



April 17, 2025

TO: All Potential Proposers
SUBJECT: DOCO Jail Medical Services
DOCO Jail
Request For Proposals #25-062
Proposal Closing Date & Time: **April 28, 2025 @ 5:00 p.m.**

ADDENDUM NO. 1

The items contained in this addendum are added to and/or deleted and become part of the specifications and proposal documents for the above referenced Request For Proposal.

Questions & Answers:

1. Are PRN employees eligible for reimbursement? ***Answer: To be determined by the contractor.***
2. Page 15, Section L: Replacing staff within seven days of removal presents a significant challenge, as recruiting and onboarding within this timeframe is nearly impossible. Would the County consider extending this period to 30 days? Additionally, could you clarify the expectations around agency staffing usage? ***Answer: Yes, an extension to thirty days can be considered. Staff should not be primarily travelling nurses.***
3. Does the County require only licensed medical personnel, or are certified personnel also acceptable? ***Answer: Licensed, certified or registered, as appropriate, in their respective areas of expertise, as required by applicable Georgia law and accepted standards of medical, mental and dental practices.***
4. Would the provider be permitted to utilize agency staffing to mitigate performance liquidated damages as long as it's not a long-term solution? ***Answer: Yes***
5. Are the HSA, MD, Psychiatrist, Dentist, Director of Nursing, and Health Information Manager required to have at least two years of experience in a facility with an ADP of 500 or greater, and must they be physically present at the jail? ***Answer: Yes, we require two years' experience, but negotiable. We require that the Medical Doctor, Dentist and the Psychiatrist be present in jail. However, the time spent may be negotiable.***

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6. The HSA job description on Page 10 specifies the need for an LCSW. Will the facility consider an RN for the HSA role? Is the current HSA a Licensed Social Worker? **Answer: Negotiable contractors did not disclose.**

7. Will the facility accept Board-Eligible providers for the Medical Doctor position listed on Page 10, and are they have a master's degree in social work and an active LCSW license required qualifications for the Health Services Administrator (HSA) role?" **Answer: Must be board certified and HSA requirements are negotiable.**

8. Can the Director of Nursing hold an Associate Degree in Nursing (ADN)? **Answer: Yes**

9. Is it the facility's expectation to have an RN or paramedic stationed in booking 24/7 (refer to Pg 15, V. 2)? **Answer: This person does not need to be station in booking 24 hours a day, however this person needs to be accessible and able to fulfil duties as a medical screening nurse at any time of the day.**

10. Is allowed time off (vacation, PTO, holiday) allowed to be taken without any penalty/liquidated damages for non-24/7 staff? **Answer: Yes**

Vacancies

11. How many FTEs per position are vacant? **Answer: Not disclosed by current provider.**

Turnover

12. What has been the annual turnover rate percentage for the current medical services provider over the past three (3) years? **Answer: Not disclosed by current provider.**

Behavioral Health

13. In what fashion are behavioral health patients seen (at their cell door, in an interview room, in the counselor's office, etc.)? **Answer: Behavioral Health inmates are seen at the Counselor's Office with a guard on the outside of the office. Occasionally at the cell door.**

14. What is the average number of patients seen by the psychiatrist and the mid-level psych provider? **Answer: Not disclosed by current provider.**

15. Are mental/behavioral health services provided in person or through telemedicine? **Answer: In person.**

16. How many patients are currently on psychotropic medications? **Answer: Approx 250+**

17. Who provides the 15-minute checks for suicide watches, the deputies or the vendor's mental health staff? **Answer: Detention Staff**

18. In case of the need for one-to-one monitoring for an actively suicidal patient, who does the one-to-one monitoring? **Answer: Detention Staff**

19. What kind of cells are they and how are they monitored (video, one to one, or q15)? **Answer: Via camera and in person every 15 minutes.**

20. How long is the wait to get into a state psychiatric hospital? **Answer: 365 days forensic through the courts and non-forensic is one to six months.**

21. Please confirm whether behavioral health staff are expected to provide emergent psychiatric care to patients, employees, and visitors. **Answer: Yes, we are expecting supervised medical restraint for inmates that are in crisis.**

Pharmacy

22. How many medication carts are you currently using for medication administration pass? **Answer: Three (3)**

23. On average, how long does each medication administration pass take? **Answer: Three hours (3)**

24. Where does medication take place? On the units in open space. MH unit's door to door Financial: **Answer: Medication is passed door to door in pods and in open dorms at the main door.**

25. Is there currently a cap/cost pool based in your agreement with your current vendor? • If yes, please tell us what is included in the cost pool? (Examples: off site visits, pharmacy (HIV meds, Hep C meds, blood factors), ambulance transportation, medical supplies, etc.)? • If there is a cost pool, please share the amount of what is the maximum financial responsibility of your current vendor. • If you have a pool, was the amount exceeded? How much each year? **Answer: Current provider would not share information concerning their pharmacy.**

26. Can we get a current copy of your medical contract and any addendums, amendments, etc.? **Answer: This information will not be disclosed.**

27. Who will be responsible for the following costs (Contractor or County/Facility)

- a. Pharmaceuticals **Contractor**
- b. On-site laboratory services **Contractor**
- c. On-site x-rays **Contractor**
- d. On-site EKG & radiology services **Contractor**
- e. Offsite specialty visits **County/Facility**
- f. Hospitalization services (ER visits, inpatient/outpatient services, etc.) **County/Facility**
- g. Orthoses, prosthesis & other Aids **County/Facility**
- h. Outpatient ambulatory services (offsite consultations) **County/Facility**
- i. Out-patient, in-patient, and emergency services **County/Facility**

28. What is your historical spend for 2022, 2023 & 2024 (YTD) for the following: **Not disclosed by current provider**

- a. Pharmaceuticals
- b. On-site laboratory services
- c. On-site x-rays
- d. On-site EKG & radiology services

- e. Offsite specialty *Separate from current Contract*
f. Hospitalization services (ER visits, inpatient/outpatient services, etc.) g. Outpatient ambulatory services (offsite consultations) h. Orthoses, prosthesis & other aids - *Separate from current Contract*

Accreditation

29. When is the next NCCHC accreditation date? ***Answer: Not accredited***

Financial

30. Page 33: Will the County consider applying ADP credits in the event of a change in the average daily population (ADP) from 100 to 125? ***Answers: Teleservices***

31. Does the site currently offer any level of telehealth services. ***Answer: No Training.***

32. Page 14, K. Staff Orientation and Training. Is the required training offered in collaboration with custody? Specifically, custody-specific training. ***Answer: Yes, we can provide custody-specific training for the nursing staff if needed.***

Contract

33. Would the county be open to negotiation on a termination for convenience clause for the Contractor? ***Answer: The county is willing to negotiate terms.***

Legal

34. Please provide information on any litigation involving the facility within the past three years. ***Answer: This information was not disclosed by the provider.***

Healthcare

35. Please clarify whether the provider must conduct patient evaluations within 24 hours of referral. If so, additional mid-level staffing may need to be considered. ***Answer: Yes, we are requesting that every inmate arrested within 24 hours have an initial assessment to avoid liability.***

36. Page 24, Section XVII.9: Please provide the number of custody staff members who require blood pressure checks. ***Answer: On average the current provider checks on average 1 to 2 staff members' blood pressure once a month.***

All other terms and conditions remain unchanged. Acknowledge receipt of this addendum with your submittal. If you have any questions, feel free to contact me at (229) 431-3211.

City of Albany,

Joshua Williams, CPPB

Joshua Williams, Procurement Manager

CC: John Ostrander, DOCO Jail

CC: Pamela Coley, DOCO Jail

Nurse Manager	M-F	40 hours	0800-1630
Team Leader	M-F	40 hours	0800-1630
LPC	M-F	40 hours	0800-1630
RN/LPN (Mental Hlth)	M-F	40 hours	0800-1630
RN (Chronic Clinic)	M-F	40 hours	0745-1615
RN/LPN (sick call/clinic)	M-F	40 hours	0800-1630
RN/LPN (sick call/clinic)	M-F	40 hours	0700-1530
RN sick call/emergencies/labs	Sa-Su	12 hr shift-7a	
Intake and diabetics	24/7	12 hr shifts	
LPN/RN med pass		2 nurses needed	each day shift-7a-7p
LPN/RN med pass		2 nurses needed	each night shift 7p-7a
Lab Tech	M-F	40 hours	0800-1630
Mid level		3 days per week	8 hr shift
MD		8 hours per week-	ON CALL 24/7
Psychiatrist		4 hours per week	

Dougherty County Jail Clinic Monthly Statistics 2023

Month	2023	2023	2023	2023	2023	2023	2023	2023	2023	2023	2023	2023	2023
	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	

Offsite Stats

Hospital Admissions	0	3	2	3	4	2	1	0	1	5	4	3
Offsite Consults Medical	51	36	37	37	47	39	46	40	24	30	29	31
Dental Encounters	0	25	25	0	13	23	0	24	0	0	0	0
Urgent Care Trips	0	1	0	0	1	2	0	0	0	0	0	0
Emergency Room Trips	12	20	13	18	16	7	19	8	17	16	24	16
Offsite X-Rays	1	0	3	2	4	3	1	3	4	0	1	0
Onsite X-Rays	9	11	13	1	8	5	3	6	1	9	11	9

Provider Encounters

MD Evaluations	30	41	35	40	36	50	30	42	15	38	49	49
PA Evaluations	88	78	80	100	114	90	95	153	61	92	103	102
Chronic Care Evaluations	83	68	77	76	93	74	91	105	83	90	112	88
Psychiatrist Encounters	89	92	91	99	95	103	102	103	110	111	121	91
MH Counselor Encounters	185	298	277	244	166	284	188	301	209	226	233	167

Inmates Seen by Nursing

Intake Screens	282	318	333	300	343	313	345	356	352	328	362	301
Nursing Sick Calls	235	191	240	211	229	216	239	261	312	283	357	316

Basic Tests

PPDs Administered	244	267	298	269	297	305	293	315	301	263	283	272
Positive PPDs	0	0	0	0	0	0	1	0	0	0	1	1
STDs	131	161	174	151	212	185	142	232	203	119	149	180

HIV Tests:

HIV Tests Given	2	9	5	5	3	1	0	4	1	4	4	3
Positive HIV Test	0	0	0	0	0	0	0	0	0	0	0	1

Infirmiry Stats												
Infirmiry Admissions	16	14	20	18	17	8	16	10	12	8	14	11
Infirmiry Total Patient Days	31	28	31	30	31	30	31	31	0	37	30	31

Specialty Clinics												
Hypertension	50	40	45	40	49	40	48	78	46	51	61	47
HIV	1	7	5	5	10	5	6	9	2	1	7	1
TB	0	0	0	0	0	0	0	2	0	0	0	0
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
Diabetes	7	11	6	9	14	8	11	14	11	14	16	14
Insulin (I)	7	11	6	9	14	8	11	14	11	14	16	14
Special Diets	61	67	64	67	57	47	66	93	96	68	63	69

Pharmacy												
Hypertension	130	140	138	133	135	140	116	153	143	153	154	150
Mental Health	240	245	253	242	264	267	283	306	367	345	363	359
HIV	8	9	16	17	18	15	12	18	14	11	12	10
Diabetes	32	19	21	24	25	27	27	32	25	35	35	44
TB	0	0	0	0	0	0	0	1	1	0	0	0
Seizure	19	14	14	14	22	20	22	27	25	27	25	32
Pregnancy	4	7	8	6	6	3	2	4	2	2	5	4
Over the Counter	276	254	223	240	291	259	234	363	367	295	309	324
Other	192	194	212	193	219	188	191	246	249	205	209	223

Optometry Services												
Visual Acuity Test	1	0	3	3	4	6	6	8	7	4	3	2
Glasses Issued	2	0	3	3	4	5	5	5	7	4	2	2

Specialty Clinics																
Hypertension	60	41	56	56	31	43	41	46	27	44	38	32				
HIV	2	5	1	4	9	1	10	9	7	5	3	9				
TB	0	0	2	5	0	1	2	0	2	0	1	1				
MRSA	0	0	0	0	0	0	0	0	0	0	0	0				
Diabetes	12	8	14	8	10	10	9	17	14	11	9	8				
Insulin (l)	12	8	14	8	10	10	9	17	14	11	9	8				
Special Diets	74	67	75	71	77	74	82	83	53	45	48	43				

Pharmacy																
Hypertension	140	139	141	130	141	142	139	144	133	152	133	132				
Mental Health	349	349	287	273	311	286	280	303	289	265	259	250				
HIV	10	9	12	14	19	17	20	20	18	19	20	20				
Diabetes	37	32	26	25	28	28	38	41	42	47	49	59				
TB	0	0	2	6	5	3	2	3	2	2	2	4				
Seizure	24	23	20	14	15	23	29	20	24	22	22	26				
Pregnancy	4	3	3	3	1	2	3	4	0	1	3	2				
Over the Counter	287	203	272	262	253	292	309	365	300	320	315	325				
Other	200	212	215	189	115	230	226	244	204	233	220	239				

Optometry Services																
Visual Acuity Test	3	3	9	9	8	5	0	1	0	0	0	0				
Glasses Issued	4	4	9	6	6	7	2	3	3	2	1	3				

Audiology Services																
Hearing Exams	0	0	0	0	0	0	0	0	0	0	0	0				
Hearing Aids Issued	0	0	0	0	0	0	0	0	0	0	0	0				

On-Site Emergencies																
In Pods	1	3	2	1	4	0	2	0	0	0	0	0				
In Medical	19	23	19	24	27	73	51	46	32	3	3	15				

Physician Quality Reporting System																
# Diabetics	37	32	26	25	28	28	38	41	42	47	49	59				
#HGA1c drawn last 12 mths	37	32	26	25	28	28	38	41	42	47	49	59				
# HIV	10	9	12	14	19	17	20	20	18	19	20	20				
#RPR drawn last 12 mths	10	9	12	14	19	17	20	20	18	19	20	20				
# reactive results	0	0	0	0	0	0	0	1	0	0	0	0				

