



# MANATEE COUNTY FLORIDA

April 10, 2012

TO: All Proposers

SUBJECT:

Request For Proposal (RFP) #12-0415FL  
Correctional Center Healthcare Service

## ADDENDUM #2

The following items are issued to add to, modify and clarify the Request For Proposal document. Proposals are to be submitted on the specified time and date due, in conformance with the additions and revision listed herein. The issuance of a written addendum by the Purchasing Official's Office is the only official method whereby interpretation, clarification or additional information can be given.

### **Attachments to Addendum #2**

- A. 2009 Health Services Report
- B. 2010 Health Services Report
- C. 2011 Health Services Report
- D. 2012 Health Services Report
- E. MSO Equipment/Office Inventory List
- F. Jail Medical Staffing
- G. Current Health Services Agreement with Addenda
- H. MSO Report 2011 – Jail Population
- I. Corizon Inventory List
- J. Year To Date Percentages
- K. Pricing Proposal
- L. Preproposal/Site Visit Attendance Record 3/23/2012

Financial Management Department  
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## Questions and Responses

1. Is dialysis required to be performed on site? No – service location would depend on situation.
2. Who is the current vendor for dialysis services? Bradenton Medical Services/PDA; Bradenton Dialysis
3. Who is the current vendor for laboratory services? Bio Reference Lab Services
4. Are all medications passed in the pods? Yes
5. How many medication carts do you currently utilize? 4
6. Is the annex staffed by nursing personnel? What are the staffing levels and hours? Current 3 p.m.-11 p.m. staff coverage, and medications passed in the morning
7. What is the average daily or monthly census of the medical housing cells? Attachments A, B, C and D, Health Service Reports
8. Please provide a listing of equipment that will be available for the vendor. Attachment E, MSO Inventory List
9. Please provide the current staffing pattern. Attachment F Jail Medical Staffing
10. Are there staffing penalties for vacancies? What is the length of time before a penalty becomes in effect? Agreement Attachment G, Page 9 and 10, G. Staff Vacancies
11. Will the vendor be responsible for preventive medicine services to MCSO staff (e.g., Tb screening)? No If so, how many staff are to be supported?
12. Who is the current pharmacy provider? Maxor
13. Does the jail have a Keep On Person medication program? No How many inmates or what percentage of inmates are currently on KOP medications?
14. Please provide the monthly average utilization over the past two year period of the following: See Attachments B and C, 2010 and 2011 Health Service Report (except as marked below)
  - xrays performed on site.
  - dialysis treatments.
  - number of mental health initial visits.
  - on site dental visits
  - ambulance transports.
  - total hospital days
  - inmate deaths
  - positive PPDs
  - on site specialty care visits by type (OB, Cardiology, Renal, etc)

suicide watches  
suicide completions 0

15. What is the average length of stay? Attachment H, Year 2011 MSO Report
16. What percentage of the jail population is mentally ill? Attachments A, B, C and D, Health Service Reports
17. What current programs are operated in the jail (e.g. Alcoholics/Narcotics Anonymous, GED programs, etc.)? GED and work training programs
18. Are there any existing community resources offenders currently access to receive medical or mental health treatment or services upon release from custody? Yes. Arranged with Discharge Planner
19. What percentage of the jail population is composed of the following? Attachment H, Year 2011 MSO Report  
Pre-trial misdemeanants  
Pre-trial felons  
Sentenced misdemeanants  
Sentenced felons  
Administrative offenders
20. Please provide a copy of the current contract. Agreement Attachment G
21. How much has been expended on offsite services each of the past two years? Over the Outside Services Limit in current contract 2010 - \$324,863.67 and 2011 - \$283,539.08
22. How much has been expended on pharmacy services each of the past two years? Over the Pharmaceuticals Limit in current contract 2010 - \$25,555.99 and 2011 - \$54,870.18
23. How much has been expended for overall medical care for inmates for each of the past two years? Agreement Attachment G, Addendum #3 and #4 Attachments and responses to # 21 and 22
24. Please clarify that the county would like all vendors to price their bids on the average daily population of 1,043, as given in Attachment B of the RFP. Yes. 1,043.
25. Please provide the dollar amount spent on total pharmaceuticals by the County on all cap overages for the last three (3) years. 2009 - \$42,622.88 2010 - \$25,555.99 and 2011 - \$54,870.18 Please detail the dollar amount for psychotropic meds and HIV meds. Not Available
26. Please provide the current percentage of inmates on prescription drugs. Attachment D, 2012 Health Service Report
27. Please provide the current percentage of inmates on psychotropic drugs. Attachment D, 2012 Health Service Report

28. What is the average number of inmates receiving pharmaceutical treatment each month for Hepatitis-C? 3-4 over past year
29. What is the average number of inmates receiving pharmaceutical treatment each month for HIV? Attachments A, B, C and D, Health Service Reports
30. Please provide the total dollar amount spent on all off-site medical expenses (IP, OP, ER) by the County for all cap overages for the past three (3) fiscal years. Please detail dollar amount by year. 2009 - \$260,258.32 2010 - \$324,863.67 and 2011 - \$283,539.08
31. Please provide for the past three (3) fiscal years, the number of single illnesses or injuries requiring hospitalization or medical treatment whose medical costs exceeded \$10,000. Please provide the total amount paid out for each single illness or injury per year. Please identify each illness. Not available.
32. Please provide the total dollar amount spent on ambulance services by the current vendor for the past three (3) fiscal years. Inmate is billed by local ambulance provider.
33. Please provide a list of medical equipment broken down by vendor owned and county owned. Attachment I, Corizon Inventory and Attachment E, MSO Inventory
34. Please provide the following statistics for the past 12 months: Attachment C and D, 2011 and 2012 Health Service Reports (except as noted below)  
 Intakes (screenings)  
 Physicals  
 Nurse sick call visits  
 MD/PA sick call visits  
 Mental health visits  
 Dental visits  
 Chronic Care Clinics  
 # of Inpatient Days  
 # of Inpatient Admissions  
 # of Outpatient visits  
 # of Outpatient Surgeries  
 # of ER Trips  
 # of Ambulance transports  
 Dialysis Treatments (on-site and off-site)  
 Pregnant inmates / deliveries  
 X-rays – on-site  
 X-rays – off-site  
 Inmate suicide attempts 3 attempts over past year  
 Inmate deaths
35. Will the medical vendor be financially responsible for medical waste services? RFP, Page 21, E.03, 8.

