE V: OFFICE SPACE, EQUIPMENT, INVENTORY AND SUPPLIES

- 5.1 General. CITY/MCSO agree to provide COMPANY with reasonable and adequate office and medical space, facilities, and telephone equipment with dedicated line in the medical area. COMPANY will obtain, with the assistance of CITY/MCSO, secured internet access (minimum speeds 3MB down/3MB up) with a static public IP address as required for high definition telehealth and / or the operation of the Electronic Health Record (EHR). This internet connection will be for sole and exclusive use by COMPANY. MCSO / CITY will pay for utilities (e.g. gas, electric, water, phone lines, and long distance telephone service). Further, MCSO will provide necessary maintenance and housekeeping of the office space and facilities.

With regard to telemedicine, COMPANY will provide for all necessary equipment and any necessary internet / connection line, as set forth above. MCSO will be responsible for ensuring that the Jail Management Software (JMS) provides a unidirectional interface, which integrates with COMPANY's EHR to populate the EHR with patient demographics and location data only.

COMPANY will provide medical and office supplies used in the healthcare delivery system administered at the JAIL. This includes medical supplies, medical records, office supplies, and forms. COMPANY will also provide for all non-capital medical equipment (i.e. less than \$500). MCSO / CITY will be responsible for any capital medical equipment (i.e. more than \$500).

- 5.2 Delivery of Possession. MCSO will provide to COMPANY beginning on the date of commencement of this Agreement, possession and control of all medical and office equipment and supplies in place at the JAIL's health care unit.

At the commencement of service by COMPANY an inventory of all supplies, medical and office equipment as described herein will be completed in writing by MCSO personnel. This inventory will be reviewed and approved in writing by the authorized agent of the MCSO as well as the COMPANY.

At the termination of this or any subsequent Agreement, COMPANY will return to the MCSO possession and control all supplies, medical and office equipment, in working order, reasonable wear and tear accepted, which were in place at the JAIL's health care unit prior to the



commencement of services under this Agreement. Any such return will require written confirmation, executed by the Jail Administrator of the JAIL, for proper acceptance.

**ARTICLE VI: TERM AND TERMINATION OF AGREEMENT**

- 6.1 Initial Term. The initial term of this Agreement will be \_\_\_\_\_ through \_\_\_\_\_. This Agreement is renewable under like terms for additional years, subject to negotiation of the service component and agreed-upon compensation adjustments, including compensation escalator as set forth in Section 7.4 below, unless either party delivers written notice of non-renewal to the other party at least ninety (90) days prior to the expiration of the then-existing term.
- 6.2 Termination. This Agreement may be terminated as otherwise provided in this Agreement or as follows:
  - a. Termination by Agreement. In the event that each of the parties mutually agrees in writing, this Agreement may be terminated on the terms and date stipulated therein.
  - b. Termination by Cancellation. This Agreement may be canceled, without cause, by either party upon ninety (90) days prior written notice in accordance with Section 9.3 this Agreement.
- 6.3 Responsibility for Inmate Health Care. Upon termination of this Agreement, all responsibility for providing health care services to all inmates, including inmates receiving health care services at sites outside the JAIL, will be transferred from COMPANY to MCSO.

**ARTICLE VII: COMPENSATION**

- 7.1 Base Compensation & Per Diem Compensation. MCSO / CITY will pay COMPANY an annualized base compensation of \$ \_\_\_\_\_. This will be due in monthly payments of \$ \_\_\_\_\_. This compensation level assumes a maximum inmate population of 1050 inmates.

COMPANY will invoice MCSO / CITY during the month prior to the month of service. MCSO / CITY agree to pay COMPANY within thirty (30) days of receipt of the invoice. In the event this agreement should terminate on a date other than the end of a calendar month, compensation to COMPANY will be prorated accordingly for the shortened month.

- 7.2 Per Diem. When the daily inmate census exceeds 1050, MCSO / CITY agree to compensate COMPANY \$ \_\_\_\_\_ per inmate per day for each inmate in excess of 1050.

This per diem is intended to cover additional costs in those instances where minor, short term increases in the inmate population result in the higher utilization of routine supplies and services. However, the per diem is not intended to provide for any additional fixed costs, such as new staffing positions, which might prove necessary if the inmate population increases to more than 1050 inmates. As such, if the census increases by 20% and is sustained, the parties agree to negotiate in good faith for additional staffing and associated compensation in order to continue to provide services to the increased number of inmates and maintain the quality of care consistent with COMPANY's Proposal and this Agreement.

- 7.3 Inmates From Other Jurisdictions. Medical care rendered within the JAIL to inmates from outside jurisdictions, and housed in the JAIL pursuant to written contracts between CITY / MCSO and such other jurisdictions or the State of Georgia, or by statute, will be the responsibility of COMPANY but

as limited by this Agreement. Medical care that cannot be rendered within the JAIL will be arranged by COMPANY and the costs of such care subject to reimbursement by the other jurisdiction, the State of Georgia, or MCSO/CITY. This Section does not apply to sentenced felons awaiting transfer to State facilities or inmates housed in the JAIL on ex parte orders. COMPANY shall directly bill other counties for onsite professional medical fees, supplies, tests and medications. COMPANY will forward other bills for offsite healthcare and program support services provided to other jurisdictions housing inmates in the JAIL. A nominal standard fee schedule will be utilized and is available upon request. MCSO/CITY agree to assist COMPANY with these billing activities.

- 7.4 Compensation Escalator. On each subsequent annual renewal, the compensation paid to COMPANY, including base compensation and per diem rate, shall be adjusted by the current Consumer Price Index-Wage Earners and Clerical Workers (CPI-W), Medical Care Component (MCC) for the Southern Region of the United States.
- 7.5 Change in Standard of Care or Scope in Services. The price in Section 7.1, above, quoted reflects the scope of services as outlined herein and the current community standard of care with regard to correctional healthcare services. If there is any change in or modification of the local, national (e.g. NCCHC, ACA) or community standards of care or scope of services, court order, ruling or interpretation, state or federal law or statute or interpretation thereof that results in sustained and material increase in costs (e.g. treatment of Hepatitis C, TB, HIV/AIDS, etc.), coverage of costs related to such changes are not included in the contract price and would need to be negotiated with the MCSO/CITY. Further, if the mission and/or purpose of the JAIL changes substantially, the MCSO/CITY agree to negotiate with COMPANY in good faith for any change in services.
- 7.6 Late Payments. MCSO/CITY shall pay COMPANY interest on all undisputed payments hereunder that are not paid when due, as specified in Section 7.1, above. Interest shall accrue from the date the original payment was due at a rate of one percent (1%) per month until the payment is made in full. MCSO/CITY shall bear the costs of any legal or collection fees and expenses incurred by COMPANY in attempting to enforce MCSO/CITY's payment obligations hereunder.

#### ARTICLE VIII: LIABILITY AND RISK MANAGEMENT

- 8.1 Insurance. At all times during this Agreement, COMPANY shall maintain professional liability insurance covering COMPANY, and naming MCSO/CITY as additional insureds, for its work at the JAIL with limits of one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in the aggregate. Upon request, COMPANY shall provide a Certificate of Insurance to MCSO/CITY.
- 8.2 Indemnification. COMPANY shall indemnify, defend and hold MCSO and CITY harmless from and against any and all claims against MCSO and CITY based on COMPANY's performance of its obligations hereunder; provided, however, that COMPANY will not be responsible for any claim arising out of MCSO or CITY or their employee or agent preventing an inmate from receiving medical care ordered by COMPANY or its agent or in failing to promptly present an ill or injured inmate to COMPANY for treatment. MCSO/CITY shall defend, and hold COMPANY harmless from and against any and all claims against COMPANY arising out of the performance by MCSO/CITY, its employees, agents, officers, or contractors in connection with MCSO/CITY's obligations hereunder or other conduct. This provision, however, shall not be considered and shall not be construed to be a waiver of any defense, including sovereign or official immunity, to any claim against MCSO/CITY by an inmate, employee of company or any other person in any way whatsoever.





**ARTICLE IX: MISCELLANEOUS**

- 9.1 Independent Contractor Status. The parties acknowledge that COMPANY is an independent contractor engaged to provide health care to Inmates at the JAIL under the direction of COMPANY management. Nothing in this Agreement is intended nor shall be construed to create an agency relationship, an employer - employee relationship, or a joint venture relationship between the parties.
- 9.2 Court Appearance by COMPANY Employees. In the event COMPANY's personnel are required to devote time with regard to litigation or threatened litigation by or on behalf of MCSO/CITY this shall be part of their service time pursuant to this agreement. MCSO/CITY shall be responsible for reasonable costs of substitute personnel to fill positions, which would be vacant due to such court or trial appearance requirements.
- 9.3 Notice. Unless otherwise provided herein, all notices or other communications required or permitted to be given under this Agreement shall be in writing and shall be deemed to have been duly given if delivered personally in hand or sent by certified mail, return receipt requested, postage prepaid, and addressed to the appropriate party at the following address or to the other person at any other address as may be designated in writing by the parties:

(a) CITY: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(b) MCSO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(c) COMPANY: CorrectHealth Muscogee, LLC  
ATTN: Carlo A. Musso, M.D.  
3384 Peachtree Road, NE, Suite 700  
Atlanta, GA 30326

Notices shall be effective upon receipt regardless of the form used.

- 9.4 Entire Agreement. This Agreement constitutes the entire agreement of the parties and is intended as a complete and exclusive statement of the promises, representations, negotiations, discussions and agreements that have been made in connection with the subject matter hereof. No modifications or amendment to this Agreement shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto. All prior negotiations, agreements and understandings with respect to the subject matter of this Agreement are superseded hereby.
- 9.5 Amendment. This Agreement may be amended or revised only in writing and signed by all parties.



- 9.6 Waiver of Breach. The waiver by either party of a breach or violation of any provision of this Agreement shall not operate as, or be constructed to be, a waiver of any subsequent breach of the same or other provision hereof.
- 9.7 Other contracts and Third-Party Beneficiaries. The parties acknowledge that COMPANY is neither bound by nor aware of any other existing contracts to which MCSO/CITY is a party and which relate to the providing of medical care to inmates at the JAIL. The parties agree that they have not entered into this Agreement for the benefit of any third person or persons, and it is their express intention that the Agreement is intended to be for their respective benefit only and not for the benefit of others who might otherwise be deemed to constitute third-party beneficiaries hereof.
- 9.8 Severability. In the event any provision of this Agreement is held to be unenforceable for any reason, the unenforceability thereof shall not affect the remainder of the Agreement which shall remain in full force and effect and enforceable in accordance with its terms.
- 9.9 Cooperation. On and after the date of this Agreement, each party shall, at the request of the other, make, execute and deliver or obtain and deliver all instruments and documents and shall do or cause to be done all such other things which either party may reasonable require to effectuate the provisions and intentions of this Agreement.
- 9.10 Time of Essence. Time is and shall be of the essence of this Agreement.
- 9.11 Authority. The parties signing this Agreement hereby state that they have the authority to bind the entity on whose behalf they are signing.
- 9.12 Binding Effect. This Agreement shall be binding upon the parties hereto, their heirs, administrators, executors, successors and assigns.
- 9.13 Cumulative Powers. Except as expressly limited by the terms of this Agreement, all rights, power and privileges conferred hereunder shall be cumulative and not restrictive of those provided at law or in equity.
- 9.14 Governing Law. This Agreement and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Georgia, except as specifically noted.
- 9.15 Jurisdiction and Venue. Should any disputes regarding this Agreement arise and require legal action, the proper jurisdiction and venue for said legal action will be Muscogee County, Georgia.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement, by and through their duly authorized officers, the day, month and year given below.

**COLUMBUS CONSOLIDATED GOVERNMENT ("CITY")**

By: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Date: \_\_\_\_\_



MUSCOGEE COUNTY SHERIFF'S OFFICE ("MCSO")

By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

CORRECTHEALTH MUSCOGEE, LLC ("COMPANY")

By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_



**EXHIBIT A – STAFFING**

PROVIDER	FTE

*\* May be provided on-site and/or via tele-medicine, at the discretion of COMPANY.*

**EXHIBIT E**  
*Clarification Documents*

**Litigation History**  
**June 2013 – June 2018**

CORRECTHEALTH has NEVER had verdict rendered against it in its eighteen (18) years of existence. Over the last five (5) years, CORRECTHEALTH has been named in 36 lawsuits filed by inmates / prisoners. Of these 36 cases, 16 have been dismissed with no payment being made to the Plaintiff / Patient, 6 have been confidentially settled, and 14 are being aggressively defended by in-house counsel and / or outside counsel.

Date Filed	Plaintiff	Type of Suit	Status
07/30/13	Eric Suffal	Medical Negligence	Dismissed
08/14/13	Albert Wilder	Deliberate Indifference	Settled
09/30/13	Jacoby Maize	Deliberate Indifference	Dismissed
01/21/14	John Spellman	Deliberate Indifference	Dismissed
02/20/14	Thomas Colardo	Deliberate Indifference	Pending
03/27/14	Chavis Bernard Poole	Deliberate Indifference	Settled
06/23/14	Patrick Spencer	Deliberate Indifference	Settled
08/11/14	Kenneth Grochowski	Deliberate Indifference	Pending
10/08/14	Joe Dent	Deliberate Indifference	Dismissed
11/14/14	Wendy Drucker	Deliberate Indifference	Settled
01/27/15	Claude Galmore	Deliberate Indifference	Dismissed
01/28/15	Tracy Griffith	Deliberate Indifference	Pending
02/03/15	Jesus Garcia	Medical Negligence	Dismissed
04/09/15	Dennis Laskey	Deliberate Indifference	Dismissed
05/20/15	Timothy Byrom	Medical Negligence	Dismissed
08/04/15	Brandon Branham	Deliberate Indifference	Settled
08/28/15	Stephen Womble	Deliberate Indifference	Dismissed
12/07/15	Lavester Mays	Deliberate Indifference	Dismissed
02/17/16	Peter Anthony Grandpre	Deliberate Indifference	Dismissed
03/16/16	Tyrone Whittington	Deliberate Indifference	Dismissed
03/21/16	Tracy Edward Johnson	Deliberate Indifference	Dismissed
04/18/16	Susan Carson	Medical Negligence	Pending
04/27/16	Jennifer James	Deliberate Indifference	Pending
08/19/16	Robert Weidman	Deliberate Indifference	Dismissed
12/01/16	Demetrie Jones	Deliberate Indifference	Settled
02/17/17	Braxston Rousell	Deliberate Indifference	Dismissed
03/06/17	Joseph Pershing Brown	Deliberate Indifference	Dismissed
05/26/17	Richard Fischer	Deliberate Indifference	Pending
09/20/17	Louis Fano	Deliberate Indifference	Pending
01/28/18	Dwight Harris	Deliberate Indifference	Pending
03/01/18	Woodrow Kavanagh	Deliberate Indifference	Pending
03/29/18	Jennifer Boutwell	Deliberate Indifference	Pending
04/09/18	Bryan Bright	Deliberate Indifference	Pending
04/25/18	Tiffani Woodward	Deliberate Indifference	Pending
05/11/18	Joshua Bowser	Deliberate Indifference	Pending
06/07/18	Tammy Gilleland	Medical Malpractice	Pending

## Della Lewis

---

**From:** John Ritter <john.ritter@correcthealth.org>  
**Sent:** Wednesday, June 27, 2018 3:21 PM  
**To:** Della Lewis  
**Subject:** Litigation History Request  
**Attachments:** CorrectHealth LitigationHistory (Muscogee Proposal).pdf

Ms. Lewis, here is the litigation summary per your request. Please confirm that you have received. Thank you and have a great holiday next week.

John Ritter

**John P. Ritter, NRP, CCHP** | Director of Marketing and Business Development | *CorrectHealth Companies* |  
Lenox Plaza | 3384 Peachtree Road, Suite 700, Atlanta GA 30326 | O: 770-692-4759 | M: 770-337-8888  
[www.correcthealth.org](http://www.correcthealth.org)

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**COLUMBUS CONSOLIDATED GOVERNMENT**  
Georgia's First Consolidated Government



**FINANCE DEPARTMENT**  
**PURCHASING DIVISION**

100 TENTH STREET, COLUMBUS, GEORGIA 31901  
P. O. BOX 1340, COLUMBUS, GEORGIA 31902-1340  
706-653-4105, Fax 706-225-3033  
[www.columbusga.org](http://www.columbusga.org)

June 25, 2018

Mr. Carlo A. Musso  
CorrectHealth Muscogee, LLC  
3384 Peachtree Road NE, Suite 700  
Atlanta, Georgia 30326

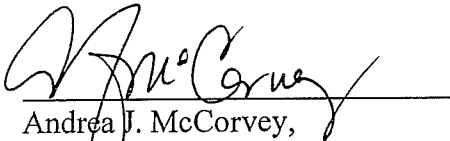
Re: RFP No. 18-0019 – Inmate Medical & Pharmacy Services for Muscogee County Jail (Annual Contract)

Dear Mr. Musso,

Thank you for your response to the Evaluation Committee's request for clarification/additional information. To assist the committee in the final steps of this phase, you are requested to provide litigation history for your firm. Please thoroughly explain all litigation involving your firm, or any principal officers thereof, in connection with any contract for similar services. Include current lawsuits pending for allegations relating to inmate health care.

Your response is respectfully requested no later than **Wednesday, June 27, 2018**. Please submit your written response to the attention of Della Lewis via email [dlewis@columbusga.org](mailto:dlewis@columbusga.org).

Sincerely,

  
\_\_\_\_\_  
Andrea J. McCorvey,  
Purchasing Division Manager



COLUMBUS CONSOLIDATED GOVERNMENT  
Georgia's First Consolidated Government



FINANCE DEPARTMENT  
PURCHASING DIVISION

100 TENTH STREET, COLUMBUS, GEORGIA 31901  
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706-653-4105, Fax 706-225-3033  
[www.columbusga.org](http://www.columbusga.org)

June 19, 2018

Mr. Carlo A. Musso  
CorrectHealth Muscogee, LLC  
3384 Peachtree Road NE, Suite 700  
Atlanta, Georgia 30326

Re: RFP No. 18-0019 – Inmate Medical & Pharmacy Services for Muscogee County Jail (Annual Contract)

Dear Mr. Musso,

Thank you for your submittal in response to the subject Request for Proposals (RFP). The Evaluation Committee has completed its preliminary review and determined clarifications are required to the specifications:

1. Penalties for Non-compliance: As noted on page 20, Item J.24 of the specifications and on page 4, Item M of Addendum No. 2, penalties for non-compliance shall be included in the monthly reports provided by the successful vendor. *Penalties for non-compliance shall be addressed during the negotiation phase of the RFP process. Indicate below if your company understands and accepts this requirement:*

Yes  *CAM* No  (Please initial your response)

2. Equipment: Page 24, Appendix B, Response 30 three (3) exam tables will be available for use by the successful vendor; *the correct quantity is two (2) exam tables. Indicate below if your company understands and will accept this change:*

Yes  *CAM* No  (Please initial your response)

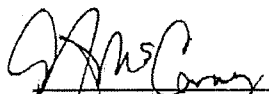
  
Authorized Signature

Carlo A. Musso, MD  
Print Name

June 20, 2018  
Date of Signature

Your response is respectfully requested no later than **Friday, June 22, 2018**. Please submit your written response to the attention of Della Lewis via email [dlewis@columbusga.org](mailto:dlewis@columbusga.org).

Sincerely,

  
Andrea J. McCorvey,  
Purchasing Division Manager

**EXHIBIT F**  
*Negotiation Documents*

HEALTH SERVICES AGREEMENT

THIS HEALTH SERVICES AGREEMENT (hereinafter referred to as "AGREEMENT") by and between the MUSCOGEE COUNTY SHERIFF'S OFFICE (hereinafter referred to as "MCSO"), the COLUMBUS CONSOLIDATED GOVERNMENT (hereinafter referred to as "CCG"), and CORRECTHEALTH MUSCOGEE, LLC (hereinafter referred to as "COMPANY"), is entered into as of the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ to be effective as set forth in Paragraph 6.1, below.

WITNESSETH:

WHEREAS, MSCO is charged by law with the responsibility for obtaining and providing reasonably necessary medical care for inmates or detainees of the MUSCOGEE COUNTY JAIL (hereinafter called "JAIL") and,

WHEREAS, MSCO desires to provide for health care to inmates in accordance with applicable law; and,

WHEREAS, MSCO, which receives funding and procurement support through the CCG, desires to enter into this Agreement with COMPANY to promote this objective; and,

WHEREAS, COMPANY is in the business of providing correctional healthcare services under contract and desires to provide such services for MCSO under the express terms and conditions contained herein.

NOW THEREFORE, in consideration of the mutual covenants and promises hereinafter made, the parties hereto agree as follows:

ARTICLE I: HEALTH CARE SERVICES

- 1.1 General Engagement. COMPANY hereby contracts with the MCSO to provide healthcare services to inmates in the physical custody of the JAIL. This care is to be delivered to individuals under the custody and control of MCSO at the JAIL, and COMPANY enters into this Agreement according to the terms and provisions herein.
- 1.2 Scope of General Services. The responsibility of COMPANY for the healthcare of an inmate commences with the commitment of an inmate to the custody of the JAIL. COMPANY shall provide on a regular basis: intake screening, 14 day health assessments, nursing care, provider (physician and / or midlevel provider) care, dental care, electronic health records, tele-health, onsite emergency medical services, onsite laboratory studies, on-site radiology, medication administration, non-capital medical equipment, medical supplies, office supplies, and medical waste disposal, as set forth in COMPANY's Proposal dated May 18, 2018, in response to RFP No. 18-0019. COMPANY shall not be financially responsible for the cost of pharmaceuticals, on-site specialty care, off-site specialty care, hospitalizations, all other off-site healthcare, or ambulance services.

- 1.3 Specialty Care Services. When non-emergency specialty care is required and cannot be rendered at the JAIL, COMPANY shall make arrangements with MCSO for the transportation of the inmates in accordance with Section 1.8 of this Agreement.
- 1.4 Pharmacy Management Services. COMPANY shall provide a pharmaceutical management program for the JAIL health services at no additional cost that shall include formulary and non-formulary oversight; prescribing, and dispensing of medications; recordkeeping and the secure and proper storage of all medications in accordance with NCHC standards, JAIL policy and applicable law. Costs of the actual pharmaceutical products will be invoiced monthly and reimbursed to COMPANY by MCSO at its best-negotiated rate with no commission or management fee.
- 1.5 On-Site Emergency Services. COMPANY shall provide, at its own cost, on-site emergency medical care, as medically necessary.
- 1.6 Injuries Incurred Prior to Incarceration; Pregnancy. COMPANY will not be financially responsible for the cost of any medical treatment for health care services provided to any inmate prior to the inmate's commitment into the custody of the JAIL. Furthermore, COMPANY is not financially responsible for the cost of services outside the JAIL for any healthcare treatment or health care services provided to medically stabilize any inmate presented at booking with a life threatening injury or illness or in immediate need of emergency medical care, if said inmate is not in the custody of the JAIL.

Once it has been determined by COMPANY's intake medical personnel that the inmate has been medically stabilized, and accepted by MCSO personnel into the custody of the JAIL, COMPANY will, commencing at that point, then become responsible for the medical treatment for health care services rendered at the JAIL, regardless of the nature of the illness or injury and whether or not the illness or injury occurred prior or subsequent to the individual's incarceration at the JAIL. An inmate shall be considered medically stabilized when the patient's medical condition no longer requires immediate emergency medical care or outside hospitalization, and when any and/or all applicable medical clearances have been provided to the JAIL personnel, so that the inmate can reasonably be housed inside the JAIL. It is expressly understood that COMPANY shall not be responsible for costs associated with the health care of any infants born to inmates. COMPANY shall provide health care services to inmates up to, though, and after the birth process, but health care services provided to an infant following birth, other than those services that may be delivered in the JAIL prior to transport to a hospital, will not be the financial responsibility of COMPANY. In any event, COMPANY shall not be responsible for the costs associated with the performing or furnishing of elective abortions.

- 1.7 Inmates outside the Facility. The health care services contracted in the Agreement are intended only for those inmates in the actual physical custody of the JAIL. This does not include inmates who are under guard in outside jails or prisons. Such inmates are not to be included in the daily population count. No person(s), including those who are in any outside hospitals who are not under guard, shall be the financial responsibility of COMPANY with respect to the payment or the furnishing of their health care services. Persons in the physical custody of other public safety or other law enforcement/penal jurisdictions at the request of MCSO are likewise excluded from the population count and

are not the responsibility of COMPANY for the furnishing or payment of health care services.

The cost of medical services provided to inmates who become ill or are injured while on such temporary release, work release, or escape status will not be the responsibility of COMPANY. However, inmates on work detail who are supervised by MCSO personnel and become injured will be the responsibility of COMPANY as long as they are returned to the JAIL to be treated by COMPANY personnel. These inmates will be part of the daily census count.

- 1.8 Elective Medical Care. COMPANY is not responsible for providing elective medical care to inmates. For purposes of the Agreement, "elective medical care" means medical care, which, if not provided, would not cause definite harm to the inmate's well-being. MCSO and / or must review any referral of inmates for elective medical care prior to provision of such services.
- 1.9 Transportation Services. To the extent any inmate requires off-site non-emergency health care treatment including, but not limited to, hospitalization care and specialty services, MCSO will, upon request by COMPANY provide transportation as reasonably available provided that such transportation is scheduled in advance. When medically necessary, COMPANY shall arrange for all emergency ambulance transportation of inmates. COMPANY will not be financially responsible for the cost of ambulance services.
- 1.10 Utilization Management/Billing Adjudication: COMPANY shall provide utilization management services consisting of a prospective review, concurrent review, readmission review and retrospective review for offsite medical services. Such retrospective reviews shall be completed within 30 days of receipt of the invoice for the service. Upon completion of utilization management reviews, a copy of which shall be supplied to the Sheriff, COMPANY shall pay offsite medical providers on behalf of CCG and invoice CCG for reimbursement of the medical expenses paid by COMPANY. All approved offsite service invoices approved and paid by COMPANY will be billed for reimbursement on the next available monthly billing cycle, but in no event shall more than 90 days elapse between the receipt of an off-site invoice and its presentation to the CCG's Finance Department for payment unless it is placed on a list of disputed claims. The Sheriff and CCG shall be notified of all outstanding disputed claims on a monthly basis. With respect to any invoices pertaining to off-site services provided by Columbus Medical Center or its affiliates pursuant to a contract by and between the City and the Medical Center Hospital Authority of Columbus, Georgia for the provision of hospital care and certain referrals for care for prisoners dated as of July 1, 1992, as thereafter amended, COMPANY shall provide utilization review services described above, but it will make no payments and instead will, within 60 days from receipt of the invoice, forward approved charges to the Columbus, Georgia Finance Department for approval and payment pursuant to the terms of the contract referenced herein. COMPANY will follow applicable state laws and will keep the CCG and the Sheriff apprised of its utilization management practices.
- 1.11 Reporting and Quality Assurance: COMPANY will staff participation in quality assurance meetings and provide statistical data to demonstrate compliance with the Memorandum of Agreement between the CCG, MCSO, and the United States Department of Justice dated

Commented [SS1]: Please forward a copy of this Contract.

as of January 16, 2015 or such other monitoring agreement as may be in effect during the pendency of this agreement.

- 1.7 Penalties for Non-compliance. The following are areas of concern that will be addressed with penalties for non-compliance. A period of ~~45~~ ninety (90) days will be allotted from the first day of the medical contract to allow the vendor to make necessary adjustments and to correct these issues.

Commented [SS2]: Dr. Musso discussed this with the Sheriff and she is in agreement with 90 days.

**14 Day Health Assessments:** Any health assessment not completed within the 14-day period will be assessed a penalty of \$50 for each health assessment not completed.

**Intake Screening:** Any inmate screening not completed within 8 hours of being booked into the facility will be assessed a penalty of \$50.00 for each incomplete screening. Any insulin dependent diabetic shall be seen within 4 hours of being booked into the facility.

*Note: Uncooperative/incapacitated inmates who cannot be processed by security are not counted as an inmate booked into the facility.*

**Sick Call Requests:** Any urgent/emergent sick call request not addressed within 4 hours during normal business hours or 24 hours if outside of normal business hours, or any non-emergent sick call not addressed within 72 hours, will be assessed a penalty for non-compliance at the rate of \$10.00 per inmate request, per day until appropriately addressed.

**Medical Grievances:** Any Medical Grievance not addressed within 72 hours, will be assessed a penalty for non-compliance at the rate of \$25.00 per inmate request/grievance, per day until appropriately addressed.

**Medication Distribution:** ALL medication passes must be accomplished within the established timeframe dedicated to medication pass. Medication issue shall be conducted within a time as will not disrupt the patient's dosing schedule. Failure to accomplish a med pass for any reason is unacceptable and shall be considered a breach of contract and the Sheriff may elect to void the contract for medical services.

## ARTICLE II: PERSONNEL

- 2.1 Staffing. COMPANY shall provide medical and support personnel reasonably necessary for the rendering of health care services to inmates at the JAIL, as identified on Exhibit A, which is attached hereto. At the reasonable professional discretion of the COMPANY, some services may be provided via tele-health.
- 2.2 Licensure, Certification and Registration of Personnel. All personnel provided or made available by COMPANY to render services hereunder shall be licensed, certified or registered, in their respective areas of expertise as required by applicable Georgia law.

- 2.3 MCSO's Satisfaction with Health Care Personnel. If the Sheriff, Chief Deputy, or Division Commander of the JAIL becomes dissatisfied with any health care personnel provided by COMPANY hereunder, or by any independent contractor, subcontractor or assignee, COMPANY, in recognition of the sensitive nature of correctional services, shall, following receipt of written notice from the Sheriff, Chief Deputy, or Division Commander of the JAIL of the grounds for such dissatisfaction and in consideration of the reasons therefore, exercise its best efforts to resolve the problem. If the problem is not resolved satisfactorily to the Sheriff, Chief Deputy, or Division Commander of the JAIL, COMPANY shall remove or shall cause any independent contractor, subcontractor, or assignee to remove the individual about whom the MCSO has expressed dissatisfaction. Should removal of an individual become necessary, COMPANY will be allowed reasonable time, prior to removal, to find an acceptable replacement, without penalty or any prejudice to the interests of COMPANY.
- 2.4 Use of MCSO Personnel and Inmates in the Provision of Health Care Services. MCSO personnel nor inmates shall be employed or otherwise engaged by either COMPANY or MCSO in the direct rendering of any health care services.
- 2.5 Subcontracting and Delegation. In order to discharge its obligations hereunder, COMPANY will engage certain health care professionals as independent contractors rather than as employees. MCSO consents to such subcontracting or delegation. As the relationship between COMPANY and these health care professionals will be that of independent contractor, COMPANY will not be considered or deemed to be engaged in the practice of medicine or other professions practiced by these professionals. COMPANY will not exercise control over the manner or means by which these independent contractors perform their professional medical duties. However, COMPANY shall exercise administrative supervision over such professionals necessary to insure the strict fulfillment of the obligations contained in this Agreement. For each agent and subcontractor, including all medical professionals, physicians, dentists, and nurses performing duties as agents or independent contractors of COMPANY under this Agreement, COMPANY shall provide MCSO proof, upon prior written request, that there is in effect a professional liability or medical malpractice insurance policy covering the agent or subcontractor that satisfies the requirements set forth in Section 8.1 below.
- 2.6 Discrimination. During the performance of this Agreement, COMPANY, its employees, agents, subcontractors, and assignees agree as follows:
- a. None will discriminate against any employee or applicant for employment because of race, religion, color, gender or national origin, except where religion, gender or national origin is a bona fide occupational qualification reasonably necessary to the normal operation of the contractor.
  - b. In all solicitations or advertisements for employees, each will state that it is an equal opportunity employer.
  - c. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of the section.

#### ARTICLE III: REPORTS AND RECORDS

- 3.1 Medical Records. COMPANY shall cause and maintain complete and accurate medical records for each Inmate who has received health care services. Each medical record will be maintained in accordance with applicable laws. The medical records shall be kept separate from the inmate's confinement record. A complete legible copy of the applicable medical records shall be available at all times, to the Sheriff, as custodian of the person of the patient. Medical records shall be kept confidential. No information contained in the medical records shall be released by COMPANY except as provided by policy, by a court order, or otherwise in accordance with applicable law. COMPANY shall, at its own cost, provide all medical personnel necessary to maintain the medical records. At the termination of this Agreement, all medical records shall be delivered to and remain with the MCSO. However, MCSO shall provide COMPANY with reasonable ongoing access to all pertinent medical records even after the termination of this Agreement for the purposes of defending or investigating litigation.
- 3.2 Regular Reports by COMPANY. COMPANY shall provide to MCSO, and to CCG if requested, a monthly report in a form mutually acceptable to COMPANY and MCSO, relating to services rendered under this Agreement.
- 3.3 Inmate Information. Subject to the applicable Georgia law, in order to assist COMPANY in providing the best possible health care services to inmates, MCSO will provide COMPANY with information pertaining to inmates that COMPANY and MCSO mutually identify as reasonable and necessary for COMPANY to adequately perform its obligations hereunder.
- 3.4 COMPANY Records Available to MCSO with Limitations on Disclosure. COMPANY shall make available to MCSO, at MCSO's request, records, documents and other papers relating to the direct delivery of health care services to Inmates hereunder. MCSO understands that written operating policies and procedures employed by COMPANY in the performance of its obligations hereunder are propriety in nature and will remain the property of COMPANY and shall not be disclosed without written consent. Information concerning such may not, at any time, be used, distributed, copied or otherwise utilized by MCSO, except in connection with the delivery of health care services hereunder, or as permitted or required by law, unless such disclosure is approved in advance writing by COMPANY. Proprietary information developed by COMPANY shall remain the property of COMPANY. Provided however, MCSO will not be prevented from sharing such COMPANY information as may be required by the United States Department of Justice as part of its ongoing monitoring activities pursuant to a Memorandum of Agreement dated January 15, 2015 or as may be required by applicable provisions of the Georgia Open Records Act.
- 3.5 MCSO Records Available to COMPANY with Limitations on Disclosure. During the term of this Agreement and for a reasonable time thereafter, MCSO will provide COMPANY at COMPANY's request, MCSO's records relating to the provision of health care services to inmates as may be reasonably requested by COMPANY or as are pertinent to the investigation or defense of any claim related to COMPANY's conduct. Any such information provided by MCSO to COMPANY that MCSO considers confidential shall be kept confidential by COMPANY and shall not, except as may be required by law, be distributed to any third party without the prior written approval of the MCSO .

#### ARTICLE IV: SECURITY



- 4.1 General. COMPANY and MCSO understand that adequate security services are essential and necessary for the safety of the agents, employees, and subcontractors of COMPANY as well as for the security of inmates and JAIL personnel, consistent with the correctional setting. MCSO personnel will take all reasonable steps to provide sufficient security to enable COMPANY to safely and adequately provide the health care services described in this Agreement. It is expressly understood by MCSO and COMPANY that the provision of security and safety for the COMPANY personnel is a continuing precondition of COMPANY's obligation to provide its services in a routine, timely, and proper fashion. This provision, however shall not be considered to and shall not be construed to be a waiver of any defense, including sovereign or official immunity, to any claim against MCSO by an inmate, employee of company or any other person in anyway whatsoever.
- 4.2 Security During Transportation Off-Site. MCSO will provide prompt and timely security as medically necessary and appropriate in connection with the transportation of any inmate between the JAIL and any other location for off-site services as contemplated herein.

#### ARTICLE V: OFFICE SPACE, EQUIPMENT, INVENTORY AND SUPPLIES

- 5.1 General. /MCSO agree to provide COMPANY with reasonable and adequate office and medical space, facilities, and telephone equipment with dedicated line in the medical area. COMPANY will obtain, with the assistance of MCSO, secured internet access (minimum speeds 3MB down/3MB up) with a static public IP address as required for high definition telehealth and / or the operation of the Electronic Health Record (EHR). This internet connection will be for sole and exclusive use by COMPANY. MCSO will pay for utilities (e.g. gas, electric, water, phone lines, and long distance telephone service). Further, MCSO will provide necessary maintenance and housekeeping of the office space and facilities.

With regard to telemedicine, COMPANY will provide for all necessary equipment and any necessary internet / connection line, as set forth above. MCSO will be responsible for ensuring that the JAIL Management Software (JMS) provides a unidirectional interface, which integrates with COMPANY's EHR to populate the EHR with patient demographics and location data only.

COMPANY will provide medical and office supplies used in the healthcare delivery system administered at the JAIL. This includes medical supplies, medical records, office supplies, and forms. COMPANY will also provide for all non-capital medical equipment (i.e. less than \$500). MCSO will be responsible for any capital medical equipment (i.e. more than \$500).

- 5.2 Delivery of Possession. MCSO will provide to COMPANY beginning on the date of commencement of this Agreement, possession and control of all medical and office equipment and supplies in place at the JAIL's health care unit.

At the commencement of service by COMPANY an inventory of all supplies, medical and office equipment as described herein will be completed in writing by MCSO personnel. This inventory will be reviewed and approved in writing by the authorized agent of the MCSO as well as the COMPANY.

At the termination of this or any subsequent Agreement, COMPANY will return to the MCSO possession and control all supplies, medical and office equipment, in working order, reasonable wear and tear accepted, which were in place at the JAIL's health care unit prior to the commencement of services under this Agreement. Any such return will require written confirmation, executed by the JAIL Administrator of the JAIL, for proper acceptance.

#### ARTICLE VI: TERM AND TERMINATION OF AGREEMENT

- 6.1 Initial Term. The initial term of this Agreement will be two (2) years, from October 1, 2018 through September 30, 2020. This Agreement is renewable under the terms set forth in Exhibit B for three additional one year terms, upon delivery of written notice of intent to renew provided to COMPANY at least ninety (90) days prior to the expiration of the then-existing term.
- 6.2 Termination. This Agreement may be terminated as otherwise provided in this Agreement or as follows:
- a. Termination by Agreement. In the event that each of the parties mutually agrees in writing, this Agreement may be terminated on the terms and date stipulated therein.
  - b. Termination by Cancellation. This Agreement may be canceled, without cause, by either party upon ninety (90) days prior written notice in accordance with Section 9.3 this Agreement.
- 6.3 Responsibility for Inmate Health Care. Upon termination of this Agreement, all responsibility for providing health care services to all inmates, including inmates receiving health care services at sites outside the JAIL will be transferred from COMPANY to MCSO.

#### ARTICLE VII: COMPENSATION

- 7.1 Base Compensation & Per Diem Compensation. MCSO will pay COMPANY as indicated on Exhibit B. The compensation level on Exhibit B assumes a maximum inmate population of 1100 inmates.

COMPANY will invoice MCSO during the month prior to the month of service. Upon approval by MCSO the invoice shall be forwarded to CCG for payment to COMPANY within thirty (30) days of MCSO's initial receipt of the invoice. In the event this agreement should terminate on a date other than the end of a calendar month, compensation to COMPANY will be prorated accordingly for the shortened month.

**Commented [SS3]: This is the payment term (30 days) that was stated in our Cost Proposal and our Best and Final Offer.**

- 7.2 Per Diem. When the daily inmate census exceeds 1100, MCSO agrees to compensate COMPANY a per diem rate (cost per inmate per day) for each inmate in excess of 1100, as referenced on Exhibit B.

This per diem is intended to cover additional costs in those instances where minor, short-term increases in the inmate population result in the higher utilization of routine supplies and services. However, the per diem is not intended to provide for any additional fixed costs, such as new staffing positions, which might prove necessary if the inmate population

increases to more than 1100 inmates. As such, if the census increases by 20% and is sustained, the parties agree to negotiate in good faith for additional staffing and associated compensation in order to continue to provide services to the increased number of inmates and maintain the quality of care consistent with COMPANY's Proposal and this Agreement.

- 7.3 Inmates From Other Jurisdictions. Medical care rendered within the JAIL to inmates from outside jurisdictions, and housed in the JAIL pursuant to written contracts between MCSO and such other jurisdictions or the State of Georgia, or by statute, will be the responsibility of COMPANY but as limited by this Agreement. Medical care that cannot be rendered within the JAIL will be arranged by COMPANY and the costs of such care subject to reimbursement by the other jurisdiction, the State of Georgia, or MCSO/. This Section does not apply to sentenced felons awaiting transfer to State facilities or inmates housed in the JAIL on ex parte orders. COMPANY shall directly bill other counties for onsite professional medical fees, supplies, tests and medications. COMPANY will forward other bills for offsite healthcare and program support services provided to other jurisdictions housing inmates in the JAIL. A nominal standard fee schedule will be utilized and is available upon request. MCSO agrees to assist COMPANY with these billing activities.
- 7.4 Change in Standard of Care or Scope in Services. The price in Section 7.1, above, quoted reflects the scope of services as outlined herein and the current community standard of care with regard to correctional healthcare services. If there is any change in or modification of the local, national (e.g. NCCHC, ACA) or community standards of care or scope of services, court order, ruling or interpretation, state or federal law or statute or interpretation thereof that results in sustained and material increase in costs (e.g. treatment of Hepatitis C, TB, HIV/AIDS, etc.), coverage of costs related to such changes are not included in the contract price and would need to be negotiated with the MCSO/. Further, if the mission and/or purpose of the JAIL changes substantially, the MCSO/ agree to negotiate with COMPANY in good faith for any change in services.

#### ARTICLE VIII: LIABILITY AND RISK MANAGEMENT

- 8.1 Insurance. At all times during this Agreement, COMPANY shall maintain professional liability insurance covering COMPANY, and naming MCSO and the Consolidated Government of Columbus Georgia ("CCG") as additional insureds, for its work at the JAIL with limits of one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in the aggregate. Upon request, COMPANY shall provide a Certificate of Insurance to MCSO and CCG. To the extent that COMPANY hires a contractor to provide any of the services contemplated by this Agreement in accordance with the provisions of Section 2.5 above, it will insure that such contractor provides insurance in the same amounts specified herein, also naming MCSO and CCG as additional insureds.
- 8.2 Indemnification. COMPANY shall indemnify, defend and hold MCSO and CCG harmless from and against any and all claims, actions, lawsuits, damages, judgments, or liabilities of any sort, including attorney's fees, against MCSO and/or CCG based on COMPANY's performance of its obligations hereunder including performance of such obligations by any contractor selected by COMPANY; provided, however, that COMPANY will not be responsible for any claim arising out of MCSO or their employee or agent preventing an

inmate from receiving medical care ordered by COMPANY or its agent or in failing to promptly present an ill or injured inmate to COMPANY for treatment.

ARTICLE IX: MISCELLANEOUS

9.1 Independent Contractor Status. The parties acknowledge that COMPANY is an independent contractor engaged to provide health care to Inmates at the JAIL under the direction of COMPANY management. Nothing in this Agreement is intended nor shall be construed to create an agency relationship, an employer - employee relationship, or a joint venture relationship between the parties.

9.2 Notice. Unless otherwise provided herein, all notices or other communications required or permitted to be given under this Agreement shall be in writing and shall be deemed to have been duly given if delivered personally in hand or sent by certified mail, return receipt requested, postage prepaid, and addressed to the appropriate party at the following address or to the other person at any other address as may be designated in writing by the parties:

(a) MCSO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) CCG: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) COMPANY: CorrectHealth Muscogee, LLC  
ATTN: Carlo A. Musso, M.D.  
3384 Peachtree Road, NE, Suite 700  
Atlanta, GA 30326

Notices shall be effective upon receipt regardless of the form used.