#GC/Chamydia performed last 12 mths
#GC/Chamydia positive results

10	9	12	14	19	17	20	20	18	19	20	20
0	0	0	0	0	0	0	0	0	0	0	0

Miscellaneous

COWS	16	15	21	11	14	13	16	19	9	8	14	14
CIWAS	7	11	16	7	12	8	22	6	12	12	17	14

Dougherty County Jail Clinic Monthly Statistics 2024

Month	2024 Jan	2024 Feb	2024 Mar	2024 April	2024 May	2024 June	2024 July	2024 Aug	2024 Sept	2024 Oct	2024 Nov	2024 Dec
Offsite Stats												
Hospital Admissions	5	5	6	0	1	6	2	6	2	5	2	6
Offsite Consults Medical	49	53	68	58	56	29	46	53	48	51	53	63
Dental Encounters	0	0	0	47	19	36	0	36	17	17	6	16
Urgent Care Trips	0	0	0	0	0	0	0	0	0	0	0	0
Emergency Room Trips	25	22	29	23	23	35	21	32	18	20	22	29
Offsite X-Rays	6	4	0	0	0	1	2	1	0	0	0	3
Onsite X-Rays	8	16	11	14	8	1	17	7	9	8	22	17
Provider Encounters												
MD Evaluations	83	44	32	42	23	31	21	7	0	0	0	0
PA Evaluations	114	85	117	100	85	115	134	128	91	89	81	97
Chronic Care Evaluations	103	68	92	90	62	78	82	72	58	84	65	66
Psychiatrist Encounters	109	121	113	81	139	116	105	109	101	94	62	89
MH Counselor Encounters	156	160	203	176	176	177	156	199	148	138	141	162
Inmates Seen by Nursing												
Intake Screens	257	287	327	346	379	378	395	492	291	382	343	385
Nursing Sick Calls	384	345	360	311	301	318	288	318	254	320	362	370
Basic Tests												
PPDs Administered	307	257	296	289	336	305	353	457	262	347	324	362
Positive PPDs	0	0	2	4	0	1	1	1	1	0	4	0
STDs	193	209	218	216	253	236	252	282	172	245	240	184
HIV Tests:												
HIV Tests Given	4	4	1	6	4	2	5	4	5	4	7	3
Positive HIV Test	0	0	0	0	0	0	0	0	0	0	0	0
Infirmiry Stats												
Infirmiry Admissions	9	9	8	9	7	6	8	7	7	7	6	6
Infirmiry Total Patient Days	31	29	31	30	31	30	31	31	30	31	30	31

Audiology Services

[illegible]

On-Site Emergencies

[illegible]

Physician Quality Reporting System

# Diabetics	32	19	21	9	14	27	27	32	25	35	35	44
#HbA1c drawn last 12 mths	32	19	21	9	14	27	27	32	25	35	35	44

# HIV	# RPR drawn last 12 mths	# reactive results	# GC/Chlamydia performed last 12	# GC/Chlamydia positive results
8	9	16	17	18
15	12	18	14	11
12	18	14	11	12
10	10	10	10	10
8	9	16	17	18
15	12	18	14	11
12	18	14	11	12
10	10	10	10	10
0	0	0	0	0
0	0	0	0	0
8	9	16	17	18
15	12	18	14	11
12	18	14	11	12
10	10	10	10	10
0	0	0	0	0
0	0	0	0	0

Miscellaneous

	15	16	12	9	7	9	12	13	4	4	6	8
COWS												
CIWAS	8	11	6	12	10	8	24	3	8	9	9	13



March 27, 2025
REQUEST FOR PROPOSALS
Dougherty County Jail Inmate Medical Services
RFP #25-062

Competitive sealed proposals will be received by the City of Albany, Procurement Division, 222 Pine Avenue, Suite 260, Albany, GA 31701 until **5:00 pm.**, on **April 28, 2025** for a contract to provide Inmate Medical Services for the Dougherty County Jail located at 1302 Evelyn Avenue Albany, GA 31705. This will be a firm price one (1) year contract with two (2) options to renew for additional one-year terms per GA Law 36-60-13 for multi-year contracts.

A **Pre-Proposal Conference** will be held **April 3, 2025 at 11:00 a.m.** at the Dougherty County Jail on 1302 Evelyn Avenue Albany, GA 31705. All interested proposers are strongly encouraged to attend.

Dougherty County strongly encourages Small Business firms to participate in this RFP. All corporations should provide corporate seal, a copy of the Secretary of State's Certificate of Incorporation and listing of the principles of the corporation with their response.

Any interested and qualified firm and/or party is requested to submit a sealed response to accomplish the Scope of Services described herein. The response is to be signed by a duly authorized official of the firm and must be submitted in the time, manner and form prescribed. No reimbursement will be made by Dougherty County for any costs incurred prior to issuance of a formal Notice to Proceed should an award of contract result from this solicitation.

Dougherty County reserves the right to accept or reject any or all proposals and waive any or all formalities or technicalities or to accept the proposal or combination of proposals deemed to be the best and most advantageous to Dougherty County, and hold the proposals for a period of 60 days without taking action.

Documents are available at the Procurement Office, www.albanyga.gov, and the Georgia Procurement Registry. Submit all questions via email to jswilliams@albanyga.gov; cc: kross@albanyga.gov; or fax questions to (229) 431-2184. Replies of substance will be in writing and made available to all potential proposers. Deadline for questions is **April 11, 2025, by 5:00 pm.**

City of Albany,


Joshua Williams
Procurement Manager

FINANCE

P.O. BOX 447 ALBANY, GA 31702 | PHONE: 229.431.3211 | FAX: 229.431.2184 | www.albanyga.gov

**DOUGHERTY COUNTY
PROCUREMENT DIVISION
ALBANY, GEORGIA
INSTRUCTION TO PROPOSERS**

These instructions will bind proposers to terms and conditions herein set forth, except as specifically qualified in special bid and contract terms issued with any individual proposal.

1. The following criteria are used in determining low responsible proposer.
 - (a) The ability, capacity and skill of proposer to perform required service.
 - (b) Whether proposer can perform service promptly or within specified time.
 - (c) The character, integrity, reputation, judgment, experience and efficiency of proposer.
 - (d) The performance of previous contracts.
 - (e) The suitability of equipment or material for County use.
 - (f) The ability of proposer to provide future maintenance and parts service.
2. Payment terms are Net 30 unless otherwise specified. Favorable term discounts may be offered and will be considered in determining low proposers if they are deemed advantageous to the County.
3. All bids should be tabulated, totaled and checked for accuracy. The unit price will prevail in case of errors.
4. All requested information should be included in proposal envelope. All desired information must be **signed** and included for your proposal to receive full consideration. **Failure to submit any required form will be cause for proposal to be rejected as non-responsive.**
5. All questions, inquiries and requests for clarification shall be directed to Procurement.
6. For multi-year contracts the following clauses pursuant to OCGA 36-60-13 apply: (1) The contract shall terminate absolutely and without further obligation on the part of the County at the close of the calendar year in which it was executed and at the close of each succeeding calendar year for which it may be renewed; (2) The contract may provide for automatic renewal unless positive action is taken by the County to terminate such contract, and the nature of such action shall be determined by the County and specified in the contract; (3) The contract shall state the total obligation of the County for the calendar year of execution and shall further state the total obligation which will be incurred in each calendar year renewal term, if renewed; and (4) The contract shall provide that title to any supplies, materials, equipment, or other personal property shall remain in the vendor until fully paid for by the County.
7. Quote all prices F.O.B. Albany, Georgia or our warehouse or as specified in proposal documents.
8. Each bid or proposal shall be clearly marked on the outside of the envelope as a Sealed Bid whether using a County furnished envelope or other envelopes.
9. Bid/Proposal must be received and stamped by the Procurement Office before time stipulated in bid/proposal documents. No responsibility will attach to any County representative or employee for premature opening of bid not properly addressed or identified.
10. If only one proposal is received, the proposal may be rejected and/or re-advertised, except in the case of only one known source of supply.
11. Proposals received late will not be accepted, and the County will not be responsible for late mail delivery.
12. Should a proposal be misplaced by the County and found later it will be considered.
13. Proposals requiring bonds **will not** be read or considered if bond is not enclosed. Bond may be in the form of cash, certified check, cashier's check or Surety Bond issued by a Surety Company licensed to conduct business in Georgia.
14. All proposals must be recognized and authorized dealers in the materials or equipment specified and be qualified to advise in their application or use. A proposer at any time requested must satisfy the Procurement Office and County Commission that he has the requisite organization, capital, plant, stock, ability and experience to satisfactorily execute the contract in accordance with the provisions of the contract in which he is interested.
15. Any alterations, erasures, additions or omissions of required information or any changes of specifications, or proposing schedule are done at the risk of the proposer. Any proposal will be rejected that has a substantial variation, such as a variation that affects the price, quality or delivery date (when delivery is required by a specific time).
16. When requested, SAMPLES will be furnished free of expense, properly marked for identification and accompanied by list where there is more than one sample. The County reserves the right to mutilate or destroy any samples submitted whenever it may be in the best interests of the County to do so for the purpose of testing.
17. County will reject any material, supplies or equipment that do not meet the specifications, even though bidder lists the trade name or names of such materials on the proposal or price quotation form.
18. The unauthorized use of patented articles is done entirely at the risk of the successful proposer.
19. The ESTIMATED QUANTITY given in the specifications or advertisement is for the purpose of proposing only. The County may purchase more or less than the estimated quantity, and the vendor must not assume that such estimated quantity is part of the contract.
20. Only the latest model equipment as evidenced by the manufacturer's current published literature, will be considered. Obsolete models of equipment not in production will not be acceptable. Equipment shall be composed of new parts and materials. Any unit containing used parts or having seen any service other than the necessary tests will be rejected. In

addition to the equipment specifically called for in the specifications, all equipment catalogued by the manufacturer as standard or required by the State of Georgia shall be furnished with the equipment. Where required by the State of Georgia Motor Vehicle Code, vehicles shall be inspected and bear the latest inspection sticker of the Georgia Department of Revenue.

21. The successful proposer on motor vehicle equipment shall be required to furnish with delivery of vehicle, Certificate of Origin and Georgia vendors shall provide Georgia Motor Vehicle form MV1.
22. Prospective proposers are responsible for examining the location of the proposed work or delivery and determining, in their own way, the difficulties, which are likely to be encountered in the prosecution of the same.
23. All materials, equipment and supplies shall be subject to rigid inspection, under the immediate supervision of the Procurement Office and/or the Department to which they are delivered. If defective material, equipment or supplies are discovered, the contractor, upon being instructed by the Procurement Office, shall remove, or make good such material, equipment or supplies without extra compensation. It is expressly understood and agreed that the inspection of materials by the County will in no way lessen the responsibility of the contractor or release him from his obligation to perform and deliver to the County sound and satisfactory materials, equipment or supplies. The contractor agrees to pay the cost of all tests on defective material, equipment or supplies or allow the cost to be deducted from any monies due him by the County.
24. Unless otherwise specified by the procurement office all materials, supplies or equipment quoted herein must be delivered within thirty (30) days from date of notification or exception noted on bid sheet.
25. A contract **will not** be awarded to any corporation, firm or individual who is, from any cause, in arrears to the County or who has failed in any former contract with the County to perform work satisfactorily, either as to the character of the work, the fulfillment of the guarantee, or the time consumed in completing the work.
26. Reasonable grounds for supposing that any proposer is interested in more than one proposal/bid for the same item will be considered sufficient cause for rejection of all bids/proposals in which he is interested.
27. Unless otherwise specified the County reserves the right to award each item separately or on a lump sum basis, whichever is in the best interest of the County.
28. The County reserves the right to waive any minor discrepancies, reject any or all bids or proposals, and to purchase any part, all or none of the services, materials, supplies or equipment specified.
29. Failure of the proposer to sign the proposal or have the signature of any authorized representative or agent on the bid/proposal **IN THE SPACE PROVIDED** will be cause for rejection of the proposal. Signature must be written in ink.
30. Any proposer may withdraw his proposal at any time before the time set for closing of proposals. No proposal may be withdrawn without cause in the 60-day period after proposals are opened.
31. It is mutually understood and agreed that if any time the Procurement Office shall be of the opinion that the contract or any part thereof is unnecessarily delayed or that the rate of progress or delivery is unsatisfactory, or that the contractor is willfully violating any of the conditions or covenants of the agreement, or is executing the same in bad faith, the Procurement Office shall have the power to notify the aforesaid contractor of the nature of the complaint. Notification shall constitute delivery of notice, or letter, to address given in bid/proposal. If after three working days of notification the conditions are not corrected to the satisfaction of the Procurement Office, he shall thereupon have the power to take whatever action he may deem necessary to complete the work or delivery herein described, or any part thereof, and the expense thereof, so charged, shall be deducted from any paid by the County out of such monies as may become due to the said contractor, under and by virtue of this agreement. In case such expense shall exceed the last said sum, then and in that event, the bondsman or the contractor, his executors, administrators, successors, or assigns, shall pay the amount of such excess to the County on notice by the Procurement Office of the excess due.
32. If the proposer proposes to furnish any item of a foreign make or product, he should write "Foreign" together with the name of the originating country opposite such item on bid/proposal.
33. Any complaint from proposers relative to the Request For Proposals or any attached specifications should be made prior to the time of opening of proposals, otherwise such complaint cannot be properly considered.
34. No vendor writing restrictive specifications for the County will be allowed to propose on the project.
35. Contracts may be cancelled by the County with or without cause with 30-day written notice.
36. Dougherty County has an equal opportunity purchasing policy. The County seeks to ensure that all segments of the business community have access to supplying the goods and services needed by the County programs. The County affirmatively works to encourage utilization of minority business enterprises in our procurement activities. The County provides equal opportunities for all businesses and does not discriminate against any vendors regardless of race, color, religion, age, sex, national origin, or handicap.
37. **All Corporations must provide the corporate seal and a copy of the Secretary of State's Certificate of Incorporation upon request.**
38. The contractor shall secure all permits, license certificates, inspections (permanent and temporary) and occupational tax certificate, if applicable, before any work can commence. Contractor as well as any and all known subcontractors must possess or will be required to obtain a City of Albany Occupational Tax Certificate or Registration.
39. **Prior to submitting proposal, check website at www.albanyga.gov or call the Procurement Office at 229-431-3211 for any subsequent addendums.**

Dougherty County Jail- Inmate Medical Services
GENERAL INFORMATION
RFP. #25-062

1. **GENERAL INFORMATION:** The Dougherty County Jail Facility is a 1,230-bed facility located in Albany, Georgia; which is the only municipality in Dougherty County. The facility has been in operation since 1995 and houses minimum, medium, and maximum-security inmates. While the majority of inmates are pretrial, the facility also houses convicted prisoners, city prisoners, and others. Although the facility is designed for a much larger population, the average jail population last calendar year 2019 was 603. The medical services area consists of two examination rooms, a male and female infirmary, three isolation rooms, a records room, and an administrative area. The mental health area consists of two counselor offices and other administrative and managerial offices. There is also a pharmacy along with security personnel stationed 24/7.
2. The contact person for this RFP is Joshua Williams, Procurement Manager, at (229) 431-3211. Explanation(s) desired by proposer(s) regarding the meaning or interpretation of this RFP must be requested from the Procurement Office, in writing, as is further described below.

