

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,

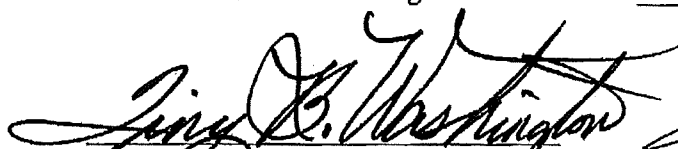
WHEREAS, Correctional Healthcare Companies will provide a pharmaceutical management program for the Jail that includes formulary and non-formulary oversight; prescribing and dispensing of medications; recordkeeping; and the secure and proper storage of all medications in accordance with NCCHC standards, 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 6th 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	Number/Week	Equivalent FTE
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
Total	1220	30.50

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. (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. (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,

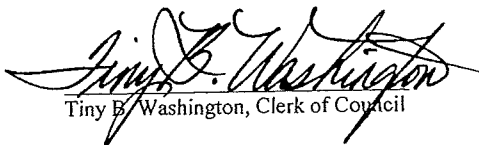
WHEREAS, the term of contract shall be for two years, with an option to renew for three additional twelve-month periods. Contract renewal is contingent upon the mutual agreement of the City and the Contractor.

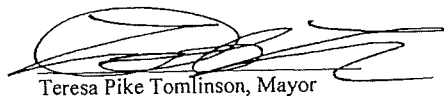
NOW, THEREFORE, THE COUNCIL OF COLUMBUS, GEORGIA, HEREBY RESOLVES AS FOLLOWS:

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 (Greenwood Village, CO) 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.

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

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

August 30, 2013

E-mail: 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).

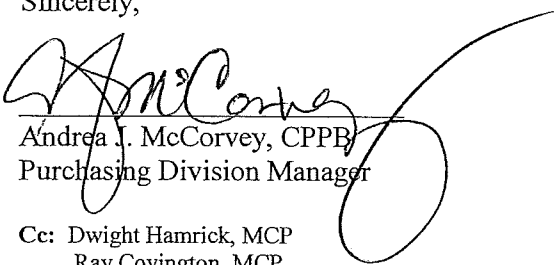
On Tuesday, August 27, 2013, Columbus Council approved a resolution authorizing the contract with Correctional Healthcare Companies for Comprehensive Medical Services for the Muscogee County Prison. The hard copy of the authorizing resolution is not available, at this time, but will be attached to the 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. 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 10th 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 1st 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 10th 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 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: 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)**

Position	Hours / Week	Total FTE's
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)**

Position	Hours / Week	Total FTE's
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 – 5th Floor
100 10th Street
Columbus, Georgia 31901

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

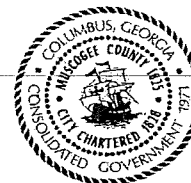
EXHIBIT B

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

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 10th 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

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

100 TENTH STREET, P. O. BOX 1340
COLUMBUS, GEORGIA 31902-1340
706-653-4105, FAX 706-653-4109
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

100 TENTH STREET, P. O. BOX 1340
COLUMBUS, GEORGIA 31902-1340
706-653-4105, FAX 706-653-4109
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

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>
	Total	1350 hours

APPENDIX A (OPTION I)

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

DESCRIPTION	CONTRACT YEAR	ANNUAL CONTRACT AMOUNT
Medical Services	Initial Contract Years (1st & 2nd Year)	\$
Medical Services	Third Year	\$
Medical Services	Fourth Year	\$
Medical Services	Fifth Year	\$

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>
	304 hours

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**

DESCRIPTION	CONTRACT YEAR	ANNUAL CONTRACT AMOUNT
Medical Services	Initial Contract Years (1st & 2nd Year)	\$
Medical Services	Third Year	\$
Medical Services	Fourth Year	\$
Medical Services	Fifth Year	\$

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 10th 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 NCCCHC 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.

Hospital	-	The Medical Center
Outside Eye care	-	West Georgia Eye Care
Dermatologist	-	Dr. Morgan Office
Orthopedic	-	Orthopedics w/Columbus Regional
Outside Dental	-	Rivertown Dental Care
Outside x-rays	-	The Medical Center
County Psychiatrist	-	County inmates are transported to the MCJ to New Horizons

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
	Grand Total for Salary & Benefits	\$1,195,080

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

April 3, 2013

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

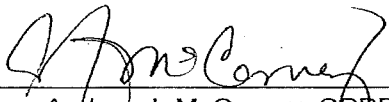
Acknowledgment of receipt of each Addendum must be included with sealed proposal. Initial and include a copy of each Addendum with proposal.

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

Date: February 22, 2013

<p>REQUEST FOR PROPOSALS:</p> <p>RFP NO. 13-0024</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">COMPREHENSIVE MEDICAL SERVICES/MUSCOGEE COUNTY JAIL & MUSCOGEE COUNTY PRISON (ANNUAL CONTRACT)</p>
<p>GENERAL SCOPE</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>DUE DATE</p>	<p align="center">MARCH 20, 2013 - 5:00 PM (EST)</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, 5th Floor, Government Center, 100 Tenth Street, Columbus, GA.</p>
<p>HOW TO OBTAIN ADDENDA</p>	<p align="center">IMPORTANT INFORMATION</p> <p>Any addenda for this project will be posted on the web page of the Finance Department/Purchasing Division (www.columbusga.org/finance/proposals.htm). 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>NO PROPOSAL RESPONSE</p>	<p><i>If you are not interested in this invitation please email bhughey@columbusga.org 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

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 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 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) 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

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) 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)

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:

RATING	
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>
Total	1350 hours

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>
Total	220 hours

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**

DESCRIPTION	CONTRACT YEAR	ANNUAL CONTRACT AMOUNT
Medical Services	Initial Contract Years (1 st & 2 nd 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
X	1. Worker's Compensation and Employer's Liability	STATUTORY REQUIREMENTS	
	Comprehensive General Liability		
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	
	Automobile Liability		
X	7. *Owned/Hired/Non-Owned Vehicles/ Employer non ownership	\$1 Million BI/PD each Accident, Uninsured Motorist	
	Others		
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	

	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

**"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) ▶

Exempt payee

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.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				

Employer identification number								
				-				

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).

