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TELEPHONE: 770-278-7555
FACSIMILE: 770- 278-8910

Addendum No. 3

RFP No. 25-08
INMATE HEALTH CARE SERVICES FOR ROCKDALE COUNTY

June 9, 2025

RFP #25-08 is hereby amended as follows**:**

1. **Below are questions received and corresponding answers:**

   A. **Question: Can you clarify which medical equipment, supplies, or pharmaceuticals (if any) will be provided by the County versus what the contractor must supply and maintain?**

   Answer: The county will not provide any pharmaceuticals. The county will provide a Dentist Chair, Exam Room Tables, Beds for inmates housed in Medical, along with the majority of all other medical equipment used by the medical staff. Supplies such as toiletries will be provided by the county. Supplies such as gloves and medical items needed will be provided by the contractor.

   B. **Question: What are the County's expectations and protocols for handling off-site specialty care, emergency hospitalizations, and inmate transportation for medical needs?**

   Answer: Off-site specialty care should be scheduled well ahead of time and notification to the Jail Command along with the transport unit should be made to allow adequate time to schedule. Emergency Hospitalizations should be well communicated on the need to send out, transport will be arranged by the Jail Supervisor on duty. By ambulance should be the first option, for minor things a car will suffice on the recommendation from the Contractor. Inmate Transportation will be handled by the county providing enough security for transport. Except in extremely rare cases would we need the contractor to assist.

   C. **Question: How will the County support the contractor in obtaining timely access to inmates for medical and mental health evaluations, especially during intake and for urgent or emergent needs?**

   Answer: The county wholeheartedly supports the needs for medical and mental health evaluations. The booking area will contact Medical when a new lockup is brought in to notify the needs for screening. Mental Health may also be contacted if the detention staff immediately see the need for it. For inmates already in population, lists are generated by the contractor and properly disseminated to the shift working to allow for scheduling. The county has placed a Radio within the Nurses station to allow better communication that an emergent situation has happened.

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D. **Question: Are there any anticipated changes in inmate population, facility expansion, or program requirements (such as telemedicine, mental health, or dental services) during the contract period that the contractor should plan for?**

Answer: The Mental Health Unit will provide a more focused approach to Mental Health

E. **Question: Can you provide utilization data from the past 12–24 months on medical, mental health, dental, and specialty care services, as well as any recent audit findings or compliance issues?**

Answer: Yes, the data is attached for the past 12 months. No compliance issues and the audit findings are 100% in compliance.

F. **Question: National Commission on Correctional Health Care (NCCH) appears to be required. Are there any additional requirements needed for this RFP?**

Answer: Medical Association of Georgia Accreditation (MAG)

G. **Question: Can you please verify the number of med carts required in the Pharmacy?**

Answer: 4

H. **Question: Can we have a rough estimate of the percentage of Inmates with prescription insurance against the ones without?**

Answer: 4%

I. **Question: Can you provide monthly Healthcare Services delivery statistics for the past 4 years?**

Answer: Yes

J. **Question: Administration Positions Descriptions mentions "Chronic Care Coordinator" responsibilities. This position it is not included in the suggested staffing matrix on Page 27. Would the county consider including this position in the Suggested Staffing Matrix?**

Answer: No

K. **Question: Would the County clarify what is included in "prosthetics"? If dentures, hearing aids, prosthetic limbs are included, would the county provide the number of each for each year, for the past 3 years?**

Answer: Average:
2022: 4 hearing aids, 2 prosthetic legs, 6 dentures
2023: 3 hearing aids, 1 prosthetic legs, 4 dentures

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2024: 5 hearing aids, 2 prosthetic legs, 7 dentures

L. Question: Can you provide a copy of the current Healthcare services contract with all subsequent amendments?

Answer: Please see attached.

M. Question: Will the Sheriff's Office entertain suggestions for operational changes to the health services program if such changes remain in compliance with governing standards and result in an overall cost savings?

Answer: Yes

N. Question: Due to the very tight schedule for response submittals, questions due date of 5/22/25, the Memorial Day weekend and Monday holiday, time for the County to post answers to vendor questions, and the requirement to print and ship completed proposals on Wednesday, May 28th in order to ensure on-time delivery, will the County extend the proposal submission date by one week in order for vendors to ensure proposals can be edited/adjusted based on County's answers to questions?

Answer: Extension granted, and all proposed vendors notified.

O. Question: Please provide the current vendor contract and all amendments.

Answer: Please see the attached.

P. Question: What is the current annual contract value and monthly average billing to the County?

Answer: Annual: $3,057,433.44; Monthly: $254,786.12

Q. Question: Please clarify responsibilities for costs between the County and vendor for specialty off-site services, off-site emergency transportation, off-site inpatient and outpatient care and related labs and testing costs. Are these costs included in the aggregate cap for specialty services mentioned on page 24, number 5 in the pricing section?

Answer: Answer is provided on page 4 Section F. of the current agreement

R. Question: Is the vendor responsible for 100% of all pharmacy costs, including hi-cost specialty drugs?

Answer: No, Hepatitis and HIV drugs have a cap.

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S. **Question: Please provide monthly Health Services Statistics report data for the past three years.**

Answer: See attached

T. **Question: Will hours of service delivered via tele-medicine and tele-psychiatry, count towards contract provider hours?**

Answer: No

U. **Question: The RFP staffing matrix provided on page 27 reflects 8 hours each of dentist and dental assistant coverage weekly, while the RFP states on page 20…"The Dentist and Dental Assistant will each be on duty for a minimum of 1 day each week for a minimum of 6 hours for a total of 12 hours." Please clarify.**

Answer: 8 hours each per week.

V. **Question: The RFP staffing matrix provided on page 27 reflects 10 hours of medical director coverage weekly on Mondays, while the RFP states on page 20…" The Medical Director is onsite for a minimum of 2 days each week for a total of 6 hours." Please clarify.**

Answer: 10 hours per week no minimum days

W. **Question: The RFP staffing matrix provided on page 27 reflects 32 hours of mid-level provider coverage weekly on three days, while the RFP states on page 21…" The Midlevel Provider is on duty for a minimum of 3 days each week for a total of 12 hours. Please clarify County's requirement.**

Answer: 32 hours per week with minimum of 3 days onsite.

X. **Question: The RFP staffing matrix provided on page 27 reflects 16 hours of mental health mid-level provider coverage weekly on two days, while the RFP states on page 21…" The Midlevel Provider is on duty for a minimum of 2 days each week for a total of 8 hours weekly. Please clarify County's requirement.**

Answer: 16 hours Psych Midlevel per week with minimum of 2 days weekly.

Y. **Question: The staffing matrix on page 27 includes 40 hours weekly for a grant funded Licensed Mental Health Professional. Does the County want vendors to include costs for this position in addition to the 80 Hours of weekly LMHP coverage also included in the staffing matrix? Please clarify this grant funded role and the County's expectations for the Mental Health Program.**

Answer: Yes. County expects the mental health team to operate a mental health stabilization unit.

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Z. **Question: The RFP staffing matrix on page 27 includes 12 hours daily coverage for RN/Infirmary day shift for a total of 84 hours, while the specification on page 21 and 22 states 7 days coverage for a total of 48 hours. Can vendors assume this is a typo and the requirement is for 84 hours weekly?**

Answer: Yes, 84 hours per week.

AA. **Question: The RFP specifications on page 22 requires LPN Infirmary coverage for 168 hours weekly (day and night shifts over 7 days) while the staffing matrix on page 27 only includes coverage for 84 hours weekly on the night shift. Please clarify the County's expectations for LPN Infirmary coverage.**

Answer: 168 hours per week.

BB. **Question: Please confirm that the Vendor will be responsible for contracting with all specialty services providers for on-site and off-site services.**

Answer: Yes

CC. **Question: Does the County currently provide tablets or kiosks at the facility for inmate use?**

Answer: Kiosks, no tablets

DD. **Question: Is the County interested in implementing a Medication Assisted Treatment (MAT) program to include induction and counseling services?**

Answer: Currently interested in MAT continuation only

EE. **Question: Please provide dates and outcomes of any accreditation surveys (ACA, NCCHC, AJA, DOC, etc.) within the last five years.**

Answer:
NCCHC April 30- 2023- 100%
MAG- December 4, 2024-100%

FF. **Question: Please provide the number of AED located throughout the facility as well as who is responsible for checking the equipment, frequency of checks, as well as who is financially responsible for the disposable supplies associated with equipment upkeep (pads/batteries).**

Answer: 8 AED's, County is responsible for costs and upkeep. Medical staff responsible for checking monthly.

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GG. **Question: Is the vendor responsible for providing interpreter services for non-English speaking inmates?**

Answer: Yes

HH. **Question: Are there any special requirements for contract medical staff entering the facility such as clear bags, no cell phones, required searches, or any similar security measures?**

Answer: Clear bags, Cellphones are allowed with restrictions to keep in medical only and use at HSA's discretion. Upon initial entrance into the facility the Medical staff will be screened through a metal detector by a Jail Supervisor

II. **Question: Are security rounds/counts conducted electronically or via paper logs?**

Answer: Paper logs for the County that require the vendor to fill out

JJ. **Question: Are staggered fifteen-minute watches documented electronically or via paper logs?**

Answer: Paper

KK. **Question: Who is responsible for the maintenance, inspection, and licensing of the dental x-ray equipment?**

Answer: Vendor

LL. **Question: What is the average time for new employee clearance process to be complete?**

Answer: 2 weeks

MM. **Question: Who is financially responsible for destruction/shredding of privileged health information?**

Answer: Vendor

NN. **Question: Please clarify whether the following services are available on-site or off-site, the frequency (hours or visits per week/month), and who provides the services for:**

a) **Oral Surgery-offsite 1 visit per month average**
b) **Optometry-offsite 1 visit per month average**
c) **Laboratory onsite 50 labs per month average**
d) **Radiology (specify mobile or fixed equipment)- onsite 40 x-rays per month average**
e) **Fluoroscopy-off-site- none**
f) **Mammography offsite 2 visits per year average**
g) **Physical Therapy onsite 1 visit per year average**
h) **Dialysis- offsite 1 dialysis patient per year average**

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i) **Chronic Care Clinics (please specify which clinics and frequency)-none**
j) **Specialty Clinics (please specify which clinics and frequency) - offsite 2 visit per month average neurology and cardiology**
k) **OB/Prenatal care- offsite 2 visits per month average**

OO. Question: Please provide the current employees' hourly rates and/or salaries by discipline (MD, RN, LPN, etc.) at the facility. Also, please provide years of service or hire dates.

Answer: This is proprietary to the current vendor and cannot be provided.

PP. Question: Please provide the DOLLARS spent on offsite services for by year for the last three years by the categories below, at your facility:

- **Hospitalization**
- **Emergency room visits**
- **Specialty visits**
- **Outpatient surgeries**
- **Diagnostics**

Answer: This is proprietary to the current vendor and cannot be provided.

QQ. Question: Please provide the offsite EVENTS for by year for the last three years by the categories below, at your facility:

2022
Hospital days: 54
Hospital admissions: 26
Emergency room visits: 34
Specialty visits: 2
Outpatient surgeries: 1
Diagnostics: 3
2023
Hospital days-46
Hospital admissions-27
Emergency room visits-36
Specialty visits-2
Outpatient surgeries-0
Diagnostics-2
2024
Hospital days-48
Hospital admissions-23
Emergency room visits-37
Specialty visits-3
Outpatient surgeries-1
Diagnostics-2

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RR. **Question: Please provide the following year for the last three contract years for your facility:**

a) **Average monthly number of patients on HIV medications: 8**
b) **Average monthly number of patients on psychotropic medications: 54**
c) **Average monthly number of patients on hepatitis medications: 2**
d) **Average monthly number of patients on blood products relating to hemophilia: 1**
e) **HIV medications dollars - This is proprietary to the current vendor and cannot be provided.**
f) **Psychotropic medications dollars - This is proprietary to the current vendor and cannot be provided.**
g) **Hepatitis C medications dollars - This is proprietary to the current vendor and cannot be provided.**
h) **Blood products relating to hemophilia dollars - This is proprietary to the current vendor and cannot be provided.**

SS. Question: Please provide the TOTAL dollars spent on pharmacy at your facility for the last three years.

Answer: This is proprietary of the current vendor and cannot be provided.

TT. **Question: Is biomedical waste managed by the jail or the vendor? Who is the current Biomedical waste provider?**

Answer: Vendor; Med pro- Stericycle

UU. **Question: Pharmaceutical: How many prescriptions per month on average are ordered for the inmates at the facility?**

Answer: 1200

VV. **Question: Please provide three (3) years of drug utilization at the facility, preferably in an electronic format.**

Answer: This is proprietary of the current vendor and cannot be provided.

WW. **Question: Of inmates receiving Hepatitis C treatment, what is the nature of the treatment?**

Answer: Currently none

XX. **Question: How are current medication orders being transcribed to pharmacy?**

Answer: Through Techcare

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YY. **Question: Please clarify how medications are delivered and dispensed: patient-specific or stock/pill line?**

Answer: Stock meds not patient specific.

ZZ. **Question: Please provide the number of prescriptions per inmate at the facility.**

Answer: Average- 3

AAA. **Question: Does your current pharmacy provider offer monthly/quarterly pharmacy consultation/inspection? If so, please describe?**

Answer: Quarterly inspection, third party pharmacist inspection.

BBB. **Question: Does your facility have a DEA License? If so, whose name is under licensure**

Answer: Vendor provider, Dr. Lloydstone Jacobs.

CCC. **Question: Does your facility have a current state pharmacy license? If so, whose name is under licensure?**

Answer: Yes, Naphcare

DDD. **Question: Where are inmate's personal medications kept upon booking?**

Answer: Their property

EEE. **Question: How many inmates receive MAT continuation? What MAT drugs are being utilized?**

Answer: 1, Methadone

FFF. **Question: Behavioral Health: How many completed suicides took place at your facility in the past 2 years?**

Answer: 0

GGG. **Question: How many persons on average per month have been placed on suicide precaution over the past year?**

Answer: 35

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HHH. **Question: How many persons are currently receiving psychotropic medications per month?**

Answer: 65

III. **Question: How many persons are currently receiving anti-psychotic medications per month?**

Answer: 45

JJJ. **Question: How many persons are currently receiving mood-stabilizing medications (Lithium, Depakote, Lamictal etc.) per month?**

Answer: Average of 25

KKK. **Question: How many group therapy sessions are provided per week by the current vendor?**

Answer: none

LLL. **Question: How many patients were sent to the state mental hospital from your facility in the past year?**

Answer: 7

MMM. **Question: How many patients required placement in some sort of restraint device in the past 6 months?**

Answer: 0

NNN. **Question: Is it the responsibility of the officers to provide direct observation and/or 15-minute checks and logs on all patients placed on suicide watch?**

Answer: Yes

OOO. **Question: Discharge Planning: How are medications currently made available to inmates upon release from the correctional facility?**

Answer:
A 30-day supply of medications are placed in the inmate's property

PPP. **Question: Does the Sheriff's Office's standard operating policies provide that inmates who are receiving mental health or medical services encounter medical or mental health staff as they are released from the facility? Please describe the process.**

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Answer: No, the Sheriff's Office does not have the standard operating policy. We do not have it in place that inmates who are receiving these services interact with any medical or mental health staff before release. The times we do are for court orders for medication or other services.

QQQ. Question: How many planned or predicted releases on average occur each day?

Answer: 18-25

RRR. Question: Please provide a description including average daily enrollment of your inmate substance abuse education, cognitive behavioral classes, and other inmate programs.

Answer: The RRSAT program has on average 8-12 participants. It is a substance abuse program designed to help with rehabilitation. It is 6 months long and can be voluntary or part of their sentencing from the courts.

SSS. Question: Electronic Medical Records (EMR): Please provide the name of the current EHR system.

Answer: Techcare

TTT. Question: Is the current records system a combination of electronic and paper records? If so:
- **What records are electronic?**
- **What records are paper?**

Answer: All are electronic

UUU. Question: Will the existing facility network be available for EMR connectivity?

Answer: Yes

VVV. Question: What interfaces are currently in place, if any:
- **JMS – Tyler Technologies (Odyssey)**
- **Lab - Techcare**
- **Pharmacy - Techcare**
- **Other**

WWW. Question: What is the current JMS provider?

Answer: Tyler Tech

XXX. Question: Can the EMR be installed on existing jail hardware?

Answer: No

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YYY. **Question: Should servers be proposed as a stand-alone system?**

Answer: Yes

ZZZ. **Question: Does the existing jail data center/computer room have space available for any or all of the above?**

Answer: Yes

AAAA. **Question: Do you use any tools or guides to ensure the staffing is sufficient? If yes, what current tools are in use? Is the Sheriff's Office open to vendor-developed tools to help manage staffing levels?**

Answer: Proprietary Staffing Matrix. Yes, the Sheriff's Office would be open to the tools.

BBBB. **Question: Will the Sheriff's Office allow for secure off-site cloud-based backup?**

Answer: Yes

CCCC. **Question: What mobile devices and peripherals are currently in use at the facility?**

Answer: Limited use of cell phones, Laptops, and Inmate Tablets.

DDDD. **Question: Risk Management: How many medical malpractice and/or civil rights lawsuits have been filed against the jail's healthcare provider related to the services rendered at the facility in the past five (5) years?**

Answer: None

EEEE. **Question: Please confirm the name of the Electronic Health Record (EHR) current being utilized.**

Answer: TechCare

FFFF. **Question: Does the County feel that current EHR is adequate?**

Answer: Yes

GGGG. **Question: Is the County contemplating a change of the EHR?**

Answer: No

2. All other conditions remain in full force and effect.

3. If a proposal has been submitted and anything in this Addendum causes the contractor to change the

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item offered or to increase or decrease the proposal price, the new price and/or changes will be inserted below:

_____

_____

4. All contractors under this Request for Proposal are kindly requested to acknowledge receipt of this Addendum on the Proposal Form, page 28 of this RFP.

Tina Malone

Tina Malone, CPPB CPPO
Purchasing & Procurement Manager
Department of Finance, Purchasing Division

	January/2024	February/2024	March/2024	April/2024	May/2024	June/2024	July/2024	August/2024	September/2024	October/2024	November/2024	December/2024
SCREENINGS AND GENERAL INFORMATION												
Average Daily Population	319	336	319	319	330	329	334	336	352	351	361	326
Active Inmates	614	651	962	639	683	668	680	674	671	648	675	634
OFFSITE SERVICES												
Hospitalized patients	3	2	1	2	0	1	1	2	3	0	0	0
Inpatient hospital days	16	4	1	6	0	3	2	5	7	0	0	0
Offsite appointments completed	8	3	4	3	3	3	3	5	6	9	11	10
Patients sent to the ER	16	7	4	9	10	14	9	14	9	13	14	10
Ambulance Runs	8	3	3	7	1	6	3	6	6	9	11	3

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BY: Purchasing

ORIGINAL

Board of Commissioners
Agenda Item Transmittal Form
Procurement/Contract Transmittal Form

Type of contract: 1 year ☐ Multi-year ☐ Single Event ☐

Contract #: C-2020-98
BOC Approval Date:

☐ **Submission Information**

Contact Name: Captain Jason Welch
Department: Sheriff's Office
Project Title: Inmate Medical
Funding Account Number: 100-3326-521200-30
Contract amount: $2,613,495.96/year or $217,791.33/Month
Contract Type: Goods ( ) Services ( ) Labor ( )
Contract Action: New (X) Renewal ( ) Change Order ( )
Original Contract Number:

☐ **Vendor Information**

Vendor Name: NaphCare, Inc
Address: 2090 Columbiana Road, Suite 4000
Address: Birmingham, AL 35216
Email: brad.mclane@naphcare.com
Phone #: 205-536-8532
Contact: Brad McLane
Term of contract: BOC approved 8-11-2020

Finance Director Signature

I have reviewed the attached contract, and the amount is approved for processing.

Signature: K. Miller **Date:** 8.4.20

Procurement Manager Signature

I have reviewed the attached contract, and it is in compliance with Purchasing Policies of Rockdale County.

Signature: Jane Malone **Date:** 7/6/2020
Req provided

Detailed Summary of Contract: RFP # 20-04

Rockdale County is charged by law with the responsibility of obtaining and providing reasonable and necessary care for inmates or detainees at the Rockdale County Jail.

RCSO's recommendation is to accept the proposal and contract between Rockdale County and Naphcare to provide healthcare services and mental health professional services to the inmates incarcerated at the Rockdale County Jail.

Department Head/Elected Official Signature:

Date: 06/30/2020

INTERDEPARTMENTAL MEMORANDUM

Department of Finance Purchasing Division

TO: Captain Pass, Captain Welch & Lieutenant T. Harris

FROM: Tina Malone, Procurement & Purchasing Manager

DATE: June 18, 2020

SUBJECT: RFP No. 20-04: Inmate Health Care Services for Rockdale County

Attached find copy(ies) of bid(s) / proposal (s) and abstract.

There are certain rules and regulations which govern the dissemination of bid information. To protect the County and the integrity of our process, it is requested that you **do not** give out any information concerning these bids. If you have anyone seeking this information, refer them to Purchasing. The bid copies are confidential, and no bidder is permitted to handle them.

If departments have questions or need clarifications regarding bids, such questions must be submitted to Purchasing in writing, and Purchasing will address any questions to the vendor and provide the information back to the department.

Our analysis of the bids indicates that the following is (are) low bidder(s) meeting specification, and we anticipate to recommend award to:

Please review and advise low bidder meeting specification.

If you agree that the above listed bidder(s) should be awarded the contract, please indicate your agreement. If you think otherwise, please give reasons and your alternative recommendation. Further, it is requested that this form along with an agenda transmittal form with your recommendation be completed and returned no later than the close of business on **Friday, June 26, 2020.**

Keep a copy of the abstract for your files and make your comments/recommendation(s) below or on a separate sheet and return them to us.

If you have any questions, please call me as our department is always ready to assist you.

Tina Malone, CPPO, CPPB
Procurement Manager, Finance, Procurement Division

TM/mp

Department's Response

Date 06/30/2020

This bidder **meets/ does not meet** our approval. *(please circle the appropriate response)*

Return this memorandum with your comments whether or not your recommendation concurs with that of Purchasing.

Recommendation Naphcare

Sheriff Eric Levett 06/30/2020 — 06/30/2020

Person Completing Form — Date — Department Director — Date

List notes if space permits – if not attach second page

GEORGIA CORPORATIONS DIVISION

GEORGIA SECRETARY OF STATE
BRAD RAFFENSPERGER

HOME (/)

BUSINESS SEARCH

BUSINESS INFORMATION

Business Name:	**NAPHCARE, INC.**	Control Number:	**0421321**
Business Type:	**Foreign Profit Corporation**	Business Status:	**Active/Compliance**
Business Purpose:	**NONE**		
Principal Office Address:	**2090 Columbiana Road, Suite 4000, Birmingham, AL, 35216, USA**	Date of Formation / Registration Date:	**2/5/2004**
Jurisdiction:	**Alabama**	Last Annual Registration Year:	**2020**

REGISTERED AGENT INFORMATION

Registered Agent Name:	**REGISTERED AGENTS LEGAL SERVICES**
Physical Address:	**900 OLD ROSWELL LAKES PKWYSTE 310, ROSWELL, GA, 30076, USA**
County:	**Fulton**

OFFICER INFORMATION

Name	Title	Business Address
Bradford T McLane	CEO	2090 Columbiana Road, Suite 4000, Birmingham, AL, 35216, USA
CONNIE YOUNG	Secretary	2090 Columbiana Road Suite 4000, Birmingham, AL, 35216, USA
CONNIE YOUNG	CFO	2090 Columbiana Road Suite 4000, Birmingham, AL, 35216, USA

Filing History Name History

Back Return to Business Search

Report a Problem?

RFP #20-04 Inmate Health Care Services

Final Evaluation

	Evaluator #1	Evaluator #2	Evaluator #3	Total	Average	Ranking
Southern Correctional Medicine	5.31	5.35	5.90	16.56	5.52	4.00
Wellpath, LLC	6.91	7.51	6.91	21.33	7.11	2.00
NaphCare, Inc.	8.53	9.04	8.71	26.28	8.76	1.00
Advanced Correctional Healthcare	6.29	6.50	7.05	19.84	6.61	3.00

View assistance for SAM.gov

SAM SYSTEM FOR AWARD MANAGEMENT

A NEW WAY TO SIGN IN - If you already have a SAM account, use your **SAM email** for login.gov. Log In

Login.gov FAQs

ALERT: SAM.gov will be down for scheduled maintenance Saturday, 05/09/2020 from 8:00 AM to 1:00 PM

ALERT: CAGE is experiencing a high volume of entity registrations; processing time is currently exceeding the normal window of ten business days. Please respond promptly by email to the DLA CAGE Program if you are contacted for additional information to prevent further delays.

Search Results

Current Search Terms: NAPHCARE, INC.*

Total records: 2

Save PDF | Export Results | Print

Result Page: 1 Sort by: Relevance Order: Descending

Your search for NAPHCARE, INC.* returned the following results...

Entity **NAPHCARE, INC.** Status: **Active**

DUNS: **004677399**
Has Active Exclusion?: **No**
Expiration Date: **07/05/2020**
Purpose of Registration: **All Awards**

CAGE Code: **3PKZ3**
DoDAAC:
Debt Subject to Offset?: **No**

View Details

Entity **NAPHCARE CHARITABLE FOUNDATION, INC.** Status: **Active**

DUNS: **081317863**
Has Active Exclusion?: **No**
Expiration Date: **07/08/2020**
Purpose of Registration: **All Awards**

CAGE Code: **858N2**
DoDAAC:
Debt Subject to Offset?: **No**

View Details

Result Page: 1

Save PDF | Export Results | Print

GSA

Brian P. Kemp
Governor

J. Alexander Atwood
Commissioner

State of Georgia Suspended and Debarred Suppliers

The following list of suppliers have been suspended or debarred from receiving State of Georgia contracts as of the respective effective date through the identified expiration date:

Supplier Name	Supplier ID	Supplier Address	Status (Suspended/Debarred)	Effective Date	Expiration Date
NONE					

Phone: 404-657-6000

State Purchasing Division
200 Piedmont Avenue SE · Suite 1308 West Tower · Atlanta, Georgia 30334-9010
www.doas.ga.gov

Fax: 404-657-8444

Contract No. 2020-98

INMATE HEALTH CARE SERVICES AGREEMENT

THIS AGREEMENT (the "Agreement") entered into on this 11th day of August, 2020, between NAPHCARE, INC., an Alabama Corporation whose address is 2090 Columbiana Road, Suite 4000, Birmingham, AL 35216 (hereinafter "Contractor") and Rockdale County, Georgia, a political subdivision of the State of Georgia, 962 Milstead Avenue, Conyers, Georgia 30012 (hereinafter "County"); and

WHEREAS, the County desires to engage the services of Contractor to provide Inmate Health Care services to the Rockdale County Jail: and

WHEREAS, Contractor is qualified to provide this service and desires to render Inmate Health Care services to the Rockdale County Jail as provided herein.

NOW THEREFORE, the County engages the services of Contractor for and in consideration of the mutual promises contained in this Agreement and the parties agree as follows:

1. SCOPE OF SERVICES. Contractor agrees to provide health care, dental, mental health and software services to individuals ("inmates") under the custody and control of the Rockdale County Sheriff's Office who have been physically booked within the Rockdale County Jail, as further set forth herein and in Rockdale County RFP No 20-04 and Contractor's proposal in response thereto. Contractor shall furnish all products, tools, supplies, equipment, skill and labor of every description necessary to carry out and to complete in a good firm, substantial workmanlike matter for health care services for the Rockdale County Jail, located at 911 Chambers Drive, Conyers, Georgia 30012, (hereinafter "Services") in accordance with the County's Request for Proposal (RFP) No. 20-04, and amendments, incorporated herein by reference as Exhibit A, (hereinafter "Services"), and as described in Contractor's proposal dated March 6, 2020, attached hereto and made a part hereof as Exhibit B, and hereinafter referred to as the "Services". These Services shall be performed at the direction of the Rockdale County Sheriff or his designee and consistent with all federal, state, and local laws.

The Contract Documents, RFP and Proposals are considered essential parts of the Contract, and requirements occurring in one are as binding as though occurring in all. They are intended to define, describe and provide for all labor necessary to complete the Work in an acceptable manner by the County. In the event of any conflict between these documents, the body of this contract shall be controlling over the Exhibits, and Contractor's Proposal in Exhibit B shall be controlling over the RFP terms set forth in Exhibit A.

2. PAYMENT. COUNTY shall pay CONTRACTOR an annual base of Two Million, Six Hundred Thirteen Thousand, Four Hundred Ninety-five and .96/100 Dollars

(2,613,495.96), payable in twelve (12) equal monthly installments of $217,791.33 for the Services provided under this Agreement, as set forth in Contractor's Proposal.

For the first year of the Agreement, a per diem rate of $2.58 will be added to the monthly base compensation for each inmate in excess of the average daily population of 500.

Contractor shall submit monthly invoices to County in a format acceptable by the County. The amount billed in each invoice shall be calculated as set forth in the Bid. The County shall endeavor to make payment to Consultant within thirty (30) days from receipt of invoice.

3. PERFORMANCE OF SERVICES.

A. **Staffing.** The manner in which the services are to be performed, and the specific hours to be worked by Contractor shall be determined by Contractor so long as the total hours paid per week equal or exceed the weekly hours for the positions set forth in the staffing matrix below and any schedule adjustments are approved in writing by the County. The County will rely on Contractor to work the hours set forth within Contractor's staffing matrix specified within its response to the RFP to fulfill Contractor's obligations under this Agreement for the fee provided in Section 2 of this Agreement.

Rockdale County, GA NaphCare Staffing									
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Hours	FTE
Position Title	**Day Shift**								
Health Services Administrator (RN)	8.000	8.000	8.000	8.000	8.000			40	1.000
Medical Director		6.000						6	0.150
NP/PA	8.000		8.000	8.000	8.000			32	0.800
Administrative Assistant	8.000	8.000	8.000	8.000	8.000			40	1.000
RN - Infirmary	12.000	12.000	12.000	12.000	12.000	12.000	12.000	84	2.100
LPN - Intake	12.000	12.000	12.000	12.000	12.000	12.000	12.000	84	2.100
LPN - Clinic/Med Pass	24.000	24.000	24.000	24.000	24.000	24.000	24.000	168	4.200
Medical Assistant - Clinic	8.000	8.000	8.000	8.000	8.000			40	1.000
Dentist	6.000							6	0.150
Dental Assistant	6.000							6	0.150
Psychiatrist			2.000					2	0.050
Psych NP	8.000			8.000				16	0.400
Licensed Social Worker	16.000	16.000	16.000	8.000	8.000	8.000	8.000	80	2.000
	Night Shift								
LPN - Med Pass	12.000	12.000	12.000	12.000	12.000	12.000	12.000	84	2.100
LPN - Intake/Med Pass	12.000	12.000	12.000	12.000	12.000	12.000	12.000	84	2.100
LPN - Infirmary	12.000	12.000	12.000	12.000	12.000	12.000	12.000	84	2.100

Total FTEs 21.400

To fulfill its staffing obligations, Contractor may utilize pro re nata (PRN) staffing and/or a current staff member(s) (staffing agency nurses will not be utilized), to include use of overtime staffing to fulfill the needs of any vacant position or any position that is temporarily vacant and will outline same within a monthly staffing report provided to County. In the event a current staff member is utilized to fill the scheduled hours of another staff member, Contractor may utilize a like-kind or higher level staff member to fulfill the vacant staff position and this provision shall allow for Contractor to modify the required staffing requirement hours by substituting up to 1.00 FTE of required Medical Doctor/Physician/Psychiatrist time with up to 2.00 FTE additional NP/PA or Psych NP/PA time. Two hours of total services rendered by the NP/PA or Psych NP/PA shall be considered equivalent to one hour of service rendered by a Medical Doctor/Physician/Psychiatrist. A paid hour by Contractor for staffing is hereby defined by the parties as an hour paid to a staff member, including any overtime, to fill hours set forth in the Agreement, which shall include hours worked onsite and onsite training/orientation.

B. **Staffing Qualifications.** Contractor will fill all positions consistent with the terms of Section 7 of the RFP regarding Staffing, with the exception that, for those positions that specify that the position is to be filled by a person with three years of prior correctional healthcare experience (HSA, Medical Director, and Mental Health Services Coordinator/MH Services Provider) the parties agree that this level of prior correctional experience is preferred for these positions but not required.

C. **Staffing Credits and Reporting.** Contractor will credit the County on the following month's invoice in the amount of the insufficient hours at the applicable hourly rate for each hour a staffing member position remains unfilled for the month in question. The parties agree that any staffing credit(s) owed by Contractor will be accounted for based on an aggregated paid hours report. Contractor shall report to the County the number of hours paid to Contractor's personnel for each position and shift aggregated as well as summarize hours worked for each position on a monthly basis.

The parties hereby agree that Contractor shall not be penalized nor be obligated to provide payment to County for any staffing shortages as outlined above for the first three (3) months of the initial term (i.e. the transition period) of this Agreement.

D. **Electronic Health Records and Software.** Contractor will provide its proprietary electronic medical records software system ("software") commonly referred to as "TechCare" for use in the Facility. Contractor shall maintain ownership of this software (and/or any other proprietary software utilized by Contractor as part of its services rendered pursuant to this Agreement) and the County shall be entitled to quantitative and select information as required by the County. At the termination or expiration of this Agreement, Contractor shall remove the software. All inmate medical information contained by the software should be provided to the County in some media format acceptable to the County.

During the term of the Agreement, County shall keep Contractor's software and all information pertaining to it confidential at all times. Furthermore, the County agrees that it will not:

(i) Lease, loan, resell, sublicense or otherwise distribute the software to parties who are not County governmental entities;

(ii) Permit third-party access to, or use of, the software, except as permitted in within this Agreement;

(iii) Create derivative works based on the software;

(iv) Reverse engineer, disassemble, or decompile the software; or

(v) Remove any identification or notices contained on the software.

The County and/or Facility will notify Contractor in the event either party becomes aware of any unauthorized third-party access to, or use of, the software.

Contractor shall be responsible for providing a firewall, maintenance, backup data, virus corruption, and licenses for this software.

E. **Coordify Software**. During the initial one year term of this contract, Contractor offers its Coordify software for use by the County at no additional charge. This offer includes licensing, hosting, customization, deployment and training. The Coordify solution is designed to serve as a central repository of information to guide judicial decision-making, facilitate use of alternatives to incarceration, facilitate successful outcomes for people participating in such alternatives to incarceration, and create a platform for reporting on success of persons. With Coordify, the County will receive a focused, scalable, platform customized to the needs of the County. Within the first four months of the initial contract term, Contractor will present the software to County officials, the Sheriff's Office, the judicial system and interested stakeholders. Should the County confirm that Coordify will be a benefit to the County, Contactor will evaluate County processes, procedures, and needs, customize Coordify for the County, deploy the software and provide unlimited training and support. Should the County wish to retain the software during renewal terms, Contractor reserves the right to negotiate with the County to charge fees for annual licensing, maintenance, training and customization.

F. **Off-Site Services Subject to Aggregate Cap.** Contractor will be responsible for all off-site charges (Specialty Care), which shall include inpatient and outpatient hospitalization (medical, surgical, dental and mental health), advanced diagnostics (Ultrasound, CT, etc.), chemotherapy, emergency room visits, ambulance services (including ground and air), specialty consults, physician fees, off-site dental fees, off-site

treatment and diagnostics, dialysis (whether onsite or offsite), contracted laboratory and radiology services, outpatient procedures and surgeries, physical and occupational therapy, ancillary hospital services, follow-up physician services, per inmate fees paid to medical specialists (not site physicians included in staffing plan) for clinic services, long term off-site facility care and all other off-site fees for healthcare services rendered to an inmate, up to a cumulative annual total of $50,000 for dates of services rendered within the year. Such amount is subject to prorating for contract periods that are less than twelve months. Any diagnostic tests (i.e., laboratory, radiology, etc.) performed inside the Facility will not be factored into the Annual Aggregate Cap.

Contractor will pay provider and facility claims for services rendered, regardless of whether they are above or below the annual aggregate cap, and will bill the County for any charges over $50,000. Any such bill must be submitted by Contractor to the County within six (6) months from the date that Contractor receives the bill from the third party provider. The County shall not be responsible for paying or reimbursing Contractor for any bills submitted after this six (6) months period of time. The County shall pay Contractor within 45 days of receipt of invoice.

G. **Pharmaceuticals.** Contractor will provide all pharmaceuticals as set forth in Contractor's RFP response, except that Contractor will be responsible for the cost of blood factor and Hepatitis C medications. Should the cost of prescribing and dispensing HIV medications exceed one hundred thousand ($100,000.00) dollars in any given contract year, Contractor will bill back the County for the actual costs associated with prescribing and dispensing of HIV medications exceeding the $100,000.00 threshold.

H. **Exceptions to Treatment.** Contractor will not be financially responsible for costs associated with transplants and/or experimental procedures. Contractor will not be financially responsible for any costs incurred after an inmate is released from County's custody. Contractor will not be responsible for the provision of elective medical care to inmates. Contractor will not be responsible, financially or otherwise, for providing health care services to an infant following birth. Contractor shall not be responsible for arranging or providing an abortion to any Inmate. Contractor will not be responsible for costs associated with the transportation of inmates for off-site non-emergency health care treatment. Contractor will only be responsible for any medical testing or obtaining samples which are forensic in nature upon receiving consent for same from an inmate or as otherwise required by local, state, or federal statute or regulation or by Court Order.

4. <u>DEFAULT AND TERMINATION.</u> Failure to substantially perform the Services or fulfill obligations set forth hereunder shall constitute material default. Where either party believes there is a material default by the other party, the party claiming such default shall give written notice of the default to the other party within 15 days. The defaulting party shall have a reasonable time in which to correct or cure the default, provided, however, that such default shall be cured within 15 days unless otherwise agreed upon by the parties.

Should either party materially default in the performance of any provision of this Agreement and fail to cure such default as provided herein, the other party shall be permitted to terminate this Agreement with 15 days written notice to the other party hereto. Termination of this Agreement shall not constitute waiver of any other remedy either party may have hereunder.

5. TERM/TERMINATION. The initial term of this Agreement shall be for one (1) year beginning at 12:00 P.M. on September 15, 2020 and ending at 11:59 P.M. on September 15, 2021. The parties may agree to renew this Agreement for four (4) additional one-year periods renewable each year under the same terms and conditions as the original Proposal, unless and until terminated as provided below.

Renewals exercised by the County may be adjusted after the first year of the contract according to changes in the Consumer Price Index for the "medical care" component for all urban consumers, as related to the appropriate area in the United States. The CPI change shall be used for each new contract year shall be that published for the fourth month (April) of the preceding contract year and compared to the same index for April of the previous year. The CPI adjustment shall affect the base fee and per diem and will be reflected in the billing for July of the renewal period. The adjusted base price will then be fixed for the twelve-month period beginning in July.

Either party, upon giving ninety (90) days written notice, may terminate this Agreement at any time with cause. Termination of this Agreement by either party shall not impair or affect whatever rights, including payment for services performed prior to termination either party may have under this Agreement.

Upon such termination, Contractor shall be entitled to collect only the outstanding fees incurred based upon the work completed as the day of termination. In the event of termination, Contractor shall submit a final billing through the date of termination and if accepted by the County, payment shall be made within twenty (20) days of receipt thereof.

6. RELATIONSHIP OF PARTIES. It is understood by the parties that Contractor is an independent contractor with respect to the County and not an employee of the County.

7. INDEMNIFICATION. Contractor agrees to hold harmless and indemnify County, its Directors, Officers, and employees from and against any and all liability, claims, actions, causes of action, losses, damages, demands, suits, judgments, costs and expenses arising out of bodily injury (including death) to persons or damage to property, including, but not limited to, any and all costs, expenses, legal fees and liabilities, incurred in and about investigation and defense thereof, to the extent caused by a negligent act, error or omission of Contractor, or as a result of effective services under this Agreement; provided, however, that Contractor's obligations pursuant to this provision will not apply to any claim, liability, cost or expense solely caused by the acts or omissions of any of the County officers, agents, or employees or for any claim arising out of: (1) the County, its employees

or agents preventing an inmate from receiving legally required medically necessary medical care as ordered by Contractor; or (2) the County, its employees or agents failing to present an inmate to Contractor or otherwise inform Contractor of a potential medical need where it is known or should be obvious to a person with no medical training that emergency medical care is needed.

8. ASSIGNMENT. The Contractor's obligations under this Agreement may not be assigned or transferred to any other person, firm, or corporation without the prior written consent of the County.

9. NOTICES. All notices required or permitted under this Agreement shall be in writing and shall be deemed delivered when de livered in person or deposited in the United States mail, postage prepaid, addressed as follows:

IF for the County:

Rockdale County Board of Commissioners
Attn: Tina Malone, Procurement Officer
P.O. Box 289
Conyers. Georgia 30012
770-278-7552, tina.malone@rockdalecountyga.gov

IF for Contractor:

NaphCare, Inc.
Attn: Bradford T. McLane
2090 Columbiana Road, Suite 4000
Birmingham, AL 35216
205-536-8532, bradford.mclane@naphcare.com

With a copy to:

Legal Department
NaphCare, Inc.
2090 Columbiana Road, Suite 4000
Birmingham, AL 35216
Legal.department@naphcare.com

10. ENTIRE AGREEMENT. This Agreement, its attachments and essential documents (as provided in paragraph 1 above) represent the entire understanding of the parties with regard to the subject matter of this Agreement. There are no oral agreements, understandings, or representations made by any party to this Agreement that are outside of this Agreement and are not expressly stated in it. No supplement, modification, or amendment of this Agreement will be binding unless executed in writing by all parties. By

signing this Agreement, the parties acknowledge that they have read each and every page of this Agreement before signing same and that they understand and assent to all the terms thereof. In addition, by signing this Agreement, the parties acknowledge that they are entering into this Agreement freely and voluntarily and under no compulsion or duress.

11. CORPORATE AUTHORITY. Contractor represents to the County that this Agreement, the transaction contemplated in this Agreement, and the execution and delivery hereof, have been duly authorized by all necessary corporate proceedings and actions, including, without limitation, the action on the part of the directors. The individual executing this Agreement on behalf of Contractor warrants that he or she is authorized to do so and that this Agreement constitutes the legally binding obligation of the corporation.

12. AMENDMENT. This Agreement may be modified or amended if the amendment is made in writing and is signed by both parties.

13. SEVERABILITY. If any provisions of this Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provisions of this Agreement is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.

14. WAIVER OR CONTRACTUAL RIGHT. The failure of either party to enforce any provisions of this Agreement shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this Agreement.

15. FURTHER ASSURANCES. The Contractor agrees to execute, acknowledge, seal and deliver, after the date of this Agreement, without additional consideration, such further assurances, instruments and document, and to take such further actions, as the County may reasonably request in order to fulfill the intent of this Agreement and the transactions contemplated by this Agreement.

16. INTERPRETATION. Should any provision of this Agreement require a judicial interpretation, the parties agree that the body interpreting or construing this Agreement will not apply the assumption that the terms of this Agreement will be more strictly construed against one party by reason of the rule of legal construction that an instrument is to be construed more strictly against the party which itself or through its agents prepared the Agreement. The parties acknowledge and agree that they and their agents have each participated equally in the negotiation and preparation of this Agreement.

17. VENUE & JURISDICTION. The County and the Contractor, by entering into this Agreement, hereby agree that the courts of Rockdale County, Georgia shall have jurisdiction to hear and determine any claims or disputes between them pertaining directly

or indirectly to this Agreement. Contractor expressly submits and consents in advance to such jurisdiction in any action or proceeding commenced in said courts. The choice of forum set forth in this section shall not be deemed to preclude the bringing of any action by the County or the enforcement by the County of any judgment obtained in such forum in any other appropriate jurisdiction. Further, the Contractor hereby waives the right to assert the defense of forum non-conveniens and the right to challenge the venue of any court proceeding.

18. APPLICABLE LAW. This Agreement shall be construed and interpreted according to the provisions of the laws of the State of Georgia.

- SIGNATURE SECTION ON NEXT PAGE-

Contract No. 2020-98

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals on the date and year first above written.

NAPHCARE, INC.

By: _____
Bradford T. McLane, CEO

ROCKDALE COUNTY, GEORGIA

By: _____
Osborn Nesbitt, Sr., Chairman

Attest:

_____
Connie Young, Corporate Secretary

Attest:

_____
Jennifer Rutledge, County Clerk

Approved as to form:

_____
M. Qader A. Baig, County Attorney

NaphCare Staffing Option

PROPOSAL FORM

Instructions: Complete all THREE parts of this bid form.

PART I: Proposal Summary

Complete the information below. If you wish to submit more than one brand, make a photocopy of this Proposal Form.

1.	**Per Month Pricing**	$217,791.33
2.	**Lump Sum for Twelve (12) Month Period**	$2,613,495.96
3.		$
4.		$
5.		$
6.		$

PART II: Addenda Acknowledgements (if applicable)

Each vendor is responsible for determining that all addenda issued by the Rockdale County Finance Department – Purchasing Division have been received before submitting a bid.

Addenda	Date Vendor Received	Initials
"1"	2/3/2020	JLA
"2"	2/26/2020	JLA
"3"	3/2/2020	JLA
"4"		
"5"		
"6"		

PART III: Vendor Information:

Company Name	NaphCare, Inc.
Address	2090 Columbiana Rd, Suite 4000, Birmingham, AL 35216
Telephone	205-536-8532
E-Mail	brad.mclane@naphcare.com
Representative (print name)	Brad McLane, CEO
Signature of Representative	
Date Submitted	3/3/2020

VI. Pricing

We have provided two quotes for professional staffing and complete programs of administrative and health services for a base census of 500 inmates at Rockdale County Detention Center as described herein for a twelve (12) month period from the original contract start date. Any expense above the base price will be the responsibility of NaphCare except as specifically addressed in this section. A daily per diem charge for each inmate in excess of the 500 base ADP has been provided in our pricing summary charts below.

Our proposal provides Rockdale County with an opportunity for operational efficiencies that will enhance on-site medical care and provide savings. We look forward to developing a partnership with you and appreciate the opportunity to submit our cost proposal to the Rockdale County representatives.

NaphCare Efficiencies

In partnering with NaphCare, the county will experience high-quality health care at an affordable price due in part to the efficiencies created by our electronic operating system, *TechCare*. Over our 30 years of correctional healthcare experience, we have developed a technologically advanced healthcare delivery model including nursing protocols for the correctional setting that are programmed into *TechCare*. The *TechCare* system is the backbone of our program, providing continual quality assurance, operational efficiencies, and ironclad documentation.

At NaphCare, fiscal responsibility is a business imperative. We strive to ensure appropriate and efficient use of taxpayer dollars while providing the highest quality of care to incarcerated members of your community. Off-site care, pharmacy, and personnel account for 95% of correctional healthcare costs. NaphCare utilizes technology and protocols that help reduce costs in each of these categories while maintaining high-quality healthcare services. For example:

- *TechCare* reduces clerical time and makes our personnel and services the most efficient in the industry, which increases the amount of time personnel can spend on clinical matters and direct patient care;
- NaphCare's telehealth and telemedicine services, as well as our wellness initiatives, reduce the need for off-site care and provide more efficient staffing coverage; and
- NaphCare's in-house pharmacy services eliminate waste and therapeutic duplications to reduce overall pharmacy cost.

Price Summary

Rockdale County, GA - NaphCare Pricing RFP Staffing Option	Year 1
Annual Amount	$ 2,413,999.68
Monthly Amount	$ 201,166.64
Per Diem in excess of 500 ADP	$ 2.58

Rockdale County, GA - NaphCare Pricing NaphCare Staffing Option	Year 1
Annual Amount	$ 2,613,495.96
Monthly Amount	$ 217,791.33
Per Diem in excess of 500 ADP	$ 2.58

Optional Staffing – RN at Intake 24/7

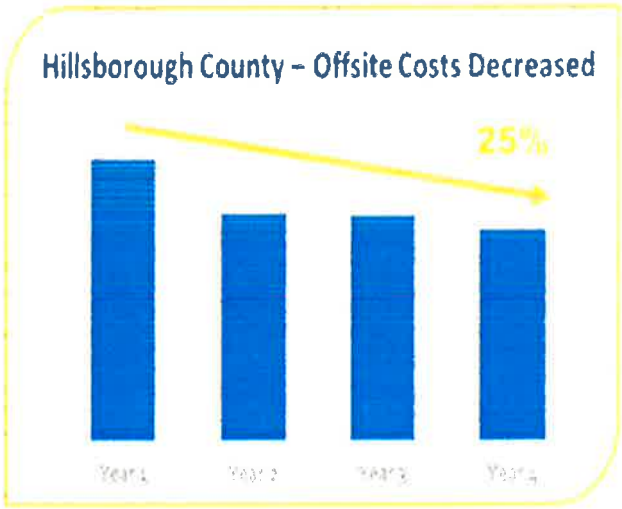
NaphCare has proposed optional pricing for a RN at intake 24/7 in place of a LPN. If this option is amenable to the County, please add the following costs to the base price.

Rockdale County, GA - NaphCare Pricing	
RN Intake 24/7 - Option	Year 1
Annual Amount	$ 125,403.84
Monthly Amount	$ 10,450.32

Off-site Medical Services

NaphCare understands the County will be responsible for payment of all costs and expenses associated with the provision of those services that occur for all offsite services (Specialty Care), when such costs and expenses exceed $50,000.00 for the first twelve (12) months of this Agreement (the Aggregate Cap Amount) and any subsequent twelve (12) month extensions of this Agreement. Also, in addition to Specialty Care, advanced diagnostics (ultrasound, CT, etc.), chemotherapy, and dialysis (onsite or offsite) will apply to the Aggregate Cap. The Aggregate Cap will be prorated for any partial twelve-month period under the Agreement. Until such time as the Aggregate Cap amount is exceeded in any twelve-month period, the costs and expenses associated with Specialty Care services will be borne by NaphCare. NaphCare agrees to track and account for all such expenses on behalf of the County.

We are confident in our ability to manage off-site healthcare costs by providing superior onsite healthcare services and robust Utilization Management to ensure the right care is delivered at the right time in the right location. This track record is illustrated by the following off-site costs chart for one of our largest clients, Hillsborough County, Florida (ADP 3,000), showing a downward trend in off-site costs since the inception of our contract. This decrease was achieved through a coordinated effort of high-level onsite patient care, dedicated management by the onsite Medical Director, robust Utilization Management, Case Management from corporate and onsite teams, and sophisticated claims adjudication and processing. NaphCare will implement the same successful protocols, customized for your facilities, at Rockdale County.



Pharmacy Services

NaphCare understands we will be responsible for the cost of all drugs administered other than blood factor and HEP-C meds. Because the need for these medications is unpredictable, and it is possible a site may go years without having to prescribe either medication, we find it is more beneficial for our clients to exclude this cost from our price and agree that should the need for Hepatitis C or blood factor medications arise, NaphCare will supply the medication and bill the county back at our cost. Should the county wish for NaphCare to include the cost of these medications in our proposal, we are happy to discuss this at county request.

Additionally, should the prescribing and dispensing of HIV medications exceed one hundred thousand ($100,000.00) dollars in a given contract year, NaphCare will bill back the County for actual costs associated with the prescribing and dispensing of HIV medications exceeding the one hundred thousand ($100,000.00) dollar threshold. We would like the County to know this pricing structure is negotiable.

VALUE-ADDED SOFTWARE AND EQUIPMENT PROVIDED AT NO ADDITIONAL CHARGE

NaphCare will provide software and technical and medical equipment **at no cost to Rockdale County for a total added value of $481,500.00**.

Quantity	Medical Equipment - Description
2	Vital Signs Machines
5	Glucometers
5	Pulse Oximeters
1	EKG Machines
3	Medication Carts
1	Treatment Carts
1	Crash Carts

Quantity	Technical Equipment - Description
2	Servers
10	Desktop Computers
10	Laptop Computers
5	Copier/Scanner/Printer
13	Signature Pads

Medical Equipment Value:	$ 25,500.00
Technical Equipment Value:	$ 106,000.00
TechCare™ – Management System Value:	$ 350,000.00
Total Added Value	**$ 481,500.00**

Change of Scope Provision

The price offered by NaphCare in this bid encompasses the scope of services as outlined in this RFP, our technical proposal, and the current community standard of care with regard to correctional healthcare services. Should there be a significant change or modification to state or federal laws or regulations, inmate census, standards of care, scope of services, or the number of correctional facilities that results in a material increase or decrease in costs, coverage of costs related to such changes are not included in this proposal and would need to be negotiated with the County.

Conclusion

NaphCare's experienced, dedicated team, superior health care delivery model, and corrections-specific software solutions will yield a healthier patient population and reduced healthcare costs. We pride ourselves on our ability to price projects correctly within the defined scope and enter into a long term partnership to improve patient care. We look forward to working with Rockdale County and welcome the opportunity to discuss our proposal in greater detail.

NaphCare Staffing Matrix

Rockdale County, GA NaphCare Staffing									
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Hours	FTE
Position Title	**Day Shift**								
Health Services Administrator (RN)	8.000	8.000	8.000	8.000	8.000			40	1.000
Medical Director		6.000						6	0.150
NP/PA	8.000		8.000	8.000	8.000			32	0.800
Administrative Assistant	8.000	8.000	8.000	8.000	8.000			40	1.000
RN - Infirmary	12.000	12.000	12.000	12.000	12.000	12.000	12.000	84	2.100
LPN - Intake	12.000	12.000	12.000	12.000	12.000	12.000	12.000	84	2.100
LPN - Clinic/Med Pass	24.000	24.000	24.000	24.000	24.000	24.000	24.000	168	4.200
Medical Assistant - Clinic	8.000	8.000	8.000	8.000	8.000			40	1.000
Dentist	6.000							6	0.150
Dental Assistant	6.000							6	0.150
Psychiatrist			2.000					2	0.050
Psych NP	8.000			8.000				16	0.400
Licensed Social Worker	16.000	16.000	16.000	8.000	8.000	8.000	8.000	80	2.000
Night Shift									
LPN - Med Pass	12.000	12.000	12.000	12.000	12.000	12.000	12.000	84	2.100
LPN - Intake/Med Pass	12.000	12.000	12.000	12.000	12.000	12.000	12.000	84	2.100
LPN - Infirmary	12.000	12.000	12.000	12.000	12.000	12.000	12.000	84	2.100

Total FTEs 21.400

Exhibit A

County's Request for Proposal, RFP No. 20-04

INMATE HEALTHCARE SERVICES FOR ROCKDALE COUNTY

I. GENERAL

1. This Request for Proposal is for a comprehensive health care delivery system for the Rockdale County Jail, 911 Chambers Drive, Conyers, GA 30012. This operation includes responsibility for all healthcare services; as well as pharmaceutical supplies, labor, taxes, licenses, insurance, medical supplies; everything required to operate a medical infirmary except for those specific items furnished by the County as itemized in this specification.

2. The average daily inmate population in the facility shall include both male and female inmates. The projected daily inmate population for this facility is 500.

3. There will be a **MANDATORY** pre-proposal conference held at the **Rockdale County Jail Administration & Training Annex Building, 911 Chambers Drive, 2nd Floor, Conyers, GA 30012, at 2:00 p.m., local time, Wednesday, February 12, 2020**. **Due to limited space we ask for no more than three (3) representatives per vendor.** Any questions and/or misunderstandings that may arise from this RFP must be submitted in writing and forwarded to the Procurement Buyer at the above address or by email. It shall be the Proposers responsibility to seek clarification as early as possible prior to the due date and time. Any contractor who intends to submit a Proposal is required to attend this meeting.

4. Any deviation or exception to these specifications must be clearly explained in writing by the proposer and made a part of the proposal.

5. The County currently has a healthcare services contract. The new contract period will begin on or about July 1, 2020 and will run through June 30, 2021. Renewal options for four (4) successive twelve-month periods are requested by the County, each beginning on or about July 1st and ending June 30th automatically unless written notice is served either by the County or the Contractor ninety (90) days prior to the beginning of the new period.

6. The Contractor or Rockdale County may cancel the contract for cause provided such cancellation is preceded with a ninety (90) day written notice. The County may terminate the contract resulting from this solicitation at any time the Contractor fails to carry out the contract provisions if, in the opinion of the Sheriff, the performance of the contract is unreasonably delayed or the vendor with notice of any conditions which are endangering performance and if, after such notice, the vendor fails to remedy such conditions within ten (10) calendar days, the County may, in writing and at its opinion, terminate the contract without further notice. Should such an event occur where the County proceeds to terminate the contract due to non-performance, the Contractor's performance bond will be forfeited to the County as liquidated damages and payment for expenses which would be incurred by the County to restore acceptable healthcare service operations.

7. SILENCE OF SPECIFICATIONS. The apparent silence of this specification and any supplemental specifications as to any details or the omission from it of a detailed description
concerning any point shall be regarded as meaning that only the best commercial practices are to prevail and that only materials of the first quality and correct type, size and design are to be used. All workmanship is to be first quality. All interpretations of this specification shall be made upon the basis of this statement, with County interpretation to prevail.

8. The County reserves the right to accept, or reject or require modifications to any proposal submitted, and to re-advertise.

9. In the event that the successful proposer resulting from this request is not the current Contractor, a carefully coordinated phase-in/phase-out will be required between the two Contractors so that there will be no adverse effects of any kind on the day to day medical service requirements. Specific details of this coordination should be addressed in the proposal. This time period will be not less than 2 weeks prior to the expiration of the current contract.

10. The Contractor must comply with any federal and state civil rights laws. Any charge brought against Contractor for violation of any civil rights will be the full responsibility of the Contractor and will not involve the County in any way. The Contractor is an independent Contractor and not an agent, employee, partner, or joint venture with the County and is, therefore, fully liable for all actions or in-actions taken.

11. The award will be made to the proposer who meets the minimum qualifications for all proposers (see Section III), whose proposal fully addresses all mandatory requirements for proposals (see Section II), and who, in the sole and exclusive judgment of Rockdale County, is best able to provide a health care delivery system for the County.

II. MANDATORY REQUIREMENTS FOR PROPOSALS

Your proposal need not be in any particular form. However, all proposals must contain the following specific information.

1. All proposals must contain sufficient information to enable us to evaluate whether or not the proposer meets "Minimum Qualifications for all Proposers" (see Section III). All proposals must contain the job description of the individual who will be the full-time on-site Program Administrator and other key personnel.

2. All proposals must demonstrate that the proposer has the willingness and the ability to comply with these specifications and the general conditions; in particular, the Standards for Health Services in Jails, current edition, established by the National Commission on Correctional Health Care and Performance-Based Standards for Adult Local Detention Facilities (ALDF), current edition, established by the American Correctional Association.

3. All proposals must include a brief resume of all similar projects your firm has performed for the past three years. Each project listed shall include the name and phone number of a contact person for the project for review purposes.

4. All proposals must list by name, address, and administrator, all detention or correctional facilities where the proposer has obtained accreditation by the Medical Association of Georgia, American Correctional Association and other recognized body according to the National Commission of Correctional Health Care standards (i.e., ACA, etc.).

5. All proposals must contain a letter of intent from an insurance company authorized to do business in the State of Georgia stating its willingness to insure the proposer pursuant to the terms of this request for proposals.

6. All proposals must contain a full and complete staffing and organization chart, and explain how medical care for the inmates as described in Section V will be delivered. Sample Receiving Screening and Comprehensive Health Assessment Forms shall be provided, as well as the actual Table of Contents from the Health Care Policies and Procedures Manual of the proposer.

7. All proposals must contain a specific price for all healthcare services provided by this contract plus an additional price per inmate per day for excess inmates over the base number.

8. Proposals which do not meet the mandatory requirements of Section II will be considered nonresponsive.

III. MINIMUM QUALIFICATIONS FOR ALL PROPOSERS

The following minimum qualifications must be met by each proposer. Failure to meet each qualification will result in disqualification.

1. The proposer must be organized and existing for the primary purpose of providing correctional health care services.

2. The proposer must have at least five (5) continuous years of company experience (not individual) in administering correctional health care programs in facilities that are comparable to Rockdale County.

3. The proposer must carry professional liability insurance in the amount of $1,000,000 per occurrence and $3,000,000 in the aggregate.

4. The proposer must demonstrate the knowledge and ability necessary to obtain Medical Association of Georgia Accreditation according to National Commission on Correctional Health Care Standards from its experience, American Correctional Association Accreditation and the quality of its care by having obtained that accreditation in a jail which is of a size comparable or larger to that of Rockdale County.

5. The proposer must demonstrate its ability to provide a health care system specifically for Rockdale County. It must demonstrate that it has the ability for an immediate contract start-up as of contract date, that it has a proven system of recruiting staff and that it has an adequate support staff in its central office capable of competently supervising and monitoring its operation at Rockdale County as well as supplemental resource backup as may be necessary.

6. The proposer must demonstrate the ability to provide a system of technical and medical support to the on-site personnel.

7. The proposer must demonstrate the ability to prepare and implement written policies and procedures which comply with all standards and requirements set forth herein, and to conduct an annual evaluation of compliance with its policies and procedures.

8. The proposer must demonstrate the ability to maintain an open and collaborative relationship with administration and staff of the Sheriff's Office and Jail Facility.

IV. INSURANCE REQUIREMENTS

1. Upon receipt of notice of award on this proposal, Contractor shall furnish a certificate of insurance as stipulated below before Contractor will be allowed to start any work under this contract. Insurance certificates must be from companies doing business in Georgia and acceptable to the County, as follows:

A. Worker's Compensation: statutory limit benefits, employer's liability.

B. Professional Liability: the proposer must also warrant that it and all its employees will have professional liability insurance with limits of one million $1,000,000 dollars each occurrence and three million ($3,000,000) dollars in aggregate annually.

C. General Liability: the proposer must also warrant that it and all its employees will have general liability insurance with limits of one million $1,000,000) dollars each occurrence and one million ($1,000,000) dollars in aggregate annually.

D. Certificates are to contain policy number, policy limits, and policy expiration date of all policies issued in accordance with this contract.

E. Certificates are to contain the location and operations to which the Insurance applies.

F. Certificates are to contain proposer's protective coverage for any Subcontractor's operations.

G. Certificates are to be issued to: Rockdale County Board of Commissioners, Rockdale County, Georgia.

H. Insurance certificates must be renewed for the duration of this contract period; failure to do so will constitute grounds for termination of this contract for cause and forfeiture of performance bonds as previously stated.

V. MEDICAL REQUIREMENTS TO BE PROVIDED

1. Objectives of the health care delivery system are as follows:

A. To deliver high quality health care services that can be audited against established standards;

B. To operate the health care program in a cost-effective manner with full reporting and accountability to the County;

C. To operate the health care program at full staffing and to use only licensed certified and professionally trained personnel;

D. To implement written health care plans with clear objectives, policies, procedures, and annual evaluations of completion;

E. To operate the health care program by standards established by NCCHC and ACA;

F. To maintain an open and cooperative relationship with the administration and staff of the Contractor;

G. To provide a comprehensive program for continuing staff education;

H. To maintain complete and accurate records of care and to collect and analyze health statistics on a regular basis, and provide reports to the Jail Commander on a monthly basis or as otherwise requested;

I. To operate the health care program in a humane manner with respect to the inmates right to basic health care services.

2. Successful proposer will be required to maintain complete records during the life of the contract. Such records are to be made available to the County if officially requested, to be audited by a designated County auditing staff. If such audits reveal overcharges and/or undercharges, such will be adjusted and compensation made by either party to correct the erroneous charges. All medical records will remain the property of Rockdale County and will be surrendered to the County at any time the contract should terminate.