Proposers are advised that from the date of release of this RFP until award of the contract, **NO contact with Dougherty County personnel related to this RFP is permitted, except as authorized by the Procurement Office.** Any such unauthorized contact may result in the disqualification of the proposer's submittal.

3. Requests for additional information or clarifications must be made in writing no later than **April 11, 2025 by 5:00 p.m.** The request must contain the proposer's name, address, phone number, and facsimile number. Facsimile will be accepted at (229) 431-2184 or e-mail to jswilliams@albanyga.gov cc: kross@albanyga.gov.

A Pre-Proposal Conference will be held on **April 3, 2025 at 11:00 a.m.** at 1302 Evelyn Avenue Albany, Georgia 31705. Replies to written questions received before the meeting will be discussed along with other inquiries. These replies and replies to new questions that arise during the meeting will be confirmed in writing in the form of an RFP addendum which will be posted on the City of Albany website as soon as possible following the meeting.

It is the proposer's responsibility to be sure all addenda were received. The proposer should verify with the designated contact person prior to submitting a proposal that all addenda have been received. Proposers should acknowledge the number of addenda received as part of their proposals or sign a copy of the addenda and include it with the proposal submission.

4. Proposals received after the Proposal Due Date and time are late and will not be considered. The proposer may withdraw his/her submitted proposal by providing a written request to the Procurement Division before the stipulated closing date and time. Withdrawal of your proposal will not cause prejudice or interfere with the right of the proposer to submit a new proposal, provided the latter is received by the predetermined date and time provided herein. No proposal may be withdrawn for a period of sixty (60) days following the stipulated closing date.
5. Dougherty County may, at its sole and absolute discretion, reject any and all, or parts of any and all, proposals; re-advertise this RFP; postpone or cancel, at any time, this RFP process; or waive any irregularities in this RFP or in the proposals received as a result of this RFP.

6. All expenses involved with the preparation and submission of proposals to the County, or any work performed in connection therewith shall be borne by the proposer(s). No payment will be made for any responses received, or for any other effort required of or made by the proposer(s) prior to commencement of work as defined by a contract approved by the Dougherty County Board of Commissioners.
7. Proposers may be required to give oral presentations in support of their proposals or to exhibit or otherwise demonstrate the information contained therein.
8. Proposers may take exceptions to any of the terms of this RFP unless the RFP specifically states where exceptions may not be taken. Should a proposer take exception where none is permitted, the proposal may be rejected as non-responsive. All exceptions taken must be specific, and the Proposer must indicate clearly what alternative is being offered to allow the County a meaningful opportunity to evaluate and rank proposals.

No proposal shall be accepted from, nor will any contract be awarded to, any proposer who is in arrears to Dougherty County upon any debt, fee, tax or contract, or who is a defaulter, as surety or otherwise, upon any obligation to the County, or who is otherwise determined to be irresponsible or unreliable by Dougherty County.

9. The proposer shall comply with all laws, ordinances and regulations applicable to the services contemplated herein, including those applicable to conflict of interest and collusion. Proposers are presumed to be familiar with all Federal, State and local laws, ordinances, codes and regulations that may in any way affect the services offered. No reimbursement will be made by Dougherty County for any costs incurred prior to a formal Notice To Proceed should an award of contract result from this solicitation.
10. Upon receipt of the proposals by Dougherty County, the proposal shall become property of the County without compensation to the proposers, for disposition or usage at discretion of Dougherty County. **Selection Process Clause:** A Proposal Analysis Group (PAG) will review all proposals submitted. Based upon the background information reported in the RFP, the PAG will determine whether the respondent is qualified or unqualified. Cost will not be the sole determining factor in selecting a firm. The Proposal Analysis Group will rank the qualified firms based on the data submitted. The PAG may require each firm to make a formal presentation regarding its qualifications to perform the requested services. The top ranked firms will be selected for final negotiations.
11. The proposer will give immediate notice to Dougherty County of any claims or suits made or filed against the vendor or its subcontractors on any matter pertaining to this contract. The vendor shall cooperate, assist, and consult with Dougherty County in any claim, suit, or action made or filed against Dougherty County as a result of or relating to the vendors obligation under this contract. Any cancellation or lapse of insurance affecting the operation of the County shall be deemed a material breach of contract and the County must be notified immediately.
12. **INDEMNIFICATION:** Proposer assumes and agrees to be responsible for all claims for damages for injuries to persons or property arising out of the performance of its contract, whether due to its own default or negligence of its sub-contractors. The proposer agrees to indemnify Dougherty County on account of such claims and further agrees that it will indemnify Dougherty County fully against any damages, fines, penalties or forfeitures of any kind which may be imposed upon or levied against Dougherty County as the result of the proposer's violation or failure to comply with any valid law, ordinance or regulation of the United States, State of Georgia, or Dougherty County,

including the Federal Occupational Safety and Health Act of 1970 as amended from time to time or any federal regulation adopted pursuant thereto.

The proposer shall not be liable for any losses, damages, or expenses caused by negligent, willful or wanton acts, errors or omissions of Dougherty County, its officers, employees, agents or representatives.

To further assure the performance of the covenant, the proposer shall procure and maintain in force, at its expense, liability insurance including Automobile, General and Errors and Omissions of at least \$1,000,000 per occurrence and an annual aggregate, where it applies, of at least \$2,000,000. The proposer must also certify for Workers Compensation statutory coverage and Employers Liability of at least \$1,000,000.

13. **TERMINATION OF CONTRACT FOR CONVENIENCE:** Dougherty County shall have the right to terminate any contract to be made hereunder for their convenience by giving the proposer **sixty (60) calendar days** written notice of their election to do so and by specifying the effective date of such termination. The proposer shall be paid for its services through the effective date of such termination.
14. **TERMINATION OF CONTRACT FOR CAUSE:** Provided a contract is awarded, if a proposer shall fail to fulfill any of its obligations hereunder, Dougherty County may terminate the agreement with said proposer for such default by giving written notice to the proposer at issue. If this agreement is so terminated, the proposer shall be paid only for work satisfactorily completed. Any termination that could occur would not happen without an opportunity to cure per the conditions outlined in the Contract between the successful proposer and the County.
15. **Georgia Security and Immigration Compliance Act:** The successful consultant will provide certification that they are in compliance with the Georgia Security and Immigration Compliance Act, certifying that the provisions of O.C.G.A § 36-60-13, Chapter 300-10-1, per the Georgia Department of Labor, if applicable, have been complied with in full. Pursuant to O.C.G.A § 36-60-13, all sub-consultants entering into a contract or agreement for hire on this Project must be registered and participate in the Federal Work Authorization Program. *(See attached document at the end of proposal)*
16. **Indemnity Form:** An executed copy of this form should accompany your submittal. (See Attached).
17. **Certificate of Non-Collusion:** An executed copy of this form should accompany your submittal. (See Attached).
18. **Governing Law & Venue:** An executed copy of this form should accompany your submittal. (See Attached).
19. **PROPOSAL RESPONSE:** All vendors/respondents should provide information as detailed in this RFP and any other pertinent information which will assist the Evaluation Committee in selecting the most qualified firm. The County will be available at the pre-proposal conference to answer questions and offer explanations as needed. Any reply resulting in a change in the Request For Proposal (RFP) will be sent to all attendees. It is highly recommended that all interested proposers attend this conference.

20. **Delivery of Submittals:** One (1) original and four (4) copies of all submittals should be delivered to the address below:

CITY OF ALBANY
PROCUREMENT DIVISION
222 PINE AVENUE, SUITE 260
ALBANY, GEORGIA 31701
PHONE: 229-431-3211

Submittals should be clearly marked on the outside as "RFP No. 25-062, Dougherty County Jail- Inmate Medical Services"

Sealed responses may be hand delivered or mailed to the above listed address. Sealed submittals must be delivered in writing. Verbal responses are not acceptable. The City of Albany assumes no responsibility for submittals received after the advertised deadline or at any office or location other than that specified herein, whether due to mail delays, courier mistake, mishandling, or any other reason. If submittals are delivered by other than hand delivery, it is recommended that the respondent verify delivery. Any submittal received after the specified time and date will not be considered and will be returned unopened to the firm.

21. **PROPOSAL RESPONSE:** All vendors/respondents should provide information as detailed in this RFP and any other pertinent information which will assist the Evaluation Committee in selecting the most qualified firm. The County will be available at the pre-proposal conference to answer questions and offer explanations as needed. Any reply resulting in a change in the Request For Proposal (RFP) will be sent to all attendees. It is highly recommended that all interested proposers attend this conference.

22. **EVALUATION CRITERIA:**

Qualifications/Experience	25%
References	25%
Work Methodology	20%
Quality of Package/Proposal Quality	20%
Proposal Fee	10%

23. **EVALUATION OF PROPOSERS**

Award will be made to the responsible proposer whose proposal best meets the needs of the City of Albany as set forth herein. Proposers will be evaluated on the following criteria:

- **Experience/Qualifications:** State experience in medical services and healthcare along with company background, name and location of the representatives assigned to the City of Albany. **Weight -25%**
- **References:** List five representative projects of comparable size and complexity. Provide client name, address, contact person, current telephone number and key team members name and responsibility. **Weight -25%**
- **Work Methodology:** Describe the methodology and approach that the proposer will establish for accomplishing the objectives detailed in the RFP. **Weight -20%**

- **Quality of Package:/Proposal Quality:** This entails evaluation based on the degree of completeness of the response to the RFP and the degree to which the proposer followed instructions for submittal. **Weight -20%**
- **Proposal Fee:** In a separately sealed envelope, vendor must provide pricing for each category as detailed in the Scope of Services section of the RFP. Price must be inclusive of all fees for service delivery. **Weight -10%**

Dougherty County Jail- Inmate Medical Services
SCOPE OF SERVICES
RFP. #25-062

PURPOSE: The Dougherty County Jail Facility (hereinafter referred to as "DCJF") is soliciting proposals from qualified bidders for Comprehensive Inmate Healthcare Services. The selected Health Service Provider (Provider) will operate and manage the delivery of comprehensive healthcare services to inmates incarcerated at the DCJF. The Provider shall achieve compliance with acceptable standards of care. The Provider will be responsible for the evaluation, treatment, prescribing and administering medications, monitoring inmates who have been determined to need medical, mental and/or dental services.

For the purposes of this agreement, qualified medical, mental and dental personnel includes physicians, nurse practitioners, physician assistants, psychiatrists, psychologists, nurses, psychiatric nurses, psychiatric social workers, dentists, dental hygienists, specialist, and technicians, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the medical, mental health and dental needs of inmates.

I. STANDARDS

For the duration of this Contract, comprehensive medical services must be provided to comply with the Constitution of the United States of America, the Constitution of the State of Georgia, CDC guidelines, OSHA standards, and any other appropriate federal, state or local authority. In addition, medical services must be provided in compliance with the "Standards for Health Services in Jails," Revised 2018, as amended or revised during the term of this contract established by the National Commission on Correctional Health Care (NCCHC), 1145 W. Diversey Parkway, Chicago, IL 60614, Phone: (312) 528-0818, and the "Standards for Adult Pretrial Detention Facilities," Revised 2020, as amended or revised during the term of this contract, established by the Georgia Sheriffs Association, 1000 Sheriffs Way, Madison, GA 30650, and any other accrediting body selected by the DCJF. The Provider shall be deemed in compliance with these accreditation requirements if they perform all duties within their immediate control in order to achieve accreditation on time and promptly notify the facility where the performance affects the viability of accreditation.

II. START-UP REQUIREMENTS

The Provider will be responsible for all things necessary to provide all healthcare services set forth in the Contract and Contract Specifications as of the commencement date specified in the Contract. The Provider shall develop and implement clearly defined written site-specific policies and procedures to include at a minimum, those required by NCCHC and GSA standards in correlation with DCJF's policies and procedures for service delivery.

III KEY PERSONNEL

The Provider must recruit, interview, hire, train and supervise all healthcare staff. The healthcare staff must be adequate to meet all conditions and specifications of this Contract. All personnel made available by the Provider to render services hereunder shall be licensed, certified, or registered, as appropriate, in their respective areas of expertise, as required by applicable Georgia law and accepted standards of medical, mental and dental practices. The Provider shall recommend and make provisions for staff to obtain certification in correctional health care. The Provider may submit with the proposal, the resumes and signed letters of intent for key personnel to accept employment. All staff shall meet the background and security clearances of the DCJF.

The specifications for key personnel must be strictly met as indicated below:

A. Health Services Administrator (HSA)

1. The Provider shall employ a full-time Health Services Administrator with the authority to oversee the administrative requirements of health care programs such as mental health, recruiting, staffing, data gathering, financial monitoring, policy and procedures development and review, contracts, health record keeping and other management services.
2. Must have a minimum of two (2) consecutive years of experience as a full time HSA at a correctional facility with an Average Daily Population (ADP) greater than or equal to five hundred (500) inmates or one (1) year as a full-time regional manager of a correctional medical service system wherein the managed region has at least one (1) site with an ADP of greater than five hundred (500) inmates.
3. Must have a master's degree in social work and have a current license (LCSW) to practice in the State of Georgia
4. The HSA must be present in the DCJF not less than forty (40) hours per week, at least five (5) days per week. In the absence of the HSA, the Provider will designate an individual to serve as the acting HSA.

B. Medical Doctor

1. The Provider shall employ Medical Doctor who is Board Certified in one of the following: Family Practice, Internal Medicine, Surgery or Emergency Medicine.
2. Must be Board Certified in Family Practice, Internal Medicine, Surgery or Emergency Medicine.
3. Must have a minimum of two (2) consecutive years of experience as a Medical Director in a correctional facility with an ADP of greater than five (500) inmates. Certification in correctional health care is preferred.
4. The Medical Doctor must be present in the Jail not less than forty (40) hours per week at least five (5) days per week and shall be available on-call twenty-four (24) hours per day for any emergencies and/or consultations.

C. Psychiatrist

Must be a psychiatrist licensed to practice in the State of Georgia as determined by the Georgia Composite Medical Board.

1. Must have a minimum of two (2) years of experience in a correctional facility with an inmate Average Daily Population (ADP) greater than 500, psychiatric outpatient clinic or in a diagnostic clinic.
2. Must be present in the DCJF not less than twenty (20) hours per week, at least four (4) days per week, Sundays are not included
3. In the absence of the Psychiatrist, the Provider will designate an individual to serve as the acting Psychiatrist.