9.3 Entire Agreement. This Agreement is part of a procurement contract file for Procurement No. "the Contract" which constitutes the entire agreement of the parties and is intended as a complete and exclusive statement of the promises, representations, negotiations, discussions and agreements that have been made in connection with the subject matter hereof. To the extent they are in conflict, provisions contained in the initial Request for Proposals, as amended, will govern. No modifications or amendment to the Contract shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto.

9.4 Amendment. This Agreement may be amended or revised only in writing and signed by all parties.

- 9.5 Waiver of Breach. The waiver by either party of a breach or violation of any provision of this Agreement shall not operate as, or be construed to be, a waiver of any subsequent breach of the same or other provision hereof.
- 9.6 Other contracts and Third-Party Beneficiaries. The parties agree that they have not entered into this Agreement for the benefit of any third person or persons, and it is their express intention that the Agreement is intended to be for their respective benefit only and not for the benefit of others who might otherwise be deemed to constitute third-party beneficiaries hereof.
- 9.7 Severability. In the event any provision of this Agreement is held to be unenforceable for any reason, the unenforceability thereof shall not affect the remainder of the Agreement which shall remain in full force and effect and enforceable in accordance with its terms.
- 9.8 Cooperation. On and after the date of this Agreement, each party shall, at the request of the other, make, execute and deliver or obtain and deliver all instruments and documents and shall do or cause to be done all such other things which either party may reasonable require to effectuate the provisions and intentions of this Agreement.
- 9.9 Time of Essence. Time is and shall be of the essence of this Agreement.
- 9.10 Authority. The parties signing this Agreement hereby state that they have the authority to bind the entity on whose behalf they are signing.
- 9.11 Binding Effect. This Agreement shall be binding upon the parties hereto, their heirs, administrators, executors, successors and assigns.
- 9.12 Cumulative Powers. Except as expressly limited by the terms of this Agreement, all rights, power and privileges conferred hereunder shall be cumulative and not restrictive of those provided at law or in equity.
- 9.13 Governing Law. This Agreement and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Georgia, except as specifically noted.
- 9.14 Jurisdiction and Venue. Should any disputes regarding this Agreement arise and require legal action, the proper jurisdiction and venue for said legal action will be Muscogee County, Georgia.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement, by and through their duly authorized officers, the day, month and year given below.

MUSCOGEE COUNTY SHERIFF'S OFFICE ("MCSO")

By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

COLUMBUS CONSOLIDATED GOVERNMENT ("CCG")

By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

CORRECTHEALTH MUSCOGEE, LLC ("COMPANY")

By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

**EXHIBIT A – STAFFING**

PROVIDER	FTE	Hours / Week
<b>Medical Providers</b>		
Medical Director *	0.60	24
Midlevel Provider *	1.00	40
<b>Oversite Operations</b>		
Health Services Administrator	1.00	40
Director of Nursing	1.00	40
RN House Supervisor	4.20	168
Administrative Assistant	1.00	40
<b>Clinic</b>		
LPN Sick Call	2.00	80
<b>Infirmary</b>		
LPN	4.20	168
<b>Intake</b>		
LPN	4.20	168
Med Tech	4.20	168
<b>Pill Team</b>		
LPN	6.30	252
<b>Medical Records</b>		
HIT Supervisor	1.00	40
HIT Technician	1.00	40
<b>Dental Providers</b>		
Dentist	0.50	20
Dental Assistant	0.50	20
<b>TOTALS</b>	<b>32.70</b>	<b>1308</b>

**Commented [SS4]:** Intakes and 14 day assessments will be conducted by the intake nursing staff, the RN supervisor, and additional coverage by the clinical nursing staff, as needed.

**Commented [LS5]:** Where are intake screening and 14 day Health Assessment included?

\* May be provided on-site and/or via tele-medicine, at the discretion of COMPANY.

Exhibit B – Compensation

Effective Dates	Annual Compensation	Monthly Compensation	Per Diem Rate
10/01/18 – 09/30/19	\$2,940,115.02	\$245,009.59	\$0.55
10/01/19 – 09/30/20	\$3,013,617.90	\$251,134.82	\$0.56
10/01/20 – 09/30/21	\$3,088,958.34	\$257,413.20	\$0.58
10/01/21 – 09/30/22	\$3,166,182.30	\$263,848.53	\$0.59
10/01/22 – 09/30/23	\$3,245,336.86	\$270,444.74	\$0.61



## Della Lewis

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**From:** Stacy Scott <stacy.scott@correcthealth.org>  
**Sent:** Tuesday, September 25, 2018 10:24 AM  
**To:** Della Lewis  
**Subject:** RE: Contracts - Prison and Jail  
**Attachments:** ContractColumbusMuscogeeJail180925Option2.docx

Della,

Please see the attached. As you will see, we accepted the majority of Lucy's changes, with very limited exceptions. Please note my comments on the exceptions.

Also, when you have a chance, could you please update me on the status of the Prison contract?

Many thanks!

Stacy M. Scott, Esq., Chief Legal Officer

CorrectHealth Companies

Lenox Plaza ▪ 3384 Peachtree Road, N.E. ▪ Suite 700 ▪ Atlanta, GA 30326

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**From:** Della Lewis [mailto:DLewis@columbusga.org]

**Sent:** Monday, September 24, 2018 5:00 PM

**To:** Stacy Scott <stacy.scott@correcthealth.org>

**Subject:** RE: Contracts - Prison and Jail

Hi Stacy,

Attached is Lucy Sheftall's (Asst. City Attorney) markup of the Jail document. If you need to discuss anything, she's available at 706-653-4025. I will check on the status of the contract for the Prison.

Thanks,  
Della

Della Lewis, CPPB  
Buyer Specialist  
Columbus Consolidated Government  
Finance Department | Purchasing Division  
100 10th Street, 5th Floor | Columbus GA 31901  
706.225.3072 | dlewis@columbusga.org

Procurement Opportunities

**From:** Stacy Scott <stacy.scott@correcthealth.org>  
**Sent:** Monday, September 24, 2018 4:55 PM  
**To:** Della Lewis <DLewis@columbusga.org>  
**Subject:** Contracts - Prison and Jail  
**Importance:** High

Hi Della,

I just wanted to check in with you on the status of our contracts for the Jail and Prison. Has the County Attorney reviewed? If so, I would be happy to review the redlines.

Many thanks for all you do!

Stacy M. Scott, Esq., Chief Legal Officer  
CorrectHealth Companies

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## HEALTH SERVICES AGREEMENT

THIS HEALTH SERVICES AGREEMENT (hereinafter referred to as "AGREEMENT") by and between the MUSCOGEE COUNTY SHERIFF'S OFFICE (hereinafter referred to as "MCSO"), the COLUMBUS CONSOLIDATED GOVERNMENT (hereinafter referred to as "CCG"), and CORRECTHEALTH MUSCOGEE, LLC (hereinafter referred to as "COMPANY"), is entered into as of the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ to be effective as set forth in Paragraph 6.1, below.

### WITNESSETH:

WHEREAS, MSCO is charged by law with the responsibility for obtaining and providing reasonably necessary medical care for inmates or detainees of the MUSCOGEE COUNTY JAIL (hereinafter called "JAIL") and,

WHEREAS, MSCO desires to provide for health care to inmates in accordance with applicable law; and,

WHEREAS, MSCO, which receives funding and procurement support through the CCG, desires to enter into this Agreement with COMPANY to promote this objective; and,

WHEREAS, COMPANY is in the business of providing correctional healthcare services under contract and desires to provide such services for MCSO under the express terms and conditions contained herein.

NOW THEREFORE, in consideration of the mutual covenants and promises hereinafter made, the parties hereto agree as follows:

### ARTICLE I: HEALTH CARE SERVICES

- 1.1 General Engagement. COMPANY hereby contracts with the MCSO to provide healthcare services to inmates in the physical custody of the JAIL. This care is to be delivered to individuals under the custody and control of MCSO at the JAIL, and COMPANY enters into this Agreement according to the terms and provisions herein.
- 1.2 Scope of General Services. The responsibility of COMPANY for the healthcare of an inmate commences with the commitment of an inmate to the custody of the JAIL. COMPANY shall provide on a regular basis: intake screening, 14 day health assessments, nursing care, provider (physician and / or midlevel provider) care, dental care, electronic health records, tele-health, onsite emergency medical services, onsite laboratory studies, on-site radiology, medication administration, non-capital medical equipment, medical supplies, office supplies, and medical waste disposal, as set forth in COMPANY'S Proposal dated May 18, 2018, in response to RFP No. 18-0019. COMPANY shall not be financially responsible for the cost of pharmaceuticals, on-site specialty care, off-site specialty care, hospitalizations, all other off-site healthcare, or ambulance services.

- 1.3 Specialty Care Services. When non-emergency specialty care is required and cannot be rendered at the JAIL, COMPANY shall make arrangements with MCSO for the transportation of the inmates in accordance with Section 1.8 of this Agreement.
- 1.4 Pharmacy Management Services. COMPANY shall provide a pharmaceutical management program for the JAIL health services at no additional cost that shall include formulary and non-formulary oversight; prescribing, and dispensing of medications; recordkeeping and the secure and proper storage of all medications in accordance with NCHC standards, JAIL policy and applicable law. Costs of the actual pharmaceutical products will be invoiced monthly and reimbursed to COMPANY by MCSO at its best-negotiated rate with no commission or management fee.
- 1.5 On-Site Emergency Services. COMPANY shall provide, at its own cost, on-site emergency medical care, as medically necessary.
- 1.6 Injuries Incurred Prior to Incarceration; Pregnancy. COMPANY will not be financially responsible for the cost of any medical treatment for health care services provided to any inmate prior to the inmate's commitment into the custody of the JAIL. Furthermore, COMPANY is not financially responsible for the cost of services outside the JAIL for any healthcare treatment or health care services provided to medically stabilize any inmate presented at booking with a life threatening injury or illness or in immediate need of emergency medical care, if said inmate is not in the custody of the JAIL.

Once it has been determined by COMPANY's intake medical personnel that the inmate has been medically stabilized, and accepted by MCSO personnel into the custody of the JAIL, COMPANY will, commencing at that point, then become responsible for the medical treatment for health care services rendered at the JAIL, regardless of the nature of the illness or injury and whether or not the illness or injury occurred prior or subsequent to the individual's incarceration at the JAIL. An inmate shall be considered medically stabilized when the patient's medical condition no longer requires immediate emergency medical care or outside hospitalization, and when any and/or all applicable medical clearances have been provided to the JAIL personnel, so that the inmate can reasonably be housed inside the JAIL. It is expressly understood that COMPANY shall not be responsible for costs associated with the health care of any infants born to inmates. COMPANY shall provide health care services to inmates up to, though, and after the birth process, but health care services provided to an infant following birth, other than those services that may be delivered in the JAIL prior to transport to a hospital, will not be the financial responsibility of COMPANY. In any event, COMPANY shall not be responsible for the costs associated with the performing or furnishing of elective abortions.

- 1.7 Inmates outside the Facility. The health care services contracted in the Agreement are intended only for those inmates in the actual physical custody of the JAIL. This does not include inmates who are under guard in outside jails or prisons. Such inmates are not to be included in the daily population count. No person(s), including those who are in any outside hospitals who are not under guard, shall be the financial responsibility of COMPANY with respect to the payment or the furnishing of their health care services. Persons in the physical custody of other public safety or other law enforcement/penal jurisdictions at the request of MCSO are likewise excluded from the population count and

are not the responsibility of COMPANY for the furnishing or payment of health care services.

The cost of medical services provided to inmates who become ill or are injured while on such temporary release, work release, or escape status will not be the responsibility of COMPANY. However, inmates on work detail who are supervised by MCSO personnel and become injured will be the responsibility of COMPANY as long as they are returned to the JAIL to be treated by COMPANY personnel. These inmates will be part of the daily census count.

- 1.8 Elective Medical Care. COMPANY is not responsible for providing elective medical care to inmates. For purposes of the Agreement, "elective medical care" means medical care, which, if not provided, would not cause definite harm to the inmate's well-being. MCSO and / or must review any referral of inmates for elective medical care prior to provision of such services.
- 1.9 Transportation Services. To the extent any inmate requires off-site non-emergency health care treatment including, but not limited to, hospitalization care and specialty services, MCSO will, upon request by COMPANY provide transportation as reasonably available provided that such transportation is scheduled in advance. When medically necessary, COMPANY shall arrange for all emergency ambulance transportation of inmates. COMPANY will not be financially responsible for the cost of ambulance services.
- 1.10 Utilization Management/Billing Adjudication: COMPANY shall provide utilization management services consisting of a prospective review, concurrent review, readmission review and retrospective review for offsite medical services. Such retrospective reviews shall be completed within 30 days of receipt of the invoice for the service. Upon completion of utilization management reviews, a copy of which shall be supplied to the Sheriff, COMPANY shall pay offsite medical providers on behalf of CCG and invoice CCG for reimbursement of the medical expenses paid by COMPANY. All approved offsite service invoices approved and paid by COMPANY will be billed for reimbursement on the next available monthly billing cycle, but in no event shall more than 90 days elapse between the receipt of an off-site invoice and its presentation to the CCG's Finance Department for payment unless it is placed on a list of disputed claims. The Sheriff and CCG shall be notified of all outstanding disputed claims on a monthly basis. With respect to any invoices pertaining to off-site services provided by Columbus Medical Center or its affiliates pursuant to a contract by and between the City and the Medical Center Hospital Authority of Columbus, Georgia for the provision of hospital care and certain referrals for care for prisoners dated as of July 1, 1992, as thereafter amended, COMPANY shall provide utilization review services described above, but it will make no payments and instead will, within 60 days from receipt of the invoice, forward approved charges to the Columbus, Georgia Finance Department for approval and payment pursuant to the terms of the contract referenced herein. COMPANY will follow applicable state laws and will keep the CCG and the Sheriff apprised of its utilization management practices.
- 1.11 Reporting and Quality Assurance: COMPANY will staff participation in quality assurance meetings and provide statistical data to demonstrate compliance with the Memorandum of Agreement between the CCG, MCSO, and the United States Department of Justice dated

as of January 16, 2015 or such other monitoring agreement as may be in effect during the pendency of this agreement.

- 1.7 Penalties for Non-compliance. The following are areas of concern that will be addressed with penalties for non-compliance. A period of ninety (90) days will be allotted from the first day of the medical contract to allow the vendor to make necessary adjustments and to correct these issues.

**14 Day Health Assessments:** Any health assessment not completed within the 14-day period will be assessed a penalty of \$50 for each health assessment not completed.

**Intake Screening:** Any inmate screening not completed within 8 hours of being booked into the facility will be assessed a penalty of \$50.00 for each incomplete screening. Any insulin dependent diabetic shall be seen within 4 hours of being booked into the facility.

*Note: Uncooperative/incapacitated inmates who cannot be processed by security are not counted as an inmate booked into the facility.*

**Sick Call Requests:** Any urgent/emergent sick call request not addressed within 4 hours during normal business hours or 24 hours if outside of normal business hours, or any non-emergent sick call not addressed within 72 hours, will be assessed a penalty for non-compliance at the rate of \$10.00 per inmate request, per day until appropriately addressed.

**Medical Grievances:** Any Medical Grievance not addressed within 72 hours, will be assessed a penalty for non-compliance at the rate of \$25.00 per inmate request/grievance, per day until appropriately addressed.

**Medication Distribution:** ALL medication passes must be accomplished within the established timeframe dedicated to medication pass. Medication issue shall be conducted within a time as will not disrupt the patient's dosing schedule. Failure to accomplish a med pass for any reason is unacceptable and shall be considered a breach of contract and the Sheriff may elect to void the contract for medical services.

## ARTICLE II: PERSONNEL

- 2.1 Staffing. COMPANY shall provide medical and support personnel reasonably necessary for the rendering of health care services to inmates at the JAIL, as identified on Exhibit A, which is attached hereto. At the reasonable professional discretion of the COMPANY, some services may be provided via tele-health.
- 2.2 Licensure, Certification and Registration of Personnel. All personnel provided or made available by COMPANY to render services hereunder shall be licensed, certified or registered, in their respective areas of expertise as required by applicable Georgia law.

- 2.3 MCSO's Satisfaction with Health Care Personnel. If the Sheriff, Chief Deputy, or Division Commander of the JAIL becomes dissatisfied with any health care personnel provided by COMPANY hereunder, or by any independent contractor, subcontractor or assignee, COMPANY, in recognition of the sensitive nature of correctional services, shall, following receipt of written notice from the Sheriff, Chief Deputy, or Division Commander of the JAIL of the grounds for such dissatisfaction and in consideration of the reasons therefore, exercise its best efforts to resolve the problem. If the problem is not resolved satisfactorily to the Sheriff, Chief Deputy, or Division Commander of the JAIL, COMPANY shall remove or shall cause any independent contractor, subcontractor, or assignee to remove the individual about whom the MCSO has expressed dissatisfaction. Should removal of an individual become necessary, COMPANY will be allowed reasonable time, prior to removal, to find an acceptable replacement, without penalty or any prejudice to the interests of COMPANY.
- 2.4 Use of MCSO Personnel and Inmates in the Provision of Health Care Services. MCSO personnel nor inmates shall be employed or otherwise engaged by either COMPANY or MCSO in the direct rendering of any health care services.
- 2.5 Subcontracting and Delegation. In order to discharge its obligations hereunder, COMPANY will engage certain health care professionals as independent contractors rather than as employees. MCSO consents to such subcontracting or delegation. As the relationship between COMPANY and these health care professionals will be that of independent contractor, COMPANY will not be considered or deemed to be engaged in the practice of medicine or other professions practiced by these professionals. COMPANY will not exercise control over the manner or means by which these independent contractors perform their professional medical duties. However, COMPANY shall exercise administrative supervision over such professionals necessary to insure the strict fulfillment of the obligations contained in this Agreement. For each agent and subcontractor, including all medical professionals, physicians, dentists, and nurses performing duties as agents or independent contractors of COMPANY under this Agreement, COMPANY shall provide MCSO proof, upon prior written request, that there is in effect a professional liability or medical malpractice insurance policy covering the agent or subcontractor that satisfies the requirements set forth in Section 8.1 below.
- 2.6 Discrimination. During the performance of this Agreement, COMPANY, its employees, agents, subcontractors, and assignees agree as follows:
- a. None will discriminate against any employee or applicant for employment because of race, religion, color, gender or national origin, except where religion, gender or national origin is a bona fide occupational qualification reasonably necessary to the normal operation of the contractor.
  - b. In all solicitations or advertisements for employees, each will state that it is an equal opportunity employer.
  - c. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of the section.

### ARTICLE III: REPORTS AND RECORDS

- 3.1 Medical Records. COMPANY shall cause and maintain complete and accurate medical records for each Inmate who has received health care services. Each medical record will be maintained in accordance with applicable laws. The medical records shall be kept separate from the inmate's confinement record. A complete legible copy of the applicable medical records shall be available at all times, to the Sheriff, as custodian of the person of the patient. Medical records shall be kept confidential. No information contained in the medical records shall be released by COMPANY except as provided by policy, by a court order, or otherwise in accordance with applicable law. COMPANY shall, at its own cost, provide all medical personnel necessary to maintain the medical records. At the termination of this Agreement, all medical records shall be delivered to and remain with the MCSO. However, MCSO shall provide COMPANY with reasonable ongoing access to all pertinent medical records even after the termination of this Agreement for the purposes of defending or investigating litigation.
- 3.2 Regular Reports by COMPANY. COMPANY shall provide to MCSO, and to CCG if requested, a monthly report in a form mutually acceptable to COMPANY and MCSO, relating to services rendered under this Agreement.
- 3.3 Inmate Information. Subject to the applicable Georgia law, in order to assist COMPANY in providing the best possible health care services to inmates, MCSO will provide COMPANY with information pertaining to inmates that COMPANY and MCSO mutually identify as reasonable and necessary for COMPANY to adequately perform its obligations hereunder.
- 3.4 COMPANY Records Available to MCSO with Limitations on Disclosure. COMPANY shall make available to MCSO, at MCSO's request, records, documents and other papers relating to the direct delivery of health care services to Inmates hereunder. MCSO understands that written operating policies and procedures employed by COMPANY in the performance of its obligations hereunder are propriety in nature and will remain the property of COMPANY and shall not be disclosed without written consent. Information concerning such may not, at any time, be used, distributed, copied or otherwise utilized by MCSO, except in connection with the delivery of health care services hereunder, or as permitted or required by law, unless such disclosure is approved in advance writing by COMPANY. Proprietary information developed by COMPANY shall remain the property of COMPANY. Provided however, MCSO will not be prevented from sharing such COMPANY information as may be required by the United States Department of Justice as part of its ongoing monitoring activities pursuant to a Memorandum of Agreement dated January 16<sup>5</sup>, 2015 or as may be required by applicable provisions of the Georgia Open Records Act.
- 3.5 MCSO Records Available to COMPANY with Limitations on Disclosure. During the term of this Agreement and for a reasonable time thereafter, MCSO will provide COMPANY at COMPANY's request, MCSO's records relating to the provision of health care services to inmates as may be reasonably requested by COMPANY or as are pertinent to the investigation or defense of any claim related to COMPANY's conduct. Any such information provided by MCSO to COMPANY that MCSO considers confidential shall be kept confidential by COMPANY and shall not, except as may be required by law, be distributed to any third party without the prior written approval of the MCSO .

#### ARTICLE IV: SECURITY



- 4.1 General. COMPANY and MCSO understand that adequate security services are essential and necessary for the safety of the agents, employees, and subcontractors of COMPANY as well as for the security of inmates and JAIL personnel, consistent with the correctional setting. MCSO personnel will take all reasonable steps to provide sufficient security to enable COMPANY to safely and adequately provide the health care services described in this Agreement. It is expressly understood by MCSO and COMPANY that the provision of security and safety for the COMPANY personnel is a continuing precondition of COMPANY's obligation to provide its services in a routine, timely, and proper fashion. This provision, however shall not be considered to and shall not be construed to be a waiver of any defense, including sovereign or official immunity, to any claim against MCSO by an inmate, employee of company or any other person in anyway whatsoever.
- 4.2 Security During Transportation Off-Site. MCSO will provide prompt and timely security as medically necessary and appropriate in connection with the transportation of any inmate between the JAIL and any other location for off-site services as contemplated herein.

#### ARTICLE V: OFFICE SPACE, EQUIPMENT, INVENTORY AND SUPPLIES

- 5.1 General. /MCSO agree to provide COMPANY with reasonable and adequate office and medical space, facilities, and telephone equipment with dedicated line in the medical area. COMPANY will obtain, with the assistance of MCSO, secured internet access (minimum speeds 3MB down/3MB up) with a static public IP address as required for high definition telehealth and / or the operation of the Electronic Health Record (EHR). This internet connection will be for sole and exclusive use by COMPANY. MCSO will pay for utilities (e.g. gas, electric, water, phone lines, and long distance telephone service). Further, MCSO will provide necessary maintenance and housekeeping of the office space and facilities.

With regard to telemedicine, COMPANY will provide for all necessary equipment and any necessary internet / connection line, as set forth above. MCSO will be responsible for ensuring that the JAIL Management Software (JMS) provides a unidirectional interface, which integrates with COMPANY's EHR to populate the EHR with patient demographics and location data only.

COMPANY will provide medical and office supplies used in the healthcare delivery system administered at the JAIL. This includes medical supplies, medical records, office supplies, and forms. COMPANY will also provide for all non-capital medical equipment (i.e. less than \$500). MCSO will be responsible for any capital medical equipment (i.e. more than \$500).

- 5.2 Delivery of Possession. MCSO will provide to COMPANY beginning on the date of commencement of this Agreement, possession and control of all medical and office equipment and supplies in place at the JAIL's health care unit.

At the commencement of service by COMPANY an inventory of all supplies, medical and office equipment as described herein will be completed in writing by MCSO personnel. This inventory will be reviewed and approved in writing by the authorized agent of the MCSO as well as the COMPANY.

At the termination of this or any subsequent Agreement, COMPANY will return to the MCSO possession and control all supplies, medical and office equipment, in working order, reasonable wear and tear accepted, which were in place at the JAIL's health care unit prior to the commencement of services under this Agreement. Any such return will require written confirmation, executed by the JAIL Administrator of the JAIL, for proper acceptance.

#### ARTICLE VI: TERM AND TERMINATION OF AGREEMENT

- 6.1 Initial Term. The initial term of this Agreement will be two (2) years, from October 1, 2018 through September 30, 2020. This Agreement is renewable under the terms set forth in Exhibit B for three additional one year terms, upon delivery of written notice of intent to renew provided to COMPANY at least ninety (90) days prior to the expiration of the then-existing term.
- 6.2 Termination. This Agreement may be terminated as otherwise provided in this Agreement or as follows:
- a. Termination by Agreement. In the event that each of the parties mutually agrees in writing, this Agreement may be terminated on the terms and date stipulated therein.
  - b. Termination by Cancellation. This Agreement may be canceled, without cause, by either party upon ninety (90) days prior written notice in accordance with Section 9.3 this Agreement.
- 6.3 Responsibility for Inmate Health Care. Upon termination of this Agreement, all responsibility for providing health care services to all inmates, including inmates receiving health care services at sites outside the JAIL will be transferred from COMPANY to MCSO.

#### ARTICLE VII: COMPENSATION

- 7.1 Base Compensation & Per Diem Compensation. MCSO will pay COMPANY as indicated on Exhibit B. The compensation level on Exhibit B assumes a maximum inmate population of **1100** inmates.

COMPANY will invoice MCSO during the month prior to the month of service. Upon approval by MCSO the invoice shall be forwarded to CCG for payment to COMPANY within thirty (30) days of MCSO's initial receipt of the invoice provided that the invoice is properly documented and not disputed. In the event this agreement should terminate on a date other than the end of a calendar month, compensation to COMPANY will be prorated accordingly for the shortened month.

- 7.2 Per Diem. When the daily inmate census exceeds **1100**, MCSO agrees to compensate COMPANY a per diem rate (cost per inmate per day) for each inmate in excess of **1100**, as referenced on Exhibit B.

This per diem is intended to cover additional costs in those instances where minor, short-term increases in the inmate population result in the higher utilization of routine supplies and services. However, the per diem is not intended to provide for any additional fixed

costs, such as new staffing positions, which might prove necessary if the inmate population increases to more than 1100 inmates. As such, if the census increases by 20% and is sustained, the parties agree to negotiate in good faith for additional staffing and associated compensation in order to continue to provide services to the increased number of inmates and maintain the quality of care consistent with COMPANY's Proposal and this Agreement.

- 7.3 Inmates From Other Jurisdictions. Medical care rendered within the JAIL to inmates from outside jurisdictions, and housed in the JAIL pursuant to written contracts between MCSO and such other jurisdictions or the State of Georgia, or by statute, will be the responsibility of COMPANY but as limited by this Agreement. Medical care that cannot be rendered within the JAIL will be arranged by COMPANY and the costs of such care subject to reimbursement by the other jurisdiction, the State of Georgia, or MCSO/. This Section does not apply to sentenced felons awaiting transfer to State facilities or inmates housed in the JAIL on ex parte orders. COMPANY shall directly bill other counties for onsite professional medical fees, supplies, tests and medications. COMPANY will forward other bills for offsite healthcare and program support services provided to other jurisdictions housing inmates in the JAIL. A nominal standard fee schedule will be utilized and is available upon request. MCSO agrees to assist COMPANY with these billing activities.
- 7.4 Change in Standard of Care or Scope in Services. The price in Section 7.1, above, quoted reflects the scope of services as outlined herein and the current community standard of care with regard to correctional healthcare services. If there is any change in or modification of the local, national (e.g. NCCHC, ACA) or community standards of care or scope of services, court order, ruling or interpretation, state or federal law or statute or interpretation thereof that results in sustained and material increase in costs (e.g. treatment of Hepatitis C, TB, HIV/AIDS, etc.), coverage of costs related to such changes are not included in the contract price and would need to be negotiated with the MCSO/. Further, if the mission and/or purpose of the JAIL changes substantially, the MCSO/ agree to negotiate with COMPANY in good faith for any change in services.

#### ARTICLE VIII: LIABILITY AND RISK MANAGEMENT

- 8.1 Insurance. At all times during this Agreement, COMPANY shall maintain professional liability insurance covering COMPANY, and naming MCSO and the Consolidated Government of Columbus Georgia ("CCG") as additional insureds, for its work at the JAIL with limits of one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in the aggregate. Upon request, COMPANY shall provide a Certificate of Insurance to MCSO and CCG. To the extent that COMPANY hires a contractor to provide any of the services contemplated by this Agreement in accordance with the provisions of Section 2.5 above, it will insure that such contractor provides insurance in the same amounts specified herein, also naming MCSO and CCG as additional insureds.
- 8.2 Indemnification. COMPANY shall indemnify, defend and hold MCSO and CCG harmless from and against any and all claims, actions, lawsuits, damages, judgments, or liabilities of any sort, including attorney's fees, against MCSO and/or CCG based on COMPANY's performance of its obligations hereunder including performance of such obligations by any contractor selected by COMPANY; provided, however, that COMPANY will not be responsible for any claim arising out of MCSO or their employee or agent preventing an

inmate from receiving medical care ordered by COMPANY or its agent or in failing to promptly present an ill or injured inmate to COMPANY for treatment.

**ARTICLE IX: MISCELLANEOUS**

9.1 Independent Contractor Status. The parties acknowledge that COMPANY is an independent contractor engaged to provide health care to Inmates at the JAIL under the direction of COMPANY management. Nothing in this Agreement is intended nor shall be construed to create an agency relationship, an employer - employee relationship, or a joint venture relationship between the parties.

9.2 Notice. Unless otherwise provided herein, all notices or other communications required or permitted to be given under this Agreement shall be in writing and shall be deemed to have been duly given if delivered personally in hand or sent by certified mail, return receipt requested, postage prepaid, and addressed to the appropriate party at the following address or to the other person at any other address as may be designated in writing by the parties:

(a) MCSO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) CCG: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) COMPANY: CorrectHealth Muscogee, LLC  
ATTN: Carlo A. Musso, M.D.  
3384 Peachtree Road, NE, Suite 700  
Atlanta, GA 30326

Notices shall be effective upon receipt regardless of the form used.

9.3 Entire Agreement. This Agreement is part of a procurement contract file for Procurement No. 18-0019 "the Contract" which constitutes the entire agreement of the parties and is intended as a complete and exclusive statement of the promises, representations, negotiations, discussions and agreements that have been made in connection with the subject matter hereof. To the extent they are in conflict, provisions contained in the initial Request for Proposals, as amended, will govern. No modifications or amendment to the Contract shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto.

9.4 Amendment. This Agreement may be amended or revised only in writing and signed by all parties.

- 9.5 Waiver of Breach. The waiver by either party of a breach or violation of any provision of this Agreement shall not operate as, or be constructed to be, a waiver of any subsequent breach of the same or other provision hereof.
- 9.6 Other contracts and Third-Party Beneficiaries. The parties agree that they have not entered into this Agreement for the benefit of any third person or persons, and it is their express intention that the Agreement is intended to be for their respective benefit only and not for the benefit of others who might otherwise be deemed to constitute third-party beneficiaries hereof.
- 9.7 Severability. In the event any provision of this Agreement is held to be unenforceable for any reason, the unenforceability thereof shall not affect the remainder of the Agreement which shall remain in full force and effect and enforceable in accordance with its terms.
- 9.8 Cooperation. On and after the date of this Agreement, each party shall, at the request of the other, make, execute and deliver or obtain and deliver all instruments and documents and shall do or cause to be done all such other things which either party may reasonable require to effectuate the provisions and intentions of this Agreement.
- 9.9 Time of Essence. Time is and shall be of the essence of this Agreement.
- 9.10 Authority. The parties signing this Agreement hereby state that they have the authority to bind the entity on whose behalf they are signing.
- 9.11 Binding Effect. This Agreement shall be binding upon the parties hereto, their heirs, administrators, executors, successors and assigns.
- 9.12 Cumulative Powers. Except as expressly limited by the terms of this Agreement, all rights, power and privileges conferred hereunder shall be cumulative and not restrictive of those provided at law or in equity.
- 9.13 Governing Law. This Agreement and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Georgia, except as specifically noted.
- 9.14 Jurisdiction and Venue. Should any disputes regarding this Agreement arise and require legal action, the proper jurisdiction and venue for said legal action will be Muscogee County, Georgia.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement, by and through their duly authorized officers, the day, month and year given below.

MUSCOGEE COUNTY SHERIFF'S OFFICE ("MCSO")

By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

COLUMBUS CONSOLIDATED GOVERNMENT ("CCG")

By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

CORRECTHEALTH MUSCOGEE, LLC ("COMPANY")

By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

**EXHIBIT A – STAFFING**

PROVIDER	FTE	Hours / Week
<b>Medical Providers</b>		
Medical Director *	0.60	24
Midlevel Provider *	1.00	40
<b>Oversite Operations</b>		
Health Services Administrator	1.00	40
Director of Nursing	1.00	40
RN House Supervisor	4.20	168
Administrative Assistant	1.00	40
<b>Clinic</b>		
LPN Sick Call	2.00	80
<b>Infirmary</b>		
LPN	4.20	168
<b>Intake</b>		
LPN	4.20	168
Med Tech	4.20	168
<b>Pill Team</b>		
LPN	6.30	252
<b>Medical Records</b>		
HIT Supervisor	1.00	40
HIT Technician	1.00	40
<b>Dental Providers</b>		
Dentist	0.50	20
Dental Assistant	0.50	20
<b>TOTALS</b>	<b>32.70</b>	<b>1308</b>

*\* May be provided on-site and/or via tele-medicine, at the discretion of COMPANY.*

Exhibit B – Compensation

Effective Dates	Annual Compensation	Monthly Compensation	Per Diem Rate
10/01/18 – 09/30/19	\$2,940,115.02	\$245,009.59	\$0.55
10/01/19 – 09/30/20	\$3,013,617.90	\$251,134.82	\$0.56
10/01/20 – 09/30/21	\$3,088,958.34	\$257,413.20	\$0.58
10/01/21 – 09/30/22	\$3,166,182.30	\$263,848.53	\$0.59
10/01/22 – 09/30/23	\$3,245,336.86	\$270,444.74	\$0.61



## Della Lewis

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**From:** Lucy Sheftall  
**Sent:** Wednesday, September 26, 2018 5:02 PM  
**To:** Stacy Scott  
**Cc:** Della Lewis; Andrea McCorvey  
**Subject:** Prison and Jail contracts  
**Attachments:** 1992 Contract for Hospital Care to Indigent Prisoners.pdf; 1st Amendment to Contract.pdf; Intergovernmental Agreement 7.1.18.pdf; ContractColumbusMuscogeeJail180925Option9-26-18.docx; ContractColumbusMuscogeePrison180904CCGedits2.docx

Stacy:

Here are my final revisions to the Jail and Prison contracts. The Prison revisions merely incorporate the same provisions you agreed to for the Jail where appropriate to the Prison. Feel free to call if you have any questions. You should be able to accept those last changes and get finals for signature. I am also attaching the other agreement concerning hospital care that you asked for as well as the annual contract between DOC and CCG which I reference in our agreement, Let me know if there is anything else you need.

Lucy T. Sheftall  
Assistant City Attorney

P.O. Box 1340, Columbus, Georgia 31902  
100 Tenth Street, Columbus, Georgia 31901  
(706) 653-4025 phone  
(706) 653-4023 fax

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STATE OF GEORGIA

COUNTY OF MUSCOGEE

CONTRACT FOR THE PROVISION OF HOSPITAL CARE  
TO INDIGENT PERSONS RESIDING IN COLUMBUS, GEORGIA  
AND PRISONERS

THIS CONTRACT, made and entered into on July 8, 1992, to be effective on and as of July 1, 1992, by and between COLUMBUS, GEORGIA, a consolidated city-county government and a political subdivision of the State of Georgia (hereinafter referred to as "Columbus"), and THE MEDICAL CENTER HOSPITAL AUTHORITY OF COLUMBUS, GEORGIA, a public body corporate and politic existing under the Georgia Hospital Authorities Law (hereinafter, the "Authority"),

W I T N E S S E T H:

WHEREAS, for many years Columbus has relied upon the Authority to provide hospital care and certain related medical care to the community's indigent sick; and

WHEREAS, at all times after June 30, 1986 the Authority has leased to The Medical Center, Inc. (hereinafter, "Medical Center"), a corporation organized and existing under the Georgia Nonprofit Corporation Code, those hospital facilities in Columbus, Georgia generally known as the Medical Center Hospital (hereinafter, "Hospital") which are owned by the Authority, and Medical Center at all times after June 30, 1986 has assumed, carried out and performed the Authority's obligations to provide inpatient and certain outpatient hospital care to the indigent sick of the community under heretofore existing agreements and understandings between Columbus and the Authority; and

WHEREAS, Columbus and the Authority desire to provide for inpatient and certain outpatient hospital care for the community's indigent sick, as well as for acute inpatient hospital care of the community's prison population and certain outpatient hospital care, pursuant to a long-term contract under which the Hospital's facilities under the Medical Center's management will be made available to the community's indigent sick and its prison population on the terms and conditions hereinafter stated; and

WHEREAS, Columbus is authorized to enter into this contract pursuant to the Constitution and laws of the State of Georgia, including, without limitation, the provisions of O.C.G.A. §31-7-85;

NOW, THEREFORE, in consideration of the premises, the mutual promises and covenants of the parties, the furtherance of the parties' respective corporate purposes which is effected hereby, and of the benefits which will accrue to the citizens of Columbus, the parties hereto do agree and contract as follows:

1. Recitations included as substance of agreement.

The foregoing recitals shall be deemed to form part of the substance of this agreement for all purposes, including any construction or interpretation of the provisions of this agreement.

2. Definition of Certain Terms for purposes of this agreement.

For purposes of this agreement, the following further definitions and related provisions shall apply:

(a) "Acute inpatient hospital care" means that inpatient care to be rendered at Hospital, as herein defined, to seriously ill persons who are prisoners of Columbus, Georgia, as herein defined, and which Medical Center in its good faith judgment determines to be appropriate. Provided, however, that in every circumstance acute inpatient hospital care shall include all care which Columbus, Georgia is required by law to provide to its prisoners, but only to the extent that Medical Center is able to render such care through its own facilities, equipment, and employees.

(b) "Contract year" for purposes of this agreement means the twelve month period beginning July 1 of any calendar year and ending June 30 of the following calendar year during the term of this agreement.

(c) "Indigent resident of Columbus, Georgia" is the term which describes a person other than a prisoner who is eligible to receive care under this agreement. For these purposes, "indigent resident of Columbus, Georgia" means a person who has been a resident of Columbus, Georgia (the geographic limits of Muscogee County, Georgia) for at least ninety days and whose income during the twelve month period immediately preceding the date of determination must not have been greater than one hundred twenty-five percent (125%) of "poverty" as defined in the most recent Federal Poverty Income Definition/Guidelines published by the United States Department of Health and Human Services, as that definition, those guidelines and the interpretations thereof promulgated by said Department exist on July 1 of each current contract year.

(d) "Hospital" means those hospital facilities in Columbus, Georgia owned by the Authority and operated by Medical Center which are known generally as the Medical Center Hospital, as well as those additional entities and facilities for providing diagnosis and treatment which are affiliated with Columbus Regional Healthcare System, Inc. and to which Medical Center may choose to refer persons who are qualified to receive care under this agreement for diagnosis and treatment.

(e) "Hospital care" means that in-patient and out-patient care to be rendered at Hospital, as herein defined, which Medical Center in its good faith judgment determines to be appropriate for a qualified indigent resident or prisoner of Columbus, Georgia.

(f) "Prisoner of Columbus, Georgia" means a person who is in the physical custody of Columbus, Georgia and for whom Columbus bears the legal responsibility of providing medical care.

(g) "Qualified", "qualification", or "qualified person" refers to the status of persons who are determined by Medical Center to be actually eligible and qualified to receive hospital care under this agreement as an indigent resident of Columbus, Georgia, and also refers to and includes the status of persons who are actually eligible and qualified to received acute inpatient or outpatient hospital care as prisoners of Columbus, Georgia.

3. Termination and rescission of all heretofore existing agreements and understandings for the provision of care to indigent residents of Columbus, Georgia and to prisoners.

(a) The parties acknowledge and agree that all heretofore existing agreements and understandings between Columbus and the Authority with regard to indigent care and prisoner care are hereby terminated.

(b) The Authority warrants and represents that since June 30, 1986 Medical Center has acted as the Authority's duly appointed lessee and independent contractor to carry out the Authority's indigent care obligations under any and all heretofore existing contracts for providing hospital care to indigent residents of Columbus, Georgia and to prisoners (whether oral, written, or arising by course of performance), and that the Authority has made binding contractual arrangements, or will enter into binding contractual arrangements, pursuant to which the Medical Center will be obligated to carry out and perform the Authority's obligations under this agreement and make the Hospital available for that purpose.

4. Term of agreement.

The term of this agreement shall commence on its effective date, July 1, 1992, and shall end at midnight on June 30, 2022.

5. Authority's obligation to make available through the Medical Center the Hospital's equipment, facilities, and services to qualified indigent residents of Columbus, Georgia who are determined to be in need of hospital care, and to qualified prisoners of Columbus, Georgia who are also determined to be in need of acute inpatient or outpatient hospital care.

(a) The Authority shall be obligated to afford and make available (through the Medical Center) to indigent residents of Columbus, Georgia who are determined to be actually qualified under Section 6 that hospital care which Medical Center, in its good faith judgment, determines to be appropriate and reasonable. Provided, however, that nothing contained herein shall require the Authority to make available to thus qualified persons any equipment, facilities, or services (including, but not limited to staffing levels) which at any time Medical Center and Hospital do not offer or make available to the general public, or to persons able to pay its established charges.

(b) The Authority shall also be obligated to afford and make available (through the Medical Center) to all prisoners of Columbus, Georgia who are determined to be actually qualified under Section 6 that acute inpatient and outpatient hospital care which Medical Center in its good faith judgment determines to be appropriate and reasonable. Provided, however, that nothing contained herein shall require the Authority to make available to thus qualified persons any equipment, facilities, or services (including, but not limited to staffing levels) which at any time Medical Center and Hospital do not offer or make available to the general public, or to persons able to pay its established charges.

(c) Nothing contained herein shall be deemed to require the Authority, either through contract with the Medical Center or otherwise, to provide Hospital care or other health care which is beyond the scope or capacity of Medical Center's facilities, equipment and services at any given time, or beyond the credentials and qualifications of Medical Center's professional employees, including physicians who are its employees. While the Authority has no obligation hereunder to provide diagnosis and treatment by physicians or other health care professionals practicing in specialty areas in which no health care professional employed by Medical Center is qualified, the Authority and Medical Center may voluntarily endeavor to obtain such care from qualified independent practitioners in private practice who enjoy clinical privileges at the Hospital without waiving the limitation on the Authority's obligation provided herein. Columbus acknowledges that neither the Authority nor the Medical Center (through its contractual arrangements with the Authority) can be obligated to provide the professional services of physicians and other health care professionals whom Medical Center does not employ, or to provide professional services in specialty and professional areas in which no Medical Center employee is qualified. If Medical Center as the Authority's designated independent contractor arranges for another healthcare provider or providers to render care to qualified persons which Medical Center is not able to provide through its own facilities and employees, neither the Authority nor Medical Center shall be responsible under this contract for paying the charges of such other providers or any other expenses associated with the rendering of care to a qualified person by such other provider or

providers. Provided, however, that no action by Medical Center in arranging for care to be rendered to a qualified person by such other provider or providers shall obligate Columbus to pay for that care, and neither the Authority nor Medical Center is empowered hereunder to bind Columbus or to act for Columbus in that regard. Provided, further, that except in the event of life-threatening emergencies Medical Center shall consult with Columbus, Georgia's City Manager or his designee prior to referring and transferring any qualified person for care by such other provider or providers.