3. The successful proposer must submit a list of employees for this location to the Sheriff for records check for admission pass into the detention facility. This list to include birthday of employee and any other pertinent information as may be determined by the Sheriff. Any changes in this listing must be submitted to the Sheriff immediately. Rockdale County reserves the right to restrict any employee from the premises when the record check reveals derogatory information that supports such an action. All employees will be required to wear Sheriff's Department identification badges at all times when on duty at the detention facility; identification must be surrendered to the Sheriff's Department upon termination at the facility.

4. General.

A. Health care services must be provided in compliance with the Standards for Health Services in Jails, current edition, established by the National Commission on Correctional Health Care (NCCHC) and Performance-Based Standards for Adult Local Detention Facilities (ALDF), current edition, established by the American Correctional Association. More specifically, the services provided must meet or exceed the NCCHC and ACA standards to the extent required to achieve Medical Association of Georgia Accreditation and ACA Accreditation. No language or description contained in these specifications is intended, nor shall be interpreted in such a way as to relieve the proposer from its obligation to maintain MAG and ACA accreditation, which is a primary goal of these specifications. Medical services must meet or exceed all Federal, State, and Constitutional requirements and all applicable correctional health care standards, including those developed by the American Medical Association, the American Correctional Association and the Medical Association of Georgia. The health care delivery system must conform to state standards for medical services provided in correctional institutions as established by the Department of Corrections or other appropriate state authority. The system must conform to the Standards for Health Services in Jails, current edition, established by the National Commission of Correctional Health Care and the Performance-Based Standards for Adult Local Detention Facilities (ALDF), current edition, established by the American Correctional Association. Generally, health care at the Jail should be equivalent to that available in the community. In addition, the Contractor must provide all services necessary to meet all constitutional obligations of the Sheriff and Rockdale County to inmates and must meet all requirements established by NCCHC, MAG, AMA, ACA, and any other applicable guidelines.

B. The Contractor must obtain all licenses necessary to render medical and health services within the state of Georgia, and, additionally, must ensure that all employees rendering medical and health services within the county possess all licenses required, including professional licenses, to render such services within the state of Georgia. The physicians selected as the "responsible physician" must be licensed to practice in the State of Georgia and must agree to utilize Piedmont Rockdale Medical Center to the fullest extent possible for any and all inmate hospitalizations.

C. The Contractor must recruit, interview, hire, train, and supervise all health care staff and assure health care staff is consistently adequate to meet all conditions and specifications of this

contract as specified in Section V.7-Staffing.

D. The Contractor shall use the infirmary at the facility whenever possible and whenever appropriate in the performance of its duties under this contract. The Contractor shall be required to examine and treat any inmate in segregation or who is otherwise unable to attend sick call in the cell of the said inmate. The Contractor shall be required to render emergency care at all buildings and areas associated with the detention facility as may be required. The Contractor shall use the Infirmary and other medical stations at the Facility whenever possible and whenever appropriate in the performance of its duties under this contract.

5. Required Health Care Services: Proposers will be required to offer general health care services to inmates at the Detention Center including, but not necessarily limited to, the following:

A. Receiving Screening- a receiving screening examination must be performed on all incoming inmates by a qualified medical professional or a health-trained member of the medical staff at the time of arrival at the pre-Booking area of the facility. The medical staff must arrive at the Booking area to perform the screening as soon as possible, not to exceed 30 minutes from notification or sooner if needed. At minimum, the receiving screening shall include:

1. Medical staff will be required to determine if the inmate needs to be referred to a medical hospital because of a life-threatening injury or illness or in immediate need of emergency medical care. If it is determined that the person cannot be accepted and requires hospitalization, they will be required to immediately notify the Booking Supervisor;

2. Documentation of current illnesses and health problems, including medications taken, and special health requirements including mental, dental, and communicable diseases;

3. Behavior observations, including state of consciousness, mental status, and whether the inmate is under the influence of alcohol or drugs;

4. Notation of body deformities, trauma markings, bruises, ease of movement, etc;

5. Conditions of skin and body orifices, including infestations, lesions, jaundice, rashes, needle marks or other indicators of drug abuse;

6. A standard form will be used for purposes of recording the information of the receiving screening and will be included in the health record of the inmate;

7. Referral of the inmate for special housing, emergency health services, or additional medical specialties will be made as appropriate, or placement in the general population and referral to the appropriate health care service, or placement in the general population without further medical attention;

8. Trained and qualified staff will be available to draw body fluids (including blood, urine) to be given to the arresting agencies/officers for testing by the state crime lab upon request in a manner to show the chain of custody and to preserve evidence.

B. Comprehensive Health Assessment- will be required on any inmate within 14 days of their arrival at the facility. Such assessment shall include as a minimum:

1. The Medical Director or Program Administrator is responsible to review all receiving screening results;

2. Additional data necessary to complete a standard history and physical examination;

3. Screening tests for tuberculosis, venereal disease, urinalysis (when clinically indicated); also dental, vision and hearing screening;

4. Additional lab work as directed by the physician for particular medical or health problems;

5. Additional tests as required based on the original screening tests;

6. Height, weight, pulse, blood pressure, and temperature;

7. The health assessment of females will also include inquiry about: (a) menstrual cycle and unusual bleeding, (b) the current use of contraceptive medications, (c) the presence of an IUD, (d) breast masses and nipple discharge, (e) and possible pregnancy;

8. Any abnormal results of the Health Assessment shall be reviewed by a physician for appropriate disposition.

9. Evaluation and determination of inmate's suitability for participation in the inmate worker program.

10. An inquiry into any insurance coverage that may apply to medical care while incarcerated; the contractor will be responsible to determine and bill all charges that are covered under an inmate's insurance coverage or any other agency that provides reimbursement for the inmate's medical expenses while incarcerated at the Rockdale County Jail.

C. Mental Health Evaluation- will be at the time of arrival at the Intake section of the facility and before the inmate enters the general population. The evaluation shall be performed by a qualified medical professional or health-trained member of the medical staff. Appropriate care and treatment shall be provided including referral to a mental health professional if the evaluation so indicates.

D. Daily Triaging of Medical Requests - Health requests from inmates must be processed at a minimum of twice daily, as follows:

1. Trained health personnel shall review all medical requests and make referrals to qualified health care personnel as required.

2. The responsible physician shall determine the appropriate triage mechanism to be utilized for specific categories of complaints.

3. All inmates placed on referral list to be seen by a physician or other specialty provider must be seen by that physician at the next visit by that physician even if the physician's time required exceeds the normal weekly allotment; there must not be any "carry-overs" to the next scheduled visit.

E. Sick Call - shall be held seven (7) days a week (excluding holidays). (A physician must be present or on call twenty-four (24) hours a day seven (7) days a week including holidays).

F. Specialty Services - Inmates will periodically require the services of a medical specialist. Proposers shall be responsible for making appointments or other arrangements for specialty care as may be required; all such referrals will be to medical providers located in Rockdale County unless that specialty is not available in the County. In such event, the qualified provider should be as close as is possible. Hospitalization will be referred to Rockdale Medical Center unless that facility is not able to provide the needed medical services. In such event, the hospital should be as close as is possible. Orthopedic services, Eye care, and OB/GYN for female inmates shall be provided for but does not need to be on-site.

G. Emergency Services - Contractor shall provide twenty-four (24) hour emergency medical, mental health and dental care including, but not limited to, ensuring that a physician is present or on call twenty-four (24) hours a day.

H. Medication Distribution - must be delivered a minimum of twice daily, seven days per week. Medication may be required to be delivered more than twice per day when ordered by a physician. Inmates will not ordinarily be required to come to the infirmary to receive required medications although exceptions may be made on a case-by-case basis.

I. Infirmary – The infirmary is required to be manned twenty-four (24) hours per day, seven (7) days per week; the following guidelines must be followed for operating the Facilities' Infirmaries.

1. A physician must be present a minimum of 2 days per week; and on-call twenty-four (24) hours per day, seven (7) days per week, including holidays;

2. A registered nurse must be present seven (7) days per week;

3. The infirmary must be supervised at a minimum by a licensed practicing nurse seven (7) days per week, including holidays;

4. All infirmary patients must be within sight or sound of a medical staff person;

5. A manual of nursing care procedures must be developed;

6. Other standards as required by MAG, NCCHC, ACA and AMA must be met.

J. Health Education- As a part of primary health care, health education will be an important part of total health care delivery. This includes but is not limited to patient education, in-service training for medical staff and appropriate training for detention staff.

K. Nursing- The nursing staff will be under the supervision of a Medical Director; their functions generally include, among other functions, staffing nursing stations, performing clinic and infirmary services, receiving screening, and distribution of medicines.

L. Pharmacy- Contractor will be responsible for a total pharmaceutical system beginning with physician's prescription of medication, filling prescriptions, dispensing medications and record keeping. The Contractor will be responsible for ordering medication, receiving prescriptions and

over-the-counter requests, packaging medication as prescribed by medical providers and maintaining licensure requirements for appropriate pharmaceutical operations. All prescription and non-prescription medications will be the responsibility of the Contractor. All medications must be ordered by the responsible physician and records of administration of medicine must be maintained. The Contractor will be responsible for the cost of all drugs administered. All controlled substances, syringes, needles, and surgical instruments will be stored and accounted for under security conditions acceptable to the Jail Commander.

M. Medical Records- Contractor shall maintain all medical records. Records are to be kept in electronic form and paper form. All inmates must have a medical record which is kept up to date at all times, and which complies with standard medical record formats and requirements. The record shall accompany the inmate at all health services encounters, and a copy will be forwarded to the appropriate facility in the event of a transfer. All procedures concerning the confidentiality of medical records must be followed, specifically with regards to HIPAA regulations.

N. Clinical Medicine- The clinical staff will be under the direction of the Medical Director. The physicians and midlevel providers will comprise the key medical delivery forces for health services delivery. Their functions will include but not be limited to providing emergency services, infirmary care, twenty-four hour on-call availability, provider sick-call, and other duties as may be assigned.

O. Administration- The administrative department is responsible for the day-to-day operation of the health care unit. Activities of the unit include, but are not limited to, personnel matters, policy and procedures, grievances, and on-site spokes-persons and/or representatives. The Health Services Administrator will be responsible for the administrative department functions.

P. Mental Health - Services to be provided consist of in-patient infirmary services, social services assistance, pretrial forensic referrals, medication administration and mental health assessments. The mental health specialist is responsible for inmates on suicide watch, assessment evaluations and treatment, discharge planning, medication monitoring, and crisis intervention for the facility.

Q. Dental- Emergency dental services will be provided to inmates; these services include but are not limited to temporary fillings, extractions, x-rays, examinations, and other treatment determined by the medical staff to be necessary. A dental evaluation will be accomplished on all inmates within 12 months of their incarceration and made a part of that inmate's permanent medical record, consistent with NCCHC and ACA standards.

R. Laboratory- In-house laboratory services are recommended, but not mandated, to reduce the number of samples submitted to outside laboratories.

S. Radiology- Basic x-ray services are to be performed onsite. These services will significantly reduce the number of inmates transported to outside facilities to receive x-ray services. Any transporting that becomes necessary will be limited to x-ray facilities located in Rockdale County except in extreme situations. A radiologist will be required to read and evaluate all x-rays. On-site x-ray technician's services will be provided by contractor.

T. Special Medical Program- For inmates with special medical conditions requiring close medical supervision, including chronic and convalescent care, a written individualized treatment plan shall be developed by the responsible physician. The

plan should include directions to health care and other personnel regarding their roles in the care and supervision of the patient. Any requirements for special medical diets will be limited to those medical diets available from the food services Contractor with exceptions made only when medically necessary and ordered by the facility physician.

U. Support Services- Proposers must demonstrate their ability to manage and support the program they propose, including but not limited to policies and procedures, quality assurance, and cost containment.

V. Elective Medical Care. The Contractor is not responsible for providing elective medical care to inmates. "Elective medical care" is to mean, medical care, which if not provided, would not cause harm to the inmate's wellbeing. The County must review any referral of inmates for elective medical care prior to provision of the services.

W. Transportation Services The Contractor is to notify the County in advance of all off-site non-emergency health care treatment including, but not limited to, hospital care and specialty services in order to schedule transport by the County. When medically necessary the Contractor will arrange all emergency ambulance transportation of inmates.

X. Proposer shall identify the need, schedule, coordinate and pay for all non-emergency and emergency medical care rendered to inmates incarcerated at the facility and administer emergency medical care to any employee or visitor who requires such care.

Y. Proposer shall identify the need, schedule and coordinate any inpatient hospitalization of any inmate subject. Any hospitalization required will be referred to Piedmont Rockdale Medical Center, if those services are provided there. This also includes responsibility for making emergency arrangements for ambulance service to the inpatient facility.

Z. Proposer shall identify the need, schedule, coordinate and pay for all physician services rendered to inmates while at the facility. At minimum, proposer shall identify a "responsible physician" who shall conduct sick call and generally provide such care as is available in the community. The "responsible physician" or another covering physician shall be on call 7 days per week, 24 hours per day for emergency situations. This responsible physician must assure that any hospitalization is kept to a minimum length of stay so that the inmate is returned to the Detention Facility as soon as is medically possible. This must not in any way compromise the health of the inmate.

AA. Proposer shall identify the need, schedule, coordinate and pay for all supporting diagnostic examinations inside the facility. Proposer shall also provide and pay for all laboratory services as indicated.

BB. Proposer shall provide the necessary follow-up for health problems identified by any of the screening tests or laboratory tests. This would include inpatient or outpatient hospitalization, appropriate treatment and monitoring, prescription of appropriate medications, consultations with specialty physicians and other needed medical or mental health interventions/treatment.

CC. Proposer shall identify the need, schedule and coordinate and pay for psychiatric psychological and counseling services rendered to inmates.

DD. Proposer shall identify the need, schedule, and coordinate for the services of an eye care specialist when necessary.

EE. Proposer shall provide a medical detoxification program for drug and/or alcohol addicted inmates to be administered on-site.

FF. Proposer shall provide and pay for all equipment with a value less than $400 not covered under section XI, and supplies used in the health care delivery system administered under this contract.

GG. Blood specimen collection- The proposer will provide testing for arrested persons brought to the Rockdale County Jail for blood/alcohol detection following procedures required by the Georgia Bureau of Investigation, Department of Forensic Services.

6. Program Support Services- In addition to providing on-site services and personnel services and arranging for off-site services, the successful proposer will also be expected to provide professional management services to support the medical program. These additional program support services as follows:

A. Medical Audit Committee- The committee shall be responsible for developing, recommending and implementing all policies and procedures necessary for the operation of the medical program. The objective of the committee is to assure that quality health services are available to all inmates. The Jail Commander or his designee will be included on this committee.

B. Quality Assurance Program- The medical director will establish a Quality Assurance Program for assuring that quality health care services are provided to inmates. This program will evaluate the health care provided to inmates both on-site and off-site for quality, appropriateness, and continuity of care; additionally, the following shall be provided:

1. In-service medical education programs for Sheriff's employees;

2. Personnel files shall be maintained on contractual personnel and made available to the Sheriff upon request;

3. The quality assurance program must be consistent with any requirements of the Sheriff, and may include but not be limited to audit and medical chart review procedures;

4. Periodic meetings shall be held between the Sheriff's staff and Contractor's staff to review significant issues and changes and to provide feedback relative to the quality assurance program so that any deficiencies or recommendations may be acted upon. Also, when requested, the Contractor will provide appropriate personnel to participate in other meetings scheduled by the Jail Commander. This will include regular reports from the contractor in a form acceptable to the Jail Commander.

C. Cost Containment Program- The successful proposer must specify a detailed plan for the implementation and operation of a cost containment program. Addressed in this section shall be the mechanism by which the successful proposer plans to control health care costs, areas in which cost savings will be achieved and evidence of the success of such a program at other contract sites. This program must preserve NCCHC and ACA standards and must not compromise the standard of medical care provide the inmate.

D. Management Information System- The successful proposer must indicate the methods to be used in implementing a system for collecting and analyzing the trends in the utilization of health care services.

E. Complaint Procedure- The successful proposer must specify the policies and procedures to be followed in dealing with inmate complaints and grievances regarding any aspect of the health care delivery system in accordance with the Sheriff's regulations. The Contractor must maintain a close working relationship with the correctional staff that handles grievances, fully respond by the time required by them and promptly implement any needed action.

F. Policies and Procedures- The contractor must establish and implement written polices and procedures which comply with all standards and requirements of the contract, and must conduct an annual review of its policies and procedures.

G. Accreditation - The Contractor must secure and maintain Medical Association of Georgia Accreditation according to NCCHC Standards and American Correctional Association Accreditation for the health care delivery system.

H. Strategic Planning and Consultation- The successful proposer must indicate its capability for strategic operational planning and medical and administrative consultation.

I. Proposers must express willingness to cooperate with officials on a program to charge inmates for inmate initiated medical requests. The charge for such services will be stipulated by the Sheriff and will be in accordance with applicable State laws; the successful proposer will be required to make appropriate reports as necessary and abide by procedures and regulations developed by the Sheriff.

7. Staffing- The successful proposer must provide sufficient health care personnel to provide all necessary medical services the facility in accordance with applicable standards for medical care. Retention of health services staff is essential in order for the program to operate effectively. The Contractor must provide assurances that vacancies in any category will be replaced immediately but no longer than 30 days of the date of departure; temporary coverage for such vacancies must be arranged so that there will be no decrease in the total staff time devoted to this operation for any category of staff. A weekly staffing report must be provided to the Jail Commander identifying the actual staff time by individual and specialty if requested.

A. **General**

1. **Discrimination.** The Contractor will not discriminate against any employee or applicant for employment because of race, religion, color, gender or national origin. In all solicitations or advertisements employees, the contractor will state that it is an equal opportunity employer.

2. **Use of County Personnel and inmates in the Provision of Health Care Services.** County personnel and/or inmates shall not be employed or otherwise engaged by either Contractor or County in the direct rendering of any health care services.

3. **County Satisfaction with Health Care Personnel.** If the Sheriff, Chief Deputy or Jail Commander becomes dissatisfied with any personnel provided by the Contractor or by any independent contractor, subcontractor or assignee, the Contractor in recognition of the sensitive nature of correctional healthcare shall following receipt of written notice from the County of the grounds of such dissatisfaction and in

consideration of the reasons therefore, exercise best efforts to resolve the problem. If it is not resolved to the satisfaction of the County, the Contractor shall remove or shall cause any independent contractor, subcontractor or assignee to remove the individual. Should removal of an individual become necessary, the Contractor will be allowed a reasonable time to find an acceptable replacement in accordance with Section V, without penalty or any prejudice to the interests of the Company.

B. **Administration Position Descriptions**

Health Services Administrator
Health Services Administrator is responsible for the overall management of medical services for the Rockdale County Jail and serves as a clinical and administrative liaison for all medical departments. Uses NCCHC and ACA guidelines in accordance with company policy and Sheriff's Office SOP to facilitate, maintain, and implement measures to successfully operate a Medical Association of Georgia Accredited facility according to NCCHC Standards and American Correctional Association Accredited facility according to Performance-Based Standards for Adult Local Detention Facilities (ALDF), with a minimum average daily population of 500. This position requires a minimum bachelor's degree in a healthcare services field and a minimum certification as a registered nurse, with three years of experience in correctional healthcare departments of similar size or larger and scope as the Rockdale County Detention Center. The Health Services Administrator is on site a minimum of 5 days each week for a total of 40 hours.

Chronic Care Coordinator (CCC)
CCC manages and supervises the care of inmates that meet the criteria for chronic illness care, including mental illness. CCC coordinates inpatient and outpatient services to meet the prescribed needs of the inmate. CCC arranges transport with security staff and maintains communication with jail administration for the appropriate discharge planning of chronic care patients; identifying special need inmates upon intake and facilitating their care needs while incarcerated and upon release; and is responsible for the supervision and coordination of the quality improvement program and education. CCC supervises the discharge planning program and works with other coordinators in developing and implementing appropriate discharge plans for special need inmates.

C. **Clinical Staffing / Services**

Medical Director (MD)
MD is responsible for the clinical elements of the entire health care system, including professional duties, chronic care clinics, infirmary care, and is availability "on-call" twenty-four (24) hours per day, seven (7) days per week. MD supervises and is responsible for the medical activities of other clinical providers listed below. MD is responsible for all policies and procedures as required by NCCHC and ACA standards, and functions as a liaison with community resources, i.e., Health Department, EMS, and local hospital. MD must be a responsible physician who is licensed and board certified in Internal Medicine, Family Practice or equivalent specialty with a minimum of three years experience in correctional healthcare. The Medical Director is onsite for Health Services Administrator for a minimum of 2 days each week for a total of 6 hours.

Midlevel Provider
Physician Assistant or Nurse Practitioner is responsible for advanced nursing care and may be used and are responsible for sick call requests, clinics, infirmary rounds, "on-call" duties

and other services as directed by the Medical Director. The Midlevel Provider is on duty for a minimum of 3 days each week for a total of 12 hours.

Mental Health Director, Psychiatrist
Psychiatric physician must be board certified or board eligible and residency trained in psychiatry. Psychiatrist is expected to provide clinical psychiatric services on a weekly basis and is on duty for a minimum of 1 day each week for a total of 2 hours.

Mental Health, Midlevel Provider
Physician Assistant or Nurse Practitioner is responsible for advanced nursing care and may be used and are responsible for sick call requests, clinics, infirmary rounds, "on-call" duties and other services as directed by the Medical Director. The Midlevel Provider is on duty for a minimum of 2 days each week for a total of 8 hours.

Mental Health Services Coordinator/MH Services Provider
MHC is responsible for coordinating a system for comprehensive mental healthcare during three phases of inmate incarceration: Intake, Confinement and Release. The MHC works with the Medical Director, Psychiatrist, Midlevel MH Provider and all other MH personnel to manage and provide mental health services to inmates at the Rockdale County Jail. MHC must be at minimum certified as a Licensed Clinical Social Worker or Licensed Professional Counselor with three years of correctional experience under the supervision of the Psychiatrist or MHD. In any case, the MHD will insure that a licensed Mental Health professional is on duty a minimum of 7 days each week for a total of 76 hours to provide mental health services. This will include services covering 12 hours each week day and 8 hours for each weekend day.

Dental Care
General Dentistry is to be provided on a weekly basis by appropriately trained dentist and assistants as required to meet NCCHC and ACA standards. The Dentist and Dental Assistant will each be on duty for a minimum of 1 day each week for a minimum of 6 hours for a total of 12 hours.

Obstetrical / Prenatal Care
Nurse Practitioner or Midwife is responsible for evaluating and providing clinical services to pregnant inmates as required by the responsible physician.

Orthopedics and Eye care
The Contractor will arrange for Orthopedics and Eye care services on an as needed basis by appropriately trained individuals.

Dialysis
The Contractor will arrange for Dialysis services to include all care ordered by the responsible physician.

RN Clinic/Infirmary services
Responsible for overseeing the general operational procedures of the infirmary while performing intensive nursing skill on higher acuity patients. Supervises other personnel in the Infirmary and Clinic and validates documentation. Performs assessments of new infirmary and special need inmates. Coordinates and facilitates daily infirmary rounds with medical and mental health providers. Responsible for overseeing the general operational procedures of the clinic while performing intensive nursing skill on higher acuity patients.

Performs detailed assessments of patients brought to the clinic for emergent or urgent conditions and triages them to the appropriate level of care. Coordinates and manages all specialty clinics and facilitates clinic call for medical and mental health providers. Responsible for the delegation of appropriate personnel to responds to emergent and urgent care call in all units. Coordinates medical and security needs. Responsible for 24-hour chart checks, needle count, safety and equipment check each day. The Medical Director will ensure that licensed RN is on site 7 days each week for a total of 48 hours to provide medical services.

LPN Intake services
Responsible for overseeing the general operational procedures of the intake area while performing nursing skills on intakes. Performs detail assessment on inmates with medical concerns. Facilitates the initiation of appropriate protocols and development of care plan for new intakes. Triages new and returning inmates to determine if any medical conditions exist that require special housing. The LPN must arrive at the Booking area to perform the screening as soon as possible, not to exceed 30 minutes from notification. The LPN responsible for Intake services will be on duty a minimum of 7 days each week for a total of 168 hours.

LPN Clinic services
Responsible for assisting the RN with the daily functions of medical services including but not limited to assistance in carrying out Acts of Daily Living (ADL's), perform wound care, and laboratory and diagnostic testing on inmates, medication administration and other duties as directed by the Medical Director. When a higher-level provider is not on-site, responsible for the immediate response to all medical emergent and urgent calls in the Jail and facilitates 911 responses inside the jail. Performs emergency care interventions. The LPN responsible for Clinic services and will be on duty a minimum of 7 days each week for a total of 168 hours.

LPN Infirmary services
Responsible for assisting the RN with the daily functions of the infirmary. Provide special need inmates with assistance in caring out ADL's, perform wound care, and laboratory and diagnostic testing, medication administration and all other duties as directed by the Medical Director for inmates housed in the infirmary. When a higher-level provider is not on-site, responsible for the immediate response to all medical emergent and urgent calls in the Jail and facilitates 911 responses inside the jail. Performs emergency care interventions. The LPN responsible for Infirmary services will be on duty a minimum of 7 days each week for a total of 168 hours.

Pharmacy services
LPN's are responsible for administering proper medication to inmates as prescribed per NCCHC and ACA standards. Medications are to be delivered twice daily in two-hour windows, 7 days weekly and more often as prescribed by the Medical Director. They organize and maintain the system for ordering medication from the contracted pharmacy provider. They catalogue and store medication appropriately, and transcribe provider orders and maintains utilization review of medications. Upon request from the inmate, the contractor will utilize a local pharmacy to provide prescription medication for seven (7) days after release.

Medical Records/Administrative Support Staff
Maintain and retain standardized medical records and their immediate access for clinical

and administrative purposes. Conform to HIPPA rules and regulations. Organize medical charts; prepare lists and logs as required. The Medical Records/Administrative Support staff is on site a minimum of 5 days each week for a total of 40 hours.

8. Proposer shall maintain complete and accurate medical, mental health and dental records separate from the confinement records of the inmate. In any criminal or civil litigation where the physical or mental condition of an inmate is at issue, or where medical care is at issue, the Contractor shall provide the Sheriff with access to such records and, upon request, provide copies.

9. Proposers shall provide a consultation service to the Sheriff on any and all aspects of the health care delivery system including evaluations and recommendations concerning new programs, architectural plans, staffing patterns for new facilities, alternate pharmaceutical and other systems, and on any other matter relating to this contract upon which the Sheriff seeks advice and counsel.

10. Policies and Procedures of the Contractor relating to medical care are generally to be established and implemented solely by the Contractor. In areas which impact upon the security and general administration of the Jail, the Policies and Procedures of the Contractor are subject to review and approval by the Sheriff or his designee. Without limiting the responsibility of the Contractor to make its own medical, mental health and dental judgments, or the discretion of the Sheriff to perform his responsibilities under law,

A. Drug and syringe security;

B. Alcohol and drug medical detoxification;

C. Identification, care and treatment of inmates with special medical needs, including but not limited to individuals with hepatitis, epilepsy, physical handicaps, those infected with Human Immunodeficiency Virus (HIV) and those with any other disease that can be sexually transmitted;

D. Suicide prevention;

E. The use of physical restraints; and identification, care and treatment of individuals suffering from any mental illness, disease or injury, including but not limited to those inmates presenting a danger to themselves and others.

F. Identification, care and treatment of individuals suffering from any mental illness, disease or injury, including but not limited to those inmates presenting a danger to themselves and others.

11. Contractor shall provide appropriate in-service educational programs. All full-time health care staff, except for dentists and physicians, will receive a minimum of 12 hours of in-service training per year. Selected topics which require staff training will be identified on an on-going basis though the quality assurance program.

12. Contractor shall be responsible for ensuring that all new health care personnel are provided with orientation regarding medical practices on site; orientation regarding other facility operations will be the responsibility of the Sheriff's staff. Contractor shall distribute a written job description to each member of the health care staff which clearly delineates his/her assigned responsibilities. Contractor shall monitor performance of health care staff to ensure adequate job performance in accordance with these job descriptions.

VI. PRICING

1. A base price quoted will provide the professional staffing and complete program of administrative and health services for a base census count of 500 inmates at the Rockdale County Detention Center as described in these specifications for a twelve (12) month period from the original contract date. Any expense incurred in excess of that base price will be the responsibility of the Contractor except as specifically addressed in this specification. If the Contractor provides less staff hours than the contract requires, they will reimburse the County the cost charged to the County for the position and hours not provided.

2. A daily per diem charge for each inmate in excess of the 500 base census may be quoted by the proposer. The same degree of health care will be provided to excess inmates as is provided to all other inmates. The only difference will be in pricing for each excess.

3. Renewal options in twelve-month increments may be exercised at the County's discretion and will occur automatically unless specific written notice to the contrary is provided the Contractor within 90 days of the renewal date. Renewals will provide for price adjustments up or down tied to the movement of the Medical Care component of the Consumer Price Index. (See Section XI for further details on how adjustments would be calculated).

4. Payment by the County will be on a monthly basis.

5. Aggregate Cap for Expenses for Specialty Care:

A. The County acknowledges and agrees that it shall be responsible for payment of all costs and expenses associated with the provision of those services that occur for Specialty Care, when such costs and expenses exceed $50,0000.00 for the first twelve (12) months of this Agreement (the 'Aggregate Cap Amount") and any subsequent twelve (12) month extensions of this Agreement. In addition to Specialty Care, advanced diagnostics (ultrasound, CT, etc...), chemotherapy and dialysis will apply to the Aggregate Cap. The Aggregate Cap shall be prorated for any partial twelve-month period under this Agreement. Until such time as the Aggregate Cap Amount is exceeded in any twelve-month period, the costs and expenses associated with the Specialty Care services shall be borne by the Contractor. The Contractor agrees to track and account for all such expenses on behalf of the County.

6. Reimbursement by State of Georgia Department of Corrections:

A. There are occasions when an inmate in the County jail is actually a State inmate. When that State inmate requires offsite medical treatment, the State Department of Corrections may reimburse the County for such expenses to the extent that the treatment occurred after the sentencing documents were received and recorded by the State.

B. Whenever such a situation occurs, the State will be expected to pay the expenses which will be forwarded to them by the Contractor.

7. The Contractor will be totally liable for all health care expenses for the infirmary, clinic and intake medical screening including all supplies, equipment and equipment maintenance not covered under section XI, prosthetic devices, medications, and any other related expenses. That responsibility begins at the time the inmate is accepted into the facility and continues while they are in physical custody at the facility regardless of the nature of the illness or injury or whether the illness or injury occurred prior to the individual's incarceration. The cost of medical

services provided to inmates who become ill or are injured while on temporary release, work release, or escape status will not be the responsibility of the Contractor. However, inmates on a work detail who are supervised by County personnel and become injured will be the responsibility of the Contractor as long as they are returned to the facility to be examined/treated or are referred to a hospital by contractor personnel. These inmates must be part of the daily census count.

VII. JAIL SECURITY

1. The Contractor shall have no responsibility for the physical security of inmates in custody; the County will be responsible for such security. In the event that any medical directions for health services for any individual inmate or groups of inmates including but not limited to transfers to health care facilities, should not be acted upon by the County within a time limit specified in writing and agreed to by the Jail Commander, the contractor shall thereby be released from all responsibility for harm directly caused by the delay. If circumstances exist where there is a perceived delay by the County in performing the requirements of this provision, it is the Contractors responsibility to contact the Shift Commander and the Jail Commander or his designee, notify them directly of the situation and that there is medical necessity that action be taken by the County to resolve the concern within a certain amount of time.

2. The county agrees not to confine any person in any hospital or infirmary for disciplinary reasons.

3. The Contractor shall have no responsibility for security or for the custody of any inmate at any time, such responsibility being solely that of the Sheriff's staff. The Contractor shall have sole responsibility in all matters of medical, mental health and dental judgment. The Contractor shall have primary, but no exclusive responsibility for all the identification, care and treatment of inmates who are "security risks" or who present a danger to themselves and others. On these matters of mutual concern, the Sheriff and his staff shall support, assist and cooperate with the Contractor, and the Contractor shall support, assist and cooperate with the Sheriff whose decision in any nonmedical matter will be final. All decisions involving the exercise of medical, mental health and dental judgment still are the responsibility of the Contractor.

VIII. PROFESSIONAL LIABILITY

1. The Contractor shall maintain suitable general and professional liability insurance in the amount of One Million ($1,000,000) Dollars per occurrence and three ($3,000,000) Dollars in aggregate. Insurance shall specifically cover the services provided under this contract. Failure to maintain such insurance shall be grounds for termination of this contract. In addition, the Contractor will ensure that all physicians, dentist, nurses and other professional medical personnel rendering medical services pursuant to this contract will has suitable and appropriate professional liability insurance.

2. The Contractor's obligation under this section shall not extend to persons who are neither employee nor under contract with the Contractor.

3. Recognizing that there is a contract in effect currently, the successful proposer (should it not be the current Contractor) will not be expected to assume liability for conditions, procedures, quality of staff development, employee competence, etc., which existed prior to the initiation of the new contract. The new Contractor will assume full legal and professional liability for all claims arising from treatment or lack of treatment beginning on or after the effective date of the new contract.

4. The Contractor must agree to indemnify, hold harmless and defend the County, its agents, servants and employees from any and all claims, actions, lawsuits, damages, judgments or liabilities of any kind whatsoever arising out of the operation and maintenance to this program or health care services. The Contractor will be acting and performing as an independent Contractor to provide professional services within the scope of the authority of the contract. Neither the County nor the Contractor will be liable to indemnify each other for actions, lawsuits, claims or liabilities (or portion thereof) of any kind whatsoever arising out of claims or judgments for "punitive damages".

IX. PERFORMANCE GUARANTEE

The Contractor guarantees to maintain Medical Association of Georgia Accreditation according to NCCHC standards and American Correctional Association Accreditation according to Performance-Based Standards for Adult Local Detention Facilities (ALDF), for the County during the contract period.

X. AUTOMATIC COST ESCALATOR

Renewals exercised by the County may be adjusted after the first year of the contract according to changes in the Consumer Price Index for the "medical care" component for all urban consumers, as related to the appropriate area in the United States. The CPI change shall be used for each new contract year shall be that published for the fourth month (April) of the preceding contract year and compared to the same index for April of the previous year. The CPI adjustment shall affect the base fee and per diem and will be reflected in the billing for July of the renewal period. The adjusted base price will then be fixed for the twelve month period beginning in July.

XI. COUNTY RESPONSIBILITIES

1. The County agrees to provide physical infirmary facilities as they currently exist: patient rooms each with beds and related furnishings suitable for a jail facility, examination rooms complete with equipment, medical storage facilities, dental equipment, office space, restrooms, nursing stations, and other related accouterments as are appropriate for a jail facility. The County will provide telephone equipment in the medical area and secured high-speed Internet access services. The County will pay for utilities, phone lines and internet access. Medical diets will be limited to those available from the food services Contractor unless prescribed otherwise by the Medical Director. The contractor will be responsible to confer with the Food Services contractor for provision of any other diet related prescription. The County will provide linens to the inmates while they are in the jail infirmary. The County will provide janitorial services, air conditioning/heating, and water and will maintain the physical facility either by an on-site building maintenance staff or through a contractual arrangement as necessary.

2. The County will be responsible for security. The infirmary area is under constant visual surveillance by jail correctional officers. The County will maintain all electronic alarm systems and communication devices.

XII. DAILY INMATE CENSUS

1. A daily computer generated census listing of all inmates constitutes the grouping of individuals for which the Contractor will be responsible for providing medical care.

2. Excluded from the Contractor's responsibility will be those inmates in custody at hospitals, on

temporary release or furlough, including inmates temporarily released for the purpose of attending funerals or similar family emergencies; inmates on escape status, inmates on pass/parole/supervisory custody who do not sleep in the jail; and inmates in the custody of other police of penal jurisdictions.

X111. PROTECTION OF RIGHTS

1. Neither the obligations nor the rights of the Contractor under this contract may be assigned by the Contractor without the express written consent of Rockdale County, which consent shall not be unreasonably withheld. Such authorized assignments shall, at the sole option of the County, terminate the contract and no notice of such termination shall be required.

2. The County retains the right to review and approve policies and procedures of the Contractor in any other are affecting the performance of his responsibilities under the law.

3. The County shall have the right to suspend immediately the Contractor's performance under the contract or an emergency basis whenever necessary, in the opinion of the county, to advert a life threatening situation or other sufficiently serious deficiency.

4. The Contractor shall not release or deliver any of the medical records generated as a result of its service required hereunder to the general public or local officials unless authorized in writing to do so by the County or ordered by court order or requires by applicable laws.

5. Any reports, information, data, etc. given to or prepared or assembled by the Contractor under the contract which the County requests to be kept confidential shall not be made available to any individual or organization by the Contractor without prior written approval of the County or by court order or as required by applicable laws.

6. In addition to inspecting and reviewing the Contractor's services to determine there acceptability, the County shall be empowered to inspect and review the Contractor's services in progress at such reasonable times as desired by Rockdale County.

7. No reports or other documents produced in whole or part under the contract shall be the subject of an application for copyright by or on behalf of the Contractor, and all rights are reserved for Rockdale County.

8. The Contractor covenants that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of its services hereunder. The Contractor further covenants that they will not enter into any agreement or contract that creates a conflict of interest with the County. Contractor represents that the provisions of these statutes have not and will not be violated by the Contractor's performance there under.

9. The Sheriff or Jail Commander shall have the right to suspend a contract employees.

The Contractor will maintain full staff at all times, according to this contract.

ROCKDALE COUNTY BOARD OF COMMISSIONERS
NON-COLLUSION AFFIDAVIT OF VENDOR

State of Alabama)

County of Jefferson)

B. Lee Harrison, being first duly sworn, deposes and says that:

(1) He is President (owner, partner officer, representative, or agent) of NaphCare, Inc., the Vendor that has submitted the attached RFP;

(2) He is fully informed respecting the preparation and contents of the attached RFP and of all pertinent circumstances respecting such RFP;

(3) Such RFP is genuine and is not a collusive or sham RFP;

(4) Neither the said Vendor nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affidavit, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Vendor, firm or person to submit a collusive or sham RFP in connection with the Contract for which the attached RFP has been submitted or refrain from proposing in connection with such Contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Vendor, firm or person to fix the price or prices in the attached RFP or of any other Vendor, or to fix any overhead, profit or cost element of the proposing price or the proposing price of any other Vendor, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against Rockdale County or any person interested in the proposed Contract; and

(5) The price or prices quoted in the attached RFP are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Vendor or any of its agents, representatives, owners, employees, or parties in interest, including this affidavit.

B. Lee Harrison
(Signed)

President
(Title)

Subscribed and Sworn to before me this 17 day of February, 2020

Name Christian Shoup Cox

Title Notary Alabama at Large

My commission expires (Date) My Commission Expires: December 16, 2022

Contractor Affidavit under O.C.G.A. §13-10-91(b)(1)

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. §13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of (name of public employer) has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. §13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. §13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

168624
Federal Work Authorization User Identification Number

12/4/2008
Date of Authorization

NaphCare, Inc.
Name of Contractor

RFP No. 20-04, Inmate Health Care Service
Name of Project

Rockdale County, Georgia
Name of Public Employer

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

Executed on Feb, 17, 2020 in Birmingham (city), AL (state).

B. Lee Harrison
Signature of Authorized Officer or Agent

B. Lee Harrison, President
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE 17 DAY OF February, 2020.

Christian Shope
NOTARY PUBLIC
My Commission Expires: My Commission Expires: December 16, 2022

for County Public Benefit Application

By executing this affidavit under oath, as an applicant for the award of a contract with Rockdale, County Georgia, I B. Lee Harrison. [Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity] am stating the following as required by O.C.G.A. Section 50-36-1:

1) x I am a United States citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

B. Lee Harrison
Signature of Applicant:

2/17/2020
Date

B. Lee Harrison
Printed Name:

*
Alien Registration number for non-citizens

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
17 DAY OF February, 2020.

Notary Public
My commission Expires:

My Commission Expires:
December 16, 2022

*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below.

_____

Control Number : 0421321

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

NAPHCARE, INC.
a **Foreign Profit Corporation**

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number	: 18511740
Date Inc/Auth/Filed	: 02/05/2004
Jurisdiction	: Alabama
Print Date	: 02/03/2020
Form Number	: 211

Brad Raffensperger

Brad Raffensperger
Secretary of State

CITY OF ATLANTA, GEORGIA - DEPARTMENT OF FINANCE

OCCUPATION TAX REGISTRATION CERTIFICATE

VALID ONLY WHEN REGISTRATION TAX REQUIREMENTS ARE PAID

CERTIFICATE NO. : 181098 LGB
BUSINESS NAME : NAPHCARE INC
LOCATION : 901 RICE ST NW ATLANTA, GA 30318

DATE ISSUED : **01/01/2020** EXPIRES ON : **12/31/2020**

BUSINESS NAME AND ADDRESS:

NAPHCARE INC
2090 COLUMBIANA RD STE 4000
BIRMINGHAM, AL 35216

Roosevelt Council, Jr.
Chief Financial Officer

DISPLAY THIS CERTIFICATE IN A CONSPICUOUS PLACE AT BUSINESS LOCATION
NOT VALID IF BUSINESS LOCATION DOES NOT COMPLY TO CITY ZONING REQUIREMENTS
NOT VALID UNLESS ACCOMPANIED BY STATE OF GEORGIA LICENSE(S) IF REQUIRED
CERTIFICATE NOT TRANSFERABLE
IF BUSINESS TERMINATES OR CHANGES OWNERSHIP DURING CERTIFICATE PERIOD,
CALL THE BUSINESS LICENSE OFFICE AT 404-330-6270
THIS CERTIFICATE IS SUBJECT TO ALL APPLICABLE ORDINANCES AND LAWS

DPM

POST IN A CONSPICUOUS PLACE

CITY OF ALPHARETTA, GEORGIA
2 PARK PLAZA
678-297-6086

License Number 8775

Occupational Tax Certificate Business Registration
THIS LICENSE EXPIRES 12/31/2019

Business Owner: NAPHCARE INC. ID: 17090
DBA: NAPHCARE INC.
Address: 2565 OLD MILTON PARKWAY Phone Number: 678-297-6306
City, State Zip: ALPHARETTA GA 30009

Comments: HEALTH CARE SERVICES (ALPHARETTA-FULTON COUNTY JAIL)

Classification: EMPLOYEE BASED

Date Issued: 01/03/2019

NAPHCARE INC.
2090 COLUMBIANA ROAD
SUITE 4000
BIRMINGHAM, AL 35216

This License is NOT Transferable and subject to be REVOKED if abused.

License Copy

KEEP THIS COPY FOR YOUR RECORDS	City of Alpharetta, Georgia **BUSINESS/OCCUPATIONAL LICENSE** **THIS LICENSE EXPIRES 12/31/2019**	License Number 8775

Business Owner: NAPHCARE INC. ID: 17090
DBA: NAPHCARE INC.
Address: 2565 OLD MILTON PARKWAY
City, State Zip: ALPHARETTA GA 30009 Phone Number: 678-297-6306

Classification: EMPLOYEE BASED

Date Issued: 02/15/2018

ADMINISTRATION FEE	50.00
EMPLOYEE BASED	100.00
Total Received.....	150.00

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/15/20

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

VIG, LLC., dba/The Vestavia Group
2090 Columbiana Road, Suite 2300

Birmingham AL 35216

INSURED

NaphCare, Inc.
2090 Columbiana Road, Suite 4000

Birmingham AL 35216

CONTACT NAME: Susan Crain
PHONE (A/C, No, Ext): 205-552-0244 FAX (A/C, No): 205-244-8072
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : IronShore Specialty Insurance Company "A" XV	14375
INSURER B : The Travelers Insurance Company "A++"XV	19046
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:	N	N	03886501	12/31/2019	12/31/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 6,500,000 $ 1,000,000 $
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			Not Applicable	XXXXXXXX	XXXXXXXX	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ XXXXXXXXXX $ XXXXXXXXXX $ XXXXXXXXXX $ XXXXXXXXXX $
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $			Not Applicable	XXXXXXXX	XXXXXXXX	EACH OCCURRENCE AGGREGATE $	$ XXXXXXXXXX $ XXXXXXXXXX $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	UB-1P248768-19-51-K UB-1P250924-19-51-R	09/30/2019	09/30/2020	X PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	Professional Liability Claims Made	N	N	03886501	12/31/2019	12/31/2020	Each Med. Incident Ann. Aggregate	1,000,000 6,500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Rockdale County Georgia, No. 20-04- Inmate Health Care Service for Rockdale County.

C-2020-98

CERTIFICATE HOLDER

Rockdale County Department of Finance
Purchasing Division
P. O. Box 289
Conyers, Georgia 30012

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Susan M. Crain

C-2020-98

Exhibit B

Contractor's Proposal

V. Medical Requirements to be Provided

1. Objectives of the health care delivery system are as follows:

   A. To deliver high quality health care services that can be audited against established standards;

   B. To operate the health care program in a cost-effective manner with full reporting and...

   C. To operate the health care program at full staffing and to use only licensed certified and..

   D. To implement written health care plans with clear objectives, policies, procedures, and annual...

   E. To operate the health care program by standards established by NCCHC and ACA;

   F. To maintain an open and cooperative relationship with the administration and staff of the...

   G. To provide a comprehensive program for continuing staff education;

   H. To maintain complete and accurate records of care and to collect and analyze health statistics on a...

   I. To operate the health care program in a humane manner with respect to the inmates right to basic...

NaphCare understands the objectives of the County's desired health care delivery system listed above. We are confident that our expertise and 30 years of experience in correctional healthcare will allow us to effectively partner with the County to meet all of the stated objectives. For a description of our Continuing Education Program for healthcare staff, please see our response to section, "V. Medical Requirements to be Provided," "5. Required Health Care Services," "J. Health Education."

2. Successful proposer will be required to maintain complete records during the life of the contract...

NaphCare utilizes a proprietary electronic operating system and health record, *TechCare*®, allowing us to update patient health records in real time, ensuring that all healthcare decisions are fully informed and continuity of care is maintained. These records will be viewable electronically by appropriate County personnel and can be provided in paper form upon request. Our fully electronic system allows us to provide extensive reporting to the County, ensuring transparency of services. NaphCare agrees that if such audits reveal overcharges and/or undercharges, such will be adjusted and compensation made by either party to correct the erroneous charges. We also agree that all medical records will remain the property of Rockdale County and will be surrendered to the County at any time the contract should terminate.

3. The successful proposer must submit a list of employees for this location to the Sheriff for records...

Upon award, NaphCare will begin the hiring process and submit a list of employees for this location to the Sheriff for records check for admission pass into the detention facility. NaphCare understands that Rockdale County reserves the right to restrict any employee from the premises when the record check reveals derogatory information that supports such an action. All employees will be required to wear Sheriff's Department identification badges at all times when on duty at the detention facility. This identification will be surrendered to the Sheriff's Department upon termination at the facility.

4. General.

A. Health care services must be provided in compliance with the Standards for Health Services in Jails...

NaphCare understands and will comply with these requirements. We operate only correctional healthcare programs that meet or exceed all local, State, NCCHC and ACA standards of care. We have a 100% success rate in acquiring and maintaining NCCHC accreditation across the nation, which demonstrates our clinical proficiency, accountability, and quality of care. For a description of our extensive accreditation experience, please see our response to section "III. Minimum Qualifications for All Proposers," "4."

B. The Contractor must obtain all licenses necessary to render medical and health services within the...

Because we already have client sites in Georgia, NaphCare is already licensed to do business in Georgia and has several corporate healthcare staff members who already have Georgia licensure. A copy of our Georgia licensure is located in Appendix J of this proposal. We agree to utilize Piedmont Rockdale Medical Center to the fullest extent possible for any and all inmate hospitalizations. NaphCare will ensure that all healthcare staff at Rockdale County Jail will be properly licensed within the state of Georgia with licensure verified at least annually.

Credentialing

All NaphCare staff providing medical, dental, or mental health treatment meet state licensure and/or certification requirements. To ensure that our medical professionals have the appropriate licensure and/or credentialing to provide the services required, we conduct a thorough interview and credentialing process, which includes the following steps:

Credentialing Support Saves Time

Our unique process far exceeds the competition in organization and saves onsite staff countless hours in accreditation preparation.

- ✓ Pre-screening applicants through phone interviews and the submission of credentials/licensure.
- ✓ Interviewing of candidates at the Rockdale County Jail by our Health Services Administrator (HSA) or another company representative.
- ✓ Verifying references and licenses with the appropriate state and/or national agencies.
- ✓ Extensive site visits to the Rockdale County Jail prior to making a formal employment decision.
- ✓ Requiring prospective employees to undergo and pass a criminal background check.
- ✓ Requiring prospective employees to undergo and pass a pre-employment drug screen.

NaphCare will ensure that all professional staff, including contract physicians, working in the Rockdale County Jail has evidence of current licensure, certification, and/or registration as required by the state or federal law on file at all times. We will verify medical professionals' credentials initially upon hire, annually through the National Practitioner Data Base, and again at the time of renewal. We always maintain appropriate records of these credential verifications. NaphCare makes credentialing, profiling, privileges, competency reviews, licensure, disciplinary and other regulatory data available upon request. We make credentialing, profiling, privileges, competency reviews, licensure, disciplinary and other regulatory data available to the County upon request.

We check for primary source verification with the American Medical Association, National Practitioner Data Bank and the state licensing web site, and credential all physicians and mid-level practitioners. We verify licenses, education and any disciplinary actions taken against the potential employee. Our nursing and ancillary

staff are all credentialed according to their license or certificate and verified on the corresponding verification website.

NaphCare not only maintains a system for verifying that our staff's licenses remain current and unexpired, we also subscribe to the National Practitioner's Data Bank Continuous Query service. Continuous Query keeps us informed 24 hours a day, 365 days a year about any adverse licensure, privileging, Medicare/Medicaid exclusions, civil and criminal convictions, and medical malpractice payments on our enrolled practitioners. As a result, we are notified electronically within 24 hours of a report received by the Data Bank and have continuous access to check the credentials of our enrolled practitioners.

Our credentialing files are always available for review, as these files are maintained by our corporate Human Resources Department and can be viewed electronically at any time. Each NaphCare employee has an electronic personnel file that includes an accreditation specific file so that with the click of a button everything you need for an accreditation audit can be accessed.

C. The Contractor must recruit, interview, hire, train, and supervise all health care staff and assure...

NaphCare is confident in our ability to keep the Rockdale County Jail healthcare program fully staffed. We would strive to keep current employees, at the County's discretion, for the sake of continuity of care. However, due to our two other Georgia clients, we already have a recruitment network and pool of fully trained relief staff ready to fill any positions needed. Following the hiring process, all staff undergo an extensive Orientation Program to familiarize themselves with NaphCare policy and procedures as well as site specific rules and regulations. An explanation of our Orientation Program is provided in response to section "V. Medical Requirements to be Provided," "12."

NaphCare's Recruitment and Retention Program

We understand the importance of retaining valuable employees currently working in the Rockdale County Jail and filling any new or vacant positions with the highest level of quality. All sites and communities are different, so we strive to openly communicate with our sites about their staffing needs and how we can best meet their particular challenges. In doing so, we have found ways to improve site operations and use our staff in the most effective way possible.

NaphCare is continually innovating to provide the best recruitment services possible for our clients. We give priority to local candidates for vacant positions and understand the significance of creating jobs for the local community. Our recruiting team utilizes many different resources as part of the recruitment plan:

- ✓ Online Job Boards
- ✓ Correctional HealthCare Conferences
- ✓ Medical and Psychiatric Conferences
- ✓ Social Media
- ✓ Nursing Journals
- ✓ Sourcing Passive Candidates
- ✓ Employee Referrals
- ✓ Resume Retention

We also partner with local universities and colleges to provide education and awareness of career opportunities that correctional healthcare can offer to their students. Our local leaders and staff attend career fairs, give presentations to student groups, and provide informational materials that highlight correctional healthcare. We expand our partnership with some schools to be a clinical site for nursing students, as well as a fellowship location for mid-levels and physicians.

While we strive to recruit local staff whenever possible, our main priority is patient care. Our recruiting team is always searching for candidates that would be an asset to our facilities and will search nationally when we feel a local search has not produced the results we are looking for.

Applicant Tracking & Onboarding System—Taleo Software

Our job postings are on our website, via Taleo, an application tracking system. Our recruiting team utilizes various other online job boards to ensure that each job reaches the appropriate target audience. A few of those job boards are Nursing Job Café, Doc Café, Indeed, Monster, LinkedIn Jobs, and ZipRecruiter, which includes access to over 200 online job boards. Our recruiting team also sources passive candidates through various networks including LinkedIn, Doximity, and Indeed.

Taleo provides an extremely smooth, convenient and paperless transition for all new hires. Candidates can log in to make changes to their application, upload their resume, and check the status of their application from the convenience of their home or mobile device. Taleo also notifies candidates when a position they have applied for has been filled, and encourages them to look at other open opportunities.

Prior to an employee's start date, our recruiting department sends them an email notification with access to complete all of their new hire paperwork online via Taleo. This gives the new hire ample time to review and complete all of the new hire paperwork prior to their start date and at their convenience. New employees can start training, working, and being productive from the moment they start their first shift instead of spending the first couple of hours of their first shift completing paperwork.

Through Taleo, we have a separate internal job posting that can be accessed by all current employees via our Intranet (www.NaphCareOnline.com). This gives employees access to review and apply for internal transfer and promotional opportunities through a formal process.

The Taleo system also allows our recruiting department to run various reports to maximize recruitment productivity and efficiency. We can run sourcing reports that show us where our applicants are hearing about us (including percentages on the source of our leads). We are also able to run recruitment days-to-fill reports so we know how long it is taking to fill certain positions, etc.

Our recruitment and retention strategies ensure appropriate staffing coverage for the duration of the contract. Part of our strategy is to research the current local trends in the labor market for nurses and other healthcare professionals. We understand the high level of competition with local hospitals for competent and skilled staff. In order to recruit top talent, we offer competitive salaries and excellent benefits. In order to retain top talent, our senior leaders and corporate team are highly accessible and supportive of the day-to-day work of our employees.

To ensure that our medical professionals have the appropriate licensure and/or credentialing to provide the services required, we conduct a thorough interview and credentialing process, which includes the following steps:

- ✓ Pre-screening applicants through phone interviews and the submission of credentials/licensure.
- ✓ Interviewing of candidates by our health services administrator (HSA) or another company representative.
- ✓ Verifying references and licenses with the appropriate state and/or national agencies.
- ✓ Extensive site visits to Rockdale County Jail prior to making a formal employment decision.
- ✓ Requiring prospective employees to undergo and pass a criminal background check.

- ✓ Requiring prospective employees to undergo and pass a pre-employment drug screen.

NaphCare will ensure that all professional staff working in Rockdale County Jail has evidence of current licensure, certification, and/or registration as required by the state or federal law on file at all times. We will verify its medical professionals' credentials initially upon hire, and at least every two years thereafter, and will maintain appropriate records of these credential verifications. We will make credentialing, profiling, privileges, competency reviews, licensure, disciplinary and other regulatory data available to the County upon request. The medical director will be a qualified, licensed physician and will have the ultimate responsibility of supervising all medical and clinical staff, although nursing personnel may be responsible for intermediate levels of supervision over such staff.

Retention Strategies

Recruiting qualified candidates during a time of national job shortage is important, but retaining these employees throughout their career is the most significant part. One of our key strategies to increase employee retention is to find candidates that are passionate about corrections and continuing their healthcare career in the correctional field. Our proven retention strategies include the following components:

- ✓ **Strong Benefits Package and Competitive Salaries**

  We recognize that a strong benefits package ensures employee tenure and satisfaction. Therefore, we offer an industry-leading employee benefits package with competitive salaries and excellent fringe benefits. NaphCare conducts ongoing (not just initial) salary surveys and analysis to ensure we remain an employer of choice in the community. Our salary surveys are benchmarked to not only include correctional sites, but also include all types of healthcare venues in the area (i.e. hospitals, home health agencies, academics, etc.) to guarantee we are attracting the best talent from all types of worksites.

  NaphCare's Medical Insurance is a self- funded plan with the PPO network and administration provided by Blue Cross Blue Shield of Alabama. We offer single health coverage for **$62.50 per pay period, employee plus 1 health coverage for $212.50 per pay period, and family health coverage for $250 per pay period**.

  We also supply our employees with free prescription medications when they elect our health insurance plan. **This has the potential to save our employees hundreds of dollars each month.**

- ✓ **Employee Assistance Program**

  We understand the challenges our employees face in serving the healthcare needs in the correctional environment, as well as the pressures of everyday life. NaphCare wants to ensure that our employees have access to support and resources that can help alleviate these pressures. At no cost to our employees, NaphCare offers Employee Assistance Program (EAP) services through American Behavioral. American Behavioral is a full-service behavioral healthcare organization that provides convenient, confidential and free assistance to all NaphCare associates and their eligible dependents by phone, in person or online. This benefit is available to 24 hours a day, 7 days a week, 365 days a year. The EAP provides confidential assessment and short-term, professional counseling services for personal problems that affect everyday living.

- ✓ **Career Advancement**

  We respect the importance of promoting from within and encourage career and personal growth. Therefore, we provide continuous leadership opportunities to our local team members, which in turn allows for advancement opportunities.

- ✓ **Educational Assistance Program**

We provide an Educational Assistance Program to staff members in an effort to support the advancement of their education and professional development. Employees are encouraged to initiate requests for education assistance to develop new skills/competencies for career development within the company. Eligible employees will receive reimbursement of up to $2,000.00 during a 12 month period for academic costs.

- ✓ **Advanced Nursing Tools**
  We offer the opportunity to work in an environment where healthcare personnel receive more support and take on less risk. Our healthcare staff is afforded the tools they need to perform at a high level of competence. For example, *TechCare's* flawless documentation resources and interfacing capabilities help our staff work more efficiently by automatically linking with diagnostic equipment. Our nurses are also able to provide thorough, consistent documentation with ease using *TechCare*. Protocols for care are programmed into *TechCare* and provide automated processes that guide nurses through a course of care. This feature helps our nurses to provide correctional-based care with confidence because the standards are integrated into the operating system's processes.

- ✓ **Positive Company Culture**
  As part of the NaphCare Team, our employees experience a great level of communication, opportunity, and education. Our leadership is accessible and stable, with a focus on people and providing care with integrity. We hold ourselves personally accountable to be honest, fair, and ethical in our dealings with each other and our clients. Our employees can be confident in the company they work for and proud to represent it.

Proven Staff Retention

Successful employee retention benefits everyone: the inmates, the correctional staff and administration, and the healthcare staff and provider. Employee retention enhances continuity of care within the facility and creates a familiar environment that is conducive to quality care and security. We are proud of our rate of employee retention.

Our goal is to retain healthcare personnel as desired by the County in order to provide continuity in facility operations. Upon award, we focus on aligning the new contract with the needs of the client; this includes providing the correctional facilities with a qualified, effective staff. We hire professionals who can give the best possible care to inmates; for example, all of our Health Services Administrators are RNs or BSNs and have achieved the Certified Correctional Health Professional (CCHP) designation. They provide a clinical, hands-on approach to correctional healthcare. Once our systems are in place, and the staff sees firsthand the effectiveness of our program and the value of our benefits package, word spreads throughout the community that NaphCare is a great place to work, and turnover becomes minimal.

We are also confident in our recruitment programs and our ability to provide appropriate nursing coverage for the duration of the contract. The same programs that help us retain nurses also help us recruit them. We understand that filling healthcare positions is competitive, so to eliminate turnover we choose quality healthcare staff and meet salary needs. The combination of competitive salaries and a benefits package that supersedes all of our competitors in price and content enables us to hire the best healthcare staff the community has to offer.

D. The Contractor shall use the infirmary at the facility whenever possible and whenever appropriate...

NaphCare agrees that all patients will have equal access to healthcare services regardless of their housing assignment. We also understand that we are responsible for providing emergency healthcare services throughout the facility if needed. We provide advanced healthcare services onsite, focusing on maximizing treatment in the facility to minimize necessary offsite care and the resources that it occupies. For a description of our advanced

Infirmary Services please see our response to section "V. Medical Requirements to be Provided," "5. Required Health Care Services," "I. Infirmary."

NaphCare Policy and Procedure for Segregated Inmates

NaphCare will provide all inmates who are placed in segregation with the equivalent access to health care as inmates in the general population. NaphCare's policy and procedures for Segregated Inmates follows *NCCHC Standard J-G-02* to ensure that healthcare staff monitors the health of inmates who are placed in segregated housing.

1) Upon notification that an inmate is placed in segregation, a qualified healthcare professional will review the inmate's health record to determine whether existing medical, dental, or mental health needs contraindicate the placement or require accommodation. Such review is documented in the health record.

   In addition, healthcare staff will also review the inmate's health record for information regarding medications, pending health care appointments or consultations, health conditions that may require assessments or treatments, and mental health conditions. This review is also documented in the health record.

2) Healthcare staff will make medical rounds on inmates placed in segregation as follows:

   a) Rounds will occur for inmates in extreme isolation daily. Mental Health staff will make rounds in extreme isolation segregation once weekly.
   b) Medical or mental health care staff will make rounds in segregation three times per week for all segregated inmates that have limited contact with staff or other inmates.

3) All rounds will be documented on the Administrative Segregation Log and/or in *TechCare®* Segregation Rounds under Admission Management. This will include the date and time of contact and the signature of the health staff member making the rounds if not electronic.

4) If a health issue is identified, documentation is to be written in the inmate's health record.

5) Request for sick call will be made in writing utilizing the Sick Call Request form. Actual assessments will be made and documented in the health record.

6) Segregated inmates with a health complaint requiring assessment will be evaluated in an adequately equipped clinic in the immediate area or in the main clinic at the healthcare staff's discretion and with consideration of necessary security precautions. The health record will be available for all inmate encounters.

7) Healthcare staff will make arrangements for all necessary health care to be delivered to segregated inmates, including, but not limited to:

   a) Providing medications at the next medication administration;
   b) Notifying correctional staff of the date and time of health appointments in order for security to escort the inmate to the health care unit, if applicable;
   c) Scheduling health assessments or treatments; and
   d) Notifying mental health as necessary.

8) An in-person physical assessment is not required for inmates placed in segregation unless review of the health record or communication from the correctional staff indicates the inmate may have a health condition requiring immediate evaluation or use of force has occurred.

9) In the event of use-of-force, a complete health evaluation will be conducted in accordance with NaphCare's policy and procedure Use of Force Evaluation. This will not include a rectal or pelvic exam unless medically indicated.

10) Inmates not on the self-administration of medication program will receive medications delivered by appropriately trained staff.

11) Health staff will promptly identify and inform custody officials of inmates who are physically or psychologically deteriorating and those exhibiting other signs or symptoms of failing health. Any significant health findings are documented in the inmate's health record.

12) When an inmate is released from segregation, correctional staff will notify the healthcare staff and pertinent documentation will be collected and filed. Medications to be self-administered may be returned to the inmate if appropriate, and those on routine pill call will return to normal procedures.

5. Required Health Care Services: Proposers will be required to offer general health care services to...

A. Receiving Screening- a receiving screening examination must be performed on all incoming...

1. Medical staff will be required to determine if the inmate needs to be referred to a medical...

2. Documentation of current illnesses and health problems, including medications taken, and...

3. Behavior observations, including state of consciousness, mental status, and whether the...

4. Notation of body deformities, trauma markings, bruises, ease of movement, etc;

5. Conditions of skin and body orifices, including infestations, lesions, jaundice, rashes, needle...

6. A standard form will be used for purposes of recording the information of the receiving...

7. Referral of the inmate for special housing, emergency health services, or additional medical...

8. Trained and qualified staff will be available to draw body fluids (including blood, urine) to be...

NaphCare believes that the Receiving Screening is critical to ensuring a healthy, stable inmate patient population. Our process meets or exceeds all requirements listed in this section. We are focused on proactive, early identification of potential health issues so that we can treat and stabilize patients immediately, saving our clients potential costly offsite costs and transports.