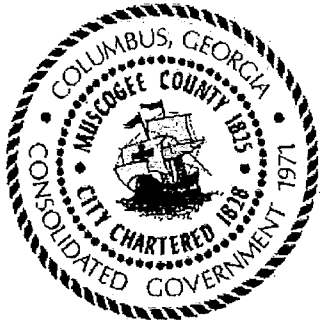
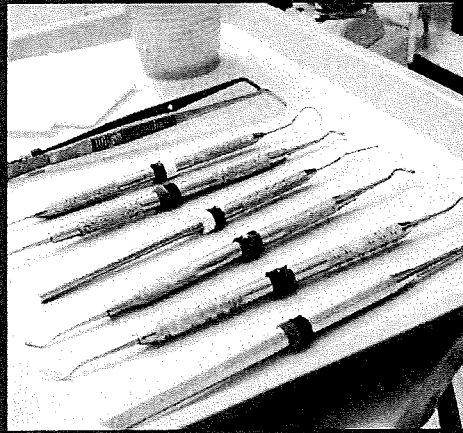
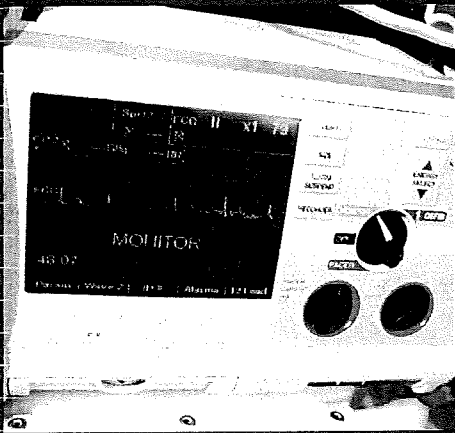
Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to 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

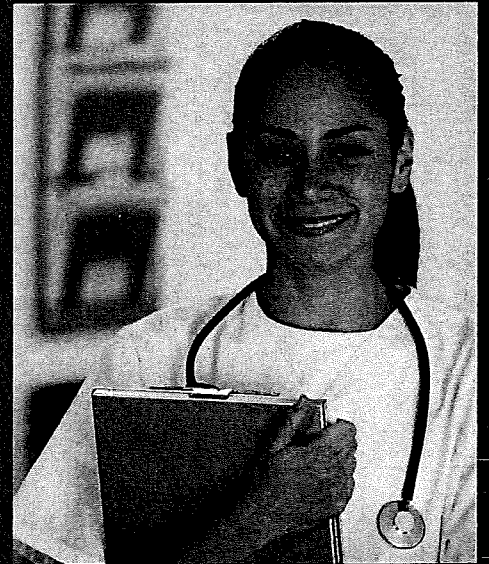


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Section 1: Transmittal Letter

April 12, 2013

Betty Hughey, Buyer
 Columbus Consolidated Government
 Purchasing
 100 10th 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	
Experience	Leading provider of correctional healthcare, serving over 240 facilities across the country.
Partnership	CHC will be a strong partner to both the Muscogee County Sheriff's Office and Columbus Consolidated Government.
Seamless Transition	CHC has a streamlined transition process and can guarantee a smooth transition, even within tight timelines.
Innovation	CHC will implement the latest techniques and best practices to help OCCD remain a model Corrections Department.
Military Experience	CHC currently provides medical services at county jails located outside 8 CONUS mission-critical military installations
Accreditation	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. 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

February 28, 2013

ADDENDUM: NUMBER ONE
RFP No. 13-0024

Comprehensive Medical Services/Muscogee County Jail & Muscogee County Prison
(Annual Contract)

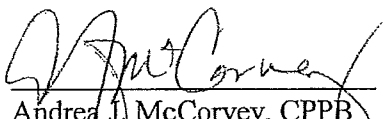
Acknowledgment of receipt of each Addendum must be included with sealed proposal. Initial and include a copy of each Addendum with proposal.

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

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

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

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: *AMC* **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

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

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
PURCHASING DIVISION

100 TENTH STREET, P. O. BOX 1340
COLUMBUS, GEORGIA 31902-1340
706-653-4105, FAX 706-653-4109
WWW.COLUMBUSGA.ORG

April 3, 2013

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

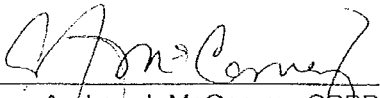
Acknowledgment of receipt of each Addendum must be included with sealed proposal. Initial and include a copy of each Addendum with proposal.

