



RFP #26-200

April 16, 2026

Inmate Medical Services

For

Augusta-Richmond County (herein "Augusta")
On behalf of the Sheriff's Office
Located at 400 Walton Way
Augusta, GA 30901

RFP Due: Thursday, May 28, 2026 @ 11:00 a.m.

**One Original and One Electronic Version of ITB
on a USB Drive shall be submitted**

**Andy Penick
Procurement Director
535 Telfair Street, Suite 605
Augusta, Georgia 30901**

Request for Qualification and Proposal

Sealed proposal will be received at this office until **Thursday, May 28, 2026 @ 11:00 a.m.** RFP openings are open to the public in the Procurement Department located at 535 Telfair Street, Suite 605, Augusta, GA 30901 and via Teams: Meeting ID: 255 111 459 111 752; Passcode: 6AD2gb2q for furnishing:

RFP #26-200 Inmate Medical Services for Augusta-Richmond County (herein "Augusta") Sheriff's Office

No proposals will be accepted by email. All submittals must be received during our normal office hours from 8:30 a.m. to 5:00 p.m., Monday through Friday. No proposals may be withdrawn for a period of ninety (90) days after proposals have been opened, pending the execution of contract with the successful vendor.

RFP documents, and all Addenda, may be viewed on the Augusta, Georgia website under the Procurement Department ARCBid menu (<http://appweb2.augustaga.gov/NewARCBid/ARCBid.html>), Euna OpenBids (<https://network.demandstar.com>) and DemandStar™ website located at <https://network.demandstar.com>. Bidders must mark the ITB number on the outside of the submittal envelope. Addenda will also be posted on the above listed website.

For the optional site-visit please contact Major Chester Huffman at (706) 821-1442.

All request for clarifications or interpretations must for this proposal must be submitted in writing by electronic email to procbidandcontract@augustaga.gov to the Procurement Department on or before the close of business **Thursday, May 14, 2026 @ 5:00 P.M.**

Questions, request for clarifications or interpretations regarding this proposal must be submitted to the Procurement Department:

Augusta Procurement Department
Attn: Ms. Tywana Scott
535 Telfair Street - Room 605
Augusta, Georgia 30901
Phone: 706-821-2422
Email: procbidandcontract@augustaga.gov

Bidders are cautioned that acquisition of the proposal documents through any source other than the office of the Procurement Department is not advisable. Acquisition of proposal documents from unauthorized sources placed the bidder at the risk of receiving incomplete or inaccurate information upon which to base his qualifications.

No proposals will be accepted by email; all proposal must be received by mail or hand delivered.

Publish:

Augusta Chronicle April 16, 23, 30, 2026 and May 7, 2026

PROCUREMENT DEPARTMENT

ELECTRONIC TEAMS INFORMATION

The Augusta, Georgia Procurement Department conducts Public RFP Pre-Proposal Conferences and Openings to award quality contracts for Augusta. Proposers may participate in our Public RFP Pre-Proposal Conferences and Openings via webcast or teleconference by following the instructions outlined below:

ELECTRONIC RFP INSTRUCTIONS

RFP Opening: RFP # 26-200 Opening
Inmate Medical Services for
Augusta-Richmond County (herein "Augusta")
Sheriff's Office

Bid openings are open to the public in the Procurement Department located at 535 Telfair Steet, Suite 605, Augusta, GA 30901

Thursday, May 28, 2026 @ 11:00 a.m.

TEAMS RFP Opening:

1. Go to <https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting> and enter meeting ID: 255 111 459 111 752
2. Passcode: 6AD2gb2q

For Assistance: Please Contact the Bid and Contract Team at (706) 821-2422

INSTRUCTIONS TO SUBMIT

INSTRUCTIONS TO SUBMIT

- 1.1 Purpose: The purpose of this document is to provide general and specific information for use by vendors in submitting a proposal to supply Augusta, Georgia with equipment, supplies, and or services as listed above. All proposals are governed by the Augusta, Georgia Code.
- 1.2 Viewing the Augusta Code: All proposals are governed and awarded in accordance with the applicable federal and state regulations and the Augusta, Georgia Code. To view the Code visit Augusta's website at www.augustaga.gov or <http://www.augustaga.gov/index.aspx?NID=685> **Guidelines & Procedures**.
- 1.3 Compliance with laws: The Bidder shall obtain and maintain all licenses, permits, liability insurance, workman's compensation insurance and comply with any and all other standards or regulations required by federal, state or Augusta, Georgia statute, ordinances and rules during the performance of any contract between the Bidder and Augusta, Georgia. Any such requirement specifically set forth in any contract document between the Bidder and Augusta, Georgia shall be supplementary to this section and not in substitution thereof.
- 1.4 Bids For All Or Part: Unless otherwise specified, County reserves The Right To make an award(s) for all Items, or categories, or specific line items, to one or more bidders. Bidder may restrict their bid to consideration in the aggregate by so stating but must name a unit price on each item submitted upon.
- 1.5 All protests shall be made in writing to:

Attn: Andy Penick,
Procurement Director
535 Telfair Street, Suite 605
Augusta, GA 30901
Email:procbidandcontract@augustaga.gov
- 1.6 Augusta, Georgia License Requirement: For further information contact the License and Inspection Department @ 706 312-5050.

General Contractors License Number: If applicable, in accordance with O.C.G.A. §43-41, or be subjected to penalties as may be required by law.

Utility Contractor License Number: If applicable, in accordance with O.C.G.A. §43-14, or be subjected to penalties as may be required by law.
- 1.7 Terms of Contract: (Check where applicable)
 (A) Annual Contract
 (B) One time Purchase
 (C) Other

Revised: 11/24/2025



NOTICE TO ALL VENDORS

ADHERE TO THE BELOW INSTRUCTIONS AND DO NOT SUBSTITUTE FORMS

PLEASE READ CAREFULLY:

Exhibit A is a consolidated document consisting of:

1. Business License Number Requirement (must be provided)
2. Acknowledgement of Addenda (must be acknowledged, if any)
3. Statement of Non-Discrimination
4. Non-Collusion Affidavit of Prime Bidder/Offeror
5. Conflict of Interest
6. Contractor Affidavit and Agreement (E-Verify User ID Number must be provided)

Exhibit A Must be Notarized & Two (2) Pages Must be returned with your submittal.

Business License Requirement: Bidder must be licensed in the Governmental entity for where they do the majority of their business. Your **company's business license number must** be provided. If your Governmental entity (State or Local) does not require a business license, your company will be required to obtain an Augusta-Richmond County business license if awarded a contract. For further information contact the License and Inspection Department @ 706 312-5050.

Acknowledgement of Addenda: You Must acknowledge all Addenda. See Page 1 of Exhibit A.

E-Verify * User Identification Number (Company I.D.): Vendor must provide the E-Verify affidavit with their bid.

The city, each contractor, and each subcontractor have different roles and responsibilities in the E-Verify process. The city collects E-Verify affidavits from the contractor. The contractor collects E-Verify affidavits from its subcontractors. The subcontractors collect E-Verify affidavits from its sub-subcontractors. Independent contractors (those with no employees) do not need to supply E-Verify information. Instead, they will provide a driver's license or state identification card from states on the "compliant" list created by the Georgia Attorney General. Those contractors and subcontractors that fill out the affidavits are responsible for the accuracy of the information. The city does not need to confirm that the E-Verify information is correct. The liability for incorrect information is on the contractor or subcontractor. NOTE: The authorization date can be found within the Memorandum of Understanding (MOU).

Affidavit Verifying Status for Augusta Benefit Application (Systematic Alien Verification for Entitlements Program) (Must Be Returned With Your Submittal)

The successful vendor will submit the following forms to the Procurement Department no later than five (5) days after receiving the "Letter of Recommendation" (Vendor's letter will denote the date forms are to be received)

1. Georgia Security and Immigration Subcontractor Affidavit
2. Non-Collusion Affidavit of Sub-Contractor
3. E-Verify MOU (Memorandum of Understanding)



Exhibit A

Augusta, Georgia Procurement Department

ATTN: Procurement Director

535 Telfair Street, Suite 605

Augusta, Georgia 30901

Name of Bidder: _____

Street Address: _____

City, State, Zip Code: _____

Phone: _____ Email: _____

Where/How did you hear about this solicitation? _____

Attach a copy of your Business License, W-9, and your General Contractor License.

If applicable, provide a copy of the following:

Utility Contractors License - MUST BE LISTED ON FRONT OF ENVELOPE

Acknowledgement of Addenda: (#1) ____: (#2) ____: (#3) ____: (#4) ____: (#5) ____: (#6) ____: (#7) ____: (#8) ____:

NOTE: CHECK APPROPRIATE BOX (ES) - ADD ADDITIONAL NUMBERS AS APPLICABLE

Statement of Non-Discrimination

The undersigned understands that it is the policy of Augusta, Georgia to promote full and equal business opportunity for all persons doing business with Augusta, Georgia. The undersigned covenants that we have not discriminated, on the basis of race, religion, gender, national origin, or ethnicity, with regard to prime contracting, subcontracting, or partnering opportunities.

The undersigned covenants and agrees to make good faith efforts to ensure maximum practicable participation of local small businesses on the proposal or contract awarded by Augusta, Georgia. The undersigned further covenants that we have completed truthfully and fully the required forms regarding good faith efforts and local small business subcontractor/supplier utilization.

The undersigned further covenants and agrees not to engage in discriminatory conduct of any type against local small businesses, in conformity with Augusta, Georgia's Local Small Business Opportunity Program. Set forth below is the signature of an officer of the proposer/contracting entity with the authority to bind the entity.

The undersigned acknowledge and warrant that this Company has been made aware of understands and agrees to take affirmative action to provide such companies with the maximum practicable opportunities to do business with this Company;

That this promise of non-discrimination as made and set forth herein shall be continuing in nature and shall remain in full force and effect without interruption;

That the promises of non-discrimination as made and set forth herein shall be and are hereby deemed to be made as part of and incorporated by reference into any contract or portion thereof which this Company may hereafter obtain and;

That the failure of this Company to satisfactorily discharge any of the promises of nondiscrimination as made and set forth herein shall constitute a material breach of contract entitling Augusta, Georgia to declare the contract in default and to exercise any and all applicable rights remedies including but not limited to cancellation of the contract, termination of the contract, suspension and debarment from future contracting opportunities, and withholding and or forfeiture of compensation due and owing on a contract.

Non-Collusion of Prime Bidder

By submission of a proposal, the vendor certifies, under penalty of perjury, that to the best of its knowledge and belief:

(a) The prices in the proposal have been arrived at independently without collusion, consultation, communications, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other vendor or with any competitor.

(b) Unless otherwise required by law, the prices which have been quoted in the proposal have not been knowingly disclosed by the vendor prior to opening, directly or indirectly, to any other vendor or to any competitor.

(c) No attempt has been made, or will be made, by the vendor to induce any other person, partnership, or corporation to submit or not to submit a proposal for the purpose of restricting competition. Collusions and fraud in proposal preparation shall be reported to the State of Georgia Attorney General and the United States Justice Department.

Conflict of Interest

By submission of a bid, the responding firm certifies, under penalty of perjury, that to the best of its knowledge and belief:

1. No circumstances exist which cause a Conflict of Interest in performing the services required by this BID, and

2. That no employee of the County, nor any member thereof, not any public agency or official affected by this BID, has any pecuniary interest in the business of the responding firm or his sub-consultant(s) has any interest that would conflict in any manner or degree with the performance related to this BID. By submission of a bid, the vendor certifies under penalty of perjury, that to the best of its knowledge and belief:

- (a) The prices in the bid have been arrived at independently without collusion, consultation, communications, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other vendor or with any competitor.
- (b) Unless otherwise required by law, the prices which have been quoted in the bid have not knowingly been disclosed by the vendor prior to opening, directly or indirectly, to any other vendor or competitor.
- (c) No attempt has been made, or will be made, by the vendor to induce any other person, partnership, or cooperation to submit or not to submit a bid for the purpose of restricting competition. For any breach or violation of this provision, the County shall have the right to terminate any related contract or agreement without liability and at its discretion to deduct from the price, or otherwise recover, the full amount of such fee, commission, percentage, gift, payment, or consideration.

Contractor Affidavit and Agreement: Contractor Affidavit under O.C.G.A. § 13-10-91(b) (I)

GEORGIA E-Verify and Public Contracts: The Georgia E-Verify law requires contractors and all sub-contractors on Georgia public contract (contracts with a government agency) for the physical performance of services **over \$2,499 in value to enroll in E-Verify, regardless of the number of employees.** They may be exempt from this requirement if they have no employees and do not plan to hire employees for the purpose of completing any part of the public contract. Certain professions are also exempt. All requests for proposals issued by a city must include the contractor affidavit as part of the requirement for their bid to be considered.

The undersigned contractor ("Contractor") executes this Affidavit to comply with O.C.G.A § 13-10-91 related to any contract to which Contractor is a party that is subject to O.C.G.A. § 13-10-91 and hereby verifies its compliance with O.C.G.A. § 13-10-91, attesting as follows:

- a) The Contractor has registered with, is authorized to use, and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program;
- b) The Contractor will continue to use the federal work authorization program throughout the contract period, including any renewal or extension thereof;
- c) The Contractor will notify the public employer in the event the Contractor ceases to utilize the federal work authorization program during the contract period, including renewals or extensions thereof;
- d) The Contractor understands that ceasing to utilize the federal work authorization program constitutes a material breach of Contract;
- e) The Contractor will contract for the 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 (a), (b), and (c);
- f) The Contractor acknowledges and agrees that this Affidavit shall be incorporated into any contract(s) subject to the provisions of O.C.G.A. § 13-10- 91 for the project listed below to which Contractor is a party after the date hereof without further action or consent by Contractor; and
- g) Contractor acknowledges its responsibility to submit copies of any affidavits, drivers' licenses, and identification cards required pursuant to O.C.G.A. § 13-10-91 to the public employer within five business days of receipt.

Georgia Law requires your company to have an E-Verify*User Identification Number (Company I.D.) on or after July 1, 2009.

For additional information or to enroll your company, visit the **State of Georgia** website:

<https://e-verify.uscis.gov/enroll/> and/or http://www.dol.state.ga.us/pdf/rules/300_10_1.pdf

Federal Work Authorization User Identification Number: E-VERIFY REQUIRED FOR ALL CONTRACTS OVER \$2,499.00

**** (E-Verify Number)** _____

Name of Public Employer

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

Executed on _____, 20_____ in _____ (City), _____ (State).

Signature of Authorized Officer or Agent
NOTARY COMMISSIONING

Printed Name and Title of Authorized Officer or Agent

Subscribed and sworn before me on this _____ **day of** _____, 20_____

Notary Public

My Commission Expires:

NOTARY SEAL

The undersigned further agrees to submit a notarized copy of Exhibit A, and any required documentation noted as part of the Augusta, Georgia Board of Commissions specifications which govern this process. In addition, the undersigned agrees to submit all required forms for any subcontractor(s) as requested and or required. **I further understand that my submittal will be deemed non-compliant if any part of this process is violated.**

You Must Complete and Return the two (2) pages of Exhibit A with Your Submittal. Document Must Be Notarized.



Systematic Alien Verification for Entitlements (SAVE) Program

Affidavit Verifying Status for Augusta, Georgia Benefit Application By executing this affidavit under oath, as an applicant for an Augusta, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit, Contract or other public benefit as reference in O.C.G.A. Section 50-36-1, I am stating the following with respect to my proposal for an Augusta, Georgia contract for

_____ *[RFP Project Number and Project Name]*

_____ *[Print/Type: Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]*

_____ *[Print/Type: Name of business, corporation, partnership, or other private entity]*

- 1.) _____ I am a citizen of the United States.
- 2.) _____ I am a legal permanent resident 18 years of age or older.
- 3.) _____ I am an otherwise qualified alien (8 § USC 1641) or nonimmigrant under the Federal Immigration and Nationality Act (8 USC 1101 *et seq.*) 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.