D. Dentist

1. Must be licensed to practice dentistry in the State of Georgia. Must have a minimum of three (3) years as a Dentist at a correctional facility with an inmate Average Daily Population (ADP) greater than 500.
2. Must be present in the DCJF not less than twenty (20) hours per week, at least three (3) days per week, Saturdays and Sundays are not included.

E. Director of Nursing

1. The Provider shall employ a full-time Director of Nursing with the authority to manage, direct, supervise and schedule nursing supervisors, Registered Nurses, Clinical Nurses, Licensed Practical Nurses and Medical Assistances.
2. Must be a licensed Registered Nurse (RN) within the State of Georgia.

3. Must have a minimum of at least two (2) consecutive years' experience in a nursing supervisory position in a correctional facility with an ADP of greater than five hundred (500) inmates.
4. Must have a bachelor's degree in nursing (BSN).
5. The Director of Nursing must be present in the DCJF not less than forty (40) hours per week, at least five (5) days per week. In the absence of the Director of Nursing, the Provider will designate an individual to serve as the acting Director of Nursing.

F. Health Information Manager (Medical Records)

1. Must be a licensed accredited Health Information Technician.
2. Must have three (3) years of experience in Health Information.
3. Must have a minimum of one (1) year experience in Health Information Management in a correctional facility with an inmate ADP of greater than 500 Hundred (500).
4. Must have a minimum of one (1) year experience managing an electronic health records system.
5. Health Information Manager shall be responsible for all medical records, including mental health and dental.
6. The Health Information Manager must be present in the DCJF not less than forty (40) hours per week at least five (5) days per week. In the absence of the Health Information Manager, the Provider will designate an individual to serve as the acting Health Information Manager.

G. Senior Clinical Personnel

1. The Provider shall identify the need, schedule, coordinate and pay for all Senior Clinician (Physician Assistant, Registered Nurse Practitioner, or Licensed Professional Counselor) services rendered to inmates. The Provider shall identify all responsible Senior Clinical personnel responsible for performing sick calls Sunday through Saturday for every DCJF, for follow-up appointments in the medical service area, for annual physical examinations, and for twenty-four (24) hour emergency(ies) on call coverage.
2. At a minimum, at least one (1) Senior Clinical staff member will be on-site between the hours of 8:00 a.m. and 9:00 p.m. Monday through Friday, Saturday 9:00 a.m. to 9:00 p.m., and Sunday for four (4) consecutive hours between the hours of 9:00 a.m. - 5:00 p.m.

H. Nursing and Other Personnel

1. All nursing personnel (including paramedics), mental health technician must have graduated from an accredited Registered Nurse or Licensed Practical Nurse program and hold applicable licenses.
2. All other ancillary personnel (X-ray Technicians, Physical Therapists, Occupational Therapist, Phlebotomists, HIV Specialist, and Medical Assistants) must meet applicable state regulatory requirements and community certification training standards. The Provider shall ensure that all staff have CPR certification.

Substitution of Personnel Continuous Performance of Key Personnel: Unless substitution is approved of this section, Key Personnel shall be the same personnel proposed in the Provider's Technical Proposal, which will be incorporated into the Contract by reference. Such identified key personnel shall perform continuously for the duration of the Contract, or such lesser duration as specified in the Technical Proposal. Key personnel may not be removed by the Provider from working under this Contract as

described in the RFP or the Provider's Technical Proposal without the prior written concurrence of the by the designated DCJF Representative.

IV. STAFF REQUIREMENTS

A. General

1. The Provider shall furnish all medical, mental and dental professionals, technical and support personnel necessary for rendering medical and mental healthcare services to inmates at the DCJF as described herein.
2. The Provider shall provide adequate staff to meet all conditions and specifications of this Contract.
3. The Provider shall ensure that all staff is licensed, certified, or registered, as appropriate, in their respective areas of expertise.
4. The Provider must have a strong administrative team that regularly communicates with and is responsive to the Chief Jailer and Jail Staff.

B. Security

1. The Provider staff shall meet the background check and security clearance of the DCJF.
2. Any person who is an employee, agent, independent contractor or subcontractor of the Provider who enters the DCJF may be searched, fingerprinted (for the purpose of a criminal history background check), photographed and may be required to wear an identification card issued by the DCJF.

C. Recruiting and Hiring

1. The Provider will have the resources to recruit qualified professionals and develop and implement staff retention systems aggressively and creatively.
2. The Provider will be able to demonstrate low company turnover rates, particularly by the following positions: Health Services Administrator, Medical Doctor, Psychiatrist Mental Health Counselor, Nurse Practitioner, Physician Assistant, Dentist, Registered Nurse and Licensed Practical Nurse.
3. All staff qualifications must meet the requirements of the Georgia Board of Registration in Medicine, the Board Certified in Dentistry, the Board Certified in Psychiatry, the Board of Registration in Nursing, the National Commission on Correctional Health Care (NCCCHC), the American Correctional

Association (ACA), Immigration and Customs Enforcement (ICE) standards for medical care, and other applicable regulations.

4. All other ancillary personnel (X-ray Technicians, Physical Therapists, Occupational Therapist, Phlebotomists, HIV Specialist, and Medical Assistants) must meet applicable state regulatory requirements and community certification training standards. The Provider shall ensure that all staff have CPR certification.

D. Staff Chart

1. The Provider shall submit staff charts for each year of this Contract, indicating the positions, including the number of Full-Time Equivalent (FTE) staff required to fulfill all requirements under this Contract. This chart indicates the minimum number of staff which the Provider will be required to maintain during the Contract Period, unless subsequently modified by mutual written

agreement of the Provider and the Chief Jailer ATTACHMENT A IS ATTACHED AND INCLUDED HEREIN BY REFERENCE.

2. The Staff Chart shall be completed in full in response to this request and made a part of this Contract. The Staff Chart shall be used as a basis for calculating a reduction in the Provider's monthly invoice due to vacancies in each position shown on the chart.

3. The Provider will provide a regular monthly report to the designated DCJF Representative of all vacancies, recruitment efforts, and propose new hires by position and vacancy/start date, as applicable. Additionally, the Provider shall submit any and all materials requested by the designated DCJF Representative for review when making qualification decisions, including a signed application for employment.

4. No personnel shall be allowed to work hours for two different staffing positions and the Provider receive credit for filling two staffing vacancies.

E. Attendance Records

The Provider shall furnish the Chief Jailer or her designee with a daily attendance record for each month, including the names and hours worked for each person performing the duties for each position set forth in the Staff Chart for that contract period, including contracted staff. The Provider shall make attendance records available no later than the 5th of the following month.

The Provider shall maintain an attendance log and daily staffing schedule for healthcare personnel. The adequacy of staffing shall be reviewed monthly and as needed by the Chief Jailer and/or her designee. The Provider shall submit daily staffing log for healthcare personnel electronically daily to the Jail Operations Commander and/or designee.

F. On Call Staffing

The Provider will ensure that a medical doctor, psychiatrist or mental health counselor and a health services supervisor are on call at all times.

G. Call Back Coverage

1. The Provider shall make provisions for the call back of sufficient physician, mental health counselor, nursing and other support staff to meet any emergency or mass casualty situation that may arise.

2. Routine call back coverage for individual medical emergencies shall be arranged at the discretion of the Provider so as to minimize outside referral and transportation costs.

3. The Provider shall provide call back for on-site suturing or any other direct or ancillary service.

4. The Provider shall provide on call physician to deliver on call coverage whenever a physician is not present at the DCJF. The on-call physician shall respond by telephone within fifteen (15) minutes of the telephone call for service and shall provide directions to the caller. If requested to do so or the situation warrants direct assessment, the on-call physician shall report to the DCJF within one (1) hour after notification.

H. Nursing Wages

Competent nursing staff cannot be retained if the hourly wages are consistently and substantially below the average wages for nursing staff of comparable levels of training and experience. A vital factor in a consistent, efficient medical and mental health care delivery system at the DCJF is the hiring and retention of competent nurses. It is also considered important that wages be consistently at the average

for the Albany-Dougherty County area. The average hourly wage of Registered Nurses, Psychiatric Nurse Clinical Nurses, Licensed Practical Nurses, Nurses' Assistants, and Medical Assistants shall be no less than one dollar (\$1.25) of the most recent Bureau of Labor Statistics Occupational Outlook Handbook.

I. Full Time Equivalent (FTE)

References for Full Time Equivalent (FTE) refers to positions that are staffed by a single person, forty (40) hours per week, receiving full time employee benefits, such as health care, vacation and retirement.

J. Part -Time Employees

No more than twenty percent (20%) of all of the Provider's employees in each staffing position shall be part-time. A part-time employee is any person who works less than 36 hours weekly and/or does not receive employee benefits, such as health care, vacation and retirement. At no time shall there be greater than fifty (50) percent of the part-time employees of the Provider's staff working on-site.

K. Staff Orientation and Training

1. The Provider within thirty (30) days after Contract Commencement, develop and maintain a present past employees training database. The contents of this database are to include the following:

- a. Logs of Staff attendance at the Provider orientation, training and refresher training sessions.
- b. Logs of Staff credentialing/license renewals.

2. Develop and maintain a comprehensive competency-based orientation plan/program for new Staff. The orientation program shall include a review of Departmental Policies and Procedures (P & P) and how to access the DCJF P & P manuals, Medical Records, HIPPA and Confidentiality training, CPR training, basics of working in a jail setting and a review of the limits of the scope of responsibility.

a. The complete plan and schedule shall be provided to the DCJF by the commencement date specified in the Contract, and it shall be updated no less than annually. The plan shall provide competency check lists evidencing successful completion of competency training, which shall be accessible in the credentialing files of all licensed personnel and of all personnel working under the license of professional personnel.

b. Logs of attendance shall be maintained for these programs and be available to the DCJF for review.

c. At a minimum within 30 days of new hire and within 30 days before or after the anniversary date of the initial training, refresher competency training shall be held in each of the following areas:

- I. Correctional medical, mental and dental healthcare practices
- II. Terms of this RFP, and interrelationships with the DCJF non-Custody and Custody staff
- III. Working with the Inmate population, boundaries, and potential manipulation
- IV. Working with individuals with serious mental illness
- V. Suicide Prevention
- VI. DCJF Directives
- VII. Provider Policies & Procedure
- VIII. Prescribing practices
- IX. Best practices in provision of inmate healthcare (medical, mental and dental)
- X. Scope of practice
- XI. Electronic Health Records training (EHR)

- XII. Training on Rape and identification of sexually assaulted inmates and reporting
- XIII. Training on HIPPA compliance and confidentiality
- XIV. Emergency Medication

- d. Develop and implement orientation training for its Staff covering subjects related to this RFP. Training shall be in compliance and consistent with NCCHC and ACA standards, and the applicable practice requirements of any regulatory body with jurisdiction over the provision of these health care services.
- e. Implement refresher training on any revisions to directives, manuals, policies, protocols, and procedures and institute a program of annual refresher training. Logs of attendance shall be available for the DCJF to review within thirty (30) days of the event occurrence.

L. Removal of Staff

In the event the Chief Jailer and/or her designee become dissatisfied with the services rendered by any Provider employee, contractor, subcontractor or assignee, the Provider shall exercise due diligence to correct the problem to the client's satisfaction. Failing therein, the Provider shall remove or cause the removal of the identified individual within a reasonable time not to exceed seven (7) days. The Provider shall locate and install an acceptable replacement during said reasonable time to ensure full staffing. In the event the Provider is directed by the designated DCJF Representative to replace staff originally hired as a Key Personnel under the RFP, the Provider may request approval from the designated DCJF Representative to keep that staff person employed under the RFP, but placed in a lower-level position. The designated DCJF Representative will provide approval/disapproval of said request within 5 days. The DCJF reserves the right to exclude staff from the DCJF and to consider the absence a failure to provide staff in accordance with the core staffing schedule and/or the staffing proposed by the Provider if it is determined that an individual's performance is less than what is considered to be necessary to meet the job requirements and position description for that job, regardless of staff level or length of service.

M. Agency Staffing

The Provider shall not employ agency nurses to satisfy any of the requirements set forth in the Contract or the Contract Specifications.

N. Inmate Labor

The Provider shall not use inmate labor in the direct rendering of any inmate medical services.

O. Weekly Meetings

The Provider shall attend weekly medical and mental health concerns meetings with the Chief Jailer Staff to discuss treatment plans and develop behavior modification plans for disorderly inmates.

V. INTAKE/RECEIVING SCREENING

The Provider shall perform an initial evaluation to determine if the arrestee can be accepted into the DCJF. If the initial evaluation concludes that the arrestee requires additional medical attention/treatment in a hospital setting then Provider's Physician must complete the appropriate forms with all parties' signatures (DCJF, Provider and Arresting Agency).

A. The Provider shall perform receiving screening on all persons that are booked into the DCJF in compliance with NCCHC and ACA standards.

1. The initial screening will identify those inmates with medical conditions, dental needs, mental disorder, inmates in need of segregation or close supervision, and those with suicidal tendencies.
 2. The Provider shall staff the Intake/Receiving Area minimally with a Registered Nurse or a Paramedic to cover the female and the male intake area, on a comprehensible schedule that will address the needs of screening incoming inmates.
- B. Provider shall perform an initial evaluation on all inmates within 4 hours upon their arrival to the DCJF 24 hours a day, seven days a week by trained and qualified healthcare personnel, to include a paramedic, at all times. A penalty of \$150.00 will be assessed for each inmate that has not received a completed intake receiving screening within (4) hours of incarceration at the DCJF. This penalty will continue daily until the receiving screening has been finalized.
- C. Where an inmate screening is not performed due to the inmate's condition, i.e., combative, severely intoxicated or for other reasons relating to the correctional facility, the reason for such lack of screening shall be immediately and fully documented in the inmate's medical records.
1. The Provider shall make and document observations of inmates that cannot be immediately screened a minimum of every two (2) hours and must screen the inmate within eight (8) hours of their admission to the facility.
 2. The Provider shall refer inmates for emergency or additional health services at the time of the receiving screening. Treatment will be initiated where appropriate. Pregnant female shall have documented fetal heartbeats on admission if fetus is viable, approximately twenty (20) weeks gestation.
- D. At a minimum, the Receiving Screening shall include, but not limited to:
1. An individual and confidential interview using the Intake/Receiving Screening form.
 2. Documentation of current illnesses and health problems, including medications taken, special health requirements, and any mental health illnesses.
 3. Notation of body deformities, trauma markings, bruises and ease of movement.
 4. Check conditions of skin and body orifices, including rashes, infestations, needle marks or other indications of drug abuse.
 5. Medication, special housing and emergency health services will be addressed immediately when appropriate.
 6. Purified Protein Derivative (PPD) skin test administered and read within seventy-two (72) hours. When contraindicated a chest x-ray will be ordered and performed within five (5) days of admission.
 7. Vital signs, i.e. temperature, blood pressure, pulse, respiration, height, and weight.
 8. RPR, GC/Chlamydia collection for persons presenting with symptoms.
 9. Pregnancy test for all females upon entry. All pregnant arrestees shall be identified and triaged appropriately. Monthly gestation reporting is required for all pregnant females.
 10. A mental health assessment of any inmate identified as having a current mental illness or whose screening indicates the possibility of a mental illness, suicide ideation and/or unstable mental health condition mental health counselor contacted immediately.
 11. Dental receiving screening documented using approved charting system and immediately forwarded to the Dentist.
 12. An evaluation of urgent medications required by the inmate for chronic disease maintenance and infectious disease care and provide those medications required for health maintenance during the intake /receiving screening process.
 13. Medications brought in or self-reported shall be verified and documented.
 14. Emergency medication related to other conditions shall be provided.
 15. Check incoming inmates for missing teeth and any signs of dental disease.