INITIAL: *MM* **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

B. 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

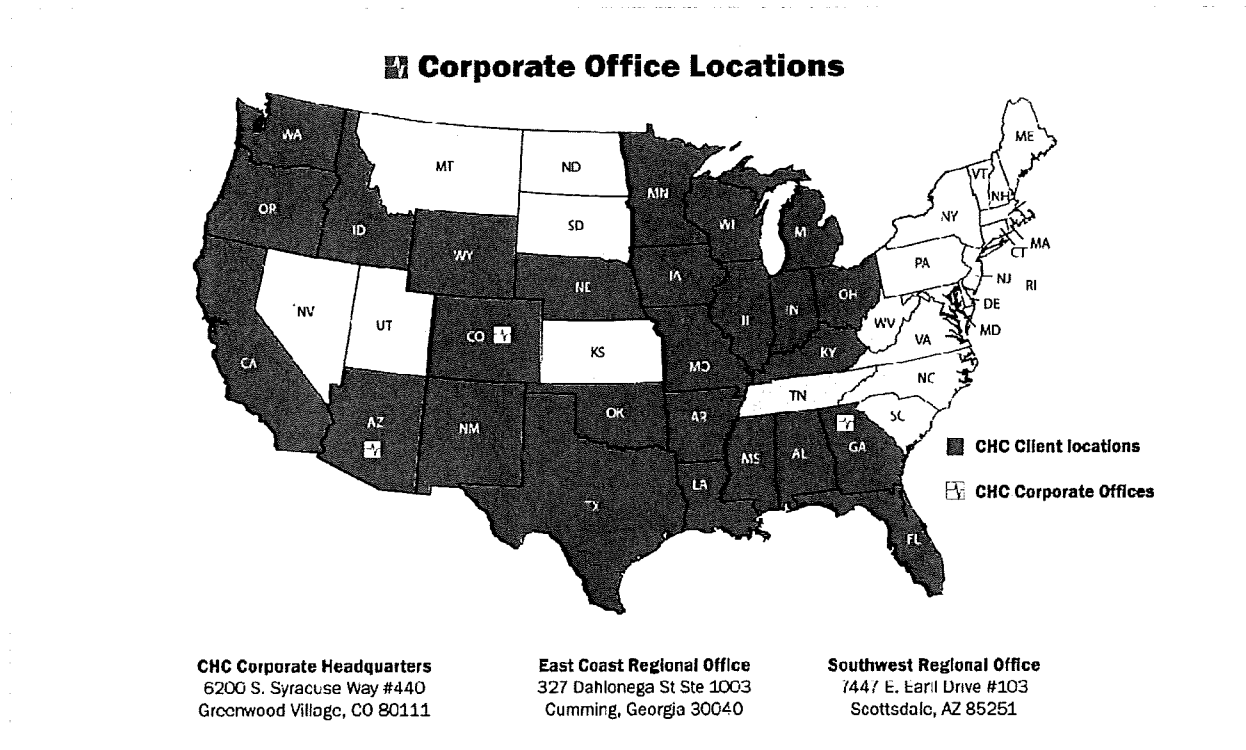
CHC's mission is to fully support our corrections agency customers in creating safer communities, safer facilities, successful offender outcomes, and more efficient use of correctional resources; we do this by providing total care through medical, mental, and behavioral health services to offenders – 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

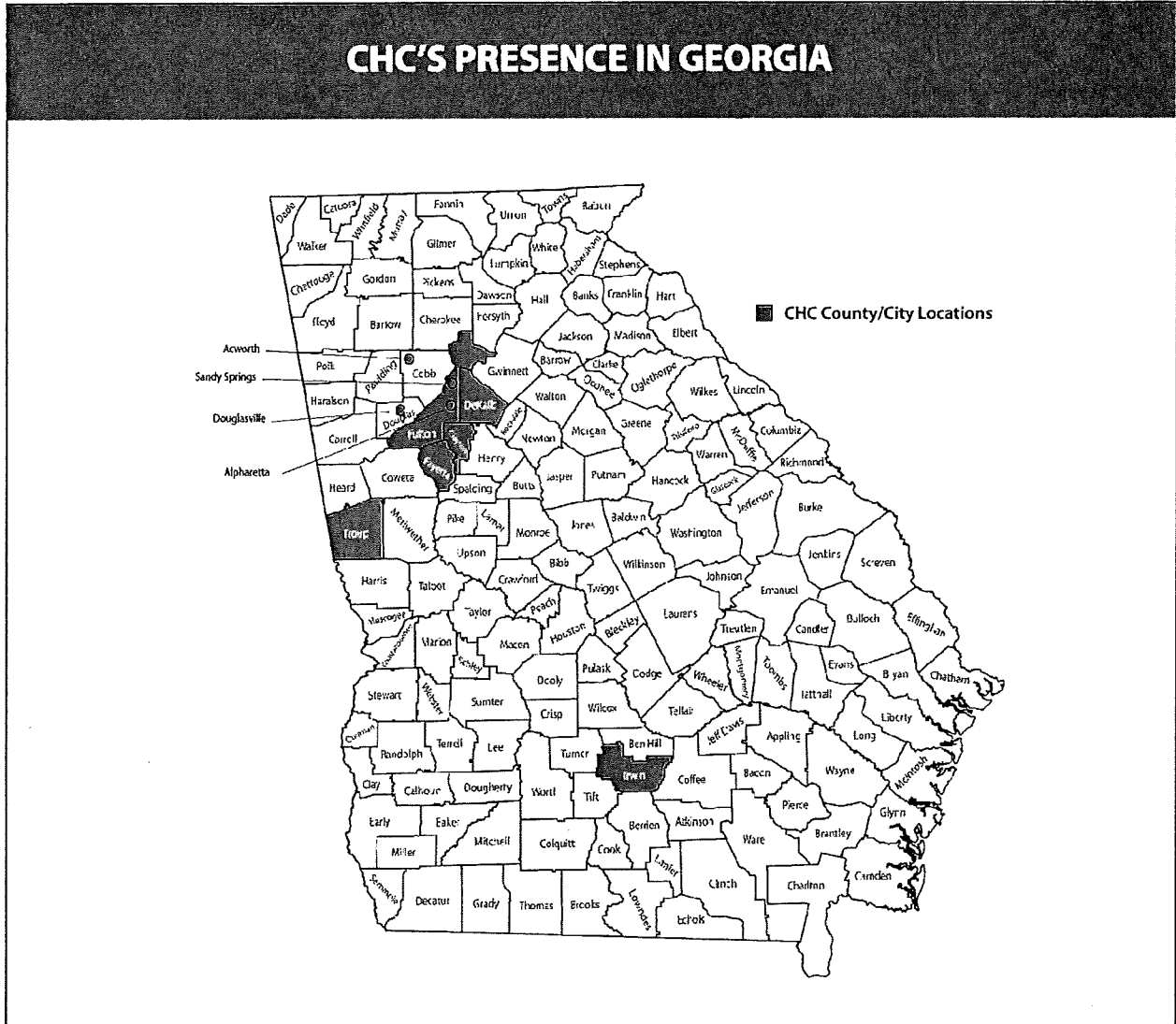
CHC is a national leader in inmate comprehensive medical services management, providing comprehensive medical, dental and pharmaceutical solutions, state-of-the-art service, and uncompromised value to our clients for 21 years. CHC currently serves more than 240 correctional facilities throughout the 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