NaphCare's Receiving Screening

NaphCare staff uses *TechCare*®, our electronic operating system, to automate inmate healthcare processes, creating a paperless, efficient system for monitoring and tracking all medical encounters from intake to release. Completing the intake screening electronically expedites the intake process and allows for rapid processing in

high-volume settings. Reports for all intake services will be readily available to the healthcare and appropriate County personnel.

NaphCare's Receiving Screen is NCCHC compliant and designed to be **proactive** and to prioritize care based on need. It assesses the most urgent issues first and then, in a systematic way, assesses the other important areas that will help determine both the inmate's need for services and the urgency of that need. **The following list describes each area of assessment:**

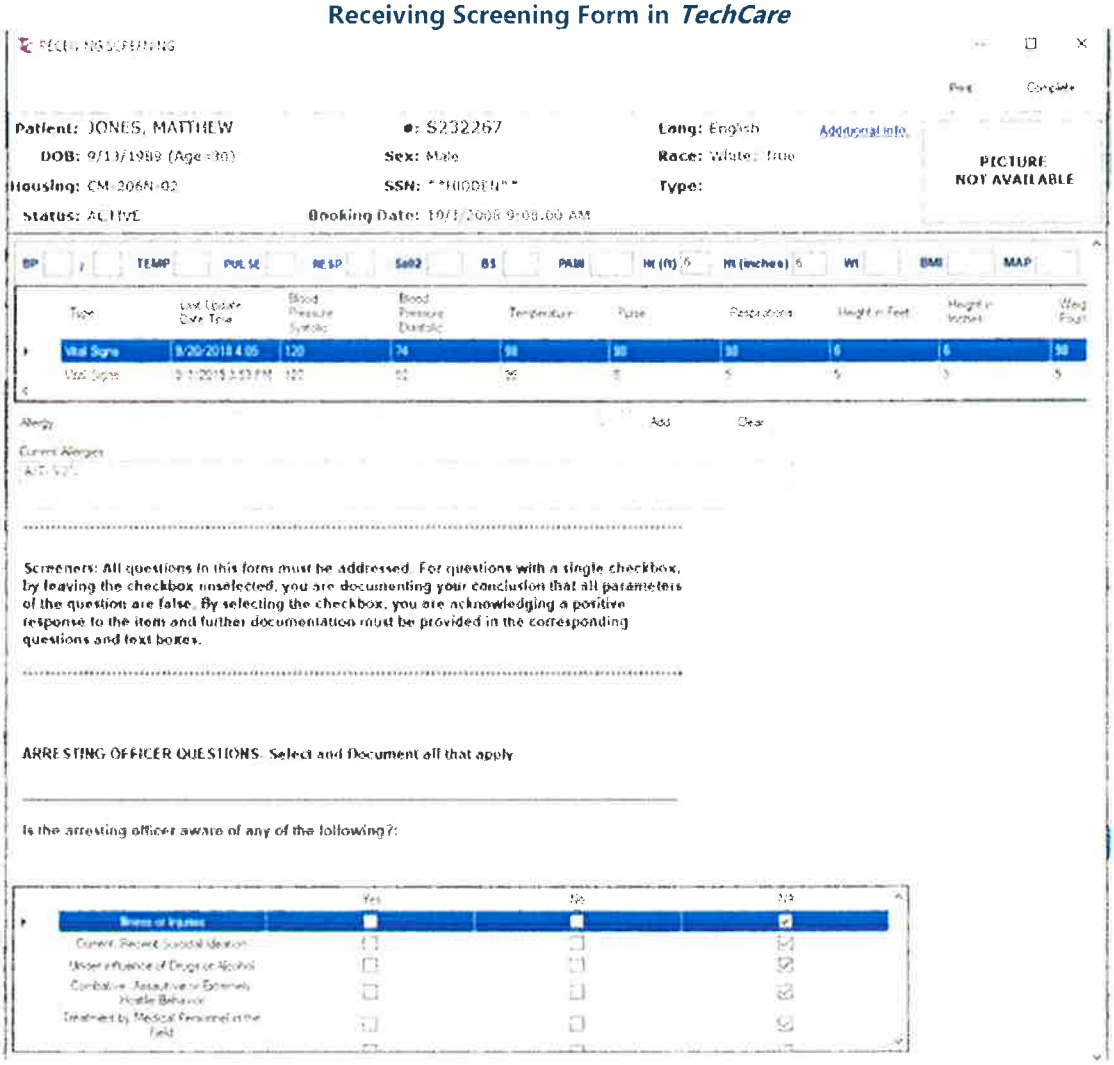
Our larger client facilities screen over 80,000 inmates per year using *TechCare*.

- ✓ **Urgent Assessments** – Covers vital signs, acute health concerns, physical appearance and behavior, mental instability, substance intoxication or withdrawal, and suicidal thoughts.
- ✓ **General Medical Assessments** – Reviews signs of illness or infection; current, past, and chronic health conditions; review of current medical treatments, and impairments in mobility.
- ✓ **Mental Health Assessments** – Reviews current or past mental health treatment including medications and diagnosis; past psychiatric hospitalizations and suicide attempts; PREA assessment.
- ✓ **Female Assessments** – Covers pregnancy issues, any recent deliveries, abortions, miscarriages.
- ✓ **Substance Use Assessments** – Reviews use of illegal drugs, abuse of prescription meds, and alcohol use; if indicated by responses, an assessment tool to determine the need for detox is triggered.
- ✓ **Other Assessments** – Reviews dental issues, insurance coverage, special medical requirements (adaptive devices, diet).
- ✓ **Disposition/Treatment Plan** – Allows the interviewer to refer to any indicated services based on the above information in either urgent or routine time frame. Releases are obtained to access outside records; the inmate is educated on how to access medical and mental health care if needed in the future; and housing recommendations are made.

Any inmate whose responses indicate a need for further medical or mental health intervention will have their record flagged electronically to indicate this. There are built-in prompts within *TechCare* to guide the interviewer into taking appropriate action based on responses – such as placing an inmate on suicide precautions; immediately contacting medical, mental health, or security personnel; and any special housing recommendations. All completed Receiving Screens are maintained and easily accessible in the electronic health record for providers' review.

We also utilize Surescripts, an electronic health record linkage service that allows us to instantly verify a new patient's community prescriptions as well as see their previously filled community prescriptions. **This enables us to quickly initiate the correct medications at intake, stabilizing the patient and ensuring continuity of care.**

Receiving Screening Form in *TechCare*



Mental Health Screening

NaphCare's mental health screening complies with NCCHC standards and proactively identifies and prioritizes inmates in need of mental health services. **NaphCare completes the mental health screening at intake.** Other providers may wait up to 14 days to provide this critical screening, which can have negative consequences. The following is a description of each section of the screening and the information it obtains:

- ✓ **Current Mental Health Symptoms** – Reviews depressed mood, anxiety, psychosis, and mania. In addition, inquiries are made regarding current mental health treatment in the community, any suicidal thoughts, any recent losses, feelings about current situation, if they feel they have anything positive in their future, and allows the interviewer to comment on their feeling of suicide risk based on responses and appearance.

- ✓ **Past Mental Health History** – Reviews past treatment for mental health issues including medications and hospitalizations; reviews history of self-injury behaviors and suicide attempts.

- ✓ **Substance Abuse** – Inquires about alcohol, benzodiazepine, opiate, and other substance use issues, as well as history of substance use related treatment.

- ✓ **PREA/General Assessment** – Reviews any history of abuse of any kind, in any setting; any convictions for sex or violent crimes; any history of special education or developmental disabilities; history of head injury or seizures.

- ✓ **Disposition/Treatment Plan** – Allows the interviewer to refer to indicated mental health services , refer for detox services if indicated, and/or begin discharge planning with regard to need for mental health follow up.

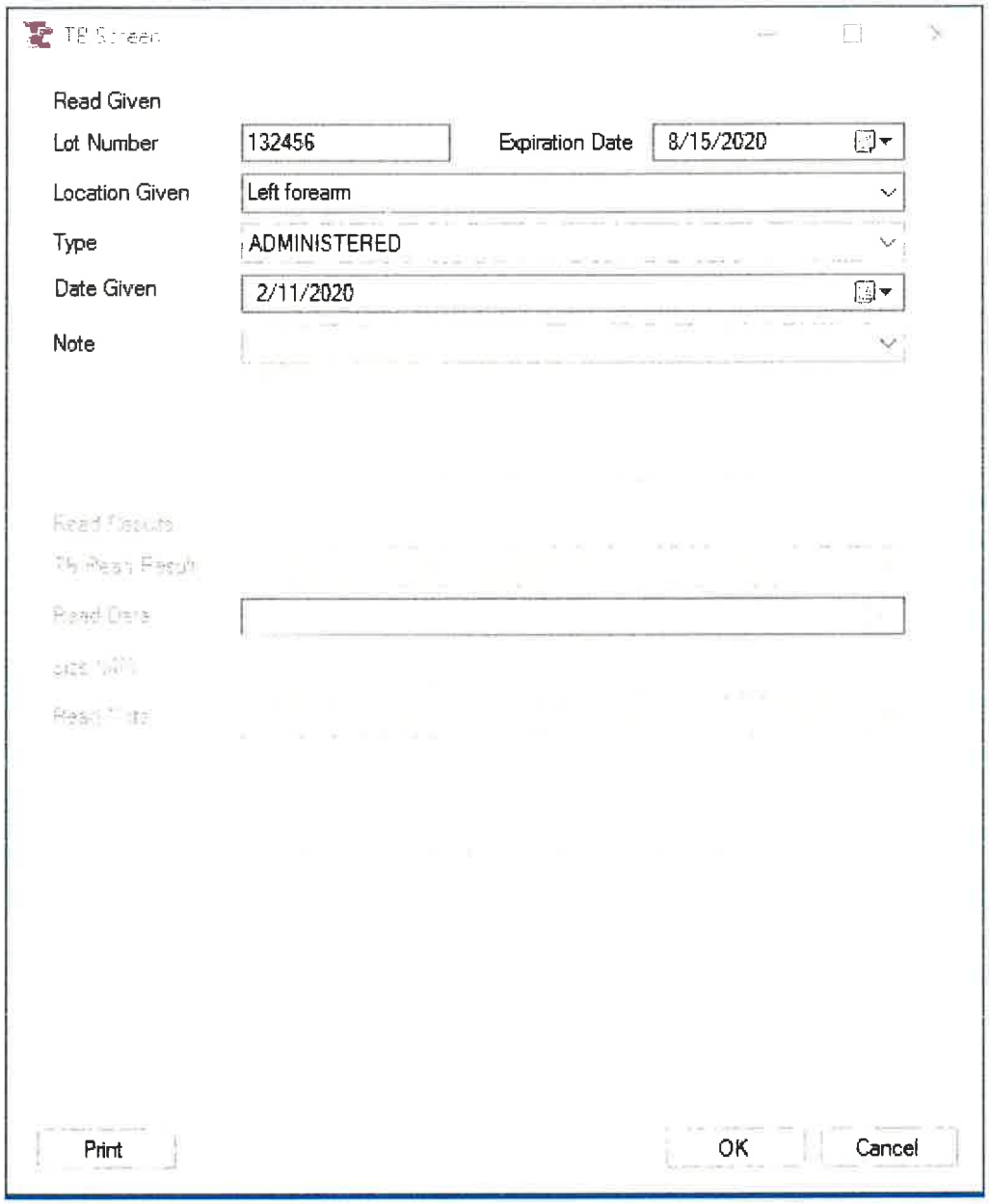
Any inmate who is determined to need additional mental health services will be scheduled for further evaluation by mental health professionals (up to and including psychiatric evaluation) in the clinically indicated time frame. The Mental Health Screening also contains prompts to assist the interviewer in taking any indicated actions such as suicide watch, or urgent mental health referral based on the inmate's responses. This screen is also included as part of the inmate's record.

Tuberculosis Testing

It is our policy to complete a symptom screening and administer the tuberculin skin test (TST) during the receiving screening with a follow-up appointment set at that time. Our TB screening follows guidelines issued by the American Thoracic Society and the Centers for Disease Control (CDC) for the management and treatment of Tuberculosis.

The TST administration is logged in the medical record and an appointment is automatically scheduled to determine results. A list of inmates requiring a TST read is generated daily and alerts the nursing team of any missing documentation of results—this ensures that all inmates receive their follow-up within the required timeframe. Our healthcare personnel ensure that inmates are either medically cleared before they are sent to general population or referred to the appropriate healthcare service. Nursing staff can access TST reads and results electronically, which offers significant advantages such as:

1. Drastically reduces workload; no paper charts need to be pulled.
2. Generates list of inmates grouped by TB status (positive/negative, administered, read, results, treatment history, and/or follow-up).
3. Eliminates unnecessary duplication of healthcare services for re-admitted inmates.
4. Accesses the date the last TB test was administered and determine when annual TST is due.
5. Reduces costs for staff time and test supplies.



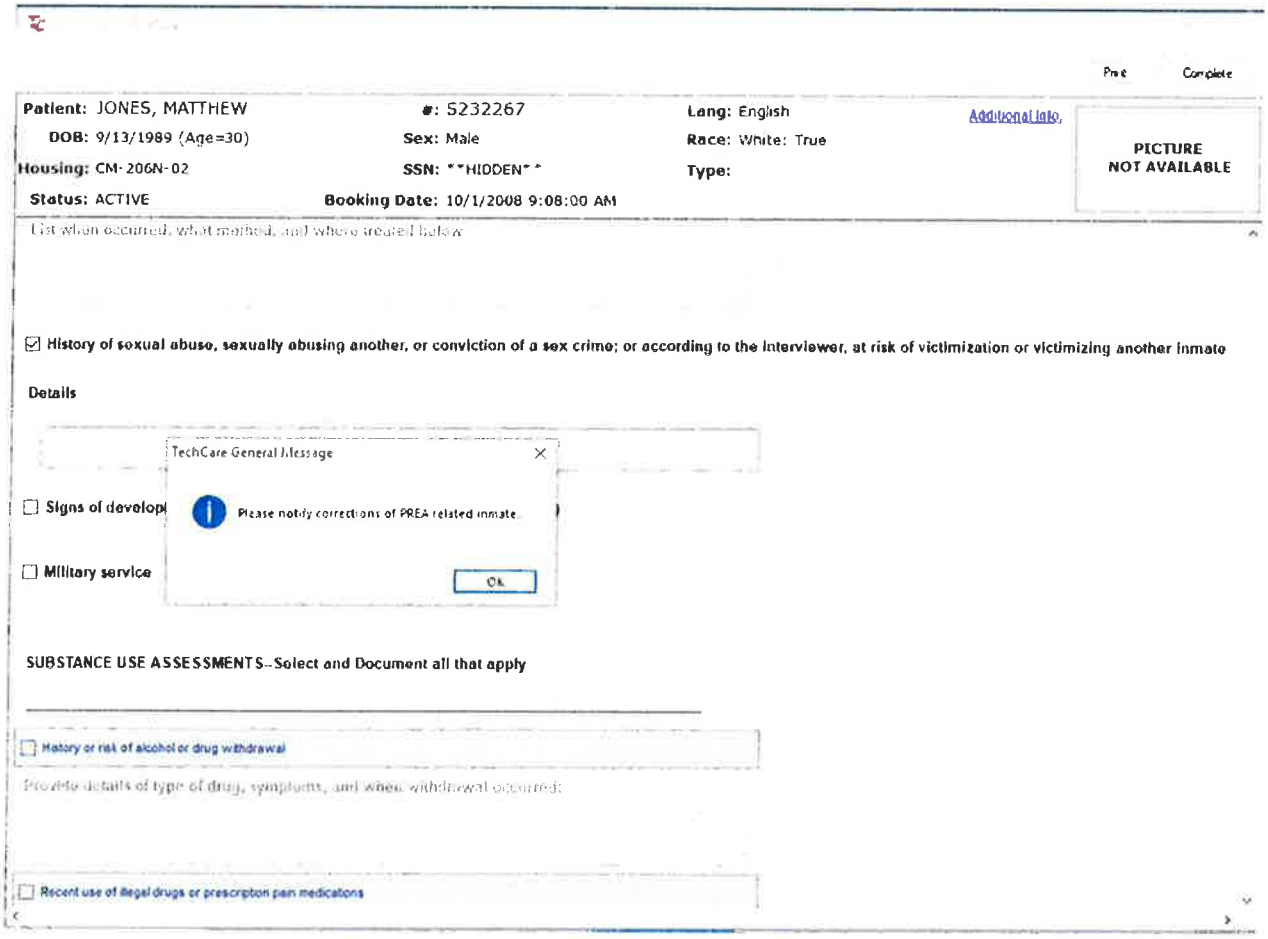
Prison Rape Elimination Act (PREA)

In order to comply with PREA standards, and as an added service benefit to you, NaphCare offers a PREA segment within the Receiving Screening in *TechCare*. The following PREA question is asked during the receiving screening: *Does the inmate have a history of sexual abuse, of sexually abusing another, or a conviction of a sex crime; or according to the interviewer, is at risk of victimization or victimizing another inmate?*

TechCare automatically sets a PREA flag based on a positive response to the above question. A daily PREA report is automatically generated from *TechCare* and sent to custody and NaphCare leadership at the site.

In addition to this feature, the Informed Consent screen, which is also part of NaphCare's receiving screening process, describes the PREA Announcement to ensure inmates are aware of the assistance that is available to

them. These features are in place and operational at each of NaphCare's client facilities to ensure PREA compliance.



Receiving Screening Quality Assurance

NaphCare's corporate CQI staff will monitor the Receiving Screening process to ensure full compliance with State, NCCHC, and ACA standards. The following **proactive** QA studies help prevent costly mistakes, medical emergencies, and expensive offsite care.

- ✓ **Timely Receiving Screening:** Using *TechCare*, we audit the Receiving Screening. *TechCare* searches the database of all active inmates with a bed assignment for completed Receiving Screenings and notifies onsite staff for follow-up if a Receiving Screening has not been completed.

- ✓ **Positive Mental Health Screenings:** Per ACA and NCCHC standards, any inmate with a positive mental health screen must then be seen by a qualified mental health professional for a more in depth Mental Health Evaluation. Our QA department runs a weekly report that shows all active inmates who had a positive mental health screen, but have not yet had the mental health evaluation performed. *TechCare* has the ability to run these reports at any time so that the HSA and DON can easily audit Mental Health Screening performance.

- ✓ **Daily TB Read Report:** We identify any active inmate that does not have a TB read recorded in *TechCare*; this alert is then automatically generated and shown on the Nurses Dashboard. This quality assurance activity helps ensure that all active inmates have a completed TB testing process or other appropriate care, such as a chest x-ray or Isoniazid treatment.

Our automated, multi-level system of checks and balances allows us to quickly identify lapses and intervene. Onsite staff are alerted to patients that are missing components of the intake process or if acute abnormalities are noted so that issues are addressed as they occur. The routine reporting provides measured data to reveal trends in procedural lapses, which will require formal intervention through the quality improvement process.

B. Comprehensive Health Assessment- will be required on any inmate within 14 days of their arrival...

1. The Medical Director or Program Administrator is responsible to review all receiving...
2. Additional data necessary to complete a standard history and physical examination;
3. Screening tests for tuberculosis, venereal disease, urinalysis (when clinically indicated); also...
4. Additional lab work as directed by the physician for particular medical or health...
5. Additional tests as required based on the original screening tests;
6. Height, weight, pulse, blood pressure, and temperature;
7. The health assessment of females will also include inquiry about: (a) menstrual cycle and...
8. Any abnormal results of the Health Assessment shall be reviewed by a physician for...
9. Evaluation and determination of inmate's suitability for participation in the inmate worker...
10. An inquiry into any insurance coverage that may apply to medical care while...

A critical step in our Proactive Care model, we conduct the comprehensive Health Assessment at intake for patients with potential healthcare needs and within five days for those not presenting with health concerns. This meets and exceeds the above requirements for this process and ensures a stable, healthy, less costly inmate population.

Health Assessment

NaphCare's healthcare personnel will ensure that a comprehensive health assessment, including a physical examination, is completed for each inmate within 5 days of admission to the facility. The health assessment record will be reviewed and signed by a provider and entered in the patient's permanent medical record. The health assessment includes inquiries into the following:

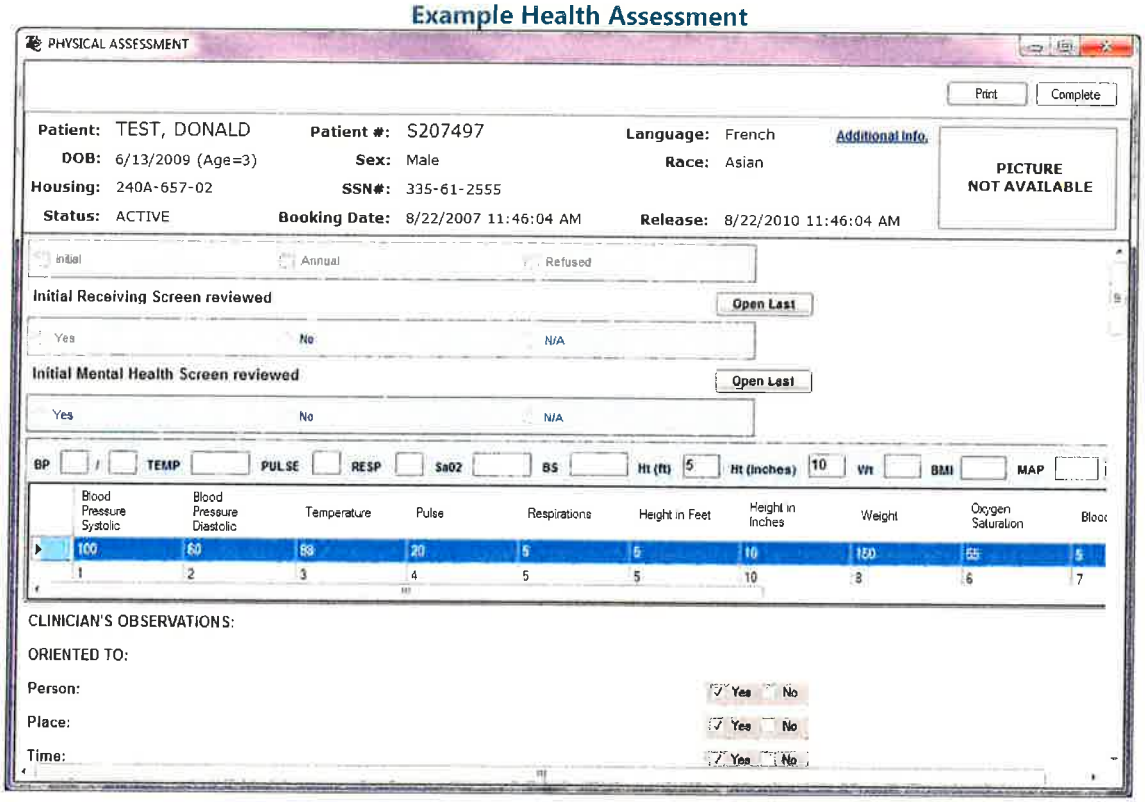
- Vital Signs,
- Current Medications/Allergies,
- Medical History,
- TB risk factor and symptoms,
- Substance Abuse,

NaphCare exceeds RFP requirements by conducting the Health Assessment within five days, far exceeding the NCCHC 14-day requirement.

- Clinical Observations,
- Physical Exam (HEENT, Dental, Cardiovascular, Respiratory, Abdominal, Musculoskeletal/Skin)
- Pregnancy,
- Laboratory Tests Ordered,
- Clearances Issued,
- Treatment Plan,
- Housing Assignment.

Inmates who are referred for follow-up will be seen by the appropriate healthcare professional, and referrals will be documented in *TechCare*. Inmates are evaluated based on the medical information obtained during the Intake Screening as to the medical necessity of conducting a health assessment. The following screenshot illustrates a customizable health assessment in electronic form.

Example Health Assessment



C. Mental Health Evaluation- will be at the time of arrival at the Intake section of the facility and...

NaphCare understands the mental health epidemic that our client facilities are facing. We prioritize the early identification and treatment of mental health conditions in an effort to stabilize these patients and give them a better chance of avoiding recidivism post release. Our mental health screen process meets this RFP requirement.

Mental Health Screening

NaphCare's mental health screening complies with NCCHC standards and proactively identifies and prioritizes inmates in need of mental health services. **NaphCare completes the mental health screening at intake.** Other providers may wait up to 14 days to provide this critical screening, which can have negative consequences. The following is a description of each section of the screening and the information it obtains:

- ✓ **Current Mental Health Symptoms** – Reviews depressed mood, anxiety, psychosis, and mania. In addition, inquiries are made regarding current mental health treatment in the community, any suicidal thoughts, any recent losses, feelings about current situation, if they feel they have anything positive in their future, and allows the interviewer to comment on their feeling of suicide risk based on responses and appearance.

- ✓ **Past Mental Health History** – Reviews past treatment for mental health issues including medications and hospitalizations; reviews history of self-injury behaviors and suicide attempts.

- ✓ **Substance Abuse** – Inquires about alcohol, benzodiazepine, opiate, and other substance use issues, as well as history of substance use related treatment.

- ✓ **PREA/General Assessment** – Reviews any history of abuse of any kind, in any setting; any convictions for sex or violent crimes; any history of special education or developmental disabilities; history of head injury or seizures.

- ✓ **Disposition/Treatment Plan** – Allows the interviewer to refer to indicated mental health services , refer for detox services if indicated, and/or begin discharge planning with regard to need for mental health follow up.

Any inmate who is determined to need additional mental health services will be scheduled for further evaluation by mental health professionals (up to and including psychiatric evaluation) in the clinically indicated time frame. The Mental Health Screening also contains prompts to assist the interviewer in taking any indicated actions such as suicide watch, or urgent mental health referral based on the inmate's responses. This screen is also included as part of the inmate's record.

D. Daily Triaging of Medical Requests - Health requests from inmates must be processed at a...

1. Trained health personnel shall review all medical requests and make referrals to qualified...

2. The responsible physician shall determine the appropriate triage mechanism to be utilized for...

3. All inmates placed on referral list to be seen by a physician or other specialty provider must be...

NaphCare is proactive in our treatment of patients. Medical requests are triaged every shift, meting this requirement, to ensure that possibly emergent health issues are identified and treated as soon as possible. Our processes meet and exceed the stated requirement.

Triage Methods

We scan all sick call requests into the *TechCare*® system, so the nursing staff can prioritize all requests on every shift and respond in a timely and appropriate manner. Through *TechCare*, we create a sick call queue that provides a daily work log and makes the sick call process less time-consuming. The system automatically generates a list of inmates who have requested sick call, ensuring that no requests are overlooked. An inmate's multiple sick call requests are consolidated into one sick call appointment. Within this queue, all sick call requests are subdivided for disposition by the appropriate practitioner.

Referrals: Requests are triaged and referred **electronically** to the appropriate mid-level clinical provider as necessary, which means the referral is completed immediately without the need for cumbersome paper logs.

***Priority* sick calls supersede *Routine* sick call requests to efficiently maximize staff time and address the most acute needs quickly.** The importance of categorizing sick call requests is to streamline the process and ensure all requests are documented and addressed. The nurse can click on an inmate's name to select it, and then click on an appointment and assign it to the appropriate category. This efficient process makes it easy to respond to requests quickly and ensures that medical staff does not fall behind in processing requests. The clear advantage of using an automated sick call system is that the sequence of the list creates a **PRIORITY** system based on important factors such as acuity and length of time waiting.

Proactive Care

NaphCare's sick call procedures ensure proactive action to prevent a delay in care. Our nurses triage sick call slips at every shift in order to identify major medical conditions and provide the necessary care quickly. Priority requests are evaluated immediately by the Charge Nurse on duty.

E. Sick Call - shall be held seven (7) days a week (excluding holidays). (A physician must be present or...

NaphCare will comply with this requirement. Our Sick Call Program prioritizes maintaining a healthy, and therefore less costly and litigious inmate patient population.

Sick Call Program

Access to care is a top priority for us, so we take extensive steps to ensure that inmates are seen in a timely manner and that sick call days are prioritized by the severity of need. All inmates have a daily opportunity to request healthcare through our sick call system, which gives inmates unimpeded access to healthcare services. Our nursing personnel collect, triage, and respond to all inmate requests daily. For inmates who do not have access to the sick call boxes, alternative arrangements are made for filing sick call requests. The frequency of sick call is consistent with NCCHC standards and the facility schedules, and we provide appropriate time for sick call at the correctional facility.

We will operate site-specific sick call throughout the Rockdale County Jail. **Timeliness of the response to sick call requests is an important indicator of quality of care and NaphCare meets NCCHC standards for sick call response times.** Our daily sick call process meets the amended NCCHC 2018 standards, which require face-to-face triage with the patient within 24 hours of receipt of a healthcare request**. To ensure we meet this standard, nurses will triage sick calls on each shift.** Sick call services are provided at sufficient levels to allow the healthcare staff to give **same-day response to urgent inmate requests** for healthcare services. Nursing sick call is conducted seven days a week, and physician sick call is conducted according to a set schedule agreed upon by NaphCare and the facility. If an inmate's custody status precludes attendance at sick call, then our staff consults with security staff to make access to healthcare services possible.

Our healthcare staff follows nursing protocols to facilitate the delivery of sick call services. The assessment protocols are appropriate for the level of skill and preparation of administering nursing personnel. Healthcare staff is trained to effectively triage the inmate's condition and implement these established protocols. If the treatment required is outside the nurse's scope of practice or the established nursing protocols, the inmate is referred to a mid-level practitioner or the onsite physician for evaluation and treatment within 24 hours. Health services are provided in a manner that complies with state and federal privacy mandates within the scope of each facility.

Decentralized Sick Call

At the Rockdale County Jail, NaphCare would implement a decentralized sick call schedule, providing healthcare services within the housing units. The *TechCare®* system makes this possible since nurses have access to all inmate medical records via a laptop. This type of model allows nursing personnel to provide care in the modules occupied by the patients, which **reduces inmate movement and increases the amount of time allowed for sick call to occur.** Another advantage is that nursing personnel can address routine sick call needs, such as a headache, immediately on the floor. Our clinicians essentially take the clinic to our patients on a daily basis.

Sick Call Quality Assurance

NaphCare's corporate CQI staff will monitor the sick call process at the Rockdale County Jail via *TechCare*. They ensure that all inmate requests are documented and reviewed for urgency of need and any required intervention within 24 hours, and that sick call clinics are conducted on a timely basis by licensed medical staff in accordance with NCCHC Standard J-E-07, Nonemergency Healthcare Requests and Services.

F. Specialty Services - Inmates will periodically require the services of a medical specialist. Proposers shall be responsible for making appointments or other arrangements for specialty care as may be required; all such referrals will be to medical providers located in Rockdale County unless that specialty is not available in the County. In such event, the qualified provider should be as close as is possible. Hospitalization will be referred to Rockdale Medical Center unless that facility is not able to provide the needed medical services. In such event, the hospital should be as close as is possible. Orthopedic services, Eye care, and OB/GYN for female inmates shall be provided for but does not need to be onsite.

NaphCare understands and will comply with this requirement. We strive to bring specialty services onsite as soon as space allows and volume merits in an effort to make our services more cost efficient and convenient for our client partners. Because we provide correctional healthcare services in neighboring Newton County, Georgia, we already have several specialty medical providers within our contracted network that are within Rockdale County. If awarded this contract, we would continue to grow our Rockdale County provider network, ensuring we utilize local providers to the fullest extent possible, creating efficiencies and financial savings by sharing resources with Newton County.

Female Healthcare Services

NaphCare has a defined program for meeting the special needs of the female population; e.g., pregnancy. We recognize the unique healthcare needs of female inmates and will provide female healthcare in accordance with NCCHC, ACA, and other generally accepted professional standards.

Pregnancy Testing at Intake

All females of childbearing age (15-54) will receive a pregnancy test at the time of booking. Those with a positive pregnancy screening will be referred to the appropriate provider for treatment as soon as possible after their arrival to the facility in order to ensure continuity of care. Referrals will be prioritized based on risk factors.

Health Assessment

During the comprehensive health assessment, we will take note of the following information for female inmates:

- ✓ Menstrual cycle
- ✓ Unusual bleeding
- ✓ Current use of a contraceptive medication
- ✓ Presence of an I.U.D.
- ✓ Breast masses
- ✓ Nipple discharge
- ✓ Pregnancy history
- ✓ Gynecological history to include menstrual problems, STDs and risk factors, most recent pap smear and any history of irregular pap smear results

If deemed medically necessary, we will perform a pelvic and breast examination within a reasonable amount of time.

Contraception

NaphCare will ensure that women receive appropriate contraceptive services as clinically indicated. We will provide emergency contraception as clinically indicated. Contraception will be made available upon request to females upon release. Our policy complies with *NCCHC J-B-06, Contraception*, and *ACA Standard 4-ALDF-4C-13, Pregnancy Management*.

1. Emergency contraception will be made available to females at intake and following sexual assault.
2. Female inmates will be provided the opportunity to continue contraception at the time of intake, if appropriate.
3. For planned releases to the community, arrangements are made to initiate contraception for women, upon request.
4. Written educational materials regarding contraception and community resources will be made available.

Counseling and Care of the Pregnant Inmate

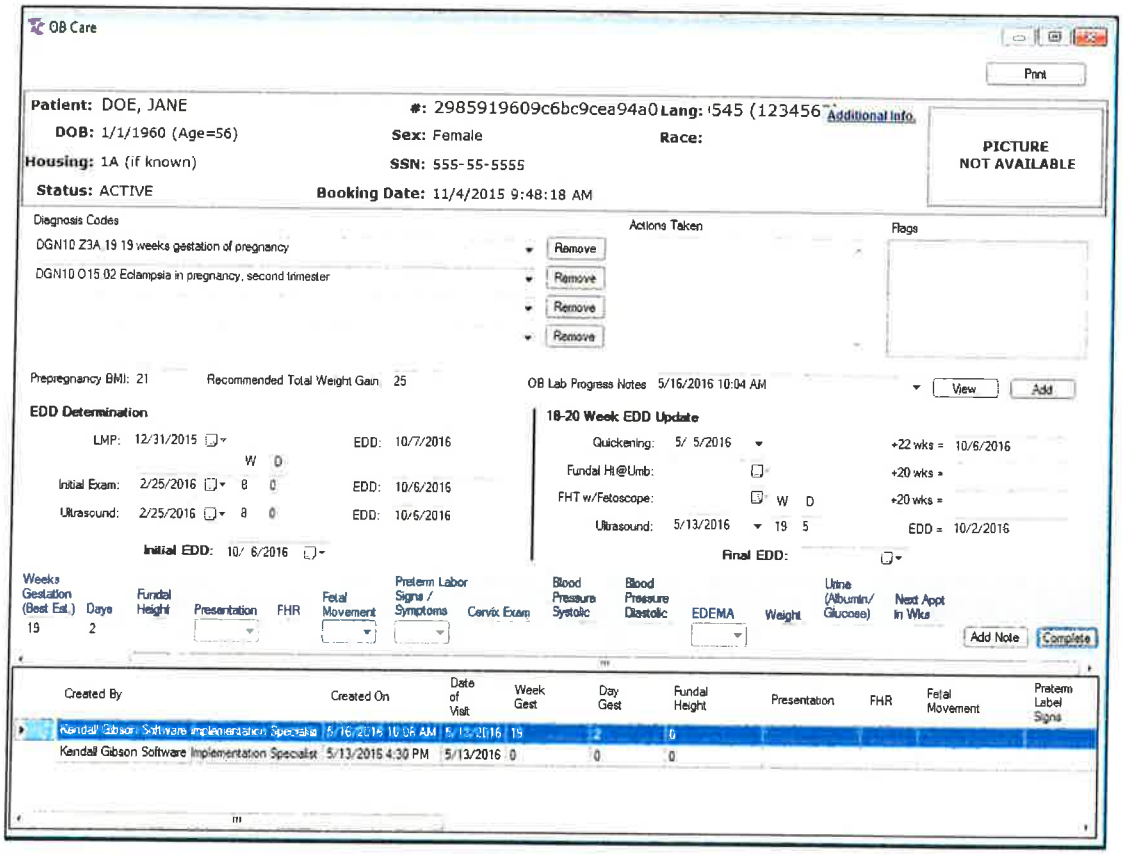
NaphCare will provide health care to address the unique needs of female inmates with regard to family planning, pregnancy, prenatal care, and postpartum care while incarcerated. NaphCare assumes no financial responsibility for newborn care and/or treatment. We ensure that pregnant patients receive appropriate prenatal care, obstetrical services for labor and delivery, and postpartum care. All policies and procedures adhere to *NCCHC Standard J-F-05 and ACA Standard 4-ALDF-4C-13*.

1. All pregnant inmates will be provided with timely and appropriate prenatal obstetrical care consistent with the community standards of care, including but not limited to:
    a) Medical examinations by a provider qualified to provide prenatal care;
    b) Prenatal laboratory and diagnostic tests in accordance with national guidelines;
    c) Orders and treatment plans documenting clinically indicated levels of activity, nutrition, medications, housing, and safety precautions;
    d) Counseling and administering recommended vaccines in accordance with national guidelines.
2. A list with phone numbers will be maintained for all obstetrical services and community hospitals on an Emergency Contact Numbers document for referral.
3. Documentation of the inmate's prenatal history noted on the offsite health care referral will accompany the pregnant inmate to the hospital.

4. Documentation of appropriate postpartum care will be maintained by the advanced clinical provider in the patient's health record.
5. During the course of the pregnancy the flag for Pregnancy will be set and added to the problem list. Pregnancy shall be considered a special need.
6. All females of childbearing age (15-54) will receive a pregnancy test at the time of booking.
7. Pregnant inmates with active opioid use disorder receive evaluation upon intake, including offering and providing medication-assisted treatment (MAT) with methadone and buprenorphine.
8. Female inmates presenting at any time with signs or symptoms of pregnancy will be offered a urine pregnancy test.
9. Emergency delivery kits are available in the facility.
10. The advanced clinical provider will evaluate the pregnant patient within seven days of notification of a positive pregnancy test.
11. Pregnant women are given comprehensive counseling and assistance from either the medical/mental health staff or a community agency in accordance with their expressed desires regarding their pregnancy and whether they elect to keep the child, use adoption services, or have an abortion.
12. Pregnant women with serious mental illness require specialized psychosocial and psychopharmacological monitoring by the mental health staff.
13. Mental health staff should consult with medical staff regarding any psychotropic medication use due to possible deleterious effects on a developing fetus.
14. Restraints will not be used on patients during active labor and delivery.
15. NaphCare will encourage that custody restraints, if used at other points of the pregnancy and the postpartum period, be limited to handcuffs in front of the body.
16. When obstetrical care is provided by an outside contractor (e.g., OB/GYN physician), copies of pertinent diagnostic results and evaluations should be requested and filed in the medical record. Charting using forms such as those developed by the American College of Obstetrics and Gynecology (ACOG) or equivalent, is encouraged. Use of *TechCare*® OB Module is also encouraged.
17. Pregnant patients shall be ordered appropriate preventive interventions, including the prescribing of prenatal vitamins and a pregnancy diet.
    a) The orders should continue throughout the postpartum period and during the period of lactation for those expressing breastmilk while in custody.

OB Care Module

The OB Care Module in *TechCare* allows incarcerated pregnant patients to follow a defined process of care and documentation throughout their pregnancy. As shown below, this module allows for detailed progress notes and lab/diagnostic documentation via specific forms while detailing a complete history of visits throughout the process. Addition of pregnancy flags and ICD-10 codes through *TechCare* seamlessly communicate to the Inmate Management System, with in turn keeps all facility staff updated and aware.


OB Care
Print
Patient: DOE, JANE
#: 2985919609c6bc9cea94a0
Lang: 545 (123456
Additional Info.
DOB: 1/1/1960 (Age=56)
Sex: Female
Race:
Housing: 1A (if known)
SSN: 555-55-5555
Status: ACTIVE
Booking Date: 11/4/2015 9:48:18 AM
PICTURE NOT AVAILABLE
Diagnosis Codes
Actions Taken
Flags
DGN10 Z3A.19 19 weeks gestation of pregnancy
DGN10 O15.02 Eclampsia in pregnancy, second trimester
Remove
Prepregnancy BMI: 21
Recommended Total Weight Gain: 25
OB Lab Progress Notes 5/16/2016 10:04 AM
View
Add
EDD Determination
LMP: 12/31/2015
EDD: 10/7/2016
Initial Exam: 2/25/2016
EDD: 10/6/2016
Ultrasound: 2/25/2016
EDD: 10/6/2016
Initial EDD: 10/ 6/2016
18-20 Week EDD Update
Quickening: 5/ 5/2016
+22 wks = 10/6/2016
Fundal Ht@Umb:
+20 wks =
FHT w/Fetoscope:
+20 wks =
Ultrasound: 5/13/2016
EDD = 10/2/2016
Final EDD:
Weeks Gestation (Best Est.)
Days
Fundal Height
Presentation
FHR
Fetal Movement
Preterm Labor Signs / Symptoms
Cervix Exam
Blood Pressure Systolic
Blood Pressure Diastolic
EDEMA
Weight
Urine (Albumin/ Glucose)
Next Appt in Wks
Add Note
Complete
Created By
Created On
Date of Visit
Week Gest
Day Gest
Fundal Height
Presentation
FHR
Fetal Movement
Preterm Labor Signs
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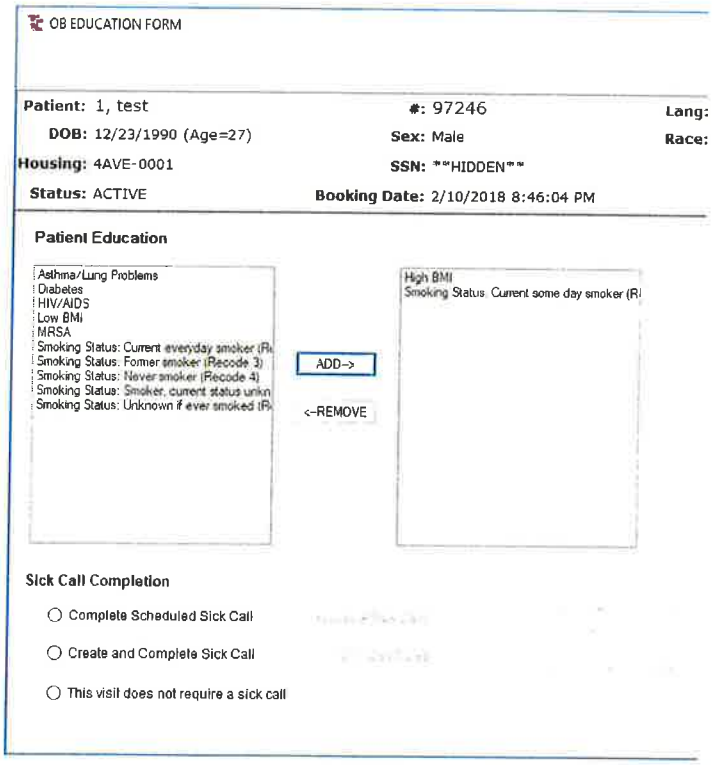
Kendall Gibson Software Implementation Specialist 5/13/2016 4:30 PM 5/13/2016 0 0 0


OB EDUCATION FORM
Patient: 1, test
#: 97246
Lang:
DOB: 12/23/1990 (Age=27)
Sex: Male
Race:
Housing: 4AVE-0001
SSN: **HIDDEN**
Status: ACTIVE
Booking Date: 2/10/2018 8:46:04 PM
Patient Education
Asthma/Lung Problems
Diabetes
HIV/AIDS
Low BMI
MRSA
Smoking Status: Current everyday smoker (R
Smoking Status: Former smoker (Recode 3)
Smoking Status: Never smoker (Recode 4)
Smoking Status: Smoker, current status unkn
Smoking Status: Unknown if ever smoked (R
ADD->
<-REMOVE
High BMI
Smoking Status: Current some day smoker (R
Sick Call Completion
Complete Scheduled Sick Call
Create and Complete Sick Call
This visit does not require a sick call

eConsults – Specialty Care Consultations

Specialty care needs vary by patient population and facility requirements. At NaphCare, we aim to provide the highest level of patient care onsite to decrease costs associated with offsite services and custody transport. We monitor and analyze treatment trends to identify opportunities to bring specialty clinics onsite if warranted by the volume of patient need.

When onsite specialty clinics are not medically or economically feasible, NaphCare providers use eConsults to engage a digital network of clinical specialists for consultation, clinical review and assessment of necessity of care to inform offsite referral decisions. With the eConsults specialty care network, NaphCare can offer a broader range of specialist care without the additional expense, travel or patient wait time associated with offsite specialty care. eConsults is provided in conjunction with our comprehensive Utilization Management program to minimize offsite send-outs.

Specialty Clinics

Through eConsults, NaphCare providers have access to more than 70 specialties and sub-specialties, including:

- ✓ Addiction Medicine
- ✓ Cardiology
- ✓ Endocrinology
- ✓ ENT
- ✓ Gastroenterology
- ✓ Hepatology
- ✓ General Surgery
- ✓ Hematology
- ✓ Geriatric Medicine
- ✓ Infectious Diseases
- ✓ Internal Medicine
- ✓ Nephrology
- ✓ Neurology
- ✓ OB/GYN
- ✓ Oncology
- ✓ Ophthalmology
- ✓ Orthopedic Surgery
- ✓ Psychiatry
- ✓ Pulmonary Medicine
- ✓ Rheumatology
- ✓ Urology
- ✓ Vascular Surgery

eConsults

All eConsults specialists are active, board-certified clinicians who conform to NCQA (National Committee for Quality Assurance) guidelines. Through a secure, web-based platform, NaphCare's onsite providers can submit an electronic request for consultation along with detailed notes, labs and images to a panel of specialists to receive guidance on:

- ✓ Treatment planning
- ✓ Medication recommendations
- ✓ Unsuccessful or resistant treatment
- ✓ EKG reads and Lab and Radiology interpretation
- ✓ Workup recommendations

Board-certified specialists answer requests in less than 24 hours, and all consultations are documented in the patient's health record in *TechCare*®.

Offsite Management Services

If an inmate requires offsite care, NaphCare provides the most cost-effective and well-coordinated medical

services possible. Our *TechCare*® and web-based systems play an integral part in managing the care of any inmate needing outside services. Not only do we provide a daily list of all inmates currently hospitalized, but we also detail the clinical course and treatment plan; all this information is readily available within *TechCare* to all authorized users. The availability of information makes communicating and coordinating care and discharge needs much easier. This data also allows us to track and trend offsite care in order to find opportunities to reduce costs and bring specialties onsite. **By providing centralized offsite management services, the onsite medical staff is able to focus solely on inmate care.**

NaphCare's comprehensive offsite services program includes much more than just building provider networks or paying claims. Our highly qualified departments provide services in all areas of offsite care, such as network management, centralized scheduling, utilization management, medical records, and claims. The following pages describe these services and their advantages for Rockdale County Jail.

Network Management

NaphCare's experienced Network Management Department negotiates all rates with offsite providers and hospitals and historically obtains savings over 60% for usual and customary charges, representing a significant reduction in offsite costs for our clients. Payment terms are clearly defined in each agreement, so our providers are paid in accordance with contract terms. We treat providers as clients.

Because we provide correctional healthcare services in neighboring Newton County, Georgia, we already have several specialty medical providers within our contracted network that are within Rockdale County.

NaphCare is an experienced provider and administrator of offsite care and Preferred Provider Networks. We boast a Network Management Department that is focused on negotiating discounted rates and developing beneficial provider networks for our clients. Currently, we coordinate offsite care and specialty medical services for 31 Federal Bureau of Prisons (BOP) facilities and 30 city and county jails. This network contains over 20,000 physicians and 500 facilities across the country. Our network management specialists are experienced in many types of provider negotiations such as hospital, physician, and agreements for providing onsite specialty clinic services. We will manage the specialty network for Rockdale County with efficiency, quality, and cost effectiveness.

We have been in contact with Ron Lawrence, Executive Director of Managed Care at Piedmont Healthcare, and have confirmed that they would be happy to partner with us and continue providing healthcare services for Rockdale County Jail should we be awarded the contract. We will contract with a local hospital(s) to serve as the primary offsite providers, and we will contract with individual physicians to provide specialized care required for your facility's inmates.

Features:

- Proven and successful history of building comprehensive healthcare networks
- 37+ years of department experience and strong negotiation strategies
- Provide a full array of clinical services, even in rural sections of the country
- Develop clinically diverse and population appropriate networks
- Coordinate contracts to offer continuity of care for inmates
- Utilize benchmark payment rates, such as current Medicare rates, so that contract pricing may be evaluated for cost-effectiveness across an entire network
- Continually evaluate networks and contracts to ensure competitive pricing and accuracy of providers

available

- Establish valuable onsite services to decrease security concerns and transportation costs
- Offer primary point of contact for correctional facilities, hospitals, and providers to enhance communication
- Insist on outstanding provider relations
- Contact providers frequently to maintain good working relationships
- Listen to community providers' concerns and rectify them quickly so that healthcare services are provided in an effective manner
- Coordinate security needs with provider needs

We want to provide the maximum level of clinical activity onsite in order to achieve increased security and enhanced cost-effective care. With proven negotiation and network development skills, the Network Management Department will supply onsite specialty services as the volume of inmate healthcare needs merits.

Medical Scheduling

We utilize an onsite Administrative Assistant to accomplish efficient, consolidated medical scheduling and always have corporate support available as back-up should it be needed. By using *TechCare*, we facilitate the exchange of important healthcare and financial information between the correctional facility and NaphCare. This system has several key features that are beneficial to Rockdale County:

- ✓ Customized reporting
- ✓ Ability to track inmate healthcare (offsite specialty appointment by type)
- ✓ Electronic calendar system
- ✓ Ability to view all offsite appointments and onsite clinics
- ✓ Inpatient stay status
- ✓ View and print medical records for offsite appointments
- ✓ Information packet for security to schedule transportation of inmates

An Organized and Efficient Process

Our process for offsite requests ensures seamless preparation and performance of inmate offsite care. From your facility, our Administrative Assistant organizes and executes every step of the process with the priority on full communication and cooperation for the most organized, cost-efficient, and safe results. **We work to group offsite appointments, minimizing costly transport and security needs.**

Approved requests are scheduled, noting such details as inmate insurance and special instructions. Appointments classified as urgent or routine and appointment requests are addressed and scheduled within the required timeframes.

TechCare generates and maintains an offsite calendar of appointments that is visible to any authorized onsite personnel and security officers. **The Offsite Calendar allows us to easily consolidate offsite trips, saving custody transportation costs and overtime.** Our onsite Administrative Assistant communicates necessary information (date, time, location) so the correctional officers responsible for the transport are prepared for the inmate's appointment. The Administrative Assistant also communicates any pre-appointment needs to the correctional facility, such as food and drink requirements, medication instructions, labs needed, or any other special instructions that relate to the inmate's care.

An Offsite Healthcare Authorization Form is completed for inmates who require specialty care services. This form

accompanies the inmate during transport from the correctional facility to the provider for treatment. Each offsite referral results in a consultation/treatment report created by the offsite provider, which is reviewed and filed in the inmate's medical record.

In addition to the vast functionality that exists within the calendar and scheduling system, NaphCare can track and trend all cancelled appointments. Missed or cancelled appointments are often unavoidable, but they create a drain on facility resources. Our goal is to work with each client to minimize cancellations whenever possible. We record every cancelled appointment with the following information so we can track and trend the data to reduce cancellations and ensure new appointments are scheduled:

- ✓ Inmate name, Date of Birth, Inmate Number
- ✓ Original date of service
- ✓ Who cancelled the appointment
- ✓ Why the appointment was cancelled – inmate released from custody, security issues, provider cancelled, or other reasons.

Pre-Procedure Instructions to Patients

With the goal of educating patients on scheduled offsite procedures, NaphCare's clinical support staff provides patients with medical instructions and information prior to these procedures. Through this process, patients receive evidence-based answers to clinical questions at the point of care. Informed of their procedures, patients are prepared to ask questions and engage in conversations with clinical staff regarding course of treatment. Patients have the tools necessary to improve treatment prognosis and minimize recidivism through self-care.

Responsible Offsite Management Follow-Up

Individuals returning to the correctional facility following offsite treatment encounters return with documentation of the treatment received, in the form of a discharge summary, consult follow-up or other progress note. A registered nurse evaluates all patients returning from an inpatient hospital stay prior to placement in the general population. These inmates also see an onsite provider as soon as possible to ensure appropriate orders and follow-up.

Medical Records Department

Our Medical Records Department supports NaphCare's coordination of offsite services. On behalf of the facility, we obtain copies of all diagnosis, treatments, treatment plans, final medical records, discharge summaries, and other information related to the offsite referral in a very timely manner. Our Medical Records Department has direct access to many hospital's EHR systems (*where they exist and appropriate access has been granted*) to obtain records immediately upon completion of service which greatly adds to the continuity of care of the inmates.

When the records are received, they are filed in the inmate's electronic health record in *TechCare*. Appropriate personnel can view medical records and print a hard copy for each appointment or medical service provided. As a quality assurance measure, the records also stay on the site Medical Director's *TechCare* 'Doctor's Queue' until they are reviewed by the ordering physician. This service greatly aids continuity of care and the ease with which services are coordinated. In addition, the timely distribution of hospital reports, discharge summaries, and consult reports ensures compliance with program review requirements.

NaphCare's Medical Record Department is also available to assist our clients in securing medical records for care that is delivered in the community prior to incarceration. Determining the appropriate course of treatment inside

the facility is difficult if current outside medical records are not available. NaphCare assumes the responsibility of securing these records for onsite providers so that appropriate intervention and care can be delivered quickly and efficiently. Securing outside medical records also reduces onsite healthcare costs by eliminating the need to repeat costly tests that may have been provided prior to incarceration.

TechCare stores all outside medical record information and ensures all medical records and documentation are protected. *TechCare* ensures security and HIPAA compliance by utilizing industry standards of security.

Claims Adjudication

Our Claims Department has the latest technology available in the market today. This enables our staff to handle your claims in the most efficient manner. The accurate and rapid processing of claims is a fundamental part of keeping costs down, and it also maintains our positive relationships with community providers, hospitals, and specialists. We ensure timely payments, accurate evaluation of claims based on approved services, and payments on claims only for inmates that are eligible at the time of service.

Our Director of the Claims Department, Cathy Sherbet, has over 20 years of experience in claims management, including 7 years with McKesson, where she managed a department that processed over 400,000 claims per year. Cathy currently manages NaphCare's claim's department of over 30 employees.

- **NaphCare's Claims Department adjudicates "clean claims" within an average of 48 hours.**
- **Average cost savings on re-priced claims are 60% off usual and customary charges.**
- **Prompt turnaround time with non-electronically received claims keyed within 24 hours.**

Claims Processing System

Our methods for processing claims and hospital/provider discounts focus on listening to clients' needs. We adhere to high standards of accountability and quality that set us apart from the competition. All claims are reviewed for accuracy and proper treatment, as well as correct coding and billing.

Claims are adjudicated using the software system *McKesson, Managed Care Optimization (MCO),* specifically designed for the managed care industry. We pay claims promptly and accurately by applying all applicable payment rules. The provider's contract, fee schedules, negotiated rates, and terms and conditions are all loaded in the MCO system at the time of agreement, ensuring providers are paid according to agreement. The system does not allow for payment of a global rate and additional codes charged for the same service, known as bundling of codes. Through this system, the submitted claims are correctly analyzed for accuracy. This software also provides healthcare claim DRG calculation, APC assignment, Medicare/Medicaid reimbursement calculation, data editing, and validation to set specifications.

MCO, linked with *TechCare*, is the perfect combination to manage inmate eligibility and ensure that only claims on eligible inmates are paid. Information from the client's inmate management system goes through *TechCare* to MCO. The integration of MCO and *TechCare* also allows the flow of information obtained from healthcare claims back to *TechCare*. The onsite clinical team will have real-time access to offsite provider information, which dramatically improves continuity of care.

Claims Administration

Our claims examiners work closely with your staff to support your facility. From claims processing to bill payment, our streamlined administrative services will provide you with valuable benefits. Each claim received by the claims

department is reviewed for accuracy and adherence to community standards.

NaphCare assigns an authorization number to each offsite occurrence that includes a scenario detailing the approved services integrated with service classes and procedural codes. Only approved services are reimbursed. We review claims to determine that charges are not in excess of the appropriate Usual and Customary Charges. We also review claims for prior payment to prevent duplicate billing. In addition, we review for accuracy to include valid dates of service, CPT and ICD-10 codes, and bundling and unbundling of codes. Any claims that are not valid will be returned to the provider as a denial and a corrected claim will be resubmitted for payment. The following criteria will be used in these reviews:

- ✓ Eligible Patients
- ✓ Usual and Customary Charges
- ✓ Prior Payment
- ✓ Accuracy

Services that support our clients' efforts to stay current and compliant in a dynamic environment include:

- ✓ Optimize productivity for correctional facilities through automated essential operations
- ✓ Identify correct payments for providers
- ✓ Direct contracts with providers
- ✓ Flexible managed care software that allows for a wide range of date-sensitive fee schedules associated with contracts, including integrated DRG and APC processing
- ✓ Referral/authorization component to facilitate case management and utilization management
- ✓ Eligibility, submission/receipt of electronic claim files, and HIPAA standards
- ✓ Customer service
- ✓ Facilitate daily transactions
- ✓ Allow providers to look up a member's eligibility and check claim status
- ✓ Provide clients a comprehensive, line-by-line bill audit and analysis, ensuring they are charged a reasonable amount for the appropriate services
- ✓ Match facility and/or physician bills to itemized statements to identify errors and unbundling of services

G. Emergency Services - Contractor shall provide twenty-four (24) hour emergency medical, mental health and dental care including, but not limited to, ensuring that a physician is present or on call twenty-four (24) hours a day.

NaphCare understands and will comply with this requirement. We understand the importance of continuity of care in maintaining a stable, healthy inmate patient population and have proven our ability to provide consistent emergency medical, mental and dental healthcare no matter the situation.

Correctional facilities require unique and proven methods of successfully managing jail healthcare operations in the event of an emergency. With the medical and correctional staff working as a team, it is imperative that each know specific roles and perform them well. NaphCare will work side by side with all Rockdale County personnel to ensure the continued operation of the inmate medical services program. NaphCare will prepare healthcare staff to implement the health aspects of the facility's response to emergencies; to ensure the health, safety, and welfare of patients, staff, and visitors during emergencies; and to provide 24 hour emergency healthcare services per the facility contract with NaphCare.

We take the following steps to ensure that NaphCare healthcare staff members are prepared to implement the health aspects of the Rockdale County Jail's emergency response plan.

Emergency Services and Response Plan

1. Health aspects of the Rockdale County emergency plan will be approved by the responsible health authority and facility administrator, and will include:
    - Responsibilities of health staff;
    - Procedures for triage for multiple casualties;
    - Predetermination of the site for care;
    - Emergency transport of the patient(s) from the facility;
    - Use of an emergency vehicle:
    - Telephone numbers and procedures for calling health staff and the community emergency response system (e.g., hospitals, ambulances);
    - Use of one or more designated hospital emergency departments or other appropriate facilities;
    - Emergency on-call physician, dental, and mental health services when the emergency healthcare facility is not nearby;
    - Security procedures for the immediate transfer of patients for emergency care;
    - Procedures for evacuating patients in a mass disaster;
    - Alternate back-ups for each of the plans elements;
    - Time frames for response; and
    - Notification for the patient that is legally responsible.

2. At least one mass disaster drill will be conducted annually in the Jail so that over a three-year period each shift, to include mental health staff, has participated.

3. The disaster drill is critiqued using the Emergency Response Critique Form and shared with staff. Critiques are documented in the staff meeting minutes and scanned into the respective NCCHC electronic folder. Recommendations for health staff are acted upon.

4. A man-down drill will be practiced annually per shift where health staff are regularly assigned. All training of NaphCare staff for these drills of our staff will be documented on the Education Log.

5. All man-down drills will be documented using NaphCare's Medical Emergency Code Report.

6. All man-down drills are critiqued using the Man Down Drill Critique Form and shared with staff. Critiques are documented in the staff meeting minutes and scanned into the respective NCCHC electronic folder. Recommendations for health staff are acted upon.

Emergency Training for Correctional and Health Staff

1. Facility staff will provide emergency services until qualified health professionals arrive.

2. NaphCare staff will be trained to immediately initiate a response to emergency health-related situations. The training program will be conducted on an annual basis and will include instruction on the following:
    a) Recognition of signs/symptoms and knowledge of action that is required in potential emergency situations;
    b) Administration of basic first aid;

c) Certification in cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization;
d) Methods of obtaining assistance;
e) Signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal;
f) Procedures for patient transfers to appropriate medical facilities or health care providers; and
g) Suicide intervention.

3. Emergency response training, when provided by NaphCare to correctional staff, will be conducted on an annual basis and will be established by NaphCare in cooperation with the institution. Training provided by NaphCare to correctional staff will be documented on the Education Log.

Emergency Response Experience

NaphCare is experienced in helping our client facilities navigate emergencies, such as hurricanes and natural disasters. We have been the provider for multiple sites that have dealt with these issues, and have been commended on our handling of the situations.

During Hurricane Irma in 2017, NaphCare staff played an integral part in ensuring the continuity of medical care to inmates at the Hillsborough County Jail in Tampa, Florida. The NaphCare management team developed a comprehensive plan of action, and our onsite team and Hillsborough County Sheriff's Office staff worked together to achieve a successful outcome in the face of a stressful event. We were pleased to receive commendation from HCSO in the days following acknowledging the support, service, and success of our staff. NaphCare is proud of our staff and their capability to meet challenges that arise, not only on a day-to-day basis, but also in extreme situations such as this.

H. Medication Distribution - must be delivered a minimum of twice daily, seven days per week. Medication may be required to be delivered more than twice per day when ordered by a physician. Inmates will not ordinarily be required to come to the infirmary to receive required medications although exceptions may be made on a case-by-case basis.

NaphCare understands and will comply with this requirement. Our fully electronic operating system includes a medication administration module, ensuring that all medication administration is electronically logged and saved in real time. This ensures that no patient falls through the cracks that can be created through paper records and post round logging.

Electronic Medication Administration Record (eMAR)

NaphCare's eMAR is specifically designed for use in correctional facilities. It is included within *TechCare®* and is not a separate system. This integration promotes consistency within records of care and does not cost the County additional money. It is also customizable to meet the unique needs of the Rockdale County Jail.

- ✓ **We are committed to proactively reducing medication errors.** Our eMAR ensures accountability at every level of the medication process, from the entry of the order to the administration to the patient. Inmate records/information can be retrieved using a unique inmate number, and documentation complies with federal and state legal requirements. *TechCare* also has a user-friendly interface for accurate documentation that is immediately accessible and can be retrieved easily for reporting and tracking purposes.