Signature of Applicant

Printed Name

*Alien Registration Number for Non-Citizens

NOTARY COMMISSIONING

Subscribed and sworn before me on this _____ day of _____, 20_____

Notary Public

My Commission Expires: _____

NOTARY SEAL

THIS FORM MUST BE COMPLETED, NOTARIZED AND RETURNED WITH YOUR SUBMITTAL



**TRADE SECRET STATUS AFFIDAVIT
Augusta, Georgia**

All documents, data, letters and generated information received by Augusta, Georgia constitutes a "public record" and is subject to disclosure under the Georgia Open Records Act ("GORA"). O.C.G.A. § 50-18-70 *et seq.* However, pursuant to O.C.G.A. § 50-18-72(a)(34), "[an] entity submitting records containing trade secrets that wishes to keep such records confidential under this paragraph shall submit and attach to the records an affidavit affirmatively declaring that specific information in the records constitute trade secrets pursuant to Article 27 of Chapter 1 of Title 10 [O.C.G.A. § 10-1-760 *et seq.*]."

O.C.G.A. § 10-1-761(4) defines "Trade secret" as "...information, without regard to form, including, but not limited to, technical or nontechnical data, a formula, a pattern, a compilation, a program, a device, a method, a technique, a drawing, a process, financial data, financial plans, product plans, or a list of actual or potential customers or suppliers which is not commonly known by or available to the public and which information:

- A. Derives economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use; and
- B. Is the subject of efforts that are reasonable under the circumstances to maintain its secrecy."

Therefore, the records listed below and attached hereto, that were submitted with _____ response to Augusta, Georgia Request for Proposal, Request for Quote, or Request for Qualified Contractor _____ are marked confidential pursuant to O.C.G.A. § 10-1-761(4):

- (List specific information that the supplier wishes to withhold and how that information constitutes a trade secret)
- Additional trade secret information requested to be withheld
- **Your company is requested to send a redacted copy of your submittal.**

Under penalty of perjury, acknowledging that O.C.G.A. §16-10-71 provides a penalty of a fine of up to \$1,000 and potential imprisonment of one to five years, I attest that the specific information in the records listed above constitutes trade secrets pursuant to O.C.G.A. § 10-1-761(4), and request that Augusta, Georgia not disclose this protected information under the Georgia Open Records Act ("GORA").

Signature:

[Signatory Name in Print]

[Signatory's Title] [Company Name]

Date: _____

[Signatory's Title]

NOTARY COMMISSIONING

Subscribed and sworn before me on this _____ day of _____, 20_____

Notary Public

My Commission Expires: _____

NOTARY SEAL

RETURN FORM ONLY IF APPLICABLE.

Minority and Women Owned Business Enterprise Program Ordinance Requirements

Notice To All Bidders (PLEASE READ CAREFULLY)

Shall apply to ALL Bids regardless of the dollar amount

In accordance with the Commission Action on 7/25/24 and the adoption of Ordinance No. 7945 Chapter 10C of the AUGUSTA, GA, CODE, Contractors agree to collect and maintain all records necessary to Augusta, Georgia to evaluate the effectiveness of its Minority and Women Owned Business Enterprise Program and to make such records available to Augusta, Georgia upon request. The requirements of the Minority and Women Owned Business Enterprise Program can be found at www.augustaga.gov. In accordance with AUGUSTA, GA. CODE, Contractors shall report to Augusta, Georgia the total dollars paid to each subcontractor, vendor, or other business on each contract, and shall provide such payment affidavits, regarding payment to subcontractors, if any as required by Augusta, Georgia. Such utilization reports shall be in the format specified by the Director of Compliance and shall be submitted at such times as required by Augusta, Georgia. Required forms can be found at www.augustaga.gov. If you need assistance completing a form or filing information, please contact the M/WBE Program office at (706) 821-2406. Failure to provide such reports within the time period specified by Augusta, Georgia shall entitle Augusta, Georgia to exercise any of the remedies set forth, including, but not limited to, withholding payment from the Contractor and/or collecting liquidated damages.

SHALL APPLY TO PROJECTS IN EXCESS OF \$300,000

Minority and Women Owned Business Enterprise Program (Continued)

Sec. 1-10-138. Race and Gender-Conscious Efforts

Contract-by-Contract Subcontractor Goals The City, through the Goal Setting Committee (GSC), will set specific, separate percentage-based MBE and WBE subcontracting goals on a contract-by contract basis for Prime contracts in Construction, Architecture & Engineering, Professional Services, and Other Services valued in excess of \$300,000. The City shall establish such goals based upon the type of contract, the type of subcontracting work that will be required, and the availability of M/WBE firms to perform the work for that specific contract.

The GSC shall not establish subcontracting goals on contracts where (a) there are no subcontracting opportunities identified for the contract; or (b) there are not at least three (3) MBE and/or WBE firms that are available and capable to perform a CUF for the overall subcontracting opportunities on the contract.

Good Faith Efforts (GFE) Requirements and Guidance

1. Achievement of subcontracting goals or documentation of Good Faith Efforts applies to every Contract for which such goals are established. **The Bidder shall submit a compliance plan detailing its achievement of the goals or its Good Faith Efforts to meet the goals. The compliance plan shall be due at the time set out in the solicitation documents.**

2. When a Bidder cannot achieve the goals, its compliance plan shall document its GFE to achieve the goals. The Director of Compliance will determine whether the Bidder has made such GFE.

Bid Documents

All bid documents shall require bidders or proponents to submit with their bid the following written documents, statements, or forms, which shall be made available by the Procurement Department.

- Proposed Letter of Intent MBE/WBE.
- Proposed MBE/WBE Utilization Plan.
- Documentation of Good Faith Efforts Form (*in the event the bidder **will not** meet the MBE and WBE goals*).

Failure to submit the above documentation shall result in the bid being declared non-responsive.

Sec. 1-10-154. Exceptions

In accordance with § 1-10-8, on federally funded projects or contracts, the M/WBE Program shall only be utilized when authorized by the applicable federal (and/or Georgia) laws, regulations, and conditions relating to that project or contract. To the extent that there are any conflicts between any such laws, regulations, or conditions and the provisions of the M/WBE Program, the federal (and/or Georgia) guidance shall control.

NOTE: All forms should be submitted in a separate, sealed envelope, labeled M/WBE Forms, Company's Name & Bid number

For questions and or additional information, please contact:

Minority-Owned and Women-Owned Business Enterprise Program
535 Telfair Street, Suite 530
Augusta, Georgia 30901
(706) 821-2406

mwbe@augustaga.gov

Website: <https://www.augustaga.gov/83/Disadvantaged-Business-Enterprise>

REV. 9/6/24

INSTRUCTION TO PROPOSERS

Augusta, Georgia, is soliciting statement of qualifications and proposals from qualified firms and/or individuals experienced in the delivery of Inmate Medical Services for the Sheriff's Office. Your submittal should respond to and be based on the information included in this Request for Qualification and Proposal.

Responses will be received in the office of the Director of Procurement at 535 Telfair Street, Suite 605, Augusta, GA 30901 until **Thursday, May 28, 2026 @ 11:00 a.m.** The RFP must be submitted in a sealed package and labeled with firm's name and the name of the project - RFP Item #26-200 Inmate Medical Services for the Sheriff's Office. You are required to submit one (1) marked unbound original, one (1) electronic copy of your RFP.

RFP opening will and will be opened publicly. Opening can be viewed via TEAMS Meeting ID: 255 111 459 111 752; Passcode: 6AD2gb2q.

No RFP will be accepted by email; all bids must be received by mail or hand delivered. If RFP is forwarded by mail or other second party delivery, the sealed envelope containing the submittal must be enclosed in an envelope addressed to:

Andy Penick, Procurement Director
Augusta Procurement Department
535 Telfair Street - Suite 605
Augusta, Georgia 30901

All submittals must be received during our normal office hours from 8:30 a.m. to 5:00 p.m., Monday through Friday.

All vendors responding are cautioned to read this RFP carefully for understanding and request clarification from Augusta, Georgia on any questions pertaining to this RFP. The Proposer should examine all documents and requirements of the services requested to become fully informed. Failure to examine these areas will not relieve the successful Proposer of its obligation to furnish all products and services necessary to carry out the provisions of the contract. After RFPs have been submitted, the vendor shall not assert that there was a misunderstanding concerning the quantities of work or of the nature of the work to be done.

All questions must be submitted in writing by email to procbidandcontract@augustaga.gov to the office of the Procurement Department by **Thursday, May 14, 2026 @ 5:00 P.M.** Issues and responses addressed in any other manner will not be considered valid or binding in consideration of proposals or any subsequent contract negotiations.

Augusta will respond to any Proposer's questions received in compliance with the above schedule. All relevant and significant questions that have been submitted in writing prior to the deadline will be compiled, and answers will be posted by addendum and emailed to Proposers. Failure to provide all of the requested information may cause the proposal to be rejected as non-responsive.

Interested and qualified firm(s) and/or party(ies) are requested to make a response to accomplish the Scope of Services described herein. The response is to be signed by a duly authorized official of the firm and must be submitted in the time, manner, and form prescribed. For a proposal to be considered it must remain valid for at least 90 days after RFPs have been opened, pending the execution of contract with the successful vendor.

If an award of contract is awarded as a result of this solicitation, the contract will be made on the basis of the response which best satisfies the intent of this RFP and other factors considered in the best interest of the Owner. Negotiations may be undertaken with the firm whose proposal shows them to be the most qualified, responsible, and capable of performing the work. In addition to cost,

the Owner will consider professional qualifications and related experience to determine which proposal would be in the Owner's best interest if a contract were made.

Additionally, appropriate professional registration and significant prior experience in projects of similar scope are considered minimal qualifications.

The Owner reserves the right to consider proposals or modification thereof received at any time before the award is made, if such action is in the interest of the Owner.

The Owner reserves the right to reject any or all proposals received as the result of this RFP. The Owner also maintains the right to negotiate with any firm, as necessary, to serve the best interests of the Owner. The Owner will not be liable for any costs incurred by any firm prior to the execution of a contract and approval by the Board of Commissioners. Costs incurred in responding to the request for qualifications are the Proposer's alone and the Owner does not accept liability for any such costs.

Services must be provided by experienced personnel. Any subconsultants/contractors the proponent will be using to perform any part of the requested service shall be evaluated on the same criteria.

It is the responsibility of the Proposers to examine the entire RFP, seek clarification in writing, and review their qualifications for accuracy before submitting a response. Once the deadline has passed, all submittals will be final. The Owner reserves the right to ask for additional information from all parties that have submitted qualifications.

No proposal may be withdrawn for a period of ninety (90) days after proposal have been opened, pending the execution of contract with the successful bidder. Selection shall not be based solely upon the fee proposal; however, the fee and maximum overhead proposals shall be a factor in the final selection. The Owner reserves the right, in its sole discretion, to reject any or all proposals, re-solicit proposals (including a change in the method of project delivery), or terminate the project.

The Owner is not obligated to request clarifications or additional information but may do so at its discretion. The Owner reserves the right to extend the deadline for submittals.

Upon receipt of a proposal by the Owner, the proposal shall become the property of the Owner without compensation to the Proposer, for disposition or usage by the Owner at its discretion. The details of the proposal documents will remain confidential until final award. See Trade Secret Affidavit (Page 9).

The following information is provided as a general guideline, only. The Proposer is responsible for evaluating the specific medical service needs, as well as the inmate dynamics at the Charles B. Webster Detention Center and Richmond County Correction Institution.

I. GENERAL INFORMATION

Augusta, the Richmond County Sheriff's Office (hereinafter referred to as "RCSO") and the Richmond County Correctional Institution (hereinafter referred to as "RCCI") are soliciting proposals from qualified firms and/or individuals experienced in the delivery of Inmate Medical Services. The following information is provided as a general guideline only. The Proposer is responsible for evaluating the specific medical service needs as well as the inmate dynamics at the Charles B. Webster Detention Center and RCCI (hereinafter referred to as "Jails"). Augusta, RCSO and RCCI reserve the right to reject any or all proposals received as the result of this RFP.

Augusta, RCSO and RCCI also maintain the right to negotiate with any firm, as necessary, to serve the best interests of the organization. Augusta, RCSO and RCCI will not be liable for any costs incurred by any firm prior to the execution of a contract and approval by the Board of Commissioners.

Two facilities will be serviced under this proposal. The Charles B. Webster Detention Center (CBWDC) is a large adult pretrial detention facility that currently holds male and female inmates. The current average daily population is 1,310 and the average length of stay is 324 days. The inmate population includes approximately 10%-15% females. No juvenile offenders are detained by the courts in this Jail. The second facility is the Richmond County Correctional Institution (RCCI). RCCI is not accredited by any licensing agency. RCCI has a contract with the Georgia Department of Corrections to house 230 State prisoners. The contract award will cover both facilities and provide medical, dental and mental health services. Costs for CBWDC and RCCI should be broken down separately in the cost proposal. All required reporting should be segregated by facility as well. Augusta may choose to contract for services at either facility or both.

CBWDC	2023	2024	2025
Average Daily Population	1132	1165	1310
Jail Admissions	5924	5855	8677

The successful proposer will be able to provide a degree of flexibility and creativity in medical staffing areas and shifts to assure the most favorable response and prompt delivery of quality inmate medical services to meet the needs of the RCSO.

Mental Health Services have become increasingly important to RCSO. It is imperative that the vendor have several ways to administer treatment in this area. We are looking for both on-site and telehealth options. Please provide detailed information in your response on your approach and ability to treat inmates with various mental health issues.

The ability to provide a comprehensive reporting package is essential. At a minimum, quarterly meetings with RCSO will be expected in person. Please provide a copy of your sample reporting package as part of your response to the RFP.

Augusta, RCSO and RCCI intends to award a contract to procure inmate medical services at the Charles B. Webster Detention Center & RCCI for a one (1) year period with the option to renew for four (4) additional one (1) year terms, subject to the Augusta's right to unilaterally terminate the Contract within thirty (30) days upon written notice, at will, and at the sole convenience of the RCSO. The RCSO seeks cost proposals separated for each year of the Contract and not as a lump sum compensation for the entire five (5) year term. The first year of service shall commence as determined by Augusta – possibly prorated for a first partial calendar-year.

The Contract shall be renewed for four (4) additional one (1) year terms upon mutual consent of both parties with all terms and conditions remaining the same, for a total of 5 years. The contract, with (1) 12-month renewal will be terminate on December 31st, 2031, subject to Augusta's right to terminate at the end of each contract year pursuant to the Official Code of Georgia Annotated § 36- 60-13, or as otherwise provided in the of the required Contract.

While Performance Guarantees are not specifically outlined in the RFP, it is encouraged that respondents provide information on any PG's they are willing to offer in addition to the financial penalties built into the RFP.

The following attachments (included on the CD), together with this document, will serve as a basis for your proposal:

- Attachment A: Cost Proposal Form
- Attachment B: Contractor Reference
- Attachment C: Staffing Chart
- Attachment D: Contract Specifications/Technical Proposal Medical Services
- Attachment E: Exceptions to Scope of Work / Requirements

To evaluate all proposals on a uniform basis, you are requested to conform to the specifications described herein. If your proposal does not conform to the specifications, please clearly indicate where such differences exist. In the absence of any statement regarding deviations (SEE EXHIBIT E) from these specifications, it will be assumed your proposal does not conform to the specifications in every respect.