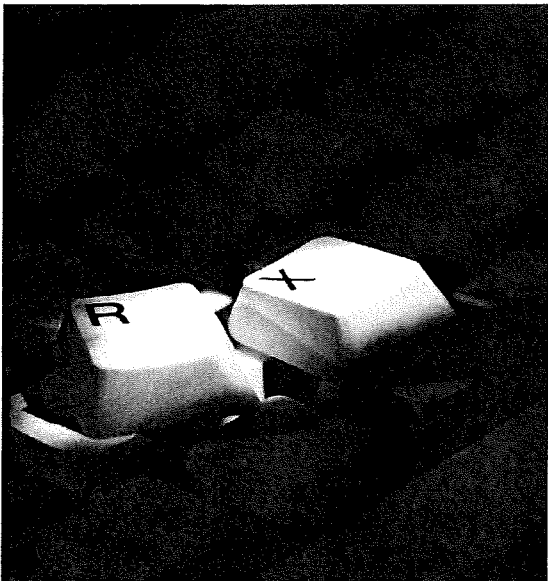
CHC understands the complex economic challenges facing the State of Georgia and how that directly impacts the availability of tax dollars allocated to the inmate healthcare budget for the Columbus Consolidated Government; it is within this context that we are submitting what we believe to be a very competitive 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 NCCHC 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

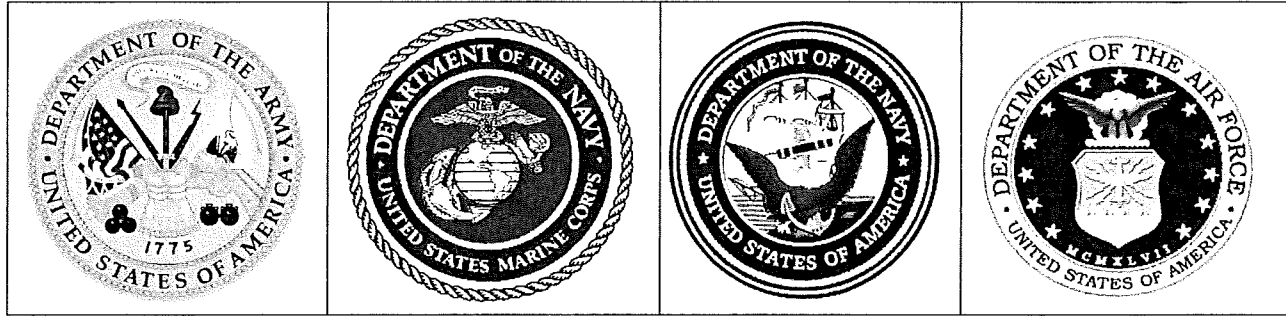
Recruiting Strategy

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. Swisstack, 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 cursive script, appearing to read "R. 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".

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
John R. Gossage
Sheriff

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.

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.

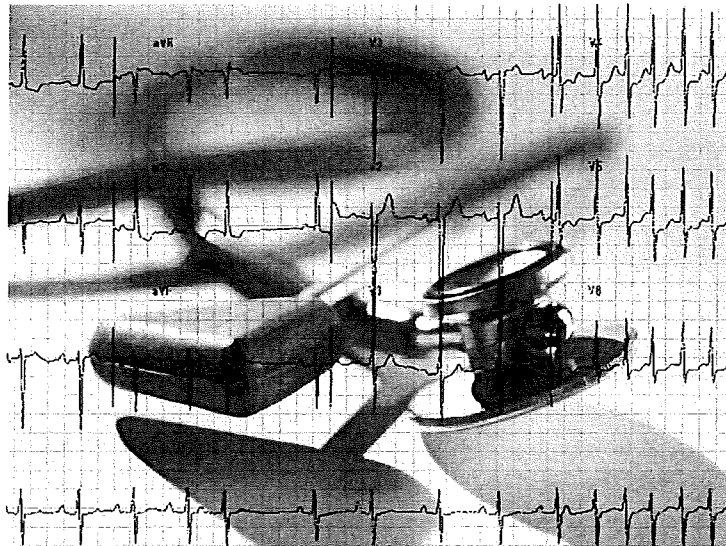
CHC will allow inmate workers to provide janitorial services within the healthcare unit at the discretion of the jail or prison's administration. Such inmate workers will at all times be under the direct visual supervision of a security staff member while working in the healthcare unit. Inmate workers 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.

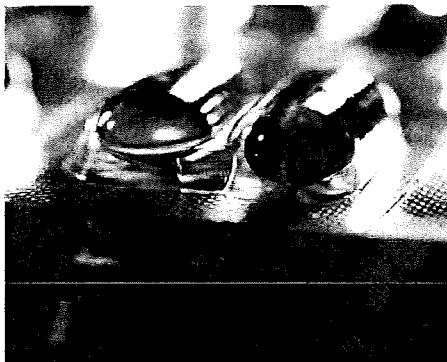
Only properly trained medical personnel will administer prescription medications. The healthcare team will be trained (under the supervision of the provider) in medication administration including, but not limited to:

- 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.

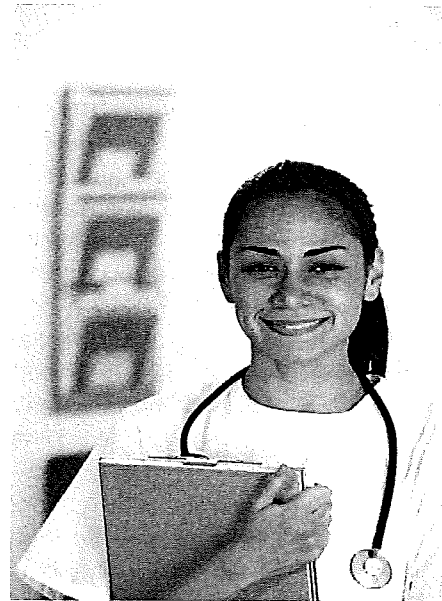
6. Nursing Services

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 1.1 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.