(d) It is the intent of this agreement to provide for prisoners' medical and hospital attention as required by law, except that nothing contained herein shall be deemed to require Medical Center to provide any care to prisoners of Columbus, Georgia which Medical Center is not able to render through its own facilities, equipment and employees. Anything contained in this contract to the contrary notwithstanding, and not in derogation of the power and authority of Medical Center as the Authority's designated independent contractor to determine generally both the qualified status of indigent residents of Columbus, Georgia and the appropriate course and scope of treatment for all qualified persons who present themselves for care under this contract, in no circumstances whatever shall Authority or Medical Center be obligated to provide any purely elective care, including but not limited to elective cosmetic surgery. In no circumstances in which Authority and Medical Center are required to render care under this contract, or in which Medical Center as Authority's designated independent contractor elects to do so, shall the Authority or Medical Center be obligated to provide a private patient room to persons receiving such care, excepting, however, those circumstances in which only private rooms are available, and excepting further those circumstances in which the care or service to be provided is made available only on a private room basis.

(e) During the term of this contract, the qualification of any person to receive hospital care under this contract on the basis that such person is an indigent resident of Columbus, Georgia in need of such care, including all determinations as to the extent of diagnosis and treatment required, shall be made by Medical Center as the Authority's designated independent contractor in accord with the provisions of Section 6 of this contract; during the term of this contract all determinations as to the extent of diagnosis and treatment required for prisoners of Columbus, Georgia shall be made by Medical Center as the Authority's designated independent contractor in accord with the provisions of Section 6 of this contract.

6. Determination that a person is qualified as an "indigent resident of Columbus, Georgia" in need of hospital care or as a "prisoner of Columbus, Georgia" in need of acute inpatient or outpatient hospital care; Determinations of indigency status to be

made by Medical Center pursuant to policies and procedures to be established.

(a) Columbus, Georgia and the Authority agree that Medical Center, the Authority's designated independent contractor, pursuant to contract between the Authority and Medical Center, shall establish a system, policies and program for administratively determining the eligibility and qualification of all persons who meet the definition of an "indigent resident of Columbus, Georgia" under this agreement; and for determining when indigent residents who are so qualified are in need of hospital care and when prisoners of Columbus, Georgia are in need of acute inpatient or outpatient hospital care. Nothing contained herein shall empower either the Authority or Medical Center by such system, policies or program to alter or restrict the definition or meaning of "indigent resident of Columbus, Georgia" as established by paragraph 2(c) of this agreement. Medical Center as Authority's designated independent contractor shall further establish a reasonable system, utilizing deductibles or otherwise, by which persons who are qualified indigent residents of Columbus, Georgia share in meeting the cost of care which they receive hereunder according to their ability to pay. Medical Center as the Authority's designated contractor under said contractual arrangements shall, pursuant to Medical Center's procedures and policies, also determine the appropriate extent and choice of all care to be rendered hereunder for qualified persons. Provided, however, that Columbus, Georgia through its City Manager or his designee, or through any other person designated by appropriate resolution adopted by the Council of Columbus, Georgia, shall have the right to review at any time the criteria, policies, and procedures by which determinations are made by Medical Center as to the qualification of persons to be deemed an "indigent resident of Columbus, Georgia".

(b) Excepting emergency and other appropriate acute care circumstances (including but not limited to the emergency delivery of obstetrical patients), any person who is eligible to be treated as an indigent resident of Columbus, Georgia for purposes of this agreement must be qualified in advance of receiving hospital care under this agreement by making application to Medical Center for a determination of such person's qualification, and by making a demonstration to Medical Center's satisfaction, which shall not be unreasonably withheld, that the applicant is an "indigent resident of Columbus, Georgia" as herein defined.

(c) Medical Center as the Authority's designated independent contractor will issue evidence of qualification as an indigent resident of Columbus, Georgia to each person whose qualification and eligibility have been accepted by Medical Center. On subsequent notice to such qualified person, Medical Center may require any person whom it determines to be qualified for coverage under this contract as an indigent resident of Columbus, Georgia to re-qualify

himself prior to the expiration of any time limitation which is imposed by Medical Center on its existing determination that such person is qualified as an indigent resident of Columbus, Georgia for purposes of this contract.

(d) The contemplation of the parties is that, except in emergency or other appropriate acute care circumstances, Medical Center will process and pass upon applications from persons seeking qualification as an indigent resident of Columbus, Georgia promptly and in advance of the Medical Center's rendering either in-patient or out-patient hospital care under this agreement, and that Medical Center shall issue to qualifying applicants appropriate evidence of their qualification. The qualification of a custodial single parent (the qualifications of both parents being required in the case of parents who are married and living together) shall automatically qualify each minor child of the qualifying parent or parents.

(e) Upon presentation of any prisoner for acute inpatient or outpatient hospital care by a peace officer of Columbus, Georgia or of the Muscogee County Sheriff's Department or employees thereof, documentation of the prisoner's status as a prisoner of Columbus, Georgia for purposes of this agreement shall also be presented. Columbus and Medical Center (as the Authority's designated independent contractor) will develop appropriate procedures and policies for assuring Medical Center that any prisoners presented for acute inpatient hospital care or outpatient hospital care are qualified as a "prisoner of Columbus, Georgia" under this agreement.

(f) In emergency circumstances and other appropriate acute care circumstances, Medical Center as Authority's designated independent contractor, in its sole discretion, may make tentative determination of any person's qualification as an indigent resident of Columbus, Georgia, or it may waive the requirement of an advance determination (prior to the rendering of care) of the patient's qualification as an indigent resident of Columbus, Georgia. Medical Center's rendering of care in these circumstances shall not constitute a determination that the person to whom care is rendered is actually qualified as an indigent resident of Columbus, Georgia (or as a prisoner of Columbus, Georgia). In such circumstances, Medical Center may determine all questions of eligibility and qualification for coverage as an indigent resident of Columbus, Georgia subsequent to Medical Center's rendering of care. If an allegedly qualified indigent person (or a prisoner) who receives care in emergency or acute care circumstances is subsequently determined not to be qualified for coverage under this contract, Medical Center shall be free to seek payment of its established charges from that person, or from other persons or entities who may be responsible for such payment (to the extent Medical Center is not prohibited from that action by applicable law and regulations, including but not limited to the limitations imposed by the Medicare and Medicaid programs).



(g) In the event care is rendered by Medical Center as the Authority's designated independent contractor to prisoners for whom Columbus, Georgia is not legally responsible to provide medical care (whether such care be rendered inadvertently or because of an acute medical need), then Columbus shall remit to the Authority all sums received by Columbus from all sources, including federal and state governments and agencies thereof, which are paid or remitted to Columbus in order to defray or assist in funding the expenses of providing hospital or medical care to such prisoners who receive that care hereunder. An appropriate pro-rata payment in respect to any such prisoner shall be remitted to the Authority if Columbus shall receive such funds on a gross basis with respect to a group or groups of such prisoners.

(h) Nothing contained herein shall preclude or prevent Medical Center, as Authority's designated independent contractor, from receiving all benefits of any insurance which is available from any source to cover all or any portion of the care rendered to indigent residents of Columbus, Georgia and to prisoners of Columbus, Georgia under this contract. Medical Center shall be free to accept and require an assignment of such benefits.

(i) Nothing contained herein shall require the Authority or Medical Center to render to qualified persons any care whatever which is not determined by Medical Center, through its qualified professional employees, to be appropriate; and nothing contained herein shall require the Medical Center to make available any equipment, facilities and services which it does not have on hand or offer, or to render or obtain professional services from persons not actually employed by Medical Center, or to render or obtain, professional services in professional areas of practice which are not then engaged in by any Medical Center employee.

7. Payments by Columbus to Authority for hospital care rendered to indigent residents of Columbus, Georgia and for acute inpatient and outpatient hospital care rendered to prisoners of Columbus, Georgia.

Columbus shall pay to Authority for the hospital care which the Medical Center renders to indigent residents of Columbus, Georgia and for the acute inpatient and outpatient hospital care which Medical Center renders to prisoners of Columbus, Georgia, those monies, and only those monies, which are provided for in this Section 7, as follows:

(a) Columbus shall pay to the Authority during each contract year an annual payment in an amount calculated by multiplying three mills (.003) times the taxable value (as of the preceding January 1) of Columbus' real and personal property tax digests maintained for ad valorem property tax purposes. The intent of this contract is that the annual amount payable by Columbus to the Authority hereunder shall be  $3/1000$  (.003) of the taxable value of all

property reflected in all of Columbus' tax digests. Such annual payments shall be paid to the Authority in nine approximately equal installments on the 1st day of each and every month which is not a public holiday commencing with the first day of October and continuing on the first day of each of the eight succeeding months falling within every contract year of the term of this contract.

(b) Whenever during any contract year the Medical Center's charges for care rendered to prisoners of Columbus, Georgia during the contract year equals \$500,000.00 (calculated on the basis of the Medical Center's then established charges as herein limited), thereafter during the remainder of the contract year Columbus shall reimburse the Authority fifty percent (50%) of the Medical Center's billed established charges for acute inpatient and outpatient hospital care provided to prisoners of Columbus, Georgia. In determining Medical Center's established charges for purposes of this Section 7(b) during any contract year of the term of this contract after the initial contract year, the parties agree that the Medical Center's prices and price increases for services which it renders or may render to prisoners of Columbus, Georgia pursuant to this contract shall be identical to the prices and price increases charged by Medical Center to patients generally, except that for purposes of this contract only the Medical Center's prices for services which it renders or may render to prisoners of Columbus, Georgia shall be limited to an amount which does not exceed 110% of Medical Center's prices for services rendered to prisoners of Columbus, Georgia under this contract during the preceding contract year. Nothing contained herein shall be construed or deemed to limit the volume or number of services to be provided by Medical Center to prisoners of Columbus, Georgia during any contract year and nothing contained herein shall be construed or deemed to limit in any way the Medical Center's prices for services which it renders to persons who are not prisoners of Columbus, Georgia.

8. Columbus' acknowledgement of need for Medical Center to establish charges for paying and insured patients sufficient to enable Medical Center to provide the equipment, facilities, and services required by this agreement; the sums payable under this agreement represent parties' best efforts to arrive at a sum sufficient to cover the present and future anticipated cost and expense of making the Hospital's facilities available and of furnishing the care and other services required hereunder.

Columbus acknowledges that the Authority could not enter into the within contract obligating it to provide hospital care to indigent residents of Columbus, Georgia and to provide acute inpatient and outpatient hospital care to prisoners of Columbus, Georgia through the Authority's contractual arrangements with the Medical Center unless the Medical Center were free to accept paying and insured patients and to establish and collect reasonable competitive charges for their care which are calculated to cover

costs, expenses, and a retained earnings margin sufficient to maintain and replace plant and equipment, and to further Medical Center's beneficent purposes. Both parties acknowledge that the annual payment by Columbus to the Authority required under Section 7(a) hereof is calculated as the present minimum annual sum necessary to cover the existing and anticipated future cost of providing the services and care to be rendered hereunder, and of the existing and anticipated future cost of making the facilities of the Hospital available for the furnishing of the care and services required hereunder.

9. Medical Center, as Authority's designated contractor and lessee, to be authorized and empowered to establish reasonable policies, procedures, and rules to accomplish the purposes of this contract.

Medical Center, as the Authority's designated independent contractor, shall establish reasonable policies, procedures, interpretations and rules in order to effect the purposes of this contract and to administer a program for providing hospital care to indigent residents of Columbus, Georgia and for providing acute inpatient hospital care and outpatient hospital care to prisoners of Columbus, Georgia. All such administrative policies, procedures, interpretations, and rules shall accord with the definitions and substantive provisions of the within contract. It is the contemplation of this agreement that Medical Center may further contract with any entity controlled by or affiliated with Columbus Regional Healthcare System, Inc. for assistance in any aspect of the administration and operation of such program, including the rendering of clinical services.

10. Annual reports from Authority to Columbus summarizing performance under this contract and the operation of the indigent care and prisoner care program contemplated hereunder.

Within 120 days after the close of each contract year, the Authority, with the assistance of Medical Center as its designated independent contractor, shall prepare and render to Columbus a report which fairly summarizes and presents the Authority's performance under this contract and the operation of the program for rendering hospital care to qualified indigent residents and acute inpatient and outpatient hospital care to prisoners as contemplated by this contract. Such annual report shall include, but shall not be limited to, a statement which reflects the number of indigent residents of Columbus, Georgia and the number of prisoners of Columbus, Georgia who have received care under this contract, as well as a statement reflecting what Medical Center's established charges would have been for the care which was rendered under this contract had that care been rendered to paying patients.

11. Captions preceding the numbered sections of this contract are merely labels; masculine gender references to include the feminine; number.

(a) The headings or captions preceding the numbered sections of this agreement are mere labels inserted for convenience only, and they shall not be used in any interpretation or construction of the provisions hereof, and they do not constitute part of the substance of this agreement.

(b) The use of any gender herein shall be deemed to be or include the other gender and the neuter, and the use of the singular herein shall be deemed to be and include the plural (and vice versa) wherever appropriate.

12. This contract to be exclusive contract.

During the term of this agreement Columbus will not enter into any contract other than the within contract by which provision is made for furnishing hospital care or medical care to indigent residents of Columbus, Georgia. During said term Columbus also will not enter into any other contract by which provision is made for furnishing acute inpatient hospital care to prisoners of Columbus, Georgia. Provided, however, that nothing contained in this contract shall prohibit Columbus, Georgia at its own expense from providing on-premises care to its prisoners at prison facilities in which prisoners in need of care are incarcerated, or from providing care to indigent residents of Columbus, Georgia or to prisoners of Columbus, Georgia through a provider other than Medical Center whenever Medical Center is not able to provide necessary care to a qualified person hereunder through its own facilities, equipment, and employees.

13. Binding Effect; Assignability; Severability.

(a) The rights and obligations of the parties to this agreement shall inure to the benefit of and be binding upon the parties and their successors and assigns. The Authority's obligations hereunder may be assigned to and assumed by Medical Center, and may be assigned either wholly or partially by Medical Center to, and assumed by, Columbus Regional Healthcare System, Inc. or any entity controlled by Columbus Regional Healthcare System, Inc.

(b) If any provision hereof whatsoever, whether a section, paragraph, subparagraph, or any other part or provision hereof having substantive content, shall for any reason be held or adjudged to be invalid, illegal or enforceable by any court of competent jurisdiction, such provision or part hereof so adjudicated invalid, illegal or unenforceable shall be deemed separate, distinct, and independent, and the remainder of this

contract shall remain in full force and effect and shall not be affected by such holding or adjudication.

14. Payment of Outstanding Prisoner Care Obligations. Columbus, Georgia agrees to remit payment to the Authority for any valid outstanding bills or obligations for prisoner care rendered prior to the effective date of this agreement.

15. Counterparts.

This agreement shall be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

IN WITNESS WHEREOF, the parties hereto, acting by and through their duly authorized officers, have caused this contract to be executed in at least two counterparts on July 8, 1992, to be effective on and as of July 1, 1992.

COLUMBUS, GEORGIA

By: Frank K. Martin  
Frank K. Martin, Mayor

Attest: Lemuel H. Miller, Jr.  
Lemuel H. Miller, Jr., Clerk of Council

MEDICAL CENTER HOSPITAL AUTHORITY  
OF COLUMBUS, GEORGIA

By: James E. W. Brown, M.D.  
James E. W. Brown, M.D., Chairman

Attest: Josephine O. Varney  
Josephine O. Varney, Secretary

STATE OF GEORGIA,

COUNTY OF MUSCOGEE

FIRST AMENDMENT TO CONTRACT FOR THE PROVISION OF  
HOSPITAL CARE TO INDIGENT PERSONS RESIDING IN COLUMBUS, GEORGIA  
AND PRISONERS

THIS AMENDMENT, made and entered into on this \_\_\_\_ day of June , 2014, to be effective July 1, 2014, by and between COLUMBUS, GEORGIA, a consolidated city-county government as a political subdivision of the State of Georgia (hereinafter referred to as "Columbus"), and THE MEDICAL CENTER HOSPITAL AUTHORITY OF COLUMBUS, GEORGIA, a public body corporate and politic existing under the Georgia Hospital Authorities Law (hereinafter the "Authority"), amending that certain contract between them dated July 8, 1992.

W I T N E S S E T H:

WHEREAS, Columbus and the Authority entered into a contract between them dated July 8, 1992 effective as of July 1, 1992, for the provision of hospital care to indigent persons residing in Columbus, Georgia, and for the provision of hospital care to prisoners; and

WHEREAS, Columbus and the Authority desire to make certain modifications to said contract;

NOW, THEREFORE, in consideration of the premises and of the mutual covenants and agreements contained herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, and intending to be legally bound hereby, the parties hereto agree and contract as follows:

1. Section 7 of the contract executed on July 8, 1992 is deleted in its entirety and a new Section 7 shall be substituted as follows:

7. Payments by Columbus to the Medical Center Hospital Authority for hospital care (including physician services, inpatient services, outpatient services, emergency room services and outpatient pharmacy) rendered to indigent residents of Columbus, Georgia qualifying for coverage under this Agreement

and for acute inpatient hospital care and outpatient hospital care rendered to prisoners of Columbus.

Columbus shall pay to Authority for the hospital care which the Medical Center renders to eligible indigent residents of Columbus, Georgia and certain physician services provided under contract to the Medical Center for the care of eligible indigent residents of Columbus, Georgia and for the acute inpatient hospital care and outpatient hospital care which Medical Center renders to prisoners of Columbus, funds provided for in this Section 7 as follows:

(a) Columbus shall levy a three mills (.003) ad valorem tax on the taxable value of the real and personal property tax digest to pay for the hospital care which the Medical Center renders to eligible indigent residents of Columbus, Georgia and certain physician services provided under contract to the Medical Center for the care of eligible indigent residents of Columbus, Georgia. Beginning July 1, 2014, Columbus shall pay to the Authority the actual collected amount resulting from such levy including any past due amounts collected for tax years 2014 and after. Payments shall be made to the Authority based on actual collections beginning in September, 2014 and each month thereafter on the last business day of each month throughout the term of the contract.

(b) In any contract year in which the ad valorem receipts paid by Columbus to the Authority to administer the delivery of hospital care and those physician services provided under contract to the Medical Center to eligible indigent residents of Columbus, Georgia shall exceed the Indigent Care Utilization for provision of such care to all eligible indigents under this Agreement (who are not Prisoners) rendered by Medical Center, Authority shall refund to Columbus an amount equal to 50% of the Surplus (as defined below) within thirty (30) days of the final accounting by Medical Center for provision of such care, but not later than October 1 of the subsequent contract year. The Indigent Care Utilization shall be the total of the billed charges for indigent care provided by the Medical Center for eligible individuals under the contract discounted by fifty (50) percent (The total charges for Indigent Care Utilization discounted by fifty (50) percent shall be referred to as the Discounted Billed Charges Rate), and the direct cost without markup of professional services rendered by physicians under contract to the Medical Center for the care of eligible indigent residents of Columbus. Surplus is defined as any positive amount remaining when the total indigent care utilization (hospital

services plus contracted physician services) calculated at the above referenced rates is subtracted from the total amount of payments made pursuant to subsection 7(a) above.

(c) Beginning July 1, 2014, Authority shall provide Prisoner Care defined as acute inpatient hospital care and outpatient hospital care, including urgent and emergent care as well as Jail Clearance Care rendered in the Emergency and Trauma Center, which is provided by Medical Center Personnel at Medical Center facilities to prisoners of Columbus, Georgia at the Discounted Billed Charges Rate as defined in paragraph (b) above. Jail Clearance Care is defined as medical services rendered to individuals who are en-route to jail under police escort and who may not be released by Medical Center Personnel without notifying the police whether or not the individual is under arrest at the time medical services are provided. For each contract year, the first \$500,000 of Prisoner Care calculated at the Discounted Billed Charges Rate will be provided by Medical Center and Authority at no cost to Columbus, except for payments required under subsection 7(a) herein; thereafter, the Authority shall bill Columbus and Columbus shall pay Authority for Prisoner Care Medical Center provides at the Discounted Billed Charges Rate. Such amounts will be billed to Columbus annually, with a monthly explanation of benefits provided to the representative designated by Columbus for the purpose of medical contract review. When in accordance with Paragraph 5(c) of the agreement, Columbus elects for the Medical Center to arrange for acute inpatient and outpatient hospital care rendered to prisoners of Columbus by licensed independent practitioners not employed by Medical Center, those independent practitioners will bill Columbus for reimbursement of such patient charges.

(d) For purposes of this Section 7, the Billed Established Charges for any contract year shall be the charges customarily applied to Medical Center patients generally. Provided however, for purposes of this contract, the aggregate Billed Established Charges for any subsequent contract year shall be limited to 110% of Medical Center's aggregate Billed Established Charges for services rendered during the previous contract year.

2. The remainder of the contract executed on July 8, 1992 remains unchanged.

3. This amendment shall be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.



IN WITNESS WHEREOF, the parties hereto, acting by and through their duly authorized officers, have caused this amendment to be executed in at least two counterparts to be effective as of July 1, 2014.

COLUMBUS, GEORGIA

By: 

Teresa Pike Tomlinson, Mayor

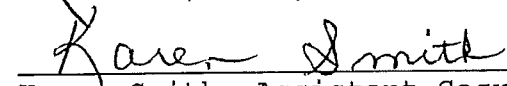
Attest: 

Sandra T. Davis, Deputy Clerk of Council

THE MEDICAL CENTER HOSPITAL AUTHORITY  
OF COLUMBUS, GEORGIA

By: 


Michael Gorum, M.D., Chairman

Attest: 

Karen Smith, Assistant Secretary

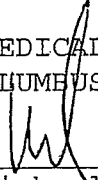
IN WITNESS WHEREOF, the parties hereto, acting by and through their duly authorized officers, have caused this amendment to be executed in at least two counterparts to be effective as of July 1, 2014.

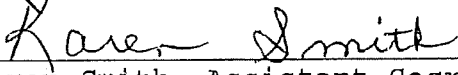
COLUMBUS, GEORGIA

By:   
Teresa Pike Tomlinson, Mayor

Attest:   
Sandra T. Davis, Deputy Clerk of Council

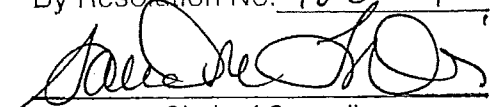
THE MEDICAL CENTER HOSPITAL AUTHORITY  
OF COLUMBUS, GEORGIA

By:   
Michael Gorum, M.D., Chairman

Attest:   
Karen Smith, Assistant Secretary

EXECUTION AUTHORIZED

By Resolution No. 180-14

  
~~Deputy~~ Clerk of Council



## INTERGOVERNMENTAL AGREEMENT COUNTY CAPACITY

THIS AGREEMENT is entered into the 1st day of July, 2018, by and between the GEORGIA DEPARTMENT OF CORRECTIONS, an agency of the State of Georgia (“Department”), and Columbus Consolidated Government, a political subdivision of the State of Georgia (“County”), acting by and through its Board of County Commissioners, referred to individually as “Party” or together as “Parties.”

WHEREAS, Department desires to contract with County for appropriate care and custody of certain offenders for which Department is responsible, (“State Offenders”); and

County desires to provide appropriate care and custody of State Offenders at a correctional institution operated by County (“Services”).

NOW, THEREFORE, in consideration of these premises and the mutual promises and agreements hereinafter set forth, the parties hereby agree as follows:

1. Care and Custody. County agrees to provide complete care and custody of up to 528 State Offenders daily, for the Term of this Agreement and in accordance with all applicable state and federal laws, rules, and regulations. Without limiting the generality of the foregoing, County specifically agrees that no State Offender labor shall benefit private persons or corporations.

2. Recording Offender Movement in SCRIBE. County agrees to record any and all movement of State Offenders transferred in and out of the County facility by entering the movement in Department’s SCRIBE system on the same day the movement occurs. Movements that are not entered in SCRIBE on the day the movement occurs will not show as an adjustment and result in an inaccurate daily count. County is solely responsible for implementing procedures to ensure that SCRIBE entries are made accurately and in a timely manner. County is responsible for verifying the State Offender count and all movements in and out of the County facility in SCRIBE on a daily basis to ensure that the count is accurate. County understands that the count reflected in SCRIBE is the official count for purposes of calculating payment under this Agreement. Late documentation, lack of documentation, or inaccurate documentation may result in delayed payment or non-payment under this Agreement. County agrees to grant Department access to County’s records, documentation procedure, and personnel for purposes of auditing SCRIBE entries and verifying State Offender count at any time upon Department’s request.

3. Notification of Medical Treatment. County shall notify Department of any State Offender that the County transfers to a hospital for treatment that will require an overnight stay or for whom treatment is likely to cost in excess of One Thousand Dollars (\$1,000.00). Said notification shall be provided via telephone contact within Twenty-Four (24) hours of

offender being admitted for treatment on an outpatient or inpatient basis. County shall notify Department pursuant to this paragraph by calling the Department's "On Call Utilization Management Nurse" at 404-863-3079 at any time of day or night.

4. Employee or Offender Misconduct. The County agrees that it will notify the Department within ten (10) business days after terminating an employee of the County correctional institution for misconduct or of the resignation of any employee in connection with an allegation or investigation of misconduct. The County further agrees that it will notify the Department within ten (10) business days if it, one of its employees, or any other law enforcement officer secures a criminal warrant for the arrest or otherwise pursues the prosecution of an offender being housed at the County CI for criminal conduct allegedly committed at the County CI. County agrees that it will not hire any employee terminated by Department for misconduct or who resigns from Department in connection with an allegation or investigation of misconduct.

5. Compensation. Department agrees to pay County the sum of Twenty Dollars (\$20.00) per State Offender per day for the duration of this Agreement. County agrees to invoice Department monthly, in compliance with all billing procedures established by Department. Department shall endeavor to pay County for Services within Forty-Five (45) days of invoice receipt in approved form. County acknowledges and agrees that the Commissioner of Corrections shall have sole authority with respect to the transfer of State Offenders to and from the County correctional institution and Department shall not incur charges for State Offenders not under the care and custody of County. A State Offender is not under the care and custody of County when a State Offender is not housed at the County facility including when a State Offender is out to court or sent to a Department facility for medical or mental health evaluation.

6. Term of Agreement. The term of this Agreement shall be from July 1, 2018 until 11:59 p.m. on June 30, 2019 (the "Term"). The Parties may, by mutual agreement in writing, extend the Term for additional time periods.

7. Termination. Department may at any time and for any reason terminate this Agreement by providing written notice in advance of such termination to County. In the event of termination under this paragraph, Department shall pay County for Services performed prior to the effective date of termination; provided, however, that payments otherwise due County may be applied by Department against amounts due or claimed to be due to Department. In the event that County fails to comply with the provisions of this Agreement, Department may terminate this Agreement for cause and without notice. If termination is for cause, payments may be withheld by Department on account of the Services being deemed deficient and not remedied by County prior to the effective date of termination. County shall be liable to Department for any additional cost incurred by Department as a result of deficiencies in the Services to be provided hereunder.

8. Prison Rape Elimination Act. County agrees that it will adopt and comply with 28 C.F.R. 115, entitled the Prison Rape Elimination Act ("PREA"). As required in 28 C.F.R. 155.12, County further agrees to cooperate with Department in any audit, inspection, or investigation by Department or other entity relating to County's compliance with PREA. Department shall monitor the County's compliance with PREA, and shall have the right to inspect any documents or records relating to such audit, inspection or investigation and County will provide such documents or records at Department's request. County acknowledges that failure to comply with PREA is a material breach of this Agreement and is cause for termination of this Agreement.

9. Notices. Any notice under this Agreement, other than those referenced in Paragraph 3, "Notification of Medical Treatment," shall be deemed duly given if delivered by hand (against receipt) or if sent by registered or certified mail, return receipt requested, to a Party hereto at the address set forth below or to such other address as the Parties may designate by notice from time to time in accordance with this Agreement.

If to the County: Columbus Consolidated Government  
City Manager, Isaiah Hugley  
P.O. Box 1340  
Columbus, GA 31902

With a copy to: Muscogee County Prison  
Warden, Dwight Hamrick  
P.O. Box 84041  
Columbus, GA 31908-4041

If to the Department: Jennifer Ammons  
General Counsel  
Georgia Department of Corrections  
State Office South, Gibson Hall, 3<sup>rd</sup> Floor  
P.O. Box 1529  
Forsyth, Georgia 31029

With a copy to: Robert Toole  
Facilities Director  
Georgia Department of Corrections  
State Office South, Gibson Hall, 1<sup>st</sup> Floor  
P.O. Box 1529  
Forsyth, Georgia 31029

10. Reimbursement of Medical Costs.

- a. Department agrees to reimburse County for certain costs of medical services required for medical conditions which: (1) pose an immediate threat to life or

limb, and (2) occur under circumstances in which the State Offender cannot reasonably be placed in a state institution for the receipt of this care ("Emergency Medical Services"). Department's obligation to reimburse County for the cost of any medical services, to include Emergency Medical Services, arises only when the cost per State Offender per incident exceeds One Thousand Dollars (\$1,000.00), and Department shall only be liable for the amount in excess of One Thousand Dollars (\$1,000.00), subject to the limitations of this paragraph and other applicable laws and regulations.

- b. County agrees to invoice Department monthly for the actual cost of Emergency Medical Services paid by County. If there existed any rate agreement between County and the hospital or hospital authority at the time Emergency Medical Services were rendered, the invoice must reflect such rate. All invoices from County must include an invoice or receipt from the hospital that clearly shows the actual cost of Emergency Medical Services paid by County.
- c. Department is not liable to County for any late fees or charges imposed by the hospital, hospital authority (collectively, "Late Fees"), or other service provider, for late or nonpayment by the County. County agrees to exclude Late Fees from its invoices to Department.
- d. If Department reasonably determines that there is a difference between the actual cost incurred by County and the invoice sent to Department, Department may assess an administrative fee of one-half (1/2) of the difference to cover the administrative costs incurred by the Department. Department shall send County written notice of any administrative fees, and County shall have Thirty (30) days to make payment or to dispute the fee in writing. If County does not make payment of undisputed administrative fees by the due date, Department is entitled to a setoff of the same amount against future payments owing to County.
- e. Pursuant to O.C.G.A. § 42-5-2(c), Department shall reimburse County no more than the applicable Georgia Medicaid Rate for Emergency Medical Services provided to a State Offender by a hospital, hospital authority, or other service provider. Department shall not be liable to County for any amount paid by County to a hospital, hospital authority, or other service provider, in excess of the Medicaid Rate for emergency services provided to a State Offender.

11. Entire Agreement. This Agreement constitutes the entire agreement and understanding between the parties hereto and replaces, cancels and supersedes any prior agreements and understandings relating to the subject matter hereof, and all prior representations, agreements, understandings and undertakings between the parties hereto

with respect to the subject matter hereof are merged herein.

12. Sole Benefit. Department and County enter into this Agreement for their sole benefit. Department and County do not intend to give any rights pursuant to this Agreement to any other parties.

13. Choice of Law and Venue. The Contract shall be governed in all respects by the laws of the State of Georgia. Any lawsuit or other action brought against the Department and the State based upon or arising from this Agreement shall be brought in the Superior Court of Fulton County, Georgia.

14. Amendment. The Parties recognize and agree that it may be necessary or convenient for the Parties to amend this Agreement and the Parties agree to cooperate fully in connection with such amendments if and as necessary. However, no change, modification or amendment to this Agreement shall be effective unless the same is reduced to writing and signed by the Parties.

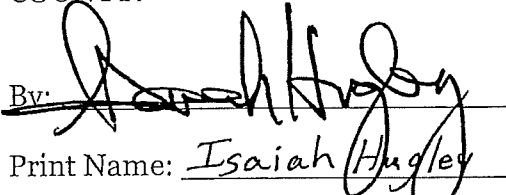
15. Counterparts. This Agreement may be executed in multiple counterparts, each of which shall be an original but all of which shall constitute one agreement. No Party shall be bound by this Agreement until all Parties have executed it.

IN WITNESS WHEREOF, the parties have caused the authorized representatives of each to execute this Agreement on the day and year first above written.

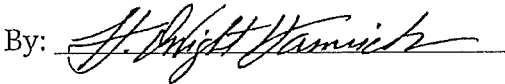
GEORGIA DEPARTMENT OF  
CORRECTIONS:

By: \_\_\_\_\_  
Jennifer Ammons  
General Counsel

COUNTY:

By:   
Print Name: Isaiah Hugley  
Title: City manager

FACILITY WARDEN/SUPERINTENDENT

By:   
Print Name: H. Dwight Hamrick



HEALTH SERVICES AGREEMENT

THIS HEALTH SERVICES AGREEMENT (hereinafter referred to as "AGREEMENT") by and between ~~the COLUMBUS CONSOLIDATED GOVERNMENT (hereinafter referred to as "CITY"),~~ the MUSCOGEE COUNTY SHERIFF'S OFFICE (hereinafter referred to as "MCSO"), ~~the COLUMBUS CONSOLIDATED GOVERNMENT (hereinafter referred to as "CCG"),~~ and CORRECTHEALTH MUSCOGEE, LLC (hereinafter referred to as "COMPANY"), is entered into as of the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ to be effective as set forth in Paragraph 6.1, below.

WITNESSETH:

WHEREAS, MSCO is charged by law with the responsibility for obtaining and providing reasonably necessary medical care for inmates or detainees of the MUSCOGEE COUNTY JAIL (hereinafter called "JAIL") and,

WHEREAS, MSCO ~~and CITY~~ desires to provide for health care to inmates in accordance with applicable law; and,

WHEREAS, MSCO, which receives funding ~~and procurement support as approved by through~~ the ~~CCG~~, desires to enter into this Agreement with COMPANY to promote this objective; and,

WHEREAS, COMPANY is in the business of providing correctional healthcare services under contract and desires to provide such services for ~~the CITY~~ MCSO under the express terms and conditions contained herein.

NOW THEREFORE, in consideration of the mutual covenants and promises hereinafter made, the parties hereto agree as follows:

ARTICLE I: HEALTH CARE SERVICES

1.1 General Engagement. ~~CITY and MCSO hereby contracts with COMPANY hereby contracts with the MCSO~~ to provide healthcare services to inmates in the physical custody of the JAIL. This care is to be delivered to individuals under the custody and control of MCSO at the JAIL, and COMPANY enters into this Agreement according to the terms and provisions herein.

~~1.1~~ \_\_\_\_\_

1.2 \_\_\_\_\_

Scope of General Services. The responsibility of COMPANY for the healthcare of an inmate commences with the commitment of an inmate to the custody of the JAIL. COMPANY shall provide on a regular basis: intake screening, 14 day health assessments, nursing care, provider (physician and / or midlevel provider) care, dental care, electronic health records, tele-health, onsite emergency medical services, onsite laboratory studies, on-site radiology, medication administration, non-capital medical equipment, medical supplies, office supplies, and medical waste disposal, as set forth in COMPANY's Proposal dated May 18, 2018, in response to RFP No. 18-0019. COMPANY shall not be financially responsible for the cost of pharmaceuticals, on-site specialty care, off-site specialty care, hospitalizations, all other off-site healthcare, or ambulance services.

- 1.3 Specialty Care Services. When non-emergency specialty care is required and cannot be rendered at the JAIL, COMPANY shall make arrangements with MCSO for the transportation of the inmates in accordance with Section 1.8 of this Agreement.
- 1.4 Pharmacy Management Services. COMPANY shall provide a pharmaceutical management program for the Jail health services at no additional cost that shall include formulary and non-formulary oversight; prescribing, and dispensing of medications; recordkeeping and the secure and proper storage of all medications in accordance with NCHC standards, Jail policy and applicable law. Costs of the actual pharmaceutical products will be invoiced monthly and reimbursed to Company by MCSO at its best negotiated rate with no commission or management fee.
- 1.54 On-Site Emergency Services. COMPANY shall provide, at its own cost, on-site emergency medical care, as medically necessary.
- 1.6 Injuries Incurred Prior to Incarceration; Pregnancy. COMPANY will not be financially responsible for the cost of any medical treatment for health care services provided to any inmate prior to the inmate's commitment into the custody of the JAIL. Furthermore, COMPANY is not financially responsible for the cost of services outside the JAIL for any healthcare treatment or health care services provided to medically stabilize any inmate presented at booking with a life threatening injury or illness or in immediate need of emergency medical care, if said inmate is not in the custody of the JAIL.

Once it has been determined by COMPANY's intake medical personnel that the inmate has been medically stabilized, and accepted by MCSO personnel into the custody of the JAIL, COMPANY will, commencing at that point, then become responsible for the medical treatment for health care services rendered at the JAIL, regardless of the nature of the illness or injury and whether or not the illness or injury occurred prior or subsequent to the individual's incarceration at the JAIL. An inmate shall be considered medically stabilized when the patient's medical condition no longer requires immediate emergency medical care or outside hospitalization, and when any and/or all applicable medical clearances have been provided to the JAIL personnel, so that the inmate can reasonably be housed inside the JAIL.

It is expressly understood that COMPANY shall not be responsible for costs associated with the health care of any infants born to inmates. COMPANY shall provide health care services to inmates up to, though, and after the birth process, but health care services provided to an infant following birth, other than those services that may be delivered in the JAIL prior to transport to a hospital, will not be the financial responsibility of COMPANY. In any event, COMPANY shall not be responsible for the costs associated with the performing or furnishing of elective abortions.

- 1.76 Inmates outside the Facility. The health care services contracted in the Agreement are intended only for those inmates in the actual physical custody of the JAIL. This does not include inmates who are under guard in outside jails or prisons. Such inmates are not to be included in the daily population count. No person(s), including those who are in any outside hospitals who are not under guard, shall be the financial responsibility of

COMPANY with respect to the payment or the furnishing of their health care services. Persons in the physical custody of other public safety or other law enforcement/penal jurisdictions at the request of MCSO are likewise excluded from the population count and are not the responsibility of COMPANY for the furnishing or payment of health care services.

The cost of medical services provided to inmates who become ill or are injured while on such temporary release, work release, or escape status will not be the responsibility of COMPANY. However, inmates on work detail who are supervised by MCSO personnel and become injured will be the responsibility of COMPANY as long as they are returned to the JAIL to be treated by COMPANY personnel. These inmates will be part of the daily census count.

- 1.7 Elective Medical Care. COMPANY is not responsible for providing elective medical care to inmates. For purposes of the Agreement, "elective medical care" means medical care, which, if not provided, would not cause definite harm to the inmate's well-being. MCSO and / or CCG must review any referral of inmates for elective medical care prior to provision of such services.
- 1.8 Transportation Services. To the extent any inmate requires off-site non-emergency health care treatment including, but not limited to, hospitalization care and specialty services, MCSO will, upon request by COMPANY provide transportation as reasonably available provided that such transportation is scheduled in advance. When medically necessary, COMPANY shall arrange for all emergency ambulance transportation of inmates. COMPANY will not be financially responsible for the cost of ambulance services.
- 1.9 Utilization Management/Billing Adjudication: COMPANY shall provide utilization management services consisting of a prospective review, concurrent review, readmission review and retrospective review for offsite medical services. Such retrospective reviews shall be completed within 30 days of receipt of the invoice for the service. Upon completion of utilization management reviews, a copy of which shall be supplied to the Sheriff, Company shall pay offsite medical providers on behalf of CCG and invoice CCG for reimbursement of the medical expenses paid by Company. All approved offsite service invoices approved and paid by COMPANY will be billed for reimbursement on the next available monthly billing cycle, but in no event shall more than 90 days elapse between the receipt of an off-site invoice and its presentation to the CCG's Finance Department for payment unless it is placed on a list of disputed claims. The Sheriff and CCG shall be notified of all outstanding disputed claims on a monthly basis. With respect to any invoices pertaining to off-site services provided by Columbus Medical Center or its affiliates pursuant to a contract by and between the City and the Medical Center Hospital Authority of Columbus, Georgia for the provision of hospital care and certain referrals for care for prisoners dated as of July 1, 1992, as thereafter amended, COMPANY shall provide utilization review services described above, but it will make no payments and instead will, within 60 days from receipt of the invoice, forward approved charges to the Columbus, Georgia Finance Department for approval and payment pursuant to the terms of the contract referenced herein. COMPANY will follow applicable state laws and will keep the CCG and SHERIFF apprised of its utilization management practices.

1.10 Reporting and Quality Assurance: COMPANY will staff participation in quality assurance meetings and provide statistical data to demonstrate compliance with the Memorandum of Agreement between the CCG, MCSO, and the United States Department of Justice dated as of January 16, 2015 or such other monitoring agreement as may be in effect during the pendency of this agreement.

1.11 Penalties for Non-compliance: The following are areas of concern that will be addressed with penalties for non-compliance. A period of 45 days will be allotted from the first day of the medical contract to allow the vendor to make necessary adjustments and to correct these issues.

14 Day Health Assessments: Any health assessment not completed within the 14-day period will be assessed a penalty of \$50 for each health assessment not completed.

Intake Screening: Any inmate screening not completed with 8 hours of being booked into the facility will be assessed a penalty of \$50.00 for each incomplete screening. Any insulin dependent diabetic shall be seen within 4 hours of being booked into the facility.

Note: *Uncooperative/incapacitated inmates who cannot be processed by security are not counted as an inmate booked into the facility.*

Sick Call Requests: Any urgent/emergent sick call request not addressed within 4 hours during normal business hours or 24 hours if outside of normal business hours, or any non-emergent sick call not addressed within 72 hours, will be assessed a penalty for non-compliance at the rate of \$10.00 per inmate request, per day until appropriately addressed.

Medical Grievances: Any Medical Grievance not addressed within 72 hours, will be assessed a penalty for non-compliance at the rate of \$25.00 per inmate request/grievance, per day until appropriately addressed.

Medication Distribution: ALL medication passes must be accomplished within the established timeframe dedicated to medication pass. Medication issue shall be conducted within a time as will not disrupt the patient's dosing schedule. Failure to accomplish a med pass for any reason is unacceptable and shall be considered a breach of contract and the Sheriff may elect to void the contract for medical services.

## ARTICLE II: PERSONNEL

2.1 Staffing: COMPANY shall provide medical and support personnel reasonably necessary for the rendering of health care services to inmates at the JAIL, as identified on Exhibit A, which is attached hereto. At the ~~sole~~reasonable professional discretion of the COMPANY, some services may be provided via tele-health.

2.2 Licensure, Certification and Registration of Personnel: All personnel provided or made available by COMPANY to render services hereunder shall be licensed, certified or registered, in their respective areas of expertise as required by applicable Georgia law.