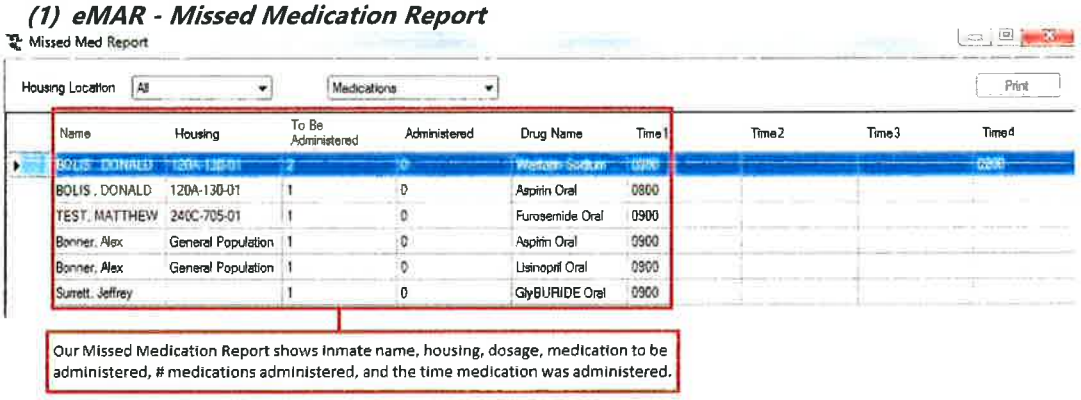
Also, vital signs, such as blood pressure and blood glucose levels, are shown in our eMAR and Pharmacy Queue to alert healthcare staff of abnormal vital signs that may require further attention.

✓ **The eMAR assists in developing an efficient, structured med pass process.** With our eMAR, medication administration is structured and nurses organize medication carts in relation to inmate location, which greatly reduces time needed for medication administration and correctional staff oversight during this process. The *TechCare* eMAR screen allows nurses operating in your facilities to access all patient information during medication pass.

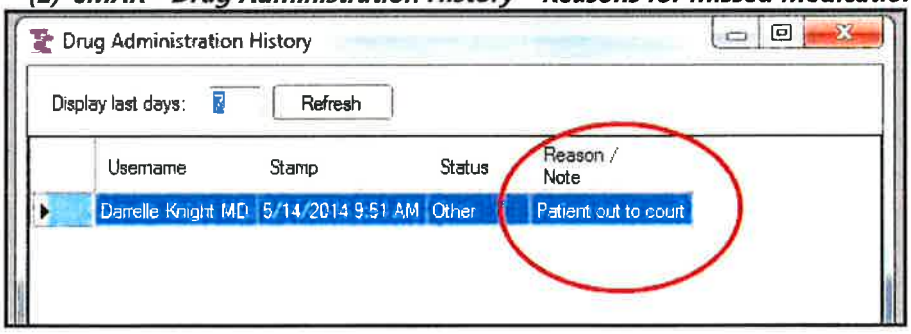
Examples of Information Available to Nurses through our eMAR	
Sick Call Scheduling	**Progress Note Documentation**
Blood Pressure	**Progress Note History**
Blood Glucose	**Review & Update of Vital Signs**
Medication Administration: including refusals, disbursement of KOP medications and re-ordering medications can all be accomplished from our eMAR.	

- ***TechCare* also generates a Missed Med Report that can be viewed and printed within the eMAR function.** An additional, significant benefit for you is our ability to generate a Missed Medication Report *(see figure (1) below)*. This report can be viewed and printed using our eMAR and identifies each patient and the medication missed. Our eMAR Drug Administration History Report *(see figure (2) below)* provides details on why medications were missed. **This report can be pulled at any time and ensures that all inmates with missed medications receive timely follow-up from nurses, which ensures no inmate medication need goes unmet.** Nurses review this report and follow-up with patients who have refused medications to educate them on the importance of taking prescribed medications.

(1) eMAR - Missed Medication Report

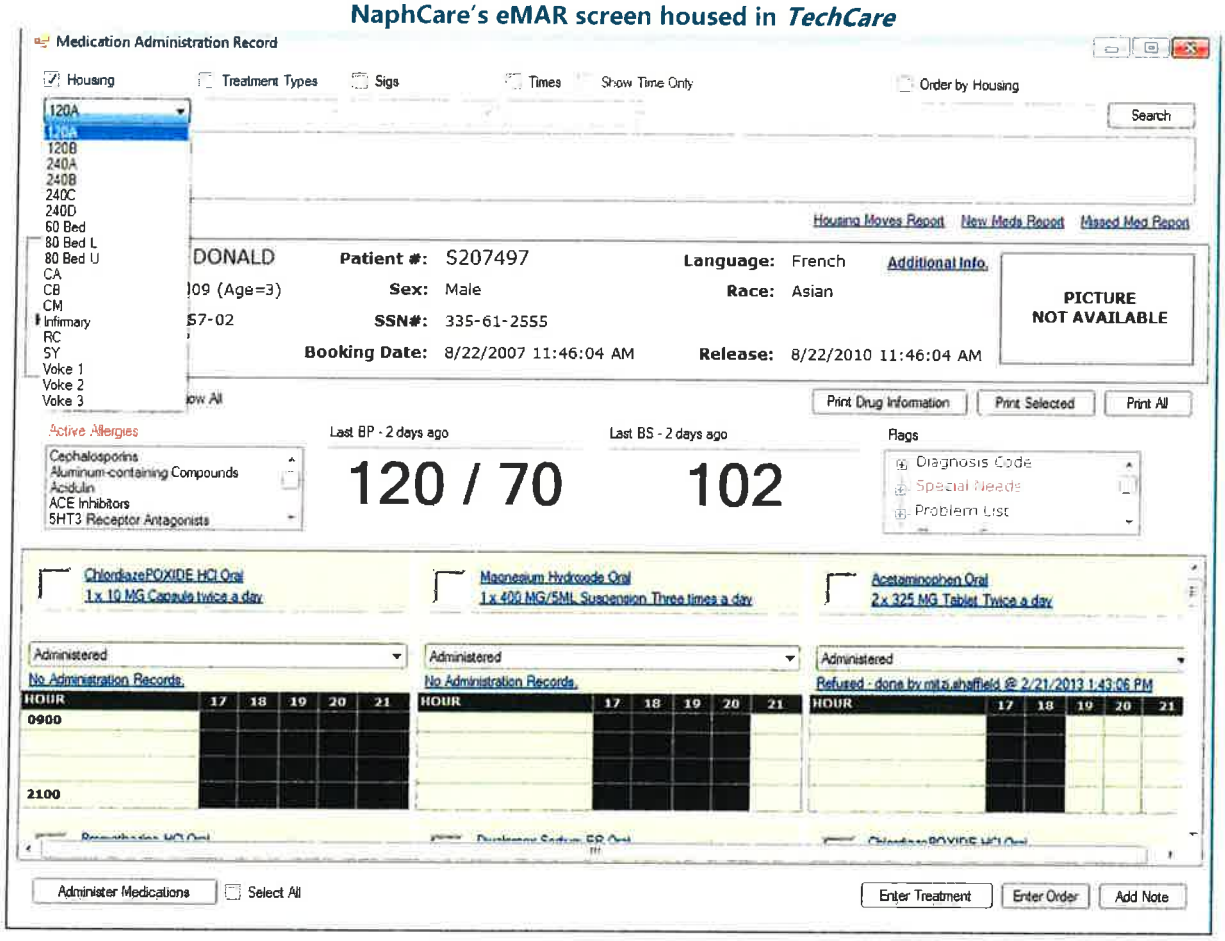


(2) eMAR - Drug Administration History – Reasons for Missed Medications – Detail



Within *TechCare,* the eMAR features the name of medication, dosage, frequency, date, and time ordered by the MD for each medication to be administered. In accordance with *NCCHC J-D-02,* NaphCare's medication services are provided as clinically appropriate and in a safe, timely, and sufficient manner. For your reference, a screenshot of our eMAR is shown below.

NaphCare's eMAR screen housed in *TechCare*



Other benefits of our eMAR system include the following:

- ✓ Ability to control costs by efficiently reducing the overstocking of medications
- ✓ Formulary drugs are prescriber's default choice
- ✓ Automatically updates inmate eMARs, ensuring no inmate misses medications, even if there is a change in housing/placement
- ✓ Greater correctional officer awareness and control, less inmate frustration, and safer environment
- ✓ Reduction of administrative paperwork and improved efficiency
- ✓ All providers, regardless of discipline have instant access to all patient Information
- ✓ Optimized regulatory compliance
- ✓ Improved patient outcomes and staff satisfaction

I. Infirmary – The infirmary is required to be manned twenty-four (24) hours per day, seven (7)...

1. A physician must be present a minimum of 2 days per week; and on-call twenty-four (24)...

2. A registered nurse must be present seven (7) days per week;

3. The infirmary must be supervised at a minimum by a licensed practicing nurse seven (7) days...

4. All infirmary patients must be within sight or sound of a medical staff person;

5. A manual of nursing care procedures must be developed;

6. Other standards as required by MAG, NCCHC, ACA and AMA must be met.

NaphCare understands and will comply with these requirements. We utilize onsite care to the fullest extent possible to avoid unnecessary costly sendoffs.

Infirmary Care

NaphCare will designate and staff the Rockdale County Jail infirmary with qualified Registered Nurses and providers who will properly assess and provide care for these critical patients. We understand the scope of practice requirements for such positions and assure the County that we will provide the finest quality healthcare possible throughout these areas within the Jail. By providing high quality care we have found that more extensively trained staff can help alleviate emergent medical situations before they ever occur. This process saves valuable time and resources because of the abllity to reduce offsite transfers and specially care.

We will utilize the infirmary to the fullest extent and manage the care of patients who do not need hospitalization but require medical observation and monitoring. Infirmary placement includes one of three categories: (a) observation, (b) acute care, and (c) chronic medical housing. Some of the advanced services that we perform in the Infirmary include:

- ✓ Sutures
- ✓ Intravenous medication delivery, where appropriate
- ✓ Central line medication delivery, where appropriate
- ✓ Active seizure management
- ✓ Orthopedic care
- ✓ Care of post-delivery patients
- ✓ Wound care management
- ✓ Provide supplemental oxygen
- ✓ Provide EKGs
- ✓ Provide breathing treatments
- ✓ Tracheotomy care
- ✓ Monitor intake and output levels, when needed
- ✓ Monitor patients with complex withdrawal symptoms to include administering intravenous fluids and medication
- ✓ Continuous or near continuous observation, when needed

We provide high level care, such as suturing, in the infirmary. This helps clients avoid common unnecessary and costly send-offs.

NaphCare will document infirmary care in the patient's electronic health record in *TechCare*®. Infirmary documentation will be distinctly labeled to separate it from other entries in the EHR. The Admissions Management section of *TechCare* tracks patients who are staying in the infirmary. They are all in one place so they can be charted (progress notes, SOAP notes) quickly and efficiently based on a user-defined schedule.

NaphCare understands the complex and often comprehensive medical care that patients within a correctional infirmary need. These patients range from the critical detoxification of substance abuse patients to those requiring total care due to paralysis. The use of oxygen concentrators, intravenous therapies, and parental feedings are daily requirements of our staff assigned to these areas. **We have extensive experience with infirmary care at our client facility, some of our larger clients have infirmary units with multiple special needs modules and ADP censuses that consistently exceed 125 patients.**

J. Health Education- As a part of primary health care, health education will be an important part of...

NaphCare will comply with this requirement. We believe in keeping our patients informed and actively involved in the maintenance of their own health. We also provide facility staff with routine health education to identify patients in need and provide basic lifesaving action before medical staff can arrive.

Inmate Health Education

It is NaphCare's policy to ensure that inmates receive health education and training in health maintenance and self-care skills in accordance with *ACA Standard 4-4361, Health Education, and NCCHC J-F-0,1 Healthy Lifestyle Promotion.* The concepts of health promotion and disease prevention are inherent in the delivery of a Proactive Care Model. NaphCare's health staff will provide health education during all inmate encounters. Educational materials and self-care instruction sheets will be provided to inmates during sick call encounters. Healthcare staff will also provide verbal instructions to inmates.

Inmates receive information on the availability of health and dental services at the time of the receiving screening and within 24 hours of their arrival at the facility, and where deemed appropriate such as sick call or chronic care clinics. NaphCare's nursing personnel provide verbal instructions to the inmates regarding the services available to them, as well as procedures for accessing those services. Inmates also receive handouts, pamphlets, and flyers detailing such instructions in a clearly stated form and language. All educational materials are provided in English and Spanish. Our HSA will coordinate with the County to determine any special needs and ensure that handouts are developed to meet such needs. We provide educational materials to inmates regarding specific minor ailments and health-related issues.

NaphCare's health improvement and disease prevention program includes, but is not limited to, the following topics:

- ✓ Medical Services
- ✓ Nutrition
- ✓ Management of Chronic Diseases
- ✓ Communicable Diseases
- ✓ Management of Medication
- ✓ Family Planning/Contraception Counseling
- ✓ Personal Hygiene
- ✓ Substance Abuse
- ✓ Sexually Transmitted Diseases, HIV/AIDS, and Hepatitis
- ✓ Smoking Cessation
- ✓ Diabetes Management
- ✓ Stress Management

Education is offered in formats that are easy to read and understand, culturally appropriate and gender sensitive. Instructional methods may include classes, audiotapes, videotapes, brochures, or pamphlets. As emerging issues are identified, new prevention topics and activities will be added.

NaphCare electronically documents disease or specific health education. Anytime a patient receives health education materials, which are printable from the medical record, the process is logged in *TechCare®*.

Health education, patient education, prevention and other health promotion interventions ensure that efforts are made to build the physical, mental and social health of the inmate. The goal of health education is to help inmates adopt healthy behaviors that can be taken back into the community upon release. As part of the discharge summary generated in *TechCare*, we can select specific health education handouts to have printed and given to the inmate upon discharge so they can continue to manage any health issue they may have once they are released.

Correctional Officer Training

NaphCare establishes a systematic method for training correctional staff regarding health-related issues. It is our policy to encourage training of all correctional staff that interact with inmates on topics relating to health care, as appropriate to their duties *(NCCHC Standard, J-C-04; ACA Standard, Training and Staff Development, 4-ALDF-7B-05).*

A health-related training program may be developed and provided, in collaboration with the institutional training officer, to non-medical institutional staff at least every two (2) years. This training will include, but is not limited to, the following, if applicable:

a) Administration of first aid;
b) Recognizing the need for emergency care and intervention in life-threatening situations (e.g., heart attack, withdrawal);
c) Recognizing acute manifestations of chronic illnesses (e.g., seizures, diabetes, schizophrenia) and adverse reactions to medications;
d) Recognizing signs and symptoms of mental illness;
e) Suicide prevention;
f) Procedures for appropriate referral of inmates with health complaints (physical, mental, or dental) to health care staff;
g) Infectious and communicable diseases (e.g., tuberculosis, hepatitis B, HIV) and procedures with respect to universal precautions;
h) Cardiopulmonary resuscitation;
i) Confidentiality of health records and health information;
j) Methods for obtaining assistance and procedures for transfers to appropriate medical providers or medical facilities;
k) Medication administration and documentation; and
l) Conducting a receiving screening.

2) The institutional training officer will be responsible for coordinating health-related training or continuing education for non-health care staff at the institution. NaphCare staff may serve as instructors for selected topics. All health-related training should be verified by an outline of the course content and the length of the course.
3) Documentation of all training and continuing education will be maintained by the Health Services Administrator on the Education Log.
4) Compliance with this policy requires that at least 75% of the correctional staff present of each shift is current in health-related training.
5) Training for correctional staff permanently assigned special housing for mental health; performing receiving screenings, medication administration; or working as the health care liaison should include additional training and routine refresher training in the recognition and management of inmates with mental illnesses.

6) Training curriculum for correctional officers assigned to mental health should include, but is not limited to the following:

a) Recognition of signs and symptoms of mental illness and suicide risks;
b) Signs of relapse following treatment;
c) Communication skills for managing inmates with mental disorders;
d) Suicide prevention procedures;
e) Common stress reactions following a suicide or attempt;
f) Actions to minimize the negative effects of suicide on involved parties;
g) Training in conflict resolution skills;
h) Dynamics of sexual abuse and sexual harassment in confinement;
i) Common psychological reactions for sexual abuse/harassment in confinement; and
j) How to detect and respond to psychological signs of threatened and actual sexual abuse.

Continuing Education Program

NaphCare wants to invest in our employees. We recognize the value of educated and well-informed healthcare professionals, and we want our employees to reach their full potential with NaphCare. Therefore, we provide our qualified healthcare professionals with comprehensive, *correctional-specific* education that complies with NCCHC and ACA education standards for certification.

The advantages and benefits of ongoing education and training are countless, and they impact both our employees and our clients:

- Enhances the quality of care to inmates
- Expands our healthcare employees' base of knowledge
- Meets organizational standards such as NCCHC, ACA, OSHA, AND JCAHO
- Spotlights current trends and issues in the field of correctional healthcare
- Reinforces the value of our healthcare staff

Our initial healthcare training and ongoing onsite and national in-service education focuses on specific clinical issues, professional ethical standards, and topics relevant to corrections. NaphCare's full immersion in the field enables us to keep a finger on the pulse of correctional healthcare.

Our seasoned clinical directors and administrators have experience as instructors and speakers in training and educational curriculum for the correctional healthcare industry. NaphCare's Chief Medical Officer for Western States, Dr. Jeffery Alvarez, serves on the NCCHC Board of Directors as the liaison of the American Academy of Family Physicians. In addition to serving on the Accreditation and Standards committee, he also chaired the 2018 revision of the NCCHC Standards and is a physician surveyor for the NCCHC accreditation program. Dr. Alvarez teaches accreditation standards at the NCCHC conferences and in webinars. At the NCCHC Mental Health Conference in July 2019, he held a question-and-answer session with the NCCHC to answer questions about the accreditation standards, and he recently hosted a webinar with the NCCHC to cover the 2018 Standards for Health Services for Jails and Prisons. Dr. Alvarez's expertise in NCCHC standards is an asset to our company and our clients, and we are proud to have him as part of the NaphCare team. NaphCare team members like Dr. Alvarez help ensure focused, relevant, and current training opportunities for our healthcare professionals.

Online Training with the NaphCare University Learning Management System

NaphCare provides training and education in several forms: written material, formal classroom training, hands-on training, and web-based training via NaphCare University. We utilize the NaphCare University program to provide continuing education training to healthcare staff.

NaphCare has the ability to create and build training courses, curriculum, and facilitate online training classes through NaphCare University. Managers can assign specific training courses for their employees on an as-needed basis and receive automated email notifications as to the completion status of scheduled training for their staff members.

- ✓ **Training Convenience:** NaphCare University is a convenient mode of training for employees because each healthcare staff member receives log-in access to the website to complete specific education modules. Therefore, they can complete training anywhere, at the time most convenient for them.

- ✓ **Easy-to-Use Reports:** NaphCare University also allows for easy tracking and reporting of training completion. All assignments are tracked through the NaphCare University training program. The program generates reminders and reports for NaphCare corporate managers, as well as site-level managers, regarding completion and examination scores. **NaphCare University provides reports that can be sent by e-mail to management personnel for easy tracking, accountability, and review of personnel training.**

Other key features of NaphCare University include the following:

- Substantial investment in course development
- State-of-the-art learning management systems
- Automated annual training—saves staff time and ensures required training is assigned
- Flexible testing, surveys and course evaluations for live and online classes
- Robust, interactive course offerings via modern course authoring tools including articulate 360 and Camtasia
- Staff competencies—assign and track
- Live class scheduling and registration

High Professional Standards

The training we provide meets the recommendations and guidelines mandated by Federal, State, and local guidelines (OSHA, JCAHO, NCCHC, and ACA). As an added service, all employees receive monthly, quarterly, and annual education and training assignments as reminders. These reminders ensure compliance with education and training requirements. Job-specific education programs are also assigned to job categories in order to maximize each employee's training experience.

Annual Training Requirements

The following chart lists the annual training that is required by our policies. Several items on NaphCare's Healthcare Staff Orientation / Competency Checklist are annual requirements as well. Management is required to attend NCCHC Conferences at least once per year.

NCCHC Standard	Training	Participating Staff
J-D-07	Annual Mass Disaster Drill (so that each shift participates over a 3 year period)	HSA and staff
J-D-07	Annual Man-Down Drill per shift	HSA and staff
J-D-07	Monthly Table Top Exercises	HSA and staff
J-E-08	Annual training program	For correctional officers by healthcare staff
J-C-03	Continuing Education courses and in-service training	All healthcare staff
J-C-04	Training for non-medical staff	For correctional officers by healthcare staff
J-C-04	MH training for correctional staff assigned to MH unit	For correctional officers by healthcare staff
J-C-05	Orientation and annual in-service training on medication administration for medical and non-medical staff	All staff
J-C-09	Basic orientation during 1st day of employment	All staff
J-C-09	In-depth orientation within first 90 days of employment	All staff
J-D-02	Training on non-formulary medication	All staff
J-E-06	Dental training and oral screening training	For intake staff by Dental Provider
J-E-08	Training on nursing protocols	All staff

ER Training

NaphCare uses ER training as another way to improve care and reduce the number of offsite visits at our client facilities. The training topics include management of wounds (suturing vs. skin glue), fractures (when to splint vs. send to ER for urgent evaluation), seizures, head injuries, epistaxis, and eye injuries. This teaching is invaluable to the jail team as it gives them the education and experience to manage more issues onsite and improves the overall healthcare of the patients. ER training can be provided through a combination of on-demand video content, webinar/skype seminars and live in-person training.

Suicide Prevention Training

Collaboration among medical, mental health, and correctional staff is imperative in successful suicide prevention. Therefore, we provide suicide prevention training to all onsite correctional and medical staff employees who regularly interact with inmates. Staff undergoes initial training that includes the following topics:

- Signs and symptoms of predisposing factors of potentially suicidal inmates
- Risk factors in the evaluation of suicide potential
- Management of suicidal inmates
- Review of institutional procedures regarding suicide prevention

We provide annual updates and additional training to keep all staff aware of changes in suicide policies and to update staff on the latest advances in the care of suicidal inmates.

K. Nursing- The nursing staff will be under the supervision of a Medical Director; their functions...

NaphCare understands and will comply with this requirement.

Nursing Services

NaphCare will provide nursing services for the Rockdale County Jail. Our goal is to meet and exceed all services requested in the RFP, collaborate with the County, and work attentively to ensure orderly and cost-efficient services. We propose to deliver these services in a uniform, standardized manner across the facility. Our well-coordinated model of healthcare is patient-centered and evidence-based, emphasizing prevention, continuity of care, and partnership with the County. Our nursing services meet and exceed all constitutional and community standards, as well as NCCHC standards. Our technologies provide more efficient, accurate, and accountable methods for performing nursing services, while maintaining full compliance.

Nursing Protocols

We ensure that nurses who provide clinical services are trained and do so under specific guidelines. Nursing assessment protocols are used by nursing staff when providing clinical care. Nurses comply with relevant state practice acts, and conduct data gathering and treatments appropriate to the level of skill, training, and preparation of the nursing personnel who will carry them out (*NCCHC J-E-11, Nursing Assessment Protocols*).

We have developed nursing protocols that enable healthcare staff to readily deal with common ailments, and we have built these protocols into *TechCare*® for ease of access, ease of use, and ease of documentation. This gives mid-level providers more clinical time to effectively treat inmates with serious medical conditions. All nursing protocols are approved by our Chief Medical Officer and are reviewed annually by the Vice President of Operations, Health Services Administrator, and responsible physician. The protocols are available to each client facility in multiple forms – hard copy and electronic. They are also available through NaphCare Online, our company's employee intranet site, which provides 24/7 access to forms, manuals, policies and procedures, protocols, and more.

NaphCare maintains documentation of nurses' training in protocol use, including the following:

- ✓ Evidence that all new nursing staff are trained;
- ✓ Demonstration of knowledge and skills through competency testing;
- ✓ Evidence of annual review of skills; and
- ✓ Evidence of training when new protocols are introduced or revised.

Healthcare staff can access the protocols while treating the patient through *TechCare.* The "Nursing Protocol" tab allows healthcare staff to easily scroll through an alphabetic listing. The protocols ensure that patients are treated in an effective, efficient manner by the nursing staff, and they allow the nursing staff to more easily distinguish minor ailments from emergent medical needs.

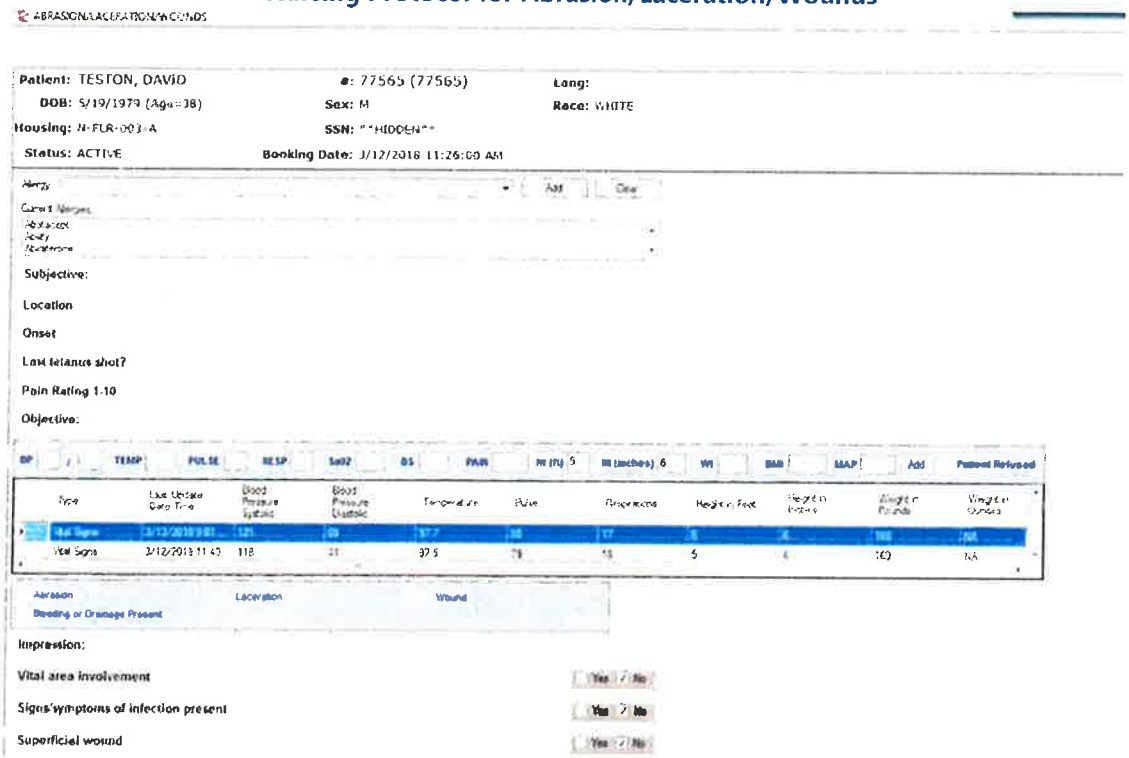
The following is a complete list of the Nursing Protocols available to our staff:

- ✓ Abdominal Pain
- ✓ Abrasions/Lacerations/Wounds
- ✓ Acne
- ✓ Allergic/Rash
- ✓ Athletes Foot/Jock Itch
- ✓ Bites
- ✓ Burns
- ✓ Callus/Blister/Lesion/Boil
- ✓ Canker Sores/Cold Sores
- ✓ Chest Pain

- ✓ Constipation
- ✓ Dandruff
- ✓ Diarrhea
- ✓ Ear
- ✓ Eye-Foreign Body
- ✓ Fever
- ✓ GI
- ✓ Head Injury
- ✓ Heat Exposure
- ✓ Hemorrhoids
- ✓ Hypertension
- ✓ Hypoglycemia
- ✓ Ingrown Toenail
- ✓ Lice
- ✓ Nosebleed
- ✓ Nursing Dental
- ✓ Overdose/Poisoning
- ✓ Pain
- ✓ Post Pepper Spray
- ✓ Post Use Of Force
- ✓ Scabies
- ✓ Sprain
- ✓ Upper Respiratory Complaints
- ✓ Urinary Complaints
- ✓ Vaginal Yeast Infection
- ✓ Wound Care

The following screenshot shows the Nursing Protocol for Abrasion/Laceration/Wounds in *TechCare.*

Nursing Protocol for Abrasion/Laceration/Wounds



Personnel Efficiency – Nurse's Queue

TechCare also features a Nurse's Queue, which provides a daily workload for nurses. The Nurse's Queue provides a quick and complete clinical review of all the pertinent information that a nurse needs for the day or shift, all in one place. It electronically alerts staff of clinical issues that require immediate action, organizes services (e.g. sick call), and lists services that require the review of an advanced clinical provider. For example, the queue lists items awaiting review by the Charge Nurse or Nurse Manager, including Receiving Screens, TB reads, and utilization management requests. This queue also contains a Message Board which allows for inter-faculty communication.

The Nurse's Queue ensures accountability through the ability to view reports quickly and the system of follow-ups it offers.

L. Pharmacy- Contractor will be responsible for a total pharmaceutical system beginning with...

NaphCare understands and will comply with these requirements. We offer the unique advantage of having our own pharmacy, licensed to operate in Georgia. This allows us to automate medication ordering, checking, and administration within *TechCare*, keeping all documentation in one easily accessed location. It also allows us to offer pharmaceutical cost savings to our clients.

NaphCare's In-House Pharmacy Services

Medication administration is a high-volume and high-risk process, and NaphCare takes this responsibility very seriously. Safeguards are needed all along the delivery system. NaphCare's goal is to provide our clients with safe and efficient pharmaceutical services while also reducing their drug costs. We own and operate our pharmacy, which is dedicated solely to the correctional facilities we serve. The pharmacists are all employed by us and are highly qualified with degrees in Doctor of Pharmacy, Master of Administration, and Bachelor of Science, and possess multiple disciplines of pharmaceutical experience.

NaphCare has provided pharmacy services for 30 years!

Our in-house pharmacy is located in the same building as our corporate office and provides complete pharmacy services, including management, record keeping and a delivery system that stays in compliance with all regulatory policies and procedures. Safeguards for our pharmaceutical provision system ensure drugs are ordered by qualified providers. Pharmaceutical inventory controls ensure the availability of necessary and commonly prescribed drugs and protect against loss of product.

In addition, NaphCare is a member of the National Association of Boards of Pharmacy (NABP) Verified Pharmacy Program (VPP). NaphCare achieved VPP status in 2013, and our pharmacy was the first in Alabama to pass inspection and become a member of this program. The NABP is an impartial professional organization that supports the state boards of pharmacy in protecting public health and safety.

A detailed description of our in-house pharmacy program is shown on the following pages. We will ensure contract compliance in all our pharmaceutical services, and we will strive to give you the finest pharmaceutical services while maximizing your cost-savings potential. We offer the following extra value benefits to facilities that utilize our in-house pharmacy services:

NaphCare's In-House Pharmacy Benefits
• 30 years of correctional pharmacy experience.
• Purchasing discounts & cost savings extend directly to you.
• Drug ordering made simple through use of *TechCare*® and our eMAR services.
• Automation streams prescriptions to pharmacists for efficient, accurate, & complete clinical review.

- Improved communication between pharmacy & healthcare units, allowing for immediate access to new drug orders and simplified drug formulary management.
- Pharmacist review of all new drug orders for duplicate therapy, drug interactions, allergies, dosing schedules, and appropriateness of therapy.
- National contracts with local major pharmacies for emergency back-up services, ensuring 24-hour access to prescription drugs.
- Medications available 24 hours per day, 7 days per week, 52 weeks per year.
- Most prescriptions free of charge for NaphCare employees who elect our health insurance plan.

NaphCare provides a total pharmaceutical system for prescription and non-prescription drugs and all intravenous solutions ordered by our physicians. Appropriate prescription drugs will be available to all patients at all times. Our pharmacists screen all drug orders for completeness and medical appropriateness, and then oversee order preparation, distribution, and control. NaphCare's pharmacy management policies and procedures help to ensure the following:

Pharmaceutical Management – Continuity of Care for the Rockdale County Jail

- Efficient, accurate pharmaceutical ordering – ensures adequate and appropriate supplies & minimal use of emergency ordering;
- Storage & security of drugs, syringes, needles, dispensing instruments, & instruments;
- Close monitoring of drug prescribing patterns;
- Maintenance of patient profiles at the pharmacy with drug allergies & drug interaction alerts noted;
- Control inventory;
- Renew prescriptions to avoid any interruption or delay in drug dispensing;
- Develop and utilize quality improvement tools to monitor psychotropic drug usage and poly-pharmacy issues;
- All prescriptions will be labeled in accordance with applicable state and federal regulations. We will provide for electronic submission and prescriptions tracking;
- Routine reporting of current prescriptions that will expire within five days, unless the prescription was specified as a one-time prescription, and;
- Proper disposal of all unused drugs.

Medication Review

NaphCare pharmacists provide a thorough clinical review of drug orders as new prescriptions are electronically sent to the NaphCare Pharmacy. **As a value-added service for the Jail, NaphCare's pharmacists review all orders for accuracy.** They verify real-time prescriptions for safe dosage, allergies, specified length of time, need for drug, and duplications. By identifying duplications, we minimize the number of drugs a patient needs while still ensuring high quality care.

Pharmacy Queue & Vital Signs

Current vital signs, such as blood pressure and blood glucose levels, are shown on the Pharmacy Queue to alert pharmacists of any abnormal vital signs, which may preclude use of the prescribed drug. Within the queue, it is easy for pharmacists to see when scheduled or appropriate vital signs have not been taken or properly recorded; they are then able to communicate with healthcare staff so that corrective action can be taken and negative outcomes can be prevented.

Clinical Pharmacist Quality Assurance Management Process

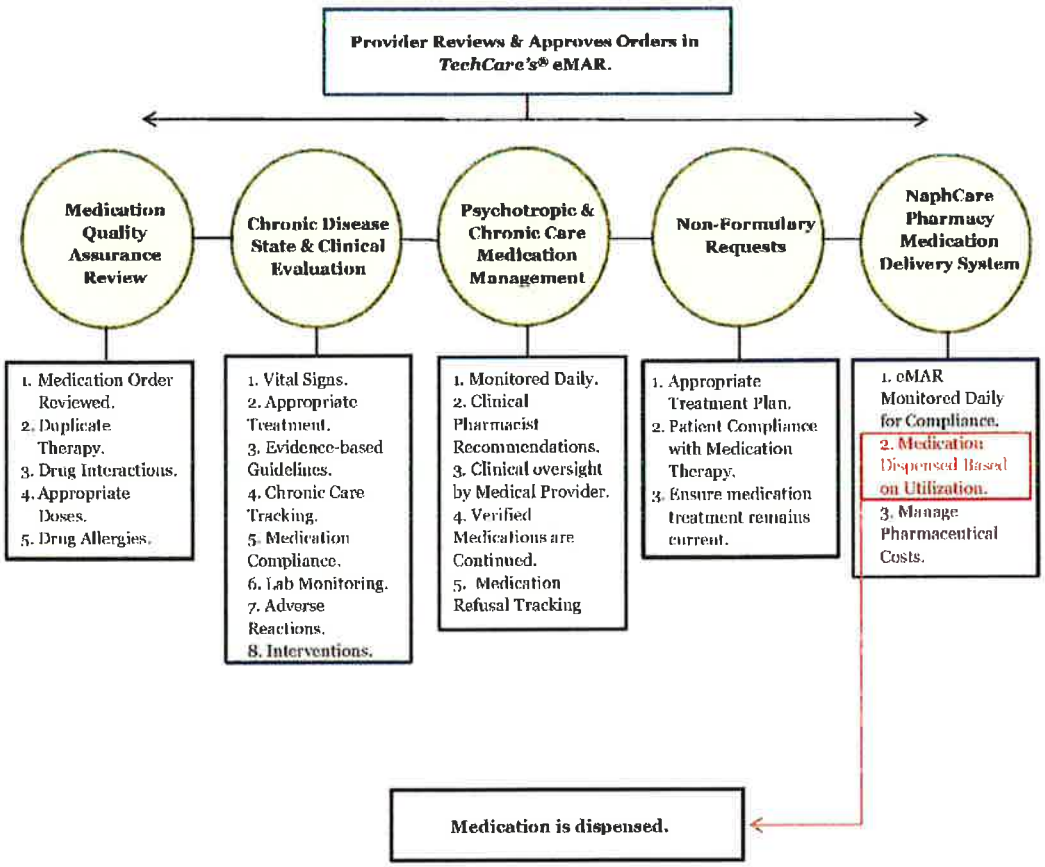
When inmates first enter the Jail, we identify any current or needed medications as part of the Receiving Screening. Medication orders are entered into the *TechCare* eMAR, ensuring that all medication activities are tracked.

Each facility is assigned a dedicated pharmacy team. This team is available to assist with clinical questions, make medication recommendations, monitor psychiatric and chronic care medication compliance, and assist the onsite staff with any medication-related questions or requests.

Within our eMAR, all **providers have the information they need to review and approve orders and make more informed decisions regarding patient care**. At the time that our providers review and approve orders, our Pharmacy Quality Assurance Management Process begins. **All activities that compose our Clinical Pharmacist Quality Assurance Management Process are completed within 24 hours of an inmate entering your facility.** Finally, when all medications are approved and our pharmacists have reviewed all medication information in detail, our nurses administer medications to inmates in compliance with NCCHC standards for care and the manner that you have requested.

When a provider reviews and approves orders in the *TechCare* eMAR, our **Pharmacy Quality Assurance Management Process** begins. The following chart outlines this process.

NaphCare's Pharmacy Quality Assurance Management Process



Electronic Prescription Ordering

Prescriptions are immediately recorded on the eMAR and electronically communicated directly from the physicians to NaphCare's pharmacy. Once new orders have been submitted, they are entered into the Pharmacist's Queue, enabling our pharmacists to follow-up with clinical or therapeutic advice for onsite personnel, and re-evaluation is documented in the inmate's health record.

Medication Renewals

It is easy to track renewals for maintenance medications in our eMAR. For the Rockdale County Jail, we will ensure that renewals of maintenance medications are consistent and ongoing so as not to place a patient's health at risk. Under no circumstances, will maintenance medications or keep-on-person (KOP) medications lapse.

All healthcare staff and pharmacists have access to one central location for medication information. Everyone sees the same data without the need to recreate illegible paper files or search for records. This saves time and eliminates the potential for human error.

NaphCare providers review patient records for medications near expiration and ensure that patients assigned to regular chronic care check-ups have medications renewed on time. In addition, within the eMAR, our pharmacists search for prescriptions that are nearing expiration and request appropriate refills. All of NaphCare's pharmaceutical operations comply with *NCCHC J-D-02 Medication Services*, which mandates that medication services are clinically appropriate and provided in a timely, safe, and sufficient manner.

Pharmacy Automatic Reordering System

As nurses administer drugs using our eMAR, the administrations are documented in *TechCare* and communicated to our pharmacy team at the corporate office. The pharmacy then uses medication administration data to compile orders to deliver to the facility. The pharmacy automatically ships orders to the sites each week. This replenishment model has been successfully implemented in our jails. In addition to reducing shipping costs, it decreases the amount of time onsite staff have to dedicate to requesting medications from the pharmacy.

Formulary Drugs

We adhere to a comprehensive drug formulary to allow medical practitioners and psychiatrists to follow generally accepted clinical practice patterns in their medical management of inmates. This formulary maximizes the use of cost-effective therapy while ensuring quality of care is consistent and high. A formulary of drugs will be made available, subject to County approval, inclusive of psychiatric drugs and drugs for the treatment of HIV.

We will work closely with County custody staff at intake to review the medical requirements of your inmates. Records of non-formulary requests and responses will be maintained for the term of the contract for trending and analysis purposes.

Formulary Management

NaphCare will actively participate and assist in maintaining and enforcing drug formulary, protocols, policies & procedures and will work with the County to manage the formulary to control costs and ensure effective clinical care. Clinical experts will share information regarding the 'best practices' in formulary management techniques based on experience with clients, healthcare organizations, and the State Department of Correction. By programming *TechCare* with the approved formulary, priority is given to the formulary for inmate medication

orders. However, if non-formulary medications are requested, NaphCare's pharmacists review the order to determine whether the non-formulary medication is justified. NaphCare's pharmacists typically approve non-formulary orders more than 95% of the time.

Cost Containment Initiatives

NaphCare's in-house pharmacy ensures maximum pharmaceutical savings for you. Since pharmacy services are not contracted out to a third party, you do not experience middle man expenses.

We always look for opportunities for better or preferential pricing. One of the ways we save you money is in branded medications: the more generics we purchase, the higher your discounts are on branded medications.

Another way our in-house pharmacists save you money is by reviewing all refills in *TechCare,* ensuring inmate medication compliance within the medication administration record (MAR), and checking to ensure the inmate is active prior to filling. **The result is reduced waste and buildup of unused medications.**

Within *TechCare,* we track and trend data on drug use and pricing to determine which drugs are most expensive. An inmate's active status is always verified before prescriptions are filled. An example of this process in action is in the administration of HIV medications at several of our sites. With our Quality Processes and Systems, we are able to dispense medications in seven-day supplies as opposed to the standard 30-day supply used by other pharmacies. **With the high turnover that jails see, and with average length of stay less than one month, our seven-day dispensing process has significantly reduced costs for our existing clients.**

> M. Medical Records- Contractor shall maintain all medical records. Records are to be kept in electronic form and paper form. All inmates must have a medical record which is kept up to date at all times, and which complies with standard medical record formats and requirements. The record shall accompany the inmate at all health services encounters, and a copy will be forwarded to the appropriate facility in the event of a transfer. All procedures concerning the confidentiality of medical records must be followed, specifically with regards to HIPAA regulations.

NaphCare understands and will comply with this requirement. Our proprietary electronic operating system, *TechCare*®, includes a comprehensive electronic health record component that records all healthcare interactions in real time. It is kept HIPAA compliant at all times and simplifies continuity of care at discharge and during facility transfers. We would like to suggest the modification of making paper records no longer required. Because our electronic health record is kept in real time and always available for viewing to appropriate healthcare staff and site leadership, should County or site leadership need a record in paper form we can easily provide that upon request. The efficiencies provided by our electronic health record mean that less administrative staff is required onsite and healthcare staff can devote their time to patient care, not the updating and handling of paper records.

TechCare®, NaphCare's Operational System

Designed by and for correctional healthcare professionals, *TechCare* is a corrections-specific electronic operating and health records (EHR) system, comprehensively managing all healthcare processes and procedures for city, county and state-wide incarcerated populations. *TechCare* automates your healthcare workflows in compliance with national standards to improve the quality of patient care. Integration of critical systems ensures access to real-time data and reporting for complete oversight and accountability. ***TechCare* enables your clinical team to spend more time with patients and less time on administrative duties.** Developed by correctional healthcare experts, *TechCare* tracks the healthcare activities of each patient, creating standardized treatment processes with transparent reporting from intake through discharge.

TechCare is currently functional at ALL NaphCare client facilities. NaphCare will install the system, pre-load data, and train all users on *TechCare* as a part of our robust implementation services. **With our Day One Guarantee, you can rest assured that the system will be fully implemented and operational on Day One of the contract.** NaphCare's in-house team manages the entire installation from migration and hosting to training and customization, ensuring that all patient data is pre-loaded prior to go-live. We encourage the County to contact our references to hear more about their satisfaction with *TechCare*.

A Corrections-Specific Comprehensive System

TechCare is specifically designed for correctional facilities (not hospitals or private practices), as a comprehensive, customizable healthcare management system. **Our system is fully functional out-of-the-box and designed for the correctional environment**. *TechCare* provides more than just electronic records; it automates, simplifies and standardizes all aspects of healthcare required for correctional facilities.

Electronic records are one of *TechCare's* many features, but there is much more. *TechCare* tracks the healthcare activities of each patient upon incarceration, creating **standardized treatment processes** (with the appropriate documentation) from intake through discharge. It identifies patients' critical medical needs and **ensures timely intervention** with appropriate care. **The *TechCare* system includes, but is not limited to the following main components:**

- ✓ Electronic Health Records
- ✓ Customizable Forms and Reports
- ✓ Offsite Medical Scheduling / Offsite Medical Services Tracking
- ✓ Detoxification Tool
- ✓ Chronic Care Management
- ✓ Grievance Tracking
- ✓ Screening Tools (Intake, TB, Mental Health)
- ✓ Specialty Care: Dental, OB, Optical, etc.
- ✓ Mental Health (Screening, Evaluation, Suicide Alerts)
- ✓ Pharmacy (Electronic Drug Orders, Electronic Medication Administration Records)
- ✓ Discharge/Re-Entry Support and Documentation
- ✓ Transfer Support and Documentation
- ✓ Interface Connections (JMS, Pharmacy, X-Ray, Laboratory, etc.)
- ✓ Sick Call
- ✓ Flags and Alerts
- ✓ Queues/Dashboards (Doctor, Nurse, Pharmacy)
- ✓ Infectious Disease Control
- ✓ Detailed , compliance supporting logging and reporting

Complete Functionality

The system arrives onsite, wholly operational with minimal modifications required to support the unique needs of the County. *TechCare* inherently supports key necessities, including:

- ✓ Improved quality, timeliness and effectiveness of patient care through automation, eliminating paper-based, manually-intensive approaches thereby improving efficiency for healthcare staff.

Our fully certified EHR has measurable cost savings including a 20 percent reduction in pharmacy costs and 10 percent reduction in offsite costs.

- ✓ Effective data collection, management and reporting; documented administration and maintenance with immediate provider access to up-to-date, comprehensive patient medical records.
- ✓ Establishing standardized, clinical workflows to reduce errors, achieve effective informed decision making, improve patient safety, and comply with federal and state protocols.
- ✓ Proven electronic interconnectivity with hospital EHRs, JMSs, HIEs, pharmacies, laboratories, radiology and more for better coordination of care and reduced costs.
- ✓ Completely automated de-centralized care with full off-line operation (not just eMAR); no Wi-Fi required.
- ✓ Complete, uniform, comprehensive application requiring no third-party add-ons.
- ✓ Unlimited, in person, onsite training for every end-user, by our experienced clinical staff.
- ✓ As an ONC Certified complete product with all specialties, modules and features included, ***TechCare*** **allows you to see the current status of care throughout your facilities in once place.**

Built In Centralized Care - Interfaces with Vendors

TechCare maintains nationwide standard levels of interoperability and provides centralized storage for all inmate healthcare activities. Examples of interfaces that NaphCare will set up include the following:

- **Jail Management System (JMS)**: We are compatible with many Jail/Offender Management Systems to ensure patient demographic data, prior arrests and current location is up to date for providing care and passing medications cell-side. Additionally, our interface is capable of integrating court-ordered items through the JMS and then tracking them within the application to ensure compliance.
- **Lab System**: We have successfully interfaced with multiple laboratory vendors including but not limited to: BioReference, LabCorp and Quest Diagnostics, in addition to state and local services. We will create an HL7, bidirectional interface between the County's lab vendor and *TechCare*, as we have done for every other client allowing a patient's order submission and laboratory results to be viewed instantly. Having a direct link between lab services allows *TechCare* to immediately alert the physician of critical lab values through physician dashboards among other possible actionable rule sets. The system quickly updates patient records as new information is received, as often as every minute.
- **Pharmacy:** *TechCare* provides a direct link to our In-House Pharmacy, allowing for seamless order placement, filling, and distribution without paper or manual processes prone to error.
- **Additional Internal Systems:**
  - **Diagnostics**: Integrated access to add-on systems (e.g., radiology)
  - **Kiosk**: Sick call request submission and resolution documentation
  - **Food Service**: Diets, allergies, etc., communicated automatically
- **Public Systems:**
  - **Hospitals and Offsite Providers**: Maintain documentation for offsite encounters
  - **State Medicaid**: Verification and eligibility for offsite encounters

Most Advanced Correctional Health Record

TechCare is the **only EHR that allows the entire system to be available in off-line mode, including eMAR.** Our system requires "0-touches" for preparation or return to network connectivity and synchronizes any changes made while off-line automatically. **This eliminates the need for installing or maintaining expensive wireless networks.** These devices can go "off-line", perform any function within the EHR, and then synchronize the data

once connectivity is resumed. Synchronization is completely automatic and will continue as long as network connectivity is available. *TechCare* offers the following unique advantages for the County:

The Difference with *TechCare* – Transform Your Correctional Healthcare Operation

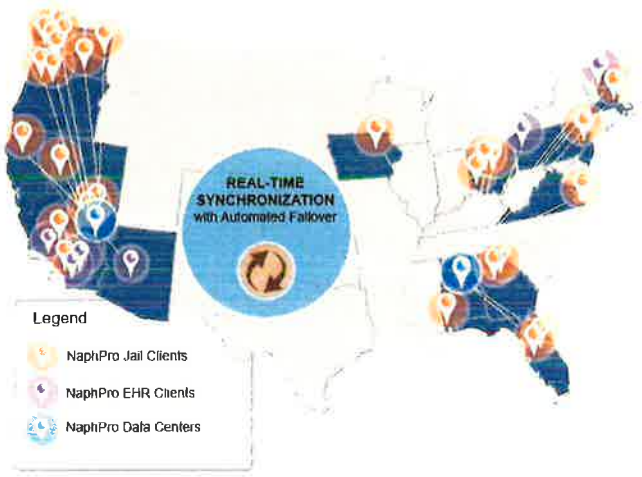
ONC-Certified Complete	• Guaranteed interoperability with your other software systems, including hospitals and HIEs • Guaranteed litigation support – ensures a complete audit trail of all activities within the EHR to ensure accountability and compliance with policies and standards • HIPAA compliant – maintains centralized, secure storage of inmate information with automated processes and procedures to protect data
Truly Paperless	• Manages all aspect of your healthcare operations – not just health records – removing the need for paper and forms • Reduces human error and liability while ensuring compliance, transparency and accurate reporting of all healthcare services
Offline/Disconnected Mode	• The *only* EHR that is fully operational in off-line mode – allowing for decentralized care throughout your facility • More than med pass – *TechCare* can manage all healthcare interactions in offline mode
Day One Guarantee	• Fully populated with patient data, *TechCare* will be live on Day One of your contract • All third-party software interfaces are fully functional on Day One – including JMS, Labs, Pharmacy and more

Advanced Tools Included	• Automation –the system automatically schedules all medical encounters, including but not limited to: mental health screenings and evaluations, follow-up exams, chronic care clinics, and physician appointments. Medical staff are also alerted to any potential health concerns of each patient.
	• Take your system beyond progress notes and lab results with our advanced software tools included in *TechCare*:
	  ○ SureScripts Medication Reconciliation
	  ○ Electronic Grievance Tracking
	  ○ Medication Assisted Treatment (MAT) Automation and Tracking
	  ○ Mental Health (Detox, Suicide Watch, Group Encounters, etc.)
	  ○ Discharge Planning

Accurate Reporting and Compliance	• Accountability and transparency at your fingertips – our daily status report is emailed directly to you and viewable on your phone • More than 150 pre-programmed reports available in *TechCare* • On-demand reporting customized for you • Manages all offsite appointments and onsite clinics, providing information on any inmate and their medical services. By tracking offsite care, we can analyze trends to save our clients future costs.
Infrastructure and Support	• Hassle-free implementation (including all computers, network, internet, etc.) managed from start to finish by NaphCare for successful deployment • Complete support with NaphCare's in-house IT team and helpdesk • EHR software updates issued to all clients at no additional cost

Reliability And Support

NaphCare has built a robust IT operations group that completely implements and manages the IT resources needed for *TechCare*. We place **NO requirements on the County's IT resources or personnel** while implementing the necessary infrastructure to run *TechCare*.



- ✓ **Computers, Servers, etc.** – NaphCare will provide all hardware and configuration services at NO additional cost. We have a team of highly trained individuals that are **strictly dedicated to installing and supporting facility IT system infrastructure.**
- ✓ **24/7 Support** – *TechCare* is managed and maintained in-house with our full-time developers, infrastructure staff and clinically-trained support team. We maintain an **in-house, 24/7/365 IT Helpdesk Team.** To ensure a strong and prompt response to issues, NaphCare guarantees a strict Service Level Agreement (SLA) with our **response times averaging 15 minutes,** no matter the time of day**.**

  No other correctional EHR can do this, nor do they have the dedicated IT support needed to keep the infrastructure and application at peak performance. We regularly test these scenarios and have seen *TechCare* perform flawlessly countless times.
- ✓ **Always On, Redundant System** – *TechCare* is **designed for correctional facilities** and will continue to operate when other EHRs cannot. As the following paragraphs describe, NaphCare installs **redundant servers** and redundant network/Internet connections at your facility that support an **automated *failover* system.** In the event that local resources become unavailable, the application will re-direct to servers at NaphCare's corporate datacenter.

TechCare Cloud (NaphPro System)

Our redundant systems and data backup processes, using the cloud, ensures that **critical healthcare information is always available** to the County. Beyond providing just software, we offer complete, **turn-key, cloud hosted services owned, managed and maintained by NaphCare** for *TechCare*. Using redundant data centers in Birmingham, AL and Las Vegas, NV, in addition to redundant network connections and off-line mode, the NaphPro system remains resilient where other systems fail. Our SaaS solution includes:

- ✓ Hot-Site Failover (two-minute synchronization)
- ✓ Data Backup Sets (for point in time recovery)
- ✓ Completely owned and managed by NaphCare
- ✓ Dedicated, Private WAN links between NaphCare and your deployment
- ✓ Complete segmentation with dedicated resources

When Hurricane Ike struck the coast of Texas in 2008, a NaphCare client facility had to completely mobilize and move offsite. The *TechCare* application and infrastructure, managed by NaphCare, remained fully operational. All medical activities and documentation continued without network connectivity.

Risk Management And Quality Assurance

TechCare not only maintains consistent, **iron-clad documentation**, but also **tracks** all healthcare encounters (onsite and offsite) and allows NaphCare to constantly monitor for any irregularities and improve care.

- ✓ **Standards and Certifications – *TechCare* meets or exceeds all NCCHC and ACA** certification requirements. Our client facilities across the country have used *TechCare* countless times to meet these accreditations.
- ✓ **Strict Documentation –** *TechCare* has a robust platform for quality charting that ensures detailed logging and documentation without loopholes, thereby **supporting chart audit and litigation activities** seamlessly and instantly.
- ✓ **Meaningful Reporting and Tracking –** *TechCare* provides centralized storage for data that can be easily aggregated and reported using built-in search tools. This data can be used to **track aspects of inmate care**, e.g., checking that all inmates with hypertension have completed a chronic care management encounter within the last six months. These activities **assure quality of care** and provide detailed documentation.
- ✓ **Staffing Management –** *TechCare's* built-in tools help our professionals manage staffing requirements and make more efficient decisions, **reducing clerical time and increasing time devoted to patient care**.
- ✓ **Alerts and Dashboards –** *TechCare* alerts onsite healthcare professionals and corporate leadership of inmate quality assurance exceptions. Simply put, our system sends warnings to the charge nurse when inmate care parameters are out of bounds.

A Proven Solution For Correctional Healthcare Management

We believe that technology creates a better environment in which our staff can focus on hands-on patient care, rather than charts and paperwork. *TechCare*, does just that by centralizing inmate care into a highly evolved, proven system that is backed by NaphCare operations, development and support staff.

Client and Practitioner *TechCare* Testimonials

"Sick call is twice as fast with *TechCare*, which allows more inmates to be seen in less time."

Tony Dressler, LPN, Montgomery County Jail

"The ease of the Electronic Medical Record, *TechCare*, certainly aided in allowing us to audit so many files in the allotted timeframe, as well as the organization of the policies."

Kristine J. DeKany, MS, RN, Florida Jail Medical Inspector

"The *TechCare* EHR system is enhancing our service delivery by improving the organization of medical processes and timely follow-up."

Police Department, City of Santa Ana, CA

"Honesty. You [NaphCare] put all of it right up front and didn't try to play games with the project to meet some set of numbers. There were no hidden costs, or 'extra' fees. What was stated is what it will cost. Others were NOT up-front and there were hidden costs all over the place. I am glad we did our homework and compared what we were really getting for the price."

Lind Socha, CIO, New Hampshire DOC

"The NaphCare team was incredibly accommodating and having NaphCare staff onsite during Go Live was invaluable. Their presence provided great energy, decreased anxiety, and provided rapid resolution of staff questions/concerns."

Kim Pearson, Director, Correctional Health, Orange County, CA

"I am so thankful to have a vendor like *TechCare*. They helped us all night and verified and validate all the data to make sure we had everything."

Mathew Caiozzo, Project Lead, Riverside County Correctional Health Services, CA

"The NaphCare team is accessible to us and reliably consistent with immediate responses to customers, patients, and our organizational members. Without hesitation, I can speak to and wholeheartedly endorse the professionalism, commitment to care, and unparalleled service and capabilities of [NaphCare], your products, and your professional delivery."

Michael Daniels, Justice Policy Coordinator, Office of Justice & Policy Programs, Franklin County, OH

N. Clinical Medicine- The clinical staff will be under the direction of the Medical Director. The...

NaphCare understands and will comply with this requirement. We will ensure that Rockdale County Jail is staffed with highly qualified, credentialed physicians and midlevel providers.

O. Administration- The administrative department is responsible for the day-to-day operation of the...

NaphCare understands and will comply with this requirement. In addition to onsite administrative staff, we also offer a robust corporate healthcare staff who provide many of the required administrative duties, freeing up onsite staff to provide more direct patient care. For a description of our Corporate Support Services, please see our response to section "III. Minimum Qualifications for All Proposers," "6."

P. Mental Health - Services to be provided consist of in-patient infirmary services, social services...

NaphCare understands and will comply with these requirements. We understand that our client facilities are facing a mental health epidemic and have responded with holistic care and progressive services that have produced impressive results.

NaphCare's Advanced Mental Health Program

According to the Bureau of Justice Statistics, 1 in 7 (14%) of federal prisoners and 1 in 4 (26%) of jail inmates meet the threshold for serious psychological disorder diagnosis. According to the same source, more than half of jail inmates (56%) with more than 11 arrests meet that criteria. Local jails have become the caretakers of the mentally ill that are not finding treatment in the community. The lack of readily available mental health services in the community and a correctional system unprepared to handle this great need has led to a revolving door of admissions for the same inmates with mental health conditions again and again.

NaphCare recognizes the need for advanced mental health services to address this mental health epidemic within our jails. Stabilization and effective treatment of patients with mental health conditions is critical to stop the cycle and reduce the rate of recidivism in this vulnerable population. Stabilization also leads to a safer jail environment and a lower chance of costly health issue escalation and possible suicide attempts.

We take a holistic approach to healthcare in our client facilities. Our medical and mental health teams work together to stabilize patients from intake, creating a safer jail environment and preventing further escalation of symptoms. Our comprehensive operating system and electronic health record, *TechCare®*, has been designed to present an integrated health record for each patient, available to multiple providers at one time, ensuring that every provider has a complete picture of the patient's medical and mental health state and treatments in progress. This ensures the safety of the patient as well as enabling our medical and mental health providers to work together to stabilize the patient in the most effective and efficient way possible.

With its advanced capabilities, *TechCare* is certified by the Office of the National Coordinator for Health Information Technology as a Complete Behavioral and Medical EHR System. We also work to cross train our employees so that medical staff is ready and able to identify, stabilize, and refer for treatment any potential mental health problems they may observe. The reverse is also true as our mental health staff are trained to recognize and refer any potential medical issues they see. This holistic approach ensures that patients are stabilized and treated quickly and that each patient is treated in the most effective, efficient way possible.

Mental Health Preliminary Screening and Evaluation

NaphCare completes the Mental Health Screening on day one, at intake. We view the Mental Health Screening and Intake as our first opportunity to identify and stabilize mentally ill patients. Because of this, **we take the time to conduct the very important Mental Health Screening, to include a suicide risk assessment by a trained nurse, up-front unlike our competitors.** *Other providers wait up until 14 days to provide this critical screening, which can have negative consequences, because up to 25% of suicide attempts occur within the first 14 days of incarceration.*

Our Mental Health Screening includes:

- ✓ Current Mental Health Symptoms
- ✓ Past Mental Health History
- ✓ Substance Abuse
- ✓ PREA/General Assessment
- ✓ Disposition/Treatment Plan

25% of suicide attempts occur within the first 14 days of incarceration. NaphCare conducts the Mental Health Screening at intake, enabling us to quickly stabilize patients and minimize suicidal escalations.

In *TechCare*, we electronically flag an inmate's health record if his/her responses during intake indicate the need for additional mental healthcare. All screenings and evaluations will identify inmates with suicidal and homicidal tendencies, as well as acute and chronic behavioral health issues. Alerts in the system prompt the clinical staff to take action, such as placing an inmate on suicide precautions, contacting custody about an issue, or assigning special housing. The Mental Health Screen also contains prompts to assist the interviewer in taking any indicated actions such as suicide watch, or urgent mental health referral based on the inmate's responses.

Our corporate STATCare Team consists of medical and mental health professionals that are available to consult with onsite staff at all times to ensure that any potential flags are identified during the Mental Health Screening and Evaluation and treatment is begun immediately to stabilize the patient.

Referrals

NaphCare provides a rapid response to any need for an evaluation or mental health intervention whether identified at intake or later through staff identification of need or Sick Call request. Inmate patients may request mental health services via sick call. During the receiving screening, patients receive education and instructions on how to access mental health services through self-referral, the mental health sick call process, or by contacting staff for any urgent issues. Additionally, **correctional, medical, and mental health staff are trained to recognize signs of mental health issues and can recommend mental health services for patients at any time.** NaphCare is available to provide mental health training for correctional officers via our website, NaphCare Online, and our learning management system, NaphCare University. Our courses provide officers with the tools needed to recognize a developing or present mental health condition, how to assess for risk of suicide or harm, how to respond and who to notify. Courses include: Suicide Prevention in Jails, Basics and Beyond; Correctional Mental Health Communication; Non-Clinical Jail Suicide; and Hot Topics in Suicide Prevention in Jail Settings. In addition to our online trainings, NaphCare Mental Health staff can host live training sessions and are available to answer any concerns or questions that arise.

The psychiatric provider and mental health professional will coordinate with the facility leadership on recommendations regarding placement of housing, monitoring, and other operational issues. Mental health referrals will be received, documented, and processed through the scheduling system in *TechCare*, which provides instant, up-to-date information that is accessible to all providers. NaphCare mental health staff will also respond to family and other outside sources of referral for inmate mental health services through coordination with the facility leadership.

Comorbidity with Substance Use Disorder Automated Flags

Because co-morbidity of substance use issues and mental illness is so common, we have designed an approach where we can follow every patient who finishes the detoxification process for at least three days to determine whether further mental health evaluation is needed. At the client facilities who wish to utilize this approach, this helps us identify mental health issues that may have been masked by the initial presentation with detoxification and withdrawal issues. **Once a new mental health patient is identified, we begin mental health treatment and stabilization, decreasing the probability of suicide attempts.**

Specialized Mental Health Treatment

Mental health, more than any other sector of healthcare, does not lend itself to rigid standardized treatment processes. To effectively treat mentally ill patients and reduce their chances for recidivism, we ensure that every patient has an individualized mental health treatment plan that is constantly being reevaluated by our mental health professionals for maximum effect. We believe that mental health treatment is multifaceted. We do not simply medicate patients into docility. We provide mental health therapy specialized to the individual needs of the patient, working toward improvement and stabilization of their condition and a lower chance of recidivism one they are released. In addition to medication, when needed, our mental health patients have access individual therapy such as Cognitive Behavioral Therapy as well as Solution Focused Brief Therapy. **They also have access to our psychological education groups and treatment that fit their individual needs and mental health issues such as:**

We know that mental health treatment is not "one size fits all" so we institute psychological education groups to fit the needs of the unique patient population of each client.

- ✓ Male Veterans Group
- ✓ Impulse Control

- ✓ LGBTQ Support
- ✓ Anger Management
- ✓ Women's Anger Management
- ✓ Life Skills groups

Our psychological education group programs are continually evolving to meet the needs of our patients. According to the Bureau of Justice Statistics, females in jail are 27% more likely to have a diagnosed mental health condition than their male counterparts, so we have established female specific psychological education group sessions. We understand that attaining mental health stabilization and patient understanding and responsibility for their condition is critical to stopping the revolving door of recidivism mentally ill patients endure. We have designed our program to take a proactive, multifaceted approach that works to address the core mental health issues at fault.