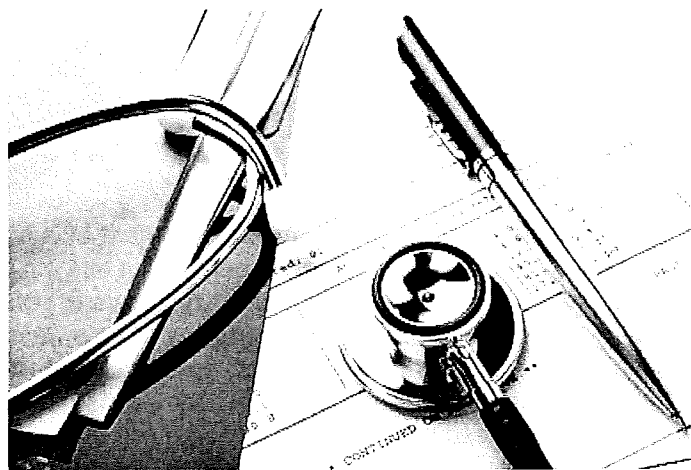
Our comprehensive concurrent review process includes participation by our UM nurse and corporate Medical Director, Health Service Administrator, and facility provider. We contact and coordinate with the hospital's utilization management department and the inmate patient's attending physician to develop 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 (Epizone) tab **Pt Specific**
- Acetaminophen (Tylenol) - all forms
- Acetaminophen w/Cocaine (Tylenol #8) tab
- Acetic Acid (Vocol) 2% otc soln
- Acetic Acid (Vocol) 2% otc soln
- Acyclovir (Zovirax) tab, cap - not ointment or suspension
- Alamog/Alamog Plus (Maox, Maox Plus)
- Albuterol (Proventil) solution, unit dose
- Allopurinol (Zyloprim) tab
- Amantadine (Symmetrel) cap
- Amantadine (Novasas) tab
- Arrmonia inhalants
- Amoxicillin (Amoxil) cap
- Amoxicillin/Clavulanic (Augmentin) tab - 875mg only
- Ampicillin IV - all strengths
- Ampicillin/Subactam (Unasyn) IV - all strengths
- Analgesic rub (Bengay)
- Anusort-HC (Anusort-HC) rectal suppository
- Aproline (Acified) 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) 800mg tab - prophylactic **Pt Specific**
- B -**
- Bacitracin (Baciguent) ointment
- Bacteriostatic Sodium for Chloride Injection
- Bacteriostatic Water for Injection
- Bactrim IV
- Bayer 250 units syringe
- Beclomethasone (QVAR 80) **Pt Specific**
- Belladonna Alkaloids/Phenobarbital (Dormants) tab, elixir
- Benzydol Peroxide (Benzac) 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 (Wellbutrin) 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
- Carvedilol (Coreg) tab
- Cefazolin (Ancef) inj
- Ceftriaxone (Rocephin) inj
- Cephalexin (Keflex) cap
- Chlordiazepoxide (Librium) cap
- Chlorpheniramine (Chlor-Trimecon) tab
- Chlorpromazine (Thorazine) 50mg/2ml inj
- Chlorpromazine (Thorazine) tab, inj
- Chlorthalidone (Thalitone) tab
- Chlorzoxazone (Parafon Forte) tab
- Ciprofloxacin HCl (Cipro) tab
- Ciprofloxacin HCl, Oph sol 0.03% - 5ml, 10ml
- Citalopram (Celexa) tab
- Citrate of Magnesia (Citraene) liquid
- Clinidamycin (Cleocin) cap
- Cloimidine (Catapres) tab
- Clorazepate (Tranexa) tab ETOH Withdrawal Protocol
- Cylobenzaprine (Fexaver) **Pt Specific** max TID x 3 days
- D -**
- Dapsone-DOS tab **Pt Specific**
- Darunavir (Prezista) 400mg, 600mg tab **Pt Specific**
- Dalavirdine (Rescriptor) tab **Pt Specific**
- Diazepam (Valium) single dose (1ml)
- Diclofenac (Bendly) tab, cap
- Didanosine (Videx-df) EC cap **Pt Specific**
- Dicloxacillin (Dynapen) cap
- Digoxin (Lanoxin) tab, inj
- Dimenhydrinate (Dramamine) 50mg tab
- Diphenhydramine(Benadryl) cap, elixir, inj
- Divalproex sodium (Depakote) tab
- Docusate Sodium (Colace) cap - not 50 mg
- Domeboro 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 (Micronase) tab -not Micronized
- Glyburide/Metformin (Glucovance) tab
- Guafenesin (Robutussin) 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
- Heparin injection
- Hepatitis B vaccine (Engerix, Recombivax)
- Homatropine (Isopto Homatropine) ophth drop **Pt Specific**
- Hydralazine (Apresoline) tab
- Hydrochlorofluoride (Hydroflumid) 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 (Crivax) 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 (mduin) tab

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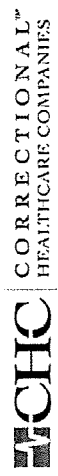
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updated 10/25/2011