VI. INTOXICATION/WITHDRAWAL/DETOXIFICATION

All inmates received at the DCJF with evidence of intoxication or withdrawal secondary to substance abuse shall be provided immediate medically necessary treatment, including detoxification from opiate and alcohol dependence.

Detoxification will be done only under medical supervision and in accordance with federal, state and local laws and regulations.

The Provider shall coordinate its program with local and regional alcohol and drug treatment programs, including a self-help/peer support program, where possible.

VII. FOLLOW-UP CARE

The Provider shall provide the necessary follow-up for inmate medical problems identified by any of the receiving screening or laboratory tests, including, but not limited to in-patient or outpatient hospitalization, appropriate monitoring and prescription of appropriate medication, and consultation with specialty physicians.

The Provider shall refer inmates in a timely manner to outside specialists in all cases when the Provider lacks the resources to treat in a timely manner the medical or mental conditions of such inmates.

VIII. 14 DAY HEALTH ASSESSMENT EXAMINATION

A. The Provider must perform a comprehensive follow-up appraisal, including a complete physical examination on any inmate confined in the DCJF within fourteen (14) calendar days of incarceration. A penalty of \$200.00 per day will be assessed beginning on the 15th day of incarceration and will continue until the examination has been completed. Inmates identified with clinically significant findings because of a comprehensive screening receive an initial health assessment no later than two (2) days from incarceration. A penalty of \$200.00 per day will be assessed on the 3rd day of incarceration and will continue until the examination has been completed.

B. The comprehensive health appraisal must include a review of the preliminary health screening as well as additional data necessary to complete the medical, psychiatric histories (mental health) and dental.

C. The physical examination conducted as a part of the health appraisal shall be performed only by an appropriately trained Registered Nurse, Nurse Practitioner, Physician Assistant or Medical Doctor and shall include minimally:

1. Heights, weight, pulse, pressure, temperature and respiration.
2. Laboratory and/or diagnostic tests to detect communicable diseases, including sexually transmitted diseases, tuberculosis, and HIV and other tests shall be performed on all inmates no later than the time of the comprehensive follow-up examination. Such tests shall be performed prior to the comprehensive follow-up examination where clinically indicated.
3. Any additional laboratory work or tests as directed by the Medical Doctor.
4. An EKG shall be performed on all inmates age forty (40) years or older or as determined by the physician.
5. For females, the collection of gonorrhea and chlamydia cultures and pap smear shall be performed where clinically indicated. The health assessment of women shall include inquiry about menstrual cycle and unusual bleeding, the current use of contraceptives, the presence of an IUD, breast masses, nipple discharge and possible pregnancy, plus prenatal, postnatal care and delivery, where applicable.

D. The Provider shall perform reviews, medical examinations, medical summaries or certifications necessary for food handling and work clearances within twenty-four (24) hours from the time such service is requested, and the name(s) of inmate(s) are provided to the Provider.

IX. MENTAL HEALTH CARE

A. The Provider is responsible for providing inmates with necessary mental health services. This shall include the assessment and evaluation of mentally ill and suicidal inmates, and communication with the

health care staff to ensure that the appropriate psychotropic medication is being administered. The mental health program shall include referral, diagnosis and treatment on mental health conditions.

B. The Provider Intake staff shall complete an initial mental health screening on all inmates. The intake staff shall make referrals to a qualified mental health professional. Upon referral, the Provider will identify appropriate treatment plan and care during incarceration. The Provider shall review all referrals within twenty-four (24) hours. The Provider shall assess all referred patients within seventy-two (72) hours after receipt of the referral.

C. All health care staff must be properly trained on the symptoms and treatment of those inmates who are at risk for suicidal and/or homicidal acts. Detailed policies and procedures must be in place for both the on-site medical treatment of such inmates and for referrals to the mental health preferred provider when medically necessary for continued treatment.

D. The Provider shall ensure that Mental Health Assessments are performed on all inmates who are within the confines of the DCJF within fourteen (14) days (HEALTH ASSESSMENT EXAMINATION) or sooner if an emergency exists. Mental Health Assessments will be performed by a qualified mental health professional and completed during both the day and evening shifts. However, all new Admissions within twenty-four (24) hours of entering the DCJF from the community or another correctional system, whether as a new Admission, a parole/probation violator or an escapee, shall be managed consistently with the DCJF's Health Assessment Policy. A penalty of \$250.00 per day will be assessed beginning on the 15th day of incarceration and will continue until the Mental Health Assessment has been completed.

E. The mental health evaluation will include a structured interview by a qualified mental health professional and shall comply with NCCHC J-E-05, Mental Health Screening and Evaluation.

F. The Provider will refer mental health patients to community mental health agencies after incarceration for continuity of care and participate in Discharge Planning with identified Accountability Court Programs, Community based programs, and other community based mental health providers.

X. DENTAL HEALTH CARE

A. Provider shall provide a dental program for the entire inmate population, consisting of basic dental services to include extractions, oral hygiene, the prescribing and availability of appropriate pharmaceuticals, temporary filling of exposed and/or infected teeth, pulp, incision and drainage, control of bleeding and any indicated surgery.

B. The Provider's Intake staff shall complete an initial oral screening on all inmates. A dental screening shall include charting decayed, missing and filled teeth, and taking a dental history of the inmate; a dental record shall be maintained as part of the medical record of the inmate.

C. The Provider shall ensure that Oral Screenings are performed on all inmates who are within the confines of the DCJF within fourteen (14) days (HEALTH ASSESSMENT EXAMINATION) or sooner if an emergency exists, to include dental education and oral hygiene instruction. Oral Screenings shall be performed by a qualified health care professional and completed during both the day and evening shifts in compliance with NCCHC J-E-06, Oral Care.

D. The Intake staff shall make referrals to the Provider. Upon referral, the Provider will identify appropriate treatment plans and care during incarceration. The Provider shall review all referrals within twenty-four (24) hours. The Provider shall assess all referred patients within seventy-two (72) hours after receiving receipt of the referral.

E. The Provider shall establish a system that can identify, isolate and track inmate referral cases.

F. The Provider will provide dental treatment based on a list of dental priorities and not limited to extractions, when the health of the inmate would otherwise be adversely affected as determined by the dentist.

G. Within ninety (90) calendar days of admission, a dentist shall perform a dental examination. A penalty of \$100.00 per day will be assessed on the 91st day of incarceration and will continue until the dental examination has been completed. An annual dental examination shall be performed on each inmate

confined for more than one (1) year. A penalty of \$100.00 per day shall be assessed on the 366th day of each inmate's incarceration until the annual dental cleaning is complete.

XI. WOMEN'S HEALTH CARE

A. The Provider shall be responsible for the provision of medically necessary health services to the female inmate population in accordance with NCCHC and ACA standards.

B. The Provider shall establish policies and procedures specific to the health care of inmates, which must include, at a minimum, the following:

1. Sexually transmitted disease screening of HIV, syphilis, gonorrhea and chlamydia cultures on all females, to include laboratory conformation, treatment, and follow up as clinically indicated.
2. PAP smears within fourteen (14) days (HEALTH ASSESSMENT EXAMINATION) of inmate arrival into the correctional system. The Pap smears must be consistent with the American Cancer Society recommendations. Inmates who are returned to the system within one (1) year of the initial test will not be retested, unless they are HIV infected. In that case, they will be tested every six months.
3. Physical examination that includes inquiry about menstrual cycle and unusual bleeding, the current use of contraceptives, the presence of an IUD, breast masses, nipple discharge and possible pregnancy plus prenatal, postnatal care and delivery, where applicable.

C. The Provider shall establish policies and procedures specific to the health care of pregnant inmates, which must include, at a minimum, the following:

Pre-natal care, which includes regular monitoring by a Medical Doctor, Nurse Practitioner or Physician Assistant.

Provision of appropriate vitamins, caloric diet and any other medication needed to treat existing medical conditions.

Identification and disposition of high-risk pregnancies, to include appropriate timely referrals to the Phoebe Putney Memorial Hospital Obstetrics/Gynecology Clinic.

Postpartum care includes regular monitoring up to six weeks after childbirth (i.e., mental, physical, and emotional health).

XII. CHRONIC ILLNESS/DISEASE

A. The Provider shall operate a comprehensive chronic care program that ensures that conditions requiring chronic care are appropriately diagnosed, treated, and controlled to prevent and minimize decompensation.

B. Chronic care conditions minimally shall include patients with chronic medical problems such as asthma, diabetes, epilepsy, hypertension, infectious diseases, developmental disabilities, other disabilities, conditions related to aging and terminal illness.

C. The Provider shall schedule chronic care evaluations and implement individualized treatment plans that minimize acute hospital care services and prevent misuse of primary care services.

D. Chronic care patients shall be provided with a review by a registered nurse or midlevel provider every three (3) months and a physician review minimally every six (6) months and at more frequent intervals when clinically indicated.

E. The Provider shall refer chronically mentally ill individuals to the Psychiatrist.

F. The Provider shall develop and maintain an electronic log, using MS Excel, of all chronic care clinic encounters. Alternatively tracking may be completed via electronic medical records if such a report can be derived from the system. The chronic care log minimally shall include the following data elements: Inmate Number, Intake Date, Update Date, Full name, Race, Date of Birth, Service Area, Diagnosis #1, Diagnosis #2, Diagnosis #3, Date of Baseline exam, Date of last clinical evaluation, Date of next clinical evaluation, Active/Inactive, Date of inactivity, and Discharge Date.

XIII. INFECTIOUS DISEASE

- A. The Provider shall operate a comprehensive infection control program that ensures that communicable diseases are appropriately diagnosed, treated, and controlled to prevent and minimize infectious disease outbreaks. The infection control program must follow CDC guidelines and OSHA regulations. The Provider shall provide staff specifically oriented and trained to comprehensively support the DCJF's Infectious disease program.
- B. The Provider shall provide a designated staff member solely responsible for all infectious disease screenings (positive PPD, TB, hepatitis, etc.) in accordance with the standards established by the National Commission on Correctional Health Care (NCCCHC), and the Correctional Association (ACA).
- C. The Provider may be required to organize and chair a monthly infection control meeting with Chief Jailer and or her designee and local health departments, when appropriate.
- D. The care and handling of inmates diagnosed with an infectious disease must include on-site case management services. The Provider must establish a working relationship with the Dougherty County Board of Health Infectious Disease Clinic and Phoebe Putney Memorial Hospital (Infectious Disease Clinic).
- E. The Provider shall execute the routine collection of lab specimens from infectious disease patients at the DCJF.
- F. The Provider shall be responsible for planting TB skin tests and reading the implant no later than seventy-two (72) hours. The Provider shall be responsible for educating and administering TB medication to all inmates that test positive. The ordering of and payment for supplies and medication needed to perform such TB skin tests shall be the responsibility of the Provider.
- G. The Provider shall develop a tuberculosis surveillance program and communicate with the County and State Health Departments as required for inmate care and under the law. The Provider shall generate and provide monthly logs of all inmates, including the inmate's name and identification number, diagnosed with an infectious disease.
- H. The Provider shall develop and operate an infectious disease clinic that will meet the needs of patients diagnosed with Coronavirus (COVID-19), HIV/AIDS, TB, Hepatitis, MRSA and other infectious diseases.
- I. The Provider must generate and provide weekly reports of inmates diagnosed with an infectious disease. At a minimum, the Provider should provide the inmate's name and identification number, date the inmate was transferred to an isolation area, date last examined by a physician, and the current and final disposition.
- J. The Provider's Infection Control Coordinator and staff shall be responsible for monthly education and in-service presentations related to Infection Control issues for the Provider staff, DCJF staff as well as for the inmate population throughout the DCJF.
- K. The Provider's Infection Control Coordinator or designee shall attend Quality Improvement Meetings.
- L. The Provider's Infection Control Coordinator or designee shall conduct monthly safety meetings for DCJF maintenance provider.
- M. The Provider shall provide the following services for DCJF staff upon request at no additional cost: Annual tuberculin skin testing and referral; Tetanus antitoxin post exposure as indicated; Post-exposure testing and prophylaxis for staff, as medically appropriate until the staff member can reach his/her primary physician; Emergency intervention for on-site injuries; and Emergency management plan for mass outbreaks of infectious disease.

If over 5% of the eligible inmate PPDs are not placed and read, or fail to receive timely follow- up, a penalty of \$200 will be incurred times the number of inmates over 5% for whom the PPD was not placed, read, or followed up within the prescribed time frame for the period being measured. (Not to exceed a 30-day period.) For the purpose of this RFP, eligible inmates are defined as inmates in the facility for over 96 hours.

XIV. MEDICATION MANAGEMENT

A. All prescription medications shall be prescribed by the responsible psychiatrist or physician, compounded and dispensed by a licensed pharmacist and shall be delivered to the inmate by a qualified health professional.

B. The Provider shall enforce safety practices of all controlled substances, syringes, needles and surgical instruments which shall be counted and stored under secure conditions.

C. The Provider shall be responsible for processing, dispensing and administering comparable mental health medications prescribed by Phoebe Putney Memorial Hospital qualified health personnel within eight (8) hours of receipt.

D. The DCJF will provide the inmates the ability to purchase over-the-counter drugs through the inmate commissary system.