Attachment D: Contract Specifications/Technical Proposal - Medical Services and Attachment A: Cost Proposal sheet has been provided as part of this RFP. Please keep in mind that all respondents are expected to provide an answer for each item listed on the Contract Specifications/Technical Proposal - Medical Services and Cost Proposal, which has been provided.

FAILURE TO RETURN ANY OR ALL ATTACHMENTS MAY RENDER YOUR PROPOSAL AS NON-RESPONSIVE

II. STATEMENT OF WORK

The successful responder shall provide all things necessary to provide medical services as described in this RFP and Attachment E, Contract Specifications/Technical Proposal Inmate Medical Contract, attached hereto and included herein by reference.

1. Procurement Documents:

All documents required under the Augusta Procurement regulations and procedures, properly executed and notarized as required (Exhibit A, W-9, copy of current business license, and save form). The notary seal shall be visible on the original AND all copies.

2. Technical Approach:

- a. Responders are required to describe the procedures and methods that will achieve the required outcome of the project as specified herein
- b. Include a listing of the RCSO's and the Responder's responsibilities required to complete the project.
- c. Provide a project transition schedule at the task – Describe in detail how you propose to achieve the objectives of this RFP. Include project organization, management, recruiting and retention of qualified professionals, training, and quality control procedures.

- d. Provide a staffing plan starting with the receipt of the Notice to Proceed and ending with the project completion.

3. Personnel:

- a. Identify and describe the roles and qualifications of the individuals who will be part of the project team;
- b. Identify and describe the roles and qualifications of any outside personnel, such as subcontractors; and
- c. Provide detailed resumes of all team members and subcontractors who will be directly working on the project.

4. Organizational Qualifications and Financial Capabilities

- a. Organization
 - i. Describe Responder's experience, capabilities and other qualifications to perform the tasks and achieve the outcome as listed in this RFP;
 - ii. Provide the number of years the Responder has operated under the current company name;
 - iii. Describe the Responder's experience with providing medical services in a correctional facility;
 - iv. State whether the Responder has ever been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by a Federal department or agency from doing business with the Federal Government.

5. Detail Scope of Services

- a. Describe Specialty Services that will be provided on-site.
- b. Describe use of any innovative technology and techniques that you will use in the provision of healthcare.
- c. Describe how you will provide clinically necessary medical, dental and mental health services to all inmates on-site.
- d. Describe how you intend to administer a cost-effective program and to minimize other health care related costs such as off-site transportation and security.
- e. Describe how you will offer a health and medical services program that minimizes legal liability.

6. Provide financial information that would allow proposal evaluators to ascertain the financial stability of the Proposer.

- a. If a public company, include a recap of the most recent audited financial report.
- b. If a private company, provide a recap of the most recent internal financial statement; and a letter, on the financial institution's letterhead, stating financial stability.
- c. List any past or pending lawsuits for the past five (5) years.

NOTE: Will NOT be disclosed in any part of the RFP. Failure to include the above listed financial stability requirements will affect your scoring on the evaluation sheet.

7. References

- a. Responder shall provide at least three (3) references for projects similar in size and scope to the project specified herein using the *Contractor Reference and Release Form* attached hereto as Attachment B.

III. STATEMENT OF WORK

You are required to submit one (1) marked unbound clipped original and (1) copy of your Request for Proposal and one (1) copy of your fee proposal on a USB Flash. The successful proposal will have, at a minimum, the following features:

- Proposals should be prepared simply and economically, providing a straightforward, concise description of offeror's capabilities to satisfy the requirements of the RFP.
- Fee proposal (Attachment A) must be sealed and placed in a separate sealed envelope labeled on the outside of the package to clearly indicate that it is a response to RFP #26-200 Inmate Medical Services. All items related to cost are required to be placed in a separate sealed envelope.
- Respondents will provide a sample contract.
- Each proposal will be evaluated using the following criteria for evaluation:

IV. CRITERIA FOR EVALUATION



CRITERIA FOR EVALUATION RFP – Evaluation/Scoring Guidelines

Evaluation Process

All proposals will be evaluated by an Augusta, Georgia Selection Committee (Committee). The Committee may be composed of Augusta, Georgia staff and other parties that may have expertise or experience in the services described herein. The Committee will review the submittals and will rank the proposers. The evaluation of the proposals shall be within the sole judgment and discretion of the Committee. All contacts during the evaluation phase shall be through the Augusta, Georgia Procurement Office only. Proposers shall neither contact nor lobby evaluators during the evaluation process. Attempts by Proposer to contact members of the Committee may jeopardize the integrity of the evaluation and selection process and risk possible disqualification of Proposer.

The Committee will evaluate each proposal meeting the qualification requirements set forth in this RFP. Proposers should bear in mind that any proposal that is unrealistic in terms of the technical or schedule commitments may be deemed reflective of an inherent lack of technical competence or indicative of a failure to comprehend the complexity and risk of Augusta, Georgia's requirements as set forth in this RFP.

If needed, the selection process will include oral interviews. The consultant will be notified of the time and place of oral interviews and if any additional information that may be required to be submitted.

Cumulative Scores will include the total from Phase 1 and Phase 2. It is the intent of the Owner to conduct a fair and comprehensive evaluation of all proposals received. The contract for this project/service will be awarded to the proposer who submitted a proposal that is most advantageous to the Owner.

Evaluation Criteria

Proposals will be evaluated according to each Evaluation Criteria and scored on a zero-to-five-point rating. The scores for all the Evaluation Criteria will then be multiplied according to their assigned weight to arrive at a weighted score for each proposal. A proposal with a high-weighted total will be deemed of higher quality than a proposal with a lesser-weighted total. The final maximum score for any project/service is five hundred (500) points.

Rating Scale		
0	Not Acceptable	Non-responsive, fails to meet RFP specifications. The approach has no probability of success. For mandatory requirement, this score will result in disqualification of proposal.
1	Poor	Below average, falls short of expectations, is substandard to that which is the average or expected norm; has a low probability of success in achieving project/service objectives per RFP.
2	Fair	Has a reasonable probability of success, however, some objectives may not be met.
3	Average	Acceptable; achieves all objectives in a reasonable fashion per RFP specification. This will be the baseline score for each item with adjustments based on interpretation of proposal by Evaluation Committee members.
4	Above Average/Good	Very good probability of success, better than that which is average or expected as the norm. Achieves all objectives per RFP requirements and expectations.
5	Excellent/Exceptional	Exceeds expectations; very innovative; clearly superior to that which is average or expected as the norm. Excellent probability of success and in achieving all objectives and meeting RFP specification.

1. Completeness of Response (Pass/Fail)

- a. Responses to this RFP must be complete. Responses that do not include the proposal content requirements identified within this RFP and subsequent addenda and do not address each of the items listed below will be considered incomplete, be rated a Fail in the Evaluation Criteria and will receive no further consideration. Responses that are rated a Fail and are not considered may be picked up at the delivery location or returned to the vendor (at vendor's expense). Please provide shipping instructions and/or fees upon the completion of the competitive process.

Conflict of Interest Statement (Pass/Fail)

- b. Discloses any financial, business or other relationship with the Augusta, Georgia that may have an impact upon the outcome of the contract or the construction project/service.
- c. Lists current clients who may have a financial interest in the outcome of this contract or the construction project/service that will follow.
- d. Discloses any financial interest or relationship with any construction company that might submit a bid on the construction project/ service.

2. Qualifications & Experience (20 points)

- a. Relevant experience, specific qualifications, and technical expertise of the firm and sub-consultants/proposers to conduct the required services as listed in this RFP and adhering to all required license requirement for federal, state and local services.

3. Organization & Approach (15 points)

- a. Describes familiarity of project/service and demonstrates understanding of work completed to date and project/service objectives moving forward
- b. Roles and Organization of Proposed Team
 - i. Proposes adequate and appropriate disciplines of project/service team.
 - ii. Some or all of team members have previously worked together on similar project/service(s).
 - iii. Overall organization of the team is relevant to Augusta, Georgia needs.
- c. Project and Management Approach
 - i. Team is managed by an individual with appropriate experience in similar project/services. This person's time is appropriately committed to the project/service.
 - ii. Team successfully addresses all requirements of this RFP.
 - iii. The team and management approach responds to project/service issues. Team structure provides adequate capability to perform both volume and quality of needed work within project/service schedule milestones.
- d. Roles of Key Individuals on the Team
 - i. Proposed team members, as demonstrated by enclosed resumes, have relevant experience for their role in the project/service.
 - ii. Key positions required to execute the project/service team's responsibilities are appropriately staffed.
- e. Working Relationship with Augusta, Georgia
 - i. Team and its leaders have experience working in the public sector and knowledge of public sector procurement process.
 - ii. Team leadership understands the nature of public sector work and its decision-making process.
 - iii. Proposal responds to need to assist Augusta, Georgia during the /service.

4. Scope of Services to be Provided (15 points)

- a. Ability to provide Specialty Services that will be provided On-site.
- b. Use of innovative technology and technics.

- c. Ability to provide clinically necessary medical, dental and mental health services to all inmates On-site.
- d. Cost effective program and to minimize other health care related costs such as off-site transportation and security.
- e. Ability to offer a health and medical services program that minimizes legal liability.

5. Financial stability (10 points)

Provide financial information that would allow proposal evaluators to ascertain the financial stability of the Proposer.

- a. If a public company, include a recap of the most recent audited financial report.
- b. If a private company, provide a recap of the most recent internal financial statement; and a letter, on the financial institution's letterhead, stating financial stability.
- c. List any past or pending lawsuits for the past five (5) years?

NOTE: Will NOT be disclosed in any part of the RFP. Failure to include the above listed financial stability requirements will affect your scoring on the evaluation sheet.

6. References (5 points)

Provide as reference the name of at least three (3) agencies you currently or have previously consulted for in the past three (3) years.

7. Proximity to Area (10 points – weighted value is 5)

- | | |
|--|-----------|
| a. Within Richmond County | 10 points |
| b. Within CSRA | 6 points |
| c. Within Georgia | 4 points |
| d. Within SE United States (includes AL, TN, NC, SC, FL) | 2 points |
| e. All Others | 1 points |

8. Presentation by Team (10 points) (Optional)

Team presentation conveying project/service understanding, communication skills, innovative ideas, critical issues and solutions.

9. Q&A Response to Panel Questions (5 points) (Optional)

Proposer provides responses to various interview panel questions.

10. Cost/Fee Proposal (10 points – weighted value 5) Enclosed in a separate sealed envelope. Will NOT be disclosed in any part of the RFP

- | | |
|---------------|----|
| a. Lowest Fee | 10 |
| b. Second | 6 |
| c. Third | 4 |
| d. Fourth | 2 |
| e. Fifth | 1 |

Weighted scores for each Proposal will be assigned utilizing the table below:

Phase 1				
No.	Evaluation Criteria	Rating (0-5)	Weight	Score (Rating * Weight)
1	Completeness of Response <ul style="list-style-type: none"> • Package submitted by the deadline • Package is complete (includes requested information as required per this solicitation) • Attachment B is complete, signed and notarized 	N/A	Pass/Fail	Pass/Fail
2	Qualifications & Experience		20	
3	Organization & Approach		15	
4	Scope of Services <ul style="list-style-type: none"> a. Ability to provide Specialty Services that will be provided On-site. b. Use of innovative technology and technics. c. Ability to provide clinically necessary medical, dental and mental health services to all inmates On-site. d. Cost effective program and to minimize other health care related costs such as off-site transportation and security. e. Ability to offer a health and medical services program that minimizes legal liability. 		15	
5	Financial Stability		10	
6	References		5	
7	Proximity to Area <ul style="list-style-type: none"> a. Within Richmond County 10 points b. Within CSRA 6 points c. Within Georgia 4 points d. Within SE United States (includes AL, TN, NC, SC, FL) 2 points e. All Others 1 point 		10	
Phase 2 (Optional – Numbers 8 and 9)		Rating (0-5)	Weight	Score (Rating * Weight)
8	Presentation by Team		10	
9	Q&A Response to Panel Questions		5	
10	Cost/Fee Proposal Consideration		10	
Total:			100	

Proposals will be evaluated according to each Evaluation Criteria, and scored on a zero to five point rating. The scores for all the Evaluation Criteria will then be multiplied according to their assigned weight to arrive at a weighted score for each proposal. A proposal with a high weighted total will be deemed of higher quality than a proposal with a lesser-weighted total. The final maximum score for any project/service is five hundred (500) points.

V. CONTRACT AWARD

SELECTION PROCESS

An evaluation committee will review and score all proposals based on the qualifications and information provided in Section II STATEMENT OF WORK, CRITERIA FOR EVALUATIONS, ADDENDUMS and any information provided by the vendor in the requested ATTACHMENTS and EXHIBITS.

Using the proposal information presented by the firms in their proposals, the selection committee will first rank the firms based upon qualifications. Fee proposals will then be opened and evaluated as part of the complete evaluation process. Some firms may then be requested to make presentations to the Selection Committee and field any questions they might have.

The Procurement Department will examine your proposal to ascertain that all required documents are included, properly executed and in the correct quantity. Failure to meet these criteria WILL result in your proposal being declared non-compliant and thus ineligible for further consideration.

A Selection Committee will review all proposals submitted in response to this RFP. Based upon the background information reported in the response, the Committee will determine whether the proposer is qualified or unqualified.

Using the proposals and the selection criteria, the Committee will rank the firms based upon the quality and content included in their proposals as well as a demonstrated understanding of the project and Augusta's requirements. Depending upon the number of responses received, Augusta may request select firms to make presentations to the Selection Committee and field any questions they might have to clarify their proposal and provide additional information.

EVALUATION PROCESS

A Selection Committee will review all proposals submitted in response to this RFP. The selection committee will rank the firms based upon cost as well as the quality and content of their proposal.

Each response to this RFP shall be subject to the same review and assessment process. Proposals will be evaluated and ranked on the basis of points awarded by an evaluation committee. A description of the factors which will be analyzed and the relative weight accorded is included in the specifications. Augusta will not consider the proposal of any Offeror who lacks accreditation or authorization to provide the Services requested.

Phase One Criteria (Identify short listed offerors only)

The Procurement Director, in consultation and upon the recommendation of the head of the using agency, shall select from among the offerors no less than three (3) offerors (the "short-listed offerors") deemed to be the most responsible and responsive; provided, however, that if three (3) or less offerors respond to the solicitation, this requirement will not apply. The selection of the short-listed offerors shall be made in order of preference. From the date proposals are received by Procurement Director through the date the contract is awarded, no offeror may make substitutions, deletions, additions or other changes in the configuration or structure of the offeror's teams or members of offeror's teams prior to award.

It is the intent of the Owner to conduct a fair and comprehensive evaluation of all proposals received. The contract will be awarded to the proposer who submitted a proposal that is most advantageous to the Owner.

Your team will be evaluated on the basis of how well your firm and its individual professionals meet the criteria outlined including general and specific selection criteria.

Please submit your proposal in a concise written tabulated format indexed and organized. The recommended firm and contract will be presented to the Augusta Commission for final approval.

Each submittal must respond to the requested information for each section.

Phase Two Criteria

(Rank the company that best address scope of service/ technical proposal as outlined in the specifications to be in the best interest of Augusta, Georgia).

An Interview list may be created to allow firms the opportunity to respond to questions from the evaluation committee relevant to the submitted proposals during the interview. Oral presentations to the evaluation committee shall not exceed one hour in duration.

After an initial screening process, a technical question and answer conference or interview will be conducted, if deemed necessary to clarify or verify the offeror's proposal and to develop a comprehensive assessment of the proposal. Offerors will present their proposals and demonstrate their offered products to the Evaluation Committee. This process will result in the selection of the successful vendor who, through contractual agreements, will undertake the scope of work.