Mental Health Chronic Care

Patients with chronic mental health conditions will be seen by a psychiatric provider and/or mental health professional at a minimum every 90 days. Individualized treatment plans and discharge plans will be developed and updated. NaphCare mental health professionals will monitor the chronic mental health population through individual contacts, counseling, groups, and routine mental health rounds. Inmates enrolled in chronic mental health clinics will have the opportunity to participate in groups that focus on life skills and discharge planning. Examples of life skills and discharge planning groups include:

- ✓ Mental Health Awareness
- ✓ Sleep Hygiene
- ✓ Anger Management
- ✓ Medication Education
- ✓ Re-Entry Preparation

Mental Health Unit

Particular emphasis for possible placement in a Mental Health Unit will be placed on those inmates who may be at risk of victimization, inmates at risk of self-harm, or that lack the required adaptive skills to function successfully within the facility due to behavioral health issues. The Mental Health Evaluation addresses specific mental health issues to include:

- ✓ Past Psychiatric history and treatment
- ✓ Abuse history
- ✓ Family Psychiatric history
- ✓ Legal history
- ✓ Developmental / Social history
- ✓ Substance use history
- ✓ Medical history
- ✓ Allergies
- ✓ Suicidal Ideation
- ✓ Aggressive ideation
- ✓ Strengths and Assets and/or Deficiencies
- ✓ Current mental status
- ✓ Treatment plan development
- ✓ Discharge plan

Mental Health Discharge Planning

Our discharge planning starts at intake. Patients identified with mental health concerns are flagged and referred by our healthcare staff screener to mental health staff for further evaluation and stabilization. This information is entered into the patient's medical record and their discharge information starts being compiled based on the evolution of their identified conditions and needs throughout treatment. Mental health staff will assist in the referral of mental health inmates to community agencies prior to or upon their release from the facility. We

understand the value and importance of proactive, comprehensive discharge planning within correctional facilities. **Our goal is to return our patients stabilized and healthy to community life and reduce recidivism by collaborating with community mental health resources for effective discharge planning.**

We will ensure there is a clear avenue for referrals and access and sharing of treatment information that will assist with the inmates return to the community. Mental health professionals will make timely mental health appointments and actively work to connect inmates with other required services to include housing, supportive employment, transportation, and medical care.

NaphCare has devised a simple and efficient way to get our clients and authorized offsite providers the medical records they request. This access is critical to ensuring continuity of care and reducing rates of recidivism. To accomplish this previously manual process in the most efficient way possible, we created a data storage cloud, the NaphCare Cloud. This cloud will provide an easy to access, but HIPAA compliant and secure, data receptacle that our Corporate Legal staff can place requested records into to then be retrieved by the authorized requesting party. **If an entire medical record is requested, we will deposit a Summary of Records (Release Summary) with the most recent activity as a cover page along with the entire medical record within the NaphCare Cloud within 24 hours/next business day.**

Continual Mental Health Program Quality Assurance

We are consistently evaluating our mental health program for efficacy and introducing new and innovative approaches to improve our services and the mental health outcome of our patients. Our mental health program meets and exceeds correctional healthcare standards and is continually evolving.

For sites that do not have a Mental Health Director, the Associate Corporate Mental Health Director meets with the staff at least twice every month. The Associate Corporate Mental Health Director is a licensed clinician who guides the staff with appropriate documentation and clinical decision-making skills. This also allows Mental Health staff to share ideas about how to improve their respective sites. There are monthly meetings held with the Mental Health Directors. In these meetings, we discuss clinical issues, mental health processes and systems, exchange valuable information, and discuss the latest mental health trends. **Our mental health program is constantly evolving and utilizes our onsite staff to identify emerging mental health needs and help with the development of our programs to address these needs**.

Value Added Features

We work with our clients to continually evolve and improve our mental health services to meet the needs of their mental health patient populations. Below are a few examples of the programs that we have instituted with current clients that could also be put in place at Rockdale County Jail if desired. These programs are not included in the pricing but can be implemented at a later date and additional cost.

Telepsychiatry

NaphCare proposes to use telepsychiatry to allow Georgia-licensed providers to remotely examine a patient with a mental health issue while simultaneously having total access to the patient's healthcare record. This service is used to supplement the regular onsite staffing and will not replace onsite provider hours. It can be used for both routine and urgent cases and can provide onsite providers with a second opinion when indicated.

Mental Health Stabilization Unit – Hillsborough County, FL

NaphCare is proud of our Mental Health Stabilization Unit (MHSU) at the Falkenburg Road Jail in Hillsborough County, Florida. The MHSU can hold 64 patients and includes varying types of cells to address different patient needs. Each patient in the unit has been diagnosed as severely mentally ill.

The MHSU has achieved the following successes:

- ✓ 20% Overall reduction of Emergency Treatment Orders
- ✓ 25% reduction in mental health segregated inmates
- ✓ 30% decrease in use of force with mental health population
- ✓ No suicide attempts or para-suicidal gestures in the MHSU

Within the MHSU, NaphCare provides daily, psycho-educational groups Monday through Friday and optional weekend groups. The groups held on this unit include: Problem Solving/Goal Setting, Depression/Mood Management, Discharge Planning Group, Anger/Stress Management, Medical Topics, Anxiety/Stress Reduction/Relaxation (Peer-led group with approval from MHC) and Confidence Building (Peer-led group with approval from MHC).

Our Mental Health Stabilization Unit at Hillsborough County Jail provides revolutionary in-depth therapy and patient responsibility to improve their own condition and has led to impressive mental health gains and no suicide attempts among participants.

The Treatment Team meets every morning to discuss the prospective incoming patients on the unit, current patients on the unit, and patients who may be able to graduate. This team includes all disciplines – nurse, medical provider, mental health provider and/or mental health clinician, and the officer on the unit. Once a week, a multi-disciplinary team meets to discuss possible patient/graduate transitioning from MHSU to General Population. The team includes, but is not limited to, the following: Housing Deputy, Captain for Operation Support, Classification, Mental Health Director and HSA.

Although this unit is still evolving, we are proud of its accomplishments thus far, and look forward to further progress we can make in the future, both here and at other jail facilities.

We recently opened a Mental Health Stabilization Unit at neighboring Fulton County Jail that is enjoying much of the same success described above.

Q. Dental- Emergency dental services will be provided to inmates; these services include but are not...

NaphCare understands and will comply with this requirement.

Dental Care

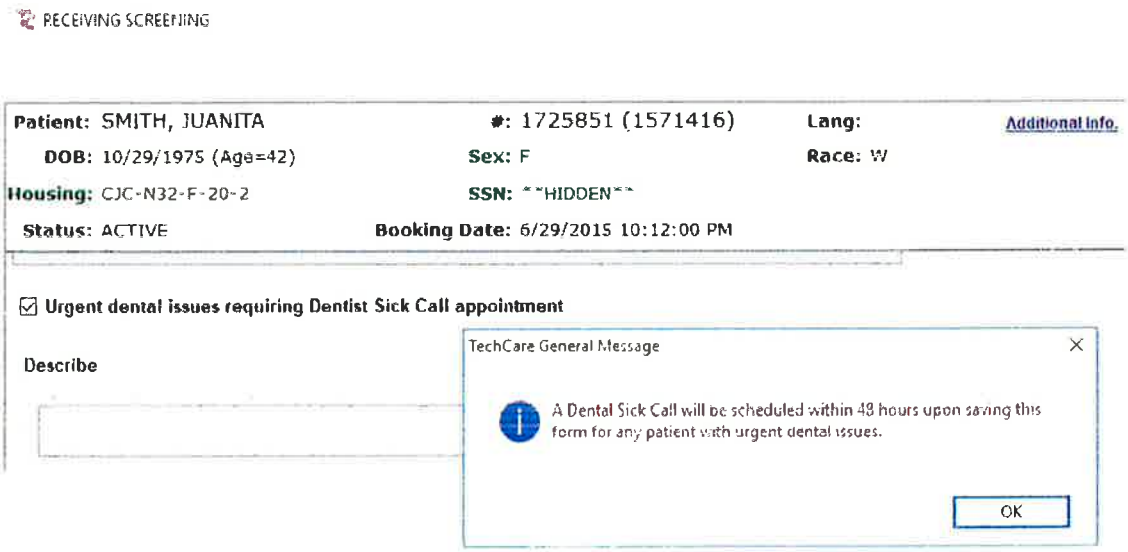
Our dental program complies with NCCHC and ACA standards by which inmates receive dental treatment, not limited to extractions, when the health of the inmate would otherwise be adversely affected. Treatments include any other services deemed necessary by the contracted dentist. NaphCare ensures that inmates' serious dental needs are met following NCCHC, ACA, and other applicable standards. We provide dental services in accordance with established guidelines for dental evaluation and treatment. An established priority system is used to guide treatment decisions, and proper infection control procedures are utilized for all oral treatment procedures. Documentation is standardized in the electronic health record to better document dental health conditions and treatment and, thereby, enhance communication among healthcare staff.

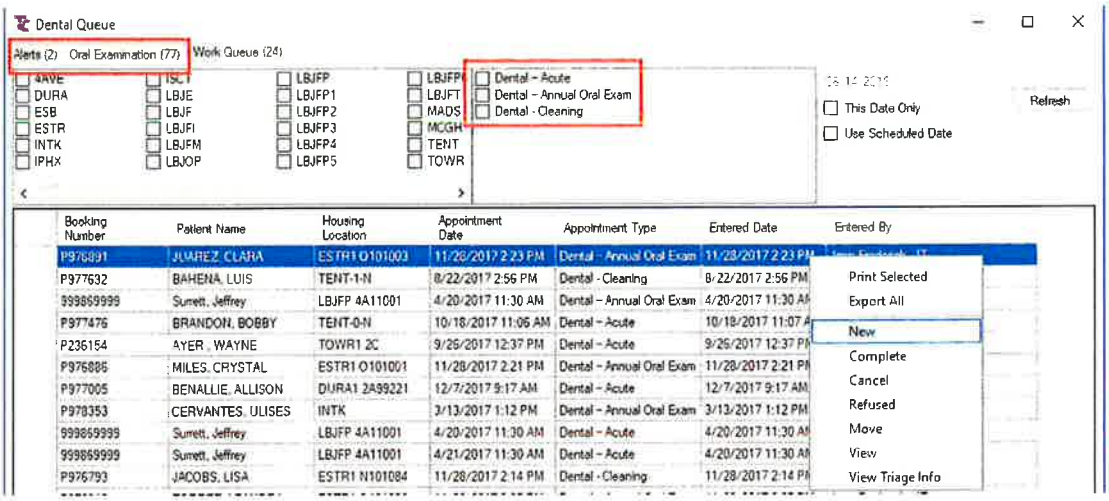
NaphCare provides the following dental services for inmates:

- ✓ Health Assessment, which includes a Dental Screening and Hygiene Examination
- ✓ Dental assessments for inmates who request dental services for urgent/emergent needs

- ✓ Emergency and routine dental care
- ✓ Temporary fillings
- ✓ Incision and drainage
- ✓ Control of bleeding
- ✓ Necessary emergency surgery
- ✓ Clinically indicated extractions
- ✓ Referral to dental specialist if needed
- ✓ Medically necessary dental-related prescriptions

The dental program begins with the Receiving Screening, administered by a healthcare professional who is specifically trained by the contracted dentist. The results of this screening are relayed to the dentist for review and referral, if indicated. At any time during incarceration an inmate can be referred to the dentist. Treatment services provided by the onsite dentist reflect contracted services identified by the Jail.





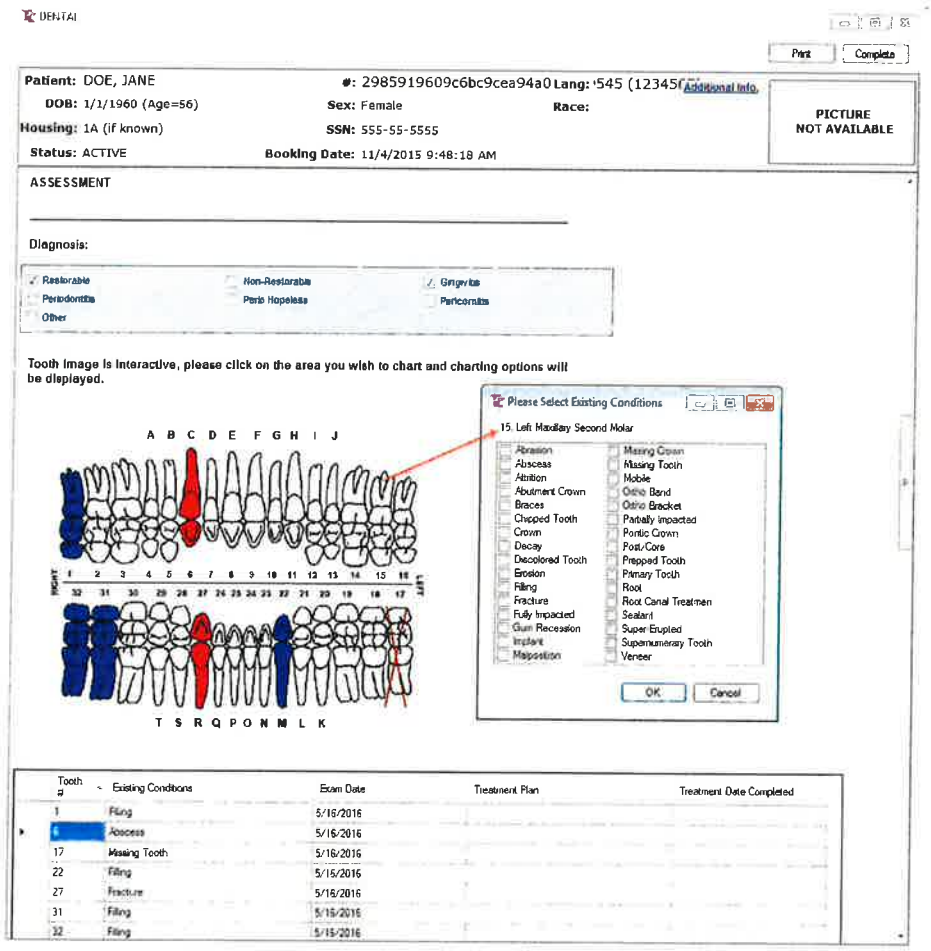
Our services do not limit dental treatment to extractions. NaphCare provides emergency and medically required dental care for inmates with an emphasis on relieving pain and attending to urgent or emergent dental needs. We provide an appropriate and timely response to requests for dental services and institute periodic performance measurements to ensure inmates have timely access to dental care.

- ✓ Dental emergencies are addressed immediately; emergency dental services are available 24 hours a day.
- ✓ Inmates with urgent dental needs are seen at the initial sick call.
- ✓ Normal dental services are provided during regular clinic hours.

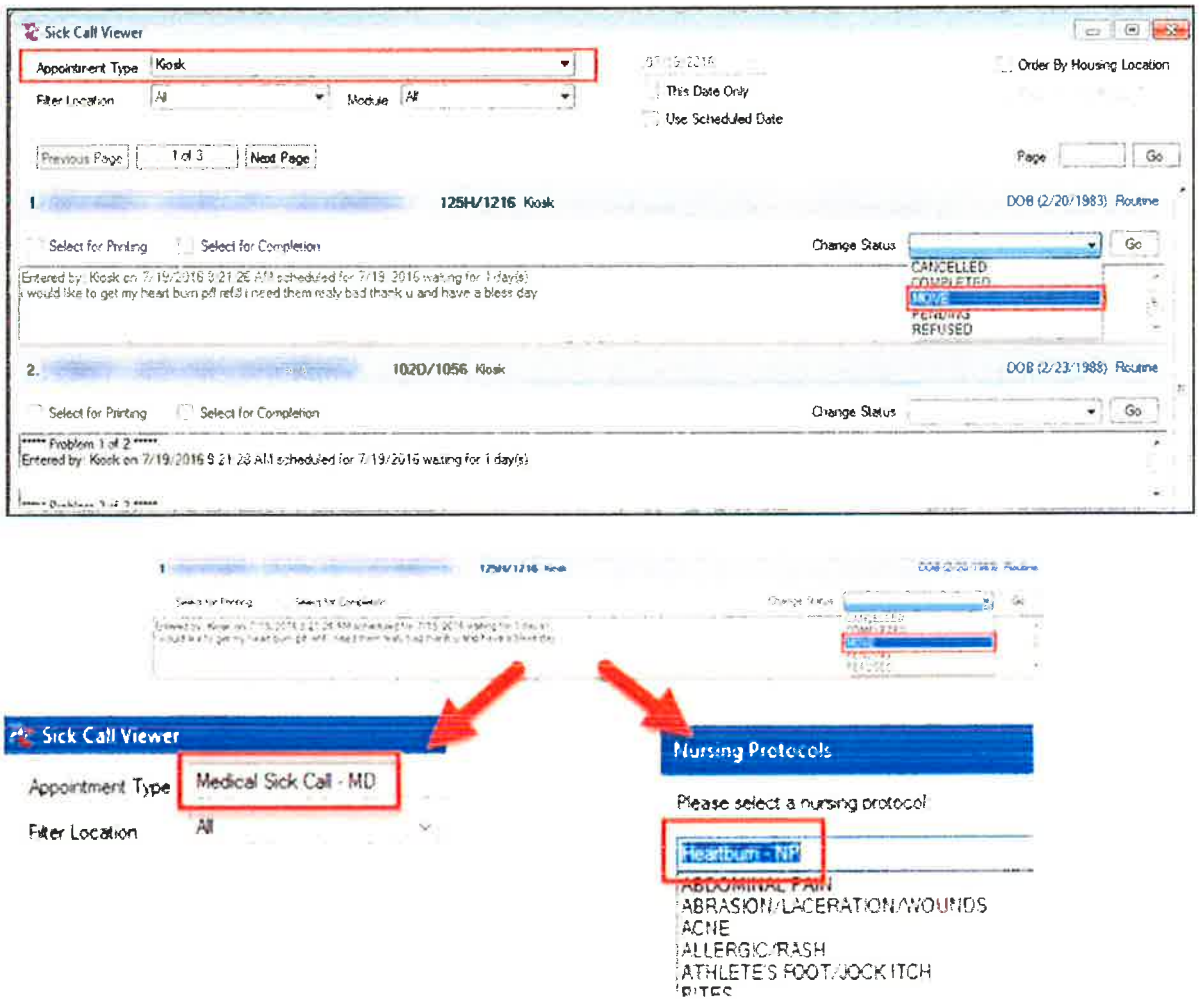
We coordinate appropriate offsite referrals for inmates requiring dental care outside the capabilities of the facility. All dental services are delivered according to proper Universal Precaution measures and are documented in the inmate's medical record. We do not perform cosmetic dental services.

Dental Module in *TechCare*®

TechCare helps to manage all aspects dental care provided in the correctional facility. The Dental Module within *TechCare* follows a detailed SOAP format and contains an interactive image, allowing teeth to be highlighted and marked to indicate previous and current problems and treatment plans. The Plan section contains easily accessed, one-click medication orders common to dental care (antibiotics, pain relievers, rinse, etc.) that are automatically added to the patient's eMAR. Information regarding the full patient's chart is easily referenced, and follow-up visits can be scheduled at the time of care.



As shown in the next screenshot, dental scheduling is handled via appointments and sick calls as other onsite scheduling is done. Typically, two appointment types exist for dental to make scheduling easier to manage—one group of Annual Dental Exam appointments and another for acute dental needs. However, the appointment type list may be easily customized for additional dental appointment types.



R. Laboratory- In-house laboratory services are recommended, but not mandated, to reduce the...

NaphCare understands and will comply with this requirement. We intend to utilize BioReference Laboratories when samples must be sent offsite for laboratory testing.

Laboratory Services

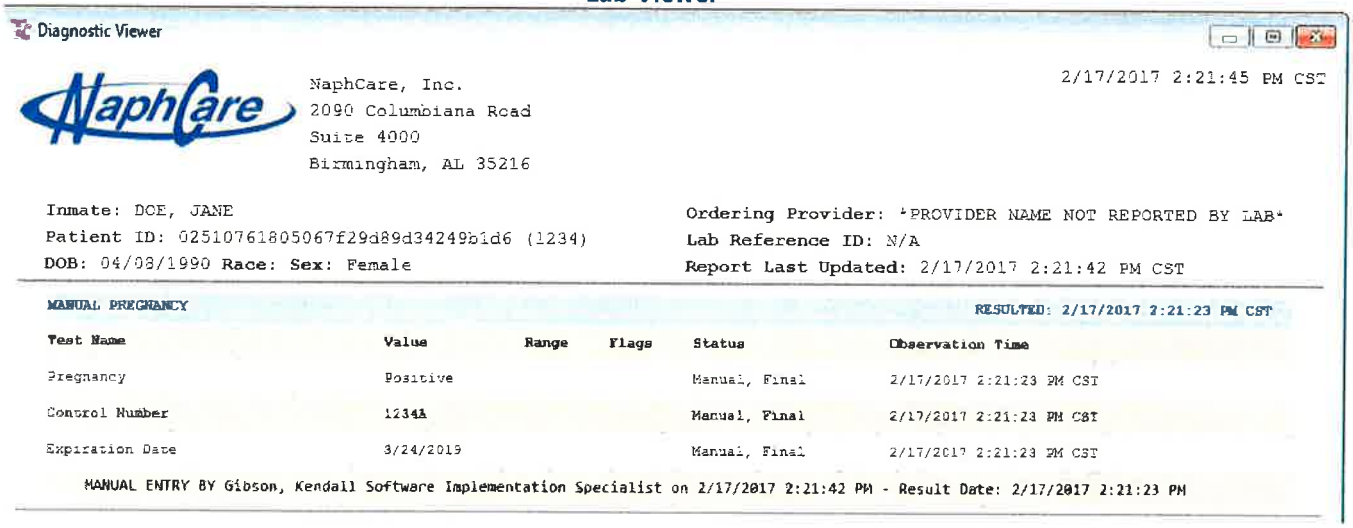
Onsite lab tests are completed to the extent possible without the need for a medical technologist. Offsite lab services are contracted by NaphCare and include all routine and reference tests. Stat lab services are also available. We will secure such services through a local lab or hospital (meeting all CLIA requirements), determined by the best arrangement for the facility.

In addition, to maximize efficiencies related to the ordering, pricing, and flow of lab information, NaphCare has chosen to partner more closely with BioReference Laboratories. We have created an electronic bridge between them and *TechCare®* that seamlessly automates the transfer of patient information. This secure bridge ensures accurate and timely reporting of lab results to our providers immediately after testing is completed, allowing an inmate's laboratory results to be viewed instantly. Laboratory results are stored in the inmate's EHR, which saves staff time, since traditional paper files are not needed, and access to the inmate patient's history can also be compared. The result? Continuity of care and better decision making.

This close alignment with our lab partners also means that our clients receive discounted pricing for lab tests that we aggressively renegotiate several times per year, keeping lab charges competitive and current.

Another automatic time-saving benefit of this feature is that **abnormal results are colored in red**, distinguishing between abnormal (out of range) and normal results in an easily recognized format. The following screenshot shows how lab results can be instantly accessed and viewed by the appropriate medical professional.

Lab Viewer


Diagnostic Viewer

NaphCare, Inc.
2090 Columbiana Road
Suite 4000
Birmingham, AL 35216

2/17/2017 2:21:45 PM CST

Inmate: DOE, JANE
Patient ID: 02510761805067f29d89d34249b1d6 (1234)
DOB: 04/08/1990 Race: Sex: Female

Ordering Provider: *PROVIDER NAME NOT REPORTED BY LAB*
Lab Reference ID: N/A
Report Last Updated: 2/17/2017 2:21:42 PM CST

MANUAL PREGNANCY — RESULTED: 2/17/2017 2:21:23 PM CST

Test Name	Value	Range	Flags	Status	Observation Time
Pregnancy	Positive			Manual, Final	2/17/2017 2:21:23 PM CST
Control Number	1234A			Manual, Final	2/17/2017 2:21:23 PM CST
Expiration Date	3/24/2019			Manual, Final	2/17/2017 2:21:23 PM CST

MANUAL ENTRY BY Gibson, Kendall Software Implementation Specialist on 2/17/2017 2:21:42 PM - Result Date: 2/17/2017 2:21:23 PM

To streamline the ordering process, NaphCare has developed a cost-effective lab formulary that encompasses the most commonly required tests used among this population. This formulary allows providers to easily select appropriate tests, reduces time spent entering lab orders, and promotes the right test being ordered, every time. For example, there currently exists multiple HIV testing options, ranging from $25 to $1,200 per test. Selecting from NaphCare's formulary ensures that an appropriate, cost-effective option is ordered.

Should the need arise to go outside of NaphCare's lab formulary, our Corporate office is automatically notified, 24/7 and in real time, that an off-formulary test has been ordered. The order is immediately reviewed by senior medical staff and approved, or other options are explored with the provider. This "checks and balances" safeguard is unique to NaphCare; no other correctional healthcare management company is working as hard to save costs and improve the delivery of care.

S. Radiology- Basic x-ray services are to be performed onsite. These services will significantly reduce...

NaphCare understands and will comply with this requirement. We intend to utilize Global Diagnostic Services for onsite radiology services. We already have a strong relationship with this service provider and an electronic bridge

to *TechCare* in place, ensuring that radiology services can begin onsite at Rockdale County Jail immediately should we be awarded the contract.

Radiology Services with Global Diagnostic Services, Inc.

NaphCare will utilize Global Diagnostic for radiology services in Rockdale County Jail. Global Diagnostic is one of the largest providers of mobile onsite ultrasound and x-ray services in the Southeast and is experienced in working in correctional facilities. Global digitally transmits the x-rays and ultrasounds to one of their board-certified Radiologists for interpretation. Global offers the following benefits:

- ✓ 24-48 Hour Turnaround (Ordering Physician Notified of STAT Cases)
- ✓ Ultrasounds, Echocardiograms, X-rays and X-ray Interpretations are performed in-house, producing benefits such as:
  - The ability to perform the latest high technology diagnostic evaluations at your facility
  - Patient traveling time is reduced
  - Board-certified Radiologists/Cardiologists
  - 24-Hour Secure Web Access Reports

T. Special Medical Program- For inmates with special medical conditions requiring close medical...

NaphCare understands and will comply with these requirements NaphCare provides chronic care in a manner that incorporates principles of case and disease management for complex cases, and promotes maximum progress and healing. Inmates receive timely follow-up, evaluation, treatment, and education about the preventive activities available for those requiring chronic or convalescent care. Our policy ensures all inmates are screened, identified, and monitored in a manner consistent with national clinical guidelines established for the care and treatment of chronic illnesses. The following describes our proactive approach to chronic care management.

Proactive Chronic Care Management

We take a proactive approach to the management of chronic care disease in order to minimize the development of any urgent or emergent conditions that might require offsite transportation. Our emphasis on preventive care begins at the point of intake (Receiving Screening), where inmates are classified into the appropriate chronic care clinic and scheduled for follow-up treatment. Our extensive staff training, use of best practices based on nationally recognized guidelines, and innovative onsite diagnostic testing help us keep chronic care patients in stable condition throughout their incarceration.

We will schedule and track all chronic care clinic visits within *TechCare®*. This data will be available to Rockdale County at all times. At a minimum, the database will include the following:

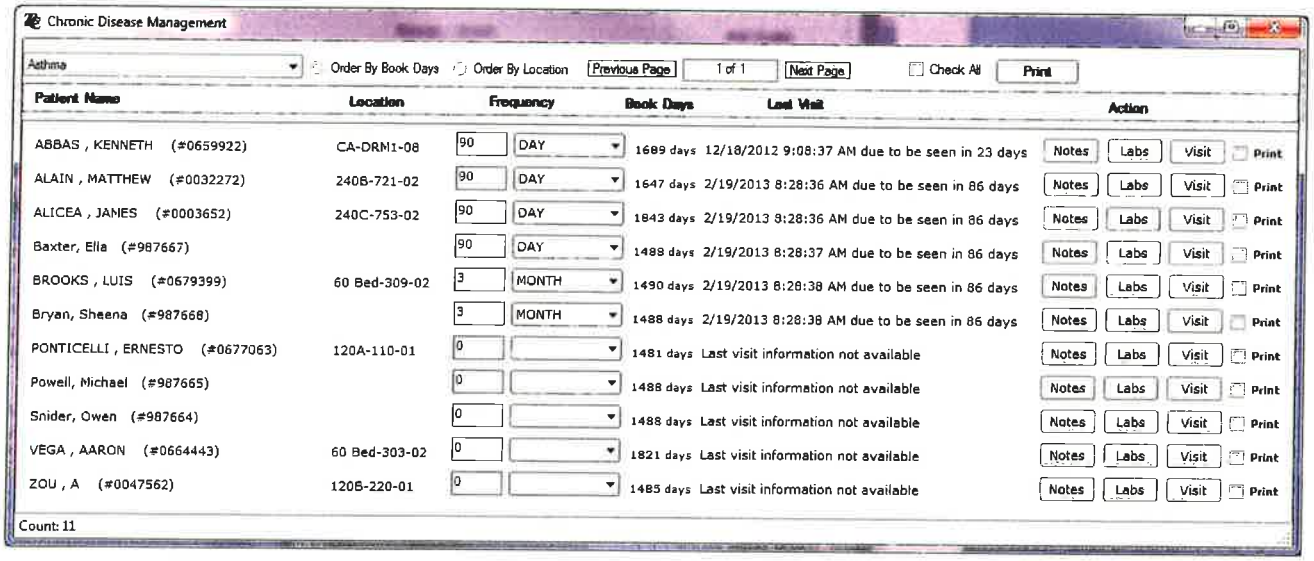
- ✓ Each patient enrolled in a chronic care clinic.
- ✓ Each occasion when an enrolled patient is seen at a chronic care clinic.
- ✓ Patient refusals for a chronic care visit.

Our proactive approach and effective management of inmates with chronic diseases enables healthcare professionals to treat symptoms earlier, and more effectively, preventing costly hospitalizations.

Using *TechCare* helps ensure that chronic care patients are seen by a provider at appropriate intervals as clinically indicated. In the Chronic Disease Management section of *TechCare* the user can access/view inmates with certain chronic care illnesses. To see a

specific chronic illness, simply select a chronic illness from the drop down list. The user can view previous notes, labs, and chronic care visits, or complete a chronic care visit. The amount of time until the next visit can also be reviewed from this screen. The patient's name turns red when the visit is past due.

Chronic Disease Management within *TechCare*



NaphCare has a proven history of reducing offsite costs through our proactive Chronic Care system within *TechCare*. With *TechCare*, the level and quality of the care within the Rockdale County Jail will be improved by scheduling inmates with chronic disease to be seen by a provider *before* they become acutely ill and require offsite transport or hospitalization. In addition, we greatly reduce liability by identifying this high-risk population during the intake process.

Collection of Pertinent Healthcare Information

Prior to incarceration, many inmates had limited contact with healthcare providers; therefore, they may lack critical information about their illnesses. Our chronic care program aims to actively monitor, educate, and motivate patients to be responsible for their own health maintenance. We have established protocols and practice guidelines to provide guidance on the diagnosis, monitoring, and treatment of common chronic illnesses. Our process ensures compliance with standards established for the care and treatment of chronic illnesses.

The first opportunity to identify, enroll, and refer an inmate to an advanced level provider is during the receiving screening. If the inmate's responses during intake indicate that he or she requires additional medical care, then the inmate's medical record is electronically flagged for follow-up and, typically, their chronic issues are addressed by the provider during that initial health assessment. If a patient is on pharmacologic therapy, continuity will be maintained. If there is a patient whose chronic condition is unstable, he/she will be seen promptly. In the case where a patient's chronic disease is stable, he/she will be scheduled for a first chronic disease visit in approximately one month. NaphCare is flexible, and we will work on custody-related issues to reduce interruption of chronic care medications or appointments when patients with chronic disease are transferred between institutions or moved for housing, court, or release issues.

Before the appointment, we collect medical records and current diagnostic test results so an evidence-based

treatment plan may be created. **Patients enrolled in chronic care clinics will be seen by a qualified healthcare professional at appropriate intervals, or more frequently if clinically indicated. Newly diagnosed patients are seen for the first clinic within 45 days of diagnosis and then scheduled for follow-up as clinically appropriate.**

Chronic care clinics are built into the TechCare system, which creates consistent documentation and standardizes the provision of care.

Inmates are placed into the correct chronic care clinic by diagnostic category to ensure proper follow-up at their scheduled dates. *TechCare* is designed to classify patients with chronic diseases and allows the following clinics to be easily scheduled: Heart Disease, Asthma, Cancer, High Blood Pressure, Diabetes, Hepatitis, Seizures, Sexually Transmitted Diseases (STD), HIV, and Thyroid. Instantly accessible, *TechCare* allows medical treatment to be monitored and ensures compliance with ACA and NCCHC requirements. Another benefit of the system is the "alert" feature, which prompts healthcare providers to schedule a follow-up for any missed inmate screenings.

NaphCare provides education about chronic diseases to our chronically ill patients. Disease-specific information can be easily selected from a list in *TechCare®* and printed to give the patient the knowledge to help care for him or herself.

Another mode of identifying chronic care patients and ensuring their continued treatment is through NaphCare's internal pharmacy team. Using *TechCare*, the pharmacy team analyzes profiles with chronic care medications, identifies chronic care patients who may not have been identified yet, and updates the patient medical record. If a patient has been incarcerated for more than 30 days and has been receiving a chronic care medication but has not been flagged as a chronic care patient, then the pharmacy sends out a second request for the patient to be re-assessed. They will enroll patients in need of chronic care in the proper clinic and make sure they receive the appropriate labs and scheduled follow-ups. NaphCare regularly provides this quality assurance activity as part of our Proactive Care Model.

Individual Treatment Plans

Individual treatment plans are developed by the responsible physician for patients with special medical conditions requiring close medical supervision, including chronic care. The plan includes directions to healthcare personnel regarding their roles in the care and supervision of the patient. Before the treatment plan is implemented, it is approved by a physician. Individual treatment plans include, at a minimum:

a. Frequency of follow-up for medical/mental health evaluation and adjustment of treatment modality;
b. Type and frequency of diagnostic testing and therapeutic regimens; and when appropriate, instructions about diet, exercise, adaptation to the correctional environment, medication, etc;
c. Reasonable accommodations for persons with diagnosed medical or mental health disabilities, as necessary.

Management of Diabetic Inmates

Diabetes is one of the most complicated chronic care diseases present in correctional settings. There are different types of diabetes, different kinds of medication management, and various, constant blood glucose testing. This has the potential to be a documentation nightmare, but NaphCare has the solution. We provide electronic devices that store previous and current blood sugar levels by using an inmate's identification number. Electronic glucometers require healthcare professionals to perform control testing and include a fail-safe that prevents inaccurate testing of patients. They also provide the following when monitoring and documenting blood glucose values:

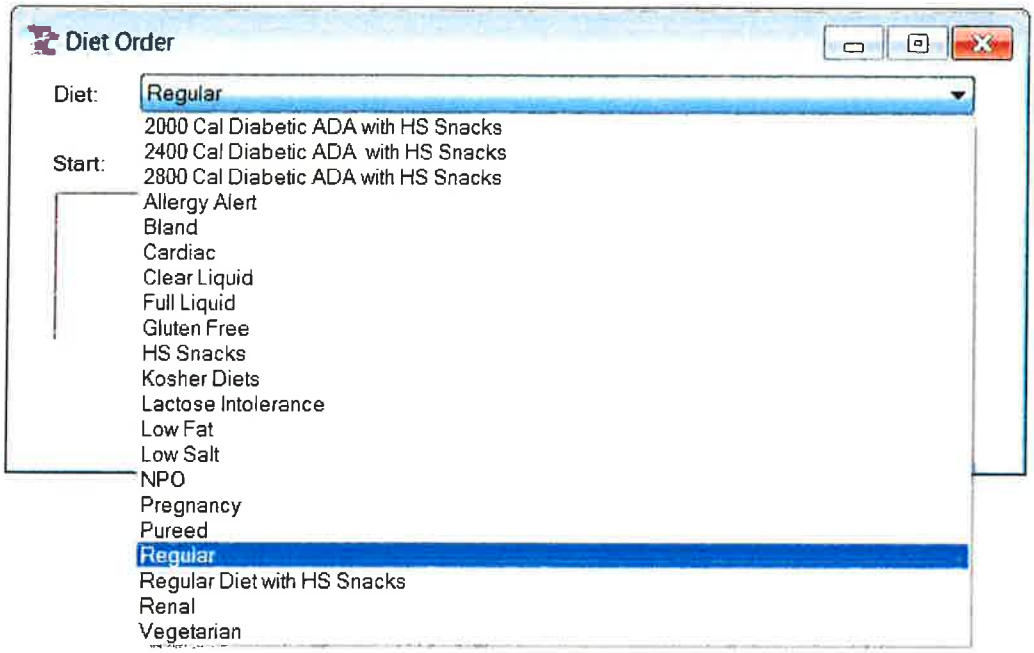
- All information is entered into *TechCare* in each patient's individual electronic health record.
- Photometric technology delivers accurate and precise results.
- *TechCare* trends/graphs the results to demonstrate to the clinician how effectively current and past medications are managing blood sugar.

Nutritional Services

Because of our robust electronic operating system, managing diet requests is a breeze. We will collaborate with the established food service provider to ensure the provision of medically necessary diets. Our physician will prescribe the following medical diets when necessary:

- ✓ Pregnancy
- ✓ Clear Liquid
- ✓ Full Liquid
- ✓ Pureed
- ✓ NPO
- ✓ 2,400 Cal Diabetic ADA with HS Snacks
- ✓ 2,000 Cal Diabetic ADA with HS Snacks
- ✓ Lactose Intolerance
- ✓ Allergy Alert
- ✓ Low Salt
- ✓ Regular Diet with HS Snacks
- ✓ 2,800 Cal Diabetic ADA - No Snack
- ✓ Cardiac
- ✓ 2,800 Cal Diabetic ADA with HS Snacks
- ✓ HS Snacks
- ✓ Renal
- ✓ Low-Fat
- ✓ Regular
- ✓ Bland

Our healthcare providers and staff will work with the client to develop optimal diets to meet the specific nutritional needs of inmates. We have protocols for the prescription of optimal diets. NaphCare will only provide supplements, i.e. Ensure, when our healthcare providers deem it medically necessary.



Users can easily enter an inmate's medical diet needs into *TechCare*, including diet start and end dates.

NaphCare's Discharge Planning and Re-Entry Program

The goal of NaphCare's Re-entry Program is to use the incarceration of mentally and physically ill inmates as an opportunity to improve public safety, reduce recidivism, reduce homelessness, and address public health issues. We have developed and will implement a focused re-entry program that identifies an inmate's needs at intake and immediately starts developing a plan to address key issues that will reduce the likelihood of recidivism, such as continued medical and mental healthcare, housing, medical insurance, transportation, Social Security Disability, and employment. We utilize the **APIC Model,** which is recognized as a best practice and focuses on the following steps:

- ✓ Assess: Assess the inmate's clinical and social needs as well as public safety risks.
- ✓ Plan: Plan for the treatment and services required to address the inmate's needs.
- ✓ Identify: Identify required community and correctional programs responsible for post-release planning.
- ✓ Coordinate: Coordinate the transition plan to ensure implementation and minimize the possibility of gaps in community-based services (active case management).

For us, **planning for re-entry begins at admission**. As part of the receiving screenings, we gather information that will be needed by discharge planners, and disposition choices include referrals for case management and comprehensive team planning for patients with complex healthcare issues. A discharge plan is created at least 30 days prior to the inmate's scheduled release. Once aware of potential release, case managers and mental health professionals arrange an appointment prior to release so the inmate already has an appointment scheduled.

A caseworker coordinates the inmate's anticipated medical and mental healthcare needs to include resource numbers and resource access to care according to their demographics in collaboration with mental health and healthcare staff to facilitate ongoing reintegration care. We provide the inmate with educational information regarding their specific illness and the importance of follow-up appointments and medication continuity. The inmate also receives a comprehensive packet that contains essential community resources to include the following:

- ✓ Social Security Administration (SSA) office
- ✓ Veteran's Administration resources
- ✓ Local free clinics
- ✓ Local Health Department
- ✓ Homeless shelters
- ✓ Hospitals
- ✓ Outpatient day treatment programs
- ✓ Resources listed by city or town
- ✓ Dual diagnosis programs

We ensure a team approach between medical and mental health after-care staff for discharge planning and development of an individual reintegration plan for inmates with co-existing chronic diseases. The potential for long-term compliance is enhanced when care is delivered by a single community-based agency, decreasing transportation, communication and other barriers.

Community Partnership for Continuity of Care

We believe in the importance of a partnership between the correctional system and community public health. In this sense, public health is part of public safety. The most important key to success in any such collaboration is great communication. As public health clinics provide care to inmates upon release from incarceration, the

TechCare® system aids in the exchange of data and sharing of medical records between the correctional institution and the community provider. Use of the EHR system assures that all relevant information will be instantly available and easily provided (after signed release of information / patient consent) to community providers. This enables a seamless transition to community medical care and promotes continued stabilization of the inmate after release. We will continue to pursue further partnerships with community resource providers, local resources available, and with community providers in Rockdale County.

Discharge Medication

One area of discharge planning that requires special note is the continuity of medication after release. As part of discharge planning, case managers, medical, and mental healthcare professionals will help arrange follow-up appointments for the patient. In this way, a sufficient supply will be prescribed to ensure continuity of care.

Release medications and release prescriptions are variants on medication ordering. *TechCare*® has an electronic order entry capability for pharmaceutical agents. Release medications and release prescriptions are generated and documented through this system.

Medication renewals for incarcerated patients are currently processed through the electronic Medication Administration Record. When a medication order is about to expire, the provider may "renew" the order, the renewal is documented in the electronic record, and a new supply of medicine is sent to the facility. When the medication is instead intended to be dispensed as a release medication, the provider may so indicate as an alternate form of medication "renewal." **We then utilize InMed to generate an appropriate prescription that the inmate can take to a local pharmacy and have filled with the cost being billed to NaphCare.**

This system allows us to remain in compliance with state pharmacy laws, which do not allow nurses to dispense or repackage medications, and with Federal pharmacy law, which requires medications intended for community use to be dispensed in appropriately labeled child resistant containers.

We are sensitive to the cost of medications for patients living in the community. Assuming therapeutic equivalence, we encourage our prescribers to use medications that the patient will be able to obtain at the most reasonable cost once the patient returns to the community (e.g., Wal-Mart's $4 prescription program).

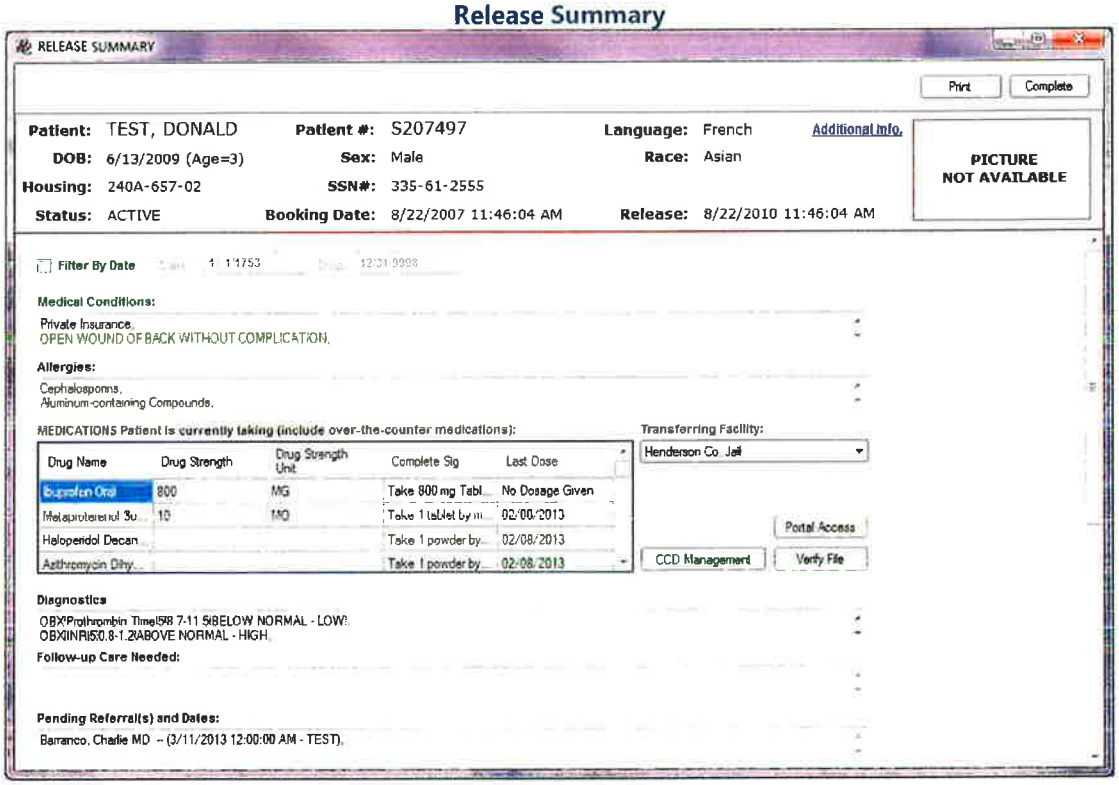
We will prescribe medication in a manner consistent with nursing and pharmacy practice acts in Georgia, emphasizing the use of generic medications that are least expensive to fill in the community. Our providers use evidence-based guidelines to assure that any medication being used is appropriate for the condition of the patient. At every opportunity during incarceration and at the time of release, our staff will emphasize the importance of continuing to take medication, and communicating with the community providers regarding current inmate medications. The goal is for inmates to maintain medication routines after release from custody. NaphCare's multi-faceted approach gives the greatest chance for success.

Documentation of Discharge Planning

We document all discharge planning through our EHR, *TechCare*®. The Release/Discharge Summary screen is used to provide medical information to the inmate, medical facility, or another state prison system. The specific items that pertain to the inmate's care will automatically populate to this summary to advance the inmate's release and help with the reintegration planning for the inmate. All active medications, with time and dose of last administration, are listed for print and will be given with their medications at release. Any follow-up care or specialist appointments that should be addressed either by the inmate or the receiving facility are listed on the summary for continuity of care. Additional educational sheets, which are given to the inmate upon release, can be

easily selected from a list. These provide specific disease information to ensure the inmate has the knowledge to help take care of his/herself until appointments can be made with outside providers. All of this information is written in English or translated to Spanish for proper communication purposes.

Release Summary



Continuity of Care: Access to Digital Medical Records

NaphCare offers an electronic option for the convenient transfer of medical records to support continuity of care. Managed by our corporate Legal team, medical records are securely uploaded to the HIPAA-compliant NaphCare Cloud and made available to the authorized requesting party within 24 hours or next business day.

The Process

1) **Requesting Records:** The client would sign an Authorization Form and which is then be emailed to a City-specific email address to be handled by your designated Corporate Medical Records Coordinator.

2) **Types of Requests:** If an entire medical record is requested, we will deposit a Summary of Records (Release Summary) with the most recent activity as a cover page along with the entire medical record within the NaphCare Cloud **within 24 hours/next business day.** The Summary of Records will include: current vitals, active problems, active allergies, active medications, most current medications and treatments administered, diagnostic results and scheduled diagnostics, pending referrals, immunizations given, care plan, procedures, future appointments, social history, functional assessment, follow-up care needed, and dietary restrictions. **You will be able to search the entire record before downloading for the exact documentation you need.**

If a partial record is being requested, the initiation process is the same, however, the partial record will be deposited in the NaphCare Cloud within five business days to allow time for staff to manually extract only the information requested.

3) **Record Retrieval:** Once our Corporate staff has deposited the requested medical record in the NaphCare Cloud, it is available for authorized City staff and outside providers to download. The record will be available for 30 days following the date of Corporate upload.

Benefits of Our Advanced Record Provision Process

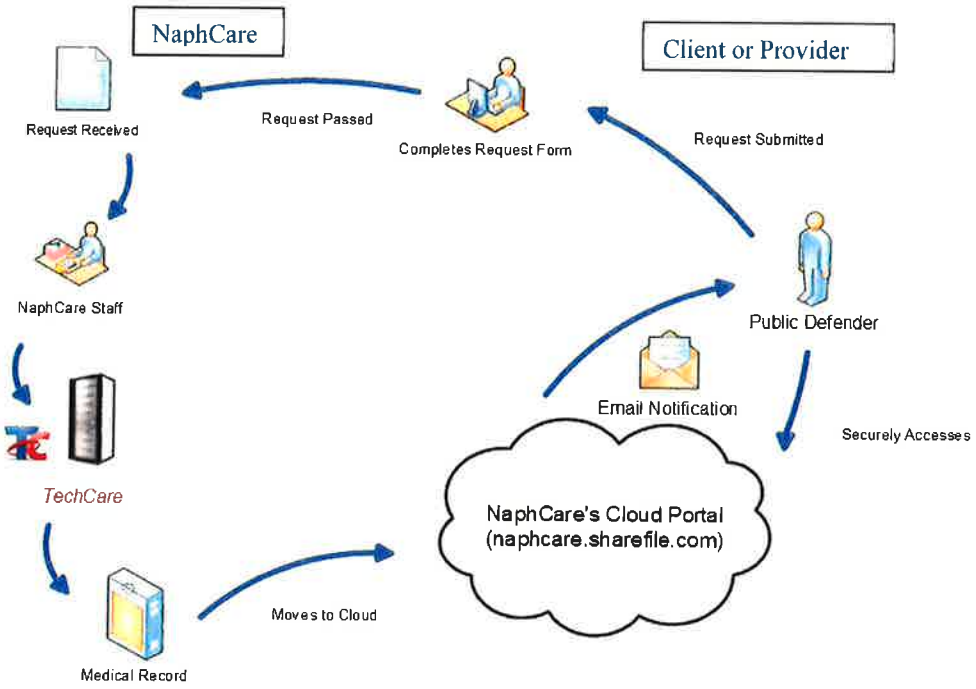
- ✓ The entire process from request receipt and evaluation to dispersal of the requested record is handled by our Corporate staff. This means that on-site healthcare staff can continue to devote their full attention to patient care.

- ✓ The NaphCare Cloud delivery system is fully HIPAA compliant and allows for detailed control of files including the ability to restrict the number of times it is downloaded, restrict forwarding the file, and expiration of the file following download.

- ✓ The cloud solution is fully managed by NaphCare's Legal Department and has guaranteed uptime metrics. All staff members are fully trained on its proper usage.

- ✓ NaphCare will provide full support to requestors trying to access NaphCare's Cloud for records.

At NaphCare, we believe in utilizing and developing technological advances to continually improve our correctional healthcare services. The NaphCare cloud is just one way we are always thinking of improvement. This revolutionary approach to medical record provision will have a dramatic effect for our Jail clients and for the continuity of care of our former inmate patients.



U. Support Services- Proposers must demonstrate their ability to manage and support the program...

NaphCare provides extensive support services for our client sites, ensuring that onsite healthcare staff can maximize time spent with patients. For a description of our Corporate Support Services, please see our response to section "III. Minimum Qualifications for All Proposers," "6." For a description of our Policy and Procedure process, please see our response to section "III. Minimum Qualifications for All Proposers," "7." For a description of our Continuous Quality Improvement Program, please see our response to section "V. Medical Requirements to be Provided," "6," "B. Quality Assurance Program. For a description of our Cost Containment Program, please see our response so section "V. Medical Requirements to be Provided," "6," "C. Cost Containment Program."

V. Elective Medical Care. The Contractor is not responsible for providing elective medical care to...

NaphCare understands and will comply with this requirement.

W. Transportation Services. The Contractor is to notify the County in advance of all offsite non...

NaphCare understands and will comply with these requirements. For a description of our Medical Scheduling procedure, please see our response to section "V. Medical Requirements to be Provided," "5. Required Health Care Services," "F. Specialty Services."

X. Proposer shall identify the need, schedule, coordinate and pay for all non-emergency and...

NaphCare understands and will comply with this requirement.

Y. Proposer shall identify the need, schedule and coordinate any inpatient hospitalization of any...

NaphCare understands and will comply with these requirements. For a description of our Offsite Management Services, please see our response to section "V. Medical Requirements to be Provided," "5. Required Health Care Services," "F. Specialty Services."

Z. Proposer shall identify the need, schedule, coordinate and pay for all physician services rendered...

NaphCare understands and will comply with these requirements. We provide an extensive Utilization Management Program at our corporate office, enabling onsite staff to focus on patient care.

Utilization Management (UM)

NaphCare's Proactive Care Model is focused on providing high quality healthcare onsite, preventing health problem escalations and offsite care needs whenever possible. **We accomplish this through providing onsite specialty clinics, advanced infirmary services, specialty consult services, and telehealth in addition to the 14-Day Health and Physical at intake to immediately identify and stabilize possible emergent healthcare needs.**

Utilization Management is the process through which we review and track offsite care, allowing us to ensure that all care provided offsite is medically necessary and that onsite care is prioritized to save our clients the cost of patient transports and offsite care whenever

NaphCare's proactive UM process combined with telehealth capabilities accomplishes the following outcomes:

- **Increase in onsite consults**
- **Decrease in offsite trips**

Our Utilization Management program saves money long-term by following a simple formula: match intensity of service with severity of illness.

possible. Our process is managed within our electronic operating system, *TechCare*®, enabling us to automate healthcare staff reminders for the tracking and follow-up of necessary offsite care. This ensures that tracking is consistent and documentation ironclad. The intention of providing care onsite whenever clinically possible is built into our Utilization Management process with the first step being evaluation of the request for the possibility of onsite care alternatives. **We focus on maintaining a healthy patient population and providing the maximum amount of services onsite possible, saving our clients resources through minimizing offsite trips.** When offsite care is required, NaphCare's utilization management team collaborates daily with health services staff and offsite providers to ensure medically-necessary and appropriate usage of healthcare services. We consider the following factors during the review process:

- ✓ Determine whether offsite trip is necessary; whether onsite care is more effective
- ✓ Medical necessity based on industry standard, jail-based NaphCare and NCCHC Standards
- ✓ Maximization of onsite infirmary capabilities
- ✓ Care consistent with community standards, contractual, or legal mandates
- ✓ Coordination of onsite and offsite care – eliminates duplication of services

Prospective Review

When an offsite care request is entered into *TechCare*, it is immediately directed to our corporate utilization management team, consisting of nurses trained to monitor offsite services, allowing them to determine the best possible outcome for patients, healthcare providers, and correctional facilities. **On average, NaphCare's corporate Utilization Management nurses review offsite requests in less than one day,** and when appropriate, approve requests. The following services are reviewed for all requests:

- ✓ Hospitalizations—scheduled inpatient and observation
- ✓ Outpatient surgical or non-surgical procedures
- ✓ Specialty office visits and procedures
- ✓ Diagnostics, durable medical equipment and prosthetics
- ✓ Course of outpatient treatment—physical therapy, dialysis, chemo, radiation

Outcomes May Include:

- **Request for additional information for proper determination**
- **Nurse or physician review**
- **Nurse or physician approval**
- **Alternate plan of care**

NaphCare's site Medical Director, designated site staff, Chief Medical Officer or designee, and a dedicated utilization nurse review and discuss proposed non-emergent services to determine the most appropriate and medically sound approach to care. Resulting outcomes and planned courses of action are shared with the site Medical Director or designee and progress notes are documented in *TechCare.*

Prospective review can produce multiple outcomes, all of which are tracked by *TechCare.* In our approach to correctional Utilization Review, we do not "deny" a provider's recommendation for offsite care, but rather, discuss the case physician-to-physician and develop alternate plans of care as appropriate. **Our Utilization Management process takes less than 24 hours on routine cases when all necessary clinical information is provided.**

Possible Onsite Alternative Plans of Care include:

- ✓ ***Admission to the Infirmary*** - NaphCare provides many advanced services in the Infirmary that are traditionally referred offsite for care. These include: sutures, intravenous medication delivery, central line medication delivery, active seizure management, orthopedic care, care of post-delivery patients, wound care management, tracheotomy care, and monitoring patients with complex withdrawal symptoms. Providing the advanced training that allows our healthcare staff to perform these services onsite saves our clients the costs of unnecessary offsite trips.

At our Hillsborough County, FL client facility, the cost of offsite care dropped by 25% from year 1 to year 4 under our management, and dropped another $130,000 from year 2 to year 3.

- ✓ ***Specialty Consult-*** We employ several highly trained physicians to be available for specialty consults whenever needed, avoiding costly offsite trips to specialty providers. NaphCare maintains contracts with experts in the following specialties to provide on-call peer-to-peer treatment consultation and recommendations to onsite providers: infectious disease, nephrology, endocrinology, orthopedics, and dental.

- ✓ ***eConsults– Specialty Care Consultations (Telehealth)-*** When onsite specialty clinics are not medically or economically feasible and we do not already have a consultant on staff, onsite NaphCare providers can use eConsults to engage a digital network of clinical specialists for consultation, clinical review, and assessment of necessity of care to inform offsite referral decisions. With the eConsults specialty care network, NaphCare can offer a broader range of specialist care without the additional expense, travel, or patient wait time associated with offsite care.

Requests referred to the physician are reviewed (*using NaphCare's exclusive Jail Utilization Management Manual*) within one business day. The average time frame for approved service scheduling with community based providers is one day. When offsite care is needed, **we utilize an offsite trip calendar, available to view to appropriate site leadership, to group offsite appointments together, reducing the number of needed trips and the associated security and transport costs for our clients.**

NaphCare's exclusive Utilization Management Manual used by our onsite physicians was developed especially for use in the corrections environment based on our extensive experience providing correctional healthcare that utilizes onsite care to the fullest extent possible.

At NaphCare, our goal is to provide patients with the care they need when they need it; care is not delayed within our Utilization Management process. **In most cases, NaphCare completes the process—from the time of the initial request to recommendation of alternative onsite care or the scheduling of the appointment—in less than two days**.

Concurrent Review

For health concerns requiring inpatient admission, Utilization Management nurses remain in daily contact with hospital case managers and the attending physician to ensure that the length of stay is no longer than medically appropriate. Regular communication helps NaphCare develop appropriate discharge plans and maximize onsite infirmary capabilities.

NaphCare Difference

By following our policies we are able to shorten the length of stay, preserve quality of care, and enhance discharge planning for return to the facility.

Beginning immediately after admission and continuing throughout hospital stay, our simultaneous review of services being provided offsite ensures that an appropriate treatment plan, efficient delivery of services, and timely preparation for discharge are established. **By ensuring that the length of stay is no longer than needed, we also reduce the amount of time correctional staff resources are diverted offsite.**

Case Management

NaphCare provides Case Management and Utilization Review for hospitalized patients. We recognize the value of onsite nurses in the facilitation of care in the hospital setting. Responsibilities for onsite nurses in the event of hospitalization include the following:

- Assistance with direct admissions—prevents lengthy & costly emergency room visits
- Discharge planning—ensures that all medical needs are met prior to discharge
- Increased communication between medical disciplines during complex hospital stays
- Establishment of collaborative long & short term goals for treatment
- Discharge planning—use of formulary drugs
- Optimization of infirmary beds—ensures proper assignment & level of care for patients

One year after NaphCare took over Middlesex County Jail and Juvenile Detention Facility (NJ), the following improvements were achieved compared to the prior vendor:

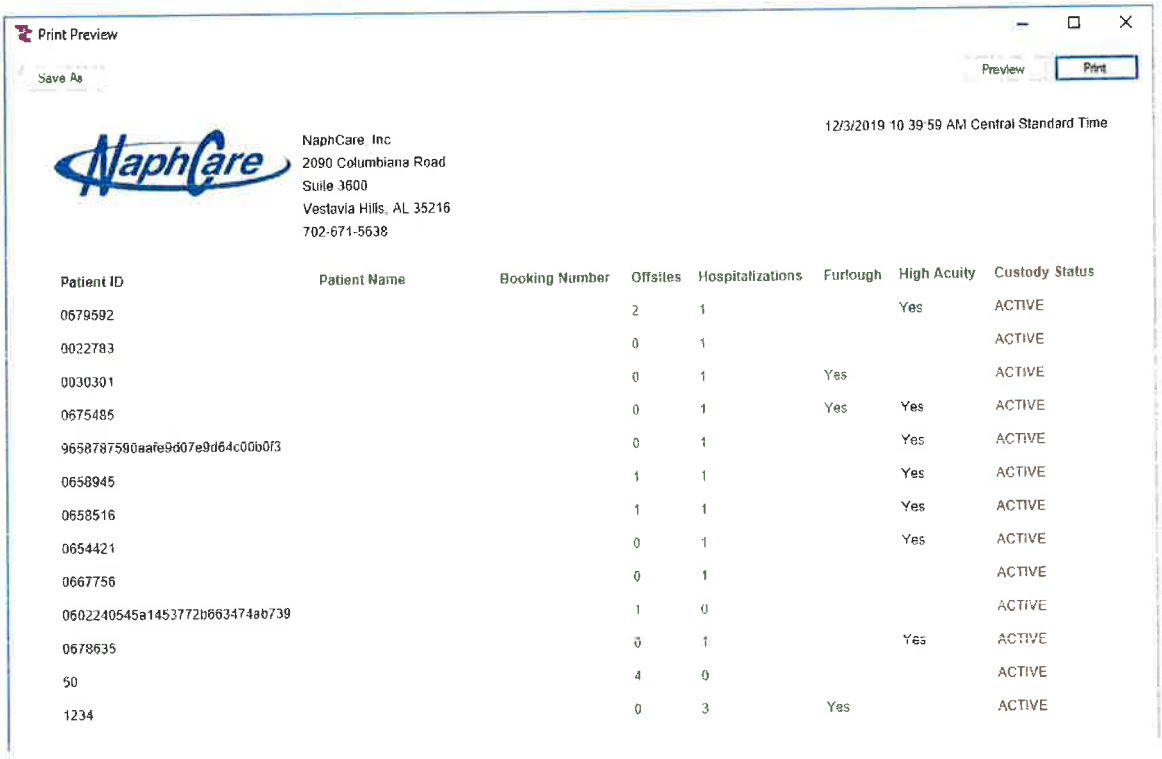
- **Hospital admissions decreased from 53 to 24, a 54% reduction.**
- **Inpatient hospital days were slashed from 317 to 127, a 60% decrease.**

Complex Offsite Jail Healthcare Alerts (COHA)

NaphCare's Utilization and Case Management team closely monitors patients diagnosed with chronic and complex illness. *TechCare* aids staff in this process by tracking the number of offsite visits by way of a watch list. Patient acuity level is based on the severity of illness and subsequent offsite treatments. **When our nurse anticipates that a patient's care will require extensive resources, multiple offsite trips, or extended hospitalizations and treatments, a Complex Offsite Healthcare Alerts is sent to the Captain and appropriate jail personnel.** This enables site leadership to release the patient to enable better access to care. Some of the clinical advantages of releasing a patient flagged with a COHA alert include:

- Lower rate of possible infection than in the correctional environment
- Easier access to rehabilitation care such as physical therapy
- More effective and efficient pain management care than can be provided in the correctional environment

NaphCare ensures that high acuity patients are closely monitored, which reduces readmission, prolonged length of stay, and repeat surgery, as well as other medical expenses.