- 2.3 MCSO's Satisfaction with Health Care Personnel. If the Sheriff, Chief Deputy, or Division Commander of the JAIL becomes dissatisfied with any health care personnel provided by COMPANY hereunder, or by any independent contractor, subcontractor or assignee, COMPANY, in recognition of the sensitive nature of correctional services, shall, following receipt of written notice from the Sheriff, Chief Deputy, or Division Commander of the JAIL of the grounds for such dissatisfaction and in consideration of the reasons therefore, exercise its best efforts to resolve the problem. If the problem is not resolved satisfactorily to the Sheriff, Chief Deputy, or Division Commander of the JAIL, COMPANY shall remove or shall cause any independent contractor, subcontractor, or assignee to remove the individual about whom the MCSO has expressed dissatisfaction. Should removal of an individual become necessary, COMPANY will be allowed reasonable time, prior to removal, to find an acceptable replacement, without penalty or any prejudice to the interests of COMPANY.
- 2.4 Use of MCSO Personnel and Inmates in the Provision of Health Care Services. MCSO personnel nor inmates shall be employed or otherwise engaged by either COMPANY or MCSO in the direct rendering of any health care services.
- 2.5 Subcontracting and Delegation. In order to discharge its obligations hereunder, COMPANY will engage certain health care professionals as independent contractors rather than as employees. ~~CITY and MCSO consents~~ to such subcontracting or delegation. As the relationship between COMPANY and these health care professionals will be that of independent contractor, COMPANY will not be considered or deemed to be engaged in the practice of medicine or other professions practiced by these professionals. COMPANY will not exercise control over the manner or means by which these independent contractors perform their professional medical duties. However, COMPANY shall exercise administrative supervision over such professionals necessary to insure the strict fulfillment of the obligations contained in this Agreement. For each agent and subcontractor, including all medical professionals, physicians, dentists, and nurses performing duties as agents or independent contractors of COMPANY under this Agreement, COMPANY shall provide ~~CITY/MCSO~~ proof, upon prior written request, that there is in effect a professional liability or medical malpractice insurance policy covering the agent or subcontractor that satisfies the requirements set forth in Section 8.1 below.
- 2.6 Discrimination. During the performance of this Agreement, COMPANY, its employees, agents, subcontractors, and assignees agree as follows:
- a. None will discriminate against any employee or applicant for employment because of race, religion, color, gender or national origin, except where religion, gender or national origin is a bona fide occupational qualification reasonably necessary to the normal operation of the contractor.
  - b. In all solicitations or advertisements for employees, each will state that it is an equal opportunity employer.
  - c. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of the section.

### ARTICLE III: REPORTS AND RECORDS

- 3.1 Medical Records. COMPANY shall cause and maintain complete and accurate medical records for each Inmate who has received health care services. Each medical record will be maintained in accordance with applicable laws. The medical records shall be kept separate from the inmate's confinement record. A complete legible copy of the applicable medical records shall be available at all times, to the SHERIFF, as custodian of the person of the patient. Medical records shall be kept confidential. No information contained in the medical records shall be released by COMPANY except as provided by policy, by a court order, or otherwise in accordance with applicable law. COMPANY shall, at its own cost, provide all medical personnel necessary to maintain the medical records. At the termination of this Agreement, all medical records shall be delivered to and remain with the MCSO. However, MCSO shall provide COMPANY with reasonable ongoing access to all pertinent medical records even after the termination of this Agreement for the purposes of defending or investigating litigation.
- 3.2 Regular Reports by COMPANY to CITY. ~~If requested, COMPANY shall provide to MCSO, and also to CCG if requested, a monthly report on a date and in a form mutually acceptable to COMPANY and MCSO, reports relating to services rendered under this Agreement.~~
- 3.3 Inmate Information. Subject to the applicable Georgia law, in order to assist COMPANY in providing the best possible health care services to inmates, MCSO will provide COMPANY with information pertaining to inmates that COMPANY and MCSO mutually identify as reasonable and necessary for COMPANY to adequately perform its obligations hereunder.
- 3.4 COMPANY Records Available to MCSO with Limitations on Disclosure. COMPANY shall make available to MCSO, at MCSO's request, records, documents and other papers relating to the direct delivery of health care services to Inmates hereunder. MCSO understands that written operating policies and procedures employed by COMPANY in the performance of its obligations hereunder are propriety in nature and will remain the property of COMPANY and shall not be disclosed without written consent. Information concerning such may not, at any time, be used, distributed, copied or otherwise utilized by MCSO, except in connection with the delivery of health care services hereunder, or as permitted or required by law, unless such disclosure is approved in advance writing by COMPANY. Proprietary information developed by COMPANY shall remain the property of COMPANY. Provided however, MCSO will not be prevented from sharing such Company information as may be required by the United States Department of Justice as part of its ongoing monitoring activities pursuant to a Memorandum of Agreement dated January 15, 2015 or as may be required by applicable provisions of the Georgia Open Records Act.
- 3.5 MCSO Records Available to COMPANY with Limitations on Disclosure. During the term of this Agreement and for a reasonable time thereafter, MCSO will provide COMPANY at COMPANY's request, MCSO's records relating to the provision of health care services to inmates as may be reasonably requested by COMPANY or as are pertinent to the investigation or defense of any claim related to COMPANY's conduct. Any such information provided by MCSO to COMPANY that MCSO considers confidential shall be kept confidential by COMPANY and shall not, except as may be required by law, be distributed to any third party without the prior written approval of the MCSO.

#### ARTICLE IV: SECURITY

- 4.1 General. COMPANY and MCSO understand that adequate security services are essential and necessary for the safety of the agents, employees, and subcontractors of COMPANY as well as for the security of inmates and JAIL personnel, consistent with the correctional setting. MCSO personnel will take all reasonable steps to provide sufficient security to enable COMPANY to safely and adequately provide the health care services described in this Agreement. It is expressly understood by MCSO and COMPANY that the provision of security and safety for the COMPANY personnel is a continuing precondition of COMPANY's obligation to provide its services in a routine, timely, and proper fashion. This provision, however shall not be considered to and shall not be construed to be a waiver of any defense, including sovereign or official immunity, to any claim against MCSO by an inmate, employee of company or any other person in anyway whatsoever.
- 4.2 Security During Transportation Off-Site. MCSO will provide prompt and timely security as medically necessary and appropriate in connection with the transportation of any inmate between the JAIL and any other location for off-site services as contemplated herein.

#### ARTICLE V: OFFICE SPACE, EQUIPMENT, INVENTORY AND SUPPLIES

- 5.1 General. ~~COMPANY~~/MCSO agree to provide COMPANY with reasonable and adequate office and medical space, facilities, and telephone equipment with dedicated line in the medical area. COMPANY will obtain, with the assistance of ~~COMPANY~~/MCSO, secured internet access (minimum speeds 3MB down/3MB up) with a static public IP address as required for high definition telehealth and / or the operation of the Electronic Health Record (EHR). This internet connection will be for sole and exclusive use by COMPANY. MCSO / ~~COMPANY~~ will pay for utilities (e.g. gas, electric, water, phone lines, and long distance telephone service). Further, MCSO will provide necessary maintenance and housekeeping of the office space and facilities.

With regard to telemedicine, COMPANY will provide for all necessary equipment and any necessary internet / connection line, as set forth above. MCSO will be responsible for ensuring that the Jail Management Software (JMS) provides a unidirectional interface, which integrates with COMPANY's EHR to populate the EHR with patient demographics and location data only.

COMPANY will provide medical and office supplies used in the healthcare delivery system administered at the JAIL. This includes medical supplies, medical records, office supplies, and forms. COMPANY will also provide for all non-capital medical equipment (i.e. less than \$500). MCSO / ~~COMPANY~~ will be responsible for any capital medical equipment (i.e. more than \$500).

- 5.2 Delivery of Possession. MCSO will provide to COMPANY beginning on the date of commencement of this Agreement, possession and control of all medical and office equipment and supplies in place at the JAIL's health care unit.

At the commencement of service by COMPANY an inventory of all supplies, medical and office equipment as described herein will be completed in writing by MCSO personnel. This

inventory will be reviewed and approved in writing by the authorized agent of the MCSO as well as the COMPANY.

At the termination of this or any subsequent Agreement, COMPANY will return to the MCSO possession and control all supplies, medical and office equipment, in working order, reasonable wear and tear accepted, which were in place at the JAIL's health care unit prior to the commencement of services under this Agreement. Any such return will require written confirmation, executed by the Jail Administrator of the JAIL, for proper acceptance.

#### ARTICLE VI: TERM AND TERMINATION OF AGREEMENT

- 6.1 Initial Term. The initial term of this Agreement will be ~~two~~<sup>five</sup> (25) years, from October 1, 2018 through September 30, 2023. This Agreement is renewable under ~~the like terms set forth in Exhibit B for three additional one years terms, subject to negotiation of the service component and agreed upon compensation adjustments, including compensation escalator as set forth in Section 7.4 below, unless either party upon delivery of~~ written notice of ~~non-renewal~~<sup>intent to renew</sup> provided to COMPANY ~~the other party~~ at least ninety (90) days prior to the expiration of the then-existing term.
- 6.2 Termination. This Agreement may be terminated as otherwise provided in this Agreement or as follows:
- a. Termination by Agreement. In the event that each of the parties mutually agrees in writing, this Agreement may be terminated on the terms and date stipulated therein.
  - b. Termination by Cancellation. This Agreement may be canceled, without cause, by either party upon ninety (90) days prior written notice in accordance with Section 9.3 this Agreement.
- 6.3 Responsibility for Inmate Health Care. Upon termination of this Agreement, all responsibility for providing health care services to all inmates, including inmates receiving health care services at sites outside the JAIL, will be transferred from COMPANY to MCSO.

#### ARTICLE VII: COMPENSATION

- 7.1 Base Compensation & Per Diem Compensation. MCSO ~~CITY~~ will pay COMPANY as indicated on Exhibit B. The compensation level on Exhibit B assumes a maximum inmate population of 1100 inmates.
- COMPANY will invoice MCSO ~~CITY~~ during the month prior to the month of service. Upon approval by MCSO the invoice shall be forwarded to CCG for payment ~~CITY agree to pay to~~ COMPANY within ~~forty five~~<sup>thirty</sup> (3450) days of MCSO's initial receipt of the invoice. In the event this agreement should terminate on a date other than the end of a calendar month, compensation to COMPANY will be prorated accordingly for the shortened month.
- 7.2 Per Diem. When the daily inmate census exceeds 1100, MCSO ~~CITY~~ agree to compensate COMPANY a per diem rate (cost per inmate per day) for each inmate in excess of 1100, as referenced on Exhibit B.



This per diem is intended to cover additional costs in those instances where minor, short term increases in the inmate population result in the higher utilization of routine supplies and services. However, the per diem is not intended to provide for any additional fixed costs, such as new staffing positions, which might prove necessary if the inmate population increases to more than 1100 inmates. As such, if the census increases by 20% and is sustained, the parties agree to negotiate in good faith for additional staffing and associated compensation in order to continue to provide services to the increased number of inmates and maintain the quality of care consistent with COMPANY's Proposal and this Agreement.

7.3 Inmates From Other Jurisdictions. Medical care rendered within the JAIL to inmates from outside jurisdictions, and housed in the JAIL pursuant to written contracts between CITY / MCSO and such other jurisdictions or the State of Georgia, or by statute, will be the responsibility of COMPANY but as limited by this Agreement. Medical care that cannot be rendered within the JAIL will be arranged by COMPANY and the costs of such care subject to reimbursement by the other jurisdiction, the State of Georgia, or MCSO/CITY. This Section does not apply to sentenced felons awaiting transfer to State facilities or inmates housed in the JAIL on ex parte orders. COMPANY shall directly bill other counties for onsite professional medical fees, supplies, tests and medications. COMPANY will forward other bills for offsite healthcare and program support services provided to other jurisdictions housing inmates in the JAIL. A nominal standard fee schedule will be utilized and is available upon request. MCSO/CITY agrees to assist COMPANY with these billing activities.

~~7.4 Compensation Escalator. On each subsequent annual renewal, beginning October 1, 2023, the compensation paid to COMPANY, including base compensation and per diem rate, shall be adjusted by the current Consumer Price Index Wage Earners and Clerical Workers (CPI-W), Medical Care Component (MCC) for the Southern Region of the United States.~~

Commented [LS1]: This goes beyond our maximum renewal term.

~~7.5.4 Change in Standard of Care or Scope in Services.~~ The price in Section 7.1, above, quoted reflects the scope of services as outlined herein and the current community standard of care with regard to correctional healthcare services. If there is any change in or modification of the local, national (e.g. NCCHC, ACA) or community standards of care or scope of services, court order, ruling or interpretation, state or federal law or statute or interpretation thereof that results in sustained and material increase in costs (e.g. treatment of Hepatitis C, TB, HIV/AIDS, etc.), coverage of costs related to such changes are not included in the contract price and would need to be negotiated with the MCSO/CITY. Further, if the mission and/or purpose of the JAIL changes substantially, the MCSO/CITY agree to negotiate with COMPANY in good faith for any change in services.

~~7.6.5 Late Payments.~~ MCSO/CITY shall pay COMPANY interest on all undisputed payments hereunder that are not paid when due, as specified in Section 7.1, above. Interest shall accrue from the date the original payment was due at a rate of one percent (1%) per month until the payment is made in full. MCSO/CITY shall bear the costs of any legal or collection fees and expenses incurred by COMPANY in attempting to enforce MCSO/CITY's payment obligations hereunder.

Commented [LS2]: The City does not agree to such provisions. Failure to pay is simply a default under the agreement and addressed in that way.

**ARTICLE VIII: LIABILITY AND RISK MANAGEMENT**

8.1 Insurance. At all times during this Agreement, COMPANY shall maintain professional liability insurance covering COMPANY, and naming MCSO and the Consolidated Government of Columbus Georgia ("CCG") /CITY as additional insureds, for its work at the JAIL with limits of one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in the aggregate. Upon request, COMPANY shall provide a Certificate of Insurance to MCSO and CCG /CITY. To the extent that COMPANY hires a contractor to provide any of the services contemplated by this Agreement in accordance with the provisions of Section 2.5 above, it will insure that such contractor provides insurance in the same amounts specified herein also naming MCSO and CCG as additional insureds.

8.2 Indemnification. COMPANY shall indemnify, defend and hold MCSO and CCG CITY harmless from and against any and all claims, actions, lawsuits, damages, judgments, or liabilities of any sort, including attorney's fees, against MCSO and/or CCG CITY based on COMPANY's performance of its obligations hereunder including performance of such obligations by any contractor selected by COMPANY; provided, however, that COMPANY will not be responsible for any claim arising out of MCSO or CITY or their employee or agent preventing an inmate from receiving medical care ordered by COMPANY or its agent or in failing to promptly present an ill or injured inmate to COMPANY for treatment.

~~MCSO/CITY shall defend, and hold COMPANY harmless from and against any and all claims against COMPANY arising out of the performance by MCSO/CITY, its employees, agents, officers, or contractors in connection with MCSO/CITY's obligations hereunder or other conduct. This provision, however, shall not be considered and shall not be construed to be a waiver of any defense, including sovereign or official immunity, to any claim against MCSO/CITY by an inmate, employee of company or any other person in any way whatsoever.~~

#### ARTICLE IX: MISCELLANEOUS

9.1 Independent Contractor Status. The parties acknowledge that COMPANY is an independent contractor engaged to provide health care to Inmates at the JAIL under the direction of COMPANY management. Nothing in this Agreement is intended nor shall be construed to create an agency relationship, an employer - employee relationship, or a joint venture relationship between the parties.

~~9.2 Court Appearance by COMPANY Employees. In the event COMPANY's personnel are required to devote time with regard to litigation or threatened litigation by or on behalf of MCSO/CITY this shall be part of their service time pursuant to this agreement. MCSO/CITY shall be responsible for reasonable costs of substitute personnel to fill positions, which would be vacant due to such court or trial appearance requirements.~~

Commented [LS3]: We cannot agree to this provision.

9.2 \_\_\_\_\_

Notice. Unless otherwise provided herein, all notices or other communications required or permitted to be given under this Agreement shall be in writing and shall be deemed to have been duly given if delivered personally in hand or sent by certified mail, return receipt requested, postage prepaid, and addressed to the appropriate party at the following address or to the other person at any other address as may be designated in writing by the parties:

(a) MCSO: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(b) CCG: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) COMPANY: CorrectHealth Muscogee, LLC  
ATTN: Carlo A. Musso, M.D.  
3384 Peachtree Road, NE, Suite 700  
Atlanta, GA 30326

Notices shall be effective upon receipt regardless of the form used.

~~9.39.2~~ Entire Agreement. This Agreement is part of a procurement contract file for Procurement No. "the Contract" which constitutes the entire agreement of the parties and is intended as a complete and exclusive statement of the promises, representations, negotiations, discussions and agreements that have been made in connection with the subject matter hereof. To the extent they are in conflict, provisions contained in the initial Request for Proposals, as amended, will govern. No modifications or amendment to the Contract is Agreement shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto. ~~All prior negotiations, agreements and understandings with respect to the subject matter of this Agreement are superseded hereby.~~

~~9.49.3~~ Amendment. This Agreement may be amended or revised only in writing and signed by all parties.

~~9.59.4~~ Waiver of Breach. The waiver by either party of a breach or violation of any provision of this Agreement shall not operate as, or be construed to be, a waiver of any subsequent breach of the same or other provision hereof.

~~9.69.5~~ Other contracts and Third-Party Beneficiaries. ~~The parties acknowledge that COMPANY is neither bound by nor aware of any other existing contracts to which MCSO/CITY is a party and which relate to the providing of medical care to inmates at the Jail. The parties agree that they have not entered into this Agreement for the benefit of any third person or persons, and it is their express intention that the Agreement is intended to be for their respective benefit only and not for the benefit of others who might otherwise be deemed to constitute third-party beneficiaries hereof.~~

**Commented [LS4]: This is not a true statement given the contract with New Horizon for mental health care.**

~~9.79.6~~ Severability. In the event any provision of this Agreement is held to be unenforceable for any reason, the unenforceability thereof shall not affect the remainder of the Agreement which shall remain in full force and effect and enforceable in accordance with its terms.

~~9.89.7~~ Cooperation. On and after the date of this Agreement, each party shall, at the request of the other, make, execute and deliver or obtain and deliver all instruments and documents

and shall do or cause to be done all such other things which either party may reasonable require to effectuate the provisions and intentions of this Agreement.

~~9.99.8~~ Time of Essence. Time is and shall be of the essence of this Agreement.

~~9.109.9~~ Authority. The parties signing this Agreement hereby state that they have the authority to bind the entity on whose behalf they are signing.

~~9.119.10~~ Binding Effect. This Agreement shall be binding upon the parties hereto, their heirs, administrators, executors, successors and assigns.

~~9.129.11~~ Cumulative Powers. Except as expressly limited by the terms of this Agreement, all rights, power and privileges conferred hereunder shall be cumulative and not restrictive of those provided at law or in equity.

~~9.139.12~~ Governing Law. This Agreement and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Georgia, except as specifically noted.

~~9.149.13~~ Jurisdiction and Venue. Should any disputes regarding this Agreement arise and require legal action, the proper jurisdiction and venue for said legal action will be Muscogee County, Georgia.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement, by and through their duly authorized officers, the day, month and year given below.

MUSCOGEE COUNTY SHERIFF'S OFFICE ("MCSO")

By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

COLUMBUS CONSOLIDATED GOVERNMENT ("CCG")

By: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

CORRECTHEALTH MUSCOGEE, LLC ("COMPANY")

By: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**EXHIBIT A – STAFFING**

PROVIDER	FTE	Hours/Week
<b>Medical Providers</b>		
Medical Director *	0.60	24
Midlevel Provider *	1.00	40
<b>Oversite Operations</b>		
Health Services Administrator	1.00	40
Director of Nursing	1.00	40
RN House Supervisor	4.20	168
Administrative Assistant	1.00	40
<b>Clinic</b>		
LPN Sick Call	2.00	80
<b>Infirmery</b>		
LPN	4.20	168
<b>Intake</b>		
LPN	4.20	168
Med Tech	4.20	168
<b>Pill Team</b>		
LPN	6.30	252
<b>Medical Records</b>		
HIT Supervisor	1.00	40
HIT Technician	1.00	40
<b>Dental Providers</b>		
Dentist	0.50	20
Dental Assistant	0.50	20
<b>TOTALS</b>	<b>32.70</b>	<b>1308</b>

Commented [LS5]: Where are intake screening and 14 day Health Assessment included?

\* May be provided on-site and/or via tele-medicine, at the discretion of COMPANY.

Exhibit B – Compensation

<b>Effective Dates</b>	<b>Annual Compensation</b>	<b>Monthly Compensation</b>	<b>Per Diem Rate</b>
10/01/18 – 09/30/19	\$2,940,115.02	\$245,009.59	\$0.55
10/01/19 – 09/30/20	\$3,013,617.90	\$251,134.82	\$0.56
10/01/20 – 09/30/21	\$3,088,958.34	\$257,413.20	\$0.58
10/01/21 – 09/30/22	\$3,166,182.30	\$263,848.53	\$0.59
10/01/22 – 09/30/23	\$3,245,336.86	\$270,444.74	\$0.61

## Della Lewis

---

**From:** Della Lewis  
**Sent:** Monday, September 24, 2018 5:00 PM  
**To:** 'Stacy Scott'  
**Subject:** RE: Contracts - Prison and Jail  
**Attachments:** ContractColumbusMuscogeeJail180907Option2CCGEDITS9-21-18.docx

Hi Stacy,

Attached is Lucy Sheftall's (Asst. City Attorney) markup of the Jail document. If you need to discuss anything, she's available at 706-653-4025. I will check on the status of the contract for the Prison.

Thanks,  
Della

Della Lewis, CPPB  
Buyer Specialist  
Columbus Consolidated Government  
Finance Department | Purchasing Division  
100 10th Street, 5th Floor | Columbus GA 31901  
706.225.3072 | [dlewis@columbusga.org](mailto:dlewis@columbusga.org)  
[Procurement Opportunities](#)

---

**From:** Stacy Scott <[stacy.scott@correcthealth.org](mailto:stacy.scott@correcthealth.org)>  
**Sent:** Monday, September 24, 2018 4:55 PM  
**To:** Della Lewis <[DLewis@columbusga.org](mailto:DLewis@columbusga.org)>  
**Subject:** Contracts - Prison and Jail  
**Importance:** High

Hi Della,  
I just wanted to check in with you on the status of our contracts for the Jail and Prison. Has the County Attorney reviewed? If so, I would be happy to review the redlines.

Many thanks for all you do!

Stacy M. Scott, Esq., Chief Legal Officer  
CorrectHealth Companies  
Lenox Plaza ▪ 3384 Peachtree Road, N.E. ▪ Suite 700 ▪ Atlanta, GA 30326  
Main: 770.692.4750 ▪ Direct: 770.692.4758 ▪ Cell: 770.608.9315 ▪ Legal Fax: 770.692.9379

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COLUMBUS CONSOLIDATED GOVERNMENT  
Georgia's First Consolidated Government



FINANCE DEPARTMENT  
PURCHASING DIVISION

100 TENTH STREET, COLUMBUS, GEORGIA 31901  
P. O. BOX 1340, COLUMBUS, GEORGIA 31902-1340  
706-225-4087, Fax 706-225-3033  
[www.columbusga.org](http://www.columbusga.org)

September 13, 2018

Carlo A. Musso, MD  
CorrectHealth Muscogee, LLC  
3384 Peachtree Road NE, Suite 700  
Atlanta, Georgia 30326

Re: Inmate Medical & Pharmacy Services for Muscogee County Jail; RFP No. 18-0019 and  
Inmate Medical & Pharmacy Services for Muscogee County Prison; RFP No. 18-0022

Dear Dr. Musso,

As noted in the August 29, 2018 award letters to CorrectHealth Muscogee, LLC (CorrectHealth), the current contracts with Correct Care Solutions will expire on September 30, 2018. Columbus Consolidated Government (the City) is aware that CorrectHealth is diligently working to facilitate a smooth transition; however, the City requests confirmation that there is sufficient transition time to allow CorrectHealth to begin providing inmate medical and pharmacy services, at both locations, on October 1, 2018. Please respond below:

SMS  
Initial

CorrectHealth Muscogee, LLC estimates that there is *sufficient* transition time to begin providing inmate medical and pharmacy services, at both locations, on October 1, 2018.

\_\_\_\_\_  
Initial

CorrectHealth Muscogee, LLC estimates that there is *insufficient* transition time to begin providing inmate medical and pharmacy services, at both locations, on October 1, 2018. Our written response is attached.

Stacy M. Scott, CLO

Authorized Signature

STACY M. SCOTT

Print Name

9-14-18

Date of Signature

Your response is respectfully requested no later than **Friday, September 14, 2018**. Please submit your written response to the attention of Della Lewis via email [dlewis@columbusga.org](mailto:dlewis@columbusga.org).

Sincerely,

Andrea J. McCorvey,  
Purchasing Division Manager

## HEALTH SERVICES AGREEMENT

THIS HEALTH SERVICES AGREEMENT (hereinafter referred to as "AGREEMENT") by and between the COLUMBUS CONSOLIDATED GOVERNMENT (hereinafter referred to as "CITY"), the MUSCOGEE COUNTY SHERIFF'S OFFICE (hereinafter referred to as "MCSO"), and CORRECTHEALTH MUSCOGEE, LLC (hereinafter referred to as "COMPANY"), is entered into as of the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ to be effective as set forth in Paragraph 6.1, below.

### WITNESSETH:

WHEREAS, MSCO is charged by law with the responsibility for obtaining and providing reasonably necessary medical care for inmates or detainees of the MUSCOGEE COUNTY JAIL (hereinafter called "JAIL") and,

WHEREAS, MSCO and CITY desires to provide for health care to inmates in accordance with applicable law; and,

WHEREAS, MSCO, which receives funding as approved by the CITY, desires to enter into this Agreement with COMPANY to promote this objective; and,

WHEREAS, COMPANY is in the business of providing correctional healthcare services under contract and desires to provide such services for the CITY under the express terms and conditions contained herein.

NOW THEREFORE, in consideration of the mutual covenants and promises hereinafter made, the parties hereto agree as follows:

### ARTICLE I: HEALTH CARE SERVICES

- 1.1 General Engagement. CITY and MCSO hereby contract with COMPANY to provide healthcare services to inmates in the physical custody of the JAIL. This care is to be delivered to individuals under the custody and control of MCSO at the JAIL, and COMPANY enters into this Agreement according to the terms and provisions herein.
- 1.2 Scope of General Services. The responsibility of COMPANY for the healthcare of an inmate commences with the commitment of an inmate to the custody of the JAIL. COMPANY shall provide on a regular basis: nursing care, provider (physician and / or midlevel provider) care, dental care, electronic health records, tele-health, onsite emergency medical services, onsite laboratory studies, on-site radiology, medication administration, non-capital medical equipment, medical supplies, office supplies, and medical waste disposal, as set forth in COMPANY's Proposal dated May 18, 2018, in response to RFP No. 18-0019. COMPANY shall not be financially responsible for the cost of pharmaceuticals, on-site specialty care, off-site specialty care, hospitalizations, all other off-site healthcare, or ambulance services.
- 1.3 Specialty Care Services. When non-emergency specialty care is required and cannot be rendered at the JAIL, COMPANY shall make arrangements with MCSO for the transportation of the inmates in accordance with Section 1.8 of this Agreement.

1.4 On-Site Emergency Services. COMPANY shall provide, at its own cost, on-site emergency medical care, as medically necessary.

1.5 Injuries Incurred Prior to Incarceration; Pregnancy. COMPANY will not be financially responsible for the cost of any medical treatment for health care services provided to any inmate prior to the inmate's commitment into the custody of the JAIL. Furthermore, COMPANY is not financially responsible for the cost of services outside the JAIL for any healthcare treatment or health care services provided to medically stabilize any inmate presented at booking with a life threatening injury or illness or in immediate need of emergency medical care, if said inmate is not in the custody of the JAIL.

Once it has been determined by COMPANY's intake medical personnel that the inmate has been medically stabilized, and accepted by MCSO personnel into the custody of the JAIL, COMPANY will, commencing at that point, then become responsible for the medical treatment for health care services rendered at the JAIL, regardless of the nature of the illness or injury and whether or not the illness or injury occurred prior or subsequent to the individual's incarceration at the JAIL. An inmate shall be considered medically stabilized when the patient's medical condition no longer requires immediate emergency medical care or outside hospitalization, and when any and/or all applicable medical clearances have been provided to the JAIL personnel, so that the inmate can reasonably be housed inside the JAIL.

It is expressly understood that COMPANY shall not be responsible for costs associated with the health care of any infants born to inmates. COMPANY shall provide health care services to inmates up to, though, and after the birth process, but health care services provided to an infant following birth, other than those services that may be delivered in the JAIL prior to transport to a hospital, will not be the financial responsibility of COMPANY. In any event, COMPANY shall not be responsible for the costs associated with the performing or furnishing of elective abortions.

1.6 Inmates outside the Facility. The health care services contracted in the Agreement are intended only for those inmates in the actual physical custody of the JAIL. This does not include inmates who are under guard in outside jails or prisons. Such inmates are not to be included in the daily population count. No person(s), including those who are in any outside hospitals who are not under guard, shall be the financial responsibility of COMPANY with respect to the payment or the furnishing of their health care services. Persons in the physical custody of other public safety or other law enforcement/penal jurisdictions at the request of MCSO are likewise excluded from the population count and are not the responsibility of COMPANY for the furnishing or payment of health care services.

The cost of medical services provided to inmates who become ill or are injured while on such temporary release, work release, or escape status will not be the responsibility of COMPANY. However, inmates on work detail who are supervised by MCSO personnel and become injured will be the responsibility of COMPANY as long as they are returned to the JAIL to be treated by COMPANY personnel. These inmates will be part of the daily census count.

- 1.7 Elective Medical Care. COMPANY is not responsible for providing elective medical care to inmates. For purposes of the Agreement, "elective medical care" means medical care, which, if not provided, would not cause definite harm to the inmate's well-being. MCSO and / or CITY must review any referral of inmates for elective medical care prior to provision of such services.
- 1.8 Transportation Services. To the extent any inmate requires off-site non-emergency health care treatment including, but not limited to, hospitalization care and specialty services, MCSO will, upon request by COMPANY provide transportation as reasonably available provided that such transportation is scheduled in advance. When medically necessary, COMPANY shall arrange for all emergency ambulance transportation of inmates. COMPANY will not be financially responsible for the cost of ambulance services.

## ARTICLE II: PERSONNEL

- 2.1 Staffing. COMPANY shall provide medical and support personnel reasonably necessary for the rendering of health care services to inmates at the JAIL, as identified on Exhibit A, which is attached hereto. At the sole discretion of the COMPANY, some services may be provided via tele-health.
- 2.2 Licensure, Certification and Registration of Personnel. All personnel provided or made available by COMPANY to render services hereunder shall be licensed, certified or registered, in their respective areas of expertise as required by applicable Georgia law.
- 2.3 CITY's Satisfaction with Health Care Personnel. If the Sheriff, Chief Deputy, or Division Commander of the JAIL becomes dissatisfied with any health care personnel provided by COMPANY hereunder, or by any independent contractor, subcontractor or assignee, COMPANY, in recognition of the sensitive nature of correctional services, shall, following receipt of written notice from the Sheriff, Chief Deputy, or Division Commander of the JAIL of the grounds for such dissatisfaction and in consideration of the reasons therefore, exercise its best efforts to resolve the problem. If the problem is not resolved satisfactorily to the Sheriff, Chief Deputy, or Division Commander of the JAIL, COMPANY shall remove or shall cause any independent contractor, subcontractor, or assignee to remove the individual about whom the MCSO has expressed dissatisfaction. Should removal of an individual become necessary, COMPANY will be allowed reasonable time, prior to removal, to find an acceptable replacement, without penalty or any prejudice to the interests of COMPANY.
- 2.4 Use of MCSO Personnel and Inmates in the Provision of Health Care Services. MCSO personnel nor inmates shall be employed or otherwise engaged by either COMPANY or MCSO in the direct rendering of any health care services.
- 2.5 Subcontracting and Delegation. In order to discharge its obligations hereunder, COMPANY will engage certain health care professionals as independent contractors rather than as employees. CITY and MCSO consent to such subcontracting or delegation. As the relationship between COMPANY and these health care professionals will be that of independent contractor, COMPANY will not be considered or deemed to be engaged in the

practice of medicine or other professions practiced by these professionals. COMPANY will not exercise control over the manner or means by which these independent contractors perform their professional medical duties. However, COMPANY shall exercise administrative supervision over such professionals necessary to insure the strict fulfillment of the obligations contained in this Agreement. For each agent and subcontractor, including all medical professionals, physicians, dentists, and nurses performing duties as agents or independent contractors of COMPANY under this Agreement, COMPANY shall provide CITY/MCSO proof, upon prior written request, that there is in effect a professional liability or medical malpractice insurance policy covering the agent or subcontractor.

- 2.6 Discrimination. During the performance of this Agreement, COMPANY, its employees, agents, subcontractors, and assignees agree as follows:
- a. None will discriminate against any employee or applicant for employment because of race, religion, color, gender or national origin, except where religion, gender or national origin is a bona fide occupational qualification reasonably necessary to the normal operation of the contractor.
  - b. In all solicitations or advertisements for employees, each will state that it is an equal opportunity employer.
  - c. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of the section.

#### ARTICLE III: REPORTS AND RECORDS

- 3.1 Medical Records. COMPANY shall cause and maintain complete and accurate medical records for each Inmate who has received health care services. Each medical record will be maintained in accordance with applicable laws. The medical records shall be kept separate from the inmate's confinement record. A complete legible copy of the applicable medical records shall be available at all times, to the SHERIFF, as custodian of the person of the patient. Medical records shall be kept confidential. No information contained in the medical records shall be released by COMPANY except as provided by policy, by a court order, or otherwise in accordance with applicable law. COMPANY shall, at its own cost, provide all medical personnel necessary to maintain the medical records. At the termination of this Agreement, all medical records shall be delivered to and remain with the MCSO. However, MCSO shall provide COMPANY with reasonable ongoing access to all pertinent medical records even after the termination of this Agreement for the purposes of defending or investigating litigation.
- 3.2 Regular Reports by COMPANY to CITY. If requested, COMPANY shall provide to MCSO, on a date and in a form mutually acceptable to COMPANY and MCSO, reports relating to services rendered under this Agreement.
- 3.3 Inmate Information. Subject to the applicable Georgia law, in order to assist COMPANY in providing the best possible health care services to inmates, MCSO will provide COMPANY with information pertaining to inmates that COMPANY and MCSO mutually identify as reasonable and necessary for COMPANY to adequately perform its obligations hereunder.

- 3.4 COMPANY Records Available to MCSO with Limitations on Disclosure. COMPANY shall make available to MCSO, at MCSO's request, records, documents and other papers relating to the direct delivery of health care services to Inmates hereunder. MCSO understands that written operating policies and procedures employed by COMPANY in the performance of its obligations hereunder are proprietary in nature and will remain the property of COMPANY and shall not be disclosed without written consent. Information concerning such may not, at any time, be used, distributed, copied or otherwise utilized by MCSO, except in connection with the delivery of health care services hereunder, or as permitted or required by law, unless such disclosure is approved in advance writing by COMPANY. Proprietary information developed by COMPANY shall remain the property of COMPANY.
- 3.5 MCSO Records Available to COMPANY with Limitations on Disclosure. During the term of this Agreement and for a reasonable time thereafter, MCSO will provide COMPANY at COMPANY's request, MCSO's records relating to the provision of health care services to inmates as may be reasonably requested by COMPANY or as are pertinent to the investigation or defense of any claim related to COMPANY's conduct. Any such information provided by MCSO to COMPANY that MCSO considers confidential shall be kept confidential by COMPANY and shall not, except as may be required by law, be distributed to any third party without the prior written approval of the MCSO .

#### ARTICLE IV: SECURITY

- 4.1 General. COMPANY and MCSO understand that adequate security services are essential and necessary for the safety of the agents, employees, and subcontractors of COMPANY as well as for the security of inmates and JAIL personnel, consistent with the correctional setting. MCSO personnel will take all reasonable steps to provide sufficient security to enable COMPANY to safely and adequately provide the health care services described in this Agreement. It is expressly understood by MCSO and COMPANY that the provision of security and safety for the COMPANY personnel is a continuing precondition of COMPANY's obligation to provide its services in a routine, timely, and proper fashion. This provision, however shall not be considered to and shall not be construed to be a waiver of any defense, including sovereign or official immunity, to any claim against MCSO by an inmate, employee of company or any other person in anyway whatsoever.
- 4.2 Security During Transportation Off-Site. MCSO will provide prompt and timely security as medically necessary and appropriate in connection with the transportation of any inmate between the JAIL and any other location for off-site services as contemplated herein.

#### ARTICLE V: OFFICE SPACE, EQUIPMENT, INVENTORY AND SUPPLIES

- 5.1 General. CITY/MCSO agree to provide COMPANY with reasonable and adequate office and medical space, facilities, and telephone equipment with dedicated line in the medical area. COMPANY will obtain, with the assistance of CITY/MCSO, secured internet access (minimum speeds 3MB down/3MB up) with a static public IP address as required for high definition telehealth and / or the operation of the Electronic Health Record (EHR). This internet connection will be for sole and exclusive use by COMPANY. MCSO / CITY will pay for utilities (e.g. gas, electric, water, phone lines, and long distance telephone service).

Further, MCSO will provide necessary maintenance and housekeeping of the office space and facilities.

With regard to telemedicine, COMPANY will provide for all necessary equipment and any necessary internet / connection line, as set forth above. MCSO will be responsible for ensuring that the Jail Management Software (JMS) provides a unidirectional interface, which integrates with COMPANY's EHR to populate the EHR with patient demographics and location data only.

COMPANY will provide medical and office supplies used in the healthcare delivery system administered at the JAIL. This includes medical supplies, medical records, office supplies, and forms. COMPANY will also provide for all non-capital medical equipment (i.e. less than \$500). MCSO / CITY will be responsible for any capital medical equipment (i.e. more than \$500).

- 5.2 Delivery of Possession. MCSO will provide to COMPANY beginning on the date of commencement of this Agreement, possession and control of all medical and office equipment and supplies in place at the JAIL's health care unit.

At the commencement of service by COMPANY an inventory of all supplies, medical and office equipment as described herein will be completed in writing by MCSO personnel. This inventory will be reviewed and approved in writing by the authorized agent of the MCSO as well as the COMPANY.

At the termination of this or any subsequent Agreement, COMPANY will return to the MCSO possession and control all supplies, medical and office equipment, in working order, reasonable wear and tear accepted, which were in place at the JAIL's health care unit prior to the commencement of services under this Agreement. Any such return will require written confirmation, executed by the Jail Administrator of the JAIL, for proper acceptance.

## ARTICLE VI: TERM AND TERMINATION OF AGREEMENT

- 6.1 Initial Term. The initial term of this Agreement will be five (5) years, from October 1, 2018 through September 30, 2023. This Agreement is renewable under like terms for additional years, subject to negotiation of the service component and agreed-upon compensation adjustments, including compensation escalator as set forth in Section 7.4 below, unless either party delivers written notice of non-renewal to the other party at least ninety (90) days prior to the expiration of the then-existing term.
- 6.2 Termination. This Agreement may be terminated as otherwise provided in this Agreement or as follows:
- a. Termination by Agreement. In the event that each of the parties mutually agrees in writing, this Agreement may be terminated on the terms and date stipulated therein.
  - b. Termination by Cancellation. This Agreement may be canceled, without cause, by either party upon ninety (90) days prior written notice in accordance with Section 9.3 this Agreement.

- 6.3 Responsibility for Inmate Health Care. Upon termination of this Agreement, all responsibility for providing health care services to all inmates, including inmates receiving health care services at sites outside the JAIL, will be transferred from COMPANY to MCSO.

#### ARTICLE VII: COMPENSATION

- 7.1 Base Compensation & Per Diem Compensation. MCSO / CITY will pay COMPANY as indicate on Exhibit B. The compensation level on Exhibit B assumes a maximum inmate population of **1100** inmates.

COMPANY will invoice MCSO / CITY during the month prior to the month of service. MCSO / CITY agree to pay COMPANY within thirty (30) days of receipt of the invoice. In the event this agreement should terminate on a date other than the end of a calendar month, compensation to COMPANY will be prorated accordingly for the shortened month.

- 7.2 Per Diem. When the daily inmate census exceeds **1100**, MCSO / CITY agree to compensate COMPANY a per diem rate (cost per inmate per day) for each inmate in excess of **1100**, as referenced on Exhibit B.

This per diem is intended to cover additional costs in those instances where minor, short term increases in the inmate population result in the higher utilization of routine supplies and services. However, the per diem is not intended to provide for any additional fixed costs, such as new staffing positions, which might prove necessary if the inmate population increases to more than **1100** inmates. As such, if the census increases by **20%** and is sustained, the parties agree to negotiate in good faith for additional staffing and associated compensation in order to continue to provide services to the increased number of inmates and maintain the quality of care consistent with COMPANY's Proposal and this Agreement.

- 7.3 Inmates From Other Jurisdictions. Medical care rendered within the JAIL to inmates from outside jurisdictions, and housed in the JAIL pursuant to written contracts between CITY / MCSO and such other jurisdictions or the State of Georgia, or by statute, will be the responsibility of COMPANY but as limited by this Agreement. Medical care that cannot be rendered within the JAIL will be arranged by COMPANY and the costs of such care subject to reimbursement by the other jurisdiction, the State of Georgia, or MCSO/CITY. This Section does not apply to sentenced felons awaiting transfer to State facilities or inmates housed in the JAIL on ex parte orders. COMPANY shall directly bill other counties for onsite professional medical fees, supplies, tests and medications. COMPANY will forward other bills for offsite healthcare and program support services provided to other jurisdictions housing inmates in the JAIL. A nominal standard fee schedule will be utilized and is available upon request. MCSO/CITY agree to assist COMPANY with these billing activities.

- 7.4 Compensation Escalator. On each subsequent annual renewal, beginning October 1, 2023, the compensation paid to COMPANY, including base compensation and per diem rate, shall be adjusted by the current Consumer Price Index-Wage Earners and Clerical Workers (CPI-W), Medical Care Component (MCC) for the Southern Region of the United States.



- 7.5 Change in Standard of Care or Scope in Services. The price in Section 7.1, above, quoted reflects the scope of services as outlined herein and the current community standard of care with regard to correctional healthcare services. If there is any change in or modification of the local, national (e.g. NCCHC, ACA) or community standards of care or scope of services, court order, ruling or interpretation, state or federal law or statute or interpretation thereof that results in sustained and material increase in costs (e.g. treatment of Hepatitis C, TB, HIV/AIDS, etc.), coverage of costs related to such changes are not included in the contract price and would need to be negotiated with the MCSO/CITY. Further, if the mission and/or purpose of the JAIL changes substantially, the MCSO/CITY agree to negotiate with COMPANY in good faith for any change in services.
- 7.6 Late Payments. MCSO/CITY shall pay COMPANY interest on all undisputed payments hereunder that are not paid when due, as specified in Section 7.1, above. Interest shall accrue from the date the original payment was due at a rate of one percent (1%) per month until the payment is made in full. MCSO/CITY shall bear the costs of any legal or collection fees and expenses incurred by COMPANY in attempting to enforce MCSO/CITY's payment obligations hereunder.

#### ARTICLE VIII: LIABILITY AND RISK MANAGEMENT

- 8.1 Insurance. At all times during this Agreement, COMPANY shall maintain professional liability insurance covering COMPANY, and naming MCSO/CITY as additional insureds, for its work at the JAIL with limits of one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in the aggregate. Upon request, COMPANY shall provide a Certificate of Insurance to MCSO/CITY.
- 8.2 Indemnification. COMPANY shall indemnify, defend and hold MCSO and CITY harmless from and against any and all claims against MCSO and CITY based on COMPANY's performance of its obligations hereunder; provided, however, that COMPANY will not be responsible for any claim arising out of MCSO or CITY or their employee or agent preventing an inmate from receiving medical care ordered by COMPANY or its agent or in failing to promptly present an ill or injured inmate to COMPANY for treatment. MCSO/CITY shall defend, and hold COMPANY harmless from and against any and all claims against COMPANY arising out of the performance by MCSO/CITY, its employees, agents, officers, or contractors in connection with MCSO/CITY's obligations hereunder or other conduct. This provision, however, shall not be considered and shall not be construed to be a waiver of any defense, including sovereign or official immunity, to any claim against MCSO/CITY by an inmate, employee of company or any other person in any way whatsoever.