PRICE PROPOSALS

The firms shall provide a proposal that includes all requested fields of the FEE PROPOSAL that are required to provide the services requested. No additional expenses will be paid by Augusta, Georgia in association with the execution of this project outside of the agreed upon fee proposal.

Price is not the driving factor of this award and shall be considered as follows: In making this decision, the Using Agency and the Procurement Director shall take into account the estimated value, the scope, the complexity and the professional nature of the services to be rendered. Should the Using Agency and the Procurement Director be unable to negotiate a satisfactory contract with the offeror considered to be the most responsible and responsive at a price for the Using Agency and the Procurement Director determines to be fair and reasonable to Augusta, Georgia, negotiations with that offeror shall be terminated. The Using Agency and the Procurement Director shall then undertake negotiations with the second most responsible and responsive short-listed offeror. If negotiations with the second most responsible and responsive short-listed offeror are unsuccessful, negotiations shall be terminated, and the Using Agency and the Procurement Director shall then undertake negotiations with the third most responsible and responsive short-listed offeror. Should the Using Agency and the Procurement Director be unable to negotiate a contract with any of the short-listed offerors, the Using Agency and the Procurement Director and the using agency may select from the additional offerors that were not short-listed in order of their responsibility and responsiveness and the Using Agency and the Procurement Director may continue negotiations in accordance with this section until an agreement is reached.

Price information shall be separated from the proposal in a sealed envelope and opened only after the proposals have been reviewed and ranked. The names of the respondents will be identified at the proposal opening; however, no proposal will be handled so as to permit disclosure of the detailed contents of the responses until after award of contract. A record of all responses shall be prepared and maintained for the files and audit purposes.

While cost is not the driving factor, the committee will also review qualifications and past performance.

Final negotiations and letting the contract. The Committee shall rank the technical proposals, open and consider the pricing proposal. Award shall be made or recommended for award through the Augusta, Georgia Administrator, to the most responsible and responsive offeror whose proposal is determined to be the most advantageous to Augusta, Georgia. No other factors or criteria shall be used in the evaluation. The contract file shall contain a written report of the basis on which the award is made/recommended. The contract shall be awarded or let in accordance with the procedures set forth in this Section and the other applicable sections of this chapter.

When in the best interest of Augusta, Georgia, Augusta reserves the right to request additional information and to request a "Best and Final" offer.

Final Selections

The evaluation committee will recommend an award to the Sheriff and the Augusta Georgia Commission for the highest scoring proposal(s). The Augusta Georgia Commission will make the final decision as to award of contract.

AUGUSTA RESERVES THE RIGHT TO REJECT ANY AND ALL PROPOSALS TO WAIVE INFORMALITIES AND TO RE-ADVERTISE.

Price shall be submitted in a separate sealed envelope with the following information on the outside of it: RFP 26-200 – Inmate Medical Services - Fee Proposal

ATTACHMENT A

Cost Proposal Form

The cost proposal must be submitted in a separate, sealed envelope with the Responder's name and "Request for Proposals No. 26-200 "Inmate Medical Services" clearly identified on the outside of the envelope.

ATTACHMENT A

COST PROPOSAL FORM

RFP

INMATE MEDICAL SERVICES

(MULTI-YEAR CONTRACT)

Responder: Please complete the attached pages of the Cost Proposal Form and return them with this cover page. The cost proposal must be submitted in a separate, sealed envelope with the Responder's name and "Request for Proposals No. 26-200 Inmate Medical Services" clearly identified on the outside of the envelope.

By signing this page, Responder acknowledges that he has carefully examined and fully understands the Contract, Scope of Work, and other attached documents, and hereby agrees that if its proposal is accepted, it will contract with Augusta according to the Request for Proposal documents.

Please provide the following information:

Name of Firm: _____

Address: _____

Authorized Person Submitting Proposal: _____

Title of Contact Person: _____

Telephone Number: _____

E-mail Address: _____

Signature of Contact Person: _____

Title of Contact Person: _____

**ATTACHMENT A
COST PROPOSAL – PART 2**

INMATE MEDICAL SERVICES (MULTI-YEAR CONTRACT)

Proposers are required to provide a detailed cost breakdown for each year of the intended contract. A provider should submit this form for years 1, 2, 3 and the 2 option years. A cost or pricing data sheet should be returned for each year of the contract. Failure to provide the required data may deem the proposer non-responsive. Any foreseeable costs that have not been specifically outlined in this cost proposal should be provided in detail on a separate page.

The Following cost data is required.

TOTAL LABOR \$ _____

Breakout all categories of labor, such as in-house (including a breakout of base salaries, fringe benefits), consultants and subcontractor

Base Salaries \$ _____

Fringe Benefits \$ _____

Subcontractors \$ _____

Other \$ _____

INFECTIOUS DISEASE PROGRAM \$ _____
(Labor Costs Associated with Program)

TOTAL MATERIAL \$ _____

(Include all categories of Material, such as supplies, equipment, etc.)

Supplies \$ _____

Equipment \$ _____

Other: \$ _____

INFECTIOUS DISEASE PROGRAM \$ _____
(Material Costs Associated with Program)

GENERAL & ADMINISTRATIVE \$ _____

TOTAL COST \$ _____

PROFIT \$ _____

TOTAL PRICE \$ _____

The cost proposal must be submitted in a separate, sealed envelope with the Responder's name and "Request for Proposals No. 26-200 Inmate Medical Services" clearly identified on the outside of the envelope.

ATTACHMENT B

Contractor Reference and

Release Form

**ATTACHMENT B
CONTRACTOR REFERENCE AND RELEASE FORM**

List below at least three (3) references, including company name, contact name, address, email address, telephone numbers and contract period who can verify your experience and ability to perform the type of service listed in the solicitation.

Company Name	Contract Period		
Contact Person Name and Title	Telephone Number (include area code)		
Complete Primary Address	City	State	Zip Code
Email Address	Fax Number (include area code)		
Project Name			

Company Name	Contract Period		
Contact Person Name and Title	Telephone Number (include area code)		
Complete Primary Address	City	State	Zip Code
Email Address	Fax Number (include area code)		
Project Name			

Company Name	Contract Period		
Contact Person Name and Title	Telephone Number (include area code)		
Complete Primary Address	City	State	Zip Code
Email Address	Fax Number (include area code)		
Project Name			

REFERENCE CHECK RELEASE STATEMENT

You are authorized to contact the references provided above for purposes of this RFP.

Signed _____

Title: _____ (Authorized Signature of Proposer)

ATTACHMENT C

Staffing Chart

**ATTACHMENT C
MEDICAL SERVICES STAFFING CHART
RFP**

KEY PERSONNEL

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

Health Services Administrator

Medical Director

Director of Nursing

Health Information Manager

GENERAL STAFFING (Positions are based on the number of full-time equivalents (FTE). The Provider shall ensure FTE employment in all of their categories in sufficient numbers to provide all services required under the Contract. The Provider may also determine what positions are necessary that may or may not be included in the staffing chart below. The Provider shall indicate beside each position description the number of FTE's that will be supplied daily (24 hours), based on a forty (40) hour work week:

POSITION	2027 FTEs	2028 FTEs	2029 FTEs
Physician			
Dentist			
Physician Assistant/Registered Nurse Practitioner			
Dental Assistance			
Nursing Supervisor			
Registered Nurse			
Licensed Practical Nurse			
Medical Assistants			
Mental Health Specialist			
Paramedic			
Radiology Technician			
Office Manager			
Administrative Assistant			
Health Information Technician			
Other (CQI, Training, etc.)			
TOTAL			

ATTACHMENT D

Contract Specifications/Technical Proposal

Medical Services

ATTACHMENT D

**CONTRACT SPECIFICATIONS/TECHNICAL PROPOSAL TO
PROVIDE INMATE MEDICAL SERVICES**

NOTE: The Richmond County Sheriff’s Office (RCSO) and the Richmond County Correctional Institution (RCCI) are soliciting proposals from qualified bidders for Inmate Medical Services at the Charles B. Webster Detention Center and RCCI.

The selected provider will operate and manage the delivery of medical services to inmates incarcerated at the Charles B. Webster Detention Center (CBWDC) and the Richmond County Correctional Institution (RCCI), collectively referred to as “Jails”. The Medical Services Provider (Provider) shall be a participant in the administration of health services and shall work with the mental, dental and pharmacy providers in achieving compliance with acceptable standards of care. The Provider will be responsible for the evaluation, treatment, prescribing and administering medications and monitoring inmates who have been determined to need medical services.

For the purposes of this agreement, qualified medical personnel include physicians, dentists, nurse practitioners, physician assistants, dental assistants, nurses, specialists, technicians and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the medical needs of inmates.

The Provider must indicate whether they understand and agree to comply with each of the applicable contract specifications set forth below by checking the compliance options provided. Ensure that your company provides an answer for each individual item.

I. STANDARDS **COMPLY: YES NO**

For the duration of this Contract, medical services must be provided to comply with the Constitution of the United States of America, the Constitution of the State of Georgia and any other appropriate federal, state or local authority. In addition, medical services must be provided in compliance with the “Standards for Health Services in Jails,” Revised 2014, as amended or revised during the term of this contract established by the National Commission on Correctional Health Care (NCCHC), and the “Performance-Based Standards for Adult Local Detention Facilities,” Fourth Edition, as amended or revised during the term of this contract established by the American Correctional Association (ACA), the Georgia Sheriffs’ Association Office of Sheriff Accreditation Program, the Medical Association of Georgia and any other accrediting body selected by the Richmond County Sheriff’s Office. The Provider shall be deemed in compliance with these accreditation requirements if they perform all duties within their immediate control in order to achieve accreditation on time and promptly notify the Sheriff’s Office where the performance affects the viability of accreditation.

The Provider will furnish all services and perform all duties within its immediate control to advise the RCSO of all other criteria, outside of the Provider’s control that must be met in order to comply with the necessary standards.

II. START-UP REQUIREMENTS **COMPLY: YES NO**

The Provider will be responsible for all things necessary to provide the services set forth in the Contract and Contract Specifications as of the commencement date specified in the Contract.

The Provider shall develop and implement clearly defined written site-specific policies and procedures to include at a minimum, those required by NCCHC and ACA standards in correlation with RCSO's policies and procedures for service delivery.

III. STAFF REQUIREMENTS

COMPLY: ____ YES ____ NO

A. General

1. The Provider shall furnish all medical, technical and support personnel necessary for rendering medical services to inmates at the Jails as described herein.
2. The Provider shall provide adequate staff to meet all conditions and specifications of this Contract.
3. The Provider shall ensure that all staff is licensed, certified, or registered, as appropriate, in their respective areas of expertise.
4. The Provider must have a strong administrative team that regularly communicates with and is responsive to the Sheriff's Administration, Warden, Jail Staff and Health Services Manager.

B. Security

1. The Provider staff shall meet the background check and security clearance of the Jails.
2. Any person who is an employee, agent, independent contractor or subcontractor of the Provider who enters the Jails may be searched, fingerprinted (for the purpose of a criminal history background check), photographed and required to wear an identification card issued by the Jails - RCCI doesn't require an identification card, however vendors are required to complete PREA training.

C. Recruiting and Hiring

1. The Provider will have the resources to aggressively and creatively recruit qualified professionals and develop and implement staff retention systems.
2. The Provider will be able to demonstrate low company turnover rates, particularly by the following positions: Health Services Administrator, Medical Director, Nurse Practitioner, Physician Assistant, HIV Specialist, Registered Nurse and Licensed Practical Nurse.
3. All staff qualifications must meet the requirements of the Georgia Board of Registration in Medicine, the Board of Registration in Nursing, the National Commission on Correctional Health Care (NCCHC), the American Correctional Association (ACA), Immigration and Customs Enforcement (ICE) standards for medical care, the Georgia Sheriffs' Association Office of Sheriff Accreditation Program, the Medical Association of Georgia and other applicable regulations.

D. Staff Chart

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

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

E. Attendance Records

1. The Provider shall furnish the Sheriff and/or his designee with an attendance record for each month, including the names and hours worked for each person performing the duties for each position set forth in the Staff Chart for that contract period, including contracted staff. The Provider shall make attendance records available no later than the 5th of the following month.
2. The Provider shall maintain an attendance log and daily staffing schedule for medical personnel. The adequacy of staffing shall be reviewed monthly and as needed by the Sheriff and/or his designee, Detention Services Commander, Warden, Health Services Manager, Medical Director, and Health Services Administrator.

F. On Call Staffing

The Provider will ensure that a medical doctor and a health services supervisor are on call at all times.

G. Call Back Coverage

1. The Provider shall make provisions for the call back of sufficient physician, nursing and other support staff to meet any emergency or mass casualty situation that may arise.
2. Routine call back coverage for individual medical emergencies shall be arranged at the discretion of the Provider so as to minimize outside referral and transportation costs.
3. The Provider shall provide call back for on-site suturing and call back x-ray coverage or any other direct or ancillary service.
4. The Provider shall provide on call physicians to deliver on call coverage whenever a physician is not present at the Jails. The on-call physician shall respond by telephone within fifteen (15) minutes of the telephone call for service and shall provide direction to the caller. If requested to do so or the situation warrants direct assessment, the on-call physician shall report to the Jails within one (1) hour after notification.

H. Nursing Wages

Competent nursing staff cannot be retained if the hourly wages are consistently and substantially below the average wages for nursing staff of comparable levels of training and experience. A vital factor in a consistent, efficient health care delivery system at the Jail is the hiring and retention of competent nurses. It is also considered important that wages be consistently at the average for the Augusta, Georgia metropolitan area. Please provide information on how you determine and ensure you are providing competitive wages to the Nursing staff based on average wages in Augusta, Georgia and surrounding areas.

I. Full Time Equivalent (FTE)

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

J. Part -Time Employees

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

K. Removal of Staff

In the event the Sheriff and/or his designee or Warden become dissatisfied with the services rendered by any Provider employee, contractor, subcontractor or assignee, the Provider shall exercise due diligence to correct the problem to the Sheriff or Warden's satisfaction. Failing therein, the Provider shall remove or cause the removal of the identified individual within a reasonable time not to exceed seven (7) days. The Provider shall locate and install an acceptable replacement during said reasonable time to ensure full staffing.

L. Agency Staffing

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

M. Inmate Labor

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

IV. PERSONNEL **COMPLY: ___ YES ___ NO**

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

The RCSO and RCCI reserve the right to exclude staff from the Jails and to consider the absence a failure to provide staff in accordance with the core staffing schedule and/or the staffing proposed by the Provider if it is determined that an individual's performance is less than what is considered to be necessary to meet the job requirements and position description for that job, regardless of staff level or length of service.

In the event the Provider is directed by the RCSO Detention Services Commander to replace staff originally hired as a Key Personnel under the RFP, the Provider may request approval from the RCSO Detention Services Commander to keep that staff person employed under the RFP but placed in a lower-level position. The RCSO Detention Services Commander will provide approval/disapproval of said request within 5 days.

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

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

A. Key Personnel

1. Health Services Administrator (HSA)

- a. The Provider shall employ a full time Health Services Administrator with the authority to oversee the administrative requirements of health care programs such as recruiting, staffing, data gathering, financial monitoring, policy and procedures development and review, contracts, health record keeping and other management services.
- b. Must have a minimum of two (2) consecutive years' experience as a full time HSA at a correctional facility with an Average Daily Population (ADP) greater than or equal to one thousand (1,000) inmates or one (1) year as a full-time regional manager of a correctional medical service system wherein the managed region has at least one (1) site with an ADP of greater than one thousand (1,000) inmates.
- c. Must have a Bachelor's degree or higher.
- d. The HSA must be present in the Jail not less than forty (40) hours per week, at least five (5) days per week. In the absence of the HSA, the Provider will designate an individual to serve as the acting HSA.