E. Medications must be administered to inmates daily as prescribed, twenty-four (24) hours per day, seven (7) days each week, by licensed medical staff only, and documented. Medication must be delivered throughout the DCJF, including the clinic area and housing areas. The Provider shall develop and implement systems to provide medications in a timely manner and to track problems with the dispensing and administration of medications. To include the Following:

1. A plan for providing mental health medications to those inmates scheduled for court appearances.
2. A plan is an inmate is admitted into the DCJF with a current prescription in his/her possession, the Provider shall verify the prescription within twenty-four (24) hours of the inmate's admission with the inmate receiving appropriate medication without time delay.
3. A plan to provide an adequate supply of prescribed medications for those inmates transferring to another facility.
4. The Provider shall give to the Chief Jailer and/or her designee written itemized verification of adherence to the above specifications on a monthly basis. The failure to comply with the requirements outlined above shall be considered a breach of the Contract.

F. Medication administration may be through self-administration by the inmate, as prescribed by the Medical Doctor, Registered Nurse Practitioner, and/or Physicians' Assistant. No inmates receiving mental health care may self-administer medication.

G. The Provider must provide a detailed written system for the daily delivery and dispensing of all medications. The provider must indicate, at a minimum, the following:

1. How medicine administration is to be accomplished, verifying ingestion of medications by Direct Observed Therapy (DOT).
2. Time frame in which the administration is to occur.
3. Address the need for medication requiring multiple doses during a twenty-four (24) hour period.
4. Documentation of advising the inmate of potential side effects from medications administered.
5. Documentation of administration of medications to inmates to include obtaining their signature to verify the taking of the medication as well as their refusal to take the prescribed medication. Refusal of medication by an inmate must be witnessed and documented by an Officer. All refusals of medications by inmates must be in-person and must be documented as in-person. If prescribed medications are not provided because of refusal or for any other reason, the administering medical staff member shall initial a written explanation.

H. Medications will be monitored for inmate compliance and effectiveness in alleviation of symptoms. All inmates placed on medications will be evaluated for signs of toxicity. Inmates' blood pressure will be regularly check and drug levels monitored where appropriate.

J. Documentation of the monitoring information will be placed routinely in the inmate's medical record (EHR) within a timely manner. The Provider shall be responsible for prescribing all psychotropic

medications. Prior to prescribing psychotropic medication, psychiatrist or qualified mental health personnel shall inform all inmates about the risks of taking such medication, in accordance with applicable standards of care. A psychiatrist shall inform all female inmates about the risks of taking such medications while pregnant. All encounters shall be documented in the inmate's medical record.

K. Renewal of orders to administer psychotropic medications require that the inmate be re- evaluated by a physician prior to any renewal. This re-evaluation must be documented in the inmate's medical record.

L. A Mental Health Professional shall prescribe medications as medically necessary and appropriate in compliance with the requirements of the Georgia Board of Pharmacy, Federal Drug Enforcement Administration (DEA) and local, State and federal agencies governing their usage. Concerning controlled substances, the Provider shall use the DEA accepted forms of documentation for receipt and use of controlled substances.

M. Ensuring that narcotic storage requirements (e.g., double locks, accurate counts with Custody and Provider, Federal Drug Enforcement Administration (DEA) accepted forms of documentation for receipt and use of narcotics) are met. In addition, that proper logs are maintained, and narcotics logs are updated for each dose administered consistent with the requirements of the Georgia Board of Pharmacy and the Alcohol and Drug Abuse Administration (ADAA), DEA and State and federal agencies governing their usage.

N. All medications and records of administration of medications must be maintained. The Provider shall maintain an electronic log, using MS Excel, of all medications administered in the DCJF. Alternatively, tracking may be completed via electronic medical records if reports can be derived from the system.

O. All medications must always be kept in the Pharmacy or in locked pill carts. A log indicating the use of stock medications must be maintained. The Provider shall provide policy and procedures for the removal and disposal of all outdated, unneeded, or surplus medications. Outdated medications will not be kept on the premises of the DCJF.

P. The Provider shall contain a section that identifies a pharmacy provider to provide all prescription and non-prescription medications, including AZT and other AIDS- related medications in accordance with all local, state, and federal rules, regulations, and laws. The Provider will be responsible for all costs associated with the prescribing and dispensing of medications through this preferred provider. The Provider shall disclose to the DCJF the negotiated rates for all issued drugs and allow for the DCJF to provide such drugs at a lower cost, either directly or indirect to the Provider.

Q. The Provider's failure to comply with the Medication Administration requirements of this Contract will result in injury to the DCJF, and because it will be difficult to estimate the extent of such injury, the DCJF and The Provider hereby agree that the DCJF shall deduct from the monthly payment due to the Provider, as liquidated damages, the sum of two hundred fifty dollars (\$250) for each and every medication distribution not administered within the time periods specified above. The DCJF and the Provider hereby agree that the liquidated damages stated above represent both parties best estimate of the damage resulting from the injury for failure to comply with the Medication Distribution requirements of the DCJF and is not a penalty.

XV. INMATE REQUESTS FOR MEDICAL TREATMENT (SICK CALL)

A. The Provider must establish policies and procedures for the care and handling of inmate medical, mental or dental sick call requests. These policies must address inmate access to medical services using a triage method as routine, intermediate or urgent. A face-to-face visit with the inmate/patient must occur within twenty-four (24) hours of the sick call/health request.

- B. Inmates making a medical request must be evaluated by a Registered Nurse or Licensed Practical Nurse who will make the necessary referrals to the on-site Primary Care Physician and/or Medical Director.
- C. Examination by a physician or a physician's assistant must occur within twenty-four (24) hours (72 hours on weekends) of initial referral from the medical services staff nurse, or other medical personnel.
- D. DCJF staff shall not be involved in any decisions regarding sick call/health requests, except that DCJF staff shall assist an inmate in receiving medical services when he/she requires urgent /emergency attention. DCJF staff shall be available to escort inmates to the medical clinic when necessary.
- E. Mental Health Sick Call, which is defined as non-emergency care rendered to inmates in the housing areas, shall be performed by a psychiatrist, clinical psychologist, social worker, licensed professional counselor, registered nurse, licensed practical nurse and other qualified mental health providers to all DCJF housing units.
- F. All nurses involved in screening such requests and evaluating inmates shall be Registered Nurses with current training in physical assessment. Physical Assessment training shall be provided bi-annually. Inmates referred to Medical Doctors, Registered Nurse Practitioners, and/or Physician Assistants, Psychiatrist, Clinical Psychologist, social worker, and /or licensed professional counselor must be evaluated within forty-eight (48) hours of initial referral, or sooner as medically appropriate.
- G. A Medical Doctor, Physician Assistant, Registered Nurse Practitioner, will triage, review and act upon all health services request forms daily.
- H. The Provider must establish a system that tracks the medical requests from initial receipt to final disposition, including the date of the initial complaint and the name and title of the health care provider who provided treatment.
- I. Qualified health personnel must perform rounds on inmates who are segregated from the general population (whether for disciplinary, administrative, or protective reasons) a minimum of three times a week to determine the individual's health status. A record of these rounds should be maintained, with any clinical encounters noted in the inmate's health record.
- J. The Provider shall maintain, using MS Excel, a medical/sick call request forms log. Alternatively tracking may be completed via electronic medical records if reports can be derived from the system.
- K. The Provider's failure to comply with the Sick Call requirements of this Contract will result in injury to the DCJF, and because it will be difficult to estimate the extent of such injury, the DCJF and the Provider hereby agree that the DCJF shall deduct from the monthly payment due to the Provider, as liquidated damages, the sum of two hundred fifty dollars (\$250.00) for each and every sick call request that is not responded to within the time periods specified above. The DCJF and the Provider hereby agree that the liquidated damages stated above represent both parties' best estimate of the damage resulting from the injury for failure to comply with the sick call requirements of this Contract and is not a penalty.

XVI. DIAGNOSTIC AND LABORATORY SERVICES

- A. The Provider shall identify the need, schedule, coordinate and pay for all supporting diagnostic examinations and laboratory services both inside and outside the DCJF except those provided for inpatient/inmates through a State approved facility.
- B. The Provider shall establish an agreement with an approved supplier to provide laboratory services. Such agreement shall be reviewed by and approved by the Chief Jailer and/or her designee.
- C. Laboratory services must provide STAT work with results within twenty-four (24) hours after the specimen is in receipt of laboratory company, when such tests are required and available. Rapid Plasma Reagin (RPR) testing for syphilis is to be processed within seventy-two (72) hours, and gonorrhea and chlamydia testing for women is to be processed within seventy-two (72) hours.
- D. The DCJF will not provide a laboratory courier service.
- E. The Provider's failure to comply with the Diagnostic and Laboratory Services provisions of this Contract will result in injury to the DCJF, and because it will be difficult to estimate the extent of such injury, the DCJF and the Provider hereby agree that the DCJF shall deduct from the monthly payment

due to the Provider, as liquidated damages, the sum of two hundred fifty dollars (\$250.00) for each and every laboratory test result not returned within the time periods specified above. The DCJF and the Provider hereby agree that the liquidated damages stated above represent both parties best estimate of the damage resulting from the injury for failure to comply with the Diagnostic and Laboratory Services requirements of this Contract and is not a penalty.

XVII. INFIRMARY SERVICES

- A. Infirmary care will be provided to meet the needs of the inmate population. The current infirmary consists of fourteen (14) beds.
- B. The Provider shall establish and implement policies and procedures to operate the infirmary at the DCJF. The Provider shall utilize the medical infirmary to the fullest capacity to reduce off- site hospitalization when medically feasible.
- C. The Provider shall provide treatment to inmates with acute and sub-acute medical and mental problems that are unmanageable in the general population unless hospitalization is medically indicated.
- D. The Provider shall create and maintain a medical record/chart for each patient in the Infirmary to be maintained in the Infirmary until the patient is released, at which time it is forwarded for incorporation into the patient health record.
- E. Operation of the Infirmary shall include:
 - 1. The Infirmary will be operational twenty-four (24) hours a day and shall be staff according to the levels of care needed by the inmates. Registered Nurses are to be on duty twenty-four (24) hours per day seven (7) days per week. Should the level of care fall within the scope of a Licensed Practical Nurse, or a Registered Nurse. daily on-site supervision by a Registered Nurse is acceptable for the medical infirmary only.
 - 2. On call will be a primary care physician, Psychiatrists and senior clinician services twenty- four (24) hours per day.
 - 3. The primary care physician must physically see and enter a progress note on all inmates in the infirmaries every twenty-four (24) hours and psychiatrists or licensed clinical psychologists will make daily rounds and enter progress notes when housed with mentally ill inmates.
 - 4. All inmates shall be within sight or hearing of a medical staff person at all times. If intravenous medications are being administered, a Registered Nurse must be physically present at all times.
 - 5. A pre-approved manual of Nursing Care procedures shall be followed for infirmary care.
 - 6. A complete in-patient record for each inmate admitted to the medical infirmary shall be kept, including admission work-up and discharge planning.
 - 7. No inmate shall be moved into the medical infirmary without the express approval of the assigned infirmary's Medical Practitioner or Doctor. More specifically, all mental health inmates assigned to the infirmaries due to protective custody must have their transfers authorized by the assigned Medical Practitioner or Doctor.
 - 8. Substance abuse services or referrals will be offered to those inmates who present with chemical dependency diagnosis (alcohol and/or drugs). The evaluation will be conducted by a qualified mental health professional and/or psychiatrist. The services will include at a minimum, mental status examination, supportive recovery plan, and/or post release referral to an alcohol and drug treatment facility.
 - 9. The Provider will provide blood pressure checks for the DCJF staff upon request by the Chief Jailer.

XVIII. REFERRAL SYSTEM

- A. The Provider shall establish referral policies and procedures for the care and handling of inmates whose medical care which cannot be provided on-site to inmates at the DCJF.

- B. The Provider is responsible for locating an appropriate Physician and establishing the appointment date and time in the event an inmate requires the services of a specialist.
- C. The Provider shall provide a system that can identify, isolate and track inmate referral cases.
- D. When an inmate is referred to a specialist, the Medical Doctor shall review the inmate's medical condition every thirty (30) days or sooner, until the specialist sees the inmate.
- E. The Provider shall generate and submit a copy of the monthly log on all referrals to the Chief Jailer and/or her designee. The Provider shall maintain, using MS Excel, an electronic log of all referrals. Alternatively, tracking may be completed via electronic medical records if such a report can be derived from the system. The log shall list inmate name and identification number, referring physician, date and time referral was made, current and final disposition.

XIX. EMERGENCY MEDICAL SERVICES

- A. The Provider shall provide emergency care and emergency treatment for all inmates in the DCJF. The Provider's Mental Health Professional shall be responsible and prepared to respond to a mental health emergency. Such emergency treatment for inmates shall be performed either within the DCJF or at Phoebe Putney Memorial Hospital or other medical care facility as the Provider shall deem necessary and appropriate.
- B. In the event of an emergency, first aid and cardiopulmonary resuscitation services will be provided on-site. Medical services staff will be expected to provide on-site emergency intervention for staff, inmates, and visitors when necessary.
- C. The Provider's Mental Health Professional shall treat and stabilize persons requiring emergent or urgent psychiatric care, including Inmates, employees, and visitors. The Mental Health Professional shall provide emergent psychiatric care to DCJF employees and visitors as appropriate.
- D. Subsequent to each use of force and similar incident, the Provider shall evaluate and treat inmates and staff, as necessary, and shall document the actions in the patient health record or elsewhere as appropriate.
- E. The Provider shall be responsible for making arrangements for emergency ambulance service, coordinating its use and contacting emergency medical personnel to transport inmates to outside hospital facilities where the inmate's medical condition indicates such transport is appropriate. The Provider shall notify appropriate DCJF staff that an escort is necessary when EMS personnel are brought into the DCJF and when inmates are being transported outside the DCJF.
- F. Emergency transport shall be by an appropriately equipped emergency medical services (EMS) vehicle and not by DCJF transport.
- G. The Provider shall ensure that there is on duty at the facility twenty-four (24) hours a day, seven (7) days a week one or more persons who may immediately authorize the emergency transport of an inmate to an outside hospital facility for emergency medical, dental and mental health care.
- H. The Provider shall report and document all emergencies requiring a "911 call" in writing to the Chief Jailer and/or her designee within twenty-four (24) hours by the Provider.
- I. The Provider shall generate and provide the Chief Jailer and or designee a daily log on all inmates requiring emergency services. The log shall list, at a minimum, inmate name, identification number, inmate name and identification number, the date and time the medical and/or after-hours medical request preceding the emergency service was received, the date and time the inmate was last examined by a physician, the date and time the emergency service was required and the current and final disposition.
- J. The Provider shall maintain an electronic log using MS Excel, of all emergency transports and emergency services rendered at the DCJF. Alternatively, tracking may be completed via electronic medical records if such a report can be delivered from the system.