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NaphCare Inc
2090 Columbiana Road
Suite 3600
Vestavia Hills, AL 35216
702-671-5638

12/3/2019 10:39:59 AM Central Standard Time

Patient ID	Patient Name	Booking Number	Offsites	Hospitalizations	Furlough	High Acuity	Custody Status
0679592			2	1		Yes	ACTIVE
0022783			0	1			ACTIVE
0030301			0	1	Yes		ACTIVE
0675485			0	1	Yes	Yes	ACTIVE
9658787590aafe9d07e9d64c00b0f3			0	1		Yes	ACTIVE
0658945			1	1		Yes	ACTIVE
0658516			1	1		Yes	ACTIVE
0654421			0	1		Yes	ACTIVE
0667756			0	1			ACTIVE
0602240545a1453772b663474ab739			1	0			ACTIVE
0678635			0	1		Yes	ACTIVE
50			4	0			ACTIVE
1234			0	3	Yes		ACTIVE

Retrospective Review

Emergency cases are immediately referred offsite and reviewed after the the fact. For continuity of care, the Health Services Administrator or designee submits notification immediately to our corporate utilization management team and site leadership. Upon return from an emergency room visit, including psychiatric visits, the appropriate Advanced Clinical Provider or designated staff will schedule information and treatment recommendations, and issue follow-up orders as clinically indicated. Documentation of ER visits is tracked and monitored by site nurse via *TechCare* to identify site UM Request and further ensure continuity of care. Retrospective review occurs on all ER trips and for any questions or concerns that may arise regarding the quality and appropriateness of a patient's care. **As part of our quality initiative, our UM nurses and Chief Medical Officer review all emergency room visits and monitor the site Medical Director's appropriate use of the onsite resources.**

Utilization Management Reports

NaphCare values our partnerships with our clients and provides transparency in our offsite care so the County can be assured that onsite care is being prioritized and offsite care provided is appropriate and necessary. We have extensive reporting capabilities based on the data captured in *TechCare*. **We analyze costs, trends, and can provide a variety of statistical reports. We study statistics that aid you in improving appropriate utilization of offsite care.** Our sophisticated reporting capabilities, combined with our strong correctional operations experience, creates an industry leading Utilization Management Program that saves our clients costly offsite trips.

NaphCare offers the following offsite reports routinely:

- ✓ Daily Hospitalization Report—including reason for admission and length of stay
- ✓ Detailed monthly utilization report—including detailed time frames for each process of the review
- ✓ Inpatient & outpatient statistical report—by service and location
- ✓ Specialty services—consults, procedures, and diagnostic services
- ✓ ER trips—by service and location
- ✓ Utilization Review—by disease classification

NaphCare values our partnerships with our clients and provides transparency in our offsite care so the County can be assured that onsite care is being prioritized and offsite care provided is appropriate and necessary.

Quality Initiatives

NaphCare's utilization management team conducts a monthly Utilization Management Meeting to identify and implement quality inititatives such as the readmission review process. Research is performed and shared with the committee, resulting in implementation of quality improvement processes. When necessary, cases are referred back to the Chief Medical Officer for peer review and further recommendations for quality improvement. Utilization Management education is an ongoing process throughout the life of the contract.

AA. Proposer shall identify the need, schedule, coordinate and pay for all supporting diagnostic...

NaphCare understands and will comply with these requirements. For a description of our Laboratory Services, please see our response to section "V. Medical Requirements to be Provided," "5. Required Health Care Services," "R. Laboratory."

BB. Proposer shall provide the necessary follow-up for health problems identified by any of the...

NaphCare understands and will comply with these requirements. We are proactive in our healthcare practices to maintain a healthy and stable inmate patient population.

CC. Proposer shall identify the need, schedule and coordinate and pay for psychiatric psychological...

NaphCare understands and will comply with these requirements. For a description of our Mental Health Program please see our response to section "V. Medical Requirements to be Provided," "5. Required Health Care Services," "P. Mental Health."

DD. Proposer shall identify the need, schedule, and coordinate for the services of an eye care...

NaphCare understands and will comply with this requirement.

Optometry

NaphCare believes that eye exams are an important part of health maintenance. We will ensure that inmates receive proper screening and adequate vision care, which includes proper vision screenings for identification of those at risk for vision problems and comprehensive eye examinations when necessary.

Screening and Referrals

NaphCare will determine the uncorrected visual acuity of each inmate during the intake screening using a Snellen Chart or other similar approved screening instrument. Inmates with screened vision less than 20/50 will be referred to the optometrist. Vision requests can be referred and managed through *TechCare®*, in which the Sick Call Queue is subdivided for disposition by the appropriate provider. Vision requests can be referred to the appropriate optometry service provider based on the priority of the request. Screening records can be processed through *TechCare* for use by the optometry provider.

In the case of ophthalmological/ocular emergencies (lacerations, mechanical injuries, retinal detachment, chemical injury, or other trauma), NaphCare will refer the inmate to ophthalmology, other physicians or specialty services for care.

EE. Proposer shall provide a medical detoxification program for drug and/or alcohol addicted...

NaphCare understands and will comply with this requirement. We provide advanced detoxification and withdrawal services that safely help patients through the withdrawal process.

NaphCare's Detoxification and Withdrawal Program

Correctional facilities nationwide have experienced disproportionate increases in the number of people incarcerated with substance use disorders. According to estimates from the National Sheriffs' Association, at least one-half to two-thirds of the jail population has a drug abuse or dependence problem, and recent studies show a correlation between opioid withdrawal and suicide rates within jails. NaphCare is on a mission to improve the care of people suffering from withdrawal in jails. We have created and implemented advanced protocols for safely managing patients through drug and alcohol withdrawal, including our pioneering work on a revised protocol using a buprenorphine taper to reduce the risks and symptoms associated with opioid withdrawal.

NaphCare's detoxification and withdrawal program is based on standardized national clinical guidelines from organizations such as the American Society of Addiction Medicine (ASAM), and all aspects of the program comply NCCHC standards.

Comprehensive Detox Assessment

The assessment of alcohol and drug withdrawal risk begins with the Receiving Screening. Patients are asked specific questions about alcohol and drug use. Based on their responses, *TechCare®* will automatically open a Comprehensive Detox Assessment. The assessment includes in-depth questions regarding patient substance use and risk of withdrawal from drugs and alcohol. **A screenshot of the Comprehensive Detox Assessment in *TechCare* is included in Appendix K.**

The Comprehensive Detox Assessment is used to determine risk of withdrawal from substances that create clinically significant withdrawal states: alcohol, opiates and benzodiazepines. Patients are screened for all of these substances. Documentation of the assessment and treatment is completed within *TechCare*. Females of reproductive age using any of the above substance categories are tested for pregnancy, and if pregnant, are evaluated by a medical provider to determine appropriate treatment protocol.

For patients at risk of withdrawal, the following actions are taken:

- Enrollment in the Detox Monitor within *TechCare*
- Treatment orders for comfort medications for nausea, diarrhea and generalized pain

- Treatment orders for vitamin supplements and electrolyte replacement hydration (e.g. Gatorade)
- Enrollment in an ongoing assessment and treatment protocol specific to the substance causing withdrawal:
    - Clinical Institute Withdrawal Assessment (CIWA-Ar)
    - Clinical Institute Withdrawal Assessment – Benzodiazepines (CIWA-B)
    - Clinical Opiate Withdrawal Scale (COWS)

These assessment protocols are nationally recognized and accepted as standard of care both in the community and in corrections. All are conducted by licensed healthcare professionals at least twice each day, as indicated by the patient's given history during the Receiving Screening and Comprehensive Detox Assessment. At each encounter, patient vital signs are evaluated and the applicable assessment questions are asked as indicated by the CIWA-Ar, CIWA-B or COWS form used.

Each encounter results in assignment of a score based on responses to questions covering a wide range of withdrawal symptoms including, but not limited to, anxiety, nausea, vomiting, restlessness, tremors, body aches and hallucinations. These scores can then trigger more aggressive treatment protocols for medications for moderate to severe withdrawal.

Detox Monitor

Through *TechCare®*, we are able to monitor and track all patients under observation for withdrawal symptoms and/or receiving detox treatment. As noted above, patients determined to be at-risk of withdrawal are electronically enrolled in the Detox Monitor in *TechCare*. The Detox Monitor offers a single view of all detox patients, giving our clinical team ready-access to the number and names of patients being monitored/treated on any given day.

The Detox Monitor also supports proactive patient care. A list of the most recent withdrawal assessment scores (COWS, CIWA-Ar, and CIWA-b) is included under each patient name allowing a nurse or provider to quickly evaluate score trending and monitor patient response to treatment. The Detox Monitor also includes two counters to track length of enrollment in detox (Length of Stay) and length of time until the next assessment. When it is time for the next assessment, the appropriate scoring tool can be opened and completed from within the Detox Monitor, ensuring treatment protocols are being followed correctly. **A screenshot of the Detox Monitor is included in Appendix K.**

Treatment Medications

As noted above, all patients placed in the Detox Monitor will receive comfort medications and treatments to help with typical symptoms of withdrawal and dehydration. If scores indicate the patient has moved into a more significant state of withdrawal, patients may then be treated with advanced medications to avoid worsening withdrawal or complications, such as seizures and hallucinations.

Alcohol Withdrawal: For alcohol withdrawal, benzodiazepines are most often used, in both corrections and the community, for avoidance of alcohol withdrawal induced seizures. *TechCare* has built-in recommendations for dosing of benzodiazepines based on the scoring of the CIWA-Ar.

Benzodiazepine Withdrawal: For benzodiazepine withdrawal, a longer-acting benzodiazepine is recommended for prevention of seizures. In this case, NaphCare providers typically use tapered doses of Librium (or chlordiazepoxide) based on the scoring of the CIWA-B.

Opioid Withdrawal: The opioid crisis imposes increased risk and liability on local governments and correctional healthcare providers. NaphCare reduces liability and risk by staying on the cutting edge of caring for patients with opioid use disorder. For opioid withdrawal, most correctional facilities use comfort medications and blood pressure management as the primary treatments. NaphCare goes a step further.

NaphCare's advanced opioid withdrawal protocol is used in 100% of our client facilities.

We have incorporated an advanced protocol to administer a five-day taper of buprenorphine (Subutex) for patients who score a nine (9) or higher on the COWS assessment. Buprenorphine is administered under close supervision by NaphCare's medical team, who monitor patients until the medication is completely dissolved to decrease the potential for diversion. The protocol also calls for administration of fluids containing electrolytes by mouth or intravenously for patients with more severe volume depletion. The above-mentioned adjunctive medications are also administered, as needed.

NaphCare has launched our opioid withdrawal treatment protocol in more than 40 county and municipal correctional facilities nationwide, treating more than 500 patients daily for substance withdrawal.

Housing and Observation

Patients booked into the facility under the influence of alcohol or drugs, or who are undergoing withdrawal treatment, are recommended to be separated from the general housing population and placed in observation, segregated cell or a detoxification unit for close monitoring by the clinical team.

Methadone Maintenance

Patients who are enrolled in a methadone maintenance program are evaluated for continuation while in the facility. As necessary, NaphCare will partner with community agencies to provide treatment. For some of our current clients, we have secured agreements from community partners to bring limited doses of methadone onsite for in-jail treatment to reduce offsite send-outs.

Chemical Dependency

Patients with a history of multiple episodes of detoxification are evaluated by a physician who may diagnose chemical dependency, which is flagged in the medical record and listed on the Problem List. NaphCare healthcare professionals are trained to recognize the signs and symptoms of chemical dependency and notify custody if a patient requires specialized placement and observation. Chemically dependent patients are provided an individual care plan, including referral to in-facility mental health and chemical dependency programs (Alcoholics Anonymous, group therapy) and discharge planning services.

Quality Assurance

NaphCare's onsite leadership team performs Quality Assurance studies, as needed, to monitor the efficacy and consistency of our detox program.

To provide an additional layer of quality assurance and support, NaphCare pharmacists work with our centralized STATCare telehealth team to actively monitor detox patients, as patients in withdrawal can rapidly decline. Through *TechCare*, pharmacists review the patient's medical record, including symptoms, vital signs, urine drugs screens and medication requests, to reduce the risk of negative outcomes. The pharmacist notifies STATCare if a patient is identified for follow-up. STATCare providers then make any necessary clinical adjustments in the medical record, and the onsite clinical team follows through on the care plan.

Medication Assisted Treatment Program for Patients with Opioid Use Disorder

NaphCare has a growing body of experience with Medication Assisted Treatment (MAT) programs to combat the opioid epidemic, and we continue to learn and evolve from this experience. NaphCare believes in the promise of MAT to assist our patients with opioid use disorder, and we are among the first in the industry to offer in-jail MAT programs.

NaphCare's Chief Medical Officer for Western States, Dr. Jeffrey Alvarez, is a pioneer in the field. In his prior position as Medical Director for the Maricopa County jail system in Arizona, he implemented one of the first jail-based opioid treatment programs in the nation. NaphCare also consults with Dr. Shawn Ryan, President and Chief Medical Officer of BrightView in Ohio, who is a recognized leader and expert in the field of addiction medicine.

When a patient indicates that they are actively participating in an outpatient MAT program, NaphCare clinicians will make all efforts to continue that treatment through our community partnerships. NaphCare is prepared to partner with Rockdale County and community providers to implement a customized MAT program at the Rockdale County Jail. **We have successfully partnered with several of our clients to secure hundreds of thousands in grant funds to expand and operate MAT programs.** We partner with community methadone agencies and they often agree to bring a limited amount of dosing onsite to the facility, to reduce offsite send outs.

In partnership with our clients and community partners, NaphCare is operating MAT programs at the following client facilities:

- ✓ Hillsborough County Jail, FL
- ✓ Washoe County Sheriff's Office, NV
- ✓ Washington County Jail, OR
- ✓ Benton County Jail, WA
- ✓ Clackamas County Jail, OR
- ✓ Hamilton County Corrections, OH
- ✓ Kitsap County Jail, WA
- ✓ Lewis County Jail, WA
- ✓ Middlesex County Jail, NJ
- ✓ Montgomery County Jail, OH
- ✓ Nashua Street Jail, MA
- ✓ Pierce County Detention and Corrections Center, WA
- ✓ Skagit County Community Justice Center, WA
- ✓ South Correctional Entity Multijurisdictional Misdemeanant Jail (SCORE), WA
- ✓ Spokane County Jail, WA
- ✓ Suffolk County House of Correction, MA

A former inmate's risk of death within the first 2 weeks after discharge is more than 12 times that of other individuals, with the leading cause being a fatal overdose. Medication for opioid use disorder during incarceration has shown a reduction in these post release deaths.

NaphCare's Approach to MAT

NaphCare's approach to MAT is: (1) Multidisciplinary, involving medical and mental health practitioners; (2) Multimodal, treating with a combination of medication and counseling; and (3) Multiphasic, within the jail and in the community post-release. NaphCare recommends providing some combination of approved MAT medications, including naltrexone (Vivitrol), buprenorphine and methadone, as appropriate and available. NaphCare or a

community partner will conduct an initial screening for admission to the MAT program. After this screening, patients are assigned to a MAT medication based on continuity of care or appropriate treatment for induction. With patients for whom naltrexone is indicated and who elect to receive this course of therapy, oral naltrexone may be provided while the patient is incarcerated with a Vivitrol injection and connection to care upon release. NaphCare will partner with community providers to connect patients to comprehensive MAT and behavioral therapy upon release.

Pregnant, opiate addicted female patients are not allowed to go through opiate withdrawal as this endangers the well-being of the fetus. **Patients who are confirmed through testing to be pregnant and opioid addicted will be treated with opioid maintenance medications such as methadone or buprenorphine to ensure the well-being of the fetus.**

NaphCare will not bear financial responsibility for Vivitrol or other injectable MAT medications. NaphCare will seek to obtain free doses of Vivitrol from the manufacturer of this medication, Alkermes, and will work with County to seek grant funding for higher cost MAT medications. NaphCare will bear the cost of administration of oral buprenorphine (e.g. Suboxone and Subutex) and oral naltrexone as medically indicated for MAT therapy within corrections.

According to the National Institute on Drug Abuse, a former inmate's risk of death within the first 2 weeks following discharge is more than 12 times that of other individuals, with the leading cause of death being a fatal overdose. A reduction in post-incarceration deaths from overdose among individuals who had received medication for opioid use disorder in correctional facilities was also found.

FF. Proposer shall provide and pay for all equipment with a value less than $400 not covered under...

NaphCare understands and will comply with this requirement.

GG. Blood specimen collection- The proposer will provide testing for arrested persons brought to the...

NaphCare will comply with this requirement by providing dedicated healthcare staff to perform this function to ensure compliance with NCCHC and ACA standards of care.

6. Program Support Services- In addition to providing onsite services and personnel services and...

A. Medical Audit Committee- The committee shall be responsible for developing, recommending...

NaphCare understands and will comply with this requirement. We form partnerships with our clients and value their input on our healthcare services as it enables us to work together to continually improve the services we provide.

Medical Audit Committee (MAC)

The committee includes a multidisciplinary team to incorporate medicine, nursing, dental, mental health, substance abuse, and Rockdale County Jail administration, as well as any other representatives designated by the County. The committee will be chaired by NaphCare's designee. We will keep meeting minutes and distribute them with an agenda prior to all meetings. Minutes and copies of reports reviewed will be submitted to all committee members. The quality improvement committee will evaluate inmate complaints and grievances. The Medical Director will attend the MAC meeting at least monthly.

We will coordinate with Rockdale County representatives and meet on at least a monthly basis to conduct MAC meetings. Reports will be tailored to include all information requested by Rockdale County administration. To ensure contract compliance and the quality of healthcare provided in the facilities, these joint meetings will be held to monitor performance and make recommendations for improvement. Chaired by NaphCare's HSA, the meeting will foster open communication and cooperative efforts between Rockdale County personnel and our personnel. NaphCare's HSA will review trends and internal findings with the appropriate jail leadership, and periodically, NaphCare personnel will conduct medical audits to include:

- ✓ Scope of Practice Reviews
- ✓ Chart Reviews
- ✓ Occurrence Screens
- ✓ Indicator-Driven Reviews
- ✓ Drug Usage Evaluations
- ✓ Morbidity and Mortality Reviews

B. Quality Assurance Program- The medical director will establish a Quality Assurance Program for...

1. **In-service medical education programs for Sheriff's employees;**
2. **Personnel files shall be maintained on contractual personnel and made available to the...**
3. **The quality assurance program must be consistent with any requirements of the Sheriff, and...**
4. **Periodic meetings shall be held between the Sheriff's staff and Contractor's staff to review...**

NaphCare understands and will comply with these requirements. For a description of our Correctional Officer Training, please see our response to section ""V. Medical Requirements to be Provided," "5. Required Health Care Services," "J. Health Education."

Continuous Quality Improvement (CQI) Program

Throughout all our services, NaphCare applies quality assurance and compliance principals and initiatives. We will establish and implement a continuous quality improvement (CQI) program to monitor, evaluate, and improve efficiency, cost-effectiveness, appropriateness, and quality of healthcare services. Our CQI program complies with *NCCHC J-A-06* and *ACA Standard for Health Care Internal Review and Quality Assurance, 4-ALDF-4D-24.*

NaphCare's onsite CQI Program monitors, evaluates, and improves efficiency, cost-effectiveness, quality, and appropriateness of care provided to the inmate population. The CQI Program monitors and evaluates healthcare delivery, makes changes to improve healthcare delivery, and resolves identified problems. Our site Health Services Administrator routinely runs reports that look for trends and performs CQI studies that he or she reports on at the regularly scheduled meetings with correctional and corporate leadership, including MAC meetings. NaphCare has regularly scheduled committee meetings at the corporate office including the Pharmacy and Therapeutic Committee, Morbidity and Mortality, and clinical and operational meetings to review statistical data, track trends and develop improvements. These finding are then shared with the HSA, so that he or she can continually work collaboratively with the jail staff to improve the level of care. Components of the CQI Program include the following:

- ✓ Credentialing and reappointment of healthcare staff,
- ✓ Peer review,
- ✓ Utilization management review,
- ✓ Health record review,
- ✓ Patient satisfaction surveys,
- ✓ Risk management activities,
- ✓ Mortality review, and
- ✓ Staff development.

Corporate CQI staff works to empower onsite staff in their participation in CQI onsite. NaphCare leadership like Dyni Brookshire, Director of Accreditation and Compliance, helps to train the HSA on their role in the onsite CQI process. We also help the sites develop a CQI calendar that plans onsite studies over the course of a year and provide templates for the studies they would like to perform at their particular facility.

The CQI Program is comprised of the following reviews and studies:

- ✓ **Independent Review:** The evaluation of a healthcare professional's compliance with discipline-specific and community standards, including an analysis of trends in a practitioner's clinical practice.

- ✓ **Peer Review:** A process wherein, at set intervals or by special requests, the medical practices and management of a given practitioner are reviewed by another practitioner at the same or higher level. The clinical performance of the facility's primary care providers is reviewed at least annually.

- ✓ **Process Quality Improvement Study:** Examines the efficiency of the healthcare delivery process. Primary focus of a study may be on "high-volume," "high-risk," or "problem-prone" services of care. One example of an annual process study that NaphCare performs is the process of documentation on the electronic medication administration record (eMAR) in *TechCare®*. The expected process is for the nurse to enter documentation on the eMAR for every scheduled medication administration (without exception).

- ✓ **Outcome Quality Improvement Study:** Examines whether expected outcomes of patients' healthcare were achieved. Primary focus of a study may be on "high-volume," "high-risk," or "problem-prone" services of care. An outcome study that NaphCare is currently working on is related to diabetic patients. Given medical intervention by NaphCare site staff, the outcome for diabetic patients will be a decreased $HgbA_1C$, which indicates improved control of diabetes.

To enhance communication, we will share results through monthly committee meetings and monthly reports to Rockdale County administration. An annual summary is also prepared as part of the annual report. Our CQI program includes all onsite disciplines and also includes the jail administrator and contract monitor.

CQI Committee

Our CQI committee includes the following members (variances are allowed for facilities where some of these positions are not represented on staff):

- ✓ Institution Administrator/Designee;
- ✓ Institution Security Representative;
- ✓ Medical Director;
- ✓ Health Services Administrator;
- ✓ Director of Nursing, if applicable;
- ✓ Medical Records Clerk, if applicable;
- ✓ Mental Health Director or designee; and
- ✓ Institutional staff as locally determined (this typically includes a representative from mental health, dental, food services, and any other area that has a special program).

The CQI committee monitors and evaluates healthcare delivery, makes changes to improve healthcare delivery, and resolves identified problems. To enhance communication, the committee will meet monthly and provide reports to the site administration. The corporate CQI team also meets to review and assist with their CQI studies and actions. The goals of the onsite and corporate meetings are to:

- ✓ Establish standards for clinical practice,
- ✓ Increase clinical and operational productivity,
- ✓ Ensure cost-effectiveness,
- ✓ Monitor utilization and clinical practice patterns,
- ✓ Review discharge planning practices,
- ✓ Identify high-risk patients,
- ✓ Track and trend infectious diseases,
- ✓ Meet contract obligations, and
- ✓ Recommend issues for improvement or change.

Quality Assurance Activities

We are committed to a high level of quality and excellence. We strive to monitor and improve healthcare delivery at our client facilities to enhance patient safety. Our quality assurance activities add value to our overall healthcare program by improving the quality of patient care at the jail site, decreasing the need to send inmate patients offsite for care. **These efforts not only enhance quality, but also have saved our clients 30% in cost, proving that you don't have to reduce services to reduce costs.**

CQI activities will focus on the following:

- ✓ Establishing standards for clinical performance;
- ✓ Increasing clinical and operational productivity;
- ✓ Ensuring cost-effective processes;
- ✓ Monitoring utilization, resource consumption and clinical practice patterns;
- ✓ Ensuring appropriate admissions to internal or external skilled nursing facilities, including community hospitals, with adequate justification for length of stay;
- ✓ Ensuring the timely collection and reposting of accurate information for clinical and financial decision-making;
- ✓ Implementing discharge-planning efforts to streamline hospitalizations;
- ✓ Identifying high-risk patients;
- ✓ Providing quality care; and
- ✓ Recommending quality issues that may be appropriate for clinical updates, policy and/or procedure change.

Quality Assurance with the *TechCare* System

TechCare is a valuable tool in ensuring quality assurance, contract compliance, and the timely performance of standard medical protocols in the correctional setting. We self-audit our services on a daily basis to ensure full compliance in the correctional setting. We provide administration with a contract compliance report that demonstrates our adherence to the contract standards. Through *TechCare*, we give all jail commanders a daily report via email that details the services provided in the last 24 hours. This provides quality and contract assurance at your fingertips.

Our system is a continuous quality assurance study of inmate care. It alerts onsite healthcare professionals and corporate leadership of inmate patient quality assurance exceptions. Simply put, our system sends warnings to the

charge nurse when patient care parameters are out of bounds, or a patient care appointment is missed. We currently check the inmate patient population for the following:

- ✓ *TechCare* provides real-time reports on the status of initial and annual physicals, TB read reports, positive mental health screenings, missed medications, and pending patient appointments.
- ✓ Overdue initial physicals
- ✓ Overdue annual physicals
- ✓ Medication exceptions are sent to the charge nurse for follow up.
- ✓ A daily report is sent to the HSA listing any active inmate without a TB Read recorded in *TechCare*.
- ✓ Follow-up for Positive Mental Health Screenings to ensure that any inmate with a positive mental health screening is scheduled and seen by a mental health professional for a more in-depth evaluation.
- ✓ Upon each emergency room visit, notification emails are sent immediately to your facility. Documentation of ER visits is tracked and monitored via *TechCare* to identify outliers and further ensure continuity of care.

Our system adds value to NaphCare's overall healthcare program by improving the quality of patient care at the jail site, decreasing the need to send the inmate patient offsite for care. These efforts not only enhance quality, but also have saved our clients 30% in cost, proving that you don't have to reduce services to reduce costs.

Clinical Dashboards

A special feature of the EHR system, *TechCare,* is the Doctor's Queue and Nurse's Queue, which provide a daily workload for physicians and nurses. We are the only correctional healthcare company to provide a variety of dashboards for its clinical staff. With the queue, physicians and nurses can access and review inmate records quickly and thoroughly.

The Doctor's Queue provides the physician with a list of items needing physician approval or review to ensure timely follow-up for medical needs: Histories and Physicals, medication orders, lab results, offsite requests, glucometer readings, sick call requests, and UM review.

The Nurse's Queue provides a quick and complete clinical review of all the pertinent information that a nurse needs for the day or shift, all in one place. It electronically alerts staff of clinical issues that require immediate action, organizes services (e.g. sick call), and lists services that require the review of an advanced clinical provider. For example, the queue lists items awaiting review by the Charge Nurse or Nurse Manager, including Receiving Screens, TB reads, and utilization management requests. This queue also contains a Message Board which allows for inter-faculty communication. **The Nurse's Queue ensures accountability through the ability to view reports quickly and the system of follow-ups it offers.**

Pharmacy Quality Assurance Activities

Our pharmacists review almost 12,000 patient medication profiles each month. We apply the same techniques that are used for nationally recognized Medication Therapy Management systems to provide proactive care to our patients. Pharmacists perform a comprehensive medication review to identify, resolve, and prevent medication-related problems, including adverse drug events.

- ✓ **Duplicate Therapy Avoidance:** Our pharmacy team is trained to promptly report unanticipated problems involving risk to patients. As a result, our pharmacists identify possible duplicate therapy orders and prevent prescribing medications of the same class for those patients.

- ✓ **Dosing Recommendations:** Our pharmacists provide dosing recommendations and medication information to ensure that patients' medications are given in effective doses that are appropriate for the patient and the condition being treated. This prevents doses that are not therapeutic or may be toxic to the patient.

- ✓ **Drug Interaction Avoidance:** Through our prescription profiling activities, we identify potentially severe or life-threatening reactions that could result from the actions of some medications when used together. Upon identification of possible adverse effects, the pharmacy team notifies the site staff within 24-hours.

- ✓ **Continuous Monitoring of Medicated Patient Inmates:** Our CQI system is designed to prevent near-miss clinical events. Therefore, patients' blood-pressures are monitored during drug administration. Providers are notified of all patients with elevated blood pressure or blood glucose readings, and appropriate clinical action is taken. Furthermore, the pharmacy alerts the site medical staff when immediate action needs to be taken to proactively promote patient safety of individuals that are being closely monitored through our medical records system.

- ✓ **Identification of Chronic Care Patients:** Using *TechCare*®, the pharmacy team analyzes profiles with chronic care medications, identifies chronic care patients who may not have been identified yet, and updates the patient medical record. This ensures that patients are receiving adequate chronic care. Additionally, if a patient has been incarcerated for more than 30 days and has been receiving a chronic care medication but has not been flagged as a chronic care patient in the medical record system, then the pharmacy sends out a second request for the patient to be re-assessed.

C. Cost Containment Program- The successful proposer must specify a detailed plan for the...

NaphCare understands and will comply with these requirements. We achieve cost savings for our clients through prioritizing onsite care and providing quality, proactive healthcare that keeps our patient population healthy.

Cost Containment Program

At NaphCare, fiscal responsibility is a business imperative. We strive to ensure appropriate and efficient use of taxpayer dollars while providing the highest quality of care to incarcerated members of your community. Healthcare is expensive, and in today's economic climate, we understand that the County must be especially mindful of costs. As medical expenses increase year after year, many correctional healthcare companies want to limit these cost increases. An easy but problematic approach is to deny care, delay payments, and dis-enroll the sick. Some providers compromise quality of care to improve their bottom line, but this can lead to greater costs down the road through litigation and expensive offsite specialty care.

Our solution is to keep healthy patients healthy, to help sick patients become healthy, and to assist chronically ill patients to manage their disease and remain stable. We strongly emphasize health maintenance and disease prevention principles, coupled with our electronic operating system and other advanced data and communications technologies. We enable our healthcare staff to practice good medicine and encourage our clients to monitor and understand the results. This "prevention partnership" yields better overall health in your inmate population while it delivers a constitutional level of cost-effective care that meets national clinical standards.

NaphCare knows how to save money while also providing care that does not withhold quality. Our goal is to help you use taxpayer funds in the most efficient way, and we pride ourselves on our ability to price projects correctly

and within the budgets defined by the County. **NaphCare does not compromise inmate care, which makes us the optimum value for Rockdale County.**

Our creative programs streamline services by using technology to ensure safe, standardized, evidence-based medical and mental health practices. Our approach seeks the efficient provision of services and eliminates the need for duplication, which also saves you money. At all of our client facilities, the onsite healthcare staff focuses on preventive care, continuously working as a team to prevent unnecessary offsite referrals and emergencies. In the event that offsite care is necessary, NaphCare's first-rate Network Management Department negotiates discounted fees for inpatient and outpatient hospital-based services. **We offer the following proven, cost containment strategies:**

- ✓ **Electronic Operating System:** *TechCare®* increases efficiency and quality in your healthcare program, thereby providing actual cost savings for our clients:

  - 20% reduction in pharmacy costs for our current jail clients
  - 10% decrease in offsite costs for our current Federal Bureau of Prison clients
  - Decrease in clinical operation costs, with an increase in quality of care
  - Minimizes the risk of expensive litigation
  - Saves money on supplies
  - Corporate Support
    - Multi-layer review of every patient's intake information.
    - Early identification of high acuity patients that require immediate attention.
    - Early stabilization of patients with chronic care needs.
    - Identification of trends and training issues to educate our staff continually.
    - Initiation of all medication and treatment orders within 24-hours of booking by corporate clinical team.
      - Patients are stabilized earlier.
      - Reductions in after-hours calls to the provider.
  - Reduction in duplicate medication orders and prevention of adverse events.
  - Formulary management and control.
  - Decreased hospital admissions.

  Rockdale County will experience the capability of *TechCare* and the potential it offers beginning **day one**. *TechCare* will quickly become an invaluable tool for healthcare and correctional staff alike.

- ✓ **In-house Pharmacy Program:** One of the main contributors to the cost of correctional healthcare is pharmaceuticals, so the ability to manage pharmaceuticals effectively is essential to create savings. Our processes and technology ensure the most cost-effective and safe pharmaceutical program available.
  - Owning our pharmacy allows us to purchase and package pharmaceuticals at or below wholesale costs.
  - Through formulary management, we maximize the use of standardized generic drugs whenever possible, which provide the same clinical effects as brand-name drugs at a fraction of the cost (20% savings) and have been proven safe and effective over time.

NaphCare is the ONLY company in the industry that owns and utilizes its own pharmacy, creating cost savings through access to wholesale medication costs.

- NaphCare pharmacists provide a thorough clinical review of all drug orders for accuracy, safe dosage, allergies, drug interactions, need for drug, and duplications. By reviewing all drug orders, we can prevent the additional costs of offsite visits caused by drug interactions and excessive doses.
- Our innovative automatic reordering system matches refills with distribution, ensuring the client only pays for what is used.
- NaphCare employees also receive outstanding benefits from NaphCare's in-house pharmacy. Employees who elect NaphCare's health insurance plan can receive prescriptions **FREE OF CHARGE** when filled by our corporate pharmacy. This eliminates the cost of any co-pay for prescriptions and is a benefit exclusive to NaphCare.

✓ **Reducing Emergency Inmate Transports:** One of NaphCare's cost containment strategies is to reduce offsite transportation. We are experienced and successful in reducing inmate transports at our client facilities by providing a preventive approach to healthcare and organized, comprehensive Utilization Management and Medical Scheduling services.

Our proactive approach lends itself to cost-effective care naturally. When we identify medical and mental health issues early, before they become urgent or dangerous, we can intervene and prevent healthcare emergencies and offsite trips. This has led to cost savings and reduction of officer transport time for clients across the country who have seen this reduction in ER trips and hospital admissions.

NaphCare has begun ER training as another way to improve care and reduce the number of offsite visits at our client facilities. The training topics include management of wounds (suturing vs. skin glue), fractures (when to splint vs. send to ER for urgent evaluation), seizures, head injuries, epistaxis, and eye injuries. This teaching is invaluable to the jail team as it gives them the education and experience to manage more issues onsite and improves the overall healthcare of the patients.

✓ **Utilization Review:** NaphCare offers one of the strongest utilization review programs in the industry. Our program decreases the length of stay for necessary inpatient procedures by monitoring hospitalized inmates' medical progression on a daily basis. *TechCare* and our web-based systems play an integral part in managing the care of any inmate needing outside services. Not only do we provide a daily list of all inmates currently hospitalized, but we also detail the clinical course and treatment plan. This data allows us to track and trend offsite care in order to find opportunities to reduce costs and bring specialties onsite.

NaphCare's utilization review processes produce positive outcomes for our clients that are evident quickly upon contract inception. After beginning services for our jail clients, NaphCare's utilization review processes *produced significant decreases in the number of offsite services.*

✓ **Rockdale County Preferred Provider Network:** We are experienced in developing and maintaining preferred provider networks for our clients. Currently, we coordinate offsite care and specialty medical services for 31 Federal Bureau of Prisons (BOP) facilities and 30 jails. This network contains over 16,200 physicians and 400 facilities across the country. Because we already provide healthcare services for neighboring Newton County, we already have several contracted medical providers within Rockdale County. If awarded the contract, we will continue to develop and maintain a cost-effective network for the County.

NaphCare's experience developing and maintaining large hospital and preferred provider networks generates substantial reductions in cost for our clients. **Also, our average cost savings on re-priced claims are 60% off usual and customary charges–savings generated through effective contracting and negotiating with community providers.**

Because we already provide healthcare services for neighboring Newton County, we already have several contracted medical providers within Rockdale County.

- ✓ **Insurance Program:** An important factor to consider when choosing a provider is whether the insurance limits will extend to the County as an Additional Insured. NaphCare's insurance program guarantees the County is an Additional Insured on NaphCare's insurance policies. In addition to the benefits of managed care, privatization offers the County the ability to transfer legal liability associated with the provision of healthcare to a private company. One of the best indicators of a company's financial stability is its ability to secure insurance and a bonding line; NaphCare is able to do both. NaphCare meets all insurance requirements specified in the RFP.

- ✓ **Infirmary Care:** Optimal use of infirmary-level care allows needed medical services to be provided to sicker and more complex patients onsite. Appropriate treatment and monitoring of these cases within the facility reduces the number of transports for offsite care. This not only controls costs but keeps officers from being pulled away from their posts in order to escort patients away from the facility. NaphCare fully supports the fullest use of infirmary care and provides our extensively trained staff with the resources needed to safely maintain patient care onsite.

- ✓ **Onsite Specialty Clinics:** NaphCare seeks to provide the maximum level of clinical activity onsite in order to reduce security resources and enhance cost-effective care. With proven negotiation and successful network development, the Network Management Department will arrange onsite specialty services, when warranted, for high volume inmate health needs.

Cost Containment Results/Accomplishments

NaphCare has a proven track record of achieving cost savings for our clients by reducing offsite utilization. Some of the cost containment accomplishments we have achieved include the following:

Client	Cost Containment Accomplishments
Hamilton County Corrections System	• **NaphCare has reduced overall offsite trips by 50%, going from 1,157 to 575 trips.** We have also reduced ER trips by 15% within one year. • Overall Medical Trips reduced by 36% per 1,000 inmates over the course of the contract • **ER Trips reduced by 39% per 1,000 inmates over the course of the contract** • Inpatient Admissions reduced by 10% per 1,000 inmates over the course of the contract • Outpatient Consults reduced by 39% per 1,000 inmates over the course of the contract
Montgomery County Jail	• **NaphCare has reduced overall trips by 40%, reduced ER trips by 14%, and reduced inpatient admissions by 58%.** • Offsite expenditures have decreased by 30%.

Client	Cost Containment Accomplishments
Hillsborough County Jail	We began our services in October 2014. The cost of offsite care dropped by 25% from year one to year four. It dropped another $130,000 from year two to year three. Using annualized projections, offsite costs for the current contract year are predicted to be 44% lower than they were in year one. This was achieved by a coordinated effort of higher-level onsite patient care, dedicated management by the onsite Medical Director, robust Utilization Management and Case Management from both the corporate and onsite teams, and sophisticated claims adjudication and processing.

D. Management Information System- The successful proposer must indicate the methods to be used...

Because all healthcare interactions are captured in *TechCare* in real time, we are able to provide extensive reporting to our clients. This transparency builds a strong partnership and helps us identify areas of possible improvement.

NaphCare's Reporting Capability

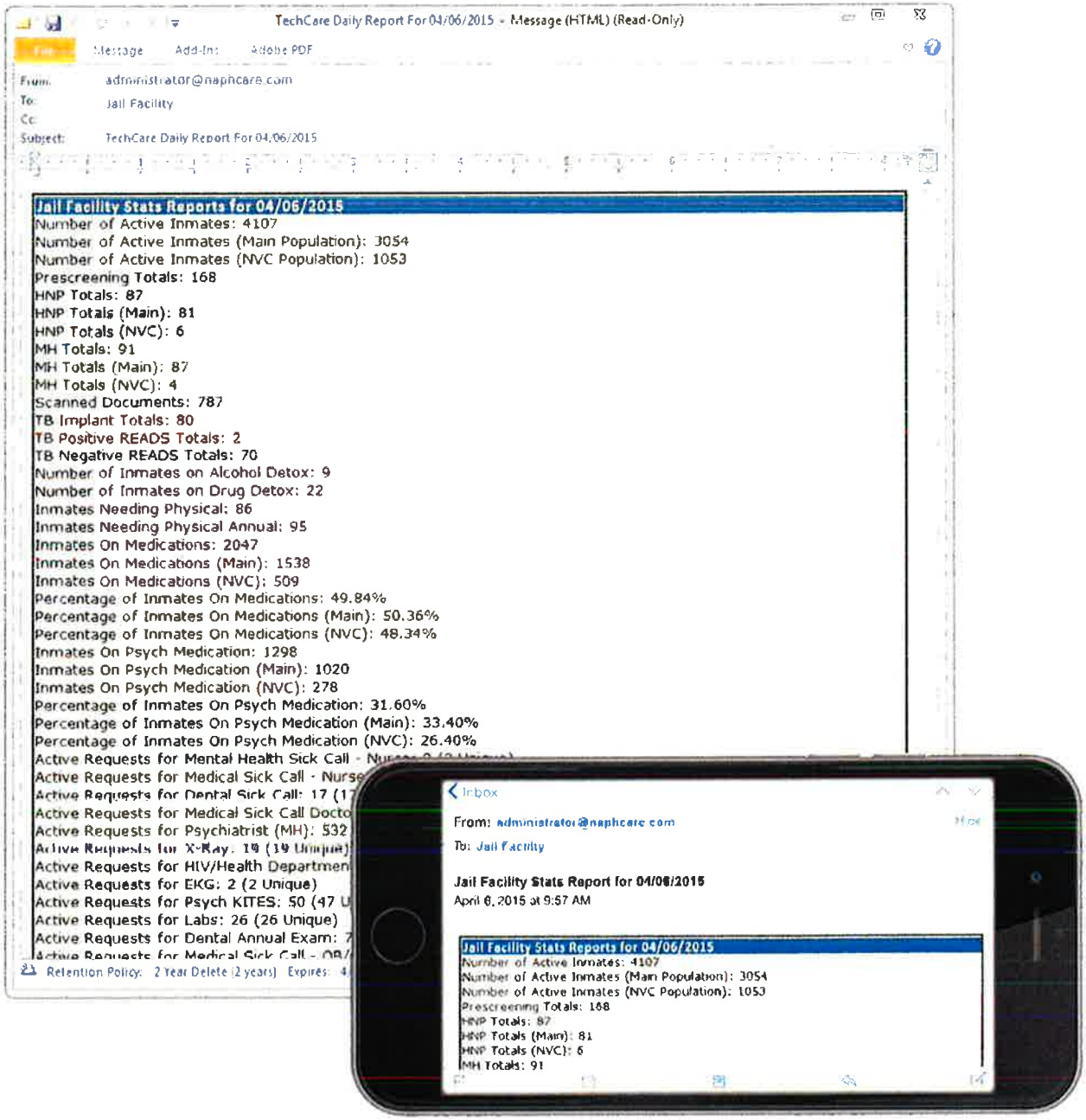
NaphCare connects facility administrators with the medical team through an easy-to-use reporting system that provides full transparency and keeps you informed of our services throughout your correctional facility. NaphCare's electronic operating system, *TechCare®,* captures health services data and offers reporting functions that are clinically meaningful to users. *TechCare* creates reports that show your administration the current, daily, monthly, and yearly snapshot of medical services. Hundreds of reports come pre-loaded in *TechCare* as the following examples illustrate. This list is an example of the reports that are provided, at a minimum:

- ✓ Daily Hospitalization Report (*via email*)
- ✓ Detailed Weekly Report
- ✓ Detailed Monthly Utilization Report
- ✓ Inpatient/Outpatient Statistical Report by Service
- ✓ Offsite Visit Report

Daily Reports

Via email, we will provide Rockdale County Jail administration with a daily statistical report that details the services provided in the last 24 hours. **This provides quality and contract assurance at your fingertips. Reports also help identify trends before they become expensive issues.**

As an example of the Daily Report that is sent electronically to clients, the following sample email portrays how we provide requested data. This report can also be downloaded and displayed on an iPhone for easier access.



Monthly Reports

The following screenshot shows a monthly report, which includes screenings and general information, chronic care, infectious disease, sick calls completed, and much more.

TechCare Monthly Report

	January/2019	February/2019
SCREENINGS AND GENERAL INFORMATION		
Average Daily Population	3134	3016
Active Inmates	5917	5515
Receiving Screenings Performed	3301	3153
Mental health evaluations performed	859	719
Physical assessments performed	3210	3061
Total PPD reads	253	214
Positive PPD	7	2
Pregnant patients	45	36
Patients with PREA designation	731	695
Patient grievances submitted	0	0
PATIENT MONITORING		
Patients receiving CIWA monitoring	366	350
Patients receiving COWS monitoring	356	338
Patients on suicide watch	240	185
Infirmary/medical housing patients	583	550
PHARMACY AND LABS		
Medication Orders	18075	15990
Patients on medication	3522	3334
Patients on mental health medication	1707	1565
Patients on HIV medication	69	64
Patients on medication - Daily Average	1944	1921
Patients on mh medication - Daily Average	1140	1113
Non-formulary medication orders	266	176
Lab tests completed	2066	2296
Non-formulary lab orders	35	34
CHRONIC CONDITIONS		
Patients with any chronic medical condition	2345	2287
Neurological	435	414
Respiratory	661	621
Cardiovascular		
Gastrointestinal/hepatic		
Endocrine		
Hematology/oncology		
Infectious disease		
Other		
SICK CALLS		
Chronic Care		
Dental		
Dental Annual		
Dental Juvenile		
Discharge Planner		
EKG		
HIV/Health Department		
Medical Chart Review		
Medical Nurse		
Medical Provider		
Mental Health Chart Review		
Mental Health PHD		
Mental Health Professional	1282	1019
Mental Health Provider	1602	1372
OB/GYN	63	32
Orthopedics	27	42
Physical Therapy	7	7
Ultrasound	11	18
X-Ray	328	311
OFFSITE SERVICES		
Hospitalized patients	22	12
Inpatient hospital days	69	45
Offsite appointments completed	57	96
Patients sent to the ER	32	31
Ambulance Runs	24	14
INFECTIOUS DISEASE		
Hepatitis A flag	5	5
Hepatitis B flag	1	6
Hepatitis C flag	57	47
HIV/AIDS	24	16
Syphilis	2	1
Gonorrhea	2	3
Chlamydia	7	7
Ectoparasites	11	0
Active tuberculosis	0	1
Respiratory infection	1	0
Antibiotic-resistent infection	0	0

Offsite Reporting

Data has value when it can be used to improve the care delivery process. We analyze costs, trends, and provide reports in any format you request. We study statistics that aid you in improving your utilization of offsite care. Our sophisticated reporting capabilities, combined with our strong correctional operations experience, will generate meaningful reports with information you can use. NaphCare offers:

- ✓ **Daily Hospitalization Report**—including reason for admission and length of stay.
- ✓ **Detailed Monthly Utilization Report**—including detailed time frames for each process of the review.
- ✓ **Inpatient and Outpatient Statistical Report**—by service and location.
- ✓ **Specialty Services**—consults, procedures, and diagnostic services.
- ✓ **ER Trips**—by service and location.
- ✓ **Utilization Review**—by disease classification.

Staff Time Reporting

NaphCare efficiently maintains and manages a facility's labor force using a web-based timekeeping and scheduling system—ShiftHound. **Using this software, we will provide the Rockdale County Jail with staffing audits.** This application streamlines the entire staffing management process by enabling the creation of schedules based on contract requirements and tracking real-time attendance information.

E. Complaint Procedure- **The successful proposer must specify the policies and procedures to be...**

NaphCare understands and will comply with these requirements.

Inmate Complaint/Grievance Procedure

NaphCare wants to ensure that every inmate concern, complaint, or grievance is addressed by the Health Service Administrator or designee in a timely manner and in accordance with NaphCare procedures. We maintain a complaint and grievance process available to all inmates, which provides an open and meaningful forum for their concerns, the resolution of these complaints, and is subject to clear guidelines. The Corporate Clinical Department and Corporate Legal Department will provide clear oversight of the complaint process. NaphCare's policy and procedures for grievances and complaints comply with NCCHC and ACA standards.

NaphCare has an electronic system that tracks complaints from receipt to resolution. Our proprietary *TechCare*® Grievance Tracker provides automated daily mail notifications to multiple key operations and risk management staff, including our Chief Legal Officer. This innovative daily alert feature ensures that urgent issues receive immediate attention, from the right people.

NaphCare encourages inmate issues be resolved on an informal basis without the need for filing a formal complaint. NaphCare's complaints and grievances policy includes an informal process:

- ✓ Inmates shall always be encouraged to discuss healthcare concerns with the appropriate member of the health care staff.
- ✓ The Health Services Administrator, when possible, will encourage and make available informed mechanisms for the communication of, and potential resolution of, inmate health care concerns.
- ✓ The Health Services Administrator is encouraged to meet informally with representatives of the department (e.g., chaplain) who may have input on the adequacy of health care delivery.

NaphCare's grievance process begins by ensuring that inmates have an open forum to voice their complaints; no inmate will be denied access to the grievance process. Our personnel are trained to seek resolution to inmate

concerns before they escalate into grievances. Once an inmate files a grievance, a systematic process is triggered that is fully compliant with all relevant NCCHC and ACA guidelines. This process is overseen by our Chief Medical Officer and our Chief Legal Officer. Any grievances that we are unable to successfully address will be escalated to an appeal process.

NaphCare staff will respond to inmate grievances in a timely manner based on principles of adequate medical care. The process for response is as follows:

1. Upon receipt of the Health Care Grievance form from the inmate, the receiving health care staff will complete the "Date Received" section of the form in front of the inmate.
2. The HSA or designee will then investigate the health care grievance including, if necessary, meeting with the inmate, interviewing witnesses, and taking statements.
3. The HSA will respond to the health care grievance in writing within ten (10) days.
4. The HSA will record and scan the original Health Care Grievance form and any witness statements and attachments submitted by the inmate in *TechCare* (grievances section; not the medical record).
5. The inmate will be given a copy of the Health Care Grievance form and the written response. The inmate will sign and date the Health Care Grievance form, acknowledging receipt.
6. In the event that an inmate feels that the Health Care Grievance has not been satisfactorily resolved by NaphCare, an appeal may be submitted to the Health Services Administrator within five (5) calendar days following the inmate's receipt of the response to his/her Health Care Grievance.
7. The inmate shall utilize the Health Care Grievance Appeal form when filing his/her appeal.
8. Should the inmate fail to timely file his/her appeal within the allotted time frame, said appeal shall be denied.
9. The HSA, and/or his/her designee, shall provide a timely response to the inmate's appeal within ten (10) calendar days following the inmate's appeal.
10. Each inmate shall be entitled to one appeal per Health Care Grievance.

Other features of NaphCare's grievance process include the following:

- Upon entrance into the facility, each inmate receives information about the grievance procedure and how to file a grievance form.
- All NaphCare personnel are required to attend training regarding the grievance procedure.
- Inmates with special needs (such as impaired vision, hearing problems, language barriers, etc.) who request special assistance in completing a grievance form receive assistance.
- Grievance notification alerts are emailed automatically to key staff daily.
- Grievances are reviewed and responded to by healthcare staff daily.
- Our grievance process complies with all relevant NCCHC and ACA guidelines.
- Our grievance process includes electronic tracking of all medical grievances and concerns, along with our healthcare staff's response.
- NaphCare personnel receive ongoing corporate support and education pertaining to grievance management.

NaphCare will generate a monthly report of complaints received and provide it to the County. The report includes: inmate name, identification number, date the complaint was received, complaint description, date of response, and a brief description of the resolution. NaphCare's Grievance Tracker system is a fully data-minable electronic database. As a result, grievances can be filtered by inmate or type of grievance, therefore allowing tracking of similar type issues.

NaphCare regularly creates and reviews reports of grievances and their disposition to help identify and resolve problem trends. We do this because we view grievances as an instrument for helping us identify ways to continually improve our care and processes. In keeping with this philosophy, NaphCare prepares a corrective action plan for substantiated grievances. This methodical approach to grievance tracking results in ever-improving patient care.

F. Policies and Procedures- The contractor must establish and implement written policies and...

NaphCare understands and will comply with this requirement. For a description of our Policy and Procedure process, please see our response to section "III. Minimum Qualifications for All Proposers," "7."

G. Accreditation - The Contractor must secure and maintain Medical Association of Georgia...

NaphCare understands and will comply with this requirement. For a description of our Accreditation Experience, please see our response to section "III. Minimum Qualifications for All Proposers," "4." While we do not currently have any clients with Medical Association of Georgia accreditation, we have been in contact with Association leadership about the requirements and are confident we can help Rockdale County Jail acquire this accreditation if desired.

H. Strategic Planning and Consultation- The successful proposer must indicate its capability for...

NaphCare understands and will comply with this requirement. We value our partnership with our clients and routinely provide planning and consultation services for them. We ensure an open line of communication with Rockdale County to help you address any concerns or issues. We are confident in our ability to provide creative solutions that adapt to meet your needs and provide your inmates with constitutional, quality care.

NaphCare will comply with this requirement. NaphCare is currently consulting on building expansion at our Franklin County, OH client site and would be available to the County for consultation should the County desire.

Strategic Planning and Consultation Abilities (Non-Building)

NaphCare is capable of offering strategic operational planning and medical and administrative consultation for the Rockdale County Jail. We look forward to working closely with Rockdale County to develop the most efficient, cost-effective healthcare program possible. Our corporate staff includes professionals that are highly experienced in correctional healthcare and knowledgeable about correctional standards. These people are available to provide support and consultation to the Jail as needed.

We ensure an open line of communication with Rockdale County to help you address any concerns or issues. We are confident in our ability to provide creative solutions that adapt to meet your needs and provide your inmates with constitutional, quality care.

NaphCare's Expansion Consultation Experience

NaphCare is experienced in assisting our clients with facility expansion and growing inmate populations. We have previous experience in the design, renovation, and construction of correctional dialysis facilities, utilizing our relationships with several construction companies who are experienced in the construction and renovation of correctional facilities. NaphCare's experience in renovation and design includes the following:

- ✓ **North Carolina Department of Corrections – Scotland Correctional Institution, Laurinburg, NC:**
  - We were awarded a contract for Design, Construction and Operation of a 18-Station Modular Dialysis Facility.
  - Our Dialysis Division served as Project Manager for the construction project.
  - NaphCare, working alongside Satellite Shelters, Inc. and the NCDOC in a collaborative effort, was able to construct a 18-Station Freestanding Dialysis Unit within the Scotland Correctional Institution secure perimeter.
  - This project increased the maximum dialysis patient capacity from 72 patients to 108 patients.
  - We successfully assisted in relocating the patients and equipment to the new facility and began providing services without interrupting the patients' treatments.

- ✓ **North Carolina Department of Corrections – Hoke Correctional Institution, McCain, NC:**
  - We were awarded contract for Design, Construction and Operation of a 12-Station Modular Dialysis Facility.
  - Our Dialysis Division served as Project Manager for the construction project.
  - NaphCare, working alongside ModSpace and the NCDOC in a collaborative effort, was able to construct a 12 Station Freestanding Dialysis Unit within the Hoke Correctional Facility secure perimeter.
  - This project increased the maximum dialysis patient capacity from 30 patients to 72 patients.
  - Project was completed in only 28 weeks.
  - We successfully assisted in relocating 30+ patients and equipment to the new facility and began providing services within a 72-hour period without interrupting the patients' treatments.

- ✓ **North Carolina Department of Corrections – Central Prison Hospital and Women's Correctional Institution, Raleigh, NC:**
  - NCDOC built two new medical facilities in a multi-year project at the Central and Women's Prisons in Raleigh.
  - We assisted the DOC with the planning and design of the dialysis space in both facilities.
  - After completion of the new medical facilities, we successfully assisted in relocating 40+ dialysis patients and all related dialysis equipment to the new facilities and began providing services within a 72-hour period without interrupting the patients' treatments.

- ✓ **Federal Bureau of Prisons – Medical Center, Ayer, MA:** We assisted in the completion of several different renovations of this facility, all of which were accomplished while continuing to provide dialysis services onsite:
  - Expansion from 11 chairs to 15 chairs.
  - Further expansion from 15 chairs to the current 21 chairs.
  - Upgrade of RO water system and installation of new water loop.

- ✓ **Colorado Department of Corrections, Denver, CO:** We were involved in the design and construction of a new dialysis facility located at the Denver Correctional Facility. This was a relocation of an existing unit. We assisted in this accomplishment while continuing to provide services onsite without interruption.

- ✓ **Federal Correctional Complex, Terre Haute, IN:** We are expanding the contracted hospital's secure ward from an 8-bed unit to a 25-bed unit. We are overseeing the requirements for prisoner security, working with the Bureau of Prisons and wardens, and managing construction with the hospital. Our job is to oversee all aspects of this expansion.

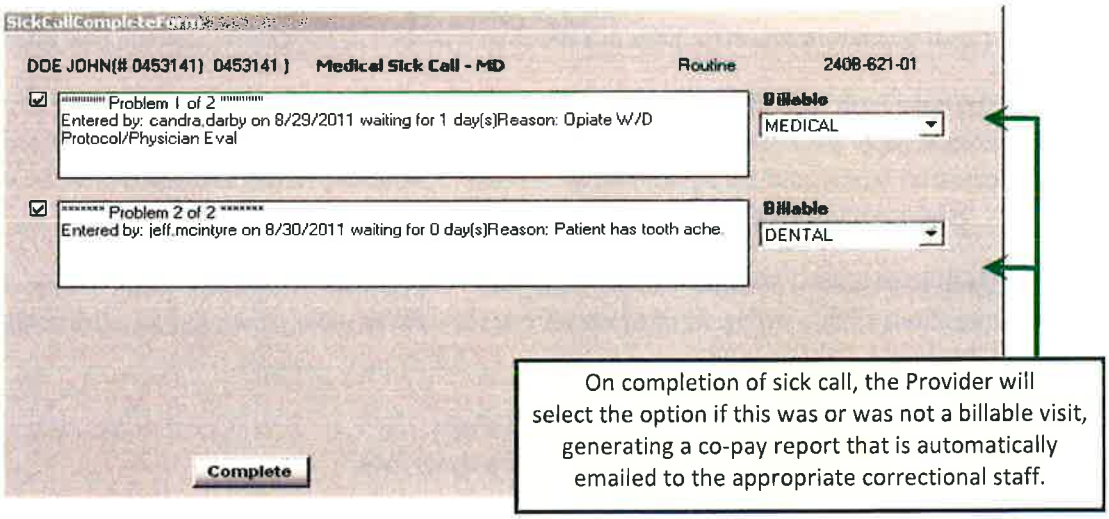
- ✓ **Franklin County Corrections Centers I and II:** We are currently helping Franklin County Corrections to plan the development and building of a completely new correctional facility. Through our consultation, we are using our 30 years of experience in correctional healthcare to help the County plan a facility that facilitates efficient, effective health care for its inmate patients and allows for the maximum amount of services to be provided onsite, saving the County future transportation costs and adhering to our proactive approach to healthcare.

I. Proposers must express willingness to cooperate with officials on a program to charge inmates for...

NaphCare will understand and comply with this requirement. Several of our current clients have a similar system of inmate copays and we are very experienced with this arrangement.

Inmate Co-Pays

If desired by the County, NaphCare can implement electronic co-pay protocols through *TechCare*®. *TechCare* includes protocols that help us calculate co-pays and report them to our clients electronically. We can use *TechCare* to automatically track medications ordered and sick calls performed in order to calculate all Inmate co-pays for the County. Medications are selected for co-pay charges at time of ordering, which eliminates costly errors and time trying to retrieve this information at a later date. These reports will be automatically generated and emailed to the appropriate County personnel as required. We have the proven ability to calculate the amount of funds to be withdrawn from the Inmate's commissary or general account when the County provides the actual charges required for services. We readily provide these reports to our current facilities. Our clients find this to be an efficient time saver for their clerical and medical staff.



7. Staffing- The successful proposer must provide sufficient health care personnel to provide all...

NaphCare understands and will comply with these requirements. We are confident in our ability to keep Rockdale County Jail fully staffed. Please see our response to section "V. Medical Requirements to be Provided," "4.

General," "C." for a description of our Recruitment and Retention Program that will ensure we keep Rockdale County Jail's healthcare program fully staffed.

Vacancy Replacement

NaphCare is proud of the differences we have from our competitors and one of our greatest differences is our staff. Our interviewing and hiring process seeks not only to fill positions, but to fill positions with employees that exemplify the characteristics we want to represent NaphCare. We understand that our staff can often be the only thing someone knows to represent our quality of care. That is important to us, so we carefully select each representative of our company name.

NaphCare maintains "Relief Staff" who are already credentialed, familiar with the correctional environment, and trained to use *TechCare*®. NaphCare is always recruiting quality healthcare professionals to join our medical staff. We strongly believe in giving our employees the time off they request and maintain a large group of fully trained relief staff for that purpose. If an incident were to occur where we needed an immediate replacement, then we would offer the position to one of our fully trained relief staff members first. If we are unable to fill the position permanently from our relief staff, then we would continue filling the position with fully trained relief staff members while we interview candidates for permanent placement**. Because we already provide correctional healthcare services in neighboring Newton County, we already have a well developed PRN relief pool developed in the Rockdale County area, ensuring our ability to keep Rockdale County Jail fully staffed.**

NaphCare does not believe in putting just any licensed candidate in a position. We take the appropriate time needed to ensure quality in care. If, as a last resort, we are forced to use a staffing agency for temporary use, then we insist on interviewing each temporary candidate before bringing them on board. In addition, NaphCare only uses staffing agencies with correctional healthcare experience or staffing agencies with exceptional references. Prior to any contract takeover, NaphCare researches local staffing agencies and sets up agreements with the agencies that provide the best references. With trained relief staff filling in or qualified temporary services, the site and corporate managers can feel comfortable with taking the appropriate time needed to find the right employee.

Staffing and Scheduling Support

We prepare staffing schedules and integrate them through our payroll system on behalf of our clients. The system contains a central database of information, including employee skills, certifications, availability, preferences, seniority, and cost. This allows the schedules to be easily created and maintained based on workload. The corporate scheduler is able to control labor cost, minimize overtime, manage performance, ensure wage and hour compliance, and ensure adequate staff coverage. Jail administrators can review the payroll worksheet and staffing schedules prior to finalization.

Scheduling Support with SHIFTHound

SHIFTHound is an online program that offers staff scheduling and Open Shift Management. Shift requests, shift swaps, time off, announcements, and much more will occur via SHIFTHound, rather than traditional paper and phone call methods.

NaphCare uses SHIFTHound to completely automate staff scheduling and open shift management. Because SHIFTHound is electronic and online, staff can log in from their home computers or mobile phones to check their schedules. They are notified of open shifts by real-time, automated means, including email and text message. When a staff member accepts an open shift, his or her information is instantly and automatically populated to the schedule so that everyone is aware. ShiftHound saves administrative time and hassle and gives employees more control over their schedule.

NaphCare wants to afford more flexibility in scheduling for employees. Using SHIFThound helps us to effectively utilize staff across units, providing the following benefits and results:

- ✓ More opportunities for staff to work full-time schedules or pick up overtime shifts.
- ✓ Greater continuity of care from having NaphCare employees take care of patients.
- ✓ Eliminates the need for agency staff.
- ✓ Saves costs.

State-of-the-art resources like this keep NaphCare staff engaged and proud of their workplace.

NaphCare's Approach to Staffing

Optimizing the right staffing model for your operation is a critical component of ensuring quality patient care. With over 30 years of experience staffing facilities of varying sizes across the country, we have developed models that deliver the most efficient staffing to provide the highest level of patient care. Our approach to staffing focuses on operationalizing our Proactive Care Model and empowering our clinicians to maximize time spent on direct patient care. We welcome the opportunity to partner with you to provide superior healthcare services.

NaphCare offers two staffing options for Rockdale County – Option 1 reflects the RFP staffing requirements while Option 2 details NaphCare's recommended staffing approach for Rockdale County Jail. While we have included Option 1 (RFP Staffing) in our Price Proposal per RFP requirements, we have structured our proposal to support our Proactive Care Model and recommended staffing Option 2 (NaphCare Staffing). While we believe this proposal provides an efficient staffing model that provides for quality patient care, we are flexible and open to negotiating a revised staffing approach that will best meet the needs of Rockdale County.

Staffing Plan for Rockdale County Jail

NaphCare has priced the RFP required staffing and provided an alternate staffing plan based on our evaluation of Rockdale County Jail's unique needs. NaphCare offers an alternative staffing plan to elevate patient care, focused on identifying and rapidly treating medical and mental health conditions in the critical first hours and days following booking. Our proposed staffing matrix consists of 21.4 Full Time Equivalent (FTE) employees, including clinical, supervisory and support positions designed to administer all functions necessary for effective care pursuant to the requirements of the RFP and in compliance with all relevant standards.