2. Medical Director

- a. The Provider shall employ a full-time Medical Director who is Board Certified in one of the following: Family Practice, Internal Medicine, Surgery or Emergency Medicine.
- b. Must be licensed to practice medicine in the State of Georgia.
- c. Must have a minimum of four (4) years' experience in a senior administrative role in a managed care organization. Certification in correctional health care is preferred.
- d. Must have a minimum of two (2) consecutive years' experience as a Medical Director in a correctional facility with an ADP of greater than one thousand (1,000) inmates.
- e. The Medical Director must be present in the Jail not less than forty (40) hours per week at least five (5) days per week. In the absence of the Medical Director, the Provider will designate an individual to serve as the acting Medical Director.

3. Director of Nursing

- a. The Provider shall employ a full time Director of Nursing with the authority to manage, direct, supervise and schedule nursing supervisors, Registered Nurses, Licensed Practical Nurses and Medical Assistances.
- b. Must be a licensed Registered Nurse (RN) within the State of Georgia.
- c. Must have a minimum of at least two (2) consecutive years' experience in a nursing supervisory position in a correctional facility with an ADP of greater than one thousand (1,000) inmates.
- d. Must have a Bachelor Degree in Nursing (BSN).
- e. The Director of Nursing must be present in the Jail not less than forty (40) hours per week, at least five (5) days per week. In the absence of the Director of Nursing, the Provider will designate an individual to serve as the acting Director of Nursing.

4. Health Information Manager

- a. Must be a licensed accredited Health Information Technician.
- b. Must have three (3) years' experience in Health Information.
- c. Must have a minimum of one (1) year experience in Health Information Management in a correctional facility with an inmate ADP of greater than one thousand (1,000) inmates.
- d. Must have a minimum of one (1) year experience managing an electronic health records system.
- e. Health Information Manager shall be responsible for all records, including mental health and dental.
- f. The Health Information Manager must be present in the Jail not less than forty (40) hours per week at least five (5) days per week. In the absence of the Health Information Manager, the Provider will designate an individual to serve as the acting Health Information Manager.

B. Senior Clinical Personnel (MD's, PA's, RNP's)

1. Coverage

The Provider shall identify the need, schedule, coordinate and pay for all Senior Clinician (Medical Doctor, Physician Assistant or Registered Nurse Practitioner) services rendered to inmates. The Provider shall identify all responsible Senior Clinical personnel responsible for performing sick call Sunday through Saturday for every Jail unit, for follow-up appointments in the medical service area, for a Chronic Care Clinic, for infirmary care, for annual physical examinations, and for twenty-four (24) hour emergency on-call coverage.

A Medical Doctor will be on-site Monday through Saturday between the hours of 9:00 a.m. and 9:00 p.m. and Sunday for a period of four (4) consecutive hours between 9:00 a.m. and 5:00 p.m.

An on-call physician shall be available twenty-four (24) hours per day for any emergencies and/or consultations. Sunday for four (4) hours consecutively, between the hours of 9:00 a.m. and 5:00 p.m., and Holidays for two (2) hours consecutively between the hours of 9:00 a.m. and 5:00 p.m.

At a minimum, at least one (1) Senior Clinical staff member will be on-site between the hours of 8:00 a.m. and 9:00 p.m. Monday through Friday, Saturday 9:00 a.m. to 9:00 p.m., and Sunday for four (4) consecutive hours between the hours of 9:00 a.m. – 5:00 p.m.

2. Licensure

- a. Primary Care Physicians: All primary care physicians shall be Board Certified in Family Practice, Internal Medicine, Surgery or Emergency Medicine or Obstetrics/ Gynecology.
- b. Specialty Physicians: Physicians who provide specialty services shall be Board Certified or Board Eligible in their respective specialty.
- c. Nurse Practitioners: Nurse Practitioners must be licensed by the Georgia Board of Nursing.
- d. Physician Assistants: Physician Assistants must be licensed by the Georgia Composite State Board.

C. Nursing and Other Personnel

All nursing personnel must have graduated from an accredited Registered Nurse or Licensed Practical Nurse program and hold applicable licenses.

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

V. SALLY PORT TRIAGE

COMPLY: ____ YES ____ NO

The Provider shall be afforded the opportunity to assess arrestees with significant medical complaints prior to their actual physical commitment to the Jail. Those arrestees whose physical condition, by the assessment of the Intake Staff, is such that the arrestee will need further diagnostic evaluation and/or treatment which cannot be afforded at the Jail, will be transported by the arresting agency that presented the arrestee to an appropriate medical facility away from the Jail.

The Provider shall maintain an electronic log, using MS Excel, of all individuals refused admission to the Jail containing required information. Alternatively, tracking may be completed via electronic medical records if such reports can be derived from the system.

VI. INTAKE/RECEIVING SCREENING

COMPLY: ____ YES ____ NO

- A. The Provider shall perform an initial evaluation to determine if the arrestee can be accepted into the Jail. If the initial evaluation concludes that the arrestee requires additional medical attention/treatment in a hospital setting then Provider's Physician must complete the appropriate forms with all parties' signatures (RCSO, Provider and Arresting Agency).
- B. The Provider shall perform receiving screening on all persons that are booked into the Jail in compliance with NCCHC, ACA, MAG and GSA standards.
 - 1. The Provider shall complete an initial mental health and dental assessment, even if the Provider does not provide mental health or dental services under the Contract.
 - 2. **The Provider shall staff the Intake/Receiving Area twenty-four (24) hours a day, seven (7) days a week. Staffing for this position must be provided as such to receive arrestees booked into the facility in a timely manner.**
- C. Provider shall ensure that all receiving screenings must take place within four (4) hours of an arrestees arrival at the Jail and before the inmate is moved to general population.
- D. Where an inmate screening is not performed due to the inmate's condition, i.e., combative, severely intoxicated or for other reasons relating to the correctional facility, the reason for such lack of screening shall be immediately and fully documented in the inmate's medical records.
 - 1. The Provider shall make and document observations of inmates that cannot be immediately screened a minimum of every two (2) hours and must screen the inmate within eight (8) hours of their admission to the facility.
 - 2. The Provider shall refer inmates for emergency or additional health services at the time of the receiving screening. Treatment will be initiated where appropriate. Pregnant females shall have documented fetal heartbeats on admission if the fetus is viable - approximately twenty (20) weeks gestation.
- E. At a minimum, the Receiving Screening shall include, but not be limited to:

1. An individual and confidential interview using the Intake/Receiving Screening form.
2. Documentation of current illnesses and health problems, including medications taken, special health requirements, and any mental health illnesses.
3. Notation of body deformities, trauma markings, bruises and ease of movement.
4. Check conditions of skin and body orifices, including rashes, infestations, needle marks or other indications of drug abuse.
5. Medication, special housing and emergency health services will be addressed immediately when appropriate.
6. PPD administered and read within seventy-two (72) hours. When contraindicated, a chest x-ray will be ordered and performed within five (5) days of admission.
7. Vital signs, i.e. temperature, blood pressure, pulse, respiration, height and weight.
8. RPR, GC/Chlamydia collection for persons presenting with symptoms.
9. Pregnancy test for all females upon entry. All pregnant arrestees shall be identified and triaged appropriately.
10. An evaluation of urgent medications required by the inmate for chronic disease maintenance and infectious disease care and provide those medications required for health maintenance during the intake /receiving screening process.
11. Medications brought in or self-reported shall be verified and documented.
12. Emergency medication related to other conditions shall be provided.
13. Check incoming inmates for missing teeth and any signs of dental disease.

F. Dental Receiving Screening

Appropriate disposition and follow up requirements shall be documented immediately using an approved charting system and immediately forwarded to the Dental Provider.

G. Mental Health Receiving Screening

The Provider shall immediately refer an inmate to the Mental Health Service Provider for a mental health assessment of any inmate identified as having a current mental illness or whose screening indicates the possibility of a mental illness, suicide ideation and/or unstable mental health condition.

VII. INTOXICATION/WITHDRAWAL/DETOXIFICATION	COMPLY: ___ YES ___ NO
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- A. All inmates received at the Jail with evidence of intoxication or withdrawal secondary to substance abuse shall be provided immediate medically necessary treatment, including detoxification from opiate and alcohol dependence.
- B. Detoxification will be done only under medical supervision and in accordance with federal, state and local laws and regulations.
- C. The Provider shall coordinate its program with local and regional alcohol and drug treatment programs, including a self-help/peer support program, where possible.
- D. The Provider's failure to comply with Intake Screening requirements set forth herein the Contract will result in injury to the RCSO, and because it will be difficult to estimate the extent of such injury, the RCSO and the Provider hereby agree that the RCSO shall deduct from the monthly payment

due to the Provider, as liquidated damages, the sum of two hundred fifty dollars (\$250.00) for each and every intake screening which is not performed within the time periods specified above. The RCSO and the Provider hereby agree that the liquidated damages stated above represent both parties' best estimate of the damage resulting from the injury for failure to comply with the Intake Screening requirements of this Contract and is not a penalty.

VIII. INTAKE SCREENING REVIEW/CHRONIC CARE INMATES COMPLY: _____ YES _____ NO

- A. The Provider shall review the initial Intake screening form within sixteen (16) hours of the inmates' arrival into the facility. The review must be completed by a mid-level provider or higher.
- B. The Provider must ensure that inmates with acute and/or chronic conditions requiring treatment are addressed appropriately, as well as classified with respect to medical risk and appropriateness for special programs and housing assignments.
- C. The Provider shall complete a fourteen (14) day health assessment within seventy-two (72) hours or earlier as necessary, for those inmates identified with chronic care issues. The Provider shall refer and enroll the inmate in the Chronic Care Clinic.
- D. All medications must be verified, ordered and administered. Medications will be dosed from stock unless otherwise indicated. The Provider's failure to comply with the Intake Screening requirements of this Contract will result in injury to the RCSO, and because it will be difficult to estimate the extent of such injury, the RCSO and the Provider hereby agree that the RCSO shall deduct from the monthly payment due to the Provider, as liquidated damages, the sum of two fifty hundred dollars (\$250.00) for each and every intake screening which is not performed within the time periods specified above. The RCSO and the Provider hereby agree that the liquidated damages stated above represent both parties' best estimate of the damage resulting from the injury for failure to comply with the Intake Screening requirements of this Contract and is not a penalty.

IX. WOMEN'S HEALTH CARE COMPLY: _____ YES _____ NO

- A. The Provider shall be responsible for the provision of medically necessary health services to the female inmate population in accordance with NCCHC, ACA and GSA standards.
- B. The Provider shall establish policies and procedures specific to the health care of pregnant inmates, which must include, at a minimum, the following:
 - 1. Pre-natal care, which includes regular monitoring by a Medical Doctor, Nurse Practitioner or Physician Assistant.
 - 2. Provision of appropriate vitamins, caloric diet and any other medication needed to treat existing medical conditions.
 - 3. Identification and disposition of high-risk pregnancies, to include appropriate and timely referrals to a local hospital system for Obstetric/Gynecology care.
 - 4. Sexually transmitted disease screening of gonorrhea and chlamydia cultures on all females where clinically indicated.
 - 5. Pap smear within fourteen (14) days of inmate arrival into correctional system. The Pap smear must be consistent with the American Cancer Society recommendations. Inmates who are returned to the system within one (1) year of the initial test will not be retested, unless they are HIV infected. In that case, they will be tested every six months.
 - 6. Annual Pap smear for those inmates whose incarceration will be in excess of one (1) year, unless they are HIV infected. In that case, they will be tested every six (6) months, if

clinically indicated. Mammograms will be administered consistent with the American Cancer Society recommendations.

- 7. Physical examination that includes inquiry about menstrual cycle and unusual bleeding, the current use of contraceptives, the presence of an IUD, breast masses, nipple discharge and possible pregnancy plus prenatal/postnatal care and delivery, where applicable.

X. FOLLOW-UP CARE	COMPLY: _____ YES _____ NO
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- A. The Provider shall provide the necessary follow-up for inmate medical problems identified by any of the receiving screening or laboratory tests, including, but not limited to in-patient or outpatient hospitalization, appropriate monitoring and prescription of appropriate medication and consultation with specialty physicians.
- B. The Provider shall refer inmates in a timely manner to outside specialists in all cases when the Provider lacks the resources to treat in a timely manner the medical or mental conditions of such inmates. Accordingly, the Provider shall coordinate timely access to specialists for such inmates and implement all necessary testing needed for specialty consultations.

XI. CHRONIC ILLNESS/DISEASE	COMPLY: _____ YES _____ NO
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- A. The Provider shall establish protocols to be used to develop an on-site chronic illness/disease clinic. A Medical Director, Registered Nurse Practitioner or Physician Assistant will treat inmates referred to the clinic. The Provider shall maintain current clinical guidelines for the most prevalent chronic diseases. The clinical guidelines shall be evidence-based and customized for the Jail. The clinical guidelines shall be reviewed and updated annually, to be consistent with nationally accepted practices.
- B. The Provider shall operate a comprehensive chronic care program that ensures that conditions requiring chronic care are appropriately diagnosed, treated, and controlled to prevent and minimize decompensation.
- C. Chronic care conditions minimally shall include patients with chronic medical problems such as asthma, diabetes, epilepsy, hypertension, infectious diseases, developmental disabilities, other disabilities, conditions related to aging and terminal illness.
- D. The Provider shall schedule chronic care clinics and implement individualized treatment plans through periodic outpatient evaluations that minimize acute hospital care services and prevent misuse of primary care services.
- E. Chronic care patients shall be provided a review by a registered nurse or midlevel provider every three (3) months and a physician review minimally every six (6) months and at more frequent intervals when clinically indicated.
- F. The Provider shall refer chronically mentally ill individuals to the Mental Health Services Provider.
- G. The Provider shall develop and maintain an electronic log, using MS Excel, of all chronic care clinic encounters. Alternatively, tracking may be completed via electronic medical records if such a report can be derived from the system. The chronic care log minimally shall include the following data elements:
 - 1. Inmate Number
 - 2. Intake Date

3. Update Date
4. Last Name
5. First Name
6. Middle Initial
7. Race
8. Date of Birth
9. Service Area
10. Diagnosis #1
11. Diagnosis #2
12. Diagnosis #3
13. Date of Baseline exam
14. Date of last clinical evaluation
15. Date of next clinical evaluation
16. Active/Inactive
17. Date of inactivity
18. Discharge Date

XII. INFECTIOUS DISEASE

COMPLY: ____ YES ____ NO

- A. The Provider shall operate a comprehensive infection control program that ensures that communicable diseases are appropriately diagnosed, treated, and controlled to prevent and minimize infectious disease outbreaks. The infection control program must be in compliance with CDC guidelines and OSHA regulations. The Provider shall provide staff specifically oriented and trained to comprehensively support the Jail's infectious disease program.
- B. The Provider may be required to organize and chair a monthly infection control meeting that shall include as attendees representatives from each of the other Healthcare Providers, the RCSO, and local health departments, when appropriate.
- C. The Provider shall establish and implement policies and procedures for the care and handling of all inmates diagnosed with an infectious disease. The care and handling of inmates must include on-site case management services. The Provider must establish a working relationship with the Richmond County Board of Health Infectious Disease Clinic and the local hospital system.
- D. The Provider shall execute the routine collection of lab specimens from infectious disease patients at the Jail.
- E. The Provider shall be responsible for planting TB skin tests and reading the implant within seventy-two (72) hours. The Provider shall be responsible for educating and administering TB medication to all inmates that test positive. The ordering of and payment for supplies and medication needed to perform such TB skin tests shall be the responsibility of the Provider.
- F. The Provider shall develop a tuberculosis surveillance program and communicate with the County and State Health Departments as required for inmate care under the law. The Provider shall generate and provide monthly logs of all inmates diagnosed with an infectious disease, including the inmate's name and identification number.
- G. The Provider shall develop and operate an infectious disease clinic that will meet the needs of patients with HIV/AIDS, TB, Hepatitis, MRSA and other infectious diseases.
- H. The Provider's Infection Control Coordinator and staff shall be responsible for monthly education and in-service presentations related to Infection Control issues for the Provider staff, Jail staff as well as for the inmate population throughout the Jail.