#### ARTICLE IX: MISCELLANEOUS

- 9.1 Independent Contractor Status. The parties acknowledge that COMPANY is an independent contractor engaged to provide health care to Inmates at the JAIL under the direction of COMPANY management. Nothing in this Agreement is intended nor shall be construed to create an agency relationship, an employer - employee relationship, or a joint venture relationship between the parties.

9.2 Court Appearance by COMPANY Employees. In the event COMPANY's personnel are required to devote time with regard to litigation or threatened litigation by or on behalf of MCSO/CITY this shall be part of their service time pursuant to this agreement. MCSO/CITY shall be responsible for reasonable costs of substitute personnel to fill positions, which would be vacant due to such court or trial appearance requirements.

9.3 Notice. Unless otherwise provided herein, all notices or other communications required or permitted to be given under this Agreement shall be in writing and shall be deemed to have been duly given if delivered personally in hand or sent by certified mail, return receipt requested, postage prepaid, and addressed to the appropriate party at the following address or to the other person at any other address as may be designated in writing by the parties:

(a) CITY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) MCSO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) COMPANY: CorrectHealth Muscogee, LLC  
ATTN: Carlo A. Musso, M.D.  
3384 Peachtree Road, NE, Suite 700  
Atlanta, GA 30326

Notices shall be effective upon receipt regardless of the form used.

9.4 Entire Agreement. This Agreement constitutes the entire agreement of the parties and is intended as a complete and exclusive statement of the promises, representations, negotiations, discussions and agreements that have been made in connection with the subject matter hereof. No modifications or amendment to this Agreement shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto. All prior negotiations, agreements and understandings with respect to the subject matter of this Agreement are superseded hereby.

9.5 Amendment. This Agreement may be amended or revised only in writing and signed by all parties.

9.6 Waiver of Breach. The waiver by either party of a breach or violation of any provision of this Agreement shall not operate as, or be constructed to be, a waiver of any subsequent breach of the same or other provision hereof.

- 9.7 Other contracts and Third-Party Beneficiaries. The parties acknowledge that COMPANY is neither bound by nor aware of any other existing contracts to which MCSO/CITY is a party and which relate to the providing of medical care to inmates at the JAIL. The parties agree that they have not entered into this Agreement for the benefit of any third person or persons, and it is their express intention that the Agreement is intended to be for their respective benefit only and not for the benefit of others who might otherwise be deemed to constitute third-party beneficiaries hereof.
- 9.8 Severability. In the event any provision of this Agreement is held to be unenforceable for any reason, the unenforceability thereof shall not affect the remainder of the Agreement which shall remain in full force and effect and enforceable in accordance with its terms.
- 9.9 Cooperation. On and after the date of this Agreement, each party shall, at the request of the other, make, execute and deliver or obtain and deliver all instruments and documents and shall do or cause to be done all such other things which either party may reasonable require to effectuate the provisions and intentions of this Agreement.
- 9.10 Time of Essence. Time is and shall be of the essence of this Agreement.
- 9.11 Authority. The parties signing this Agreement hereby state that they have the authority to bind the entity on whose behalf they are signing.
- 9.12 Binding Effect. This Agreement shall be binding upon the parties hereto, their heirs, administrators, executors, successors and assigns.
- 9.13 Cumulative Powers. Except as expressly limited by the terms of this Agreement, all rights, power and privileges conferred hereunder shall be cumulative and not restrictive of those provided at law or in equity.
- 9.14 Governing Law. This Agreement and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Georgia, except as specifically noted.
- 9.15 Jurisdiction and Venue. Should any disputes regarding this Agreement arise and require legal action, the proper jurisdiction and venue for said legal action will be Muscogee County, Georgia.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement, by and through their duly authorized officers, the day, month and year given below.

COLUMBUS CONSOLIDATED GOVERNMENT ("CITY")

By: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

MUSCOGEE COUNTY SHERIFF'S OFFICE ("MCSO")

By: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

CORRECTHEALTH MUSCOGEE, LLC ("COMPANY")

By: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**EXHIBIT A – STAFFING**

PROVIDER	FTE	Hours / Week
<b>Medical Providers</b>		
Medical Director *	0.60	24
Midlevel Provider *	1.00	40
<b>Oversite Operations</b>		
Health Services Administrator	1.00	40
Director of Nursing	1.00	40
RN House Supervisor	4.20	168
Administrative Assistant	1.00	40
<b>Clinic</b>		
LPN Sick Call	2.00	80
<b>Infirmery</b>		
LPN	4.20	168
<b>Intake</b>		
LPN	4.20	168
Med Tech	4.20	168
<b>Pill Team</b>		
LPN	6.30	252
<b>Medical Records</b>		
HIT Supervisor	1.00	40
HIT Technician	1.00	40
<b>Dental Providers</b>		
Dentist	0.50	20
Dental Assistant	0.50	20
<b>TOTALS</b>	<b>32.70</b>	<b>1308</b>

*\* May be provided on-site and/or via tele-medicine, at the discretion of COMPANY.*

Exhibit B – Compensation

Effective Dates	Annual Compensation	Monthly Compensation	Per Diem Rate
10/01/18 – 09/30/19	\$2,940,115.02	\$245,009.59	\$0.55
10/01/19 – 09/30/20	\$3,013,617.90	\$251,134.82	\$0.56
10/01/20 – 09/30/21	\$3,088,958.34	\$257,413.20	\$0.58
10/01/21 – 09/30/22	\$3,166,182.30	\$263,848.53	\$0.59
10/01/22 – 09/30/23	\$3,245,336.86	\$270,444.74	\$0.61

## Della Lewis

---

**From:** Stacy Scott <stacy.scott@correcthealth.org>  
**Sent:** Friday, September 7, 2018 11:44 AM  
**To:** Della Lewis  
**Subject:** RE: RFP 18-0019: Inmate Medical Services & Pharmacy Services for the Muscogee County Jail  
**Attachments:** ContractColumbusMuscogeeJail180907.docx

Della,  
Here is the amended Contract, increasing the census threshold to 1100 inmates at the Jail. Please do not hesitate to let me know if you need anything further.

Best,  
Stacy

Stacy M. Scott, Esq., Chief Legal Officer  
CorrectHealth Companies  
Lenox Plaza ▪ 3384 Peachtree Road, N.E. ▪ Suite 700 ▪ Atlanta, GA 30326  
Main: 770.692.4750 ▪ Direct: 770.692.4758 ▪ Cell: 770.608.9315 ▪ Legal Fax: 770.692.9379

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---

**From:** Della Lewis [mailto:DLewis@columbusga.org]  
**Sent:** Friday, September 7, 2018 8:59 AM  
**To:** Stacy Scott <stacy.scott@correcthealth.org>  
**Subject:** RE: RFP 18-0019: Inmate Medical Services & Pharmacy Services for the Muscogee County Jail

Stacy,

Sheriff Tompkins said she wants the contract to be revised to reprice the services at 1100 inmates. Do you know how long it will take to send the revised contract?

Thanks,  
Della

Della Lewis, CPPB  
Buyer Specialist  
Columbus Consolidated Government  
Finance Department | Purchasing Division  
100 10th Street, 5th Floor | Columbus GA 31901  
706.225.3072 | dlewis@columbusga.org

Procurement Opportunities

**From:** Stacy Scott <[stacy.scott@correcthealth.org](mailto:stacy.scott@correcthealth.org)>  
**Sent:** Thursday, September 6, 2018 4:28 PM  
**To:** Della Lewis <[DLewis@columbusga.org](mailto:DLewis@columbusga.org)>  
**Subject:** RE: RFP 18-0019: Inmate Medical Services & Pharmacy Services for the Muscogee County Jail

Thanks so much!

Stacy M. Scott, Esq., Chief Legal Officer  
CorrectHealth Companies  
Lenox Plaza ▪ 3384 Peachtree Road, N.E. ▪ Suite 700 ▪ Atlanta, GA 30326  
Main: 770.692.4750 ▪ Direct: 770.692.4758 ▪ Cell: 770.608.9315 ▪ Legal Fax: 770.692.9379

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---

**From:** Della Lewis [<mailto:DLewis@columbusga.org>]  
**Sent:** Thursday, September 6, 2018 4:28 PM  
**To:** Stacy Scott <[stacy.scott@correcthealth.org](mailto:stacy.scott@correcthealth.org)>  
**Subject:** RE: RFP 18-0019: Inmate Medical Services & Pharmacy Services for the Muscogee County Jail

Stacy,

I'm forwarding the document and your question to the City Attorney and Sheriff's offices. As soon as they respond, I will promptly let you know.

Thanks,  
Della

Della Lewis, CPPB  
Buyer Specialist  
Columbus Consolidated Government  
Finance Department | Purchasing Division  
100 10th Street, 5th Floor | Columbus GA 31901  
706.225.3072 | [dlewis@columbusga.org](mailto:dlewis@columbusga.org)  
Procurement Opportunities

---

**From:** Stacy Scott <[stacy.scott@correcthealth.org](mailto:stacy.scott@correcthealth.org)>  
**Sent:** Thursday, September 6, 2018 4:17 PM  
**To:** Della Lewis <[DLewis@columbusga.org](mailto:DLewis@columbusga.org)>  
**Subject:** RE: RFP 18-0019: Inmate Medical Services & Pharmacy Services for the Muscogee County Jail

Della,



I just noticed that I left out a number on the monthly pricing for Year One (Exhibit B). I have fixed it and the new draft is attached. Sorry for the inconvenience (guess my fingers were typing too quickly).

Stacy M. Scott, Esq., Chief Legal Officer

CorrectHealth Companies

Lenox Plaza ▪ 3384 Peachtree Road, N.E. ▪ Suite 700 ▪ Atlanta, GA 30326

Main: 770.692.4750 ▪ Direct: 770.692.4758 ▪ Cell: 770.608.9315 ▪ Legal Fax: 770.692.9379

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---

**From:** Stacy Scott

**Sent:** Thursday, September 6, 2018 4:01 PM

**To:** 'Della Lewis' <[DLewis@columbusga.org](mailto:DLewis@columbusga.org)>

**Subject:** RFP 18-0019: Inmate Medical Services & Pharmacy Services for the Muscogee County Jail

**Importance:** High

Della,

Pursuant to your letter of August 29, 2018, attached is our proposed Contract for the Medical and Pharmacy Services at the Muscogee County Jail. The compensation in this Contract is our BAFO price for a census threshold of 1050 inmates. However, as you recall, the Sheriff asked us to reprice our Contract for a census threshold of 1100 inmates. Please let me know if you would like for us to reprice the services at 1100 inmates and revise the proposed Contract.

Thank you so much for your assistance, patience, and continued support of CorrectHealth.

Kindly,

Stacy

Stacy M. Scott, Esq., Chief Legal Officer

CorrectHealth Companies

Lenox Plaza ▪ 3384 Peachtree Road, N.E. ▪ Suite 700 ▪ Atlanta, GA 30326

Main: 770.692.4750 ▪ Direct: 770.692.4758 ▪ Cell: 770.608.9315 ▪ Legal Fax: 770.692.9379

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# COLUMBUS CONSOLIDATED GOVERNMENT

Georgia's First Consolidated Government



## FINANCE DEPARTMENT PURCHASING DIVISION

100 TENTH STREET, COLUMBUS, GEORGIA 31901  
P. O. BOX 1340, COLUMBUS, GEORGIA 31902-1340  
706-653-4105, Fax 706-225-3033  
[www.columbusga.org](http://www.columbusga.org)

August 29, 2018

Carlo A. Musso, MD  
CorrectHealth Muscogee, LLC  
3384 Peachtree Road NE, Suite 700  
Atlanta, Georgia 30326

Re: RFP No. 18-0019; Inmate Medical & Pharmacy Services for Muscogee County Jail (Annual Contract)

Dear Dr. Musso,

Congratulations! During its meeting of August 28, 2018, Columbus Council authorized the execution of the referenced annual contract with CorrectHealth Muscogee, LLC. Please provide a copy of the draft contract, for review by the City Attorney's Office, for the negotiated Option 2 for the Muscogee County Jail. Please email the document at your earliest convenience to the attention of Della Lewis at [dlewis@columbusga.org](mailto:dlewis@columbusga.org).

The current contract with Correct Care Solutions will expire on September 30, 2018. Therefore, you should contact Correct Care Solutions for all necessary records, files and any other items required for the transition to the new contract. The contacts for Correct Care Solutions are Alex English (telephone 615-324-5758 and email [aenglish@correctcaresolutions.com](mailto:aenglish@correctcaresolutions.com)) and Patrick Cummiskey (telephone 615-324-5777 and email [patrick@correctcaresolutions.com](mailto:patrick@correctcaresolutions.com)).

Thank you again for your submittal, presentation and for being so accommodating to the requests of the Evaluation Committee.

Sincerely,

Andrea J. McCorvey,  
Purchasing Division Manager

Cc: Honorable Sheriff Donna Tompkins, Muscogee County Sheriff's Office  
Chief Deputy Sheriff Troy Culpepper, Muscogee County Sheriff's Office  
Major Joe McCrea, Muscogee County Sheriff's Office  
Stacy M. Scott, Esq., Chief Legal Officer  
Lucy Sheftall, Assistant City Attorney

## Della Lewis

---

**From:** John Ritter <john.ritter@correcthealth.org>  
**Sent:** Thursday, August 9, 2018 11:09 PM  
**To:** Della Lewis  
**Cc:** Carlo Musso  
**Subject:** Requested Pharmacy Information for RFP No. 18-0019 Inmate Medical and Pharmacy Services for the Muscogee County Jail (Annual Contract)  
**Attachments:** 20180808100405056.pdf; Muscogee County Jail Pharmacy Costs - June 2018 - Final.pdf

Ms. Lewis, Please find the requested Pharmacy information attached. I hope that you all have a great weekend.

John

**John P. Ritter, NRP, CCHP** | Director of Marketing and Business Development | *CorrectHealth Companies* |  
Lenox Plaza | 3384 Peachtree Road, Suite 700, Atlanta GA 30326 | O: 770-692-4759 | M: 770-337-8888  
[www.correcthealth.org](http://www.correcthealth.org)

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## **Commonly Prescribed Medications**

**Pursuant to O.C.G.A. sections 50-18-72(a) (34) and (45), the vendor's pricing for commonly prescribed medications is redacted.**

**COLUMBUS CONSOLIDATED GOVERNMENT**  
*Georgia's First Consolidated Government*



**FINANCE DEPARTMENT**  
**PURCHASING DIVISION**

100 TENTH STREET, COLUMBUS, GEORGIA 31901  
P. O. BOX 1340, COLUMBUS, GEORGIA 31902-1340  
706-225-4087, Fax 706-225-3033  
[www.columbusga.gov](http://www.columbusga.gov)

August 8, 2018

Mr. Carlo A. Musso  
CorrectHealth Muscogee, LLC  
3384 Peachtree Road NE, Suite 700  
Atlanta, Georgia 30326

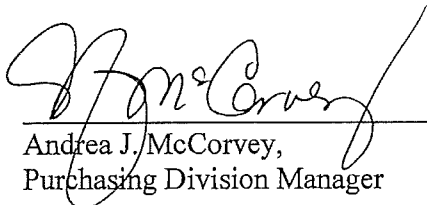
Re: RFP No. 18-0019 – Inmate Medical & Pharmacy Services for Muscogee County Jail (Annual Contract)

Dear Dr. Musso,

Thank you for submitting your best and final offer for the referenced annual contract. Attached is a list of commonly prescribed medications for inmates at the Muscogee County Jail. Please provide the cost that your proposed pharmacy provider will charge for each medication.

Your response is respectfully requested no later than **9:00 AM on Friday, August 10, 2018**. Please submit your written response to the attention of Della Lewis via email [dlewis@columbusga.org](mailto:dlewis@columbusga.org).

Sincerely,

  
Andrea J. McCorvey,  
Purchasing Division Manager

Date Filled	Drug Id	Drug Name	Drug Strength	Drug Form	Qty Disp	Formulary
06/07/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/07/18	350171	LISINAPRIL 20MG TABLET	20MG	TAB	30.00	T
06/20/18	338888	LITHIUM CARB 300MG CAPS	300MG	CAP	60.00	T
06/20/18	343714	HYDROXYZINE PAM 50MG CAP	50MG	CAP	60.00	T
06/20/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/20/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/19/18	343714	HYDROXYZINE PAM 50MG CAP	50MG	CAP	60.00	T
06/30/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/30/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/21/18	356394	GEMFIBROZIL 600MG TABLET	600MG	TAB	60.00	T
06/16/18	73146	HALOPERIDOL 10MG TABLET	10MG	TAB	180.00	T
06/13/18	344824	BUSPIRONE 15MG TAB	15MG	TAB	60.00	T
06/07/18	70862	MIRTAZAPINE 30MG TABLET	30MG	TAB	30.00	T
06/27/18	355703	VITAMIN B-1 100MG TABLET	100MG	TAB	30.00	T
06/28/18	355250	LEVETIRACETAM 500MG TAB	500MG	TAB	60.00	T
06/29/18	348592	DULOXETINE 30MG CAP	30MG	CAP	30.00	T
06/26/18	346003	RISPERIDONE 4MG TABLET	4MG	TAB	30.00	T
06/02/18	345149	LEVETIRACETAM 1000MG TAB	1000MG	TAB	60.00	T
06/08/18	70862	MIRTAZAPINE 30MG TABLET	30MG	TAB	30.00	T
06/21/18	339354	PHENYTOIN ER 100MG CAP	100MG	CAP	120.00	T
06/12/18	72941	ASPIRIN EC 325MG TAB	325MG EC	TAB	30.00	T
06/12/18	354869	ATORVASTATIN 20MG TABLET	20MG	TAB	30.00	T
06/12/18	3889	BISACODYL 5MG TABLET EC	5MG EC	TAB	30.00	T
06/28/18	355250	LEVETIRACETAM 500MG TAB	500MG	TAB	60.00	T
06/13/18	344665	BUSPIRONE 30MG TABLET	30MG	TAB	30.00	T
06/13/18	73146	HALOPERIDOL 10MG TABLET	10MG	TAB	30.00	T
06/12/18	345643	RISPERIDONE 2MG TABLET	2MG	TAB	30.00	T
06/07/18	343609	BENZTROPINE 2MG TABLET	2MG	TAB	30.00	T
06/02/18	73125	FLUOXETINE 20MG CAPSULE	20MG	CAP	30.00	T
06/04/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/04/18	343714	HYDROXYZINE PAM 50MG CAP	50MG	CAP	60.00	T
06/27/18	50325	HYDROXYZINE PAM 50MG CAP	50MG	CAP	60.00	T
06/27/18	3009	TRAZODONE 150MG TABLET	150MG	TAB	30.00	F
06/06/18	356259	DULOXETINE 20MG CAPSULE	20MG	CAP	30.00	T
06/18/18	342917	LEVOTHYROXINE 25MCG TAB	25MCG	TAB	30.00	T
06/13/18	339782	AMITRIPTYLINE 75MG TABLET	75MG	TAB	30.00	F
06/13/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/13/18	339772	PRAZOSIN 1MG CAPSULE	1MG	CAP	30.00	T
06/01/18	342516	VENLAFAXINE 100MG TABLET	100MG	TAB	60.00	T
06/19/18	351242	LISINOP-HCTZ 10/12.5MGTAB	10-12.5MG	TAB	30.00	T
06/25/18	350288	VENLAFAXINE ER 75MG CAP	75MG ER	CAP	90.00	T
06/28/18	73146	HALOPERIDOL 10MG TABLET	10MG	TAB	60.00	T
06/28/18	343608	BENZTROPINE 1MG TABLET	1MG	TAB	60.00	T
06/28/18	355607	OXCARBAZEPINE 600MG TAB	600MG	TAB	60.00	T
06/20/18	350385	ARIPIPRAZOLE 10MG TABLET	10MG	TAB	30.00	F
06/27/18	343608	BENZTROPINE 1MG TABLET	1MG	TAB	30.00	T
06/27/18	73146	HALOPERIDOL 10MG TABLET	10MG	TAB	30.00	T
06/27/18	75034	OXCARBAZEPINE 300MG TAB	300MG	TAB	30.00	T
06/27/18	3441	DOXEPIN 100MG CAPSULE	100MG	CAP	30.00	F
06/21/18	349640	LEVETIRACETAM 500MG TAB	500MG	TAB	60.00	T
06/22/18	349640	LEVETIRACETAM 500MG TAB	500MG	TAB	60.00	T
06/06/18	356097	EFAVIRENZ 600MG TABLET	600MG	TAB	30.00	T
06/06/18	355565	LAMIVUDINE 300MG TABLET	300MG	TAB	30.00	T

06/06/18	355531	TENOFOVIR 300MG TABLET	300MG	TAB	30.00	T
06/18/18	76708	QUETIAPINE 50MG TABLET	50MG	TAB	60.00	F
06/02/18	76708	QUETIAPINE 50MG TABLET	50MG	TAB	30.00	F
06/07/18	74505	TRAZODONE 100MG TAB	100MG	TAB	60.00	F
06/20/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/25/18	350089	BUSPIRONE 10MG TABLET	10MG	TAB	120.00	T
06/28/18	4084	GLIPIZIDE 5MG TABLET	5MG	TAB	180.00	T
06/29/18	343607	BENZTROPINE 0.5MG TABLET	0.5MG	TAB	60.00	T
06/29/18	351836	PROPRANOLOL 10MG TABLET	10MG	TAB	60.00	T
06/29/18	354061	ZIPRASIDONE 60MG CAPSULE	60MG	CAP	60.00	F
06/29/18	345643	RISPERIDONE 2MG TABLET	2MG	TAB	30.00	T
06/23/18	355951	CLOPIDOGREL 75MG TABLET	75MG	TAB	30.00	T
06/23/18	356303	PRAVASTATIN 40MG TABLET	40MG	TAB	30.00	T
06/23/18	2221	ASPIR-LOW 81MG EC TABLET	81MG EC	TAB	30.00	T
06/23/18	352399	LISINOPRIL 40MG TABLET	40MG	TAB	30.00	T
06/23/18	346225	METOPROLOL 50MG TABLET	50MG	TAB	60.00	T
06/20/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/29/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/29/18	345609	HCTZ 25MG TABLET	25MG	TAB	30.00	T
06/06/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/06/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/23/18	73125	FLUOXETINE 20MG CAPSULE	20MG	CAP	30.00	T
06/25/18	346092	ESCITALOPRAM 10MG TABLET	10MG	TAB	30.00	T
06/25/18	73146	HALOPERIDOL 10MG TABLET	10MG	TAB	30.00	T
06/08/18	76664	ENOXAPARIN 60MG/0.6ML INJ	60/0.6ML	INJ	8.40	F
06/08/18	350137	LISINOPRIL 2.5MG TABLET	2.5MG	TAB	30.00	T
06/08/18	352536	WARFARIN SOD 10MG TABLET	10MG	TAB	30.00	T
06/18/18	352403	LISINOPRIL 10MG TABLET	10MG	TAB	30.00	T
06/19/18	13582	XOPENEX HFA 45MCG INHALER	45MCG	AER	15.00	T
06/19/18	2221	ASPIR-LOW 81MG EC TABLET	81MG EC	TAB	30.00	T
06/19/18	350274	FUROSEMIDE 40MG TABLET	40MG	TAB	30.00	T
06/06/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/06/18	64294	CITALOPRAM 20MG TABLET	20MG	TAB	30.00	T
06/30/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/11/18	51440	LORATADINE 10MG TABLET	10MG	TAB	30.00	T
06/02/18	355565	LAMIVUDINE 300MG TABLET	300MG	TAB	30.00	T
06/02/18	356097	EFAVIRENZ 600MG TABLET	600MG	TAB	30.00	T
06/02/18	355531	TENOFOVIR 300MG TABLET	300MG	TAB	30.00	T
06/02/18	70238	ONE DAILY VITAMIN TABLET		TAB	30.00	T
06/08/18	345609	HCTZ 25MG TABLET	25MG	TAB	30.00	T
06/15/18	350547	PAIN RELIEVER PLUS TABS	250-250-65MG	TAB	40.00	F
06/19/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/22/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/13/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/24/18	343609	BENZTROPINE 2MG TABLET	2MG	TAB	60.00	T
06/24/18	349075	HYDROXYZINE HCL 25MG TAB	25MG	TAB	60.00	T
06/24/18	346003	RISPERIDONE 4MG TABLET	4MG	TAB	60.00	T
06/24/18	3009	TRAZODONE 150MG TABLET	150MG	TAB	30.00	F
06/20/18	351382	CYCLOBENZAPRINE 10MG TAB	10MG	TAB	10.00	T
06/02/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/19/18	49944	ACETAMINOPHEN 325MG TAB	325MG	TAB	42.00	T
06/25/18	351836	PROPRANOLOL 10MG TABLET	10MG	TAB	90.00	T
06/25/18	349075	HYDROXYZINE HCL 25MG TAB	25MG	TAB	30.00	T
06/25/18	342454	OLANZAPINE 5MG TABLET	5MG	TAB	30.00	T



06/25/18	346092	ESCITALOPRAM 10MG TABLET	10MG	TAB	30.00	T
06/26/18	345609	HCTZ 25MG TABLET	25MG	TAB	30.00	T
06/11/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/26/18	355058	CETIRIZINE 10MG TABLET	10MG	TAB	30.00	T
06/27/18	353962	ROSUVASTATIN 20MG TABLET	20MG	TAB	30.00	T
06/19/18	355633	DULOXETINE 60MG CAPSULE	60MG	CAP	30.00	T
06/22/18	355633	DULOXETINE 60MG CAPSULE	60MG	CAP	30.00	T
06/21/18	2221	ASPIR-LOW 81MG EC TABLET	81MG EC	TAB	30.00	T
06/18/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/11/18	354003	GLYB/METFORM 2.5/500 TAB	2.5/500	TAB	60.00	T
06/19/18	3009	TRAZODONE 150MG TABLET	150MG	TAB	30.00	F
06/22/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/20/18	13582	XOPENEX HFA 45MCG INHALER	45MCG	AER	15.00	T
06/23/18	75996	DIVALPROEX DR 125MG TAB	125MG DR	TAB	60.00	T
06/18/18	73125	FLUOXETINE 20MG CAPSULE	20MG	CAP	30.00	T
06/13/18	343714	HYDROXYZINE PAM 50MG CAP	50MG	CAP	30.00	T
06/20/18	6031	LITHIUM CARB -150MG- CAP	150MG	CAP	60.00	T
06/14/18	356394	GEMFIBROZIL 600MG TABLET	600MG	TAB	60.00	T
06/14/18	354003	GLYB/METFORM 2.5/500 TAB	2.5/500	TAB	60.00	T
06/14/18	2221	ASPIR-LOW 81MG EC TABLET	81MG EC	TAB	30.00	T
06/14/18	75930	LISINAPRIL-HCTZ 20/12.5MG	20-12.5MG	TAB	30.00	T
06/09/18	355565	LAMIVUDINE 300MG TABLET	300MG	TAB	30.00	T
06/09/18	355531	TENOFOVIR 300MG TABLET	300MG	TAB	30.00	T
06/05/18	356024	RITONAVIR 100MG TABLET	100MG	TAB	30.00	T
06/05/18	339383	PREZISTA 800MG TABLET	800MG	TAB	30.00	T
06/12/18	73215	TERAZOSIN 2MG CAPSULE	2MG	CAP	30.00	T
06/18/18	344668	BUPROPION 100MG TABLET	100MG	TAB	30.00	F
06/18/18	76707	QUETIAPINE 25MG TABLET	25MG	TAB	30.00	F
06/18/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/11/18	345149	LEVETIRACETAM 1000MG TAB	1000MG	TAB	60.00	T
06/21/18	345500	TERAZOSIN 5MG CAPSULE	5MG	CAP	30.00	T
06/19/18	346227	METFORMIN 1000MG TAB	1000MG	TAB	60.00	T
06/19/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/19/18	355508	ATORVASTATIN 80MG TABLET	80MG	TAB	30.00	T
06/30/18	345643	RISPERIDONE 2MG TABLET	2MG	TAB	30.00	T
06/30/18	339434	SERTRALINE 100MG TABLET	100MG	TAB	30.00	T
06/19/18	345642	RISPERIDONE 1MG TABLET	1MG	TAB	60.00	T
06/26/18	3442	VERAPAMIL 240MG CAP SR	240MG ER	CAP	30.00	T
06/26/18	349794	VERAPAMIL ER 120MG TAB	120MG ER	TAB	30.00	T
06/28/18	340657	FUROSEMIDE 20MG TABLET	20MG	TAB	7.00	T
06/21/18	340621	VERAPAMIL 120MG TABLET	120MG	TAB	60.00	T
06/21/18	49944	ACETAMINOPHEN 325MG TAB	325MG	TAB	84.00	T
06/21/18	353733	ABACAVIR 300MG TABLET	300MG	TAB	60.00	T
06/21/18	340383	TIVICAY 50MG TABLET	50MG	TAB	30.00	T
06/21/18	355565	LAMIVUDINE 300MG TABLET	300MG	TAB	30.00	T
06/20/18	70528	DIVALPROEX DR 250MG TAB	250MG	TAB	60.00	T
06/30/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/26/18	341830	ANTI-DIARRHEAL 2MG CAPLET	2MG	TAB	9.00	T
06/22/18	350531	HYDROXYZINE HCL 50MG TAB	50MG	TAB	60.00	T
06/29/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/29/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/25/18	353746	AZITHROMYCIN 250MG TAB	250MG	TAB	4.00	T
06/25/18	51440	LORATADINE 10MG TABLET	10MG	TAB	7.00	T
06/11/18	348227	PALIPERIDONE ER 3MG TAB	3MG ER	TAB	30.00	F

06/12/18	355582	CLONIDINE 0.2MG TABLET	0.2MG	TAB	90.00	T
06/12/18	340621	VERAPAMIL 120MG TABLET	120MG	TAB	30.00	T
06/12/18	352399	LISINOPRIL 40MG TABLET	40MG	TAB	30.00	T
06/18/18	350531	HYDROXYZINE HCL 50MG TAB	50MG	TAB	60.00	T
06/18/18	73125	FLUOXETINE 20MG CAPSULE	20MG	CAP	60.00	T
06/05/18	352225	LISINOPRIL 30MG TABLET	30MG	TAB	30.00	T
06/05/18	75074	HYDRALAZINE *100MG* TAB	100MG	TAB	60.00	T
06/02/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/11/18	347260	SERTRALINE 50MG TABLET	50MG	TAB	30.00	T
06/12/18	339782	AMITRIPTYLINE 75MG TABLET	75MG	TAB	30.00	F
06/07/18	51440	LORATADINE 10MG TABLET	10MG	TAB	30.00	T
06/07/18	2221	ASPIR-LOW 81MG EC TABLET	81MG EC	TAB	30.00	T
06/09/18	345609	HCTZ 25MG TABLET	25MG	TAB	30.00	T
06/15/18	3441	DOXEPIN 100MG CAPSULE	100MG	CAP	30.00	F
06/13/18	75034	OXCARBAZEPINE 300MG TAB	300MG	TAB	30.00	T
06/18/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/04/18	346092	ESCITALOPRAM 10MG TABLET	10MG	TAB	30.00	T
06/04/18	355540	CLONIDINE 0.1MG TABLET	0.1MG	TAB	30.00	T
06/19/18	350089	BUSPIRONE 10MG TABLET	10MG	TAB	30.00	T
06/19/18	350089	BUSPIRONE 10MG TABLET	10MG	TAB	30.00	T
06/19/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/19/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/22/18	346433	CLONIDINE 0.1MG TABLET	0.1MG	TAB	30.00	T
06/22/18	350089	BUSPIRONE 10MG TABLET	10MG	TAB	30.00	T
06/26/18	75034	OXCARBAZEPINE 300MG TAB	300MG	TAB	60.00	T
06/01/18	352066	AMITRIPTYLINE 100MG TAB	100MG	TAB	30.00	F
06/08/18	346092	ESCITALOPRAM 10MG TABLET	10MG	TAB	30.00	T
06/18/18	350531	HYDROXYZINE HCL 50MG TAB	50MG	TAB	90.00	T
06/18/18	351836	PROPRANOLOL 10MG TABLET	10MG	TAB	90.00	T
06/18/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/25/18	356301	GABAPENTIN 600MG TABLET	600MG	TAB	60.00	F
06/29/18	344665	BUSPIRONE 30MG TABLET	30MG	TAB	60.00	T
06/11/18	355633	DULOXETINE 60MG CAPSULE	60MG	CAP	30.00	T
06/20/18	346092	ESCITALOPRAM 10MG TABLET	10MG	TAB	30.00	T
06/25/18	344824	BUSPIRONE 15MG TAB	15MG	TAB	90.00	T
06/22/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/19/18	2004	POTASSIUM CL 10MEQ TAB	10MEQ CR	TAB	7.00	T
06/30/18	352558	CHLORTHALIDONE 50MG TAB	50MG	TAB	30.00	T
06/14/18	76709	QUETIAPINE 100MG TABLET	100MG	TAB	30.00	F
06/18/18	346988	SENNA 8.6MG TABLET	8.6MG	TAB	30.00	T
06/18/18	76708	QUETIAPINE 50MG TABLET	50MG	TAB	30.00	F
06/26/18	343714	HYDROXYZINE PAM 50MG CAP	50MG	CAP	60.00	T
06/25/18	353426	FERROUS SULFATE 325MG TAB	325MG	TAB	30.00	T
06/18/18	350041	METRONIDAZOLE 500MG TAB	500MG	TAB	14.00	T
06/04/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/30/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/18/18	351667	DIPHENHYDRAMINE 25MG CAP	25MG	CAP	30.00	F
06/18/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/01/18	70238	ONE DAILY VITAMIN TABLET		TAB	30.00	T
06/19/18	356786	ROSUVASTATIN 20MG TABLET	20MG	TAB	30.00	T
06/22/18	345643	RISPERIDONE 2MG TABLET	2MG	TAB	60.00	T
06/04/18	339354	PHENYTOIN ER 100MG CAP	100MG	CAP	30.00	T
06/04/18	339354	PHENYTOIN ER 100MG CAP	100MG	CAP	90.00	T
06/18/18	345643	RISPERIDONE 2MG TABLET	2MG	TAB	30.00	T

06/22/18	353842	LITHIUM CARB ER 300MG TAB	300MG ER	TAB	60.00	T
06/22/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/21/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/14/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/04/18	345642	RISPERIDONE 1MG TABLET	1MG	TAB	60.00	T
06/02/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/02/18	343714	HYDROXYZINE PAM 50MG CAP	50MG	CAP	60.00	T
06/27/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/27/18	50325	HYDROXYZINE PAM 50MG CAP	50MG	CAP	60.00	T
06/27/18	345642	RISPERIDONE 1MG TABLET	1MG	TAB	60.00	T
06/20/18	3009	TRAZODONE 150MG TABLET	150MG	TAB	30.00	F
06/02/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/02/18	355540	CLONIDINE 0.1MG TABLET	0.1MG	TAB	60.00	T
06/02/18	1638	TIMOLOL 0.5%~GFS~OPHTH	0.5% OP	SOL	5.00	T
06/02/18	341691	BRIMONIDINE 0.2% OPL	0.2% OP	SOL	5.00	T
06/01/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/02/18	339133	LATANOPROST 0.005% OPL	0.01%	SOL	2.50	T
06/01/18	339133	LATANOPROST 0.005% OPL	0.01%	SOL	2.50	T
06/01/18	341691	BRIMONIDINE 0.2% OPL	0.2% OP	SOL	5.00	T
06/01/18	49623	TIMOLOL 0.5% OPTH SOL	0.5% OP	SOL	5.00	T
06/01/18	355540	CLONIDINE 0.1MG TABLET	0.1MG	TAB	60.00	T
06/01/18	352403	LISINAPRIL 10MG TABLET	10MG	TAB	30.00	T
06/01/18	347550	HCTZ 12.5MG TABLET	12.5MG	TAB	30.00	T
06/04/18	64294	CITALOPRAM 20MG TABLET	20MG	TAB	30.00	T
06/04/18	342454	OLANZAPINE 5MG TABLET	5MG	TAB	30.00	T
06/05/18	344278	TRIUMEQ 600-50-300 TABLET	600-50-300MG	TAB	14.00	F
06/06/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/06/18	76274	ASPIRIN 81MG CHEW TAB	81MG	CHW	30.00	T
06/06/18	350171	LISINAPRIL 20MG TABLET	20MG	TAB	30.00	T
06/16/18	339354	PHENYTOIN ER 100MG CAP	100MG	CAP	90.00	T
06/05/18	348594	TOPIRAMATE 25MG TABLET	25MG	TAB	60.00	T
06/05/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/20/18	71630	LORATADINE 10MG TABLET	10MG	TAB	30.00	T
06/28/18	342478	OLANZAPINE 20MG TABLET	20MG	TAB	30.00	T
06/28/18	343609	BENZTROPINE 2MG TABLET	2MG	TAB	30.00	T
06/06/18	351382	CYCLOBENZAPRINE 10MG TAB	10MG	TAB	10.00	T
06/11/18	345643	RISPERIDONE 2MG TABLET	2MG	TAB	60.00	T
06/13/18	345643	RISPERIDONE 2MG TABLET	2MG	TAB	60.00	T
06/06/18	351382	CYCLOBENZAPRINE 10MG TAB	10MG	TAB	14.00	T
06/01/18	73125	FLUOXETINE 20MG CAPSULE	20MG	CAP	30.00	T
06/22/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	60.00	T
06/16/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/16/18	352403	LISINAPRIL 10MG TABLET	10MG	TAB	30.00	T
06/18/18	346144	METFORMIN 500MG TABLET	500MG	TAB	60.00	T
06/18/18	353358	DOCUSATE SOD 100MG CAP	100MG	CAP	60.00	T
06/20/18	71864	AMOX/CLAV 875MG/125MG TAB	875MG/125MG	TAB	20.00	T
06/11/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/11/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/11/18	350322	SIMVASTATIN 5MG TABLET	5MG	TAB	30.00	T
06/01/18	343608	BENZTROPINE 1MG TABLET	1MG	TAB	30.00	T
06/01/18	73146	HALOPERIDOL 10MG TABLET	10MG	TAB	30.00	T
06/08/18	352025	LISINAPRIL 5MG TABLET	5MG	TAB	30.00	T
06/08/18	346144	METFORMIN 500MG TABLET	500MG	TAB	60.00	T
06/14/18	3420	DOXEPIN 50MG CAPSULE	50MG	CAP	30.00	F

06/21/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/27/18	352852	ESCITALOPRAM 5MG TABLET	5MG	TAB	30.00	T
06/20/18	343608	BENZTROPINE 1MG TABLET	1MG	TAB	60.00	T
06/13/18	345643	RISPERIDONE 2MG TABLET	2MG	TAB	30.00	T
06/13/18	345644	RISPERIDONE 3MG TAB	3MG	TAB	30.00	T
06/18/18	355633	DULOXETINE 60MG CAPSULE	60MG	CAP	30.00	T
06/22/18	350098	GABAPENTIN 300MG CAPSULE	300MG	CAP	90.00	F
06/02/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/09/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/26/18	75930	LISINOPRIL-HCTZ 20/12.5MG	20-12.5MG	TAB	60.00	T
06/29/18	76709	QUETIAPINE 100MG TABLET	100MG	TAB	30.00	F
06/19/18	346144	METFORMIN 500MG TABLET	500MG	TAB	60.00	T
06/21/18	352403	LISINOPRIL 10MG TABLET	10MG	TAB	60.00	T
06/26/18	353764	SPIRONOLACTONE 25MG TAB	25MG	TAB	30.00	T
06/26/18	351941	ISOSORBIDE MN ER 30MG TAB	30MG ER	TAB	30.00	T
06/26/18	339466	CARVEDILOL 25MG TABLET	25MG	TAB	60.00	T
06/22/18	340657	FUROSEMIDE 20MG TABLET	20MG	TAB	30.00	T
06/22/18	2004	POTASSIUM CL 10MEQ TAB	10MEQ CR	TAB	30.00	T
06/02/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/02/18	344298	MECLIZINE 25MG CHEW TAB	25MG	CHW	9.00	T
06/11/18	343932	HCTZ 12.5MG CAPSULE	12.5MG	CAP	30.00	T
06/07/18	3009	TRAZODONE 150MG TABLET	150MG	TAB	30.00	F
06/15/18	3009	TRAZODONE 150MG TABLET	150MG	TAB	30.00	F
06/15/18	343714	HYDROXYZINE PAM 50MG CAP	50MG	CAP	60.00	T
06/18/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/20/18	356301	GABAPENTIN 600MG TABLET	600MG	TAB	60.00	F
06/20/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/20/18	346092	ESCITALOPRAM 10MG TABLET	10MG	TAB	30.00	T
06/20/18	2221	ASPIR-LOW 81MG EC TABLET	81MG EC	TAB	30.00	T
06/20/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/29/18	350290	MELOXICAM 15MG TABLET	15MG	TAB	30.00	T
06/15/18	342454	OLANZAPINE 5MG TABLET	5MG	TAB	30.00	T
06/16/18	343779	HYDROXYZINE PAM 25MG CAP	25MG	CAP	60.00	T
06/11/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/23/18	343779	HYDROXYZINE PAM 25MG CAP	25MG	CAP	60.00	T
06/23/18	339087	LAMOTRIGINE 100MG TAB	100MG	TAB	30.00	T
06/28/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/04/18	342963	PRENATAL PLUS TABLET	PLUS	TAB	30.00	T
06/29/18	354869	ATORVASTATIN 20MG TABLET	20MG	TAB	30.00	T
06/29/18	356941	ASPIR-LOW 81MG EC TABLET	81MG EC	TAB	30.00	T
06/29/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/29/18	339466	CARVEDILOL 25MG TABLET	25MG	TAB	60.00	T
06/29/18	355780	OXYBUTYNIN 5MG TABLET	5MG	TAB	90.00	T
06/23/18	76274	ASPIRIN 81MG CHEW TAB	81MG	CHW	30.00	T
06/05/18	350366	METOPROLOL ER 25MG TABLET	25MG ER	TAB	60.00	T
06/18/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/18/18	70528	DIVALPROEX DR 250MG TAB	250MG	TAB	60.00	T
06/16/18	354612	NITROFUR (BID) 100MG CAP	100MG	CAP	14.00	T
06/14/18	342453	OLANZAPINE 2.5MG TABLET	2.5MG	TAB	30.00	T
06/14/18	346092	ESCITALOPRAM 10MG TABLET	10MG	TAB	30.00	T
06/22/18	342454	OLANZAPINE 5MG TABLET	5MG	TAB	30.00	T
06/29/18	353358	DOCUSATE SOD 100MG CAP	100MG	CAP	28.00	T
06/09/18	3009	TRAZODONE 150MG TABLET	150MG	TAB	30.00	F
06/20/18	343714	HYDROXYZINE PAM 50MG CAP	50MG	CAP	30.00	T