XX. INMATE COMPLAINT/GREVIANCES PROCEDURE

- A. The Provider shall investigate grievances which are complaints made by inmates or any other person of interest (i.e. Inmate advocates such as the ACLU) regarding medical services encounters or sick call and respond to the Chief Jailer and or designee, when indicated regarding any aspect of the medical service within ten (10) days after receipt of request. The Provider shall also investigate any other complaint made by inmates or persons of interest in coordination with the Chief Jailer and or designee that may directly involve the medical Staff.
- B. All complaints shall fully comply with the DCJF directive and policy and its time restrictions. The Provider shall cooperate with the Provider's Medical Grievance Coordinator and comply with the policies and directives for the Inmate Grievance Procedure that is part of the DCJF Inmate Handbook.
- C. A copy of complaints about service received directly by the Provider shall be forwarded to the Medical Grievance Coordinator of the Provider upon receipt to determine whether a response is required.
- D. Any time a Provider's response is considered unacceptable and/or inadequate by the Chief Jailer and or designee, i.e., does not directly answer the question posed, it will be returned to the Provider by the Chief Jailer and or designee for re-investigation and more appropriate response before being sent to the inquirer.
- E. The Provider's Medical Grievance Coordinator must generate and provide to the Jail Administrator a weekly report of complaints/grievances received. Reports should include, at a minimum, inmate name and identification number, the date the complaint was received, complaint description, and current and final disposition.
- F. The Provider must provide a system of tracking complaints from receipt to resolution. The Chief Jailer and/or designee shall have searchable, read-only access to the system that tracks the complaints/grievances via secure (password protected) internet or LAN connection.
- G. The Chief Jailer and/or designee, at sole discretion, may direct that the Provider take specified action with regard to a complain grievance.

XXI. QUALITY CONTRACT MANAGEMENT PLAN

- A. The Provider shall establish a regular monthly meeting (Quality Improvement Committee) that includes Chief Jailer and or designee and the Provider staff to address integration of medical and correctional goals and services (i.e., conflicts among medical and correctional staff, includes when inmate care was delayed or denied due to problems of miscommunication among staff members, staffing, staff training or staff deployment needs.).
- B. The Provider shall identify and implement solutions to address opportunities for improvement. The Provider shall keep minutes of all meetings.
- C. The Provider shall perform ongoing Quality Control Management that monitors the access to, and quality of inmate medical services provided at the DCJF. The Quality Control Management program shall monitor all aspects of healthcare including at least the following: access to health, mental health, dental health, medication management, nursing services, physician services, access to specialty care, environmental services, infection control procedures, healthcare records, sick call services, intake screening and evaluations, chronic disease services, infirmary care, diagnostic services, discharge planning, and adverse patient occurrences, including all deaths.
- D. The Provider Quality Control Management program shall include reviews of all aspects of inmate medical services at the DCJF and shall identify any deficiencies in services to inmates as well as any staff training needs and/or deficiencies. Corrective plans to address all deficiencies and recommended improvements shall be prepared, and the Quality Control Management program shall include ongoing assessment of the effectiveness of corrective plans and actions.

XXII. REPORTING REQUIREMENTS

A. The Provider shall generate a comprehensive statistical report to be provided to the Chief Jailer and or is designee in order to better manage overall costs, staffing patterns, disease patterns, medication issues, and hospital trips. The Provider shall be able to produce the following reports and demonstrate a history of producing such reports in other facilities:

B. The report shall be provided by the fifth (5th) calendar day of each month.

C. The statistical report minimally shall include the following:

1. Number of hospital admissions
2. Total hospital days
3. Outside consultation
4. Number of Transports
5. Emergency Room visits
6. Outpatient surgery
7. Outside x-rays
8. In-house x-rays
9. # of inmates seen by physician
10. Inmates seen PA/NP
11. Inmate intake screens
12. Pregnancies (to include current trimester)
13. Births
14. Number of positive PPD's
15. Number of PPD's taken
16. Number of HIV tests
17. Number of +HIV tests
18. Number of New Hep C cases
19. Dialysis
20. Deaths/Suicides/Suicide Attempts
21. Infirmary Admissions (Medical vs. Mental Health)
22. Total number of sick call slips received
23. On-site Specialty Clinics (Optomology, Ortho)
24. Chronic Disease
 - a. HTN/cardiac
 - b. Diabetes
 - c. TB
 - d. General Medicine
 - e. Seizure
25. Rape (The DCJF has a written policy mandating zero- tolerance for all forms of sexual abuse and enforces the policy in the DCJF.)

XXIII. EYECARE

A. The Provider shall identify the need, schedule, and coordinate inmate emergency eye care with Phoebe Putney Memorial Hospital.

B. The DCJF will be financially responsible for the provision or costs of optical care, eyeglasses and/or supplies.

XXIV. HOSPITALIZATION/TRANSPORT

A. Inmate Medical Transport:

1. The Provider shall have policies, procedures and/or protocols regarding inmate transport to outside medical and mental facilities for all health care services.
2. The Provider shall identify the need, schedule, and coordinate any inpatient or outpatient hospitalization of all inmates.
3. The Provider must determine whether an inmate should be transported via DCJF transport or EMS. The Provider shall monitor and provide all health care services in holding areas, while inmates are awaiting transport.
4. The Provider shall maintain documentation logs of all inmates transported outside the DCJF for any health care appointments and hospitalizations.
5. The Provider shall ensure that a Registered Nurse processes all returning inmates to gather information provided at other medical or mental facilities and to update medical records, as well as take medications or forms provided by outside medical or mental facilities.
6. The Provider shall prepare medical summaries for transmittal with all inmates being transferred to facilities outside the DCJF.
7. The Provider will be responsible for coordinating and tracking oral surgeries.
8. The Provider shall arrange, and coordinate all required non-emergency transportation for inmates requiring health care services that cannot be rendered at the DCJF.
9. The Provider shall notify the Chief Jailer and/or her designee for coordination of all same-day non-emergency transports. The Provider shall submit a weekly schedule to the Chief Jailer and/or her designee to assist with appropriate security coverage and coordinate transportation.
10. Should inmates require emergency transportation due to life- threatening injury or illness, the Provider shall contact Dougherty County Emergency Medical Services (EMS) for emergency treatment and transport with notification to DCJF staff; Dougherty EMS charges will not be the responsibility of the Provider.
11. The Provider shall maintain an electronic log, using MS Excel, of all emergency and non-emergency transports. The transport log minimally shall include the inmate's name, identification number, referring provider and diagnosis.

B. Hospitalization Costs

DCJF inmate inpatient or outpatient hospitalization, including institutional charges, physician charges, laboratory services, testing and x-rays required or performed for such treatment will be provided by Phoebe Putney Memorial Hospital shall be the financial responsibility of DCJF.

C. Emergency Outpatient Costs

When EMS is called for life-threatening emergency transportation, their medical protocols will determine the institution to which the inmate is taken for treatment. If EMS removes the patient to an institution outside the DCJF, medical expenses arising because of such treatment shall not be the responsibility of the Provider. If after review of the weekly log for emergency transportation requests, the Chief Jailer or her designee and authorized EMS personnel deem any EMS referral as inappropriate and services could have been provided here at DCJF medical department, the cost of that EMS transport will be incurred by the Provider. The amount of the EMS invoice shall be deducted from the agreed monthly invoices.

XXV. REINTEGRATION AND TRANSFER PLANNING

A. The Provider is expected to promote and collaborate in such initiatives that stress transition from incarceration to the community. Medical and Mental care models that promote case- management from admission to release and integration into the community, based on evidence-based practice, are imperative.

B. The Provider is expected to demonstrate initiative in developing and implementing best practices around coordinated public health care, including the potential for medication assisted treatment for substance abuse. The Provider is expected to provide, at a minimum, coordination of inmate after-care services, including:

1. A comprehensive medical discharge plan.
2. All remaining medications for inmates upon release.
3. A minimum of one (1) week worth of medication for all inmates immediately going into recovery programs.
4. Coordination with other institutional and re-integration services providers and attendance at multi-disciplinary and discharge planning meetings.

C. The Provider shall ensure that when an inmate with any medical illness or injury is transferred to another incarcerated setting, the inmate's updated health records, including progress notes, laboratory testing records, consultation records, and a list of prescribed medications shall accompany the inmate. The Providers shall provide sufficient medications to last through the inmate's transfer to the next facility.

D. The Provider shall provide discharge and transfer planning for mentally ill inmates. The Provider will provide discharge and transfer planning for chronically ill inmates.

XXVI. TERMINAL ILL INMATES

The Provider shall identify and treat terminally ill inmates and shall participate with the Chief Jailer and others in the development of a plan of care and support services in accordance with NCCHC and GSA Standards.

XXVII. SUICIDE PREVENTION PROGRAM

A. The Provider will implement a suicide prevention program to ensure that everything is being done that can be done to reduce the number of suicides to zero.

B. The Psychiatrist Mental Health Director will chair a monthly suicide prevention meeting in the DCJF. The Psychiatrist Mental Health Director will lead the discussion of significant suicidal action within the past month at this meeting.

C. The Provider either quarterly and no less than bi-annually, will present information on the most recent literature on the issue of suicide prevention programs in coordination with the DCJF Training Department, including use and/or access to DCJF Training/Power Point course materials on Suicide Prevention and augmenting those materials to include the most recent literature on the issue of suicide prevention programs relative to incarceration and incarcerated populations.

D. The Provider shall hold quarterly meeting for its Staff and Chief Jailer on the topic of suicide prevention. The conference will, at a minimum, consist of:

1. Presentation and discussion of all suicidal actions for the previous quarter.
2. Discussion of all incidents of Self Injurious Behavior (SIB).

E. The Suicide data base will be reviewed at this meeting and the Provider may be asked for updates on anyone named on that list during this meeting.

F. The Provider shall participate in the regular Mortality review held for every death. In addition, the Provider shall chair a second mortality review on all completed suicides and significant attempts. Information from these reviews will be presented at the Command Staff meetings.

G. The Provider shall provide training on suicide prevention to its Staff and the staff of DCJF. The Provider shall make sure that all its trainers are certified as trainers with DCJF.

XXVIII. MEDICAL, CLINICAL AND OFFICE AREAS

A. The Provider shall furnish and pay for all medical supplies and services required for inmate medical, mental and dental healthcare, except for those medical supplies and services that are specifically identified as provided by the DCJF. The DCJF will continue to provide all non- medical supplies and services for inmates under health care as are provided for other DCJF inmates, including those required for housekeeping, diet, personal hygiene, linens, and non-medical inmate programs. The DCJF will ensure daily cleaning of the Medical Services areas.

B. The Chief Jailer shall make existing Clinic Offices and workspace available to The Provider at the commencement of the Contract and shall continue to provide building maintenance and housekeeping services for those areas.

XXIX. HAZARDOUS WASTE

The Provider shall be responsible for the removal and disposal of medically generated hazardous and pharmaceutical waste materials. Removal and disposal will be in accordance with applicable federal, state, and local requirements.

XXX. EMERGENCY PREPAREDNESS

A. The Provider shall implement, as necessary, treatment and evacuation procedures for both individual and multiple casualties, consistent with the DCJF Emergency Preparedness Plan.

B. The Provider shall conduct a mock disaster drill at the DCJF in collaboration with DCJF personnel.

C. The Provider shall ensure that the medical personnel are available to provide health care services on-site as required by the Contract during severe weather, natural disasters and other emergencies.

D. The Provider shall participate in all regional and statewide institutional emergency services plan rehearsals.

E. The Provider shall document and critique the responses of the medical staff to disasters and disaster drills, shall develop corrective action plans as necessary to correct deficiencies and shall submit a comprehensive report to the Chief Jailer or designee within thirty (30) days of the activity.

F. The Provider shall document and critique the response of the medical staff of two (2) "man down" drills per shift per year, shall develop corrective action plans as necessary and shall submit these to the Chief Jailer or designee within thirty (30) days of the activity.

G. The Provider, as part of its emergency management plan, shall plan for mass outbreaks of infectious disease.

XXXI. MEDICAL RECORDS

A. The Provider shall maintain and retain complete and accurate medical, mental health and dental records separate from the DCJF confinement records of inmates in accordance with prevailing medical regulations for confidentiality, retention, and access. All references to medical records in this section refers to the complete inmate health record, including medical, dental and mental health records. In any criminal or civil litigation where the physical or mental condition of an inmate is an issue, or when medical care is an issue, The Provider shall at all times provide the Chief Jailer or designee with access to such records and, upon request, shall provide copies of such records. All contact with an inmate, whether for medical, mental or dental health concerns, shall be documented by the Provider and filed in the inmate's medical record.

B. The Provider shall develop a system for ensuring that medical records at the DCJF are complete, legible, and contain the necessary signatures in accordance with professional standards. All health care entries shall be dated and timed. Laboratory and diagnostic reports shall be signed and dated to acknowledge timely review.

C. All inmate medical records are the property of the DCJF at the termination of this Contract, all records shall be delivered to the custody of the Chief Jailer. The DCJF shall make ongoing access to such records

reasonably available to the Provider for purposes of defending litigation. Such medical records shall be maintained for a period of seven (7) years.

D. The Provider will be responsible during the term of the contract for storage and retention of medical records maintained at the DCJF in compliance with NCCHC and ACA standards, as well as HIPPA guidelines.

E. The Provider shall provide electronic medical record keeping. Electronic Medical Records (EMR) software must be compatible with all minimum specification requirements of the DCJF Jail Management System. The EMR system must be compatible of interfacing/ communicating with the DCJF Jail Management System and other existing Dougherty County systems. The EMR must be compatible to other formats in the event the contract is awarded to a new vendor.

F. An accredited record administrator with proper clerical support must maintain supervision of medical records. Should the Chief Jailer and/or her designee determine that a deficiency exists in the medical record(s) of one (1) or more inmates, the Chief Jailer and/or her designee shall promptly notify the Provider.

G. The medical records office shall be open twenty-four (24) hours per day, seven (7) days per week. The medical charts must be available. There shall be no more than a three (3) day lags between the generation of a medical record and its filing.

H. The Provider is expected to provide all hardware necessary to support the Electronic Medical Records System.

The Provider's failure to comply with the Electronic Health Records System provision of this Contract will result in injury to the DCJF and it will be difficult to estimate the extent of such injury, the DCJF and the Provider hereby agree that the DCJF shall assess the Provider liquidated damages in the amount of five hundred dollars (\$500) for every eight (8) hours the Electronic Health Records System is incapable of performing essential functions.