PREFERRED MEDICATION LIST

- Allergy/Cold**
Aproline (Acified) tab
Chlorpheniramine (Chlor-Trimefen) tab
Diphenhydramine (Benadryl) cap, elixir, inj
Guaifenesin (Robitussin) tablet, syrup
Loratadine (Claritin) tab
Saline Nasal Spray
- Analgesics**
Acetaminophen (Tylenol) - all forms
Acetaminophen w/Codaine (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 (Dope-Medrol) inj
Prednisone (Deltasone) tab, dose pack
- Anti Cholinergics/Anti Parkinsonian**
Amantadine (Symmetrel) cap
Benzotropine Mesylate (Cogentin) tab, inj
Oxybutynin (Ditropan) tab
- Anti Coagulants/Anti Platelets**
Aspirin E.C. (Ecotrin) tab
Heparin Injection
Warfarin (Jantoven) tab
- Anti Convulsants**
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**
Aterolol (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/Subsaciam (Unasyn) IV - all strengths
Bactrim IV
Cefazolin (Ancef) inj
Ceftriaxone (Rocephin) inj
- Anti Infection/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
Meclizolone (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 (Trimopex) 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) cream
Miconazole Nitrate (Monistat Derm) 2% cm
Permethrin (Nix) 1% lotion - 2nd line
Phisohex 3% cleanser
Silver Sulfadiazine (SSD) 1% cm
Solarcaine gel
Tar Shampoo
Tolnaftate (Tinactin) cm, powd, soln
Triamcinolone (Aristocort) cm, oint, lotion
- Endocrine/Thyroid**
Levothyroxine (Levo-T, Levothroid) tab
- Gastrointestinal/GI**
Alamag/Almag 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 (Citraema) liquid
Dicyclomine (Bentyl) tab, cap

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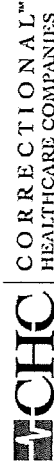
updated 10/25/2011

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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
 Meclizine (Antivert) tab
 Meloclopramide (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
 Intellence 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-ddT) cap, soln
 Tenofovir Disoproxil Fumarate (Viread) tab
 Tipranavir (Aptivus) cap
 Truvada tab
 Zidovudine (Retrovir-AZT) cap, syrup
- Immunization/Prevention**
 Hepatitis B vaccine (Engerix, Recombivax)
 HyperTet inj
 Tetanus Diphtheria inj
 Tetanus Toxoid Absorbed inj
 Tuberculin PPD, Mantoux (Aplisol, Tubersol) inj
- Misc**
 Ammonia inhalants
 Bacteriostatic Sodium for Chloride Injection
 Bacteriostatic Water for Injection
 Baylet 250 units syringe
 Chlorazepate (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
 Methylergonovine 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 (Loflamine) cap
 Mirzapazine (Remeron) tab
 Paroxetine (Paxil) tab
 Perphenazine (Trilafon) tab
 Risperidone (Risperdal) tab - for psychosis
 Sertraline (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
Muscoogee County Jail and Muscoogee 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 Muscoogee County Sheriff's Department to adjust timelines as mutually agreed upon.

Event or Activity	Department	Completion Due Date	Date and Signature When Completed
1. Contract Award			
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	
2. Corporate Transition Team			
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	
3. Meet with Facility Authorities			
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	
4. Contact Local Health Providers			
Identify available services (ER, labs, oxygen, etc.)	Provider Contracting	30-14 days before start up	
5. Assign Interview Team and Recruitment Function			
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	
6. Supplies and Equipment			
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	
7. Computers and Telephones			
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	
8. Offsite Providers			
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	
9. Human Resources Services			
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	
10. Finance and Accounting			
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	
11. Pharmacy (If Applicable)			
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	
12. Utilization Management/Operations			
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	
13. Data Collection			
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	
14. Meetings and Committees			
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	
15. Chronic Care Clinics			

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	
16. Surveys and Audits			
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	
17. Schedule follow-up support for facility after transition team leaves			
18. Compare conditions at new facility from when CHC arrived to 30 days after start of new contract			

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.

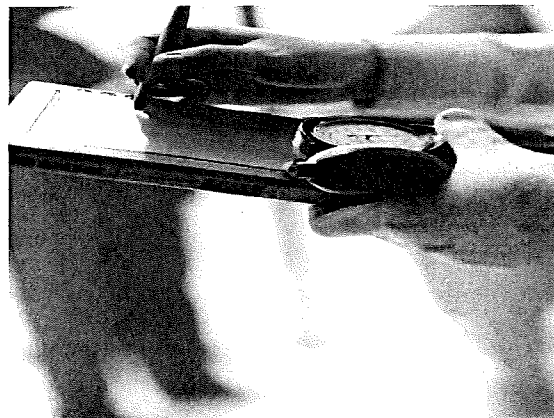
A-2. Additional Negotiated Scope of Services CHC Can Offer

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	Bernalillo County Metropolitan Detention Center
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	Lubbock County Detention Center and Juvenile Justice Center
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	The GEO Group		
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.

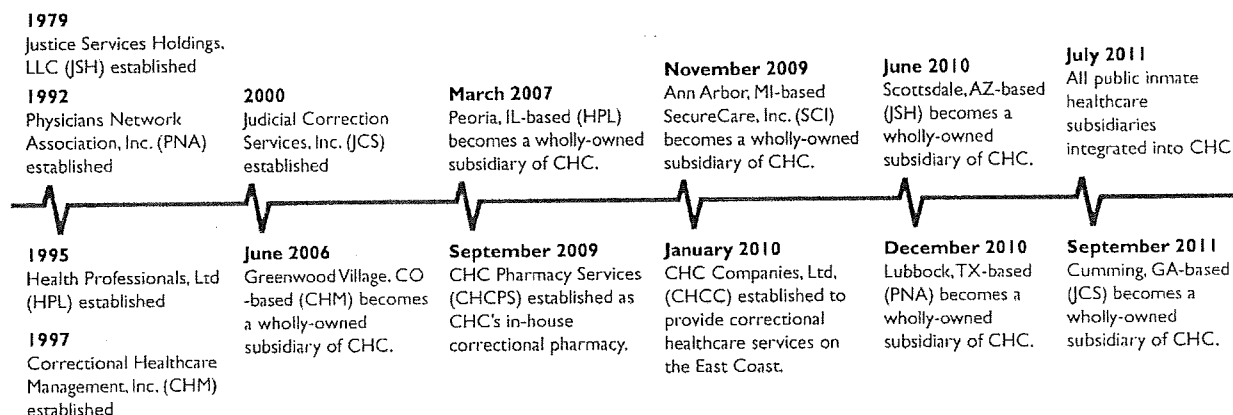
Correctional Healthcare Companies is a national leader in inmate healthcare management, providing comprehensive medical and behavioral healthcare solutions, state-of-the-art service, and uncompromised value to our clients for more than 21 years.