- I. The Provider's Infection Control Coordinator or designee shall attend Quality Improvement Meetings.
- J. The Provider's Infection Control Coordinator or designee shall conduct monthly safety meetings for the other healthcare providers and Jail maintenance staff.
- K. The Provider shall provide the following services for RCSO staff upon request at no additional cost:
 1. Annual tuberculin skin testing and referral;
 2. Tetanus antitoxin post exposure as indicated;
 3. Post-exposure testing and prophylaxis for staff, as medically appropriate until the staff member can reach his/her primary physician;
 4. Emergency intervention for on-site injuries; and
 5. Emergency management plan for mass outbreaks of infectious disease.
- L. If over 5% of the eligible inmate PPDs are not placed and read, or fail to receive timely follow-up, a penalty of \$250 will be incurred times the number of inmates over 5% for whom the PPD was not placed, read, or followed up within the prescribed time frame for the period being measured (not to exceed a 30 day period.) For the purpose of this RFP, eligible inmates are defined as inmates in the facility for over 96 hours.

XIII. RESPIRATORY ISOLATION

COMPLY: ____ YES ____ NO

- A. The Provider shall provide treatment to inmates whose medical conditions require that they be housed in respiratory isolation cells, as part of the infirmary care program, unless hospitalization is medically indicated.
- B. The Provider shall operate respiratory isolation cells for the inmates assigned to them by the RCSO in consultation with the Jail Maintenance staff and Jail personnel.
- C. The Provider shall round daily on inmates housed in respiratory isolation cells.
- D. The Provider shall inform the Health Services Manager once an inmate is released from a respiratory isolation cell.

XIV. MEDICATION ADMINISTRATION

COMPLY: ____ YES ____ NO

- A. The RCSO will provide the inmates the ability to purchase over-the-counter drugs through the inmate commissary system.
- B. The initial round of prescription medication shall be administered by a licensed nurse within eight (8) hours of the time the prescription for such medication is first written.
- C. Medication administration may be through self-administration by the inmate, as prescribed by the Medical Doctor, Registered Nurse Practitioner, and/or Physicians' Assistant. No inmates receiving mental health care may self-administer medication.
- D. Medication must be delivered throughout the Jail, including the clinic area and housing areas, seven (7) days each week, at a minimum of two (2) times per day; however, if medically appropriate and so ordered, medication will be delivered three (3) times per day or more.
- E. The Provider shall verify all medications presented at Intake within eight (8) hours of the inmate's admission.
- F. The Provider shall document all refusals in the medical record and counsel inmates regarding the consequences of failing to follow prescribed therapeutic dosing.

- G. All refusals of medications by inmates must be in-person and must be documented as in-person. If prescribed medications are not provided because of refusal or for any other reason, the administering medical staff member shall initial a written explanation.
- H. The Provider shall develop and implement systems to provide medications in a timely manner and to track problems with the dispensing and administration of medications. The Provider shall give to the Sheriff and/or his designee written itemized verification of adherence to the above specifications on a monthly basis. The failure to comply with the requirements outlined above shall be considered a breach of the Contract.
- I. The Provider's failure to comply with the Medication Administration requirements of this Contract will result in injury to the RCSO, and because it will be difficult to estimate the extent of such injury, the RCSO and The Provider hereby agree that the RCSO shall deduct from the monthly payment due to the Provider, as liquidated damages, the sum of two hundred fifty dollars (\$250) for each and every medication distribution not administered within the time periods specified above. The RCSO and the Provider hereby agree that the liquidated damages stated above represent both parties best estimate of the damage resulting from the injury for failure to comply with the Medication Distribution requirements of the RCSO and is not a penalty.
- J. The Provider shall maintain an electronic log, using MS Excel, of all medications administered in the Jail. Alternatively, tracking may be completed via electronic medical records if reports can be derived from the system.

XV. SICK CALL/HEALTH REQUESTS	COMPLY: _____ YES _____ NO
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- A. The Provider must establish policies and procedures for the care and handling of inmate sick call/healthcare requests. These policies must address inmate access to medical services using a triage method as routine, intermediate or urgent. A face-to-face visit with the inmate/patient must occur within twenty-four (24) hours of the sick call/health request.
- B. Jail staff shall not be involved in any decisions regarding sick call/health requests, except that Jail staff shall assist an inmate in receiving medical services when he/she requires urgent/emergency attention. Jail staff shall be available to escort inmates to the medical clinic when necessary.
- C. Sick Call Clinic shall be held Sunday through Saturday, at a minimum of seven (7) days a week, by a Medical Doctor, Registered Nurse Practitioner, Physician Assistant or Registered Nurse. Sick Call shall be conducted during both the day (8:00 a.m. – 4:00 p.m.) and evening shifts (4:00 p.m. – 10:00 p.m.) in order to maximize Jail staff resources.
- D. Sick Call Clinic shall continue until it is completed, i.e. when each inmate scheduled to be seen during that sick call clinic, and who shows up for the appointment, has been seen.
- E. All nurses involved in screening such requests and evaluating inmates shall be Registered Nurses with current training in physical assessment. Physical Assessment training shall be provided bi-annually. Inmates referred to Medical Doctors, Registered Nurse Practitioners and/or Physician Assistants must be evaluated within forty-eight (48) hours of initial referral or sooner, as medically appropriate.
 - 1. A Medical Doctor, Physician Assistant, Registered Nurse Practitioner will triage, review and act upon all health services request forms daily.
 - 2. The Provider must establish a system that collects all Sick Call/Health Care request forms from initial receipt to final disposition, including evening hours.

3. The Provider's failure to comply with the Sick Call requirements of this Contract will result in injury to the RCSO, and because it will be difficult to estimate the extent of such injury, the RCSO and The Provider hereby agree that the RCSO shall deduct from the monthly payment due to the Provider, as liquidated damages, the sum of two hundred fifty dollars (\$250.00) for each and every sick call request that is not responded to within the time periods specified above. The RCSO and the Provider hereby agree that the liquidated damages stated above represent both parties' best estimate of the damage resulting from the injury for failure to comply with the sick call requirements of this Contract and is not a penalty.
4. The Provider shall maintain, an electronic sick call log. Alternatively tracking may be completed via electronic medical records if reports can be derived from the system. The electronic log or report shall contain, at a minimum, the following:
 - Inmate name and inmate number;
 - Date sick call slip was submitted;
 - Nature of complaint;
 - Triage decision;
 - Date scheduled to be seen;
 - Date of referral to provider to include name, if known, and provider discipline;
 - Date of triage decision; and
 - Name and credential of person making the triage decision.

VI. 14-DAY HEALTH ASSESSMENT EXAMINATION

COMPLY: _____ YES _____ NO

- A. The Provider shall perform a comprehensive follow-up appraisal, including a complete physical examination on any inmate confined in the Jail for longer than seventy-two (72) hours, within fourteen (14) calendar days of the arrival. This examination shall be performed annually for those inmates confined over one (1) year.
- B. The comprehensive health appraisal must include a review of the preliminary health screening as well as additional data necessary to complete the medical, dental and psychiatric histories.
- C. The physical examination conducted as part of the health appraisal shall be performed by an appropriately trained Registered Nurse, Nurse Practitioner, Physician Assistant or Medical Doctor, and shall include minimally:
 1. Height, weight, pulse, pressure, temperature and respiration.
 2. Laboratory and/or diagnostic tests to detect communicable diseases, including sexually transmitted diseases, tuberculosis, and HIV, and other tests shall be performed on all inmates no later than the time of the comprehensive follow-up examination. Such tests shall be performed prior to the comprehensive follow-up examination where clinically indicated.
 3. Any additional laboratory work or tests as directed by the Medical Doctor.
 4. An EKG shall be performed on all inmates aged forty (40) years or older or as determined by the physician.
 5. For females, the collection of gonorrhea and chlamydia cultures and pap smear shall be performed where clinically indicated. The health assessment of women shall include inquiry about menstrual cycle and unusual bleeding, the current use of contraceptives, the presence of an IUD, breast masses, nipple discharge and possible pregnancy, plus prenatal/postnatal care and delivery, where applicable.

- D. The Provider shall perform reviews, medical examinations, medical summaries or certifications necessary for food handling and work clearances within twenty-four (24) hours from the time such service is requested, and the name(s) of inmate(s) are provided to the Provider.
- E. The Provider's failure to comply with the Fourteen (14) Day and Annual Health Assessment provisions of this Contract will result in injury to the RCSO, and because it will be difficult to estimate the extent of such injury, the RCSO and the Provider hereby agree that for each Health Assessment that the Provider fails to perform within the allotted time period, the RCSO shall assess the Provider liquidated damages in the amount of two hundred fifty dollars (\$250.00). Upon verification of this deficiency, the RCSO shall deduct this amount from the agreed upon monthly invoice and payment. The RCSO and the Provider hereby agree that the liquidated damages stated above represent both parties' best estimate of the damage resulting from the injury for failure to comply with the Health Assessment requirements of this Contract and is not a penalty.

XVII.	DIAGNOSTIC AND LABORATORY SERVICES	COMPLY: ____ YES ____ NO
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- A. The Provider shall identify the need, schedule, coordinate and pay for all supporting diagnostic examinations and laboratory services both inside and outside the Jail except those provided for inpatient/inmates through the local hospital system or any other State approved facility.
- B. The Provider shall establish an agreement with an approved supplier to provide laboratory services. Such agreement shall be reviewed by and approved by the Sheriff and/or his designee.
- C. Laboratory services must provide STAT work with results within twenty-four (24) hours after the specimen is in receipt of the laboratory company, when such tests are required and available. RPR testing for syphilis is to be processed within seventy-two (72) hours and gonorrhea and chlamydia testing for women is to be processed within seventy-two (72) hours.
- D. The Provider shall return lab results electronically. RCSO staff will not provide laboratory courier service.
- E. The Provider's failure to comply with the Diagnostic and Laboratory Services provisions of this Contract will result in injury to the RCSO, and because it will be difficult to estimate the extent of such injury, the RCSO and the Provider hereby agree that the RCSO shall deduct from the monthly payment due to the Provider, as liquidated damages, the sum of two hundred fifty dollars (\$250.00) for each and every laboratory test result not returned within the time periods specified above. The RCSO and the Provider hereby agree that the liquidated damages stated above represent both parties best estimate of the damage resulting from the injury for failure to comply with the Diagnostic and Laboratory Services requirements of this Contract and is not a penalty.

XVIII.	X-RAY SERVICES	COMPLY: ____ YES ____ NO
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- A. The Provider shall utilize, maintain, and provide x-ray capabilities for the Jail medical unit, including chest x-rays for TB clinic purposes and other x-rays that may eliminate the need for transportation to a local hospital. The Provider shall give to the Sheriff and/or his designee written itemized verification of the above specifications on a monthly basis.
- B. The Provider shall perform routine x-ray services on a daily basis, Monday through Friday, and must provide emergency twenty-four (24) hours per day x-ray services when needed. The Provider shall ensure that all x-rays are appropriately read by a Board-Certified Radiologist within seventy-two (72) hours of the films being taken. The Provider shall include a plan for reading x-rays associated with "emergencies." This plan shall be given to the Health Services Manager.

- C. The Provider shall establish an agreement with a facility to provide radiological services in the event requirements exceed the capability of jail equipment.
- D. The RCSO is responsible for maintaining all x-ray equipment and providing filing space for all x-rays. All x-rays must be kept on file for at least two (2) years, after which time they may be destroyed. The RCSO is responsible for such destruction on a quarterly basis. The Provider is responsible for notifying the Sheriff and/or his designee of the need for such destruction or retention of x-rays.
- E. The Provider shall implement an efficient filing system for all x-rays. All x-rays will be the property of the RCSO. The Provider shall provide all x-ray films.
- F. The Provider shall maintain, using MS Excel, an electronic log of all x-rays. Alternatively, tracking may be completed via electronic medical records if such a report can be derived from the system. The log shall list inmate name and identification number, referring physician, date and time referral was made, and current and final disposition.

XIX.	MAIN MEDICAL CLINIC	COMPLY: ____ YES ____ NO
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The Main Medical Clinic will be operational twenty-four (24) hours a day. The Provider shall staff the medical clinic with a Registered Nurse, **solely for this area only.**

The Provider will provide blood pressure checks for the RCSO staff upon request by the Health Services Manager.

XX.	MEDICAL/MENTAL HEALTH HOUSING	COMPLY: ____ YES ____ NO
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- A. The Provider shall establish and implement policies and procedures to operate the one hundred forty-eight (148) bed medical/mental health housing unit at the CBWDC. **The Provider shall utilize the medical/mental health housing unit to the fullest capacity to reduce off-site hospitalization when medically feasible.**
- B. The Provider shall provide treatment to inmates with acute and sub-acute medical problems that are unmanageable in the general population in the medical/mental health housing unit, unless hospitalization is medically indicated.
- C. The Provider shall create and maintain a medical record/chart for each patient in the medical/mental health housing unit to be maintained in the unit until the patient is released, at which time it is forwarded for incorporation into the patient health record.
- D. Operation of the medical/mental health housing unit shall include:
 - 1. On call physician/senior clinician services twenty-four (24) hours per day. A medical staff member must round and enter a progress note on all inmates in treatment in the medical/mental health housing unit every twenty-four (24) hours.
 - 2. The medical/mental health housing unit shall be staffed according to the levels of care needed by the inmates. Registered Nurses are to be on duty twenty-four (24) hours per day seven (7) days per week. Should the level of care fall within the scope of a Licensed Practical Nurse, daily on-site supervision by a Registered Nurse is acceptable for the medical/mental health housing unit only.
 - 3. All inmate/patients shall be within sight or hearing of a medical staff person at all times. If intravenous medications are being administered, a Registered Nurse must be physically present at all times.

4. A pre-approved manual of Nursing Care procedures shall be followed for medical/mental health housing unit care.
5. A complete in-patient record for each inmate/patient admitted for treatment to the medical/mental health housing unit shall be kept, including admission work-up and discharge planning.
6. No inmate shall be moved into the medical/mental health housing unit without the express approval of the assigned medical staff member. More specifically, all mental health inmates assigned to the medical/mental health housing unit due to protective custody must have their transfers authorized by the assigned medical staff member.
7. The Provider shall be responsible for routine medical/mental health housing unit daily care standards of inmates transferred to the unit for non-medical reasons, to include visual checks of inmates with documentation. Inmates in the medical/mental health housing unit for non-medical reasons shall be afforded medical service by the Provider the same as those inmates on the routine housing units.

XXI. REFERRAL SYSTEM	COMPLY: ____ YES ____ NO
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- A. The Provider shall establish referral policies and procedures for the care and handling of inmates whose medical care requires a higher level of care than that provided at the Jail.
- B. The Provider is responsible for locating an appropriate Physician and establishing the appointment date and time in the event an inmate requires the services of a specialist.
- C. The Provider shall provide a system that can identify, isolate and track inmate referral cases.
- D. When an inmate is referred to a specialist, the Primary Care Physician shall review the inmate's medical condition every thirty (30) days or sooner, until the specialist sees the inmate.
- E. The Provider shall generate and submit a copy of the monthly log on all referrals to the Health Services Manager. The Provider shall maintain, using MS Excel, an electronic log of all referrals. Alternatively, tracking may be completed via electronic medical records if such a report can be derived from the system. The log shall list inmate name and identification number, referring physician, date and time referral was made, current and final disposition.