The NaphCare staffing plan ensures optimal staffing to meet RFP requirements, including:

- ✓ **Higher Level of Care:** NaphCare aims to provide the highest level of care onsite to reduce the need for offsite trips. We have also proposed increasing NP/PA provider hours to facilitate the provision of advanced healthcare services onsite and provide more prescribing coverage. We have also proposed reallocating LPN Infirmary hours to RN Clinic (Infirmary) hours. Since RN's are permitted to provide a wider range of healthcare services than LPN's, they would be a more effective usage of staffing resources.

  Additionally, NaphCare has proposed optional pricing for a RN at intake 24/7. The intake RN would perform medical and mental health Receiving Screenings upon booking and complete the comprehensive Health Assessment upfront, during intake. Performing a robust Receiving Screening and history and physical examination at intake promotes early identification of medical and mental health needs, enables early intervention and decreases inmate movement within the jail.

- ✓ **Decentralized Sick Call and Medication Pass.** Medication administration will be provided daily by LPNs during both shifts. Using a laptop with full access to *TechCare* during medication pass, LPNs are able to review each patient's health record in real-time, enabling them to efficiently complete medication pass, triage sick call requests, implement basic nursing protocols and monitor patients on detox protocols while in the unit. For requests requiring RN or Provider attention, LPNs are able to electronically flag and prioritize the requests in the appropriate *TechCare* queue.

  This model optimizes the onsite patient care role to facilitate the efficient completion of medication passes and prompt face-to-face triage of sick call requests consistent with NCCHC standards. To ensure that patients are seen in a timely manner, nurses will triage sick calls on each shift for follow-up by a provider within 24 hours, ensuring the most urgent patient care needs are addressed first.

- ✓ **Emphasis on Mental Health**. We understand the challenges of caring for this high-risk population. In our proposed staffing, we have increased mental health coverage. The proposed schedule will support recruiting and retention efforts while ensuring coverage. We recommend increasing Psychiatric NP hours to account for prescribing capabilities when the Psychiatrist is not onsite with telepsychiatry backup when patient volume is high or a Psych NP is not available due to time off.

  Additionally, NaphCare has proposed increasing Licensed Social Worker hours. This additional staffing would address the County's need for expansion of Discharge Planning efforts. NaphCare could expand upon current onsite therapeutic programming and discharge planning protocols to create more robust community re-entry with this additional staffing.

Value-Added Corporate Support

NaphCare enhances onsite staffing and patient care with value-added corporate support functions, including our in-house pharmacy and exclusive STATCare telehealth service. STATCare is our centralized team of Nurse Practitioners who are available 24/7 to support the intake process and onsite clinicians. STATCare is a unique service provided exclusively by NaphCare and is unmatched across the industry. Our STATCare team supplements your onsite clinical team, adding a robust layer of oversight and quality patient care at no added cost to Rockdale County. **For Rockdale County, STATCare will be available to initiate medications, treatment orders, referrals and withdrawal management protocols, typically within an hour after completion of the Receiving Screening.** STATCare will also review Receiving Screenings for the first 90 days of the contract, with periodic audits thereafter, to ensure continued clinical quality.

NaphCare Staffing Matrix

Rockdale County, GA NaphCare Staffing									
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Hours	FTE
Position Title	**Day Shift**								
Health Services Administrator (RN)	8.000	8.000	8.000	8.000	8.000			40	1.000
Medical Director		6.000						6	0.150
NP/PA	8.000		8.000	8.000	8.000			32	0.800
Administrative Assistant	8.000	8.000	8.000	8.000	8.000			40	1.000
RN - Infirmary	12.000	12.000	12.000	12.000	12.000	12.000	12.000	84	2.100
LPN - Intake	12.000	12.000	12.000	12.000	12.000	12.000	12.000	84	2.100
LPN - Clinic/Med Pass	24.000	24.000	24.000	24.000	24.000	24.000	24.000	168	4.200
Medical Assistant - Clinic	8.000	8.000	8.000	8.000	8.000			40	1.000
Dentist	6.000							6	0.150
Dental Assistant	6.000							6	0.150
Psychiatrist			2.000					2	0.050
Psych NP	8.000			8.000				16	0.400
Licensed Social Worker	16.000	16.000	16.000	8.000	8.000	8.000	8.000	80	2.000
Night Shift									
LPN - Med Pass	12.000	12.000	12.000	12.000	12.000	12.000	12.000	84	2.100
LPN - Intake/Med Pass	12.000	12.000	12.000	12.000	12.000	12.000	12.000	84	2.100
LPN - Infirmary	12.000	12.000	12.000	12.000	12.000	12.000	12.000	84	2.100

Total FTEs 21.400

A. General

NaphCare understands and will comply with the requirements of this section.

B. Administration Position Descriptions

Health Services Administrator

NaphCare understands the requirements of this section and would like to offer the modification of making the "three years of experience in correctional healthcare departments of similar size or larger and scope as the Rockdale County Detention Center" specification preferred, not required, for the County to consider. We strive to always fill positions with the most qualified healthcare personnel possible, but we believe that the stringency of this requirement would make the position unduly difficult to fill. We believe in the importance of the partnership between the HSA and jail leadership, and will ensure that jail leadership has an opportunity to meet and approve HSA candidates prior to a formal offer of employment.

Chronic Care Coordinator (CCC)

NaphCare understands and will comply with these requirements.

C. Clinical Staffing / Services

Medical Director (MD)

NaphCare understands the requirements of this section and would like to offer the modification of making the minimum of three years' experience in correctional healthcare specification preferred, not required, for the County to consider. We strive to always fill positions with the most qualified healthcare personnel possible, but we believe that the stringency of this requirement would make the position unduly difficult to fill. We believe in the importance of the partnership between the Medical Director and jail leadership, and will ensure that jail leadership has an opportunity to meet and approve Medical Director candidates prior to a formal offer of employment.

Midlevel Provider

NaphCare understands and will comply with these requirements.

Mental Health Director, Psychiatrist

NaphCare understands and will comply with these requirements.

Mental Health, Midlevel Provider

NaphCare understands and will comply with these requirements.

Mental Health Services Coordinator/MH Services Provider

NaphCare understands the requirements of this section and would like to offer the modification of making the three years of correctional experience specification preferred, not required, for the County to consider. We strive to always fill positions with the most qualified healthcare personnel possible, but we believe that the stringency of this requirement would make the position unduly difficult to fill. We believe in the importance of the partnership between the Mental Health Services Coordinator and jail leadership, and will ensure that jail leadership has an opportunity to meet and approve Mental Health Services Coordinator candidates prior to a formal offer of employment.

Dental Care

NaphCare understands and will comply with these requirements.

Obstetrical / Prenatal Care

NaphCare understands and will comply with these requirements.

Orthopedics and Eye care

NaphCare understands and will comply with these requirements.

Dialysis

NaphCare understands and will comply with these requirements.

RN Clinic/Infirmary services

NaphCare understands and will comply with these requirements.

LPN Intake services

NaphCare understands and will comply with these requirements.

LPN Clinic services

NaphCare understands and will comply with these requirements.

LPN Infirmary services

NaphCare understands and will comply with these requirements.

Pharmacy services

NaphCare understands and will comply with these requirements.

Medical Records/Administrative Support Staff

NaphCare understands and will comply with these requirements

8. Proposer shall maintain complete and accurate medical, mental health and dental records separate.

NaphCare understands and will comply with these requirements. For a description of our electronic health record and the efficiencies it provides please see our response to section "V. Medical Requirements to be Provided," "5. Required Health Care Services," "M. Medical Records."

9. Proposers shall provide a consultation service to the Sheriff on any and all aspects of the health care...

NaphCare understands and will comply with this requirement. For a description of our Consultation experience, please see our response to section "V. Medical Requirements to be Provided," "5. Required Health Care Services," "H. Strategic Planning and Consultation."

10. Policies and Procedures of the Contractor relating to medical care are generally to be established and...

A. Drug and syringe security;

NaphCare's Documentation of Controlled Substances

1. Controlled substance medication will be kept under a double-lock system both in the medication room as well as the medication carts and counted each shift with the signature of the on-coming and off-going nurse.
2. Controlled substances will be entered into the site perpetual inventory receiving log upon receipt of the medication from the pharmacy, The medication will remain accounted for in the perpetual inventory until assigned to a specific medication cart.
3. Upon receipt of a controlled substance for the medication cart, the medication will be entered into the control substance record book. Each medication will have an individual page in the book, When the page

is full the remaining balance of the medication will be carried as a balance forward with a notation denoting the number of the new page.

4. Documentation of each dose of the controlled substance in the record book will contain the following information: Patient name and ID number, name of the drug, amount used or wasted, amount of medication left, and signature of medical personnel administering the medication. Wasted controlled substances require signatures from two staff members.
5. Documentation of administration of the medication will be completed in the patient record on the eMAR in TechCare.

Discrepancy in Controlled Substance Count

1. When a potential discrepancy has been identified while completing a controlled medication count, the count should be completed in its entirely before taking any action or attempting to reconcile, as completing the entire count may reveal the discrepancy is due to documenting usage on the wrong record.
2. Once the entire count has been completed and the cause of the discrepancy has not been identified, the following actions must be taken:
   a) The Health Services Administrator and/or Director of Nursing must be notified;
   b) Shift personnel are to remain in the unit until released by the Health Services Administrator and/or Director of Nursing;
   c) The health care personnel relinquishing responsibility and the health care personnel assuming responsibility will note on the applicable usage sheet "Count Not Reconciled." The "amount remaining" on the applicable usage sheet will be corrected with a notation that it is a "corrected count." The date and time of the correction must be entered on the usage sheet.
   d) Both health care staff member will sign the count record indicating the count was completed with a notation that the count was "corrected."
   e) The health care personnel relinquishing responsibility will complete an Incident report with a written account of issues regarding the discrepancy in the count. The Incident Report will then be submitted to the Health Services Administrator and/or Director of Nursing or designee. The form will then be scanned and emailed o the corporate office.
   f) Other site personnel present during the off-going shift may also be required to complete an Incident Report at the request of the Health Services Administrator and/or Director of Nursing.
   g) The Health Services Administrator and/or Director of Nursing will direct any further action that must be taken, including security notification.
   h) The Health Services Administrator will notify the consulting pharmacist regarding any further action needed. The consultant pharmacist and/or security personnel may be involved in any subsequent investigation.
   i) The Health Services Administrator will report the findings to the site's Vice President of Operation and Regional Nursing Director.

NaphCare's Sharps Security Policy

Sharps and tools will be kept under a double lock system and will be accounted for at the end of each shift. A major inventory list will be maintained and audited at a minimum of weekly. All sharps counts must be reconciled prior to any staff leaving the facility. It is the responsibility of the Health Services Administrator or designee to maintain control of all keys.

a) Medical sharps and tools will be counted at the end of each shift between the oncoming shift and the off-going shift using the Needle & Syringe End of Shift Count Sheet;

b) Documentation of medical sharps and tool counts will be kept in a sharps book/binder and transferred to the NCCHC electronic folders at the end of each month;
c) Keys for medical sharps will be restricted to the charge nurse or other designee to maintain security of sharps;
d) Dental sharps and tools will be counted each time the dental d) staff is onsite;
e) Documentation of dental sharps and tools will be documented in the sharps book for the dental area and maintained for the month. Sharps logs will be scanned into the NCCHC electronic folders at the end of the month;
f) Two signatures for dental sharps must be present; and
g) Keys for dental sharps should be restricted to the dentist, dental assistant or designee to maintain security of dental sharps.

B. Alcohol and drug medical detoxification;

Please see our response to section "V. Medical Requirements to be Provided," "5. Required Health Care Services," "EE," for a description of our Detoxification and Withdrawal Program.

C. Identification, care and treatment of inmates with special medical needs, including but not limited...

Please see our response to section "V. Medical Requirements to be Provided," "5. Required Health Care Services," "T. Special Medical Program," for a description of our Chronic Care Program.

HIV Management

Patients with HIV/AIDS are served through our chronic care services, which provide an extensive and well-managed system for identifying, tracking, monitoring, and providing the appropriate care on time. NaphCare's Chronic Care services utilize established guidelines for the treatment of the chronically ill, such as those with HIV/AIDS, with the goal of decreasing the frequency and severity of symptoms, including preventing disease progression and improving health care outcomes.

Within *TechCare*®, we flag an inmate diagnosed with HIV/AIDS, allowing medical staff to track, monitor, and provide care. Initial chronic care visits are completed and documented in *TechCare*. Medically appropriate diagnostics are ordered and completed, and follow-up visits are scheduled and completed all within our Chronic Care Management system. In this way, any outliers or exceptions are easily identified and reported to site medical managers and clinicians for immediate attention as part of our Quality Assurance Program. We have also developed patient education handouts that address HIV/AIDS for use in the facilities.

Patients who have HIV testing done for any reason must be informed of the results without unreasonable delay. If the results are found to be positive, the Medical Director or nursing staff may inform the patient of the results. Every patient who tests positive for HIV will receive counseling at the time the results are given. The patient will then be referred to the Medical Director for medical review within one week of being informed of the positive results.

Medical test results shall be confidential except for those who have a need to know such information. No person to whom the results of a test have been disclosed under this section may disclose the rest results to another person not authorized to receive such information.

Patients, who, in the opinion of the attending physician, require an HIV test for diagnostic purposes, must be pre-counseled by the physician or designee who will document the counseling, obtain written consent, and witness the patient's signature on the consent form.

D. Suicide prevention;

NaphCare's Suicide Prevention Plan

NaphCare is an experienced provider of correctional mental health services, and suicide prevention figures predominantly in this experience. We take our responsibility seriously, and have devoted time and resources to creating a proactive suicide prevention plan that addresses the current state of corrections and correctional healthcare. We believe our proactive approach and use of technology figure largely into our plan and its success at our client facilities.

NaphCare's Suicide Prevention Plan is consistent with NCCHC and ACA standards. We work closely with corrections staff to maintain clear and consistent communication in dealing with suicidal inmates. We have specific policies and procedures in place with the goal being to reduce the potential for suicide, minimize harm when attempts occur, and to minimize the number of suicide deaths. The key components of the plan are as follows:

- ✓ **Staff Training** – intensive training of all medical, mental health, and correctional staff on:
  - Signs and symptoms to recognize
  - Risk Factors
  - Management of suicidal inmates
  - Review of policies and procedures in dealing with suicidal inmates
  - Ongoing training and annual review of training to keep up to date

- ✓ **Screening and Identification of High Risk Inmates**
  - Most suicide attempts occur soon after incarceration, so proactive and thorough assessment through the Receiving and Mental Health Screens is vital and is also the cornerstone of NaphCare's proactive approach.
  - Alerts in *TechCare®* assist the evaluator in decision making and notifying corrections and mental health personnel of an inmate in need of urgent services.

- ✓ **Referral, Evaluation, Housing**
  - Inmates at risk of suicide are quickly referred to appropriate housing and mental health services.
  - They will be placed on Suicide Watch in appropriate housing located within the facility and will be monitored as clinically indicated based on their level of acuity.
  - Once discharged from watch they remain in the mental health caseload and have regular follow up until released from custody.

- ✓ **Review of Policies and Procedures**
  - At the onset of the contract we will review current policies and procedures, work with correctional staff and tailor a program that fits the needs of the facility.
  - All policies and procedures will be reviewed regularly to keep them up to date.
  - Staff will be trained for any changes that occur.

- ✓ **Effective Communication**
  - Clear and consistent communication among all parties – corrections, medical, mental health, and inmates - is vital to the success of the prevention plan.
  - Our QA program monitors and provides feedback to ensure success of the plan.

- ✓ **Critical Incident Review**
  - Morbidity and Mortality Committee reviews occur both locally and at the corporate level. They analyze and review critical incidents and develop corrective actions plans when necessary.
  - The committee is made up of clinical, administrative, and legal personnel.
  - The site receives and implements the action plan and provides feedback to the corporate level.

- ✓ **Critical Incident Debriefing** – Any staff who have been negatively affected by the self-harm or suicidal act will be provided assistance by trained mental health professionals in a timely manner.

Suicide Education from Admission

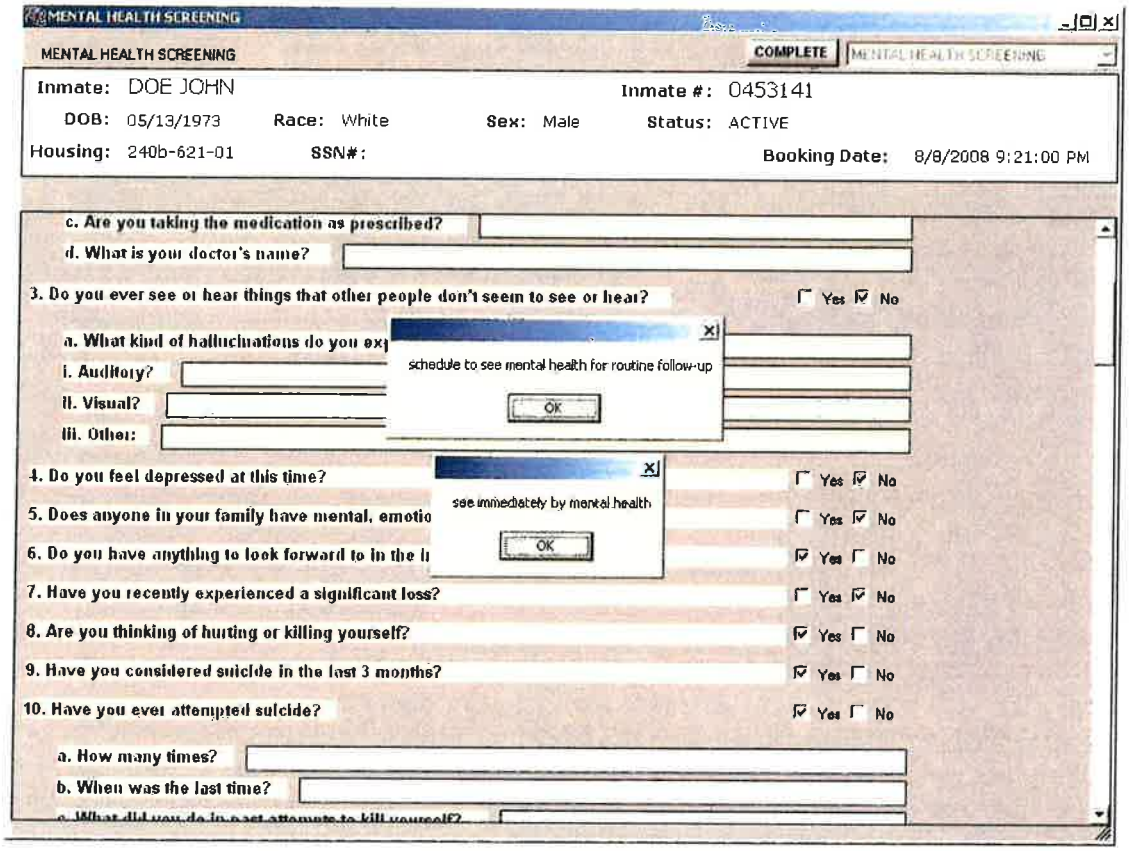
We have developed an educational video that plays on a loop at intake to educate inmates on suicide awareness, high risk indicators, and how to notify custody or healthcare staff of suicidal thoughts in themselves or fellow inmates that we have available for use at our client facilities. **By educating and including the inmates in our suicide prevention efforts, we are able to identify and treat possibly suicidal patients more consistently**, avoiding the possibly tragic escalation to suicide attempts.

Alerts for Suicide Risks

Our initial Receiving Screen and Mental Health Screen include automatic prompts (*shown on the following screenshot*) to assist healthcare staff in the decision making process when an inmate is identified or reports a potential for suicidal behavior. At intake, each inmate is asked a standard set of comprehensive questions about the possibility of suicidal thoughts. The interviewer is guided through the questions and prompted to select the appropriate referral and triage for the suicidal inmate. The mental health screening questionnaire has been carefully researched by mental health experts and is based on the latest research regarding suicide risk factors.

A positive response to specific questions automatically alerts the healthcare staff of the need for an immediate referral to mental health services, communication and coordination with security staff, and a requirement for special housing. This process provides easy, quick, and legible documentation of suicidal risks and behaviors. Clear communication between medical, mental health, and correctional staff keeps the program effective. We maintain open verbal and written communication with the inmates, medical and mental health staff, and the correctional staff. Any difficulties in communication are addressed immediately.

Suicide Alerts



Suicide Watch Tracking

Our innovative EHR system includes a feature called the Admissions Management Module. One portion of this module is devoted to Suicide Watch tracking and documentation. Once a patient is placed on suicide watch, their name is electronically entered ("admitted") into this tracking module. The module keeps track of all patients who are on Suicide Watch and also manages their documentation. This assists mental health clinicians and providers by telling them exactly who is on watch, what their status is, and provides thorough electronic forms for proper documentation of Suicide Watch monitoring. When a patient is ready to be released from Suicide Watch the proper documentation is readily available, and once released, the patient's name is removed ("discharged") from this list.

Through the use of this module the entire mental health staff is kept aware of all patients on Suicide Watch. In addition, it provides the site management (HSA, etc.) with the ability to also monitor these high acuity patients and ensure their care is being delivered in a manner consistent with NaphCare expectations. NaphCare does not use other inmates to substitute for staff in supervising suicidal patients.

If a patient has been placed of Suicide Watch for 7 days or more, at the time of discontinuation our mental health professional or provider will be required to follow-up with the patient weekly for the next 4 weeks in addition to the standard 24 hour post-discontinuation follow-up. We understand that mental illness is chronic and that the correctional environment can be very inflammatory for these patients. By conducting extensive follow-up with

these patients, we can ensure that they are adjusting to the correctional environment well and are no longer at risk for suicide as much as medically possible.

Suicide Watch Policy and Procedures

NaphCare's policy and procedure for Suicide Prevention addresses Suicide Watch and complies with ***NCCHC Standard J-G-05, Suicide Prevention,*** and ***ACA Standard 4-ALDF-4C-32, Suicide Prevention and Intervention.***

Any inmate that screens positive for suicidal ideation during the initial mental health screen (upon intake) will be placed on Suicide Watch and kept under close or constant observation until evaluated by mental health staff, which will occur as soon as possible. A potentially suicidal inmate will be housed in a safe cell or other secure housing. The following procedures for Suicide Watch are from NaphCare's complete policy and procedure for Suicide Prevention.

1. Per correctional policies and procedures, the shift commander will ensure that appropriate correctional staff is properly informed of the status of each inmate placed on a Suicide Watch. The shift commander will be responsible for briefing the incoming shift commander on the status of all inmates on a Suicide Watch.
2. Inmates placed on a Suicide Watch may be strip-searched prior to being placed in a safe cell according to the correctional facility's Policies and Procedures.
3. Inmates on a Suicide Watch may be provided with a suicide resistant gown and blanket, if applicable. Removal of clothing may only be utilized as a last resort and only for periods in which the inmate is in eminent danger of engaging in self-destructive behavior.
4. The use of physical restraints may only be utilized as a last resort for periods in which the inmate is physically engaging in self-destructive behavior. The decision to utilize physical restraints for suicidal inmates are only to be made by Mental Health Staff in conjunction with the appropriate corrections staff, according to the facility's Policies and Procedures.
5. All inmates placed on Suicide Watch will receive a face-to-face evaluation by Mental Health Staff within 24 hours of initiation of the Suicide Watch. Referrals for follow-up with a Qualified Mental Health Professional is to be made as clinically indicated.
6. The inmate who is on Suicide Watch will be assessed at least once every 24 hours by Mental Health Staff. These assessments will be recorded in *TechCare*.
7. Only a mental health professional has the ability to remove an inmate from Suicide Watch.
8. The inmate will be reassessed within 24 hours of being discharged from Suicide Watch by Mental Health Staff. Periodic follow-up assessments will continue as deemed clinically appropriate.
9. Where appropriate, interdisciplinary team meetings, to include correctional, mental health, and medical staff will be conducted to discuss suicidal inmates that require closer supervision and planning.
10. Treatment plans for the suicidal inmate are developed with follow-up as clinically indicated.
11. NaphCare will not use other inmates in any way (e.g. companions, cell-mates, suicide prevention aides) to substitute for staff supervision of a suicidal inmate.

Suicide Prevention Training

We provide suicide prevention training to all onsite correctional and medical staff employees who regularly interact with inmates. Staff undergoes initial training that includes the following topics:

- ✓ Signs and symptoms of predisposing factors of potentially suicidal inmates
- ✓ Risk factors in the evaluation of suicide potential

- ✓ Management of suicidal inmates
- ✓ Review of institutional procedures regarding suicide prevention

We provide **annual updates** and **additional training** to keep all staff aware of changes in suicide policies and to update staff on the latest advances in the care of suicidal inmates.

NaphCare stands ready to implement a correctional-based Crisis Intervention Team Training Program for the County to enhance the awareness of mental illness and intervention skills for all staff.

E. The use of physical restraints; and identification, care and treatment of individuals suffering from...

Restraint and Seclusion

NaphCare's policy for Restraint and Seclusion complies with *NCCHC Standard J-G-01, Restraint and Seclusion,* and *ACA Standard 4-ALDF-4D-21, Use of Restraints.* In addition, NaphCare will work with you to create an addendum to our policy, as necessary, to conform to site-specific needs and state regulations regarding the use of restraints and seclusion.

Since the level and type of restraint and seclusion measures used is dependent on many facility and inmate safety factors, NaphCare believes that decision-making in this area is best made by corrections officers in close collaboration with medical staff. Generally, seclusion should be recommended before the use of restraints, and seclusion should only be recommended when less restrictive means are not effective. Use of seclusion or restraints should be for the shortest amount of time possible.

Regardless of the reasons for use, any time that a restraint chair or higher level of restraint is necessary, the person requiring restraint is at elevated risk of an adverse healthcare outcome. As such, our policy establishes procedures for health staff to follow to provide close monitoring and proactive care for patients placed in restraints. When custody staff implements mechanical restraints, the advanced clinical provider will be notified for initial orders for timing of nursing and/or mental health evaluations, and the treatment plan will include a plan for removing patients from restraints as soon as possible. NaphCare will work with custody to ensure that patients are not restrained in a manner that could jeopardize their health. The physical care of the patients in restraints will be monitored regularly by an advanced clinical provider, health care staff, and custody staff as outlined in NaphCare's policy and procedures.

Restraint/Seclusion Observation Log

NaphCare will ensure complete documentation in *TechCare*® using the Restraint/Seclusion Observation Log. This log will include the following information:

a) The patient's behavior immediately prior to the decision to use restraints or seclusion;
b) The clinical justification for the use of restraints or seclusion rather than less restrictive interventions;
c) Documentation of physician notification;
d) The type of restraint or seclusion ordered;
e) The patient's behavior during application of restraints or seclusion;
f) Date and time that restraints or seclusion were applied;
g) Progress note updates; and
h) Justification to remove the patient from restraints or seclusion.

Documentation pertaining to the use of physically immobilizing restraints or seclusion must be written prior to the staff exiting the site upon completion of their shift. The advanced clinical provider must be consulted at a minimum of six-hour intervals for the duration of the restraint.

Quality Assurance Review

The application of therapeutic restraints and seclusion will be an annual component of the NaphCare CQI program. Our corporate office is available to provide additional support through the STATCare team. Approval and/or consultation regarding any use of emergency involuntary medication or any clinical recommendation for the use of restraints may be obtained from a STATCare corporate provider 24 hours a day, 7 days a week.

F. Identification, care and treatment of individuals suffering from any mental illness, disease or injury...

For a description of our Mental Health Program, please see our response to section "V. Medical Requirements to be Provided," "5. Required Health Care Services," "P. Mental Health."

11. Contractor shall provide appropriate in-service educational programs. All full-time health care staff..

Please see our response to section "V. Medical Requirements to be Provided," "5. Required Health Care Services," "J. Health Education," for a description of our Continuing Education Program and Correctional Officer Training.

12. Contractor shall be responsible for ensuring that all new health care personnel are provided with...

Healthcare Staff Orientation

NaphCare has created an extensive orientation process for healthcare staff, including the Advanced Clinical Providers. We will be responsible for ensuring that all new personnel are properly cleared for entry into the facility, and we will ensure that all new healthcare personnel receive orientation and appropriate training regarding onsite medical practices and security. All newly hired, full-time healthcare personnel will receive 40 hours of pre-service training and orientation within the first 30 days of employment. All NaphCare healthcare employees learn about a variety of specific issues within the following topics:

- ✓ Advanced Clinical Provider Care
- ✓ Alcohol & Drug Withdrawal
- ✓ Blood Borne Pathogen Policies
- ✓ Documentation and Confidentiality of Records
- ✓ Electronic Health Record Orientation
- ✓ Emergency Care
- ✓ Facility Specific Policies and Procedures
- ✓ General Healthcare Issues (i.e., dietary, laboratory, radiology, etc.)
- ✓ Infirmary/Observation Care
- ✓ Inmate Physical Exams
- ✓ Inmate Release/Transfer
- ✓ Medication Administration
- ✓ Mental Health Screening, Evaluation and Suicide Prevention
- ✓ New Inmates, Screenings, etc.
- ✓ Orientation to the Correctional Environment
- ✓ Pharmaceuticals
- ✓ Risk Management, Safety, and Security
- ✓ Sick Call Procedures
- ✓ Special Housing
- ✓ Specific Position Orientation
- ✓ Stocking and Restocking of Medical Supplies

Each employee will receive a detailed Orientation Manual specific to their related duties. We provide a comprehensive training program with experienced healthcare staff of the same job description.

Easy-to-Use Reports

NaphCare University allows for easy tracking and reporting of training completion. All assignments are tracked through the NaphCare University training program. The program generates reminders and reports for NaphCare corporate managers, as well as site-level managers, regarding completion and examination scores. **NaphCare University provides reports that can be sent by email to management personnel for easy tracking, accountability, and review of personnel training.**

Employee Curriculum Checklist

The curriculums outlined below have been created in NaphCare University for orientation and annual training of all new employees. Each new employee should be enrolled into the curriculums as set out below, according to their discipline.

PROVIDER CURRICULUM–This curriculum is pertinent for all physicians and mid-level providers. The below listing in inclusive of both annual, recurring curriculum and one-time assignment upon orientation, but can be reassigned if needed.

Course Titles Contained within the Curriculum
Excited Delirium
Offsite Order Entry for Providers
Preventing Slips, Trips and Falls
Segregation Rounds
Splint Training
3M Fit Test Apparatus Training
Alcohol Detox and CIWA-Ar
Assessment and Treatment of Substance Withdrawal
Chronic Care Guidelines
Dental Screening in the Correctional Facility
Effective Documentation
HIPAA; HITECH Training
PREA: Standards and Trauma Informed Care
Suicide Prevention
Tuberculosis
Universal Precautions to Infection Control
When Should a Patient go to the ER?
Provider *TechCare* Guide

MENTAL HEALTH CURRICULUM-MHP–This curriculum will be mandatory for all Mental Health Professionals. The below listing in inclusive of both annual, recurring curriculum and one-time assignment upon orientation, but can be reassigned if needed.

Course Titles Contained within the Curriculum
Correctional Orientation
Excited Delirium
Effective Documentation
HIPAA; HITECH Training
Hot Topics in Suicide Prevention in Jail Settings

Introduction to Jail based Mental Health
Preventing Slips, Trips and Falls
Segregation Rounds
3M Fit Test Apparatus Training
A Proactive Approach to Suicide Prevention in a Jail Setting
Assessment and Treatment of Substance Withdrawal
Effective Documentation
PREA: Standards and Trauma Informed Care
Suicide Prevention
Tuberculosis
Universal Precautions to Infection Control
Alcohol Detox and CIWA-Ar

NURSING CURRICULUM-LPN–This curriculum will be mandatory for all Licensed Practical Nurses/Licensed Vocational Nurses. The below listing in inclusive of both annual, recurring curriculum and one-time assignment upon orientation, but can be reassigned if needed.

Course Titles Contained within the Curriculum
Correctional Orientation
Excited Delirium
Health Assessment Training
HIPAA; HITECH Training
Hot Topics in Suicide Prevention in Jail Settings
Preventing Slips, Trips and Falls
Segregation Rounds
Splint Training
3M Fit Test Apparatus Training
A Proactive Approach to Suicide Prevention in a Jail Setting
Assessment and Treatment of Substance Withdrawal
Dental Screening in the Correctional Facility
Effective Documentation
Medication Administration Training
LPN Medication Calculation Exam
Nursing Assessment Protocols
PREA: Standards and Trauma Informed Care
Suicide Prevention
Tuberculosis
Universal Precautions to Infection Control
Alcohol Detox and CIWA-Ar
When Should a Patient go to the ER?

NURSING CURRICULUM -RN – This curriculum will be mandatory for all Registered Nurses. The below listing in inclusive of both annual, recurring curriculum and one-time assignment upon orientation, but can be reassigned if needed.

Course Titles Contained within the Curriculum
Correctional Orientation
Excited Delirium
Health Assessment Training
HIPAA; HITECH Training
Hot Topics in Suicide Prevention in Jail Settings
Preventing Slips, Trips and Falls
Segregation Rounds
Splint Training
3M Fit Test Apparatus Training
A Proactive Approach to Suicide Prevention in a Jail Setting
Assessment and Treatment of Substance Withdrawal
Dental Screening in the Correctional Facility
Effective Documentation
Medication Administration Training
RN Medication Calculation Exam
Nursing Assessment Protocols
PREA: Standards and Trauma Informed Care
Suicide Prevention
Tuberculosis
Universal Precautions to Infection Control
Alcohol Detox and CIWA-Ar
When Should a Patient go to the ER?

EMT CURRICULUM – This curriculum contains required training for Paramedic/EMT's. The below listing in inclusive of both annual, recurring curriculum and one-time assignment upon orientation, but can be reassigned if needed.

Course Titles Contained within the Curriculum
Excited Delirium
HIPAA; HITECH Training
Hot Topics in Suicide Prevention in Jail Settings
Correctional Orientation
Effective Documentation
Preventing Slips, Trips and Falls
Splint Training
3M Fit Test Apparatus Training
A Proactive Approach to Suicide Prevention in a Jail Setting
Assessment and Treatment of Substance Withdrawal
Dental Screening in the Correctional Facility
PREA: Standards and Trauma Informed Care
Suicide Prevention
Tuberculosis
Universal Precautions to Infection Control
Alcohol Detox and CIWA-Ar
When Should a Patient go to the ER?

HSA CURRICULUM – This curriculum contains required training for Health Services Administrators. The below listing in inclusive of both annual, recurring curriculum and one-time assignment upon orientation, but can be reassigned if needed.

Course Titles Contained within the Curriculum
Excited Delirium
Financial Management
Health Assessment Training
HIPAA; HITECH Training
Hot Topics in Suicide Prevention in Jail Settings
Legal Procedures and Forms
Medication Administration Training
NCCHC and SharePoint
Correctional Orientation
Effective Documentation
Offsite Order Entry for Providers
Preventing Slips, Trips and Falls
Segregation Rounds
Sexual Harassment for Leadership
Splint Training
3M Fit Test Apparatus Training
A Proactive Approach to Suicide Prevention in a Jail Setting
Assessment and Treatment of Substance Withdrawal
Dental Screening in the Correctional Facility
PREA: Standards and Trauma Informed Care
Suicide Prevention
Tuberculosis
Universal Precautions to Infection Control
Alcohol Detox and CIWA-Ar
When Should a Patient go to the ER?

DIRECTOR OF NURSING CURRICULUM – This curriculum contains required training for Directors of Nursing. The below listing in inclusive of both annual, recurring curriculum and one-time assignment upon orientation, but can be reassigned if needed.

Course Titles Contained within the Curriculum
Correctional Orientation
Effective Documentation
Excited Delirium
HIPAA; HITECH Training
Hot Topics in Suicide Prevention in Jail Settings
Laptop Training
Legal Procedures and Forms
NCCHC and SharePoint

Offsite Order Entry for Providers
Preventing Slips, Trips and Falls
Segregation Rounds
Sexual Harassment for Leadership
Splint Training
3M Fit Test Apparatus Training
Proactive Approach to Suicide Prevention in a Jail Setting
Alcohol Detox and CIWA-Ar
Assessment and Treatment of Substance Withdrawal
Dental Screening in the Correctional Facility
Health Assessment Training
Medication Administration Training
Nursing Assessment Protocols
PREA: Standards and Trauma Informed Care
Suicide Prevention
Tuberculosis
Universal Precautions to Infection Control
When Should a patient go to the ER?

ADMINISTRATIVE ASSISTANT CURRICULUM –This curriculum contains required training for Administrative Assistants. The below listing in inclusive of both annual, recurring curriculum and one-time assignment upon orientation, but can be reassigned if needed.

Course Titles Contained within the Curriculum
Correctional Orientation
Legal Procedures and Forms
NCCHC and SharePoint
Offsite Order Entry for Providers
Preventing Slips, Trips and Falls
UM for Administrative Assistants
A Proactive Approach to Suicide Prevention in a Jail Setting
Effective Documentation
HIPAA; HITECH Training
Administrative Assistant's *TechCare* Manual

VII. Jail Security

1. The Contractor shall have no responsibility for the physical security of inmates in custody; the County...

2. The county agrees not to confine any person in any hospital or infirmary for disciplinary reasons.

3. The Contractor shall have no responsibility for security or for the custody of any inmate at any time...

NaphCare understands and will comply with these requirements.

X. Automatic Cost Escalator

Renewals exercised by the County may be adjusted after the first year of the contract according to...

NaphCare understands and will comply with this requirement.

XI. County Responsibilities

1. The County agrees to provide physical infirmary facilities as they currently exist: patient rooms each...

2. The County will be responsible for security. The infirmary area is under constant visual surveillance by...

NaphCare understands and will comply with these requirements.

XII. Daily Inmate Census

1. A daily computer generated census listing of all inmates constitutes the grouping of individuals for...

2. Excluded from the Contractor's responsibility will be those inmates in custody at hospitals, on...

NaphCare understands and will comply with these requirements.

XIII. Protection of Rights

1. Neither the obligations nor the rights of the Contractor under this contract may be assigned by the...

2. The County retains the right to review and approve policies and procedures of the Contractor in any...

3. The County shall have the right to suspend immediately the Contractor's performance under the...

4. The Contractor shall not release or deliver any of the medical records generated as a result of its...

5. Any reports, information, data, etc. given to or prepared or assembled by the Contractor under the...

6. In addition to inspecting and reviewing the Contractor's services to determine their acceptability...

7. No reports or other documents produced in whole or part under the contract shall be the subject of...

8. The Contractor covenants that it presently has no interest and shall not acquire any interest, direct or...

9. The Sheriff or Jail Commander shall have the right to suspend a contract employees.

The Contractor will maintain full staff at all times, according to this contract.

NaphCare understands and will comply with these requirements.

RECEIVED
AUG 1 3 2020
BY:

ROCKDALE COUNTY GEORGIA

ORIGINAL

Board of Commissioners
Agenda Item Transmittal Form
Procurement/Contract Transmittal Form

Type of contract: 1 year ☐ Multi-year ☐ Single Event ☐

CC Use Only Contract #: C-2020-98-C01

☐ Submission Information	☐ Vendor Information
Contact Name: Captain Dennis Pass	**Vendor Name:** NaphCare, Inc.
Department: Sheriff's Office	**Address:** 2090 Columbiana Road, Suite 4000 Birmingham, AL 35216
Project Title: Letter of Agreement: Inmate Medical	**Email:** brad.mclane@naphcare.com
Funding Account Number: 100-3326-521200-30	**Phone #:** 205.536.8532
Contract amount: 9/1/2020 - 9/14/2020 $100,000.00 ✓	**Contact:** Brad McLane
Contract Type: Goods ( ) Services (X) Labor ( )	**Term of contract:** BOC approved 8-25-2020
Contract Action: New ( ) Renewal ( ) Change Order (X)	
Original Contract Number:	

Finance Director Signature	Procurement Officer Signature
I have reviewed the attached contract, and the amount is approved for processing.	I have reviewed the attached contract, and it is in compliance with Purchasing Policies of Rockdale County.
Signature: T. Millee **Date:** 8.14.20	**Signature:** Juel Malone **Date:** 8/13/2020 Req provided

Summary:

NaphCare, Inc.

Letter of Agreement to start contract on 9/1/2020. 14-Day LOA Term $100,000.00

Department Head/Elected Official Signature: Dale S. Holm **Date:** 8.13.2020

C-2020-98-C01

August 14, 2020

LETTER OF AGREEMENT

Rockdale County Board of Commissioners
Attn: Tina Malone, Procurement Officer (tina.malone@rockdalecountyga.gov)
P.O. Box 289
Conyers, Georgia 30012

Re: Inmate Health Care Services Agreement; Contract No. 2020-98

Dear Commissioners:

NaphCare, Inc. ("NaphCare") was awarded the Inmate Health Care Services Agreement; Contract No. 2020-98, in accordance with Rockdale County, Georgia's ("County") Request for Proposal (RFP) No. 220-04. The Inmate Health Care Services Agreement between the parties has been fully executed and begins September 15, 2020. NaphCare recently received a request from the County to begin providing services prior to the official start date of September 15, 2020, as set forth in the Inmate Health Care Services Agreement.

In response to the County's request, please allow this correspondence to serve as NaphCare's Letter of Agreement ("LOA") to provide inmate health care services to individuals ("inmates") under the custody and control of the County at the Rockdale County Jail beginning at 12:00 p.m. on September 1, 2020. NaphCare provides the County with this fourteen (14) day LOA until the Inmate Health Care Services Agreement begins on September 15, 2020.

As part of this LOA, NaphCare shall provide inmate health care services as so specified within the fully executed Inmate health Services Agreement executed between the parties, with the exception of compensation and staffing as further defined below for the 14 day LOA term. For purposes of the LOA term, compensation payable to NaphCare for services rendered during this 14 day term shall be as follows:

NaphCare LOA Compensation	14-Day LOA Term
September 1, 2020 – September 14, 2020	$100,000.00

NaphCare's staffing during this 14 day LOA term shall be as set forth below, and no staffing penalties shall be applicable during the LOA term.

2090 Columbiana Road, Suite 4000, Birmingham, Alabama 35216
205.536.8400 • 800.834.2420 • Fax 205.536.8404

C-2020-98-L01

Rockdale County, GA NaphCare Staffing	
Position Title	**FTE**
Health Services Administrator (RN)	1.000
Medical Director	0.150
NP/PA	0.800
Administrative Assistant	1.000
RN Infirmary	2.100
LPN Intake	2.100
LPN Med Pass	4.200
Certified Medical Assistant	1.000
Dentist	0.150
Dental Assistant	0.150
Psychiatrist	0.050
Psych NP	0.400
Licensed Mental Health Professional	2.000
Night Shift	
LPN - Med Pass	2.100
LPN Intake/Med Pass	2.100
LPN Infirmary	2.100

Total FTEs 21.400

Should you agree with the terms set forth above, please acknowledge so below. Should you have questions or need additional information regarding the provisions set forth in this LOA, please do not hesitate to contact me at (205) 536-8532.

Sincerely,

Bradford T. McLane
Chief Executive Officer

C-2020-98-L01

ACKNOWLEDGMENT

I hereby acknowledge and agree with the provisions set forth in the Letter of Agreement dated August 12, 2020, between NaphCare, Inc. and Rockdale County, Georgia.

Rockdale County, Georgia

By: _____

Its: Chairman

Date: 8-25-2020

ATTEST:

Jennifer O. Rutledge, County Clerk

Approved as to form

M. Qader A. Baig, County Attorney

RECEIVED
JUN 07 2021
BY: Purchasing

ROCKDALE COUNTY GEORGIA

ORIGINAL

Board of Commissioners
Agenda Item Transmittal Form
Procurement/Contract Transmittal Form

Type of contract: 1 year ☐ Multi-year ☐ Single Event ☐

Contract #: C-2020-98-C02
BOC Approval Date:

Submission Information	Vendor Information
Contact Name: Captain Dennis Pass	Vendor Name: NaphCare, Inc
Department: Rockdale County Sheriff's Office	Address: 2090 Columbiana Road, Suite 4000
Project Title: Inmate Healthcare Services	Address: Birmingham, AL 35216
Funding Account Number: 100-3326-521200-30	Email: brad.mclane@naphcare.com
Contract amount: $2,678,833.32/year or $223,236.11/month	Phone #: 205-536-8532
Contract Type: Goods ( ) Services (X) Labor ( )	Contact: Brad McLane
Contract Action: New (X) Renewal (X) Change Order ( )	Term of contract: 1 Year Renewal
Original Contract Number: C-2020-98	

BOC approved 7-27-21

Finance Director Signature	Procurement Manager Signature
I have reviewed the attached contract, and the amount is approved for processing.	I have reviewed the attached contract, and it is in compliance with Purchasing Policies of Rockdale County.
Signature: WVH Date: 6.29.21	Signature: Gina Malone Date: 6/17/21
	Req provided

Summary:
The Rockdale County Sheriff's Office recommendation is to accept the contract (Health Services agreement renewal) between Rockdale County and Naphcare Inc. to provide Healthcare services and Mental Health services to inmates incarcerated at the Rockdale County Jail.

Rockdale County is charged by law with the responsibility of obtaining and providing reasonable and necessary care for inmates detained at the Rockdale County Jail. Rockdale County has contracted with Naphcare Inc. for medical services since September 2020.

Rockdale County wishes to renew this contract with an increase of 2.5% Consumer Price Index (CPI) according to the Bureau of Labor Statistics report for April 2021 and in accordance with the current contract. This is a total increase of $65,337.36.

Department Head/Elected Official Signature: Dale A. Holmes **Date:** 6.4.2021

FIRST AMENDMENT TO THE HEALTH SERVICES AGREEMENT

This Amendment is effective September 15, 2021, and is to the Health Services Agreement between Rockdale County, Georgia ("County") and NaphCare, Inc. ("Contractor") made and entered into on August 11, 2020 ("Agreement").

WHEREAS, pursuant to Section 5 of the Agreement, the parties wish to exercise renewal option year one, and provide a yearly cost of living adjustment to the base fee and per diem for the renewal period.

WHEREAS, the parties further agree to amend the Agreement.

NOW THEREFORE, the parties hereby agree to the following provisions and revisions:

I. Pursuant to Section 5 of the Agreement, the parties hereby agree to exercise the renewal option year beginning September 15, 2021, and ending September 15, 2022.

II. Pursuant to Section 5 of the Agreement, the parties agree that the base fee payable to Contractor for the renewal year beginning September 15, 2021, and ending September 15, 2022, shall include an increase of 2.5% of the current annual base fee payable to Contractor. The annual base fee to Contractor beginning September 15, 2021, shall be $2,678,833.32, payable in twelve (12) equal monthly installments of $223,236.11 for the applicable daily average population of 500 inmates. This base fee adjustment has been calculated by using the Consumer Price Index - South Region (CPI) found in the U.S. Department of Labor's Statistics for Medical Care Services, U.S. City Average, for April, which is 2.5%.

III. Pursuant to Section 5 of the Agreement, the parties agree that the per diem rate payable to Contractor for the renewal year beginning September 15, 2021, and ending September 15, 2022, shall include an increase of 2.5% of the current per diem compensation. A per diem rate of $2.64 will be added to the monthly base fee for each inmate in excess of the average daily population of 500.

Except as modified herein, all other terms and conditions set forth within the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this First Amendment on this the 27th day of July, 2021.

NAPHCARE, INC.

By: _____
Bradford T. McLane, CEO

Attest:

_____
Connie Young, Corporate Secretary

ROCKDALE COUNTY, GEORGIA

By: _____
Osborn Nesbitt, Sr., Chairman

Attest:

_____
Jennifer Rutledge, County Clerk

Approved as to form:

_____
M. Qader A. Baig, County Attorney

NEWS RELEASE
BUREAU OF LABOR STATISTICS
U.S. DEPARTMENT OF LABOR

For Release: Wednesday, May 12, 2021

21-882-ATL

SOUTHEAST INFORMATION OFFICE: Atlanta, Ga.
Technical information: (404) 893-4222 BLSInfoAtlanta@bls.gov www.bls.gov/regions/southeast
Media contact: (404) 893-4220

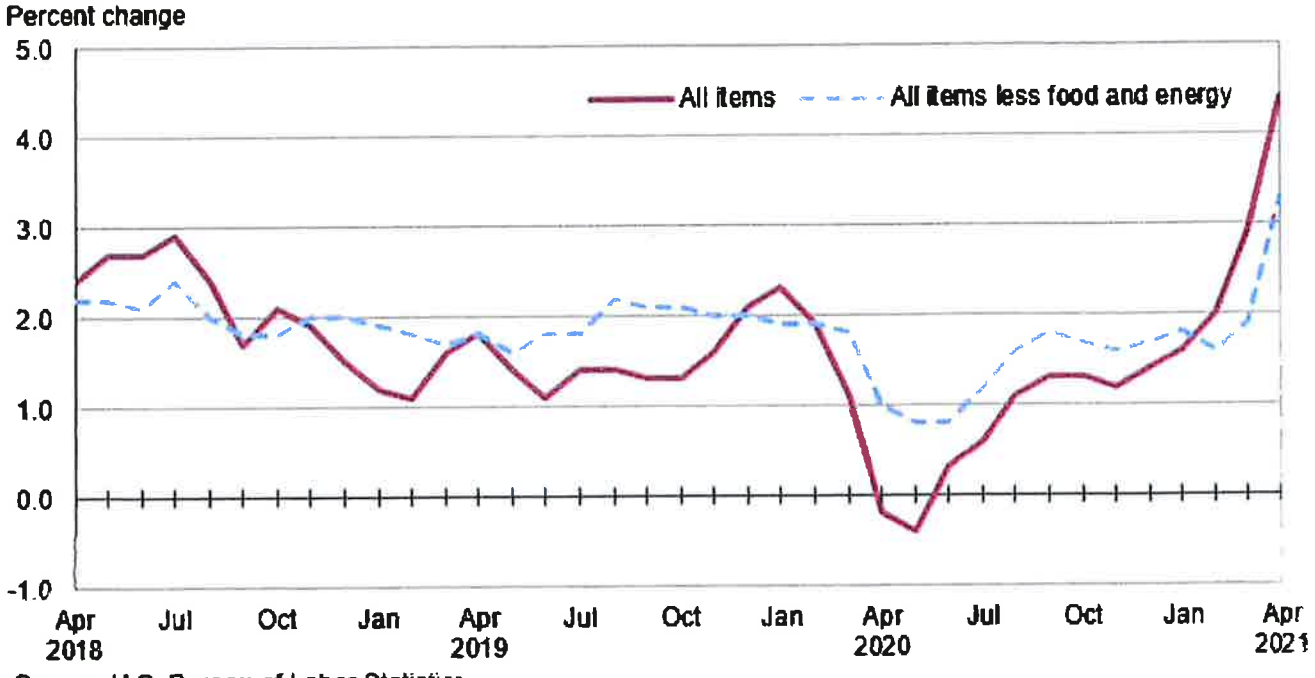
Consumer Price Index, South Region — April 2021

Prices in the South up 0.7 percent over the month and 4.4 percent over the year

The Consumer Price Index for All Urban Consumers (CPI-U) for the South rose 0.7 percent in April, the U.S. Bureau of Labor Statistics reported today. The index for all items less food and energy increased 0.8 percent over the month. The energy index increased 0.7 percent in April, while the food index inched up 0.2 percent. (Data in this report are not seasonally adjusted. Accordingly, month-to-month changes reflect the impact of seasonal influences.)

The all items CPI-U for the South advanced 4.4 percent for the 12 months ending April. This is the largest 12-month increase since a 5.4-percent increase for the period ending September 2008. The index for all items less food and energy increased 3.3 percent over the past year, while the energy index jumped 24.9 percent. The food index rose 2.1 percent over the past year. (See chart 1 and table 1.)

Chart 1. Over-the-year percent change in CPI-U, South region, April 2018–April 2021



Source: U.S. Bureau of Labor Statistics

Food
The food index inched up 0.2 percent in April. The food away from home and the food at home indexes each increased over the month, up 0.3 percent and 0.2 percent, respectively.

The food index rose 2.1 percent for the 12 months ending in April, reflecting increases in the food away from home (2.8 percent) and food at home (1.6 percent) indexes.

Energy
The energy index rose 0.7 percent in April, led by a 0.9-percent increase in the gasoline index. The electricity index edged up 0.3 percent in April, while the utility (piped) gas service index rose 0.8 percent over the month.

The energy index jumped 24.9 percent for the 12 months ending in April, reflecting 54.3-percent sharp increase in the gasoline index. The electricity and utility (piped) gas service indexes also increased over the year, up 2.0 percent and 11.3 percent, respectively.

All items less food and energy
The index for all items less food and energy rose 0.8 percent in April. Several indexes increased over the month, most notably, new and used motor vehicles (4.1 percent)—reflecting a 9.7-percent increase in the used cars and trucks index. The shelter index edged up 0.3 percent in April, while the medical care index declined 0.4 percent over the month.

The index for all items less food and energy advanced 3.3 percent for the 12 months ending in April, reflecting increases across many components. The new and used motor vehicles index jumped 10.0 percent over the past year, led by a 20.4 percent sharp increase in the used cars and trucks index. Shelter (2.5 percent) and medical care (1.8 percent) were among the indexes to increase over the past 12 months.

Geographic divisions
Additional price indexes are now available for the three divisions of the South. The all items CPI-U advanced 0.8 percent in the East South Central division in April. The all items index also increased in the South Atlantic and West South Central divisions over the month, up 0.7 percent each.

Over the year, the all items index advanced 5.7 percent in the East South Central division. The all items index rose 4.3 percent in the West South Central division and 4.2 percent in the South Atlantic division.

Table A. South region CPI-U 1-month and 12-month percent changes, all items index, not seasonally adjusted

Month	2017		2018		2019		2020		2021	
	1-month	12-month	1-month	12-month	1-month	12-month	1-month	12-month	1-month	12-month
January	0.5	2.6	0.5	1.8	0.2	1.2	0.3	2.3	0.5	1.6
February	0.2	2.8	0.6	2.1	0.5	1.1	0.2	1.9	0.5	2.0
March	0.0	2.2	0.2	2.3	0.7	1.6	-0.1	1.1	0.8	2.9
April	0.2	2.0	0.4	2.4	0.5	1.8	-0.8	-0.2	0.7	4.4
May	0.0	1.7	0.3	2.7	-0.1	1.4	-0.2	-0.4		
June	0.2	1.5	0.2	2.7	-0.1	1.1	0.6	0.3		
July	-0.2	1.6	0.0	2.9	0.3	1.4	0.6	0.6		
August	0.4	1.9	-0.1	2.4	-0.1	1.4	0.4	1.1		
September	0.7	2.4	0.0	1.7	0.0	1.3	0.2	1.3		
October	-0.2	2.0	0.2	2.1	0.2	1.3	0.1	1.3		
November	-0.1	2.1	-0.3	1.9	0.0	1.6	-0.1	1.2		
December	-0.1	1.8	-0.5	1.5	0.0	2.1	0.2	1.4		

The Consumer Price Index for May 2021 is scheduled to be released on Thursday, June 10, 2021 at 8:30 a.m. (ET).

Coronavirus (COVID-19) Impact on April 2021 Consumer Price Index Data

Data collection by personal visit for the Consumer Price Index (CPI) program has been suspended since March 16, 2020. When possible, data normally collected by personal visit were collected either online or by phone. Additionally, data collection in April was affected by the temporary closing or limited operations of certain types of establishments. These factors resulted in an increase in the number of prices considered temporarily unavailable and imputed. While the CPI program attempted to collect as much data as possible, many indexes are based on smaller amounts of collected prices than usual, and a small number of indexes that are normally published were not published this month. Additional information is available at www.bls.gov/covid19/effects-of-covid-19-pandemic-on-consumer-price-index.htm.

Technical Note

The Consumer Price Index (CPI) is a measures of the average change in prices over time in a fixed market basket of goods and services. The Bureau of Labor Statistics publishes CPIs for two population groups: (1) a CPI for All Urban Consumers (CPI-U) which covers approximately 93 percent of the total U.S. population and (2) a CPI for Urban Wage Earners and Clerical Workers (CPI-W) which covers approximately 29 percent of the total U.S. population. The CPI-U includes, in addition to wage earners and clerical workers, groups such as professional, managerial, and technical workers, the self-employed, short-term workers, the unemployed, and retirees and others not in the labor force.

The CPI is based on prices of food, clothing, shelter, and fuels, transportation fares, charges for doctors' and dentists' services, drugs, and the other goods and services that people buy for day-to-day living. Each month, prices are collected in 75 urban areas across the country from about 6,000 housing units and approximately 22,000 retail establishments—department stores, supermarkets, hospitals, filling stations, and other types of stores and service establishments. All taxes directly associated with the purchase and use of items are included in the index.

The index measures price changes from a designated reference date; for most of the CPI-U the reference base is 1982-84 equals 100. An increase of 7 percent from the reference base, for example, is shown as 107.000. Alternatively, that relationship can also be expressed as the price of a base period market basket of goods and services rising from $100 to $107. For further details see the CPI home page on the Internet at www.bls.gov/cpi and the CPI section of the BLS Handbook of Methods available on the internet at www.bls.gov/opub/hom/cpi/.

In calculating the index, price changes for the various items in each location are averaged together with weights that represent their importance in the spending of the appropriate population group. Local data are then combined to obtain a U.S. city average. Because the sample size of a local area is smaller, the local area index is subject to substantially more sampling and other measurement error than the national index. In addition, local indexes are not adjusted for seasonal influences. As a result, local area indexes show greater

volatility than the national index, although their long-term trends are quite similar. **NOTE: Area indexes do not measure differences in the level of prices between cities; they only measure the average change in prices for each area since the base period.**

The **South region** is comprised of Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

Information in this release will be made available to sensory impaired individuals upon request. Voice phone: (202) 691-5200; Federal Relay Service: (800) 877-8339.

Table 1. Consumer Price Index for All Urban Consumers (CPI-U): Indexes and percent changes for selected periods South (1982-84=100 unless otherwise noted)

Item and Group	Indexes			Percent change from-		
	Feb. 2021	Mar. 2021	Apr. 2021	Apr. 2020	Feb. 2021	Mar. 2021
Expenditure category						
All Items	253.386	255.319	257.207	4.4	1.5	0.7
All items (December 1977=100)	411.027	414.162	417.225	-	-	-
Food and beverages	267.034	267.188	267.864	2.1	0.3	0.3
Food	268.872	268.796	269.430	2.1	0.2	0.2
Food at home	251.276	251.902	252.429	1.6	0.5	0.2
Cereal and bakery products	293.685	292.410	291.735	0.6	-0.7	-0.2
Meats, poultry, fish, and eggs	260.973	262.199	265.295	2.5	1.7	1.2
Dairy and related products	229.703	229.155	230.689	0.6	0.4	0.7
Fruits and vegetables	296.994	299.852	302.532	4.5	1.9	0.9
Nonalcoholic beverages and beverage materials	176.053	177.055	173.844	-1.1	-1.3	-1.8
Other food at home	220.335	220.207	220.016	1.0	-0.1	-0.1
Food away from home	297.797	296.709	297.504	2.8	-0.1	0.3
Alcoholic beverages	241.320	244.542	245.797	2.4	1.9	0.5
Housing	252.607	253.492	254.420	2.7	0.7	0.4
Shelter	293.177	294.135	295.035	2.5	0.6	0.3
Rent of primary residence	308.989	309.371	309.792	2.2	0.3	0.1
Owners' equiv. rent of residences(1)	296.515	297.083	297.504	2.5	0.3	0.1
Owners' equiv. rent of primary residence(1)	296.514	297.083	297.506	2.5	0.3	0.1
Fuels and utilities	243.008	244.545	245.347	3.5	1.0	0.3
Household energy	192.635	194.231	195.071	3.5	1.3	0.4
Energy services	192.647	194.267	195.060	3.2	1.3	0.4
Electricity	189.473	190.686	191.344	2.0	1.0	0.3
Utility (piped) gas service	197.847	202.030	203.654	11.3	2.9	0.8
Household furnishings and operations	127.518	127.802	128.853	2.9	1.0	0.8
Apparel	126.931	127.426	127.227	0.6	0.2	-0.2
Transportation	209.818	217.108	223.261	15.4	6.4	2.8
Private transportation	210.802	218.620	224.089	15.8	6.3	2.5
New and used motor vehicles(2)	105.425	106.964	111.368	10.0	5.6	4.1
New vehicles	155.593	156.265	156.554	2.3	0.6	0.2
New cars and trucks(2)(3)	105.937	106.392	106.589	2.3	0.6	0.2
New cars(3)	153.991	154.715	154.691	1.8	0.5	0.0
Used cars and trucks	150.892	154.649	169.650	20.4	12.4	9.7
Motor fuel	208.138	235.367	237.619	53.6	14.2	1.0
Gasoline (all types)	207.043	234.240	236.444	54.3	14.2	0.9
Unleaded regular(3)	201.594	228.671	230.643	56.2	14.4	0.9
Unleaded midgrade(3)(4)	233.679	259.696	264.393	44.9	13.1	1.8
Unleaded premium(3)	230.617	256.154	259.787	40.2	12.6	1.4
Motor vehicle insurance(5)	936.937	941.732	953.621	4.6	1.8	1.3
Medical care	496.035	497.142	495.347	1.8	-0.1	-0.4
Medical care commodities	349.056	349.702	349.242	-1.4	0.1	-0.1
Medical care services	545.787	547.050	544.805	2.5	-0.2	-0.4
Professional services	382.348	383.208	383.737	4.0	0.4	0.1
Recreation(2)	123.795	124.032	125.196	2.7	1.1	0.9
Education and communication(2)	136.293	135.862	136.995	2.2	0.5	0.8
Tuition, other school fees, and child care(5)	1,378.109	1,362.743	1,366.035	0.4	-0.9	0.2
Other goods and services	450.650	452.223	452.159	3.2	0.3	0.0
Commodity and service group						
All Items	253.386	255.319	257.207	4.4	1.5	0.7
Commodities	187.809	190.590	193.144	7.1	2.8	1.3

Note: See footnotes at end of table.