06/20/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/18/18	343714	HYDROXYZINE PAM 50MG CAP	50MG	CAP	60.00	T
06/18/18	75139	PRAZOSIN 2MG CAPSULE	2MG	CAP	30.00	T
06/18/18	346092	ESCITALOPRAM 10MG TABLET	10MG	TAB	30.00	T
06/07/18	51440	LORATADINE 10MG TABLET	10MG	TAB	30.00	T
06/16/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/16/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/18/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/08/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/18/18	355809	OXCARBAZEPINE 150MG TAB	150MG	TAB	10.00	T
06/18/18	342454	OLANZAPINE 5MG TABLET	5MG	TAB	30.00	T
06/18/18	75034	OXCARBAZEPINE 300MG TAB	300MG	TAB	60.00	T
06/25/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/25/18	347550	HCTZ 12.5MG TABLET	12.5MG	TAB	30.00	T
06/14/18	4132	TRIHENYPHENIDYL 5MG TAB	5MG	TAB	90.00	F
06/14/18	354060	ZIPRASIDONE 40MG CAPSULE	40MG	CAP	60.00	F
06/14/18	1858	DIPHENHYD. 50MG/ML VIAL	50MG/ML	INJ	1.00	T
06/14/18	355800	HALOPERIDOL DEC 100MG/ML	100MG/ML	INJ	1.00	T
06/13/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/13/18	350089	BUSPIRONE 10MG TABLET	10MG	TAB	60.00	T
06/18/18	348594	TOPIRAMATE 25MG TABLET	25MG	TAB	60.00	T
06/18/18	350098	GABAPENTIN 300MG CAPSULE	300MG	CAP	60.00	F
06/12/18	344824	BUSPIRONE 15MG TAB	15MG	TAB	60.00	T
06/10/18	353520	QUETIAPINE ER 150MG TAB	150MG ER	TAB	30.00	F
06/08/18	343714	HYDROXYZINE PAM 50MG CAP	50MG	CAP	60.00	T
06/09/18	341696	PANTOPRAZOLE 20MG TABLET	20MG	TAB	60.00	F
06/09/18	76095	IPRATROPIUM 0.02% UD IHA	0.02%INH	NEB	62.50	T
06/09/18	51440	LORATADINE 10MG TABLET	10MG	TAB	5.00	T
06/07/18	72867	AMOXICILLIN 875MG TABLET	875MG	TAB	20.00	T
06/04/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/01/18	353520	QUETIAPINE ER 150MG TAB	150MG ER	TAB	30.00	F
06/01/18	355633	DULOXETINE 60MG CAPSULE	60MG	CAP	30.00	T
06/20/18	350098	GABAPENTIN 300MG CAPSULE	300MG	CAP	60.00	F
06/19/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/14/18	354869	ATORVASTATIN 20MG TABLET	20MG	TAB	30.00	T
06/15/18	350089	BUSPIRONE 10MG TABLET	10MG	TAB	60.00	T
06/14/18	352525	WARFARIN SOD 5MG TABLET	5MG	TAB	30.00	T
06/14/18	345609	HCTZ 25MG TABLET	25MG	TAB	30.00	T
06/23/18	347260	SERTRALINE 50MG TABLET	50MG	TAB	90.00	T
06/21/18	352533	WARFARIN SOD 7.5MG TABLET	7.5MG	TAB	14.00	T
06/21/18	346225	METOPROLOL 50MG TABLET	50MG	TAB	60.00	T
06/26/18	341696	PANTOPRAZOLE 20MG TABLET	20MG	TAB	14.00	F
06/22/18	71864	AMOX/CLAV 875MG/125MG TAB	875MG/125MG	TAB	14.00	T
06/20/18	346092	ESCITALOPRAM 10MG TABLET	10MG	TAB	30.00	T
06/25/18	75930	LISINOPRIL-HCTZ 20/12.5MG	20-12.5MG	TAB	30.00	T
06/19/18	350089	BUSPIRONE 10MG TABLET	10MG	TAB	60.00	T
06/19/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/01/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/22/18	342963	PRENATAL PLUS TABLET	PLUS	TAB	30.00	T
06/22/18	339354	PHENYTOIN ER 100MG CAP	100MG	CAP	90.00	T
06/22/18	345149	LEVETIRACETAM 1000MG TAB	1000MG	TAB	60.00	T
06/13/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/12/18	342480	OLANZAPINE 15MG TABLET	15MG	TAB	30.00	T
06/12/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F

06/20/18	355875	LEVOFLOXACIN 500MG TABLET	500MG	TAB	7.00	T
06/14/18	355441	CLONIDINE 0.3MG TABLET	0.3MG	TAB	60.00	T
06/30/18	351667	DIPHENHYDRAMINE 25MG CAP	25MG	CAP	30.00	F
06/27/18	2208	DIPHENHYDRAMINE 50MG CAP	50MG	CAP	60.00	F
06/07/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/08/18	350171	LISINAPRIL 20MG TABLET	20MG	TAB	60.00	T
06/11/18	352558	CHLORTHALIDONE 50MG TAB	50MG	TAB	30.00	T
06/15/18	350098	GABAPENTIN 300MG CAPSULE	300MG	CAP	90.00	F
06/15/18	343608	BENZTROPINE 1MG TABLET	1MG	TAB	30.00	T
06/15/18	355800	HALOPERIDOL DEC 100MG/ML	100MG/ML	INJ	1.00	T
06/15/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/18/18	73146	HALOPERIDOL 10MG TABLET	10MG	TAB	30.00	T
06/18/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/27/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/21/18	75636	TRIAMCINOLONE 0.1% CREAM	0.10%	CRE	80.00	T
06/29/18	345642	RISPERIDONE 1MG TABLET	1MG	TAB	30.00	T
06/21/18	351382	CYCLOBENZAPRINE 10MG TAB	10MG	TAB	14.00	T
06/25/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/30/18	3420	DOXEPIN 50MG CAPSULE	50MG	CAP	30.00	F
06/25/18	351382	CYCLOBENZAPRINE 10MG TAB	10MG	TAB	14.00	T
06/25/18	346089	NAPROXEN 500MG TABLET	500MG	TAB	28.00	T
06/15/18	339782	AMITRIPTYLINE 75MG TABLET	75MG	TAB	30.00	F
06/08/18	343714	HYDROXYZINE PAM 50MG CAP	50MG	CAP	60.00	T
06/08/18	51440	LORATADINE 10MG TABLET	10MG	TAB	30.00	T
06/08/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	30.00	T
06/02/18	350098	GABAPENTIN 300MG CAPSULE	300MG	CAP	120.00	F
06/02/18	69548	HYDRALAZINE 50MG TABLET	50MG	TAB	60.00	T
06/02/18	347472	BUPROPION-SR 200MG TAB	200MG SR	TAB	30.00	F
06/16/18	52511	TRIAM/HCTZ 37.5/25 TAB	37.5-25	TAB	30.00	T
06/19/18	346144	METFORMIN 500MG TABLET	500MG	TAB	60.00	T
06/13/18	339354	PHENYTOIN ER 100MG CAP	100MG	CAP	120.00	T
06/13/18	344824	BUSPIRONE 15MG TAB	15MG	TAB	60.00	T
06/13/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/13/18	352460	TOPIRAMATE 100MG TABLET	100MG	TAB	60.00	T
06/13/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/13/18	350089	BUSPIRONE 10MG TABLET	10MG	TAB	60.00	T
06/13/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/30/18	3420	DOXEPIN 50MG CAPSULE	50MG	CAP	30.00	F
06/25/18	75034	OXCARBAZEPINE 300MG TAB	300MG	TAB	60.00	T
06/25/18	70854	MIRTAZAPINE 45MG TABLET	45MG	TAB	30.00	T
06/25/18	355809	OXCARBAZEPINE 150MG TAB	150MG	TAB	14.00	T
06/01/18	70862	MIRTAZAPINE 30MG TABLET	30MG	TAB	30.00	T
06/01/18	350089	BUSPIRONE 10MG TABLET	10MG	TAB	60.00	T
06/15/18	345644	RISPERIDONE 3MG TAB	3MG	TAB	60.00	T
06/18/18	355633	DULOXETINE 60MG CAPSULE	60MG	CAP	30.00	T
06/23/18	347260	SERTRALINE 50MG TABLET	50MG	TAB	30.00	T
06/25/18	348751	METOPROLOL 25MG TABLET	25MG	TAB	60.00	T
06/30/18	356941	ASPIR-LOW 81MG EC TABLET	81MG EC	TAB	30.00	T
06/09/18	345609	HCTZ 25MG TABLET	25MG	TAB	30.00	T
06/05/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/30/18	50325	HYDROXYZINE PAM 50MG CAP	50MG	CAP	30.00	T
06/15/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	30.00	T
06/15/18	352688	PAROXETINE 20MG TABLET	20MG	TAB	30.00	T
06/15/18	344824	BUSPIRONE 15MG TAB	15MG	TAB	60.00	T

06/15/18	343714	HYDROXYZINE PAM 50MG CAP	50MG	CAP	30.00	T
06/06/18	354621	FOLIC ACID 1MG TABLET	1MG	TAB	30.00	T
06/14/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/13/18	350462	HALOPERIDOL 5MG TAB	5MG	TAB	60.00	T
06/01/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/14/18	75034	OXCARBAZEPINE 300MG TAB	300MG	TAB	60.00	T
06/14/18	345643	RISPERIDONE 2MG TABLET	2MG	TAB	30.00	T
06/11/18	346144	METFORMIN 500MG TABLET	500MG	TAB	60.00	T
06/12/18	341181	GLIPIZIDE ER 5MG TABLET	5MG	TAB	30.00	T
06/12/18	355633	DULOXETINE 60MG CAPSULE	60MG	CAP	30.00	T
06/20/18	3420	DOXEPIN 50MG CAPSULE	50MG	CAP	30.00	F
06/20/18	343608	BENZTROPINE 1MG TABLET	1MG	TAB	30.00	T
06/19/18	3441	DOXEPIN 100MG CAPSULE	100MG	CAP	30.00	F
06/26/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/26/18	343779	HYDROXYZINE PAM 25MG CAP	25MG	CAP	9.00	T
06/26/18	73125	FLUOXETINE 20MG CAPSULE	20MG	CAP	30.00	T
06/01/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/01/18	347550	HCTZ 12.5MG TABLET	12.5MG	TAB	30.00	T
06/01/18	355540	CLONIDINE 0.1MG TABLET	0.1MG	TAB	60.00	T
06/04/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/04/18	347550	HCTZ 12.5MG TABLET	12.5MG	TAB	30.00	T
06/04/18	355540	CLONIDINE 0.1MG TABLET	0.1MG	TAB	60.00	T
06/23/18	350089	BUSPIRONE 10MG TABLET	10MG	TAB	60.00	T
06/29/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/18/18	3420	DOXEPIN 50MG CAPSULE	50MG	CAP	30.00	F
06/14/18	49944	ACETAMINOPHEN 325MG TAB	325MG	TAB	120.00	T
06/05/18	351836	PROPRANOLOL 10MG TABLET	10MG	TAB	90.00	T
06/26/18	356565	TAMSULOSIN 0.4MG CAPSULE	0.4MG	CAP	30.00	T
06/19/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/28/18	353007	BUPROPION-XL 150MG TABLET	150MG XL	TAB	30.00	F
06/27/18	49781	VERAPAMIL SR 240MG CAP	240MG SR	CAP	30.00	T
06/27/18	347550	HCTZ 12.5MG TABLET	12.5MG	TAB	30.00	T
06/27/18	48445	SULFATRIM DS TABLET	800-160	TAB	20.00	T
06/11/18	345259	GABAPENTIN 100MG CAPSULE	100MG	CAP	60.00	F
06/04/18	76708	QUETIAPINE 50MG TABLET	50MG	TAB	30.00	F
06/11/18	73357	FLUOXETINE 10MG CAPSULE	10MG	CAP	30.00	T
06/29/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/29/18	347115	VALPROIC ACID 250MG/5ML	250/5ML	SYN	473.00	F
06/22/18	344824	BUSPIRONE 15MG TAB	15MG	TAB	60.00	T
06/26/18	73146	HALOPERIDOL 10MG TABLET	10MG	TAB	30.00	T
06/11/18	2208	DIPHENHYDRAMINE 50MG CAP	50MG	CAP	60.00	F
06/01/18	73146	HALOPERIDOL 10MG TABLET	10MG	TAB	30.00	T
06/15/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/15/18	346092	ESCITALOPRAM 10MG TABLET	10MG	TAB	30.00	T
06/08/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/08/18	48665	HALOPERIDOL 5MG TABLET	5MG	TAB	90.00	T
06/08/18	343609	BENZTROPINE 2MG TABLET	2MG	TAB	30.00	T
06/08/18	70528	DIVALPROEX DR 250MG TAB	250MG	TAB	30.00	T
06/22/18	350171	LISINAPRIL 20MG TABLET	20MG	TAB	30.00	T
06/25/18	351382	CYCLOBENZAPRINE 10MG TAB	10MG	TAB	14.00	T
06/25/18	350290	MELOXICAM 15MG TABLET	15MG	TAB	30.00	T
06/11/18	76709	QUETIAPINE 100MG TABLET	100MG	TAB	30.00	F
06/11/18	353834	VENLAFAXINE ER 150MG CAP	150MG ER	CAP	30.00	T
06/19/18	345609	HCTZ 25MG TABLET	25MG	TAB	30.00	T

06/22/18	350171	LISINAPRIL 20MG TABLET	20MG	TAB	30.00	T
06/22/18	345609	HCTZ 25MG TABLET	25MG	TAB	30.00	T
06/20/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/27/18	49170	AZITHROMYCIN 600MG TAB	600MG	TAB	8.00	T
06/14/18	355531	TENOFOVIR 300MG TABLET	300MG	TAB	30.00	T
06/14/18	339383	PREZISTA 800MG TABLET	800MG	TAB	30.00	T
06/05/18	355565	LAMIVUDINE 300MG TABLET	300MG	TAB	30.00	T
06/05/18	356024	RITONAVIR 100MG TABLET	100MG	TAB	30.00	T
06/04/18	350290	MELOXICAM 15MG TABLET	15MG	TAB	30.00	T
06/14/18	351836	PROPRANOLOL 10MG TABLET	10MG	TAB	90.00	T
06/14/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/13/18	351382	CYCLOBENZAPRINE 10MG TAB	10MG	TAB	28.00	T
06/20/18	350531	HYDROXYZINE HCL 50MG TAB	50MG	TAB	90.00	T
06/16/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/16/18	342478	OLANZAPINE 20MG TABLET	20MG	TAB	30.00	T
06/14/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/11/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/02/18	343609	BENZTROPINE 2MG TABLET	2MG	TAB	30.00	T
06/19/18	3441	DOXEPIN 100MG CAPSULE	100MG	CAP	30.00	F
06/29/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/26/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/29/18	71864	AMOX/CLAV 875MG/125MG TAB	875MG/125MG	TAB	20.00	T
06/27/18	355421	PRAZOSIN 1MG CAPSULE	1MG	CAP	30.00	T
06/27/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/25/18	342804	METOPROLOL ER 50MG TABLET	50MG ER	TAB	60.00	T
06/18/18	2208	DIPHENHYDRAMINE 50MG CAP	50MG	CAP	60.00	F
06/23/18	342480	OLANZAPINE 15MG TABLET	15MG	TAB	30.00	T
06/09/18	342963	PRENATAL PLUS TABLET	PLUS	TAB	30.00	T
06/16/18	73357	FLUOXETINE 10MG CAPSULE	10MG	CAP	30.00	T
06/22/18	355607	OXCARBAZEPINE 600MG TAB	600MG	TAB	30.00	T
06/22/18	73125	FLUOXETINE 20MG CAPSULE	20MG	CAP	30.00	T
06/22/18	52780	OXCARBAZEPINE 150MG TAB	150MG	TAB	5.00	T
06/22/18	75034	OXCARBAZEPINE 300MG TAB	300MG	TAB	14.00	T
06/27/18	342478	OLANZAPINE 20MG TABLET	20MG	TAB	30.00	T
06/18/18	349438	LEVETIRACETAM 750MG TAB	750MG	TAB	60.00	T
06/15/18	348001	TRIAMCINOLONE 0.5% CREAM	0.50%	CRE	15.00	T
06/12/18	1858	DIPHENHYD. 50MG/ML VIAL	50MG/ML	INJ	1.00	T
06/12/18	355800	HALOPERIDOL DEC 100MG/ML	100MG/ML	INJ	1.00	T
06/16/18	352855	ESCITALOPRAM 20MG TABLET	20MG	TAB	30.00	T
06/01/18	344824	BUSPIRONE 15MG TAB	15MG	TAB	90.00	T
06/01/18	339772	PRAZOSIN 1MG CAPSULE	1MG	CAP	30.00	T
06/01/18	74505	TRAZODONE 100MG TAB	100MG	TAB	60.00	F
06/30/18	355421	PRAZOSIN 1MG CAPSULE	1MG	CAP	30.00	T
06/30/18	74505	TRAZODONE 100MG TAB	100MG	TAB	60.00	F
06/30/18	344824	BUSPIRONE 15MG TAB	15MG	TAB	90.00	T
06/21/18	339434	SERTRALINE 100MG TABLET	100MG	TAB	30.00	T
06/21/18	71993	HALOPERIDOL 20MG TABLET	20MG	TAB	30.00	T
06/21/18	343609	BENZTROPINE 2MG TABLET	2MG	TAB	30.00	T
06/21/18	70528	DIVALPROEX DR 250MG TAB	250MG	TAB	60.00	T
06/01/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/09/18	2221	ASPIR-LOW 81MG EC TABLET	81MG EC	TAB	30.00	T
06/09/18	349075	HYDROXYZINE HCL 25MG TAB	25MG	TAB	14.00	T
06/16/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/13/18	356565	TAMSULOSIN 0.4MG CAPSULE	0.4MG	CAP	30.00	T



06/26/18	4132	TRIHXYPHENIDYL 5MG TAB	5MG	TAB	60.00	F
06/19/18	70854	MIRTAZAPINE 45MG TABLET	45MG	TAB	30.00	T
06/23/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/23/18	339354	PHENYTOIN ER 100MG CAP	100MG	CAP	90.00	T
06/16/18	351836	PROPRANOLOL 10MG TABLET	10MG	TAB	90.00	T
06/18/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	60.00	T
06/18/18	4132	TRIHXYPHENIDYL 5MG TAB	5MG	TAB	60.00	F
06/22/18	349640	LEVETIRACETAM 500MG TAB	500MG	TAB	60.00	T
06/22/18	339354	PHENYTOIN ER 100MG CAP	100MG	CAP	90.00	T
06/19/18	351465	IMIPRAMINE 25MG TABLET	25MG	TAB	60.00	T
06/07/18	64294	CITALOPRAM 20MG TABLET	20MG	TAB	30.00	T
06/25/18	355250	LEVETIRACETAM 500MG TAB	500MG	TAB	90.00	T
06/20/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/15/18	349075	HYDROXYZINE HCL 25MG TAB	25MG	TAB	21.00	T
06/11/18	349073	DESCOVY 200-25MG TABLET	200-25MG	TAB	30.00	T
06/18/18	350171	LISINAPRIL 20MG TABLET	20MG	TAB	30.00	T
06/15/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/15/18	345643	RISPERIDONE 2MG TABLET	2MG	TAB	30.00	T
06/18/18	352403	LISINAPRIL 10MG TABLET	10MG	TAB	30.00	T
06/29/18	355540	CLONIDINE 0.1MG TABLET	0.1MG	TAB	60.00	T
06/24/18	69548	HYDRALAZINE 50MG TABLET	50MG	TAB	60.00	T
06/24/18	345609	HCTZ 25MG TABLET	25MG	TAB	30.00	T
06/23/18	346092	ESCITALOPRAM 10MG TABLET	10MG	TAB	30.00	T
06/13/18	343714	HYDROXYZINE PAM 50MG CAP	50MG	CAP	60.00	T
06/13/18	350098	GABAPENTIN 300MG CAPSULE	300MG	CAP	60.00	F
06/19/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/20/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/19/18	70921	MIRTAZAPINE 15MG TABLET	15MG	TAB	30.00	T
06/25/18	70862	MIRTAZAPINE 30MG TABLET	30MG	TAB	30.00	T
06/25/18	343607	BENZTROPINE 0.5MG TABLET	0.5MG	TAB	60.00	T
06/25/18	350462	HALOPERIDOL 5MG TAB	5MG	TAB	60.00	T
06/28/18	355421	PRAZOSIN 1MG CAPSULE	1MG	CAP	30.00	T
06/14/18	70921	MIRTAZAPINE 15MG TABLET	15MG	TAB	30.00	T
06/14/18	345642	RISPERIDONE 1MG TABLET	1MG	TAB	30.00	T
06/09/18	349782	ONDANSETRON 4MG TABLET	4MG	TAB	6.00	T
06/01/18	3009	TRAZODONE 150MG TABLET	150MG	TAB	30.00	F
06/16/18	343714	HYDROXYZINE PAM 50MG CAP	50MG	CAP	60.00	T
06/16/18	345642	RISPERIDONE 1MG TABLET	1MG	TAB	60.00	T
06/16/18	343608	BENZTROPINE 1MG TABLET	1MG	TAB	60.00	T
06/14/18	350531	HYDROXYZINE HCL 50MG TAB	50MG	TAB	90.00	T
06/21/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/30/18	349438	LEVETIRACETAM 750MG TAB	750MG	TAB	30.00	T
06/21/18	343714	HYDROXYZINE PAM 50MG CAP	50MG	CAP	60.00	T
06/01/18	51972	ALPHAGAN P 0.1% SOL	0.10%	SOL	5.00	T
06/02/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/05/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/06/18	349438	LEVETIRACETAM 750MG TAB	750MG	TAB	30.00	T
06/09/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/11/18	349640	LEVETIRACETAM 500MG TAB	500MG	TAB	60.00	T
06/11/18	351538	VALPROIC ACID 250MG CAP	250MG	CAP	60.00	T
06/11/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/19/18	70528	DIVALPROEX DR 250MG TAB	250MG	TAB	60.00	T
06/19/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/07/18	353746	AZITHROMYCIN 250MG TAB	250MG	TAB	4.00	T

06/07/18	51440	LORATADINE 10MG TABLET	10MG	TAB	7.00	T
06/26/18	353864	IBUPROFEN 600MG TABLET	600MG	TAB	14.00	T
06/01/18	343714	HYDROXYZINE PAM 50MG CAP	50MG	CAP	60.00	T
06/06/18	76710	QUETIAPINE 200MG TABLET	200MG	TAB	30.00	F
06/06/18	352688	PAROXETINE 20MG TABLET	20MG	TAB	30.00	T
06/13/18	3420	DOXEPIN 50MG CAPSULE	50MG	CAP	30.00	F
06/20/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/20/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/25/18	3938	TOLNAFTATE 1% POWDER	1%	POWT	45.00	F
06/29/18	3938	TOLNAFTATE 1% POWDER	1%	POWT	45.00	F
06/14/18	2208	DIPHENHYDRAMINE 50MG CAP	50MG	CAP	30.00	F
06/11/18	339782	AMITRIPTYLINE 75MG TABLET	75MG	TAB	30.00	F
06/11/18	344665	BUSPIRONE 30MG TABLET	30MG	TAB	30.00	T
06/11/18	2208	DIPHENHYDRAMINE 50MG CAP	50MG	CAP	30.00	F
06/07/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/10/18	73125	FLUOXETINE 20MG CAPSULE	20MG	CAP	30.00	T
06/26/18	73125	FLUOXETINE 20MG CAPSULE	20MG	CAP	30.00	T
06/26/18	345609	HCTZ 25MG TABLET	25MG	TAB	30.00	T
06/26/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/20/18	349075	HYDROXYZINE HCL 25MG TAB	25MG	TAB	6.00	T
06/29/18	348516	ACYCLOVIR 800MG TABLET	800MG	TAB	10.00	T
06/27/18	352681	METFORMIN ER 500MG TABLET	500MG ER	TAB	120.00	T
06/28/18	348751	METOPROLOL 25MG TABLET	25MG	TAB	60.00	T
06/05/18	348751	METOPROLOL 25MG TABLET	25MG	TAB	60.00	T
06/14/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/23/18	350531	HYDROXYZINE HCL 50MG TAB	50MG	TAB	30.00	T
06/23/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/23/18	73348	BRIMONIDINE 0.15% OPL	0.15%	SOL	5.00	T
06/20/18	71630	LORATADINE 10MG TABLET	10MG	TAB	30.00	T
06/18/18	73125	FLUOXETINE 20MG CAPSULE	20MG	CAP	60.00	T
06/01/18	350385	ARIPIRAZOLE 10MG TABLET	10MG	TAB	30.00	F
06/04/18	13582	XOPENEX HFA 45MCG INHALER	45MCG	AER	15.00	T
06/05/18	72707	ALVESCO 160MCG INHALER	160MCG	AER	6.10	T
06/07/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/11/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/26/18	352403	LISINAPRIL 10MG TABLET	10MG	TAB	30.00	T
06/22/18	352558	CHLORTHALIDONE 50MG TAB	50MG	TAB	30.00	T
06/15/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/01/18	339803	LAMOTRIGINE 200MG TAB	200MG	TAB	30.00	T
06/11/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/15/18	343779	HYDROXYZINE PAM 25MG CAP	25MG	CAP	12.00	T
06/15/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	3.00	T
06/15/18	76710	QUETIAPINE 200MG TABLET	200MG	TAB	3.00	F
06/15/18	76708	QUETIAPINE 50MG TABLET	50MG	TAB	3.00	F
06/21/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/18/18	344824	BUSPIRONE 15MG TAB	15MG	TAB	60.00	T
06/07/18	351455	QUETIAPINE ER 400MG TAB	400MG ER	TAB	30.00	F
06/10/18	344824	BUSPIRONE 15MG TAB	15MG	TAB	60.00	T
06/10/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/06/18	348592	DULOXETINE 30MG CAP	30MG	CAP	30.00	T
06/06/18	69656	HYDRALAZINE 25MG TABLET	25MG	TAB	90.00	T
06/19/18	352602	FUROSEMIDE 40MG TABLET	40MG	TAB	30.00	T
06/22/18	69548	HYDRALAZINE 50MG TABLET	50MG	TAB	90.00	T
06/21/18	343714	HYDROXYZINE PAM 50MG CAP	50MG	CAP	60.00	T

06/21/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/30/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/30/18	338888	LITHIUM CARB 300MG CAPS	300MG	CAP	30.00	T
06/30/18	50325	HYDROXYZINE PAM 50MG CAP	50MG	CAP	60.00	T
06/13/18	74627	SIMVASTATIN 20MG TABLET	20MG	TAB	30.00	T
06/13/18	346227	METFORMIN 1000MG TAB	1000MG	TAB	60.00	T
06/19/18	355633	DULOXETINE 60MG CAPSULE	60MG	CAP	30.00	T
06/14/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/18/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/18/18	349075	HYDROXYZINE HCL 25MG TAB	25MG	TAB	60.00	T
06/23/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/13/18	345643	RISPERIDONE 2MG TABLET	2MG	TAB	60.00	T
06/08/18	350171	LISINAPRIL 20MG TABLET	20MG	TAB	30.00	T
06/27/18	345609	HCTZ 25MG TABLET	25MG	TAB	30.00	T
06/06/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/06/18	352688	PAROXETINE 20MG TABLET	20MG	TAB	30.00	T
06/05/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/15/18	343714	HYDROXYZINE PAM 50MG CAP	50MG	CAP	30.00	T
06/15/18	76709	QUETIAPINE 100MG TABLET	100MG	TAB	30.00	F
06/15/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/15/18	70528	DIVALPROEX DR 250MG TAB	250MG	TAB	60.00	T
06/30/18	50325	HYDROXYZINE PAM 50MG CAP	50MG	CAP	30.00	T
06/12/18	345643	RISPERIDONE 2MG TABLET	2MG	TAB	30.00	T
06/12/18	70862	MIRTAZAPINE 30MG TABLET	30MG	TAB	30.00	T
06/25/18	346003	RISPERIDONE 4MG TABLET	4MG	TAB	30.00	T
06/29/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/04/18	342480	OLANZAPINE 15MG TABLET	15MG	TAB	30.00	T
06/19/18	348600	LAMOTRIGINE 25MG TABLET	25MG	TAB	14.00	T
06/19/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/19/18	348600	LAMOTRIGINE 25MG TABLET	25MG	TAB	60.00	T
06/29/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/29/18	345643	RISPERIDONE 2MG TABLET	2MG	TAB	60.00	T
06/26/18	356494	HALOPERIDOL DEC 50MG/ML	50MG/ML	INJ	1.00	T
06/22/18	345643	RISPERIDONE 2MG TABLET	2MG	TAB	30.00	T
06/22/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/30/18	350089	BUSPIRONE 10MG TABLET	10MG	TAB	60.00	T
06/20/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/20/18	343608	BENZTROPINE 1MG TABLET	1MG	TAB	60.00	T
06/19/18	355582	CLONIDINE 0.2MG TABLET	0.2MG	TAB	90.00	T
06/27/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/11/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	60.00	T
06/19/18	694	RISPERDAL CONSTA 25MG KIT	25MG	INJ	2.00	F
06/12/18	347854	GENVOYA CAPLET	150-150-200-	TAB	7.00	T
06/12/18	347854	GENVOYA CAPLET	150-150-200-	TAB	30.00	T
06/06/18	344212	ATENOLOL 25MG TABLET	25MG	TAB	30.00	T
06/06/18	75405	VERAPAMIL ER 240MG TABLET	240MG ER	TAB	60.00	T
06/06/18	345609	HCTZ 25MG TABLET	25MG	TAB	60.00	T
06/02/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/01/18	350089	BUSPIRONE 10MG TABLET	10MG	TAB	60.00	T
06/02/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/14/18	340657	FUROSEMIDE 20MG TABLET	20MG	TAB	30.00	T
06/16/18	74216	PENICILLIN VK 500MG TAB	500MG	TAB	14.00	T
06/16/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/11/18	694	RISPERDAL CONSTA 25MG KIT	25MG	INJ	2.00	F

06/05/18	353961	ROSUVASTATIN 10MG TABLET	10MG	TAB	30.00	T
06/11/18	72126	CITALOPRAM 10MG TABLET	10MG	TAB	30.00	T
06/11/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/19/18	355573	LOSARTAN 50MG TABLET	50MG	TAB	30.00	T
06/21/18	343714	HYDROXYZINE PAM 50MG CAP	50MG	CAP	30.00	T
06/19/18	345609	HCTZ 25MG TABLET	25MG	TAB	30.00	T
06/19/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/14/18	352681	METFORMIN ER 500MG TABLET	500MG ER	TAB	60.00	T
06/14/18	76840	LOVASTATIN 10MG TAB	10MG	TAB	30.00	T
06/18/18	345149	LEVETIRACETAM 1000MG TAB	1000MG	TAB	60.00	T
06/12/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/26/18	76274	ASPIRIN 81MG CHEW TAB	81MG	CHW	30.00	T
06/19/18	352434	TOPIRAMATE 50MG TABLET	50MG	TAB	60.00	T
06/19/18	346092	ESCITALOPRAM 10MG TABLET	10MG	TAB	30.00	T
06/19/18	355607	OXCARBAZEPINE 600MG TAB	600MG	TAB	90.00	T
06/20/18	347260	SERTRALINE 50MG TABLET	50MG	TAB	30.00	T
06/20/18	345643	RISPERIDONE 2MG TABLET	2MG	TAB	30.00	T
06/20/18	351465	IMIPRAMINE 25MG TABLET	25MG	TAB	60.00	T
06/20/18	71630	LORATADINE 10MG TABLET	10MG	TAB	30.00	T
06/11/18	355582	CLONIDINE 0.2MG TABLET	0.2MG	TAB	60.00	T
06/19/18	347854	GENVOYA CAPLET	150-150-200-	TAB	30.00	T
06/19/18	352403	LISINOPRIL 10MG TABLET	10MG	TAB	30.00	T
06/19/18	342804	METOPROLOL ER 50MG TABLET	50MG ER	TAB	30.00	T
06/23/18	343609	BENZTROPINE 2MG TABLET	2MG	TAB	30.00	T
06/22/18	350462	HALOPERIDOL 5MG TAB	5MG	TAB	30.00	T
06/22/18	343607	BENZTROPINE 0.5MG TABLET	0.5MG	TAB	30.00	T
06/21/18	2627	ARTIFICIAL TEARS DROPS	OP	SOL	15.00	T
06/19/18	350462	HALOPERIDOL 5MG TAB	5MG	TAB	30.00	T
06/09/18	3009	TRAZODONE 150MG TABLET	150MG	TAB	30.00	F
06/07/18	343609	BENZTROPINE 2MG TABLET	2MG	TAB	30.00	T
06/01/18	350048	TIMOLOL 0.5% OPTH SOL	0.5% OP	SOL	10.00	T
06/04/18	350137	LISINOPRIL 2.5MG TABLET	2.5MG	TAB	30.00	T
06/04/18	346144	METFORMIN 500MG TABLET	500MG	TAB	60.00	T
06/05/18	6155	HUMULIN R 100UNIT VIAL	U-100	INJ	10.00	T
06/07/18	346144	METFORMIN 500MG TABLET	500MG	TAB	60.00	T
06/07/18	355540	CLONIDINE 0.1MG TABLET	0.1MG	TAB	60.00	T
06/07/18	69548	HYDRALAZINE 50MG TABLET	50MG	TAB	60.00	T
06/07/18	350171	LISINOPRIL 20MG TABLET	20MG	TAB	60.00	T
06/07/18	2221	ASPIR-LOW 81MG EC TABLET	81MG EC	TAB	30.00	T
06/11/18	339782	AMITRIPTYLINE 75MG TABLET	75MG	TAB	30.00	F
06/11/18	71993	HALOPERIDOL 20MG TABLET	20MG	TAB	30.00	T
06/13/18	73146	HALOPERIDOL 10MG TABLET	10MG	TAB	30.00	T
06/12/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/18/18	347260	SERTRALINE 50MG TABLET	50MG	TAB	30.00	T
06/13/18	343932	HCTZ 12.5MG CAPSULE	12.5MG	CAP	30.00	T
06/13/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/14/18	349320	PANTOPRAZOLE 40MG TABLET	40MG	TAB	14.00	F
06/14/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/07/18	339118	METHIMAZOLE 5MG TABLET	5MG	TAB	30.00	T
06/07/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/06/18	51440	LORATADINE 10MG TABLET	10MG	TAB	30.00	T
06/07/18	354621	FOLIC ACID 1MG TABLET	1MG	TAB	30.00	T
06/08/18	73125	FLUOXETINE 20MG CAPSULE	20MG	CAP	30.00	T
06/08/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F

06/06/18	3873	REGULOID PWD SF ORANGE	ORANGE	POW	284.00	T
06/06/18	356565	TAMSULOSIN 0.4MG CAPSULE	0.4MG	CAP	30.00	T
06/06/18	341181	GLIPIZIDE ER 5MG TABLET	5MG	TAB	30.00	T
06/05/18	339354	PHENYTOIN ER 100MG CAP	100MG	CAP	120.00	T
06/04/18	353764	SPIRONOLACTONE 25MG TAB	25MG	TAB	15.00	T
06/01/18	3873	REGULOID PWD SF ORANGE	ORANGE	POW	284.00	T
06/02/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/01/18	3441	DOXEPIN 100MG CAPSULE	100MG	CAP	10.00	F
06/01/18	350288	VENLAFAXINE ER 75MG CAP	75MG ER	CAP	30.00	T
06/02/18	346227	METFORMIN 1000MG TAB	1000MG	TAB	60.00	T
06/01/18	352066	AMITRIPTYLINE 100MG TAB	100MG	TAB	30.00	F
06/01/18	343608	BENZTROPINE 1MG TABLET	1MG	TAB	30.00	T
06/01/18	73146	HALOPERIDOL 10MG TABLET	10MG	TAB	30.00	T
06/07/18	350089	BUSPIRONE 10MG TABLET	10MG	TAB	42.00	T
06/05/18	342137	FISH OIL 1000MG CAPSULE	1000MG	CAP	120.00	T
06/04/18	350155	LOSARTAN/HCTZ 100-25 TAB	100-25	TAB	30.00	T
06/04/18	352602	FUROSEMIDE 40MG TABLET	40MG	TAB	60.00	T
06/04/18	346144	METFORMIN 500MG TABLET	500MG	TAB	60.00	T
06/04/18	339466	CARVEDILOL 25MG TABLET	25MG	TAB	60.00	T
06/10/18	339580	CARVEDILOL 3.125MG TABLET	3.125MG	TAB	14.00	T
06/06/18	49944	ACETAMINOPHEN 325MG TAB	325MG	TAB	28.00	T
06/06/18	350042	GEMFIBROZIL 600MG TABLET	600MG	TAB	60.00	T
06/04/18	350290	MELOXICAM 15MG TABLET	15MG	TAB	30.00	T
06/05/18	347550	HCTZ 12.5MG TABLET	12.5MG	TAB	30.00	T
06/05/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/19/18	76710	QUETIAPINE 200MG TABLET	200MG	TAB	30.00	F
06/21/18	343714	HYDROXYZINE PAM 50MG CAP	50MG	CAP	60.00	T
06/23/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	7.00	F
06/23/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/29/18	350089	BUSPIRONE 10MG TABLET	10MG	TAB	42.00	T
06/29/18	2208	DIPHENHYDRAMINE 50MG CAP	50MG	CAP	30.00	F
06/25/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/25/18	12167	CALCIUM ACETATE 667MG TAB	667MG	TAB	360.00	F
06/20/18	355800	HALOPERIDOL DEC 100MG/ML	100MG/ML	INJ	1.00	T
06/19/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/19/18	73125	FLUOXETINE 20MG CAPSULE	20MG	CAP	60.00	T
06/30/18	351660	PANTOPRAZOLE 40MG TABLET	40MG	TAB	30.00	F
06/13/18	348592	DULOXETINE 30MG CAP	30MG	CAP	30.00	T
06/11/18	350290	MELOXICAM 15MG TABLET	15MG	TAB	30.00	T
06/16/18	354277	OMEPRAZOLE 40MG CAPSULE	40MG	CAP	30.00	F
06/13/18	350089	BUSPIRONE 10MG TABLET	10MG	TAB	60.00	T
06/13/18	2208	DIPHENHYDRAMINE 50MG CAP	50MG	CAP	30.00	F
06/13/18	339782	AMITRIPTYLINE 75MG TABLET	75MG	TAB	30.00	F
06/26/18	346144	METFORMIN 500MG TABLET	500MG	TAB	60.00	T
06/20/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/25/18	346092	ESCITALOPRAM 10MG TABLET	10MG	TAB	30.00	T
06/29/18	355318	MI-ACID GAS 80MG CHEW TAB	80MG	CHW	90.00	T
06/29/18	352066	AMITRIPTYLINE 100MG TAB	100MG	TAB	30.00	F
06/29/18	343608	BENZTROPINE 1MG TABLET	1MG	TAB	30.00	T
06/29/18	73146	HALOPERIDOL 10MG TABLET	10MG	TAB	30.00	T
06/25/18	345949	PREZCOBIX 800-150 TABLET	800-150	TAB	30.00	T
06/27/18	349073	DESCOVY 200-25MG TABLET	200-25MG	TAB	30.00	T
06/21/18	70862	MIRTAZAPINE 30MG TABLET	30MG	TAB	30.00	T
06/22/18	355633	DULOXETINE 60MG CAPSULE	60MG	CAP	30.00	T

06/25/18	71630	LORATADINE 10MG TABLET	10MG	TAB	30.00	T
06/28/18	346304	DOXYCYCLINE MONO 100MG CP	100MG	CAP	20.00	T
06/28/18	348753	PHENAZOPYRIDINE 100MG TAB	100MG	TAB	9.00	T
06/29/18	342453	OLANZAPINE 2.5MG TABLET	2.5MG	TAB	60.00	T
06/30/18	347260	SERTRALINE 50MG TABLET	50MG	TAB	30.00	T
06/30/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/30/18	350098	GABAPENTIN 300MG CAPSULE	300MG	CAP	90.00	F
06/21/18	342480	OLANZAPINE 15MG TABLET	15MG	TAB	30.00	T
06/16/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/01/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/19/18	339434	SERTRALINE 100MG TABLET	100MG	TAB	30.00	T
06/22/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/22/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/14/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/29/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/29/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/04/18	354480	PRAVASTATIN 20MG TABLET	20MG	TAB	30.00	T
06/04/18	76274	ASPIRIN 81MG CHEW TAB	81MG	CHW	30.00	T
06/04/18	352242	CARVEDILOL 6.25MG TABLET	6.25MG	TAB	60.00	T
06/26/18	125	CLINDAMYCIN 300MG CAPSULE	300MG	CAP	28.00	T
06/22/18	352025	LISINOPRIL 5MG TABLET	5MG	TAB	30.00	T
06/27/18	354480	PRAVASTATIN 20MG TABLET	20MG	TAB	30.00	T
06/26/18	349038	HYDROXYCHLOROQ. 200MG TAB	200MG	TAB	60.00	F
06/29/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/08/18	70528	DIVALPROEX DR 250MG TAB	250MG	TAB	30.00	T
06/08/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/09/18	70862	MIRTAZAPINE 30MG TABLET	30MG	TAB	30.00	T
06/18/18	352403	LISINOPRIL 10MG TABLET	10MG	TAB	30.00	T
06/18/18	346144	METFORMIN 500MG TABLET	500MG	TAB	60.00	T
06/18/18	345149	LEVETIRACETAM 1000MG TAB	1000MG	TAB	60.00	T
06/21/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/11/18	355582	CLONIDINE 0.2MG TABLET	0.2MG	TAB	60.00	T
06/11/18	348751	METOPROLOL 25MG TABLET	25MG	TAB	60.00	T
06/13/18	356310	ATORVASTATIN 10MG TABLET	10MG	TAB	30.00	T
06/11/18	346568	HYDRALAZINE 10MG TAB	10MG	TAB	60.00	T
06/05/18	75930	LISINOPRIL-HCTZ 20/12.5MG	20-12.5MG	TAB	60.00	T
06/05/18	343196	LEVOTHYROXINE 150MCG TAB	150MCG	TAB	30.00	T
06/14/18	352622	AMLODIPINE 2.5MG TABLET	2.5MG	TAB	30.00	T
06/20/18	350462	HALOPERIDOL 5MG TAB	5MG	TAB	30.00	T
06/20/18	2208	DIPHENHYDRAMINE 50MG CAP	50MG	CAP	30.00	F
06/20/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/02/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/04/18	354612	NITROFUR (BID) 100MG CAP	100MG	CAP	20.00	T
06/09/18	350089	BUSPIRONE 10MG TABLET	10MG	TAB	60.00	T
06/14/18	344801	LEVOTHYROXINE 200MCG TAB	200MCG	TAB	30.00	T
06/12/18	4132	TRIHEXYPHENIDYL 5MG TAB	5MG	TAB	90.00	F
06/02/18	339354	PHENYTOIN ER 100MG CAP	100MG	CAP	90.00	T
06/26/18	339354	PHENYTOIN ER 100MG CAP	100MG	CAP	90.00	T
06/23/18	344212	ATENOLOL 25MG TABLET	25MG	TAB	30.00	T
06/23/18	50286	LEVOTHYROXINE 100MCG TAB	100MCG	TAB	30.00	T
06/29/18	73146	HALOPERIDOL 10MG TABLET	10MG	TAB	30.00	T
06/12/18	354271	IBUPROFEN 400MG TABLET	400MG	TAB	42.00	T
06/12/18	125	CLINDAMYCIN 300MG CAPSULE	300MG	CAP	30.00	T
06/26/18	356888	MIRTAZAPINE 30MG TABLET	30MG	TAB	30.00	T