XXII. EMERGENCY MEDICAL SERVICES	COMPLY: ____ YES ____ NO
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- A. The Provider shall provide emergency care and emergency treatment for all inmates in the facility. Such emergency treatment for inmates shall be performed either within the facility or at a local hospital or other medical care facility as the Provider shall deem necessary and appropriate.
- B. In the event of an emergency, first-aid and cardiopulmonary resuscitation services will be provided on site.
- C. The Provider shall provide emergency medical services in the Jail to corrections staff, both certified and civilian, and to facility visitors as may be necessary and deemed appropriate by the medical staff.
- D. The Provider shall respond to all use of force and similar incidents. Subsequent to each incident, the Provider shall evaluate and treat inmates and staff, as necessary, and shall document the actions in the patient health record or elsewhere as appropriate.
- E. The Provider shall be responsible for making arrangements for emergency ambulance service, coordinating its use and contacting emergency medical personnel to transport inmates to off-site medical facilities where the inmate's medical condition indicates such transport is appropriate.

The Provider shall notify appropriate Jail staff that an escort is necessary when EMS personnel are brought into the Jail and when inmates are being transported outside the Jail.

- F. Emergency transport shall be by an appropriately equipped emergency medical services (EMS) vehicle and not by RCSO transport.
- G. The Provider shall ensure that there is on duty at the facility twenty-four (24) hours a day, seven (7) days a week one or more persons who may immediately authorize the emergency transport of an inmate to an off-site medical facility for emergency medical, dental and mental health care.
- H. The Provider shall report and document all emergencies requiring a "911 call" in writing to the Jail Health Services Manager and the Detention Services Commander within twenty-four (24) hours.
- I. The Provider shall generate and provide the Health Services Manager, and Jail Division Commander a weekly log on all inmates requiring emergency services, Monday through Sunday. The log shall list, at a minimum, inmate name, identification number, the Providers name and diagnosis.
- J. The Provider shall maintain an electronic log using MS Excel, of all emergency transports and emergency services rendered at the Jail. Alternatively, tracking may be completed via electronic medical records if such a report can be delivered from the system.

XXIII. SPECIAL CONFINEMENT

COMPLY: ____ YES ____ NO

- A. The Provider shall provide sick call to Special Confinement inmates in the Jail equivalent to the sick call services available to the general population in the Jail.
- B. A Registered Nurse or higher-level provider shall conduct daily rounds in each Special Confinement area.
- C. The provider making the rounds shall have visual contact with each inmate and shall make a verbal inquiry as to the inmate's health condition.
- D. Special Confinement round documentation shall include a disposition of the inmate's complaints, the name and title of the employee making the rounds, and a note that the visual and verbal contact did occur.
- E. Special Confinement area rounds shall be documented on a Special Confinement form and entered into an electronic log or record daily.

XXIV. GRIEVANCES & COMPLAINTS

COMPLY: ____ YES ____ NO

- A. The Provider shall investigate grievances which are complaints made by inmates or any other persons of interest (i.e. inmate advocates such as the ACLU) regarding medical services encounters or sick call and respond to the RCSO Detention Services Commander, when indicated, or the RCSO Health Services Manager regarding any aspect of the medical service within ten (10) days after receipt of request. The Provider shall also investigate any other complaint made by inmates or persons of interest in coordination with the RCSO Health Services Manager that may directly involve the medical Staff.
- B. All complaints shall fully comply with the RCSO directive and policy and its time restrictions. The Provider shall cooperate with the Medical Grievance Coordinator and comply with the policies and directives for the Inmate Grievance Procedure that is part of the CBWDC Inmate Handbook.

- C. A copy of complaints about service received directly by the Provider shall be forwarded to the Grievance Coordinator of the institution upon receipt to determine whether a response is required.
- D. Any time a Provider's response is considered unacceptable and/or inadequate by the RCSO's Health Services Manager, i.e., does not directly answer the question posed, it will be returned to the Provider by the RCSO's Health Services Manager for re-investigation and more appropriate response before being sent to the inquirer.
- E. All correspondence relating to all grievances, complaints or any other complaints made by any other person of interest shall be tracked in an Excel spreadsheet to include:
 - 1. Inmate name and identifying Permanent Number
 - 2. Inmate housing location
 - 3. Grievance case number
 - 4. Subject of complaint
 - 5. Date of receipt from inmate
 - 6. Date received by the Medical Grievance Coordinator
 - 7. Date received by the Provider
 - 8. Grievance due date
 - 9. Date the Grievance returned by the Provider
 - 10. Completion date
 - 11. Notes field
 - 12. Spreadsheet calculated formula (# of days grievance process due or overdue)
- F. The RCSO Detention Services Commander and the RCSO Health Services Manager shall have searchable, read-only access to the Grievance/Complaint Excel spreadsheet via secure (password protected) internet or LAN connection.
- G. The RCSO Detention Services Commander, at his/her sole discretion, may direct that the Provider take specified action with regard to a complaint.

XXV. QUALITY CONTRACT MANAGEMENT PLAN

COMPLY: _____ YES _____ NO

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

recommended improvements shall be prepared, and the Quality Control Management program shall include ongoing assessment of the effectiveness of corrective plans and actions.

XXVI. REPORTING REQUIREMENTS

COMPLY: _____ YES _____ NO

- A.** The Provider shall generate a comprehensive statistical report to be provided to the Health Services Manager in order to better manage overall costs, staffing patterns, disease patterns, medication issues, and off-site events. The Provider shall be able to produce the following reports and demonstrate a history of producing such reports in other facilities:
- B.** The report shall be provided by the fifth (5th) calendar day of each month.
- C.** The statistical report minimally shall include the following:
 - 1.** Number of hospital admissions
 - 2.** Total hospital days
 - 3.** Outside consultation
 - 4.** Number of Transports
 - 5.** Emergency Room visits
 - 6.** Outpatient surgery
 - 7.** Outside x-rays
 - 8.** In house x-rays
 - 9.** # of inmates seen by physician
 - 10.** Inmates seen PA/NP
 - 11.** Inmate intake screens
 - 12.** Pregnancies
 - 13.** Births
 - 14.** Number of positive PPD's
 - 15.** Number of PPD's taken
 - 16.** Number of HIV tests
 - 17.** Number of +HIV tests
 - 18.** Number of New Hep C cases
 - 19.** Dialysis
 - 20.** Deaths
 - 21.** Medical/Mental Health Housing Admissions (Medical vs. Mental Health)
 - 22.** Total number of sick call slips received
 - 23.** On-site Specialty Clinics (Optomology, Orthopedic)
 - 24.** Chronic Disease
 - a.** HTN/cardiac
 - b.** Diabetes
 - c.** TB
 - d.** General Medicine
 - e.** Seizure
 - f.** Asthma
- D.** Prison Rape Elimination Act – The RCSO has a written policy mandating zero-tolerance for all forms of sexual abuse and enforces this policy in the Jail. The Provider must develop and implement processes and procedures to comply with PREA standards.

XXVII. EYE CARECOMPLY: YES NO

The Provider shall identify the need, schedule, and coordinate inmate emergency eye care with a local Hospital.

The Provider will be responsible for optometric services when eyeglasses are court ordered or prescribed by the local hospital system. The RCSO will be responsible for reading glasses for inmates that qualify.

XXVIII. HOSPITALIZATION/TRANSPORTCOMPLY: YES NO**A. Inmate Medical Transport**

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

B. Hospitalization Costs

1. Jail inmate inpatient or outpatient hospitalization, including institutional charges, physician charges, laboratory services, testing and x-rays required or performed for such treatment will be provided by a local Hospital. In the event that a local Hospital no longer provides insight care to RCSO inmates, The Provider shall identify the need, scheduling, and coordination of inmate care outside the Jail.
2. Unless otherwise specified herein, those specialty services that cannot be rendered at the Jail or by the local Hospital shall be the financial responsibility of the Provider.

C. Emergency Outpatient Costs

When EMS is called for life-threatening emergency transportation, their medical protocols will determine the institution to which the inmate is taken for treatment. If EMS removes the patient to an institution outside the Jail, medical expenses arising because of such treatment shall be the responsibility of the Provider.

XXIX. UTILIZATION MANAGEMENT

COMPLY: ____ YES ____ NO

- A. The Provider shall collaborate with the Utilization Management Services Provider in monitoring the individual's treatment, readiness to be admitted to the Jail and to develop a plan of care for the individual.
- B. The Utilization Management Provider shall determine when the individual is to be discharged and admitted to the Jail Medical Housing unit, if necessary.

XXX. REINTEGRATION AND TRANSFER PLANNING

COMPLY: ____ YES ____ NO

- A. The Provider is expected to promote and collaborate in such initiatives that stress transition from incarceration to the community. Medical care models that promote case-management from admission to release and integration into the community based on evidence-based practice are imperative.
- B. The Provider is expected to demonstrate initiative in developing and implementing best practices around coordinated public health care, including the potential for medication assisted treatment for substance abuse. The Provider is expected to provide, at a minimum, coordination of inmate after-care services, including:
 1. A comprehensive medical discharge plan
 2. All remaining medications for inmates upon release
 3. A minimum of one 7-day supply of medication for all inmates immediately going into recovery programs.
 4. Coordination with other institutional and re-integration service providers and attendance at multi-disciplinary and discharge planning meetings.
- C. The Provider shall ensure that when an inmate with any medical illness or injury is transferred to another incarcerated setting, the inmate's updated health records, including progress notes, laboratory testing records, consultation records and a list of prescribed medications shall accompany the inmate. The Provider shall provide sufficient medications to last through the inmate's transfer to the next facility.
- D. The Mental Health Services Provider shall provide discharge and transfer planning for mentally ill inmates. The Provider will provide discharge and transfer planning for chronically ill inmates. In the event of an overlap, the Provider and Mental Health Services Provider will issue a joint discharge and transfer planning report.

XXXI. TERMINALLY ILL INMATES **COMPLY: _____ YES _____ NO**

The Provider shall identify and treat terminally ill inmates and shall participate with the Mental Health Services Provider, Health Services Manager and others in the development of a plan of care and support services in accordance with NCCHC, ACA and GSA Standards.

XXXII. MEDICAL, CLINICAL AND OFFICE AREAS **COMPLY: _____ YES _____ NO**

- A. The Provider shall furnish and pay for all medical supplies and services required for inmate health care, except for those medical supplies and services that are specifically identified as provided by the RCSO. The RCSO will continue to provide all non-medical supplies and services for inmates under health care as are provided for other Jail inmates, including those required for housekeeping, diet, personal hygiene, linens, and non-medical inmate programs. The RCSO will ensure daily cleaning of the Medical Services areas.
- B. The Sheriff shall make existing Clinic Offices and workspace available to The Provider at the commencement of the Contract and shall continue to provide building maintenance and housekeeping services for those areas.

XXXIII. HAZARDOUS WASTE **COMPLY: _____ YES _____ NO**

- A. The Provider shall be responsible for collection and secure storage of all bio-hazardous waste generated in all medical areas of the Jail in a manner conforming to federal, state, and local requirements.
- B. The RCSO will be responsible for disposal cost of all bio-hazardous waste generated in the Jail, both medical and non-medical.

XXXIV. EMERGENCY PREPAREDNESS **COMPLY: _____ YES _____ NO**

- A. The Provider shall implement, as necessary, treatment and evacuation procedures for both individual and multiple casualties, consistent with the RCSO Emergency Preparedness Plan.
- B. The Provider shall conduct a mock disaster drill at the Jail in collaboration with Jail personnel.
- C. The Provider shall ensure that the medical personnel are available to provide health care services on-site as required by the Contract during severe weather, natural disasters and other emergencies.
- D. The Provider shall participate in all regional and statewide institutional emergency service plan rehearsals.
- E. The Provider shall document and critique the responses of the medical staff to disasters and disaster drills, shall develop corrective action plans as necessary to correct deficiencies and shall submit a comprehensive report to the Health Services Manager within thirty (30) days of the activity.
- F. The Provider shall document and critique the response of the medical staff of two (2) "man down" drills per shift per year, shall develop corrective action plans as necessary and shall submit these to the Health Services Manager within thirty (30) days of the activity.
- G. The Provider, as part of its emergency management plan, shall plan for mass outbreaks of infectious disease, showing plans for the use of the six (6) available respiratory isolation beds located in the Medical/Mental Health Housing unit.

- A.** The Provider shall maintain complete and accurate medical, mental health and dental records separate from the Jail confinement records of inmates. All references to medical records in this section refers to the complete patient health record, including medical, dental and mental health records. In any criminal or civil litigation where the physical or mental condition of an inmate is an issue or when medical care is an issue, the Provider shall at all times provide the Detention Services Commander with access to such records and, upon request, shall provide copies of such records. All contact with an inmate, whether for medical, dental or mental health concerns, shall be documented by the Provider and filed in the inmate's medical record.
- B.** The Provider shall develop a system for ensuring that medical records at the Jail are complete, legible, and contain the necessary signatures in accordance with professional standards. All health care entries shall be dated and timed. Laboratory and diagnostic reports shall be signed and dated to acknowledge timely review.
- C.** The Provider, except as provided by RCSO policy, court order, or otherwise in accordance with applicable law and acceptable medical practice shall release no information contained in the medical records.
- D.** All inmate medical records are the property of the RCSO. At the termination of this Contract, all records shall be delivered to the custody of the Sheriff, who shall make ongoing access to such records reasonably available to the Provider for purposes of defending litigation. Such medical records shall be maintained for a period of seven (7) years.
- E.** The Sheriff will allow the Provider, consistent with applicable law, access to his records relating to the delivery of health care to inmates. The Provider will not have access to any records maintained by the Office of Professional Standards.
- F.** The Provider shall be responsible for the tracking of medical records from checkout to return of records and archival and retrieval of inactive medical records.
- G.** Medical records maintained at the Jail shall be compiled and maintained in compliance with NCCHC, ACA and GSA standards, as well as HIPPA guidelines.
- H.** Except as permitted by law, security personnel will not be allowed access to the medical records room. Further, inmates are not allowed access to the medical records room.
- I.** The Provider shall keep confidential all active and inactive medical records. Such records shall be kept confidential and separate from confinement records. Access to medical records shall be available only to authorized personnel.
- J.** Should the Sheriff and/or his designee determine that a deficiency exists in the medical record(s) of one or more inmates, the Sheriff and/or his designee shall promptly notify the Provider.
- K.** All filing for medical records generated by the Dental and Mental Health Providers must be forwarded to the Medical Provider no later than two (2) days after the generation of the dental or mental health record.
- L.** Because The Provider's failure to comply with the Medical Records provision of this Contract will result in injury to the RCSO and the and it will be difficult to estimate the extent of such injury, the RCSO and the Provider hereby agree that the RCSO shall assess the Provider liquidated damages in the amount of five hundred dollars (\$500.00) for each three (3) day period that medical records are improperly maintained. RCSO and the Provider hereby agree that the liquidated damages

stated above represent both parties' best estimate of the damage resulting from the injury for failure to comply with the Medical Records requirements of this Contract and are not a penalty.