Table 1. Consumer Price Index for All Urban Consumers (CPI-U): Indexes and percent changes for selected periods South (1982-84=100 unless otherwise noted) - Continued

Item and Group	Indexes			Percent change from-		
	Feb. 2021	Mar. 2021	Apr. 2021	Apr. 2020	Feb. 2021	Mar. 2021
Commodities less food and beverages	151.469	155.072	158.189	10.4	4.4	2.0
Nondurables less food and beverages	194.771	202.107	203.199	13.2	4.3	0.5
Nondurables less food, beverages, and apparel	236.338	247.560	249.379	17.3	5.5	0.7
Durables	110.284	111.360	115.299	7.6	4.5	3.5
Services	319.519	320.505	321.644	2.8	0.7	0.4
Rent of shelter(1)	301.368	302.362	303.298	2.6	0.6	0.3
Transportation services	351.827	353.713	362.159	5.2	2.9	2.4
Other services	359.111	359.375	360.409	2.5	0.4	0.3
Special aggregate indexes						
All items less medical care	240.196	242.161	244.221	4.7	1.7	0.9
All items less food	250.749	252.985	255.063	4.8	1.7	0.8
All items less shelter	238.967	241.280	243.553	5.4	1.9	0.9
Commodities less food	154.160	157.766	160.849	10.0	4.3	2.0
Nondurables	228.969	232.867	233.759	6.9	2.1	0.4
Nondurables less food	197.156	204.232	205.332	12.4	4.1	0.5
Nondurables less food and apparel	235.596	246.042	247.801	15.8	5.2	0.7
Services less rent of shelter(1)	352.404	353.413	354.842	3.1	0.7	0.4
Services less medical care services	299.334	300.292	301.684	2.8	0.8	0.5
Energy	195.501	208.996	210.474	24.9	7.7	0.7
All items less energy	260.649	261.438	263.378	3.1	1.0	0.7
All items less food and energy	259.650	260.589	262.756	3.3	1.2	0.8
Commodities less food and energy commodities	147.830	148.704	151.883	4.6	2.7	2.1
Energy commodities	212.077	239.263	241.579	52.7	13.9	1.0
Services less energy services	332.945	333.867	335.043	2.8	0.6	0.4

Footnotes
(1) Indexes on a December 1982=100 base.
(2) Indexes on a December 1997=100 base.
(3) Special index based on a substantially smaller sample.
(4) Indexes on a December 1993=100 base.
(5) Indexes on a December 1977=100 base.
- Data not available.
Regions defined as the four Census regions. South includes Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

RECEIVED
MAY 2 1 2022
BY: Purchasing

ROCKDALE COUNTY GEORGIA

ORIGINAL

Board of Commissioners
Agenda Item Transmittal Form
Procurement/Contract Transmittal Form

Type of contract: 1 year ☐ Multi-year ☐ Single Event ☐

CC Use Only Contract #: C-2020-98-C03

☐ Submission Information	☐ Vendor Information
Contact Name: Captain Dennis Pass	**Vendor Name:** NaphCare, Inc
Department: Sheriff's Office	**Address:** 2090 Columbiana Rd. Suite 4000 Birmingham, AL 35216
Project Title: Inmate Healthcare Services	**Email:**
Funding Account Number: 100-3326-521200-30	**Phone #:** 205.536.8532
Contract amount: $2,880,099.96/year or $240,008.33/month	**Contact:**
Contract Type: Goods ( ) Services (X) Labor ( )	**Term of contract:** 1 Year Renewal
Contract Action: New ( ) Renewal (X) Change Order ( )	
Grant Award Number: C-2020-98-E22	

BOC APPROVED
Date: 6-28-22
Initials:

Finance Director Signature	Procurement Officer Signature
I have reviewed the attached contract, and the amount is approved for processing.	I have reviewed the attached contract, and it is in compliance with Purchasing Policies of Rockdale County.
Signature: [signature] **Date:** 6/14/2022	**Signature:** [signature] **Date:** 6/2/22 Req provided

Summary:

Inmate Healthcare Services

Rockdale County is charged by law with the responsibility of obtaining and providing reasonable and necessary care for inmates detained at the Rockdale County Jail. Rockdale County has contracted with NaphCare for medical services since September 2020.

The Rockdale County Sheriff's Office wishes to renew this contract with an increase of 3% Consumer Price Index (CPI) according to the Bureau of Labor Statistics Report for April 2021 and in accordance with the current contract.

Department Head/Elected Official Signature: [signature]

Date: 5.26.2022

SECOND AMENDMENT TO THE HEALTH SERVICES AGREEMENT

This Amendment is effective September 15, 2022, and is to the Health Services Agreement between Rockdale County, Georgia ("County") and NaphCare, Inc. ("Contractor") made and entered into on August 11, 2020 ("Agreement").

WHEREAS, pursuant to Section 5 of the Agreement, the parties wish to exercise renewal option year two, and provide a yearly cost of living adjustment to the base fee.

WHEREAS, the parties further agree to amend the Agreement by revising the Staffing Plan.

NOW THEREFORE, the parties hereby agree to the following provisions and revisions:

I. Pursuant to Section 5 of the Agreement, the parties agree that the base fee payable to Contractor for the renewal year beginning September 15, 2022, and ending September 15, 2023, shall include an increase of 3% to the current annual base fee payable to Contractor. The annual base fee to Contractor beginning September 15, 2022, shall be $2,880,099.96, payable in twelve (12) equal monthly installments of $240,008.33 for the applicable daily average population.

II. Pursuant to Section 5 of the Agreement, the parties agree that should the average daily population within the Facility ("ADP") exceed 400 for a sustained period of more than two (2) consecutive months, the parties will meet and confer to mutually negotiate any necessary contractual modifications. Prior to such negotiation, Contractor agrees to provide the County with information sufficient to evaluate the scope and necessity of any increase in costs.

III. The parties agree to modify Section 3(a) of the Agreement by incorporation of the following provision:

Parties agree to modify the Staffing Plan by replacing the current Staffing Plan with the Staffing Plan attached hereto as Exhibit A. This modification increases Physician hours to 0.250 FTE and adds additional 1.0 FTE Discharge Planner personnel time to the Staffing Plan.

Except as modified herein, all other terms and conditions set forth within the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Second Amendment on this the 28th day of June, 2022.

NAPHCARE, INC.

By: _____
Bradford T. McLane, CEO

ROCKDALE COUNTY, GEORGIA

By: _____
Osborn Nesbitt, Sr., Chairman

Attest:

_____
Connie Young, Corporate Secretary

Attest:

_____
Jennifer Rutledge, County Clerk

Approved as to form:

_____
M. Qader A. Baig, County Attorney

EXHIBIT A
STAFFING PLAN

Rockdale County, GA NaphCare Staffing	
Position Title	**2nd Renewal**
Health Services Administrator (RN)	1.000
Medical Director	0.250
NP/PA	0.800
Administrative Assistant	1.000
RN Infirmary	2.100
LPN Intake	2.100
LPN Med Pass	4.200
Certified Medical Assistant	1.000
Dentist	0.150
Dental Assistant	0.150
Psychiatrist	0.050
Psych NP	0.400
Licensed Mental Health Professional	2.000
Discharge Planner[1]	1.000
LPN - Med Pass	2.100
LPN Intake/Med Pass	2.100
LPN Infirmary	2.100

Total FTEs **22.500**

[1] Licensure is not required for the Discharge Planner position. An individual with a Master of Social Work degree may be utilized for the Discharge Planner position.

NEWS RELEASE
BUREAU OF LABOR STATISTICS
U.S. DEPARTMENT OF LABOR

For Release: Tuesday, April 12, 2022

22-653-ATL

SOUTHEAST INFORMATION OFFICE: Atlanta, Ga.
Technical information: (404) 893-4222 BLSInfoAtlanta@bls.gov www.bls.gov/regions/southeast
Media contact: (404) 893-4220

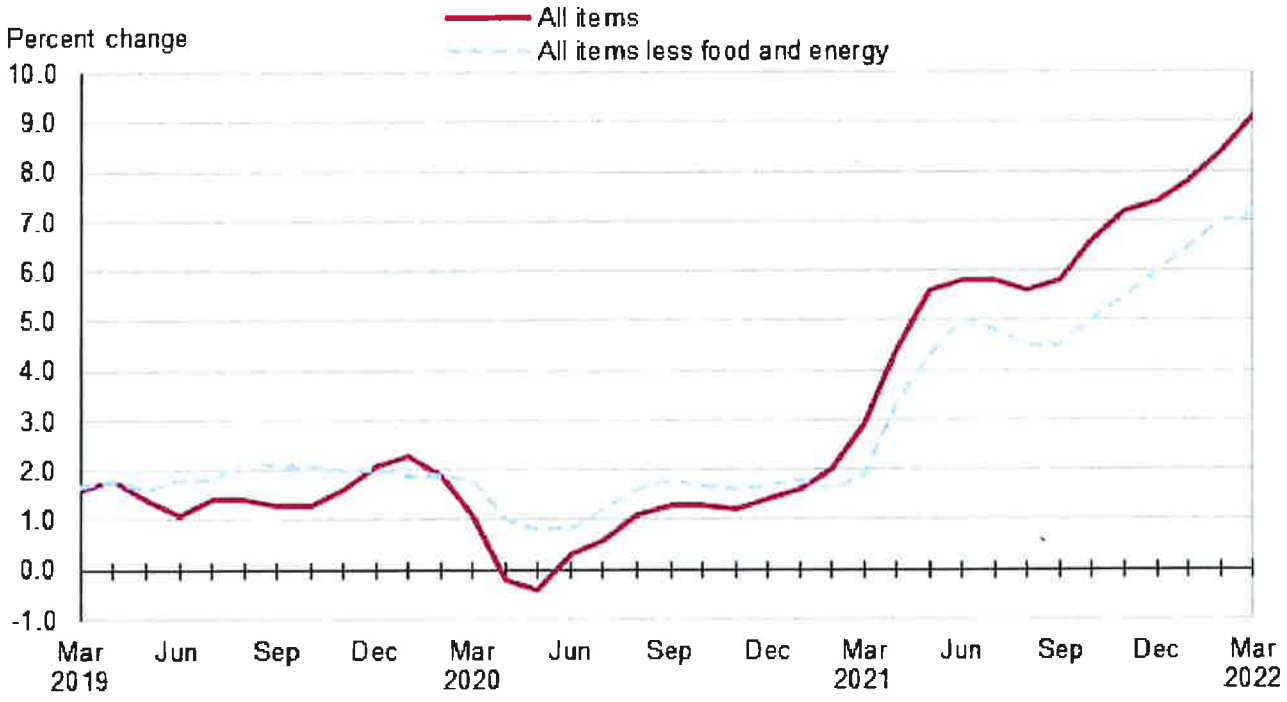
Consumer Price Index, South Region — March 2022

Prices in the South up 1.4 percent over the month and 9.1 percent over the past year

The Consumer Price Index for All Urban Consumers (CPI-U) for the South increased 1.4 percent in March, the U.S. Bureau of Labor Statistics reported today. The energy index rose sharply over the month, up 11.2 percent. The index for all items less food and energy rose 0.5 percent over the month, while the food index increased 1.1 percent. (Data in this report are not seasonally adjusted. Accordingly, month-to-month changes reflect the impact of seasonal influences.)

The all items CPI-U for the South advanced 9.1 percent for the 12 months ending in March, after increasing 8.4-percent over the 12-month period ending in February. The index for all items less food and energy advanced 7.1 percent over the past year. The energy index and the food index also increased over the past 12 months, up 31.4 percent and 8.6 percent, respectively. (See chart 1 and table 1.)

Chart 1. Over-the-year percent change in CPI-U, South region, March 2019–March 2022



Source: U.S. Bureau of Labor Statistics.

Food
The food index increased 1.1 percent in March, led by a 1.5 percent increase in the food at home index. The food away from home index also rose in March, up 0.4 percent.

The food index advanced 8.6 percent for the 12 months ending in March, reflecting increases in the food at home (+9.3 percent) and food away from home (+7.5 percent) indexes.

Energy
The energy index rose 11.2 percent in March, reflecting a 20.4-percent spike in the gasoline index. The electricity index was little changed over the month, up 0.1 percent, while the utility (piped) gas service index rose 0.6 percent.

The energy index advanced 31.4 percent for the 12 months ending in March, led by a 49.4-percent increase in the gasoline index. The electricity and the utility (piped) gas service indexes also increased over the year, up 10.1 percent and 18.4 percent, respectively.

All items less food and energy
The index for all items less food and energy rose 0.5 percent in March. The shelter index (+0.7 percent) was a major contributor to this increase.

The index for all items less food and energy advanced 7.1 percent for the 12 months ending in March, reflecting increases across many indexes. The new and used motor vehicles index advanced 22.0 percent over the past 12 months, led by a 35.4-percent increase in the used cars and trucks index; the new vehicles index increased 12.4 percent over the past year. Shelter (+5.8 percent) was also among the indexes to increase over the past 12 months.

Geographic divisions
Additional price indexes are now available for the three divisions of the South. The all items CPI-U advanced 1.7 percent in the West South Central division and 1.5 percent in the East South Central division in March. The all items index also increased in the South Atlantic division, up 1.3 percent over the month.

Over the year, the all items index advanced 9.5 percent in the West South Central division and 9.2 percent in the South Atlantic division. The all items index rose 7.9 percent in the East South Central division over the past year.

Table A. South region CPI-U 1-month and 12-month percent changes, all items index, not seasonally adjusted

Month	2018		2019		2020		2021		2022	
	1-month	12-month	1-month	12-month	1-month	12-month	1-month	12-month	1-month	12-month
January	0.5	1.8	0.2	1.2	0.3	2.3	0.5	1.6	0.9	7.8
February	0.6	2.1	0.5	1.1	0.2	1.9	0.5	2.0	1.1	8.4
March	0.2	2.3	0.7	1.6	-0.1	1.1	0.8	2.9	1.4	9.1
April	0.4	2.4	0.5	1.8	-0.8	-0.2	0.7	4.4		
May	0.3	2.7	-0.1	1.4	-0.2	-0.4	0.8	5.6		
June	0.2	2.7	-0.1	1.1	0.6	0.3	0.9	5.8		
July	0.0	2.9	0.3	1.4	0.6	0.6	0.5	5.8		
August	-0.1	2.4	-0.1	1.4	0.4	1.1	0.3	5.6		
September	0.0	1.7	0.0	1.3	0.2	1.3	0.3	5.8		
October	0.2	2.1	0.2	1.3	0.1	1.3	1.0	6.6		
November	-0.3	1.9	0.0	1.6	-0.1	1.2	0.4	7.2		
December	-0.5	1.5	0.0	2.1	0.2	1.4	0.3	7.4		

The Consumer Price Index for April 2022 is scheduled to be released on Wednesday, May 11, 2022, at 8:30 a.m. (ET).

Technical Note

The Consumer Price Index (CPI) is a measure of the average change in prices over time in a fixed market basket of goods and services. The Bureau of Labor Statistics publishes CPIs for two population groups: (1) a CPI for All Urban Consumers (CPI-U) which covers approximately 93 percent of the total U.S. population and (2) a CPI for Urban Wage Earners and Clerical Workers (CPI-W) which covers approximately 29 percent of the total U.S. population. The CPI-U includes, in addition to wage earners and clerical workers, groups such as professional, managerial, and technical workers, the self-employed, short-term workers, the unemployed, and retirees and others not in the labor force.

The CPI is based on prices of food, clothing, shelter, and fuels, transportation fares, charges for doctors' and dentists' services, drugs, and the other goods and services that people buy for day-to-day living. Each month, prices are collected in 75 urban areas across the country from about 6,000 housing units and approximately 22,000 retail establishments—department stores, supermarkets, hospitals, filling stations, and other types of stores and service establishments. All taxes directly associated with the purchase and use of items are included in the index.

The index measures price changes from a designated reference date; for most of the CPI-U the reference base is 1982-84 equals 100. An increase of 7 percent from the reference base, for example, is shown as 107.000. Alternatively, that relationship can also be expressed as the price of a base period market basket of goods and services rising from $100 to $107. For further details see the CPI home page on the Internet at www.bls.gov/cpi and the CPI section of the BLS Handbook of Methods available on the internet at www.bls.gov/opub/hom/cpi/.

In calculating the index, price changes for the various items in each location are averaged together with weights that represent their importance in the spending of the appropriate population group. Local data are then combined to obtain a U.S. city average. Because the sample size of a local area is smaller, the local area index is subject to substantially more sampling and other measurement error than the national index. In addition, local indexes are not adjusted for seasonal influences. As a result, local area indexes show greater volatility than the national index, although their long-term trends are quite similar. **NOTE: Area indexes do not measure differences in the level of prices between cities; they only measure the average change in prices for each area since the base period.**

The **South region** is comprised of Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

Information in this release will be made available to sensory impaired individuals upon request. Voice phone: (202) 691-5200; Federal Relay Service: (800) 877-8339.

Table 1. Consumer Price Index for All Urban Consumers (CPI-U): Indexes and percent changes for selected periods South (1982-84=100 unless otherwise noted)

Item and Group	Indexes			Percent change from-		
	Jan. 2022	Feb. 2022	Mar. 2022	Mar. 2021	Jan. 2022	Feb. 2022
Expenditure category						
All Items	271.634	274.688	278.598	9.1	2.6	1.4
All items (December 1977=100)	440.628	445.582	451.925	-	-	-
Food and beverages	283.186	286.289	289.302	8.3	2.2	1.1
Food	285.677	288.729	291.883	8.6	2.2	1.1
Food at home	267.580	271.047	275.222	9.3	2.9	1.5
Cereal and bakery products	308.536	312.551	318.757	9.0	3.3	2.0
Meats, poultry, fish, and eggs	291.564	294.166	297.929	13.6	2.2	1.3
Dairy and related products	237.784	240.727	244.669	6.8	2.9	1.6
Fruits and vegetables	310.452	314.731	320.082	6.7	3.1	1.7
Nonalcoholic beverages and beverage materials	183.109	187.271	189.062	6.8	3.3	1.0
Other food at home	233.484	236.255	240.239	9.1	2.9	1.7
Food away from home	315.411	317.675	318.933	7.5	1.1	0.4
Alcoholic beverages	248.588	252.384	253.443	3.6	2.0	0.4
Housing	266.698	268.728	270.537	6.7	1.4	0.7
Shelter	306.765	308.941	311.085	5.8	1.4	0.7
Rent of primary residence	323.126	325.362	327.124	5.7	1.2	0.5
Owners' equiv. rent of residences(1)	309.135	310.623	312.040	5.0	0.9	0.5
Owners' equiv. rent of primary residence(1)	309.133	310.618	312.034	5.0	0.9	0.5
Fuels and utilities	264.929	267.286	267.919	9.6	1.1	0.2
Household energy	214.149	216.495	217.196	11.8	1.4	0.3
Energy services	213.644	215.760	216.103	11.2	1.2	0.2
Electricity	207.880	209.768	209.956	10.1	1.0	0.1
Utility (piped) gas service	234.427	237.872	239.200	18.4	2.0	0.6
Household furnishings and operations	138.434	139.782	141.153	10.4	2.0	1.0
Apparel	133.194	136.479	136.594	7.2	2.6	0.1
Transportation	250.055	256.401	268.755	23.8	7.5	4.8
Private transportation	253.318	259.523	271.780	24.3	7.3	4.7
New and used motor vehicles(2)	130.126	130.720	130.501	22.0	0.3	-0.2
New vehicles	173.659	174.304	175.662	12.4	1.2	0.8
New cars and trucks(2)(3)	118.301	118.743	119.700	12.5	1.2	0.8
New cars(3)	172.250	173.253	174.209	12.6	1.1	0.6
Used cars and trucks	211.458	213.031	209.376	35.4	-1.0	-1.7
Motor fuel	272.027	292.312	352.110	49.6	29.4	20.5
Gasoline (all types)	270.540	290.641	349.852	49.4	29.3	20.4
Unleaded regular(3)	264.462	284.703	343.529	50.2	29.9	20.7
Unleaded midgrade(3)(4)	300.743	319.902	380.888	46.7	26.6	19.1
Unleaded premium(3)	292.511	309.071	364.950	42.5	24.8	18.1
Medical care	507.582	509.264	512.534	3.1	1.0	0.6
Medical care commodities	359.089	358.358	359.712	2.9	0.2	0.4
Medical care services	557.824	560.353	564.287	3.2	1.2	0.7
Professional services	386.678	387.294	389.751	1.7	0.8	0.6
Recreation(2)	127.253	129.388	128.704	3.8	1.1	-0.5
Education and communication(2)	139.695	138.857	138.955	2.3	-0.5	0.1
Tuition, other school fees, and child care(5)	1,399.395	1,402.142	1,400.967	2.8	0.1	-0.1
Other goods and services	471.803	476.452	477.312	5.5	1.2	0.2
Commodity and service group						
All Items	271.634	274.688	278.598	9.1	2.6	1.4
Commodities	209.741	212.992	218.696	14.7	4.3	2.7
Commodities less food and beverages	174.529	177.654	183.927	18.6	5.4	3.5

Note: See footnotes at end of table.

Table 1. Consumer Price Index for All Urban Consumers (CPI-U): Indexes and percent changes for selected periods South (1982-84=100 unless otherwise noted) - Continued

Item and Group	Indexes			Percent change from-		
	Jan. 2022	Feb. 2022	Mar. 2022	Mar. 2021	Jan. 2022	Feb. 2022
Nondurables less food and beverages	217.672	225.069	242.159	19.8	11.2	7.6
Nondurables less food, beverages, and apparel	268.849	278.603	304.866	23.1	13.4	9.4
Durables	130.946	131.470	131.359	18.0	0.3	-0.1
Services	333.497	336.301	338.263	5.5	1.4	0.6
Rent of shelter(1)	315.534	317.792	320.038	5.8	1.4	0.7
Transportation services	369.038	377.457	384.347	8.7	4.1	1.8
Other services	368.469	371.482	370.325	3.0	0.5	-0.3
Special aggregate indexes						
All items less medical care	258.687	261.798	265.725	9.7	2.7	1.5
All items less food	269.204	272.253	276.264	9.2	2.6	1.5
All items less shelter	259.073	262.488	267.114	10.7	3.1	1.8
Commodities less food	176.920	180.072	186.262	18.1	5.3	3.4
Nondurables	248.621	254.019	264.550	13.6	6.4	4.1
Nondurables less food	219.088	226.275	242.454	18.7	10.7	7.2
Nondurables less food and apparel	265.683	274.891	298.928	21.5	12.5	8.7
Services less rent of shelter(1)	366.605	370.192	371.853	5.2	1.4	0.4
Services less medical care services	313.350	316.153	317.946	5.9	1.5	0.6
Energy	236.305	246.813	274.544	31.4	16.2	11.2
All items less energy	276.750	279.073	280.614	7.3	1.4	0.6
All items less food and energy	275.665	277.875	279.164	7.1	1.3	0.5
Commodities less food and energy commodities	165.752	166.959	167.121	12.4	0.8	0.1
Energy commodities	276.893	297.413	357.393	49.4	29.1	20.2
Services less energy services	346.209	349.087	351.220	5.2	1.4	0.6

Footnotes
(1) Indexes on a December 1982=100 base.
(2) Indexes on a December 1997=100 base.
(3) Special index based on a substantially smaller sample.
(4) Indexes on a December 1993=100 base.
(5) Indexes on a December 1977=100 base.
- Data not available.
Regions defined as the four Census regions. South includes Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

RECEIVED
JUL 07 2022
BY: Purchasing

ORIGINAL

Board of Commissioners
Agenda Item Transmittal Form
Procurement/Contract Transmittal Form

Type of contract: 1 Year Multi-year Single Event ☐	Contract #: C-2020-98-C04 BOC Approval Date:

X Submission Information	☐ **Vendor Information**
Contact Name: Judge Nancy Bills	**Vendor Name:** NaphCare, Inc.
Department: Superior Court	**Address:** 2090 Columbiana Rd, Ste 4000 Birmingham, AL 35216
Project Title: Holistic Public Safety & Health Project	**Contact:** Michelle Connell **Email:** michelle.connell@naphcare.com
Funding Account Number: 250-1300-531711-01	**Phone:** 205-406-2217 BOC APPROVED Date: 8-9-22 Initials:
Contract amount: $95,000	
Contract Type: Goods (X) Services (X) Labor ( )	**Term of contract:** 1 year with up to 3 years renewable.
Contract Action: New ( ) Renewal ( ) Change Order (X)	
Original Contract Number: C-2020-98-C01	

Finance Director Signature	**Procurement Manager Signature**
I have reviewed the attached contract, and the amount is approved for processing.	I have reviewed the attached contract, and it is in compliance with Purchasing Policies of Rockdale County.
Signature: [signature] **Date:** 7/26/2022	**Signature:** [signature] **Date:** 7/7/22

Project Description

TechCare Go's Crisis Response System is a mobile software solution designed to support co-responder teams (Mental Health + Law Enforcement) by providing a platform to document encounters in the field, organize follow-up visits, and share key information between agencies related to a patient's mental health care. It ultimately facilitates a holistic approach to decrease repeat encounters with the criminal justice system by supporting efforts to divert individuals from the criminal justice system and reduce jail populations. TechCare Go will provide the ability to report on any aspect of data contained in the system without relying on a third-party reporting system. Standard reports will be developed based on both Rockdale County and the Stepping Up requirements. Reports are easily exported to PDF or csv file format (Excel) to be sent via email or allow data to be manipulated or incorporated into other spreadsheets, business intelligence tools, etc. Staff can have interactive capability and can work directly from reports. All information is sortable with the simple click of any of the column headers (alphanumeric). Results are filterable and can be displayed in a variety of formats including graphs, charts, and table rows.

Department Head/Elected Official Signature: Nancy N. Bills **Date:** 7/5/2022

Contract No. C-2020-98-CO4

CONTRACT AMENDMENT NO. 4 to the
Agreement for Inmate Heath Care Services dated August 11, 2020

This AMENDMENT, made and entered into by and between ROCKDALE COUNTY, GEORGIA, hereinafter called the "County", and NAPHCARE, INC., hereinafter called the "Contractor", shall be incorporated into and become a part of the original Agreement cited immediately above.

WHEREAS, the parties previously agreed, pursuant to the Agreement to amend the contract as needed, and;

WHEREAS, a need to amend the contract has arisen.

NOW, THEREFORE, for and in consideration of the covenants and promises to be carried out by each party herein and in the original Agreement cited above, it is agreed by and between the parties as follows:

1. Add additional services for Superior Court as cited in TechCare's proposal dated June 16, 2022, attached hereto and made a part hereof.

2. There is a one-time implementation fee of $60,000.00 for these additional services. Completion date is June 30, 2023. There will be an annual maintenance fee of $35,000.00, renewable up to three (3) years. These additional costs are lined out in TechCare's proposal dated June 16, 2022, attached hereto and made a part hereof.

All other terms and conditions remain in effect in accordance with the Agreement referenced in this Amendment.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment on this 9th day of August, 2022.

NaphCare, Inc.

By: _____

Bradford McLane / CEO
Name & Title (Printed or Typed)

Attest: Barbara Conner

Rockdale County, Georgia

By: _____
Osborn Nesbitt, Sr., Chairman

Attest: _____
Jennifer Rutledge, Executive Director
County Clerk

Approved as to form: _____
M. Qader A. Baig, County Attorney

June 16, 2022

Ms. Marylou Snow
Project Manager
Rockdale County Government
962 Milstead Avenue
Conyers, GA 30012

Re: TechCare Go Crisis Response Software Application for Rockdale County

Dear Ms. Snow:

We greatly appreciate the opportunity to continue our partnership with Rockdale County. We are pleased to propose one of our many software products and services, TechCare GO Crisis Response, to directly support Rockdale County's Stepping Up initiative.

Please find an Overview and Cost Summary based on our conversations that is broken into phases leading to an implementation that will best meet your needs.

Overview

NaphCare will provide customizations to the TechCare GO Crisis Response software to implement a mobile crisis response case management system to meet the requirements of the Rockdale County's mobile crisis response/co-responder teams. The system will be web-based, accessible on laptops or mobile devices, and hosted by NaphCare to allow access in the field via an internet connection. The system will provide the ability to document and manage encounters and follow-ups by any of your selected staff. The system will include interfaces with the County's current TechCare EHR in use in the County Jail, and email systems. An option to interface with the County's RMS is also provided.

The proposal includes (15) concurrent end user licenses, end user support, customizations, hosting, etc. based on the defined scope below. Anything beyond would be billed by the hour at the specified rate. A per user unit cost is included to add additional users in the future to meet your needs. Please consider the following:

Projected Phases

Phase 1 Platform Stand-Up, & Initial Customizations

- Establish the Rockdale TechCare GO platform on NaphCare's Cloud (base format and configuration)
- Configure and Deploy Demographics functionality
- Configure and Deploy Encounter Documentation functionality
- Configure and Deploy Workflow functionality
- Configure and Deploy Communication functionality
- Configure and Deploy Roles and Permissions functionality
- Establish interface with County email
- Complete on-site training of system to core users
- Go Live of System Expectation: Initial system customizations completed, permissions setup, and users able to document encounters, and manage work via and queues.

Phase 2 Dashboards, Reports and Additional Customizations

- Configure and Deploy Dashboard functionality
- Configure and Deploy Report functionality
- Configure and Deploy Additional Customizations based on feedback from users
  - Implement suggested changes from Phase 1 deployment and use expectations
- Annual Maintenance & Support
  - begins at completion of Phase 2. (prorated based on annual support start date)

Phase 3 Integration with TechCare EHR at Rockdale County Jail

- Interface and associated functionality to share demographic and mental health data stored in jail's TechCare database for patients that have been previously incarcerated.
- Mental Health historic information to be shared includes: problem flags, medications, mental health evaluations and histories.

Phase 4 Final Customizations

- Configure and Deploy Additional Customizations based on the feedback from the end users
  - Limited to (40) hours of additional development

Optional Services - RMS Integration (One Way)

- Establish interconnectivity with County RMS to import information
- Configure and Deploy Demographics functionality
  - Patient demographics will be imported from RMS to pre-populate patient fields

Pricing Cost Summary

Pricing includes all activities within Phase 1 thru 4. The tasks defined in the following table outlines the expected tasks and costs.

Project Phases:

Project Tasks	Pricing/Payment
Phase 1 – Platform Stand-Up, Integration & Initial Customizations	$45,000
Phase 2 –Dashboard, Reports, and Additional Customizations	$10,000
Phase 3 – Integration with TechCare at County Jail	$5,000
Phase 4 – Final Customizations	included
One-Time Implementation Subtotal	**$60,000**

**Professional Services/Customization and Development – Customizations and development in addition to those described herein shall be billed at a rate of $180/per hour.

License, Maintenance, Hosting, Training and Support

Deliverable	Annual Cost
***License, Maintenance, Hosting and Support	$35,000
Training – Unlimited (on-site and remote)	Included
TechCare Software upgrades and future patches	Included
Annual Subtotal:	**$35,000**

***Price includes a comprehensive annual software license for (15) concurrent Users.

Optional Services:

End User Software License Add-on

Deliverable	Annual Cost
Single User License (increments up to 10)	$500

County RMS Integration

Deliverable	One Time Cost
One Directional Interface with County RMS	$15,000

Deliverable	Annual Cost
County RMS Interface Maintenance, and Support	$5,000

NaphCare provides all-inclusive support and maintenance as a part of the software license. In addition, all critical support and maintenance components needed for a fully functional system are incorporated. This includes, but is not limited to the following:

- Help Desk Support - 24/7/365
- Technical support
- Customer Portal with access to user's manual, patches, fixes and knowledgebase
- Guaranteed Service Level Agreement
- Application, database and system monitoring and performance tuning
- System Hosting Services
- TechCare GO upgrades and updates – included for the life of the contract.
- Product Enhancements for Regulatory Compliance
- Unlimited Remote Training –

In Summary, one of the best advantages with NaphCare, is that all work is done "in-house." No need for outsourcing or subcontracting resources to get these tasks completed. This also includes all training. Our clients can attest, that we have a 100% success rate with completing implementation and training, on time and on-budget.

We appreciate the opportunity to present this proposal and look forward to further discussions on the best options for Rockdale County.

Sincerely,

Byron P. Harrison, MS
Chief Information Officer

Proposal Acceptance:

Approval: _____

Printed Name: _____

Title: _____

Date: _____

RECEIVED
JUN 14 2023
BY: Purchasing

ROCKDALE COUNTY GEORGIA

ORIGINAL

Board of Commissioners
Agenda Item Transmittal Form
Procurement/Contract Transmittal Form

Type of contract: 1 year ☐ Multi-year ☐ Single Event ☐

Contract #: C-2020-98-C05
BOC Approval Date:

Submission Information	Vendor Information
Contact Name: Captain Dennis Pass	**Vendor Name:** NaphCare, Inc
Department: Rockdale County Sheriff's Office	**Address:** 2090 Columbiana Road, Suite 4000 Birmingham, AL 35216
Project Title: Inmate Healthcare Services	
Funding Account Number: 100-3326-521200-30	**Email:** brad.mclane@naphcare.com
Contract amount: $2,923,301.40/year or $243,608.45/month	**Phone #:** 205-536-8532
Contract Type: Goods ( ) Services (X) Labor ( )	**Contact:** Brad McLane
Contract Action: New ( ) Renewal (X) Change Order ( )	**Term of contract:** 1 Year Renewal
Original Contract Number: C-2020-98	

BOC APPROVED
Date: 8-8-23
Initials: AK

Finance Director Signature	Procurement Manager Signature
I have reviewed the attached contract, and the amount is approved for processing.	I have reviewed the attached contract, and it is in compliance with Purchasing Policies of Rockdale County.
Signature: Sue Sanders Date: 7/26/2023 6/14/2023	Signature: Gina Malone Date: 6/27/23

Summary:

Inmate Healthcare Services

Rockdale County is charged by law with the responsibility of obtaining and providing reasonable and necessary care for inmates detained at the Rockdale County Jail. Rockdale County has contracted with Naphcare Inc. for medical services since September 2020.

The Rockdale County Sheriff's Office wishes to renew this contract with an increase of 1.5% Consumer Price Index (CPI) according to the Bureau of Labor Statistics Report for Southern Region - April 2023. A CPI increase is included in the current contract.

Department Head/Elected Official Signature:

Date: 06/13/2023

C-2020-98-C05

~~THIRD~~ Fifth AMENDMENT TO THE HEALTH SERVICES AGREEMENT

This Amendment is effective September 15, 2023, and is to the Health Services Agreement between Rockdale County, Georgia ("County") and NaphCare, Inc. ("Contractor") made and entered into on August 11, 2020 ("Agreement").

WHEREAS, pursuant to Section 5 of the Agreement, the parties wish to exercise renewal option year three, and provide a yearly cost of living adjustment to the base fee.

NOW THEREFORE, the parties hereby agree to the following provisions and revisions:

I. Pursuant to Section 5 of the Agreement, the parties agree that the base fee payable to Contractor for the renewal year beginning September 15, 2023, and ending September 15, 2024, shall include an increase of one and five tenths percent (1.5%) to the current annual base fee payable to Contractor. The annual base fee to Contractor beginning September 15, 2023, shall be $2,923,301.40, payable in twelve (12) equal monthly installments of $243,608.45 for the applicable daily average population.

Except as modified herein, all other terms and conditions set forth within the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Third Amendment on this the 8th day of August, 2023.

NAPHCARE, INC.

By: _____ 6/13/23
Bradford T. McLane, CEO

ROCKDALE COUNTY, GEORGIA

By: _____
Osborn Nesbitt, Sr., Chairman

Attest:

_____ 6/13/23
Connie Young, Corporate Secretary

Attest:

_____
Jennifer Rutledge, County Clerk

Approved as to form:

_____
M. Qader A. Baig, County Attorney

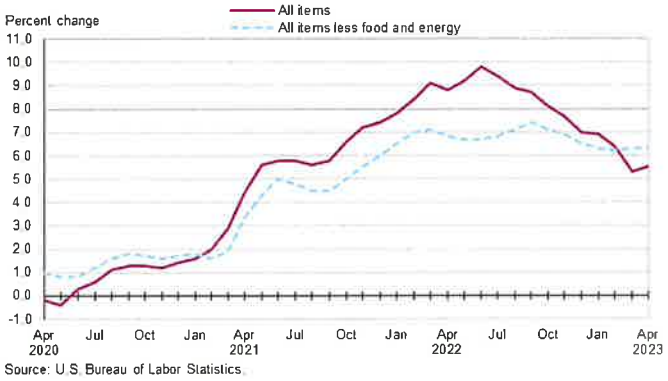
Consumer Price Index, South Region — April 2023

Prices in the South up 0.7 percent over the month and 5.5 percent over the past year.

The Consumer Price Index for All Urban Consumers (CPI-U) for the South increased 0.7 percent in April, the U.S. Bureau of Labor Statistics reported today. The index for all items less food and energy rose 0.5 percent over the month. The energy index increased 2.9 percent in April and the food index rose 0.5 percent. (Data in this report are not seasonally adjusted. Accordingly, month-to-month changes reflect the impact of seasonal influences.)

The all items CPI-U for the South advanced 5.5 percent for the 12 months ending in April, after increasing 5.3-percent for the 12-month period ending in March. The index for all items less food and energy rose 6.3 percent over the past year. The food index also increased over the last 12 months, up 8.1 percent. In contrast, the energy index declined 5.1 percent over the past year. (See chart 1 and table 1.)

Chart 1. Over-the-year percent change in CPI-U, South region, April 2020–April 2023



Source: U.S. Bureau of Labor Statistics

View Chart Data

Food

The food index rose 0.5 percent in April, reflecting increases in the food at home (+0.4 percent) and food away from home (+0.5 percent) indexes. Within the food at home category, the index for other food at home rose 1.3 percent in April, and the index for meats, poultry, fish, and eggs increased 1.0 percent.

The food index advanced 8.1 percent for the 12 months ending in April, led by a 7.9-percent increase in the food at home index as all six major grocery store food group indexes increased over the year. The food away from home index also increased over the past year, up 8.5 percent.

Energy

The energy index rose 2.9 percent in April, reflecting a 6.8-percent increase in the gasoline index. In contrast, the natural gas and electricity indexes declined in April, down 2.8 percent and 0.3 percent, respectively.

The energy index declined 5.1 percent for the 12 months ending in April, largely due to a 12.6-percent decrease in the gasoline index. Over the past year, the natural gas index declined 1.1 percent, while the electricity index increased 8.7 percent.

All items less food and energy

The index for all items less food and energy rose 0.5 percent in April, primarily reflecting a 0.7-percent increase in the shelter index. Within shelter, owners' equivalent rent rose 0.7 percent in April, and rent of primary residence rose 0.8 percent. The index for used cars and trucks was also among the notable components to increase in April, up 4.7 percent.

The index for all items less food and energy advanced 6.3 percent for the 12 months ending in April, after increasing 6.3 percent over the 12-month period ending in March. Several components contributed to the 12-month increase, most notably, shelter (+10.0 percent). Within shelter, owner's equivalent rent increased 10.1 percent over the past year, and rent of primary residence rose 11.6 percent.

Geographic divisions

Additional price indexes are now available for the three divisions of the South. In April, the all items index rose 0.7 percent each in the South Atlantic and West South Central divisions, and 0.6 in the East South Central division.

Over the year, the all items index advanced 6.0 percent in the South Atlantic division, 5.2 percent in the East South Central division, and 4.8 percent in the West South Central division.

Table A. South region CPI-U 1-month and 12-month percent changes, all items index, not seasonally adjusted

Month	2019		2020		2021		2022		2023	
	1-month	12-month	1-month	12-month	1-month	12-month	1-month	12-month	1-month	12-month
January	0.2	1.2	0.3	2.3	0.5	1.6	0.9	7.8	0.8	6.9
February	0.5	1.1	0.2	1.9	0.5	2.0	1.1	8.4	0.6	6.4
March	0.7	1.6	-0.1	1.1	0.8	2.9	1.4	9.1	0.4	5.3

News Release Information

23-990-ATL
Wednesday, May 10, 2023

Contacts

Technical information:
(404) 893-4222
BLSInfoAtlanta@bls.gov
www.bls.gov/regions/southeast

Media contact:
(404) 893-4220

Related Links

Charts for Economic News Releases

Month	2019		2020		2021		2022		2023	
	1-month	12-month	1-month	12-month	1-month	12-month	1-month	12-month	1-month	12-month
April	0.5	1.8	-0.8	-0.2	0.7	4.4	0.5	8.8	0.7	5.5
May	-0.1	1.4	-0.2	-0.4	0.8	5.6	1.2	9.2		
June	-0.1	1.1	0.6	0.3	0.9	5.8	1.5	9.8		
July	0.3	1.4	0.6	0.6	0.5	5.8	0.1	9.4		
August	-0.1	1.4	0.4	1.1	0.3	5.6	-0.2	8.9		
September	0.0	1.3	0.2	1.3	0.3	5.8	0.2	8.7		
October	0.2	1.3	0.1	1.3	1.0	6.6	0.4	8.1		
November	0.0	1.6	-0.1	1.2	0.4	7.2	0.1	7.7		
December	0.0	2.1	0.2	1.4	0.3	7.4	-0.3	7.0		

The Consumer Price Index for May 2023 is scheduled to be released on Tuesday, June 13, 2023, at 8:30 a.m. (ET).

Technical Note

The Consumer Price Index for the South region is published monthly. The Consumer Price Index (CPI) is a measure of the average change in prices over time in a fixed market basket of goods and services. The Bureau of Labor Statistics publishes CPIs for two population groups: (1) a CPI for All Urban Consumers (CPI-U) which covers approximately 93 percent of the total U.S. population and (2) a CPI for Urban Wage Earners and Clerical Workers (CPI-W) which covers approximately 29 percent of the total U.S. population. The CPI-U includes, in addition to wage earners and clerical workers, groups such as professional, managerial, and technical workers, the self-employed, short-term workers, the unemployed, and retirees and others not in the labor force.

The CPI is based on prices of food, clothing, shelter, fuels, transportation fares, charges for doctors' and dentists' services, drugs, and the other goods and services that people buy for day-to-day living. Each month, prices are collected in 75 urban areas across the country from about 6,000 housing units and approximately 22,000 retail establishments —department stores, supermarkets, hospitals, filling stations, and other types of stores and service establishments. All taxes directly associated with the purchase and use of items are included in the index.

The index measures price changes from a designated reference date; for most of the CPI-U the reference base is 1982-84 equals 100. An increase of 7 percent from the reference base, for example, is shown as 107.000. Alternatively, that relationship can also be expressed as the price of a base period market basket of goods and services rising from $100 to $107. For further details see the CPI home page on the internet at www.bls.gov/cpi and the CPI section of the BLS Handbook of Methods available on the internet at www.bls.gov/opub/hom/cpi.

In calculating the index, price changes for the various items in each location are averaged together with weights that represent their importance in the spending of the appropriate population group. Local data are then combined to obtain a U.S. city average. Because the sample size of a local area is smaller, the local area index is subject to substantially more sampling and other measurement error than the national index. In addition, local indexes are not adjusted for seasonal influences. As a result, local area indexes show greater volatility than the national index, although their long-term trends are quite similar. **NOTE: Area indexes do not measure differences in the level of prices between cities; they only measure the average change in prices for each area since the base period.**

The **South region** is comprised of Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

Information in this release will be made available to individuals with sensory impairments upon request. Voice phone: (202) 691-5200; Telecommunications Relay Service: 7-1-1.

Table 1. Consumer Price Index for All Urban Consumers (CPI-U): Indexes and percent changes for selected periods
South (1982-84=100 unless otherwise noted)

Item and Group	Indexes			Percent change from-		
	Feb. 2023	Mar. 2023	Apr. 2023	Apr. 2022	Feb. 2023	Mar. 2023
Expenditure category						
All Items	292.285	293.358	295.315	5.5	1.0	0.7
All items (December 1977=100)	474.128	475.868	479.042	-	-	-
Food and beverages	312.804	313.239	314.609	7.8	0.6	0.4
Food	316.381	316.842	318.372	8.1	0.6	0.5
Food at home	300.089	299.503	300.837	7.9	0.2	0.4
Cereal and bakery products	358.690	361.946	362.107	12.0	1.0	0.0
Meats, poultry, fish, and eggs	316.907	310.830	313.906	3.7	-0.9	1.0
Dairy and related products	272.025	273.558	271.962	8.7	0.0	-0.6
Fruits and vegetables	331.366	326.672	325.434	1.8	-1.8	-0.4
Nonalcoholic beverages and beverage materials	213.327	214.703	214.712	11.7	0.6	0.0

Footnotes
(1) Indexes on a December 1982=100 base.
(2) Indexes on a December 1997=100 base.
(3) Special index based on a substantially smaller sample.
(4) Indexes on a December 1993=100 base.
(5) Indexes on a December 1977=100 base.

- Data not available.
Regions defined as the four Census regions. South includes Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.
NOTE: Index applies to a month as a whole, not to any specific date. Data not seasonally adjusted.

Item and Group	Indexes			Percent change from-		
	Feb. 2023	Mar. 2023	Apr. 2023	Apr. 2022	Feb. 2023	Mar. 2023
Other food at home	266.207	268.229	271.582	11.4	2.0	1.3
Food away from home	342.563	345.117	347.009	8.5	1.3	0.5
Alcoholic beverages	263.094	263.152	262.157	4.0	-0.4	-0.4
Housing	294.492	295.573	297.075	9.1	0.9	0.5
Shelter	339.967	341.971	344.203	10.0	1.2	0.7
Rent of primary residence	362.735	364.547	367.578	11.6	1.3	0.8
Owners' equiv. rent of residences(1)	341.669	342.975	345.245	10.1	1.0	0.7
Owners' equiv. rent of primary residence(1)	341.662	342.969	345.245	10.1	1.0	0.7
Fuels and utilities	294.649	288.244	287.116	6.5	-2.6	-0.4
Household energy	242.743	235.721	234.178	6.9	-3.5	-0.7
Energy services	242.341	235.229	233.764	7.2	-3.5	-0.6
Electricity	235.948	229.826	229.237	8.7	-2.8	-0.3
Utility (piped) gas service	264.777	251.697	244.561	-1.1	-7.6	-2.8
Household furnishings and operations	147.904	149.782	150.342	6.0	1.6	0.4
Apparel	140.727	142.281	140.673	3.3	0.0	-1.1
Transportation	260.983	263.496	269.483	0.1	3.3	2.3
Private transportation	262.642	264.889	270.944	0.1	3.2	2.3
New and used motor vehicles(2)	127.396	128.373	130.497	-0.1	2.4	1.7
New vehicles	185.889	186.348	186.907	5.4	0.5	0.3
New cars and trucks(2)(3)	-	-	-	-	-	-
New cars(3)	184.477	185.123	185.786	5.1	0.7	0.4
Used cars and trucks	183.625	185.448	194.117	-6.7	5.7	4.7
Motor fuel	281.557	281.790	300.145	-12.9	6.6	6.5
Gasoline (all types)	278.990	279.761	298.779	-12.6	7.1	6.8
Unleaded regular(3)	272.410	273.206	292.296	-12.8	7.3	7.0
Unleaded midgrade(3)(4)	312.053	312.765	331.493	-11.8	6.2	6.0
Unleaded premium(3)	304.849	305.332	321.912	-10.7	5.6	5.4
Medical care	521.410	520.611	519.128	1.2	-0.4	-0.3
Medical care commodities	371.540	374.010	376.924	4.1	1.4	0.8
Medical care services	571.949	569.920	566.788	0.4	-0.9	-0.5
Professional services	393.158	393.582	393.693	1.5	0.1	0.0
Recreation(2)	136.204	135.715	135.644	4.4	-0.4	-0.1
Education and communication(2)	140.415	140.731	140.536	1.3	0.1	-0.1
Tuition, other school fees, and child care(5)	1,446.972	1,455.917	1,456.061	3.8	0.6	0.0
Other goods and services	506.826	506.170	509.303	6.3	0.5	0.6
Commodity and service group						
All Items	292.285	293.358	295.315	5.5	1.0	0.7
Commodities	219.903	220.572	223.151	1.9	1.5	1.2
Commodities less food and beverages	177.777	178.476	181.267	-1.2	2.0	1.6
Nondurables less food and beverages	230.438	231.318	236.303	-1.7	2.5	2.2
Nondurables less food, beverages, and apparel	284.708	285.243	293.925	-2.8	3.2	3.0
Durables	129.201	129.720	131.136	-0.3	1.5	1.1
Services	364.960	366.451	367.686	8.0	0.7	0.3
Rent of shelter(1)	350.102	352.190	354.466	10.1	1.2	0.6
Transportation services	435.834	445.923	448.233	14.2	2.8	0.5
Other services	386.697	386.691	386.144	3.8	-0.1	-0.1

Footnotes

(1) Indexes on a December 1982=100 base.
(2) Indexes on a December 1997=100 base.
(3) Special index based on a substantially smaller sample.
(4) Indexes on a December 1993=100 base.
(5) Indexes on a December 1977=100 base.

- Data not available.

Regions defined as the four Census regions. South includes Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

NOTE: Index applies to a month as a whole, not to any specific date. Data not seasonally adjusted.

Item and Group	Indexes			Percent change from-		
	Feb. 2023	Mar. 2023	Apr. 2023	Apr. 2022	Feb. 2023	Mar. 2023
Special aggregate indexes						
All items less medical care	279.576	280.730	282.836	5.9	1.2	0.8
All items less food	288.403	289.559	291.571	5.1	1.1	0.7
All items less shelter	274.853	275.551	277.409	3.4	0.9	0.7
Commodities less food	180.429	181.120	183.855	-1.0	1.9	1.5
Nondurables	269.243	269.912	273.187	3.2	1.5	1.2
Nondurables less food	231.951	232.786	237.447	-1.4	2.4	2.0
Nondurables less food and apparel	281.356	281.851	289.703	-2.4	3.0	2.8
Services less rent of shelter(1)	394.899	395.598	395.417	5.5	0.1	0.0
Services less medical care services	345.864	347.595	349.133	9.0	0.9	0.4
Energy	255.361	251.710	259.068	-5.1	1.5	2.9
All items less energy	297.728	299.241	300.717	6.6	1.0	0.5
All items less food and energy	295.124	296.801	298.270	6.3	1.1	0.5
Commodities less food and energy commodities	168.789	169.523	170.780	2.0	1.2	0.7
Energy commodities	286.968	287.129	305.274	-12.8	6.4	6.3
Services less energy services	377.962	380.313	381.819	8.0	1.0	0.4

Footnotes
(1) Indexes on a December 1982=100 base.
(2) Indexes on a December 1997=100 base.
(3) Special index based on a substantially smaller sample.
(4) Indexes on a December 1993=100 base.
(5) Indexes on a December 1977=100 base.

- Data not available.
Regions defined as the four Census regions. South includes Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.
NOTE: Index applies to a month as a whole, not to any specific date. Data not seasonally adjusted.

Last Modified Date: Wednesday, May 10, 2023

U.S. BUREAU OF LABOR STATISTICS Southeast Information Office Suite 7T50 61 Forsyth St., S.W. Atlanta, GA 30303

Telephone:1-404-893-4222 www.bls.gov/regions/southeast Contact Southeast Region

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BY: Purchasing

ORIGINAL

Board of Commissioners
Agenda Item Transmittal Form
Procurement/Contract Transmittal Form

Type of contract: 1 year X Multi-year ☐ Single Event ☐

CC Use Only Contract #: C-2020-98-C06

☐ Submission Information	☐ Vendor Information
Contact Name: Major Jason Welch	**Vendor Name:** NaphCare, Inc.
Department: Rockdale County Sheriff's Office	**Address:** 2090 Columbiana Road, Suite 4000 Birmingham, AL. 35216
Project Title: Inmate Healthcare Services	**Email:** Brad.mclane@naphcare.com
Funding Account Number: 100-3326-521200-30	BOC APPROVED Date: 4-23-24
Contract amount: $9,750 monthly	**Phone #** 205-536-8532 Initials: DK
Contract Type: Goods ( ) Services (X) Labor ( )	**Contact:** Brad Mclane
Contract Action: New ( ) Renewal ( ) Change Order (X)	**Term of contract:** 1 year renewal
Original Contract Number: C-2020-98	

Finance Director Signature	Procurement Officer Signature
I have reviewed the attached contract, and the amount is approved for processing.	I have reviewed the attached contract, and it is in compliance with Purchasing Policies of Rockdale County.
Signature: [signature] **Date:** 4/10/2024	**Signature:** [signature] **Date:** 2/21/24

Detailed Summary of Contract:

The Rockdale County Sheriff's Office desires to implement a mental health stabilization unit. The Rockdale County Sheriff's Office would like to staff the unit with 1 Full Time Employee- Mental Health Professional. The Mental Health professional will counsel individuals and promote optimum mental health. The mental health professional will help individuals deal with thoughts of suicide, addictions and substance abuse, family, parenting, marital problems, stress management, problems with self-esteem and other incarceration related mental health crises. The mental health professional will be located within the mental health stabilization unit. The mental health professional will work closely with the clinical and mental health teams already established at the site. They will also work closely with the discharge planner in providing next steps post incarceration.

Department Head/Elected Official Signature: CHIEF [signature] **Date:** 2-20-2024

Contract No. 2020-98-C06

SIXTH AMENDMENT TO THE HEALTH SERVICES AGREEMENT

This Amendment is effective July 31, 2024, and is to the Health Services Agreement between Rockdale County, Georgia ("County") and NaphCare, Inc. ("Contractor") made and entered into on August 11, 2020 ("Agreement").

WHEREAS, the County is a recipient of the Justice and Mental Health Collaboration Program (JMHCP) grant from the U.S. Department of Justice (DOJ); and

WHEREAS, pursuant to Section 12 of the Agreement and subject to JMHCP grant funding, the parties wish to amend the Agreement by adding a 1.0 FTE Mental Health Professional (MHP) to the staffing plan for the Mental Health Stabilization Unit .

NOW THEREFORE, the parties hereby agree to the following provisions and revisions:

I. Pursuant to Section 12, the parties agree to modify Section 3(A) of the Agreement, as amended, by replacing the current Staffing Plan with the Staffing Plan attached hereto as Exhibit A. This modification adds 1.0 FTE MHP personnel time to the Staffing Plan, so long as JMHCP grant funding is available to the County.

II. So long as JMHCP grant funding is available, beginning July 31, 2024, Contractor shall be compensated $9,750.00 per month for the 1.0 FTE MHP for the Mental Health Stabilization Unit.

Except as modified herein, all other terms and conditions set forth within the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Third Amendment on this the 23rd day of April, 2024.

NAPHCARE, INC.

By: _____
Bradford T. McLane, CEO

Attest: _____
Kayla Washington, Corporate Counsel- Operations

ROCKDALE COUNTY, GEORGIA

By: _____
Osborn Nesbitt, Sr., Chairman

Attest: _____
Jennifer Rutledge, County Clerk

Approved as to form:

_____
M. Qader A. Baig, County Attorney

Exhibit A

Rockdale County, GA NaphCare Staffing	
Position Title	**FTE**
Health Services Administrator (RN)	1.000
Medical Director	0.250
NP/PA	0.800
Administrative Assistant	1.000
RN Infirmary	2.100
LPN Intake	2.100
LPN Med Pass	4.200
Certified Medical Assistant	1.000
Dentist	0.150
Dental Assistant	0.150
Psychiatrist	0.050
Psych NP	0.400
Licensed Mental Health Professional	3.000
Discharge Planner	1.000
LPN - Med Pass	2.100
LPN Intake/Med Pass	2.100
LPN Infirmary	2.100

Total FTEs **23.500**

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BY: Purchasing

Revised?

ROCKDALE COUNTY GEORGIA

ORIGINAL

Board of Commissioners
Agenda Item Transmittal Form
Procurement/Contract Transmittal Form

Type of contract: 1-year Multi-year X Single Event	Contract #: C-2020-98-C07 BOC Approval Date:

☐ Submission Information	☐ Vendor Information
Contact Name: Major Jason Welch (Primary) **Lt. Susan Watkins (Secondary)** **Department: Rockdale County Sheriff's Office** **Project Title: Inmate Healthcare Services (Jail)** **Funding Account Number: 100-3326-521200-30** JB/ **Contract amount:** ***$3,057,433.44 (yearly) or $254,786.12 (monthly)*** **Contract Type: Goods ( ) Services (X) Labor ( )** **Contract Action: New () Renewal (X) Change Order ( )** **Original Contract Number: C-2020-98**	**Vendor Name: NaphCare Inc** **Address: 2090 Columbiana Rd, Suite 4000** **Birmingham, AL 35216** **Email:** brad.mclane@naphcare.com **Phone #: 205-536-8532** **Contact: Brad McLane** BOC APPROVED Date: 8.27.24 Initials: DZ **Term of contract: 1-Year Renewal** **"September 15, 2024-September 15, 2025"**

Finance Director Signature	Procurement Manager Signature
I have reviewed the attached contract, and the amount is approved for processing. **Signature:** Michelle Ogan **Date:** 8/14/2024	I have reviewed the attached contract, and it is in compliance with the Purchasing Policies of Rockdale County. **Signature:** Gina Malone **Date:** 7/26/24 Reg Purchasing

Detailed Summary of Contract: Rockdale County is charged by law with the responsibility of obtaining and providing reasonable and necessary care for inmates detained at the Rockdale County Jail. Rockdale has contracted with NaphCare Inc. for medical services since September 2020.

The Rockdale County Sheriff's Office wishes to renew the NaphCare contract with an increase of 4%.

$3,057,433.44 (yearly) or $254,786.12 (monthly)

Department Head/Elected Official Signature: CHIEF RA 7.10.2024 **Date:** 7-10-2024

SEVENTH AMENDMENT TO THE HEALTH SERVICES AGREEMENT

This Amendment is effective September 15, 2024, and is to the Health Services Agreement between Rockdale County, Georgia ("County") and NaphCare, Inc. ("Contractor") made and entered into on August 11, 2020 ("Agreement").

WHEREAS, pursuant to Section 5 and Section 12 of the Agreement, the parties wish to amend the Agreement to enhance the provision of dental services by increasing Dentist and Dental Assistant time by 0.05 FTE respectively, provide a credit back to the County for TechCare GO Crisis Response software which is no longer required by the Superior Court, and exercise renewal option year four with a yearly cost of living adjustment to the base fee; and

NOW THEREFORE, the parties hereby agree to the following provisions and revisions:

I. Pursuant to Section 12, the parties agree to modify Section 3(A) of the Agreement, as amended, to enhance the provision of dental services by replacing the current Staffing Plan with the Staffing Plan attached hereto as Exhibit A. This modification adds 0.5 FTE Dentist and 0.5FTE Dental Assistant time to the Staffing Plan.

II. Pursuant to Section 12, the parties agree that the TechCare GO Crisis Response software referenced in Amendment No. 4 to the Agreement is no longer required by the Superior Court, therefore Contractor will issue a credit to the County in the amount of $60,000. Accordingly, the parties agree that this Amendment fully rescinds the terms of Amendment No. 4 dated August 9, 2022.

III. Pursuant to Section 5 of the Agreement, the parties agree that the base fee payable to Contractor for the renewal year beginning September 15, 2024, and ending September 15, 2025, shall include an increase of four percent (4%) to the current annual base fee payable to Contractor. The annual base fee to Contractor beginning September 15, 2024, shall be $3,057,433.44, payable in twelve (12) equal monthly installments of $254,786.12 for the applicable daily average population.

Except as modified herein, all other terms and conditions set forth within the Agreement shall remain in full force and effect.

[SIGNATURES ON NEXT PAGE]

IN WITNESS WHEREOF, the parties hereto have executed this Seventh Amendment on this the 27th day of August, 2024.

NAPHCARE, INC.

By: _____
Bradford T. McLane, CEO

Attest:

_____
Connie Young, Corporate Secretary

ROCKDALE COUNTY, GEORGIA

By: _____
Osborn Nesbitt, Sr., Chairman

Attest:

_____
Jennifer Rutledge, County Clerk

Approved as to form:

_____
M. Qader A. Baig, County Attorney

Exhibit A

Rockdale County, GA NaphCare Staffing	
Position Title	**Amended**
Health Services Administrator (RN)	1.000
Medical Director	0.250
NP/PA	0.800
Administrative Assistant	1.000
RN Infirmary	2.100
LPN Intake	2.100
LPN Med Pass	4.200
Certified Medical Assistant	1.000
Dentist	0.200
Dental Assistant	0.200
Psychiatrist	0.050
Psych NP	0.400
Licensed Mental Health Professional	2.000
Licensed Mental Health Professional (Grant)[1]	1.000
Discharge Planner	1.000
LPN - Med Pass	2.100
LPN Intake/Med Pass	2.100
LPN Infirmary	2.100

Total FTEs **23.600**

[1] Position to be funded in accordance with Contract Amendment No. 6.

C-2020-98-C09

2090 Columbiana Road, Suite 4000
Birmingham, Alabama 35216
205.536.8400 • 800.834.2420

June 12, 2024

VIA EMAIL

Major Jason Welch (Jason.Welch@RockdaleCountyGA.gov)
Lieutenant Susan Watkins (Susan.Watkins@RockdaleCountyGA.gov)
Rockdale County Jail
911 Chambers Drive
Conyers, GA 30012

Re: Inmate Health Care Services Agreement; Contract No. 2020-98

Dear Major Welch and Lieutenant Watkins:

Thank you for your time yesterday. As discussed, attached is NaphCare's revised, proposed contract renewal for the fourth and final contract renewal year provided for in our current contract. We propose to renew the contract with a 4% cost of living adjustment and revise staffing to increase dentist and dental assistant time from 6 hours to 8 hours per week. We believe that this level of dental staffing will be sufficient to meet our patient's dental care needs and will comply with the ACA and NCCHC standards. Should we determine in the future that additional dental time is needed to meet these standards, we appreciate your openness to discussing a further increase in dental hours as needed. We will monitor compliance with all applicable standards closely.

Additionally, by mutual agreement of the parties, we propose to credit back $60,000 and fully rescind Contract Amendment Number 4 entered into August 9, 2022, which provided for the provision of additional software services.

In my prior correspondence, we requested a cost of living adjustment of 10%. This is because prior cost of living adjustments for contract renewal years have been based on the Consumer Price Index (CPI), which has been a very poor indicator of our actual experience of cost increases over the past four years, particularly the costs of labor. Last year NaphCare only received a 1.5% cost of living adjustment in the contract renewal, which did not remotely reflect our experience of rising wages to maintain contract staffing levels this year. NaphCare is now paying wages far over budget, with LPN wages increasing about 27% over the life of the contract. This contract began in September 2020 at the start of the global COVID 19 pandemic, and at that time, we did not remotely anticipate the inflationary environment and increased labor costs we have actually experienced over the past four years. Given the cost increases we have experienced, the 4% cost of living adjustment is certainly needed, and we appreciate your consideration.

We greatly value our partnership with Rockdale County. We have always found the Rockdale County Sheriff's Office to be a model partner that exemplifies excellence in providing a safe and secure environment for our staff and patients, and deeply shares a commitment to our mission of improving and saving lives in corrections.

Please find enclosed a compensation breakdown, a staffing comparison, and a draft contract amendment for your review and consideration. Should you have any questions, please do not hesitate to contact me at (205) 536-8532 or via email at brad.mclane@naphcare.com.

Sincerely,

Bradford T. McLane
Chief Executive Officer

Enclosures

Pricing Breakdown

	Monthly	Annual	Per Diem
9/15/2023 - 9/15/2024 - Current Contract	$ 243,608.45	$ 2,923,301.40	$ 2.64
Dentist (additional 0.05 FTE)	$ 1,125.00	$ 13,500.00	
Dental Assistant (additional 0.05 FTE)	$ 308.33	$ 3,699.96	
4% Cost of Living Adjustment	$ 9,744.34	$ 116,932.08	$ 0.11
9/15/2024 - 9/15/2025 - 4th Renewal Option Year	$ 254,786.12	$ 3,057,433.44	$ 2.75

	Monthly
7/1/2024 - 9/15/2024 Amendment 6 - 1.0 MHP Grant Funded	$ 9,750.00
9/15/2024 - 9/15/2025 - 1.0 MHP Grant Funded	$ 9,750.00

Staffing Comparison

Rockdale County, GA NaphCare Staffing			
Position Title	**Current**	**Adjustments**	**Amended**
Health Services Administrator (RN)	1.000		1.000
Medical Director	0.250		0.250
NP/PA	0.800		0.800
Administrative Assistant	1.000		1.000
RN Infirmary	2.100		2.100
LPN Intake	2.100		2.100
LPN Med Pass	4.200		4.200
Certified Medical Assistant	1.000		1.000
Dentist	0.150	0.050	0.200
Dental Assistant	0.150	0.050	0.200
Psychiatrist	0.050		0.050
Psych NP	0.400		0.400
Licensed Mental Health Professional	2.000		2.000
Licensed Mental Health Professional (Grant)[1]	1.000		1.000
Discharge Planner	1.000		1.000
LPN - Med Pass	2.100		2.100
LPN Intake/Med Pass	2.100		2.100
LPN Infirmary	2.100		2.100
Total FTEs	**23.500**	**0.100**	**23.600**

[1] Position to be funded in accordance with Contract Amendment No. 6.