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)

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	STATUTORY REQUIREMENTS	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)

- 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**

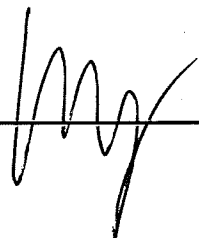
Option One: RFP Staffing

DESCRIPTION	CONTRACT YEAR	ANNUAL CONTRACT AMOUNT *
Medical Services	Initial Contract Years (1 st & 2 nd 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)

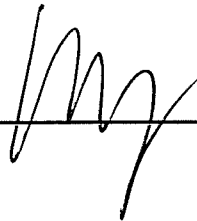
**COST PROPOSAL (Revised)
COMPREHENSIVE MEDICAL SERVICES/
MUSCOGEE COUNTY JAIL
(ANNUAL CONTRACT)
RFP NO. 13-0024**

Option Two: CHC's Recommended Staffing

DESCRIPTION	CONTRACT YEAR	ANNUAL CONTRACT AMOUNT *
Medical Services	Initial Contract Years (1st & 2nd 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		
ADP Overview	Option 1	Option 2
Average Daily Population (ADP)	1,895	1,895
Per Diem Reconciliation	\$0.40	\$0.40
Professional Staffing (Hours per Week)	Option 1	Option 2
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
Total Equivalent Full-Time Employees	40.65	30.60
Professional Onsite Services	Option 1	Option 2
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	✓	✓
Professional Offsite Services	Option 1	Option 2
Utilization Management	✓	✓
Monthly Cost	\$273,475.71	\$232,524.74
Annual Cost	\$3,281,708.52	\$2,790,296.88

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
Totals			218.00	218.00	208.00	208.00	210.00	144.00	144.00	1350.00	33.75	

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		56.00	1.40
Licensed Practical Nurse		Night	8.00	8.00	8.00	8.00	8.00	8.00	8.00		56.00	1.40
Totals			40.00	40.00	40.00	44.00	48.00	32.00	32.00	276.00	6.90	

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
Totals			180.00	180.00	180.00	152.00	152.00	104.00	104.00		1052.00	26.30

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
Totals			24.00	24.00	24.00	36.00	32.00	16.00	16.00		172.00	4.30

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.

Section 8: Contract Signature Page (Appendix E)

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

[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

DESCRIPTION	CONTRACT YEAR	ANNUAL CONTRACT AMOUNT *
Medical Services	Initial Contract Years (1 st & 2 nd 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)

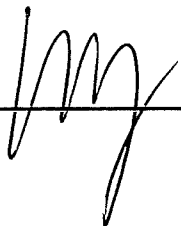
**COST PROPOSAL (Revised)
COMPREHENSIVE MEDICAL SERVICES/
MUSCOGEE COUNTY PRISON
(ANNUAL CONTRACT)
RFP NO. 13-0024**

Option Two: CHC's Recommended Staffing

DESCRIPTION	CONTRACT YEAR	ANNUAL CONTRACT AMOUNT *
Medical Services	Initial Contract Years (1 st & 2 nd 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****

Section 9: Sample Agreements

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 NCHC 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 1st 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

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

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

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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daniel.ronay@correctioncare.com

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

EDUCATION

**Bachelor Degree,
Major in Leadership**

Bellevue University, Nebraska

Master's Candidate (Grad: 8/13)

Major in Organizational Performance

Bellevue University, Nebraska

PROFESSIONAL AFFILIATIONS

- American Correctional Association; *Certified Correctional Executive*
 - Indiana Correctional Association; *Past Treasurer 2003-2004*
 - Marine Corps League
-
-

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

Contract Manager

Triwest Healthcare Alliance – Phoenix, Arizona Manager, Provider Relations	1997 – 1998
<ul style="list-style-type: none">• Managed (through twenty-eight consultants in sixteen states) contracting for a 20,000-provider network.• Facilitated and lead large group trainings regarding professional responsibilities.• Provided presentations to the general public regarding access to care and legislative processes.• Provided technical and executive briefings and recommendations.• Ensured accuracy of information and investigation of decisions in preparation for executive signature.• Created policy and managed corporate responses regarding provider activities.• Retained important contractor relationships through face-to-face negotiations.	
Naval Medical Clinic / 2nd Construction Brigade – Gulfport, Mississippi Clinic Administrator and Brigade Medical Officer	1994 – 1997
III Marine Expeditionary Force – Okinawa, Japan Strategic Medical Plans Officer	1991 – 1994
<ul style="list-style-type: none">• Multiple Joint Task Force operations on Okinawa• Deputy Marine Expeditionary Force Surgeon• Deputy US Forces Surgeon (Bangkok, Thailand)• Deputy Combined/Joint Task Force Surgeon (Thailand)	
Naval Dental Clinics – Bremerton, Washington Director, Dental Clinic Administration Navy Medical Inspector General Augmentee	1987 – 1991
3rd Force Service Support Group – Okinawa, Japan Navy Personnel Officer – Camp Butler	1985 – 1987
<ul style="list-style-type: none">• Multiple Joint Task Force and Multi-service operations	
37th Combat Service Support Group, 3rd Medical Battalion – Uncheon, Korea Company Commander/Primary Care Clinic Administrator	1984 – 1985
Eventide Lutheran Home - Moorhead, Minnesota Nursing Aide	1979 - 1980
Noble Drilling Company - Zapata, Texas Backup Tong Man (Floor Drilling hand)	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

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

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

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

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

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.

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



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



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.

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

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

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.



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.



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

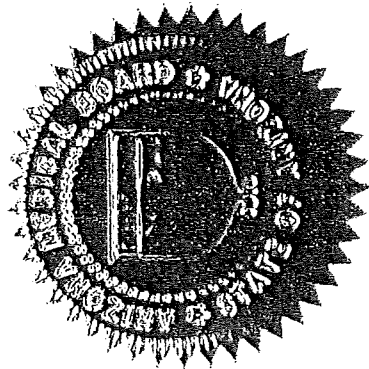
Arizona Medical Board

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 black ink, appearing to read "John C. 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

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.