06/02/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/10/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/06/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/18/18	353136	LEVOFLOXACIN 750MG TABLET	750MG	TAB	14.00	T
06/06/18	70921	MIRTAZAPINE 15MG TABLET	15MG	TAB	30.00	T
06/06/18	355809	OXCARBAZEPINE 150MG TAB	150MG	TAB	60.00	T
06/02/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/02/18	347550	HCTZ 12.5MG TABLET	12.5MG	TAB	30.00	T
06/02/18	355540	CLONIDINE 0.1MG TABLET	0.1MG	TAB	21.00	T
06/13/18	350531	HYDROXYZINE HCL 50MG TAB	50MG	TAB	60.00	T
06/13/18	342478	OLANZAPINE 20MG TABLET	20MG	TAB	30.00	T
06/12/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/16/18	343608	BENZTROPINE 1MG TABLET	1MG	TAB	60.00	T
06/01/18	339434	SERTRALINE 100MG TABLET	100MG	TAB	60.00	T
06/08/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/07/18	339305	ATORVASTATIN 40MG TABLET	40MG	TAB	30.00	T
06/07/18	76274	ASPIRIN 81MG CHEW TAB	81MG	CHW	30.00	T
06/07/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/13/18	339354	PHENYTOIN ER 100MG CAP	100MG	CAP	90.00	T
06/21/18	341838	VITAMIN D3 400UNIT TAB	400UNIT	TAB	60.00	T
06/21/18	76710	QUETIAPINE 200MG TABLET	200MG	TAB	30.00	F
06/25/18	3009	TRAZODONE 150MG TABLET	150MG	TAB	30.00	F
06/16/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/09/18	343714	HYDROXYZINE PAM 50MG CAP	50MG	CAP	30.00	T
06/10/18	64294	CITALOPRAM 20MG TABLET	20MG	TAB	30.00	T
06/09/18	350098	GABAPENTIN 300MG CAPSULE	300MG	CAP	60.00	F
06/04/18	350041	METRONIDAZOLE 500MG TAB	500MG	TAB	14.00	T
06/06/18	343714	HYDROXYZINE PAM 50MG CAP	50MG	CAP	60.00	T
06/23/18	64294	CITALOPRAM 20MG TABLET	20MG	TAB	30.00	T
06/27/18	343607	BENZTROPINE 0.5MG TABLET	0.5MG	TAB	30.00	T
06/18/18	345643	RISPERIDONE 2MG TABLET	2MG	TAB	30.00	T
06/15/18	347854	GENVOYA CAPLET	150-150-200-	TAB	30.00	T
06/14/18	356097	EFAVIRENZ 600MG TABLET	600MG	TAB	30.00	T
06/14/18	355565	LAMIVUDINE 300MG TABLET	300MG	TAB	30.00	T
06/14/18	355531	TENOFOVIR 300MG TABLET	300MG	TAB	30.00	T
06/20/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/20/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/26/18	355565	LAMIVUDINE 300MG TABLET	300MG	TAB	30.00	T
06/26/18	355531	TENOFOVIR 300MG TABLET	300MG	TAB	30.00	T
06/06/18	343607	BENZTROPINE 0.5MG TABLET	0.5MG	TAB	60.00	T
06/06/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	60.00	T
06/05/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/04/18	342480	OLANZAPINE 15MG TABLET	15MG	TAB	30.00	T
06/11/18	355800	HALOPERIDOL DEC 100MG/ML	100MG/ML	INJ	1.00	T
06/11/18	343608	BENZTROPINE 1MG TABLET	1MG	TAB	30.00	T
06/16/18	345644	RISPERIDONE 3MG TAB	3MG	TAB	30.00	T
06/18/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/25/18	355607	OXCARBAZEPINE 600MG TAB	600MG	TAB	60.00	T
06/25/18	73146	HALOPERIDOL 10MG TABLET	10MG	TAB	30.00	T
06/25/18	343608	BENZTROPINE 1MG TABLET	1MG	TAB	30.00	T
06/29/18	3420	DOXEPIN 50MG CAPSULE	50MG	CAP	30.00	F
06/22/18	351382	CYCLOBENZAPRINE 10MG TAB	10MG	TAB	14.00	T
06/05/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/04/18	342454	OLANZAPINE 5MG TABLET	5MG	TAB	30.00	T

06/02/18	355312	VITAMIN B-1 100MG TAB	100MG	TAB	30.00	T
06/15/18	352776	SPIRONOLACTONE 100MG TAB	100MG	TAB	120.00	T
06/15/18	348525	ESTRADIOL 2MG TABLET	2MG	TAB	120.00	T
06/15/18	346092	ESCITALOPRAM 10MG TABLET	10MG	TAB	30.00	T
06/12/18	51440	LORATADINE 10MG TABLET	10MG	TAB	30.00	T
06/21/18	351382	CYCLOBENZAPRINE 10MG TAB	10MG	TAB	14.00	T
06/13/18	13582	XOPENEX HFA 45MCG INHALER	45MCG	AER	15.00	T
06/14/18	342454	OLANZAPINE 5MG TABLET	5MG	TAB	30.00	T
06/14/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/14/18	344824	BUSPIRONE 15MG TAB	15MG	TAB	60.00	T
06/13/18	4132	TRIHENYPHENIDYL 5MG TAB	5MG	TAB	60.00	F
06/18/18	342454	OLANZAPINE 5MG TABLET	5MG	TAB	60.00	T
06/04/18	342454	OLANZAPINE 5MG TABLET	5MG	TAB	30.00	T
06/01/18	350098	GABAPENTIN 300MG CAPSULE	300MG	CAP	60.00	F
06/04/18	346092	ESCITALOPRAM 10MG TABLET	10MG	TAB	30.00	T
06/30/18	3434	DOXEPIN 75MG CAPSULE	75MG	CAP	30.00	F
06/26/18	3434	DOXEPIN 75MG CAPSULE	75MG	CAP	30.00	F
06/21/18	346304	DOXYCYCLINE MONO 100MG CP	100MG	CAP	20.00	T
06/19/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/27/18	343608	BENZTROPINE 1MG TABLET	1MG	TAB	60.00	T
06/27/18	346092	ESCITALOPRAM 10MG TABLET	10MG	TAB	30.00	T
06/20/18	3420	DOXEPIN 50MG CAPSULE	50MG	CAP	30.00	F
06/22/18	4132	TRIHENYPHENIDYL 5MG TAB	5MG	TAB	90.00	F
06/22/18	338888	LITHIUM CARB 300MG CAPS	300MG	CAP	90.00	T
06/04/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/18/18	64294	CITALOPRAM 20MG TABLET	20MG	TAB	30.00	T
06/23/18	343714	HYDROXYZINE PAM 50MG CAP	50MG	CAP	60.00	T
06/11/18	345609	HCTZ 25MG TABLET	25MG	TAB	30.00	T
06/06/18	348594	TOPIRAMATE 25MG TABLET	25MG	TAB	60.00	T
06/04/18	52181	NEPHRO-VITE TAB		TAB	30.00	T
06/04/18	968	CARBAMAZEPINE 200MG TAB	200MG	TAB	120.00	T
06/18/18	339305	ATORVASTATIN 40MG TABLET	40MG	TAB	30.00	T
06/18/18	344048	DOXAZOSIN 2MG TABLET	2MG	TAB	30.00	T
06/26/18	968	CARBAMAZEPINE 200MG TAB	200MG	TAB	120.00	T
06/26/18	52181	NEPHRO-VITE TAB		TAB	30.00	T
06/15/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/15/18	70528	DIVALPROEX DR 250MG TAB	250MG	TAB	60.00	T
06/08/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/08/18	347550	HCTZ 12.5MG TABLET	12.5MG	TAB	30.00	T
06/06/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/16/18	346227	METFORMIN 1000MG TAB	1000MG	TAB	60.00	T
06/29/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/01/18	353358	DOCUSATE SOD 100MG CAP	100MG	CAP	14.00	T
06/28/18	346143	CIPROFLOXACIN 500MG TAB	500MG	TAB	14.00	T
06/28/18	350041	METRONIDAZOLE 500MG TAB	500MG	TAB	14.00	T
06/27/18	70528	DIVALPROEX DR 250MG TAB	250MG	TAB	60.00	T
06/27/18	345259	GABAPENTIN 100MG CAPSULE	100MG	CAP	60.00	F
06/30/18	345259	GABAPENTIN 100MG CAPSULE	100MG	CAP	60.00	F
06/26/18	352622	AMLODIPINE 2.5MG TABLET	2.5MG	TAB	30.00	T
06/16/18	342454	OLANZAPINE 5MG TABLET	5MG	TAB	30.00	T
06/22/18	348594	TOPIRAMATE 25MG TABLET	25MG	TAB	90.00	T
06/21/18	348001	TRIAMCINOLONE 0.5% CREAM	0.50%	CRE	15.00	T
06/22/18	345642	RISPERIDONE 1MG TABLET	1MG	TAB	30.00	T
06/26/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T



06/26/18	347550	HCTZ 12.5MG TABLET	12.5MG	TAB	30.00	T
06/26/18	351753	CARVEDILOL 12.5MG TABLET	12.5MG	TAB	30.00	T
06/18/18	346304	DOXYCYCLINE MONO 100MG CP	100MG	CAP	20.00	T
06/18/18	355058	CETIRIZINE 10MG TABLET	10MG	TAB	10.00	T
06/04/18	339580	CARVEDILOL 3.125MG TABLET	3.125MG	TAB	60.00	T
06/07/18	350042	GEMFIBROZIL 600MG TABLET	600MG	TAB	60.00	T
06/07/18	351152	ASPIRIN 325MG TABLET	325MG	TAB	30.00	T
06/07/18	340657	FUROSEMIDE 20MG TABLET	20MG	TAB	30.00	T
06/07/18	352025	LISINAPRIL 5MG TABLET	5MG	TAB	30.00	T
06/07/18	75636	TRIAMCINOLONE 0.1% CREAM	0.10%	CRE	80.00	T
06/26/18	339580	CARVEDILOL 3.125MG TABLET	3.125MG	TAB	60.00	T
06/12/18	353401	FLUCONAZOLE 150MG TAB	150MG	TAB	4.00	F
06/15/18	350202	ACYCLOVIR 400MG TABLET	400MG	TAB	60.00	T
06/04/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/27/18	352622	AMLODIPINE 2.5MG TABLET	2.5MG	TAB	30.00	T
06/15/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/23/18	343196	LEVOTHYROXINE 150MCG TAB	150MCG	TAB	30.00	T
06/28/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/05/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/26/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	60.00	T
06/12/18	2221	ASPIR-LOW 81MG EC TABLET	81MG EC	TAB	30.00	T
06/13/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/19/18	73125	FLUOXETINE 20MG CAPSULE	20MG	CAP	60.00	T
06/07/18	342454	OLANZAPINE 5MG TABLET	5MG	TAB	60.00	T
06/15/18	48466	HALOPERIDOL 2MG TABLET	2MG	TAB	60.00	T
06/15/18	343607	BENZTROPINE 0.5MG TABLET	0.5MG	TAB	60.00	T
06/07/18	346189	GABAPENTIN 400MG CAPSULE	400MG	CAP	90.00	F
06/04/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/14/18	339782	AMITRIPTYLINE 75MG TABLET	75MG	TAB	30.00	F
06/15/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/14/18	343714	HYDROXYZINE PAM 50MG CAP	50MG	CAP	30.00	T
06/27/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/29/18	345643	RISPERIDONE 2MG TABLET	2MG	TAB	30.00	T
06/27/18	73146	HALOPERIDOL 10MG TABLET	10MG	TAB	30.00	T
06/27/18	2208	DIPHENHYDRAMINE 50MG CAP	50MG	CAP	30.00	F
06/27/18	3009	TRAZODONE 150MG TABLET	150MG	TAB	30.00	F
06/20/18	356024	RITONAVIR 100MG TABLET	100MG	TAB	30.00	T
06/20/18	339383	PREZISTA 800MG TABLET	800MG	TAB	30.00	T
06/05/18	350385	ARIPIRAZOLE 10MG TABLET	10MG	TAB	30.00	F
06/06/18	73146	HALOPERIDOL 10MG TABLET	10MG	TAB	30.00	T
06/02/18	2208	DIPHENHYDRAMINE 50MG CAP	50MG	CAP	30.00	F
06/06/18	74505	TRAZODONE 100MG TAB	100MG	TAB	60.00	F
06/06/18	350531	HYDROXYZINE HCL 50MG TAB	50MG	TAB	60.00	T
06/06/18	346386	CITALOPRAM 40MG TABLET	40MG	TAB	30.00	T
06/12/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/01/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/04/18	70528	DIVALPROEX DR 250MG TAB	250MG	TAB	30.00	T
06/05/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/05/18	70528	DIVALPROEX DR 250MG TAB	250MG	TAB	60.00	T
06/30/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/27/18	346144	METFORMIN 500MG TABLET	500MG	TAB	60.00	T
06/27/18	6155	HUMULIN R 100UNIT VIAL	U-100	INJ	10.00	T
06/27/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/13/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F

06/11/18	339354	PHENYTOIN ER 100MG CAP	100MG	CAP	120.00	T
06/04/18	343608	BENZTROPINE 1MG TABLET	1MG	TAB	30.00	T
06/08/18	3009	TRAZODONE 150MG TABLET	150MG	TAB	30.00	F
06/21/18	345644	RISPERIDONE 3MG TAB	3MG	TAB	30.00	T
06/22/18	52781	OXCARBAZEPINE 300MG TAB	300MG	TAB	30.00	T
06/28/18	355582	CLONIDINE 0.2MG TABLET	0.2MG	TAB	30.00	T
06/27/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/19/18	350462	HALOPERIDOL 5MG TAB	5MG	TAB	30.00	T
06/19/18	339772	PRAZOSIN 1MG CAPSULE	1MG	CAP	30.00	T
06/19/18	343607	BENZTROPINE 0.5MG TABLET	0.5MG	TAB	30.00	T
06/29/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/29/18	345643	RISPERIDONE 2MG TABLET	2MG	TAB	30.00	T
06/06/18	345642	RISPERIDONE 1MG TABLET	1MG	TAB	60.00	T
06/06/18	339782	AMITRIPTYLINE 75MG TABLET	75MG	TAB	30.00	F
06/08/18	75034	OXCARBAZEPINE 300MG TAB	300MG	TAB	30.00	T
06/10/18	342480	OLANZAPINE 15MG TABLET	15MG	TAB	30.00	T
06/22/18	349075	HYDROXYZINE HCL 25MG TAB	25MG	TAB	60.00	T
06/25/18	73125	FLUOXETINE 20MG CAPSULE	20MG	CAP	60.00	T
06/24/18	75139	PRAZOSIN 2MG CAPSULE	2MG	CAP	30.00	T
06/24/18	352460	TOPIRAMATE 100MG TABLET	100MG	TAB	60.00	T
06/30/18	355565	LAMIVUDINE 300MG TABLET	300MG	TAB	30.00	T
06/30/18	356097	EFAVIRENZ 600MG TABLET	600MG	TAB	30.00	T
06/30/18	355531	TENOFOVIR 300MG TABLET	300MG	TAB	30.00	T
06/26/18	125	CLINDAMYCIN 300MG CAPSULE	300MG	CAP	28.00	T
06/22/18	13582	XOPENEX HFA 45MCG INHALER	45MCG	AER	15.00	T
06/22/18	345609	HCTZ 25MG TABLET	25MG	TAB	30.00	T
06/22/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/22/18	342963	PRENATAL PLUS TABLET	PLUS	TAB	30.00	T
06/11/18	76710	QUETIAPINE 200MG TABLET	200MG	TAB	30.00	F
06/11/18	51440	LORATADINE 10MG TABLET	10MG	TAB	30.00	T
06/06/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/06/18	347550	HCTZ 12.5MG TABLET	12.5MG	TAB	30.00	T
06/18/18	355607	OXCARBAZEPINE 600MG TAB	600MG	TAB	30.00	T
06/07/18	349640	LEVETIRACETAM 500MG TAB	500MG	TAB	180.00	T
06/08/18	2208	DIPHENHYDRAMINE 50MG CAP	50MG	CAP	60.00	F
06/02/18	70854	MIRTAZAPINE 45MG TABLET	45MG	TAB	30.00	T
06/02/18	344824	BUSPIRONE 15MG TAB	15MG	TAB	30.00	T
06/02/18	64294	CITALOPRAM 20MG TABLET	20MG	TAB	30.00	T
06/18/18	344824	BUSPIRONE 15MG TAB	15MG	TAB	30.00	T
06/12/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/12/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/15/18	353864	IBUPROFEN 600MG TABLET	600MG	TAB	42.00	T
06/18/18	355875	LEVOFLOXACIN 500MG TABLET	500MG	TAB	7.00	T
06/23/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/22/18	339354	PHENYTOIN ER 100MG CAP	100MG	CAP	90.00	T
06/22/18	2082	CHLORPROMAZINE 200MG TAB	200MG	TAB	30.00	F
06/26/18	356843	LORATADINE 10MG TABLET	10MG	TAB	30.00	T
06/19/18	350098	GABAPENTIN 300MG CAPSULE	300MG	CAP	60.00	F
06/01/18	343608	BENZTROPINE 1MG TABLET	1MG	TAB	30.00	T
06/01/18	73146	HALOPERIDOL 10MG TABLET	10MG	TAB	30.00	T
06/30/18	3441	DOXEPIN 100MG CAPSULE	100MG	CAP	30.00	F
06/30/18	343608	BENZTROPINE 1MG TABLET	1MG	TAB	30.00	T
06/30/18	73146	HALOPERIDOL 10MG TABLET	10MG	TAB	30.00	T
06/29/18	346703	CALC. ANTAC ASSORT TABS	500MG	CHW	120.00	T

06/06/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/23/18	70862	MIRTAZAPINE 30MG TABLET	30MG	TAB	30.00	T
06/13/18	2876	TUBERSOL PPD~10~TEST	5/0.1ML	INJ	10.00	T
06/11/18	355005	BUPROPION-XL 150MG TABLET	150MG XL	TAB	30.00	F
06/11/18	13582	XOPENEX HFA 45MCG INHALER	45MCG	AER	150.00	T
06/11/18	341830	ANTI-DIARRHEAL 2MG CAPLET	2MG	TAB	288.00	T
06/11/18	76095	IPRATROPIUM 0.02% UD IHA	0.02%INH	NEB	312.50	T
06/11/18	342707	ALBUTEROL 0.083% INH UD	0.08%	NEB	375.00	T
06/11/18	355703	VITAMIN B-1 100MG TABLET	100MG	TAB	440.00	T
06/11/18	344282	MECLIZINE 25MG CHEW TAB	25MG	CHW	600.00	T
06/11/18	1309	DOCUSATE SOD 100MG CAP	100MG	CAP	800.00	T
06/11/18	346703	CALC. ANTAC ASSORT TABS	500MG	CHW	1,200.00	T
06/11/18	353090	CITROMA LAXATIVE SOLN.	LEMON	SOLO	2,960.00	T
06/11/18	49944	ACETAMINOPHEN 325MG TAB	325MG	TAB	6,000.00	T
06/11/18	352975	BUSPIRONE 15MG TAB	15MG	TAB	90.00	T
06/11/18	352381	BUSPIRONE 10MG TABLET	10MG	TAB	90.00	T
06/11/18	339626	CARVEDILOL 3.125MG TAB-30	3.125MG	TAB	90.00	T
06/11/18	352097	CYCLOBENZAPR TAB 10MG	10MG	TAB	90.00	T
06/11/18	352755	AMLODIPINE 5MG TABLET	5MG	TAB	90.00	T
06/11/18	352087	OLANZAPINE 5MG TABLET	5MG	TAB	90.00	T
06/11/18	351578	HALOPERIDOL 5MG TABLET	5MG	TAB	60.00	T
06/11/18	352100	LISINOPRIL 5MG TABLET	5MG	TAB	60.00	T
06/13/18	354947	LISINOPRIL 20MG TABLET	20MG	TAB	60.00	T
06/14/18	349357	HYDROXYZINE HCL 25MG TAB	25MG	TAB	120.00	T
06/14/18	355108	TRIAMCINOLONE 0.1% CREAM	0.10%	CRE	150.00	T
06/14/18	354253	AZITHROMYCIN TAB 250MG	250MG	TAB	60.00	T
06/14/18	339780	CIPROFLOXACIN HCL 0.3% OP	0.3% OP	SOL	100.00	T
06/14/18	50285	LEVOTHYROXINE 50MCG TAB	50MCG	TAB	30.00	T
06/18/18	344809	GLUCOSE 4G CHEW TABS	4GM	CHWU	100.00	T
06/18/18	351678	CDP 25MG CAPSULE	25MG	CAP	300.00	T
06/18/18	75636	TRIAMCINOLONE 0.1% CREAM	0.10%	CRE	400.00	T
06/18/18	4040	GLUTOSE 15 GEL	40%	GEL	562.50	T
06/18/18	352607	WARFARIN SODIUM 10MG TAB	10MG	TAB	30.00	T
06/16/18	346991	IVERMECTIN 3MG TABLET	3MG	TAB	80.00	T
06/18/18	352568	WARFARIN SODIUM 5MG TAB	5MG	TAB	30.00	T
06/18/18	352844	METFORMIN 500MG TABLET	500MG	TAB	30.00	T
06/18/18	352963	CIPROFLOXACIN 500MG TAB	500MG	TAB	30.00	T
06/18/18	353391	LISINOPRIL 10MG TABLET	10MG	TAB	30.00	T
06/18/18	76274	ASPIRIN 81MG CHEW TAB	81MG	CHW	30.00	T
06/16/18	352844	METFORMIN 500MG TABLET	500MG	TAB	30.00	T
06/16/18	352607	WARFARIN SODIUM 10MG TAB	10MG	TAB	30.00	T
06/16/18	352568	WARFARIN SODIUM 5MG TAB	5MG	TAB	30.00	T
06/16/18	356471	KETOROLAC TROMETHAMINE 30	30MG/ML	INJ	25.00	T
06/16/18	352963	CIPROFLOXACIN 500MG TAB	500MG	TAB	30.00	T
06/16/18	353391	LISINOPRIL 10MG TABLET	10MG	TAB	30.00	T
06/16/18	76274	ASPIRIN 81MG CHEW TAB	81MG	CHW	30.00	T
06/05/18	352963	CIPROFLOXACIN 500MG TAB	500MG	TAB	30.00	T
06/05/18	348873	HCTZ 12.5MG TABLET 30	12.5MG	TAB	30.00	T
06/05/18	352654	HCTZ 25MG TABLET	25MG	TAB	30.00	T
06/05/18	356440	LEVETIRACETAM 250MG TAB	250MG	TAB	30.00	T
06/05/18	350238	LISINOPRIL 2.5MG TAB	2.5MG	TAB	30.00	T
06/05/18	48840	MINOXIDIL 2.5MG TABLET	2.5MG	TAB	30.00	T
06/05/18	70238	ONE DAILY VITAMIN TABLET		TAB	30.00	T
06/05/18	342932	HYDROCORTISONE 1% CREAM	1%	CRE	280.00	T

06/05/18	3579	LIDOCAINE HCL 1% MDV	1%	INJ	1,000.00	T
06/06/18	353713	EPINEPHRINE 0.3MG INJ 2PK	0.3MG	INJ	2.00	F
06/05/18	354131	HYDRALAZINE 50MG TABLET	50MG	TAB	60.00	T
06/04/18	352104	SIMVASTATIN 20MG TABLET	20MG	TAB	30.00	T
06/04/18	339788	GLYBURIDE 5MG TAB-30	5MG	TAB	30.00	T
06/04/18	353379	HYDRALAZINE 25MG TABLET	25MG	TAB	30.00	T
06/04/18	356440	LEVETIRACETAM 250MG TAB	250MG	TAB	30.00	T
06/04/18	350238	LISINOPRIL 2.5MG TAB	2.5MG	TAB	30.00	T
06/04/18	353088	LITHIUM CARB 300MG CAPS	300MG	CAP	30.00	T
06/04/18	48840	MINOXIDIL 2.5MG TABLET	2.5MG	TAB	30.00	T
06/04/18	70238	ONE DAILY VITAMIN TABLET		TAB	30.00	T
06/04/18	353079	FLUOXETINE 20MG CAPSULE	20MG	CAP	30.00	T
06/01/18	355005	BUPROPION-XL 150MG TABLET	150MG XL	TAB	30.00	F
06/07/18	352442	ACET/COD 300MG/30MG TAB	300-30MG	TAB	150.00	T
06/07/18	351678	CDP 25MG CAPSULE	25MG	CAP	300.00	T
06/11/18	52370	CEFTRIAZONE 1GM VIAL	1GM	INJ	10.00	T
06/11/18	71896	CEFTRIAZONE 500MG VIAL	500MG	INJ	10.00	T
06/29/18	75934	GERI-LANTA ANTACID SUSP	200-200-20MG	SUS	1,775.00	T
06/29/18	354271	IBUPROFEN 400MG TABLET	400MG	TAB	5,000.00	T
06/25/18	52370	CEFTRIAZONE 1GM VIAL	1GM	INJ	20.00	T
06/25/18	50674	DEXAMETHASONE 4MG/ML SDV	4MG/ML	INJ	25.00	T
06/25/18	354549	HALOPERIDOL LACTATE 5MG/M	5MG/ML	INJ	25.00	T
06/25/18	351943	CITALOPRAM 20MG TABLET 30	20MG	TAB	30.00	T
06/25/18	353089	ESCITALOPRAM 10MG TABLET	10MG	TAB	30.00	T
06/25/18	354755	PHENOBARBITAL 64.8MG TAB	64.8MG	TAB	30.00	T
06/25/18	352629	LORAZEPAM 1MG TABLET	1MG	TAB	30.00	T
06/25/18	71864	AMOX/CLAV 875MG/125MG TAB	875MG/125MG	TAB	120.00	T
06/25/18	13582	XOPENEX HFA 45MCG INHALER	45MCG	AER	150.00	T
06/25/18	2221	ASPIR-LOW 81MG EC TABLET	81MG EC	TAB	90.00	T
06/25/18	353217	DIVALPROEX DR 250MG TAB	250MG	TAB	90.00	T
06/25/18	354253	AZITHROMYCIN TAB 250MG	250MG	TAB	90.00	T
06/25/18	69954	AMOXICILLIN 500MG CAPSULE	500MG	CAP	90.00	T
06/25/18	351721	ONDANSETRON 4MG TABLET	4MG	TAB	90.00	T
06/25/18	352061	PHENYTOIN ER 100MG CAP	100MG	CAP	90.00	T
06/25/18	352097	CYCLOBENZAPR TAB 10MG	10MG	TAB	90.00	T
06/25/18	355719	LISINOPRIL-HCTZ 20/12.5MG	20-12.5MG	TAB	60.00	T
06/25/18	355719	LISINOPRIL-HCTZ 20/12.5MG	20-12.5MG	TAB	60.00	T
06/25/18	352755	AMLODIPINE 5MG TABLET	5MG	TAB	60.00	T
06/25/18	72707	ALVESCO 160MCG INHALER	160MCG	AER	61.00	T
06/25/18	72706	ALVESCO 80MCG INHALER	80MCG	AER	61.00	T
06/25/18	76274	ASPIRIN 81MG CHEW TAB	81MG	CHW	90.00	T
06/25/18	352932	HCTZ 12.5MG CAPSULE	12.5MG	CAP	60.00	T
06/25/18	354206	METOPROLOL ER 25MG TABLET	25MG ER	TAB	30.00	T
06/25/18	353379	HYDRALAZINE 25MG TABLET	25MG	TAB	60.00	T
06/25/18	346703	CALC. ANTAC ASSORT TABS	500MG	CHW	1,500.00	T
06/25/18	351071	IBUPROFEN 600MG TABLET	600MG	TAB	3,000.00	T
06/25/18	351128	IBUPROFEN 400MG TABLET	400MG	TAB	3,000.00	T
06/27/18	72657	HALOPERIDOL DEC. 100MG/ML	100MG/ML	INJ	20.00	T
06/27/18	72657	HALOPERIDOL DEC. 100MG/ML	100MG/ML	INJ	20.00	T
06/27/18	354549	HALOPERIDOL LACTATE 5MG/M	5MG/ML	INJ	25.00	T
06/21/18	76284	ENOXAPARIN 40MG/0.4ML INJ	40/0.4ML	INJ	4.00	F
06/21/18	353401	FLUCONAZOLE 150MG TAB	150MG	TAB	12.00	T
06/21/18	71864	AMOX/CLAV 875MG/125MG TAB	875MG/125MG	TAB	60.00	T
06/21/18	349725	LEVETIRACETAM 500MG TAB	500MG	TAB	60.00	T

06/22/18	355864	LORAZEPAM 2MG/ML INJ	2MG/ML	INJ	5.00	T
06/29/18	346092	ESCITALOPRAM 10MG TABLET	10MG	TAB	30.00	T
06/29/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/20/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/15/18	345609	HCTZ 25MG TABLET	25MG	TAB	30.00	T
06/11/18	345609	HCTZ 25MG TABLET	25MG	TAB	30.00	T
06/11/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/04/18	2221	ASPIR-LOW 81MG EC TABLET	81MG EC	TAB	30.00	T
06/20/18	342478	OLANZAPINE 20MG TABLET	20MG	TAB	30.00	T
06/19/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/25/18	350290	MELOXICAM 15MG TABLET	15MG	TAB	30.00	T
06/08/18	355633	DULOXETINE 60MG CAPSULE	60MG	CAP	30.00	T
06/06/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/06/18	352460	TOPIRAMATE 100MG TABLET	100MG	TAB	60.00	T
06/02/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/19/18	342454	OLANZAPINE 5MG TABLET	5MG	TAB	30.00	T
06/29/18	347550	HCTZ 12.5MG TABLET	12.5MG	TAB	30.00	T
06/09/18	347550	HCTZ 12.5MG TABLET	12.5MG	TAB	30.00	T
06/15/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/08/18	342480	OLANZAPINE 15MG TABLET	15MG	TAB	30.00	T
06/05/18	6091	LITHIUM CARB 300MG TABLET	300MG	TAB	60.00	T
06/05/18	75636	TRIAMCINOLONE 0.1% CREAM	0.10%	CRE	80.00	T
06/27/18	347550	HCTZ 12.5MG TABLET	12.5MG	TAB	30.00	T
06/23/18	343779	HYDROXYZINE PAM 25MG CAP	25MG	CAP	60.00	T
06/20/18	346092	ESCITALOPRAM 10MG TABLET	10MG	TAB	30.00	T
06/20/18	343779	HYDROXYZINE PAM 25MG CAP	25MG	CAP	60.00	T
06/21/18	351382	CYCLOBENZAPRINE 10MG TAB	10MG	TAB	60.00	F
06/18/18	72525	GLIPIZIDE 10MG TABLET	10MG	TAB	60.00	T
06/15/18	353746	AZITHROMYCIN 250MG TAB	250MG	TAB	4.00	T
06/15/18	51440	LORATADINE 10MG TABLET	10MG	TAB	7.00	T
06/01/18	70921	MIRTAZAPINE 15MG TABLET	15MG	TAB	30.00	T
06/01/18	339782	AMITRIPTYLINE 75MG TABLET	75MG	TAB	30.00	F
06/16/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/22/18	342454	OLANZAPINE 5MG TABLET	5MG	TAB	30.00	T
06/26/18	348592	DULOXETINE 30MG CAP	30MG	CAP	30.00	T
06/20/18	353733	ABACAVIR 300MG TABLET	300MG	TAB	60.00	T
06/19/18	49170	AZITHROMYCIN 600MG TAB	600MG	TAB	8.00	T
06/19/18	348838	ATOVAQUONE 750/5ML SUSP	750/5ML	SUS	210.00	F
06/20/18	355565	LAMIVUDINE 300MG TABLET	300MG	TAB	30.00	T
06/20/18	340383	TIVICAY 50MG TABLET	50MG	TAB	30.00	T
06/23/18	354621	FOLIC ACID 1MG TABLET	1MG	TAB	30.00	T
06/22/18	76274	ASPIRIN 81MG CHEW TAB	81MG	CHW	30.00	T
06/05/18	48665	HALOPERIDOL 5MG TABLET	5MG	TAB	30.00	T
06/05/18	343608	BENZTROPINE 1MG TABLET	1MG	TAB	30.00	T
06/04/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/05/18	356494	HALOPERIDOL DEC 50MG/ML	50MG/ML	INJ	1.00	T
06/04/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/07/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/07/18	346144	METFORMIN 500MG TABLET	500MG	TAB	60.00	T
06/07/18	345609	HCTZ 25MG TABLET	25MG	TAB	30.00	T
06/02/18	343608	BENZTROPINE 1MG TABLET	1MG	TAB	30.00	T
06/18/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/27/18	345641	RISPERIDONE 0.5MG TABLET	0.5MG	TAB	30.00	T
06/27/18	355809	OXCARBAZEPINE 150MG TAB	150MG	TAB	5.00	T

06/30/18	352525	WARFARIN SOD 5MG TABLET	5MG	TAB	16.00	T
06/07/18	76709	QUETIAPINE 100MG TABLET	100MG	TAB	30.00	F
06/08/18	76551	ENOXAPARIN 150MG/ML INJ	150MG/ML	INJ	14.00	F
06/08/18	352532	WARFARIN SOD 2.5MG TABLET	2.5MG	TAB	30.00	T
06/04/18	73125	FLUOXETINE 20MG CAPSULE	20MG	CAP	30.00	T
06/04/18	352536	WARFARIN SOD 10MG TABLET	10MG	TAB	30.00	T
06/11/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/27/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/21/18	2627	ARTIFICIAL TEARS DROPS	OP	SOL	15.00	T
06/24/18	73125	FLUOXETINE 20MG CAPSULE	20MG	CAP	60.00	T
06/24/18	348600	LAMOTRIGINE 25MG TABLET	25MG	TAB	60.00	T
06/22/18	355531	TENOFOVIR 300MG TABLET	300MG	TAB	30.00	T
06/22/18	355565	LAMIVUDINE 300MG TABLET	300MG	TAB	30.00	T
06/22/18	75535	EDURANT 25MG TABLET	25MG	TAB	30.00	T
06/23/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/20/18	345149	LEVETIRACETAM 1000MG TAB	1000MG	TAB	60.00	T
06/06/18	339354	PHENYTOIN ER 100MG CAP	100MG	CAP	30.00	T
06/06/18	339354	PHENYTOIN ER 100MG CAP	100MG	CAP	60.00	T
06/30/18	3009	TRAZODONE 150MG TABLET	150MG	TAB	30.00	F
06/30/18	70528	DIVALPROEX DR 250MG TAB	250MG	TAB	60.00	T
06/27/18	3009	TRAZODONE 150MG TABLET	150MG	TAB	30.00	F
06/23/18	343714	HYDROXYZINE PAM 50MG CAP	50MG	CAP	30.00	T
06/18/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/20/18	3009	TRAZODONE 150MG TABLET	150MG	TAB	30.00	F
06/21/18	350288	VENLAFAXINE ER 75MG CAP	75MG ER	CAP	30.00	T
06/29/18	343609	BENZTROPINE 2MG TABLET	2MG	TAB	60.00	T
06/29/18	345643	RISPERIDONE 2MG TABLET	2MG	TAB	60.00	T
06/29/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/23/18	343609	BENZTROPINE 2MG TABLET	2MG	TAB	30.00	T
06/23/18	345643	RISPERIDONE 2MG TABLET	2MG	TAB	30.00	T
06/09/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/11/18	341206	HYDROCORTISONE 25MG SUPP	25MG	SUP	15.00	F
06/18/18	76713	QUETIAPINE 400MG TABLET	400MG	TAB	60.00	F
06/18/18	4132	TRIHENYPHENIDYL 5MG TAB	5MG	TAB	60.00	F
06/11/18	75139	PRAZOSIN 2MG CAPSULE	2MG	CAP	30.00	T
06/15/18	339191	TRIHENYPHENIDYL 2MG TAB	2MG	TAB	60.00	F
06/15/18	48665	HALOPERIDOL 5MG TABLET	5MG	TAB	60.00	T
06/15/18	356494	HALOPERIDOL DEC 50MG/ML	50MG/ML	INJ	1.00	T
06/11/18	344824	BUSPIRONE 15MG TAB	15MG	TAB	90.00	T
06/23/18	342480	OLANZAPINE 15MG TABLET	15MG	TAB	30.00	T
06/23/18	350089	BUSPIRONE 10MG TABLET	10MG	TAB	60.00	T
06/23/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/27/18	2208	DIPHENHYDRAMINE 50MG CAP	50MG	CAP	30.00	F
06/07/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/08/18	350288	VENLAFAXINE ER 75MG CAP	75MG ER	CAP	90.00	T
06/11/18	351382	CYCLOBENZAPRINE 10MG TAB	10MG	TAB	28.00	T
06/15/18	351836	PROPRANOLOL 10MG TABLET	10MG	TAB	90.00	T
06/19/18	64294	CITALOPRAM 20MG TABLET	20MG	TAB	30.00	T
06/19/18	70528	DIVALPROEX DR 250MG TAB	250MG	TAB	60.00	T
06/25/18	346092	ESCITALOPRAM 10MG TABLET	10MG	TAB	30.00	T
06/25/18	350089	BUSPIRONE 10MG TABLET	10MG	TAB	60.00	T
06/16/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/13/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/06/18	3938	TOLNAFTATE 1% POWDER	1%	POWT	45.00	F

06/07/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/30/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/29/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/29/18	347550	HCTZ 12.5MG TABLET	12.5MG	TAB	30.00	T
06/30/18	70921	MIRTAZAPINE 15MG TABLET	15MG	TAB	30.00	T
06/04/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/16/18	13582	XOPENEX HFA 45MCG INHALER	45MCG	AER	15.00	T
06/16/18	340657	FUROSEMIDE 20MG TABLET	20MG	TAB	30.00	T
06/16/18	339305	ATORVASTATIN 40MG TABLET	40MG	TAB	30.00	T
06/16/18	351941	ISOSORBIDE MN ER 30MG TAB	30MG ER	TAB	30.00	T
06/16/18	339580	CARVEDILOL 3.125MG TABLET	3.125MG	TAB	60.00	T
06/21/18	75930	LISINOPRIL-HCTZ 20/12.5MG	20-12.5MG	TAB	30.00	T
06/22/18	72082	LISINOP-HCTZ 20-25MG TAB	20-25MG	TAB	30.00	T
06/30/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/21/18	57245	OMEPRAZOLE 20MG CAPSULE	20MG	CAP	14.00	F
06/21/18	347550	HCTZ 12.5MG TABLET	12.5MG	TAB	30.00	T
06/21/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/29/18	351465	IMIPRAMINE 25MG TABLET	25MG	TAB	60.00	T
06/29/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/29/18	342454	OLANZAPINE 5MG TABLET	5MG	TAB	60.00	T
06/30/18	350462	HALOPERIDOL 5MG TAB	5MG	TAB	60.00	T
06/30/18	343608	BENZTROPINE 1MG TABLET	1MG	TAB	60.00	T
06/30/18	346144	METFORMIN 500MG TABLET	500MG	TAB	30.00	T
06/30/18	354281	CHLORTHALIDONE 25MG TAB	25MG	TAB	30.00	T
06/13/18	350290	MELOXICAM 15MG TABLET	15MG	TAB	14.00	T
06/12/18	352403	LISINOPRIL 10MG TABLET	10MG	TAB	60.00	T
06/14/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/14/18	352403	LISINOPRIL 10MG TABLET	10MG	TAB	60.00	T
06/16/18	347550	HCTZ 12.5MG TABLET	12.5MG	TAB	30.00	T
06/20/18	339434	SERTRALINE 100MG TABLET	100MG	TAB	30.00	T
06/20/18	70862	MIRTAZAPINE 30MG TABLET	30MG	TAB	30.00	T
06/08/18	76710	QUETIAPINE 200MG TABLET	200MG	TAB	30.00	F
06/11/18	350531	HYDROXYZINE HCL 50MG TAB	50MG	TAB	60.00	T
06/16/18	355607	OXCARBAZEPINE 600MG TAB	600MG	TAB	60.00	T
06/13/18	345609	HCTZ 25MG TABLET	25MG	TAB	30.00	T
06/16/18	342963	PRENATAL PLUS TABLET	PLUS	TAB	30.00	T
06/07/18	76709	QUETIAPINE 100MG TABLET	100MG	TAB	30.00	F
06/07/18	73125	FLUOXETINE 20MG CAPSULE	20MG	CAP	30.00	T
06/27/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/27/18	350089	BUSPIRONE 10MG TABLET	10MG	TAB	60.00	T
06/06/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/04/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/09/18	345609	HCTZ 25MG TABLET	25MG	TAB	30.00	T
06/09/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/10/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/04/18	352225	LISINOPRIL 30MG TABLET	30MG	TAB	30.00	T
06/08/18	70862	MIRTAZAPINE 30MG TABLET	30MG	TAB	30.00	T
06/30/18	345643	RISPERIDONE 2MG TABLET	2MG	TAB	30.00	T
06/30/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/30/18	351667	DIPHENHYDRAMINE 25MG CAP	25MG	CAP	60.00	F
06/18/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/19/18	345609	HCTZ 25MG TABLET	25MG	TAB	30.00	T
06/26/18	351941	ISOSORBIDE MN ER 30MG TAB	30MG ER	TAB	30.00	T
06/30/18	356941	ASPIR-LOW 81MG EC TABLET	81MG EC	TAB	30.00	T

06/30/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/30/18	355508	ATORVASTATIN 80MG TABLET	80MG	TAB	30.00	T
06/16/18	75586	MELOXICAM 7.5MG TAB	7.5MG	TAB	60.00	T
06/18/18	347260	SERTRALINE 50MG TABLET	50MG	TAB	30.00	T
06/01/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/12/18	69954	AMOXICILLIN 500MG CAPSULE	500MG	CAP	30.00	T
06/14/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/14/18	350089	BUSPIRONE 10MG TABLET	10MG	TAB	60.00	T
06/14/18	355800	HALOPERIDOL DEC 100MG/ML	100MG/ML	INJ	1.00	T
06/13/18	343608	BENZTROPINE 1MG TABLET	1MG	TAB	30.00	T
06/12/18	343196	LEVOTHYROXINE 150MCG TAB	150MCG	TAB	30.00	T
06/16/18	339354	PHENYTOIN ER 100MG CAP	100MG	CAP	120.00	T
06/08/18	70862	MIRTAZAPINE 30MG TABLET	30MG	TAB	30.00	T
06/23/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/05/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/05/18	345609	HCTZ 25MG TABLET	25MG	TAB	30.00	T
06/05/18	2221	ASPIR-LOW 81MG EC TABLET	81MG EC	TAB	30.00	T
06/06/18	70528	DIVALPROEX DR 250MG TAB	250MG	TAB	60.00	T
06/06/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/30/18	64294	CITALOPRAM 20MG TABLET	20MG	TAB	30.00	T
06/30/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/22/18	70921	MIRTAZAPINE 15MG TABLET	15MG	TAB	30.00	T
06/12/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/12/18	75139	PRAZOSIN 2MG CAPSULE	2MG	CAP	30.00	T
06/05/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/05/18	342454	OLANZAPINE 5MG TABLET	5MG	TAB	30.00	T
06/05/18	2208	DIPHENHYDRAMINE 50MG CAP	50MG	CAP	30.00	F
06/23/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/19/18	71864	AMOX/CLAV 875MG/125MG TAB	875MG/125MG	TAB	20.00	T
06/08/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/08/18	76709	QUETIAPINE 100MG TABLET	100MG	TAB	30.00	F
06/16/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/16/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/22/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/30/18	341960	CARVEDILOL 3.125MG TAB	3.125MG	TAB	60.00	T
06/20/18	355951	CLOPIDOGREL 75MG TABLET	75MG	TAB	30.00	T
06/22/18	355633	DULOXETINE 60MG CAPSULE	60MG	CAP	60.00	T
06/22/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/25/18	70862	MIRTAZAPINE 30MG TABLET	30MG	TAB	30.00	T
06/18/18	72869	ZONISAMIDE 100MG CAPSULE	100MG	CAP	90.00	F
06/02/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/01/18	70921	MIRTAZAPINE 15MG TABLET	15MG	TAB	30.00	T
06/05/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/27/18	351667	DIPHENHYDRAMINE 25MG CAP	25MG	CAP	60.00	F
06/27/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/15/18	76284	ENOXAPARIN 40MG/0.4ML INJ	40/0.4ML	INJ	5.60	F
06/15/18	351667	DIPHENHYDRAMINE 25MG CAP	25MG	CAP	30.00	F
06/15/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/15/18	352525	WARFARIN SOD 5MG TABLET	5MG	TAB	30.00	T
06/15/18	339354	PHENYTOIN ER 100MG CAP	100MG	CAP	90.00	T
06/15/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/15/18	346144	METFORMIN 500MG TABLET	500MG	TAB	60.00	T
06/20/18	352533	WARFARIN SOD 7.5MG TABLET	7.5MG	TAB	14.00	T
06/20/18	345609	HCTZ 25MG TABLET	25MG	TAB	30.00	T