- M.** The medical records office shall be open twenty-four (24) hours per day, seven (7) days per week. The medical charts must be available. There shall be no more than a three (3) day lag between the generation of a medical record and its filing.
- N.** In addition to paper records being maintained, the Provider is expected to provide an electronic health records system that interfaces with the Jail management system referred to as New World Corrections (Tyler Technology, v 2025.1).
- 1.** The Provider's Electronic Health Records System must meet the following criteria for evaluation:
 - Must improve patient safety
 - Must support the delivery of effective care
 - Must improve efficiency
 - Must be feasible to implement
 - Must be able to transfer electronic health records from the current electronic health records system (ERMA) to the successful Provider's electronic health records database.
 - 2.** The Provider's Electronic Health Records System must meet the following core functionality requirements:
 - Contain electronic health data
 - Must manage order entry and results
 - Provide decision support
 - Support connectivity to other systems, including but not limited to New World Corrections, Web-based Pharmacy ordering system, and Lab Results
 - Facilitate patient education
 - Support population-based reporting
 - 3.** The Electronic Health Records System must address the following clinical information systems:
 - Administration
 - Patient search
 - Intake Examination
 - History and Physical Examination
 - Automated patient summary
 - Chronic Care Tracking system
 - Grievance Tracking System
 - Alerts
 - Forms and reports
 - 4.** The Electronic Health Records System must contain the following forms:
 - Intake, History, Physical
 - Nursing Evaluation tools
 - Patient Information Sheets
 - Discharge Planning Forms
 - Requisitions and Order Sheets

5. The Electronic Health Record System must have capabilities to produce the following types of reports:
 - Operational
 - Administrative
 - Clinical
6. The contractor is expected to provide all hardware necessary to support the Electronic Health Records System.
7. Because The Provider's failure to comply with the Electronic Health Records System provision of this Contract will result in injury to the RCSO and it will be difficult to estimate the extent of such injury, the RCSO and the Provider hereby agree that the RCSO shall assess the Provider liquidated damages in the amount of five hundred dollars (\$500) for every eight (8) hours the Electronic Health Records System is incapable of performing essential functions. Essential functions for the purpose of this contract specification shall mean data entry capabilities, clinical processing for intake/receiving screening, health assessment, sick call and medication administration, as well as the ability to run reports. RCSO and the Provider hereby agree that the liquidated damages stated above represent both parties' best estimate of the damages resulting from the injury for failure to comply with the Electronic Health Records System requirements of this Contract and are not a penalty.

XXXVI. MORTALITY REVIEW	COMPLY: ____ YES ____ NO
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- A. The Provider shall manage a formal mortality review process that includes clinical and correctional staff. All mortality reviews will be conducted within (30) days of an inmate death and include an administrative review, clinical mortality review and a psychological autopsy if death is by suicide.
- B. The Provider shall ensure that all corrective actions identified through the mortality review process are implemented and monitored through the Continuous Quality Improvement program for systemic issues and through a patient safety program for staff-related issues.

XXXVII. CONSULTATION SERVICES	COMPLY: ____ YES ____ NO
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The Provider shall provide consultation service to the RCSO on any and all aspects of the health care delivery system at the Jail including evaluations and recommendations concerning new programs, staffing patterns, medication administration patterns and any other matters related to this Contract upon which the Sheriff seeks the advice and counsel of the Provider.

XXXVIII. COST EXCLUSIONS	COMPLY: ____ YES ____ NO
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The Provider shall not be responsible for the cost of health care as follows:

- A. To any individual prior to formal booking and physical commitment into the Jail.
- B. For injuries sustained while on temporary release, escape or otherwise away from the Jail. The Provider will be responsible for follow-up treatment after the inmate is returned.
- C. To any inmate actually held in another correctional institution while that inmate is away from the Jail, unless special circumstances exist.
- D. To any infant born to inmates. The Provider will be responsible for health care of pregnant inmates.

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

XXXIX. MEDICAL DIETS

COMPLY: ____ YES ____ NO

- A. The Provider shall be responsible for coordinating with the Jail's Food Service Provider to ensure the provision of clinically medical diets. The Provider shall work with the dietician from the Food Service Provider and the Health Services Manager to minimize the number of unnecessary diet prescriptions.
- B. The Provider shall transcribe the prescribed diets and distribute to the Food Service Provider and the Health Services Manager daily.
- C. The Provider shall maintain an electronic log of all presented medical diets.

XL. EDUCATION/TRAINING

COMPLY: ____ YES ____ NO

- A. The Provider will develop and implement a comprehensive training program for institutional medical, custodial and civilian staff. The goal of such training is to provide medical staff with current information on best practices and to have the opportunity to earn continuous education credits and to provide civilian and custodial staff with relevant health information that will help them to better manage the inmate population. Additionally, medical staff will develop and implement a monthly health education program for inmates.
- B. The Provider is expected to, at a minimum, provide the following training for custodial and civilian staff:
1. Chronic Disease Awareness
 2. Issues of medical confidentiality and patient privacy
 3. Hepatitis Education
 4. TB Education
 5. Communicable diseases
- C. The Provider is expected, at a minimum, to provide the following training to inmates:
1. Nutrition
 2. Introduction to Medical Services
 3. Managing Chronic Disease
 4. Communicable Diseases
 5. Medication Management
 6. Family Planning/ Contraception Counseling
 7. Personal Hygiene

XLI. PRIORITY OF HEALTH CARE SERVICES

COMPLY: ____ YES ____ NO

Health care services shall have priority over all Jail functions, except for issues directly related to Jail security. Specifically, health care shall have priority over commissary activities, linen passes, welfare item distribution and chaplain services. In the event that any of the above activities or services are occurring in areas typically reserved for health care services (namely, in the unit conference rooms or multipurpose rooms, the clinic and the infirmary area), the Sheriff and/or his designee upon notification by the Provider, shall ensure that persons engaged in the above activities yield these areas immediately to health care personnel in order for health care services to be rendered.

XLII. COORDINATION OF CARE**COMPLY: ____ YES ____ NO**

If delivery of medical service requires coordination with Jail staff/services/programs, it will be the obligation of the Provider to notify the Sheriff and/or his designee in writing of such necessity, including instructions for the successful completion of such coordination. If the Jail staff/services/programs do not implement the instructions of the Provider, the Provider will notify the Sheriff or the Sheriff's designee in writing immediately of such failure to implement the instructions of the initial memorandum.

XLIII. ACCREDITATION**COMPLY: ____ YES ____ NO**

- A. The Provider shall adhere to the standards of care established by accrediting agencies, including, but not limited to the National Commission on Correctional Health Care (NCCHC), American Correctional Association (ACA), the Georgia Sheriffs' Association (GSA), Medical Association of Georgia (MAG) and all applicable regulatory requirements of the Richmond County Board of Health (BOH), and Occupational Safety and Health Administration (OSHA), Drug Enforcement Agency (DEA) and Immigration and Customs Enforcement (ICE).
- B. The Provider shall maintain accreditation by NCCHC, ACA, GSA and MAG.
- C. **The Provider shall have a demonstrated history of passing NCCHC and/or ACA accreditation and be able to demonstrate positive audit histories from past or current correctional facilities.**
- D. The Provider shall be deemed in compliance with accreditation requirements if they perform all duties within their immediate control, on time and promptly notify the RCSO of all units and sections within the Jail where the performance affects the viability of re-accreditation.

XLIV. CONTINUOUS QUALITY IMPROVEMENT (CQI)**COMPLY: ____ YES ____ NO**

- A. The Provider shall have a plan to institute a program that monitors and improves inmate medical care.
- B. The Provider shall have a history of implementing CQI programs in facilities similar in size to the CBWDC.
- C. The Provider shall submit a sample annual CQI program that at a minimum includes the following:
 - 1. Ability to identify problems, implement and monitor corrective actions and study its effectiveness.
 - 2. A licensed physician involved in the program who is responsible for identifying thresholds, interpreting data and solving problems.
 - 3. A multi-disciplinary Quality Improvement Committee that meets no less than quarterly.
 - 4. An annual review of the effectiveness of the CQI program by reviewing CQI studies and minutes.
 - 5. At least two process quality improvement studies and two outcome quality improvement studies a year.

XLV. PEER REVIEW**COMPLY: ____ YES ____ NO**

- A. The Provider shall have an appropriate, clinically equivalent clinician review the work of all practicing physicians and midlevel providers on a bi-annual basis.
- B. A monthly Peer Review report of specific Medical Professionals judged not to meet professional standards shall be submitted to the RCSO Detention Services Commander. The specific Medical

Professionals are physicians, nurse practitioners, physician assistants, nurses, specialists and technicians.

- C. The Provider's Director of Medical Health Services shall manage the process for professional peer review.
- D. A discipline-appropriate, clinically equivalent clinician shall review the work of the specific Medical Professionals minimally on an annual basis (results to be communicated RSCO Detention Services Commander within 15 days after the anniversary of hire date).
- E. The Provider shall conduct specific reviews of the work of all Medical Professionals or other subcontracted persons, including all Medical Professionals providing inmate mental health care services to the RSCO Detention Services Commander.
- F. A Medical Professional specific peer review shall be conducted at the request of the RSCO's Detention Services Commander/designee if the care in a specific death review was deemed below standards such that consideration for concerns related to ongoing competency is raised. The review must be completed within 10 working days and e-mailed within that same time to the RSCO's Detention Services Commander/designee.
- G. The Provider shall ensure that the results of the review shall be communicated to the providers and to the Health Services Manager.

XLVI. AVERAGE DAILY INMATE POPULATION (ADP):

INVOICE ADJUSTMENTS FOR PER DIEM

COMPLY: _____YES _____NO

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

XLVII. COMPENSATION AND ADJUSTMENTS**COMPLY: ____ YES ____ NO**

A. Based upon attendance records furnished to the Health Services Manager after any positions included in the authorized staff level that are vacant during the reporting period, the Provider's invoice to the RCSO shall be reduced in accordance with the contract's requirement, *Adjustments for Staffing for Vacant Positions*, below.

B. Adjustments for Staffing for Vacant Positions:

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

Position	Estimated Daily Position Cost
HSA	\$250.00
MEDICAL DIRECTOR	\$880.00
DENTIST	\$133.00
DIRECTOR OF NURSING	\$220.00
HEALTH INFORMATION MANAGER	\$160.00
STAFF PHYSICIAN	\$700.00
MENTAL HEALTH SPECIALIST	\$330.00
PA/RNP/ MENTAL HEALTH PROVIDER	\$550.00
ADMINISTRATIVE ASSISTANT	\$ 90.00
RADIOLOGY TECHNICIAN	\$120.00
MEDICAL RECORDS CLERK	\$ 80.00
BILLING CLERK	\$ 80.00
NURSING SUPERVISOR	\$180.00
RN	\$160.00
LPN	\$120.00
MA/NA	\$ 80.00

XLVIII. END OF CONTRACT TRANSITION**COMPLY: ____ YES ____ NO**

- A. The Provider shall provide all the transition efforts to ensure a quality, smooth, efficient and timely transition to RCSO or RCSO's agent(s). Near the end of the contract the Provider shall support end-of-contract transition efforts with technical, business, and project support.
- B. The Provider shall draft and submit a transition plan prior to completion of the contract outlining the steps necessary to transition activities to RCSO.

XLIX. PROBLEM ESCALATION PROCEDURE**COMPLY: ____ YES ____ NO**

- A.** Provider must provide and maintain a Problem Escalation Procedure for both routine and emergency situations. This Procedure must state how the Provider will address problem situations as they occur during the performance of the Contract, especially problems that are not resolved to the satisfaction of the RCSO Director of Administration within appropriate timeframes. For the on-site Medical Health Service Director please escalate as follows:
- 1.** Contact Health Services Manager
 - 2.** Contact Director of Administrator
 - 3.** Contact Chief of Administration

L. LIABILITY AND RISK MANAGEMENT**COMPLY: ____ YES ____ NO**

- A.** Insurance Coverage. The Provider shall, at its sole cost and expense, procure and maintain during the term of this Agreement, the following coverage and limits of insurance:
- 1.** Medical Malpractice/Professional Liability. Medical Malpractice/Professional Liability insurance in an amount not less than \$2,000,000 per occurrence.
 - 2.** Comprehensive General Liability. Comprehensive General Liability insurance in an amount not less than \$1,000,000 per occurrence and \$3,000,000 in the aggregate.
 - 3.** Worker's Compensation. Worker's Compensation coverage as required by applicable State law.
- B.** Proof of Insurance. The provider shall provide Augusta proof of professional liability or medical malpractice coverage for the provider's healthcare staff, employees, agents and subcontractors, for the term services are provided under this Agreement. The provider shall promptly notify Augusta, in writing, of cancellation of insurance coverage.
- C.** Indemnification. The provider agrees to indemnify and hold harmless the Augusta, Detention Center and Sheriff, and their officials, agents, and employees from and against any and all claims, actions, lawsuits, damages, judgements or liabilities of any kind whatsoever arising out of any act, conduct, misconduct or omission of the provider, its agents, employees, or independent contractors. Nothing herein shall be construed as to require the provider to indemnify or hold harmless Augusta, the Detention Center, or the Sheriff, or their officials, agents, or employees from or against any claims, actions, lawsuits, damages, judgments or liabilities of any kind whatsoever arising out of any act, conduct, misconduct or omission of Augusta, the Detention Center, or the Sheriff, or their officials, agents, or employees.
- D.** HIPAA. The provider, Augusta, Detention Center, Sheriff, and their employees, agents and subcontractors shall fully comply with and shall implement all necessary policies and/or procedures in order to comply with, the requirements of HIPAA as it applies to the services provided under this Agreement.

ATTACHMENT E

***Exception to the Scope of Work or other Requirements (if any).
Respondents, please detail all exceptions on this form.***

**ATTACHMENT E
OFFEROR'S
EXCEPTIONS AND DEVIATIONS**

Respondents shall provide the requested information for each exception or suggested deviation in the table below. By completing and submitting this form, a Respondent acknowledges that its proposal may be deemed to be nonresponsive.

No.	RFP Section/Question #	Exception Taken and Reason	Proposed Deviation / Proposed Resolution of Exception	Price / Schedule Impact (if any)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Respondent: _____ (Name of respondent)

RFP No. _____

By: _____ (Signature)

Date: _____

_____ (Printed name)
_____ (Title)

**Minority and Women Owned
Business Enterprise Program (M/WBE)
Goal Waiver**

The Minority and Women Owned Business Enterprise Program (M/WBE) provides for goals to be set for Minorities and Women on all applicable Augusta, Georgia procurements over \$300,000 in value.

After careful review of the specific work categories available on this procurement and a review of the WBE firms available to perform a CUF on this procurement, the Goal Setting Committee has determined that a WBE goal could not be placed on this procurement. **As such, the WBE Waiver applies and therefore, the WBE goal for this procurement is:**

0 %

As a result of the WBE Goal on this procurement being ZERO, no WBE goal documents are required as a part of the procurement process. However, even when a solicitation does not contain a WBE goal (or the goal is set at zero), each Bidder must negotiate in good faith with each Women owned business that responds to the Bidder's solicitation and each Women owned business that contacts the Bidder on its own accord. All successful bidders are required to collect and maintain all records necessary for Augusta to evaluate the effectiveness of its M/WBE Program.

NO RESPONSE LETTER

PLEASE SUBMIT BY RESPONSE DUE DATE

RFP #Item #26-200	Inmate Medical Services	Due: Thursday, May 28, 2026 @ 11:00 a.m.
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To: **Augusta, Georgia - Procurement Department**

This is to certify that _____, will not be submitting a response to the above referenced solicitation document prepared by Augusta Procurement Department.

Reason(s) for No Submission:

- Unavailability of required resources
 - Prior commitments
 - Inadequate anticipated funding Level
 - Project Duration
 - Potential conflict of interest
 - Duplication of ongoing effort
 - Other (please explain)
-
-

Authorized Representative:

Name:

Title:

Signature:

Date: ____/____/20____