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.

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
eMar Site Activities (repeat for each site)	Timeline
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
Treatment Site Activities (repeat for each site)	Timeline
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.

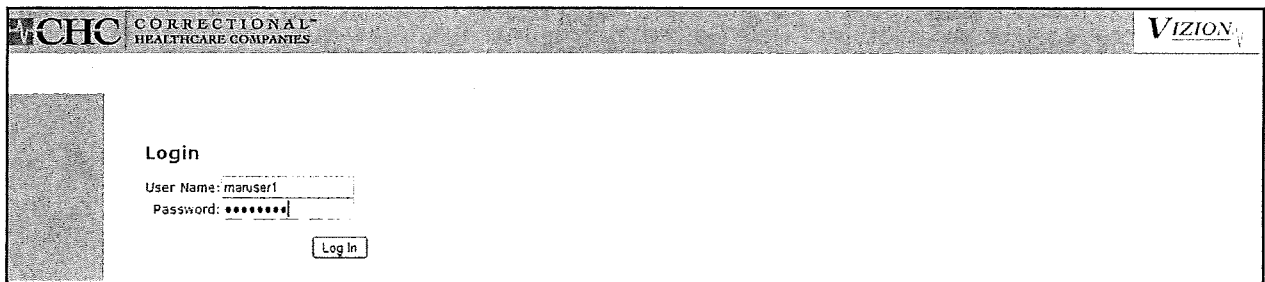


Figure 1: Login to Vizion

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

today Saturday, January 29, 2011 Day Week Month

all day	
8 ^{am}	
9 ^{am}	Mickey Mouse T8 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
<p>JMS ID: _____ Facility: <u>[Select]</u></p> <p>Booking Number: _____ Release Status: <u>N/A</u></p> <p>Last Name: _____ Book In Date: _____</p> <p>First Name: _____ Last Release Date: _____</p> <p>Middle Name: _____</p> <p>DOB: _____</p> <p>SSN: _____</p> <p>Gender: <u>Male</u></p> <p>Location 1: <u>[None]</u></p> <p>Location 2: <u>[None]</u></p> <p>Location 3: <u>[None]</u></p> <p><input type="button" value="Save"/> <input type="button" value="Cancel"/></p> <p>Critical Health Information</p> <p>Allergy Note: <u>NKDA</u></p> <p>Health Designations:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chronic Care <input type="checkbox"/> Mental Health <input type="checkbox"/> Hepatitis C <input type="checkbox"/> HIV <input type="checkbox"/> Diabetic <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Seizures <input type="checkbox"/> Hypertension / CAD <input type="checkbox"/> Asthma <input type="checkbox"/> Pregnant <input type="checkbox"/> Blind <input type="checkbox"/> Deaf <input type="checkbox"/> Special Needs <input type="checkbox"/> Respiratory <input type="checkbox"/> No Known Issues 								

No records to display.

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		
View	Aspirin	81MG	8/28/2011	9/7/2011	N/A	x7 days				Administer AM	Discontinue
										Administer PM	DC History
View	Seroquel	1000MG	8/29/2011	9/28/2011	N/A	q HS x 90 days				Administer AM	Discontinue
											DC History

Page size: 25 2 items in 1 pages

Figure 15: View Active Patient Prescriptions

Administration History - By Prescription

Seroquel 1000MG TAB [AM]	8/29/2011 - 9/28/2011	MedPass Note:	Show Administrations
Aspirin 81MG TAB [AM/PM]	8/28/2011 - 9/7/2011	MedPass Note: float	Show Administrations
Erythromycin (E-Mycin, Erytab) 400MG TAB [AM/PM]	8/1/2011 - 8/31/2011	MedPass Note: crush	Show Administrations


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

 **CORRECTIONAL™**
 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
Pod A [PM - Evening Med Pass]					
		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

 **CORRECTIONAL™**
 HEALTHCARE COMPANIES

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	Daffy	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@algerco.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@sbco.global.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@bcglobal.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@ya hoo.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.c alumet.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@michig an.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.cha mpaign.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	igordon@co.cha mpaign.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@chippew acountymtmi.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.cl allam.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@douglascountryil.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@lcsccorrections.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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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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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@isabella-county.org	Adult	05/15/2007	09/30/2014	210	

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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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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 Raddcliff 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 Monteljh	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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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	stratts@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@mani steesheriff.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@mar 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@mc leancountyil.gov	Adult	06/01/2012	12/31/2013	205

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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.meco sta.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	Doni O'Rourke	Purchasing Agent	970-255-7153	doni.orourke@mesa county.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@miamico unty.in.gov	Adult	01/19/2007	01/18/2013	108
Midland County Jail (MI)	101 Fast Ice Drive, Midland, MI 48642	Scott Stephens on	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 Malatins ky	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@ millercountysheri ff.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@millerc ountyso.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@sheri ff.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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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@co.morgan.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@nmmi.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@ocosoft.com	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	04/01/2009	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

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CHECKS CURRENT CLIENTS

Customer	Address	Contact Name	Title	Phone	Email	Type of Inmates	Customer Start Date	Contract End Date	ADP
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	dhbang@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@rooseveltcountry.com	Adult	03/27/2009	07/31/2013	85
Routt County Jail (CO)	2025 Sheild Drive, Steamboat Springs, CO 80477	Michelle Richards	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@sandovalcounty.nm.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, Manistiquie, 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@sciotoountysheriff.com	Adult	08/01/2009	12/31/2013	170

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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@septrachbcf.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

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CLIENTS 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

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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@sgcso.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

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CHCS CURRENT CLIENTS

Customer	Address	Contact Name	Title	Phone	Email	Type of Inmates	Customer Start Date	Contract End Date	ADP
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 Hogback 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

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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
Williamson County Jail (IL)	200 West Jefferson Street, Marion, IL 62959	Bernie Vick	Sheriff	618-997-6541	bvick@wcsheriff.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.wi.nnebago.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
Wauashara 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