XXXII. MORTALITY REVIEW

A. The Provider shall manage a formal mortality review process that includes clinical and correctional staff. All mortality reviews will be conducted within thirty (30) days of an inmate death and include an administrative review, clinical mortality review and a psychological autopsy if death is by suicide.

B. The Provider shall ensure that all corrective actions identified through the mortality review process are implemented and monitored through the Continuous Quality Improvement program for systemic issues and through a patient safety program for staff-related issues.

XXXIII. COST EXCLUSIONS

The Provider shall not be responsible for the cost of health care as follows:

A. To any individual prior to formal booking and physical commitment into the Jail.

B. For injuries sustained while on temporary release, escape or otherwise away from the DCJF. The Provider will be responsible for follow-up treatment after the inmate is returned.

C. To any inmate held in another correctional institution while that inmate is away from the DCJF unless special circumstances exist.

D. To any infant born to inmates. The Provider will be responsible for health care of pregnant inmates.

E. For any elective medical care an inmate is allowed to receive during custody, wherein that care, which if not received, will not in the opinion of the Provider cause the inmate's health to deteriorate, nor cause definite harm to inmate's well-being unless it is court ordered.

XXXIV. MEDICAL DIETS

A. The Provider shall be responsible for coordinating with the DCJF's Food Services Provider to ensure the provision of medically necessary clinical diet. The Provider shall work with the dietician from the

Food Services Provider and the Chief Jailer or designee to minimize the number of unnecessary diet prescriptions.

B. The Provider shall transcribe the prescribed diets and distribute them to the Food Services Provider and the Chief Jailer or designee daily.

C. The Provider shall maintain an electronic log of all presented medical diets.

XXXV. EDUCATION/TRAINING

A. The Provider will develop and implement a comprehensive training program for institutional medical and mental, custodial and civilian staff. The goals of such training are to provide medical and mental staff with current information on best practices and to have the opportunity to earn continuous education credits and to provide civilian and custodial staff with relevant health information that will help them to better manage the inmate population. Additionally, medical and mental staff will develop and implement a monthly health education program for inmates.

B. The Provider is expected to, at a minimum, provide the following training, for custodial and civilian staff: Chronic Disease Awareness, Issues of medical confidentiality and patient privacy, Hepatitis Education, TB Education, Communicable diseases, Infectious diseases-COVID-19 and Mental Health - suicide.

C. The Provider is expected, at a minimum, to provide the following trainings to inmates: Nutrition, Introduction to Medical and Mental Services, Managing Chronic Disease, Communicable Diseases, Medication Management, Family Planning/ Contraception Counseling and Personal Hygiene.

XXXVI. PRIORITY OF HEALTH CARE SERVICES

Healthcare services shall have priority over all DCJF functions, except for issues directly related to DCJF security. Specifically, healthcare services shall have priority over commissary activities, linen passes, inmate-attorney visits, welfare item distribution, chaplain services. In the event that any of the above activities or services are occurring in areas typically reserved for healthcare services, the Sheriff and/or his designee upon notification by the Provider, shall ensure that persons engaged in the above activities yield these areas immediately to health care personnel in order for health care services to be rendered.

A. The Provider shall adhere to the standards of care established by accrediting agencies, including, but not limited to the National Commission on Correctional Health Care (NCCHC), Georgia Sheriffs Association (GSA) and all applicable regulatory requirements of the Dougherty County Board of Health (BOH), and Occupational Safety and Health Administration (OSHA), Drug Enforcement Agency (DEA) and Immigration and Customs Enforcement (ICE).

B. The Provider shall have a demonstrated history of passing NCCHC and/or ACA accreditation and be able to demonstrate positive audit histories from past or current correctional facilities.

C. The Provider shall be deemed in compliance with accreditation requirements if they perform all duties within their immediate control, on time and promptly notify the DCJF of all units and sections within the jail where the performance affects the viability of accreditation.

XXXVII. CONTINUOUS QUALITY IMPROVEMENT (CQI)

A. The Provider shall have a plan to institute a program that monitors and improves inmate medical and mental healthcare.

B. The Provider shall have a history of implementing CQI programs in facilities similar in size to the DCJF.

C. The Provider shall submit a sample annual CQI program that at a minimum includes the following:

1. Ability to identify problems, implement and monitor corrective actions, and study its effectiveness.

2. A licensed physician and psychiatrist involved in the program who are responsible for identifying thresholds, interpreting data and solving problems.
3. A multi-disciplinary Quality Improvement Committee that meets no less than quarterly.
4. An annual review of the effectiveness of the CQI program by reviewing CQI studies and minutes.
5. At least two (2) process quality improvement studies and two (2) outcome quality improvement studies a year.

XXXVIII. AVERAGE DAILY INMATE POPULATION (ADP): 700-900

INVOICE ADJUSTMENTS FOR PER DIEM

- A. The Provider's itemized monthly invoice shall be adjusted when the actual ADP calculated for the end of the month falls below the minimum inmate population number or exceeds the maximum inmate population number stated in the ADP applicable to that Contract Period, as contained in the Contract.
- B. Should the actual ADP for any month fall below the minimum number of the estimated ADP applicable to that Contract Period, then the Provider shall decrease charges to the DCJF for that month in an amount calculated by subtracting the actual ADP from the minimum estimated ADP in the range applicable to that Contract Period, then multiplying the resulting number by the number of days in that month, then multiplying that number by the applicable per diem rate.
- C. If the actual ADP of any month exceeds the maximum number of the ADP applicable to that Contract Period such that additional staff is necessary, then the Provider shall increase the charges in their invoice to the DCJF for that month in an amount calculated by subtracting the maximum estimated ADP in that range applicable to that Contract Period from the actual ADP, then multiplying that number by the number of days in that month, then multiplying the resulting number by the applicable per diem rate. In addition, The Provider shall simultaneously indicate the proposed staff increases to be covered by the per diem and provide documentation sufficient to prove to the DCJF satisfaction, at the DCJF's so discretion, that such staff increases were implemented during said month.
- D. Where the actual ADP falls within the range of the estimated minimum and maximum daily inmate population for that period, no per diem will be assessed and no per diem adjustment will be made.
- E. The per diem rate is calculated by dividing the total contract price by the median average APD for the contract period, divided by 365 days and calculated to two (2) decimal points.

XXXIX. COMPENSATION AND ADJUSTMENTS

- A. Based upon attendance records furnished to the Chief Jailer and/or her designee after any positions included in the authorized staff level that are vacant during the reporting period, The Provider's invoice to the DCJF shall be reduced in accordance with paragraph B, Adjustments for Staffing for Vacant Positions, below.

B. Adjustments for Staffing for Vacant Positions:

1. A position is considered vacant if after seven (7) days, a qualified person is not present for duty, fulfilling the requirements of this Agreement. If a position is vacant, the following table will be used to assess the Provider Liquidated Damages. The Providers monthly invoice shall be reduced by using the daily position cost times the number of days vacant during the invoiced period.
2. Any vacancy of a Principal or Key Leadership position for greater than sixty (60) days shall result in an adjustment of twice the Daily Position Cost shown in the table above, times the number of days the position is vacant after sixty (60) days. This adjustment is in addition to the prior or ongoing adjustments made monthly for the vacant positions, as defined in paragraph B, Adjustments for Staffing for Vacant Positions, above.

Position	Estimated Daily Position Cost
HSA	\$300

MEDICAL DOCTOR/STAFF PHYSICIAN	\$950
DIRECTOR OF NURSING	\$300
HEALTH INFORMATION MANAGER	\$200
PA/RNP	\$600
ADMINISTRATIVE ASSISTANT	\$150
MEDICAL RECORDS CLERK	\$100
BILLING CLERK	\$100
NURSING SUPERVISOR	\$210
RN	\$190
LPN	\$150
MA/NA	\$100
CHIEF PSYCHIATRIST	\$950
LICENSED MASTER SOCIAL WORKER (LMSW)	\$300
LICENSED PROFESSIONAL COUNSELOR (LPC)	\$300
STAFF DENTIST	\$500

XLIV. CONTRACT TRANSITION

A. The Provider shall provide all of the transition efforts to ensure a quality, smooth, efficient and timely transition to DCJF or DCJF's agent(s). Near the end of the contract the Provider shall support end-of-contract transition efforts with technical, business, and project support.

B. The Provider shall draft and submit a transition plan thirty days (30) prior to completion of the contract outlining the steps necessary to transition activities to DCJF.

**ATTACHMENT A
MEDICAL STAFF CHART**

KEY PERSONNEL (One full-time person for each position as required under the technical proposal)

Health Services Administrator
Medical Director
Director of Nursing
Health Information Manager

GENERAL STAFFING (Positions are based on the number of full-time equivalents (FTE) persons.)

The Service Provider shall ensure FTE employment in all the categories in sufficient numbers to provide all services required under the Contract. The Service Provider shall indicate beside each position description the number of FTE's that will be supplied daily (24 hours), based on a forty (40) hour work week:

POSITION	2024 FTEs	2025 FTEs	2026 FTEs	2027 FTEs	2028 FTEs
Physician					
Physician Assistant/Registered Nurse Practitioner					
Nursing Supervisor					
Registered Nurse					
Licensed Practical Nurse					
Medical Assistants					
Paramedic					
Radiology Technician					
Office Manager					
Administrative Assistant					
Health Information Technician					
Other (CQI, Training, etc.)					
TOTAL					

****COMPLETE AND SUBMIT****

CERTIFICATION OF NON-COLLUSION

The proposer being sworn, disposes and says, _____

The proposer submitting this and its agents, officers or employees have not directly or indirectly entered into any agreements, participated in any collusion or otherwise taken any action in restraint of free competitive bidding in connection with this RFP.

SIGNATURE (AUTHORIZED)

COMPANY NAME

TITLE

DATE

CITY OF ALBANY
BID FORM #0003

****COMPLETE AND SUBMIT****

GOVERNING LAW AND VENUE

Proposer agrees that as to any actions or proceedings arising out or related to this agreement, any such proceedings shall be governed and determined by Georgia Law.

Proposer further agrees that as to any actions or proceedings arising out of or related to this agreement, any such action or proceeding shall be resolved only in an appropriate court located in Dougherty County, Georgia.

SIGNED (AUTHORIZED)

COMPANY NAME

TITLE

DATE

CITY OF ALBANY
BID FORM #0002

****COMPLETE AND SUBMIT****

Drug Free Workplace Certification

DRUG FREE WORKPLACE REQUIREMENTS: The Contractor will provide the following certification that a Drug Free Workplace will be provided on the Project.

The undersigned certifies that the provisions of Code Sections 50-24-1 through 50-24-6 of the Official Code of Georgia Annotated, relating the "Drug Free Workplace Act", have been complied with in full. The undersigned further certifies that:

1. A drug free workplace will be provided for the Contractor's employees during the performance of the Contract; and
2. Each Contractor who hires a Subcontractor to work in a drug free workplace shall secure from that Subcontractor the following written certification:

DATE: _____

COMPANY NAME: _____

AUTHORIZED REPRESENTATIVE NAME: _____

TITLE: _____

SIGNATURE: _____

****COMPLETE AND SUBMIT****

Advertisement Form

For All Firms Participating in the bid please answer questions below:

Please let us know how you heard about the BID/RFP advertisement by selecting one of the following.

1. Internet/Social Media to include Facebook, Twitter, etc. Yes____ No____
2. City of Albany website Yes____ No____
3. City of Albany local access channel (channel 16) Yes____ No____
4. Georgia Procurement Registry Yes____ No____
5. Other: _____

Please indicate if you are a DBE: Yes____ No____

DATE: _____

COMPANY NAME: _____

AUTHORIZED REPRESENTATIVE NAME: _____

TITLE: _____

SIGNATURE: _____

****COMPLETE AND SUBMIT****

DEBARRED BIDDERS/INTEGRITY CERTIFICATION

Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
(49 CFR, Part 29):

The Contractor must certify that neither it nor its principals are presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. Further, the Contractor certifies that he or she shall obtain an identical certification from all its sub-contractors. The Contractor also agrees that when a sub-contractor is unable to certify to any of the statements in this certification, the prospective participant shall submit an explanation to the Contractor.

DATE: _____

COMPANY NAME: _____

AUTHORIZED REPRESENTATIVE NAME: _____

TITLE: _____

SIGNATURE: _____

COMPLETE AND SUBMIT

GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT

Contractor's Name:	
Address:	
Solicitation/Contract No.:	
Solicitation /Contract Name:	

CONTRACTOR AFFIDAVIT

I understand that the City of Albany may not enter into a contract with _____ (Name of Corporation) unless it has registered and does participate in the Federal Work Authorization Program defined in O.C.G.A. § 13-10-90(2), to-wit" (2) "Federal work authorization program" means any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), D.L. 99-603.

By executing this affidavit, the undersigned Contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, entity or corporation which is engaged in the physical performance of services on behalf of the **City of Albany** 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 sub-Contractors 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 ID Number
Company Identification Number)

Date of Authorization (EEV/E-Verify

Name of Contractor

I hereby declare under penalty of perjury that the foregoing is true and correct.

Printed Name (of Authorized Officer or Agent of Contractor)

Title (Authorized Officer or Contractor)

Signature (of Authorized Officer or Agent)

Date

Signed

SUBSCRIBED AND SWORN BEFORE ME ON

[NOTARY
SEAL]

Notary Public My Commission Expires: _____

Approved 10/23/2020

COMPLETE AND SUBMIT

INDEMNITY AGREEMENT

This indemnity agreement made and entered into in favor of DOUGHERTY COUNTY ("COUNTY"), a municipal corporation, by _____.

WHEREAS, _____ has submitted a bid to DOUGHERTY COUNTY so as to provide _____.

NOW, THEREFORE, as an additional consideration in DOUGHERTY COUNTY awarding the bid to _____.

_____ agrees to indemnify and hold harmless DOUGHERTY COUNTY, its agents, principals, officers, and employees, their successors and assigns, individually and collectively, with respect to all claims, demands or liability for any injuries to any person (including death) or damage to any property arising out of any alleged negligence of DOUGHERTY COUNTY, its officers, agents, or employees in connection with said bid /award; provided this indemnity shall not extend to any damage, injury or loss due to DOUGHERTY COUNTY'S sole negligence or willful misconduct of DOUGHERTY COUNTY. _____ shall defend against all such claims and pay expenses of such defense, including reasonable attorney fees, and all judgments based thereon.

WITNESS THE HAND AND SEAL of the _____ pursuant to proper corporate authority ____ day of _____, 2025.

[CORPORATE NAME]

By: _____

Title _____

Attest: _____

Title _____

[Affix Corporate Seal]