06/21/18	354869	ATORVASTATIN 20MG TABLET	20MG	TAB	30.00	T
06/25/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/11/18	59359	LACTULOSE 10GM/15ML SOL	10GM/15ML	SOLO	473.00	T
06/08/18	76274	ASPIRIN 81MG CHEW TAB	81MG	CHW	30.00	T
06/08/18	345609	HCTZ 25MG TABLET	25MG	TAB	30.00	T
06/08/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/08/18	339580	CARVEDILOL 3.125MG TABLET	3.125MG	TAB	60.00	T
06/22/18	3922	REGULOID POWDER REG.	50%	POW	540.00	T
06/19/18	355633	DULOXETINE 60MG CAPSULE	60MG	CAP	30.00	T
06/19/18	348592	DULOXETINE 30MG CAP	30MG	CAP	7.00	T
06/07/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/04/18	342963	PRENATAL PLUS TABLET	PLUS	TAB	30.00	T
06/21/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/12/18	75957	FLUVOXAMINE 100MG TABLET	100MG	TAB	60.00	F
06/12/18	354454	BUPROPION-XL 150MG TABLET	150MG XL	TAB	30.00	F
06/12/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/12/18	353842	LITHIUM CARB ER 300MG TAB	300MG ER	TAB	120.00	T
06/18/18	352558	CHLORTHALIDONE 50MG TAB	50MG	TAB	30.00	T
06/02/18	75034	OXCARBAZEPINE 300MG TAB	300MG	TAB	60.00	T
06/06/18	76710	QUETIAPINE 200MG TABLET	200MG	TAB	30.00	F
06/22/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/19/18	345643	RISPERIDONE 2MG TABLET	2MG	TAB	30.00	T
06/16/18	70921	MIRTAZAPINE 15MG TABLET	15MG	TAB	30.00	T
06/15/18	346143	CIPROFLOXACIN 500MG TAB	500MG	TAB	14.00	T
06/15/18	356140	TAMSULOSIN 0.4MG CAPSULE	0.4MG	CAP	7.00	T
06/16/18	49944	ACETAMINOPHEN 325MG TAB	325MG	TAB	90.00	T
06/25/18	352558	CHLORTHALIDONE 50MG TAB	50MG	TAB	30.00	T
06/28/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/16/18	338888	LITHIUM CARB 300MG CAPS	300MG	CAP	30.00	T
06/19/18	2208	DIPHENHYDRAMINE 50MG CAP	50MG	CAP	60.00	F
06/19/18	355809	OXCARBAZEPINE 150MG TAB	150MG	TAB	60.00	T
06/22/18	75139	PRAZOSIN 2MG CAPSULE	2MG	CAP	30.00	T
06/22/18	354060	ZIPRASIDONE 40MG CAPSULE	40MG	CAP	60.00	F
06/11/18	354271	IBUPROFEN 400MG TABLET	400MG	TAB	14.00	T
06/11/18	69954	AMOXICILLIN 500MG CAPSULE	500MG	CAP	14.00	T
06/01/18	70528	DIVALPROEX DR 250MG TAB	250MG	TAB	60.00	T
06/01/18	345642	RISPERIDONE 1MG TABLET	1MG	TAB	60.00	T
06/04/18	339000	STRIBILD TABLET		TAB	30.00	F
06/08/18	3889	BISACODYL 5MG TABLET EC	5MG EC	TAB	14.00	T
06/18/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/08/18	75636	TRIAMCINOLONE 0.1% CREAM	0.10%	CRE	80.00	T
06/01/18	64294	CITALOPRAM 20MG TABLET	20MG	TAB	30.00	T
06/01/18	345643	RISPERIDONE 2MG TABLET	2MG	TAB	60.00	T
06/13/18	350462	HALOPERIDOL 5MG TAB	5MG	TAB	60.00	T
06/20/18	348592	DULOXETINE 30MG CAP	30MG	CAP	30.00	T
06/20/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/20/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/24/18	349782	ONDANSETRON 4MG TABLET	4MG	TAB	21.00	T
06/11/18	347854	GENVOYA CAPLET	150-150-200-	TAB	30.00	T
06/21/18	342963	PRENATAL PLUS TABLET	PLUS	TAB	30.00	T
06/07/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/06/18	342917	LEVOTHYROXINE 25MCG TAB	25MCG	TAB	30.00	T
06/01/18	356301	GABAPENTIN 600MG TABLET	600MG	TAB	60.00	F
06/02/18	343714	HYDROXYZINE PAM 50MG CAP	50MG	CAP	60.00	T

06/18/18	350290	MELOXICAM 15MG TABLET	15MG	TAB	30.00	T
06/11/18	2208	DIPHENHYDRAMINE 50MG CAP	50MG	CAP	60.00	F
06/18/18	75139	PRAZOSIN 2MG CAPSULE	2MG	CAP	30.00	T
06/02/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/02/18	73125	FLUOXETINE 20MG CAPSULE	20MG	CAP	30.00	T
06/21/18	347550	HCTZ 12.5MG TABLET	12.5MG	TAB	30.00	T
06/22/18	343608	BENZTROPINE 1MG TABLET	1MG	TAB	30.00	T
06/11/18	339434	SERTRALINE 100MG TABLET	100MG	TAB	30.00	T
06/04/18	64294	CITALOPRAM 20MG TABLET	20MG	TAB	30.00	T
06/04/18	345609	HCTZ 25MG TABLET	25MG	TAB	30.00	T
06/27/18	351094	ACETAMINOPHEN 500MG CAPLT	500MG	TAB	180.00	F
06/27/18	350098	GABAPENTIN 300MG CAPSULE	300MG	CAP	60.00	F
06/29/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/29/18	345609	HCTZ 25MG TABLET	25MG	TAB	30.00	T
06/28/18	350098	GABAPENTIN 300MG CAPSULE	300MG	CAP	90.00	F
06/07/18	339175	LITHIUM ER 450MG TABLET	450MG ER	TAB	60.00	T
06/07/18	2208	DIPHENHYDRAMINE 50MG CAP	50MG	CAP	30.00	F
06/22/18	345642	RISPERIDONE 1MG TABLET	1MG	TAB	30.00	T
06/21/18	342478	OLANZAPINE 20MG TABLET	20MG	TAB	30.00	T
06/07/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/07/18	342480	OLANZAPINE 15MG TABLET	15MG	TAB	30.00	T
06/13/18	347260	SERTRALINE 50MG TABLET	50MG	TAB	30.00	T
06/13/18	343714	HYDROXYZINE PAM 50MG CAP	50MG	CAP	60.00	T
06/13/18	345643	RISPERIDONE 2MG TABLET	2MG	TAB	60.00	T
06/13/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/05/18	341830	ANTI-DIARRHEAL 2MG CAPLET	2MG	TAB	18.00	T
06/26/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/26/18	339354	PHENYTOIN ER 100MG CAP	100MG	CAP	90.00	T
06/26/18	339354	PHENYTOIN ER 100MG CAP	100MG	CAP	30.00	T
06/14/18	344824	BUSPIRONE 15MG TAB	15MG	TAB	90.00	T
06/26/18	346304	DOXYCYCLINE MONO 100MG CP	100MG	CAP	28.00	T
06/19/18	345609	HCTZ 25MG TABLET	25MG	TAB	30.00	T
06/19/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/15/18	344298	MECLIZINE 25MG CHEW TAB	25MG	CHW	9.00	T
06/15/18	354621	FOLIC ACID 1MG TABLET	1MG	TAB	30.00	T
06/15/18	355703	VITAMIN B-1 100MG TABLET	100MG	TAB	30.00	T
06/19/18	76284	ENOXAPARIN 40MG/0.4ML INJ	40/0.4ML	INJ	5.60	F
06/18/18	352525	WARFARIN SOD 5MG TABLET	5MG	TAB	30.00	T
06/18/18	352534	WARFARIN SOD 3MG TABLET	3MG	TAB	30.00	T
06/27/18	342480	OLANZAPINE 15MG TABLET	15MG	TAB	30.00	T
06/27/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/04/18	343779	HYDROXYZINE PAM 25MG CAP	25MG	CAP	60.00	T
06/08/18	343714	HYDROXYZINE PAM 50MG CAP	50MG	CAP	60.00	T
06/11/18	346304	DOXYCYCLINE MONO 100MG CP	100MG	CAP	20.00	T
06/25/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	60.00	T
06/26/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/26/18	347550	HCTZ 12.5MG TABLET	12.5MG	TAB	30.00	T
06/30/18	2210	PRENATAL TAB 27-0.8MG	27-0.8	TAB	30.00	T
06/30/18	356941	ASPIR-LOW 81MG EC TABLET	81MG EC	TAB	30.00	T
06/27/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/27/18	338888	LITHIUM CARB 300MG CAPS	300MG	CAP	60.00	T
06/19/18	350290	MELOXICAM 15MG TABLET	15MG	TAB	30.00	T
06/20/18	346089	NAPROXEN 500MG TABLET	500MG	TAB	14.00	T
06/13/18	356494	HALOPERIDOL DEC 50MG/ML	50MG/ML	INJ	1.00	T

06/12/18	49944	ACETAMINOPHEN 325MG TAB	325MG	TAB	120.00	T
06/12/18	346144	METFORMIN 500MG TABLET	500MG	TAB	60.00	T
06/12/18	2221	ASPIR-LOW 81MG EC TABLET	81MG EC	TAB	30.00	T
06/12/18	356310	ATORVASTATIN 10MG TABLET	10MG	TAB	30.00	T
06/12/18	352403	LISINOPRIL 10MG TABLET	10MG	TAB	30.00	T
06/15/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/15/18	349075	HYDROXYZINE HCL 25MG TAB	25MG	TAB	60.00	T
06/11/18	352403	LISINOPRIL 10MG TABLET	10MG	TAB	30.00	T
06/19/18	355633	DULOXETINE 60MG CAPSULE	60MG	CAP	30.00	T
06/20/18	70921	MIRTAZAPINE 15MG TABLET	15MG	TAB	30.00	T
06/27/18	350290	MELOXICAM 15MG TABLET	15MG	TAB	30.00	T
06/26/18	355582	CLONIDINE 0.2MG TABLET	0.2MG	TAB	30.00	T
06/13/18	350531	HYDROXYZINE HCL 50MG TAB	50MG	TAB	30.00	T
06/18/18	353248	PAROXETINE 10MG TABLET	10MG	TAB	30.00	T
06/19/18	350462	HALOPERIDOL 5MG TAB	5MG	TAB	60.00	T
06/16/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/15/18	4132	TRIHXYPHENIDYL 5MG TAB	5MG	TAB	90.00	F
06/18/18	76710	QUETIAPINE 200MG TABLET	200MG	TAB	90.00	F
06/02/18	342478	OLANZAPINE 20MG TABLET	20MG	TAB	30.00	T
06/13/18	73125	FLUOXETINE 20MG CAPSULE	20MG	CAP	30.00	T
06/19/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/22/18	350089	BUSPIRONE 10MG TABLET	10MG	TAB	60.00	T
06/28/18	347550	HCTZ 12.5MG TABLET	12.5MG	TAB	30.00	T
06/26/18	355633	DULOXETINE 60MG CAPSULE	60MG	CAP	30.00	T
06/16/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/06/18	347550	HCTZ 12.5MG TABLET	12.5MG	TAB	30.00	T
06/21/18	346092	ESCITALOPRAM 10MG TABLET	10MG	TAB	30.00	T
06/21/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/21/18	348227	PALIPERIDONE ER 3MG TAB	3MG ER	TAB	30.00	F
06/11/18	70528	DIVALPROEX DR 250MG TAB	250MG	TAB	30.00	T
06/11/18	50285	LEVOTHYROXINE 50MCG TAB	50MCG	TAB	30.00	T
06/11/18	354454	BUPROPION-XL 150MG TABLET	150MG XL	TAB	30.00	F
06/15/18	76710	QUETIAPINE 200MG TABLET	200MG	TAB	30.00	F
06/15/18	4843	ISOSORBIDE DN 5MG TABLET	5MG	TAB	60.00	T
06/04/18	352242	CARVEDILOL 6.25MG TABLET	6.25MG	TAB	60.00	T
06/04/18	350098	GABAPENTIN 300MG CAPSULE	300MG	CAP	90.00	F
06/09/18	350531	HYDROXYZINE HCL 50MG TAB	50MG	TAB	60.00	T
06/09/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/09/18	345643	RISPERIDONE 2MG TABLET	2MG	TAB	30.00	T
06/09/18	339772	PRAZOSIN 1MG CAPSULE	1MG	CAP	30.00	T
06/09/18	3441	DOXEPIN 100MG CAPSULE	100MG	CAP	30.00	F
06/11/18	73125	FLUOXETINE 20MG CAPSULE	20MG	CAP	60.00	T
06/13/18	3441	DOXEPIN 100MG CAPSULE	100MG	CAP	30.00	F
06/13/18	339772	PRAZOSIN 1MG CAPSULE	1MG	CAP	30.00	T
06/13/18	345643	RISPERIDONE 2MG TABLET	2MG	TAB	30.00	T
06/13/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/13/18	350531	HYDROXYZINE HCL 50MG TAB	50MG	TAB	60.00	T
06/05/18	356494	HALOPERIDOL DEC 50MG/ML	50MG/ML	INJ	1.00	T
06/07/18	350290	MELOXICAM 15MG TABLET	15MG	TAB	30.00	T
06/27/18	355633	DULOXETINE 60MG CAPSULE	60MG	CAP	30.00	T
06/27/18	50285	LEVOTHYROXINE 50MCG TAB	50MCG	TAB	30.00	T
06/29/18	75034	OXCARBAZEPINE 300MG TAB	300MG	TAB	30.00	T
06/29/18	345643	RISPERIDONE 2MG TABLET	2MG	TAB	30.00	T
06/29/18	50325	HYDROXYZINE PAM 50MG CAP	50MG	CAP	30.00	T

06/06/18	343714	HYDROXYZINE PAM 50MG CAP	50MG	CAP	30.00	T
06/06/18	75034	OXCARBAZEPINE 300MG TAB	300MG	TAB	30.00	T
06/06/18	345643	RISPERIDONE 2MG TABLET	2MG	TAB	30.00	T
06/23/18	70528	DIVALPROEX DR 250MG TAB	250MG	TAB	60.00	T
06/23/18	339354	PHENYTOIN ER 100MG CAP	100MG	CAP	90.00	T
06/25/18	349640	LEVETIRACETAM 500MG TAB	500MG	TAB	60.00	T
06/27/18	349782	ONDANSETRON 4MG TABLET	4MG	TAB	9.00	T
06/14/18	345643	RISPERIDONE 2MG TABLET	2MG	TAB	30.00	T
06/15/18	355809	OXCARBAZEPINE 150MG TAB	150MG	TAB	10.00	T
06/15/18	75034	OXCARBAZEPINE 300MG TAB	300MG	TAB	60.00	T
06/16/18	73125	FLUOXETINE 20MG CAPSULE	20MG	CAP	90.00	T
06/11/18	350462	HALOPERIDOL 5MG TAB	5MG	TAB	30.00	T
06/11/18	343607	BENZTROPINE 0.5MG TABLET	0.5MG	TAB	30.00	T
06/22/18	346386	CITALOPRAM 40MG TABLET	40MG	TAB	30.00	T
06/20/18	348516	ACYCLOVIR 800MG TABLET	800MG	TAB	10.00	T
06/18/18	972	CARBAMAZEPINE 100MG CHEW	100MG	CHW	180.00	T
06/29/18	346433	CLONIDINE 0.1MG TABLET	0.1MG	TAB	21.00	T
06/07/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/16/18	346227	METFORMIN 1000MG TAB	1000MG	TAB	18.00	T
06/16/18	6155	HUMULIN R 100UNIT VIAL	U-100	INJ	10.00	T
06/16/18	345609	HCTZ 25MG TABLET	25MG	TAB	30.00	T
06/18/18	64294	CITALOPRAM 20MG TABLET	20MG	TAB	30.00	T
06/21/18	346227	METFORMIN 1000MG TAB	1000MG	TAB	60.00	T
06/30/18	355572	LOSARTAN POT 25MG TABLET	25MG	TAB	30.00	T
06/01/18	351242	LISINOP-HCTZ 10/12.5MG TAB	10-12.5MG	TAB	30.00	T
06/01/18	355582	CLONIDINE 0.2MG TABLET	0.2MG	TAB	15.00	T
06/08/18	342454	OLANZAPINE 5MG TABLET	5MG	TAB	30.00	T
06/11/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/11/18	347550	HCTZ 12.5MG TABLET	12.5MG	TAB	30.00	T
06/11/18	354454	BUPROPION-XL 150MG TABLET	150MG XL	TAB	30.00	F
06/11/18	76710	QUETIAPINE 200MG TABLET	200MG	TAB	30.00	F
06/11/18	350098	GABAPENTIN 300MG CAPSULE	300MG	CAP	60.00	F
06/11/18	355633	DULOXETINE 60MG CAPSULE	60MG	CAP	30.00	T
06/11/18	2221	ASPIR-LOW 81MG EC TABLET	81MG EC	TAB	30.00	T
06/11/18	343196	LEVOTHYROXINE 150MCG TAB	150MCG	TAB	30.00	T
06/13/18	352403	LISINOPRIL 10MG TABLET	10MG	TAB	30.00	T
06/16/18	346227	METFORMIN 1000MG TAB	1000MG	TAB	60.00	T
06/16/18	339305	ATORVASTATIN 40MG TABLET	40MG	TAB	30.00	T
06/22/18	347260	SERTRALINE 50MG TABLET	50MG	TAB	30.00	T
06/20/18	342478	OLANZAPINE 20MG TABLET	20MG	TAB	30.00	T
06/15/18	345643	RISPERIDONE 2MG TABLET	2MG	TAB	30.00	T
06/26/18	3009	TRAZODONE 150MG TABLET	150MG	TAB	30.00	F
06/18/18	345609	HCTZ 25MG TABLET	25MG	TAB	30.00	T
06/11/18	346092	ESCITALOPRAM 10MG TABLET	10MG	TAB	30.00	T
06/13/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/13/18	75034	OXCARBAZEPINE 300MG TAB	300MG	TAB	60.00	T
06/01/18	70528	DIVALPROEX DR 250MG TAB	250MG	TAB	60.00	T
06/26/18	70921	MIRTAZAPINE 15MG TABLET	15MG	TAB	30.00	T
06/29/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/29/18	347550	HCTZ 12.5MG TABLET	12.5MG	TAB	30.00	T
06/27/18	352533	WARFARIN SOD 7.5MG TABLET	7.5MG	TAB	30.00	T
06/27/18	71864	AMOX/CLAV 875MG/125MG TAB	875MG/125MG	TAB	14.00	T
06/30/18	352536	WARFARIN SOD 10MG TABLET	10MG	TAB	30.00	T
06/22/18	48562	PREDNISOLONE ACE 1% OPTH	1% OP	SUSO	5.00	T

06/22/18	350048	TIMOLOL 0.5% OPHTH SOL	0.5% OP	SOL	10.00	T
06/23/18	346957	ATROPINE SULFATE 1% OP SO	1% OP	SOL	5.00	F
06/26/18	345609	HCTZ 25MG TABLET	25MG	TAB	30.00	T
06/20/18	348592	DULOXETINE 30MG CAP	30MG	CAP	60.00	T
06/10/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/14/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/18/18	2208	DIPHENHYDRAMINE 50MG CAP	50MG	CAP	30.00	F
06/18/18	4132	TRIHEXYPHENIDYL 5MG TAB	5MG	TAB	90.00	F
06/18/18	345644	RISPERIDONE 3MG TAB	3MG	TAB	60.00	T
06/25/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/19/18	355703	VITAMIN B-1 100MG TABLET	100MG	TAB	30.00	T
06/20/18	49588	NAPROXEN 375MG TABLET	375MG	TAB	42.00	T
06/14/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/30/18	349438	LEVETIRACETAM 750MG TAB	750MG	TAB	60.00	T
06/30/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/28/18	345642	RISPERIDONE 1MG TABLET	1MG	TAB	30.00	T
06/28/18	70921	MIRTAZAPINE 15MG TABLET	15MG	TAB	30.00	T
06/04/18	349438	LEVETIRACETAM 750MG TAB	750MG	TAB	60.00	T
06/27/18	348592	DULOXETINE 30MG CAP	30MG	CAP	30.00	T
06/27/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/30/18	50325	HYDROXYZINE PAM 50MG CAP	50MG	CAP	60.00	T
06/30/18	70311	DIVALPROEX DR 500MG TAB	500MG DR	TAB	60.00	T
06/30/18	347260	SERTRALINE 50MG TABLET	50MG	TAB	30.00	T
06/01/18	75930	LISINAPRIL-HCTZ 20/12.5MG	20-12.5MG	TAB	30.00	T
06/08/18	351382	CYCLOBENZAPRINE 10MG TAB	10MG	TAB	14.00	T
06/11/18	342480	OLANZAPINE 15MG TABLET	15MG	TAB	30.00	T
06/20/18	345642	RISPERIDONE 1MG TABLET	1MG	TAB	60.00	T
06/15/18	346089	NAPROXEN 500MG TABLET	500MG	TAB	60.00	F
06/19/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/19/18	345078	TAMSULOSIN 0.4MG CAPSULE	0.4MG	CAP	30.00	T
06/25/18	70862	MIRTAZAPINE 30MG TABLET	30MG	TAB	30.00	T
06/21/18	351382	CYCLOBENZAPRINE 10MG TAB	10MG	TAB	14.00	T
06/07/18	350098	GABAPENTIN 300MG CAPSULE	300MG	CAP	90.00	F
06/07/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/01/18	345259	GABAPENTIN 100MG CAPSULE	100MG	CAP	3.00	F
06/01/18	355058	CETIRIZINE 10MG TABLET	10MG	TAB	30.00	T
06/02/18	54993	COMBIGAN 0.2-0.5% OPHTH	0.2%-0.5%	SOL	5.00	F
06/23/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/29/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/12/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/12/18	347550	HCTZ 12.5MG TABLET	12.5MG	TAB	30.00	T
06/19/18	340716	LUMIGAN 0.01% OPHTH SOL	0.01%	SOL	2.50	F
06/08/18	345609	HCTZ 25MG TABLET	25MG	TAB	30.00	T
06/07/18	339434	SERTRALINE 100MG TABLET	100MG	TAB	30.00	T
06/07/18	345642	RISPERIDONE 1MG TABLET	1MG	TAB	30.00	T
06/05/18	6025	PREDNISONE 20MG TABLET	20MG	TAB	60.00	T
06/05/18	350471	PREDNISONE 20MG TABLET	20MG	TAB	2.50	T
06/05/18	6025	PREDNISONE 20MG TABLET	20MG	TAB	5.00	T
06/08/18	73125	FLUOXETINE 20MG CAPSULE	20MG	CAP	30.00	T
06/08/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/26/18	347550	HCTZ 12.5MG TABLET	12.5MG	TAB	30.00	T
06/26/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/27/18	350531	HYDROXYZINE HCL 50MG TAB	50MG	TAB	30.00	T
06/27/18	356259	DULOXETINE 20MG CAPSULE	20MG	CAP	60.00	T

06/13/18	74505	TRAZODONE 100MG TAB	100MG	TAB	7.00	F
06/18/18	356494	HALOPERIDOL DEC 50MG/ML	50MG/ML	INJ	1.00	T
06/18/18	1858	DIPHENHYD. 50MG/ML VIAL	50MG/ML	INJ	1.00	T
06/07/18	352852	ESCITALOPRAM 5MG TABLET	5MG	TAB	30.00	T
06/07/18	342454	OLANZAPINE 5MG TABLET	5MG	TAB	60.00	T
06/27/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	9.00	F
06/27/18	350531	HYDROXYZINE HCL 50MG TAB	50MG	TAB	30.00	T
06/27/18	355058	CETIRIZINE 10MG TABLET	10MG	TAB	30.00	T
06/11/18	351382	CYCLOBENZAPRINE 10MG TAB	10MG	TAB	28.00	T
06/04/18	355058	CETIRIZINE 10MG TABLET	10MG	TAB	30.00	T
06/11/18	3921	REGULOID POWDER REG.	50%	POW	369.00	T
06/11/18	50285	LEVOTHYROXINE 50MCG TAB	50MCG	TAB	30.00	T
06/01/18	356526	BUSPIRONE 5MG TABLET	5MG	TAB	60.00	T
06/01/18	64294	CITALOPRAM 20MG TABLET	20MG	TAB	30.00	T
06/15/18	346092	ESCITALOPRAM 10MG TABLET	10MG	TAB	30.00	T
06/15/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/07/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/15/18	346092	ESCITALOPRAM 10MG TABLET	10MG	TAB	30.00	T
06/14/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/26/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/26/18	346227	METFORMIN 1000MG TAB	1000MG	TAB	60.00	T
06/26/18	355540	CLONIDINE 0.1MG TABLET	0.1MG	TAB	90.00	T
06/25/18	355573	LOSARTAN 50MG TABLET	50MG	TAB	30.00	T
06/25/18	339087	LAMOTRIGINE 100MG TAB	100MG	TAB	30.00	T
06/22/18	347883	LAMIVUDINE 100MG TAB	100MG	TAB	30.00	T
06/22/18	348600	LAMOTRIGINE 25MG TABLET	25MG	TAB	14.00	T
06/22/18	348600	LAMOTRIGINE 25MG TABLET	25MG	TAB	56.00	T
06/22/18	74505	TRAZODONE 100MG TAB	100MG	TAB	60.00	F
06/05/18	354612	NITROFUR (BID) 100MG CAP	100MG	CAP	20.00	T
06/05/18	75586	MELOXICAM 7.5MG TAB	7.5MG	TAB	30.00	T
06/05/18	49944	ACETAMINOPHEN 325MG TAB	325MG	TAB	56.00	T
06/16/18	353834	VENLAFAXINE ER 150MG CAP	150MG ER	CAP	60.00	T
06/04/18	347854	GENVOYA CAPLET	150-150-200-	TAB	10.00	T
06/18/18	73125	FLUOXETINE 20MG CAPSULE	20MG	CAP	30.00	T
06/25/18	13582	XOPENEX HFA 45MCG INHALER	45MCG	AER	15.00	T
06/06/18	346304	DOXYCYCLINE MONO 100MG CP	100MG	CAP	20.00	T
06/12/18	75034	OXCARBAZEPINE 300MG TAB	300MG	TAB	60.00	T
06/12/18	352066	AMITRIPTYLINE 100MG TAB	100MG	TAB	30.00	F
06/12/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/14/18	74216	PENICILLIN VK 500MG TAB	500MG	TAB	28.00	T
06/12/18	346304	DOXYCYCLINE MONO 100MG CP	100MG	CAP	28.00	T
06/25/18	350098	GABAPENTIN 300MG CAPSULE	300MG	CAP	90.00	F
06/25/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/14/18	346304	DOXYCYCLINE MONO 100MG CP	100MG	CAP	28.00	T
06/06/18	74690	SIMVASTATIN 40MG TABLET	40MG	TAB	60.00	T
06/07/18	339580	CARVEDILOL 3.125MG TABLET	3.125MG	TAB	60.00	T
06/07/18	2221	ASPIR-LOW 81MG EC TABLET	81MG EC	TAB	30.00	T
06/06/18	71864	AMOX/CLAV 875MG/125MG TAB	875MG/125MG	TAB	20.00	T
06/09/18	339354	PHENYTOIN ER 100MG CAP	100MG	CAP	90.00	T
06/09/18	339354	PHENYTOIN ER 100MG CAP	100MG	CAP	30.00	T
06/16/18	355421	PRAZOSIN 1MG CAPSULE	1MG	CAP	30.00	T
06/16/18	76709	QUETIAPINE 100MG TABLET	100MG	TAB	30.00	F
06/16/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/16/18	73357	FLUOXETINE 10MG CAPSULE	10MG	CAP	30.00	T

06/05/18	13582	XOPENEX HFA 45MCG INHALER	45MCG	AER	15.00	T
06/05/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/05/18	345609	HCTZ 25MG TABLET	25MG	TAB	30.00	T
06/05/18	348751	METOPROLOL 25MG TABLET	25MG	TAB	60.00	T
06/06/18	3005	TRAZODONE 50MG TABLET	50MG	TAB	30.00	F
06/06/18	73125	FLUOXETINE 20MG CAPSULE	20MG	CAP	30.00	T
06/06/18	342479	OLANZAPINE 10MG TABLET	10MG	TAB	30.00	T
06/25/18	3009	TRAZODONE 150MG TABLET	150MG	TAB	30.00	F
06/30/18	76712	QUETIAPINE 300MG TABLET	300MG	TAB	30.00	F
06/26/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/26/18	345609	HCTZ 25MG TABLET	25MG	TAB	30.00	T
06/30/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/22/18	356688	PAROXETINE 30MG TABLET	30MG	TAB	30.00	T
06/22/18	350089	BUSPIRONE 10MG TABLET	10MG	TAB	90.00	T
06/27/18	3434	DOXEPIN 75MG CAPSULE	75MG	CAP	60.00	F
06/28/18	27	ATENOLOL 50MG TABLET	50MG	TAB	30.00	T
06/28/18	352399	LISINOPRIL 40MG TABLET	40MG	TAB	30.00	T
06/23/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/08/18	352399	LISINOPRIL 40MG TABLET	40MG	TAB	30.00	T
06/08/18	27	ATENOLOL 50MG TABLET	50MG	TAB	30.00	T
06/18/18	352688	PAROXETINE 20MG TABLET	20MG	TAB	30.00	T
06/16/18	342478	OLANZAPINE 20MG TABLET	20MG	TAB	30.00	T
06/11/18	3434	DOXEPIN 75MG CAPSULE	75MG	CAP	30.00	F
06/21/18	350290	MELOXICAM 15MG TABLET	15MG	TAB	30.00	T
06/21/18	352409	AMLODIPINE 10MG TABLET	10MG	TAB	30.00	T
06/21/18	347550	HCTZ 12.5MG TABLET	12.5MG	TAB	30.00	T
06/28/18	354612	NITROFUR (BID) 100MG CAP	100MG	CAP	14.00	T
06/27/18	73125	FLUOXETINE 20MG CAPSULE	20MG	CAP	60.00	T
06/27/18	355607	OXCARBAZEPINE 600MG TAB	600MG	TAB	60.00	T
06/23/18	73125	FLUOXETINE 20MG CAPSULE	20MG	CAP	30.00	T
06/23/18	342454	OLANZAPINE 5MG TABLET	5MG	TAB	60.00	T
06/23/18	75034	OXCARBAZEPINE 300MG TAB	300MG	TAB	60.00	T
06/18/18	355875	LEVOFLOXACIN 500MG TABLET	500MG	TAB	5.00	T
06/06/18	13582	XOPENEX HFA 45MCG INHALER	45MCG	AER	15.00	T
06/02/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/30/18	345669	AMITRIPTYLINE 50MG TABLET	50MG	TAB	30.00	F
06/29/18	355809	OXCARBAZEPINE 150MG TAB	150MG	TAB	60.00	T
06/04/18	349640	LEVETIRACETAM 500MG TAB	500MG	TAB	60.00	T
06/16/18	2208	DIPHENHYDRAMINE 50MG CAP	50MG	CAP	30.00	F
06/16/18	73125	FLUOXETINE 20MG CAPSULE	20MG	CAP	30.00	T
06/20/18	70528	DIVALPROEX DR 250MG TAB	250MG	TAB	60.00	T
06/25/18	3420	DOXEPIN 50MG CAPSULE	50MG	CAP	30.00	F
06/22/18	3420	DOXEPIN 50MG CAPSULE	50MG	CAP	30.00	F
06/14/18	348751	METOPROLOL 25MG TABLET	25MG	TAB	60.00	T
06/11/18	70862	MIRTAZAPINE 30MG TABLET	30MG	TAB	30.00	T
06/01/18	74505	TRAZODONE 100MG TAB	100MG	TAB	30.00	F
06/30/18	3009	TRAZODONE 150MG TABLET	150MG	TAB	30.00	F
06/27/18	352408	AMLODIPINE 5MG TABLET	5MG	TAB	30.00	T
06/08/18	353536	QUETIAPINE ER 200MG TAB	200MG ER	TAB	30.00	F
06/13/18	74690	SIMVASTATIN 40MG TABLET	40MG	TAB	30.00	T
06/13/18	350003	METFORMIN 850MG TABLET	850MG	TAB	60.00	T



August 6, 2018

Andrea J. McCorvey  
Purchasing Division Manager  
Columbus Consolidated Government  
100 Tenth Street  
Columbus, GA 31902-1340

Re: CorrectHealth Best and Final Offer for RFP No. 18-0019 Inmate Medical & Pharmacy Services for Muscogee County Jail (Annual Contract)

Dear Ms. McCorvey,

CorrectHealth is pleased to submit a Best and Final Offer for the Inmate Medical & Pharmacy Services for the Muscogee County Jail. Please see staffing options and new pricing below.

**Proposal Pricing.** As indicated CorrectHealth agrees to provide a quality-driven, cost effective, healthcare program for the inmates and detainees at the Jail. The prices attached on Form 5 below include the provision of healthcare services, Best and Final Offer as described below, for the inmates at the Muscogee County Jail. CorrectHealth will be financially responsible for medical, dental, nursing and support staffing, on-site diagnostics, electronic medical records software and support, and supplies and administrative support costs as per this proposal.

CorrectHealth Offers two (2) Best and Final options for consideration:

**Option I.** Option I represents the specified staffing requested by the County in Section II, Personnel Staffing, of the RFP for the Muscogee County Jail. Please see the specified Staffing Matrix in Section II of this proposal for more detailed information.

**Option II.** Option II represents an alternate staffing plan for the Muscogee County Jail presented by CorrectHealth for consideration. CorrectHealth is confident that this staffing plan will meet the needs of the medical and dental programs at the Muscogee County Jail while providing substantial savings to the Columbus Consolidated Government. Please see the alternate Staffing Matrix in Section II of this proposal for more detailed information.

**Specialty Care.** Through our accounting and claims management department, CorrectHealth will manage scheduling, claims adjudication and accounting for off-site hospitalization and specialty care services. For emergency treatment, Columbus Consolidated Government will receive savings as set forth in HB 197 > O.C.G.A. 42-4-15 utilizing Medicaid rates for reimbursements to hospitals, which has historically saved up to 80% of usual and customary charges.

For Hospitalization and Specialty Care provided on-site or off-site, CorrectHealth will abide by existing contracts in place between the City of Columbus and Columbus Regional Medical Center,



as well as any other provider agreements that may exist for provider reimbursement. Columbus Consolidated Government is financially responsible for the actual costs of specialty care and hospitalization services.

CorrectHealth will adjudicate and pay hospitalization and specialty care claims on a monthly basis. Paid claims will be invoiced to the MCSO thirty (30) days after the end of the contract quarter for reimbursement equal to the amount paid for the preceding quarter.

**Changes in Standards of Care or Scope of Services.** The prices quoted reflect the scope of services as outlined in the CorrectHealth Service Plan in section 6 of our proposal and the current community standard of care with regard to correctional healthcare services. If there is any change in or modification of the local, national (e.g. NCCHC, ACA) or community standards of care or scope of services, court order, ruling or interpretation, state or federal law or statute or interpretation thereof that results in sustained and material increase in costs (e.g. treatment of Hepatitis C, TB, HIV/AIDS, etc.), coverage of costs related to such changes are not included in this proposal and would need to be negotiated with Columbus Consolidated Government. Further, if the mission and / or purpose of the Muscogee County Sheriff's Office changes substantially, Muscogee County agrees to negotiate with CorrectHealth in good faith for any change in services.

**Per Diem.** CorrectHealth will charge a per diem rate of \$0.48 per inmate per day when the daily census is greater than 1050 at Muscogee County Jail. This per diem is intended to cover additional costs in those instances where minor, short-term changes in the inmate population result in the higher utilization of routine supplies and services. However, the per diem is not intended to provide for any additional fixed costs, such as new fixed staffing positions that might prove necessary if the inmate population grows significantly and / or if the population increase is sustained. CorrectHealth will negotiate in good faith with Muscogee County for an increase in staffing complement and contract price in order to provide services to an increased number of inmates and maintain quality of care. CorrectHealth will invoice MCSO for per diem overages in the month following the month of service. Payment will be due within thirty days. NOTE: This per diem will increase at a rate of 2% (\$0.01) per year.

**Payment Terms.** CorrectHealth will invoice CCG for one-twelfth of the annual base compensation on a monthly basis during the month of service. CCG agrees to pay CorrectHealth within 30 days of the invoice date. In the event this agreement should terminate on a date other than the end of a calendar month, compensation to CorrectHealth will be prorated accordingly for the shortened month.

CorrectHealth will invoice the CCG for pharmaceutical expenses on a monthly basis. The pharmaceutical invoice will be processed as a pass through expense. CorrectHealth will provide oversight and management of the pharmaceutical formulary at no additional charge.

**Annual Renewal.** CorrectHealth will guarantee renewal pricing as outlined in the attached cost proposal.

**Statement of Financial Condition.** CorrectHealth Companies is a group of private, limited liability companies owned by Triage Holding, Inc. (Triage). Triage provides administrative support including but not limited to Human Resources, Accounting and Legal support, for the group of CorrectHealth Companies, for which it receives an administrative fee. If awarded the contract, we operate as CorrectHealth Muscogee, LLC. CorrectHealth Companies are currently licensed to do business in the states of Georgia, Louisiana, Kentucky and Tennessee. At the close of business December 31, 2017, combined annual operating revenues exceeded \$43 million. Our annualized payroll is currently \$23 million. CorrectHealth Companies' operations have been self-funded for its entire 18 year history and the group of companies is debt free. CorrectHealth has significant cash balances, a healthy cash flow and an available line of credit in the amount of \$3 million. The companies are financially stable and capable of performing under the proposed contract.

CorrectHealth will adjudicate and pay claims on a monthly basis. An invoice for adjudicated claims will be sent to Columbus Consolidated Government in a quarterly basis

**Summary.** CorrectHealth is making an honest, transparent and fair proposal to Columbus Consolidated Government to provide high quality, cost effective, comprehensive healthcare services to the inmates at the Muscogee County Jail. CorrectHealth looks forward to the opportunity to discuss our proposal with Columbus Consolidated Government representatives during the evaluation process.

**Pricing.** Please see our Best and Final pricing for the two (2) distinct options below in the Form 5 format.

STAFFING MATRIX	Specified Staffing OPTION 1		Alternate Staffing OPTION 2	
	FTE	Hrs / Week	FTE	Hrs / Week
<b>Medical Providers</b>				
Medical Director	0.80	32	0.60	24
Nurse Practitioner / Physician Assistant	1.00	40	1.00	40
<b>Oversite Operations</b>				
Health Services Administrator (RN)	1.00	40	1.00	40
Director of Nursing (RN)	1.00	40	1.00	40
House Supervisor (RN)	4.20	168	4.20	168
Administrative Assistant	1.00	40	1.00	40
<b>Clinic</b>				
RN Sick Call	2.00	80		
LPN Sick Call	2.00	80	2.00	80
<b>Infirmery</b>				
LPN	4.20	168	4.20	168
<b>Intake</b>				
LPN	4.20	168	4.20	168
Med Tech	4.20	168	4.20	168
<b>Pill Team</b>				
LPN	6.30	252	6.30	252
<b>Medical Records</b>				
HIT Supervisor	1.00	40	1.00	40
HIT Technician	2.00	80	1.00	40

Dental Providers			
Dentist	0.75	30	0.50 20
Dental Assistant	0.75	30	0.50 20
<b>TOTALS</b>	<b>36.40</b>	<b>1456</b>	<b>32.70 1308</b>

*Inmate Medical and Pharmacy Services for Muscogee County Jail  
(Annual Contract) RFP No. 18-0019 Best and Final Offer*

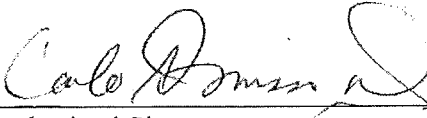
**Option 1. Specified Staffing**

DESCRIPTION	CONTRACT YEAR	*ANNUAL CONTRACT AMOUNT
Medical Services	1 <sup>st</sup> Year	\$ 3,237,946.73
	2 <sup>nd</sup> Year	\$ 3,318,895.40
	Total Initial Contract Amount	\$ 6,556,842.12
Medical Services	3 <sup>rd</sup> Year	\$ 3,401,867.78
Medical Services	4 <sup>th</sup> Year	\$ 3,486,914.47
Medical Services	5 <sup>th</sup> Year	\$ 3,574,087.34
Pharmacy services at pass-through cost with a management fee		<u>0.00</u> % Management Fee

**OPTION 2. Recommended Staffing**

DESCRIPTION	CONTRACT YEAR	*ANNUAL CONTRACT AMOUNT
Medical Services	1 <sup>st</sup> Year	\$ 2,930,502.27
	2 <sup>nd</sup> Year	\$ 3,003,764.83
	Total Initial Contract Amount	\$ 5,934,267.10
Medical Services	3 <sup>rd</sup> Year	\$ 3,078,858.95
Medical Services	4 <sup>th</sup> Year	\$ 3,155,830.42
Medical Services	5 <sup>th</sup> Year	\$ 3,234,726.18
Pharmacy services at pass-through cost with a management fee		<u>0.00</u> % Management Fee

CorrectHealth Muscogee, LLC  
Company Name

  
Authorized Signature

August 6, 2018  
Date

**COLUMBUS CONSOLIDATED GOVERNMENT**  
Georgia's First Consolidated Government



**FINANCE DEPARTMENT**  
**PURCHASING DIVISION**

100 TENTH STREET, COLUMBUS, GEORGIA 31901  
P. O. BOX 1340, COLUMBUS, GEORGIA 31902-1340  
706-653-4105, Fax 706-225-3033  
[www.columbusga.org](http://www.columbusga.org)

August 2, 2018

Carlo A. Musso, MD  
CorrectHealth Muscogee, LLC  
3384 Peachtree Road NE, Suite 700  
Atlanta, Georgia 30326

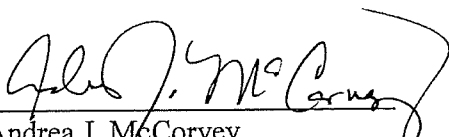
Re: RFP No. 18-0019; Inmate Medical & Pharmacy Services for Muscogee County Jail (Annual Contract)

Dear Dr. Musso,

Columbus Consolidated Government appreciates your team's presentation for the referenced annual contract. The next and final phase in the process is negotiations. Please provide a best and final offer of your cost proposal; address all prices and fees listed on pages 84 thru 87 of your submittal.

*No later than Monday, August 6, 2018*, you are respectfully requested to submit your written response to the attention of Della Lewis via email [dlewis@columbusga.org](mailto:dlewis@columbusga.org).

Sincerely,

  
Andrea J. McCorvey,  
Purchasing Division Manager