36. Are there any organized labor agreements with medical personnel? If so, can we be provided with a copy of the current union agreement? None
37. Are there any organized labor agreements with medical personnel? If so, can we be provided with a copy of the current union agreement? See #36
38. Please provide the number of ER runs you've had each month in the past two years. Attachments B and C, 2010 and 2011 Health Service Report
39. Does your current provider sub-contract dialysis? If so, who is the sub-contractor? Bradenton Medical Services/PDA, Bradenton Dialysis
40. How many HIV patients, by month, have you had in the past 2 years? Attachments B and C, 2010 and 2011 Health Service Report
41. Is the EKG machine owned by the County and available to the new vendor? Attachment E, MSO Inventory List 2011-2012
42. Who is your current lab provider? Bio Reference Lab Services
43. What is the average number of inmates booked daily? Attachment H, Year 2011 MSO Report
44. Please explain how medical emergencies are handled in the annex. Nurse from the central jail responds. If there is a medical response team, please provide response time.
45. Is the county health department involved with HIV testing? Yes
46. Does the health department provide additional care for HIV patients? No
47. Does the health department provide medication for HIV patients? No
48. Are medical restraints or security restraints used in the facility? If so, chairs or beds? MSO utilizes chair restraints as needed.
49. How many patients are on suicide watch? Attachment D, 2012 Health Service Report
50. Would medical be responsible for any medical emergencies in the farm areas or would injured inmates be taken to the medical department? Either situation may occur, depending on nature of emergency.
51. Who is currently contracted to dispose of biohazard waste? Advanced Medical Disposal
52. Please provide an inventory list of any or all equipment belonging to the sheriff's office. Attachment E, MSO Inventory List 2011-2012
53. What jail management system is the jail running? Intergraph Public Safety I /Leads Jail Management System

54. What onsite specialty services are currently provided? Attachment D, 2012 Health Service Report
55. What onsite specialty services are expected to be provided? As proposed through RFP process to meet standards and needs of inmates.
56. Does the vendor have to provide physicals for sheriff office employees? No If so, how many employees?
57. Does the vendor have to pay for clearances? No If so, what is the cost per clearance?
58. Who is responsible for paying ambulatory cost? Jail Medical Provider is responsible for out-patient surgeries.
59. Is the staffing matrix included in the 2007 contract current and accurate? If not, please provide the current staffing matrix. Attachment F, Jail Medical Staffing
60. Are the facilities accredited by ACA? Yes
61. Does the current vendor's mental health staff provide any group therapy or on-going individual therapy to the inmates? No If so, how many and what topics are included.
62. Are all juveniles given a mental health evaluation upon, or soon after, entry into the facility? No
63. Are there any outside organizations that enter the jail and provide group or individual therapy to the inmate population? No If so, what topics are covered? What organizations currently provide those services?
64. How many patients, per month, are currently receiving psychotropic medications? Attachment D, 2012 Health Service Report
65. What percentages of those patients are receiving "anti-psychotic" medications? Not Available
66. How many patients on average are placed on suicide precaution per month? Attachments A, B, C and D, Health Service Reports
67. How many completed suicides have occurred in the facilities over the past two years? 0
68. Please define the designation Mental Health Clinician as stated on the staffing matrices. Does this position require a licensure or a minimum of a master's degree? Current staff is a licensed mental health counselor. Current role is to meet with inmates, perform mental health sick call/triage and suicide evaluations.

69. Does the psychiatrist have the sole responsibility of discharging patients off of suicide precaution or does the mental health clinician handle that task? Either may discharge.
70. Please clarify the following in section B.03 – W: As we understand this requirement, the Sheriff's Office is requesting two prices – one with a single illness or injury limit (per inmate catastrophic limit) and one with an aggregate cost for illness or injury (aggregate cap). Is that correct?
- Section B.03 – w is deleted in its entirety and replaced with the following:
- Proposers shall detail the proposed cost for services based on all requirements and information in the Request for Proposal. Attachment K (Years 1, 2 and 3 the Initial term) should be completed and submitted via Section (Tab) B.03-w as stated. The four (4) year option period (individual years) will be negotiated prior to the expiration on the Initial term, and approved by the Purchasing Official.
71. The ADP at Central Jail for 9 months and the Annex for 2 months was given in Attachment B. What was the ADP for each of these facilities for the most recent 4 months? Central Jail : 813, 854, 848, 880 (November – February)  
Annex: 189, 152, 176, 194 (November –February)
72. What is the projected ADP for July 1, 2012 at the Central Jail and the Annex? Not available, but plan is to have all inmates at Central Jail after Central Jail renovations are complete.
73. What ADP should pricing be based upon? 1,043 inmates
74. Because acuity can change dramatically from month to month, can the Sheriff's Office provide Attachment C by month for the most recent 4 months? If not the Attachment in its entirety, can the Sheriff's Office provide Off-Site Specialty Visits, Emergency Room Visits, In-Patient Hospital Days, One Day Outpatient Surgeries, Inmates on Psychotropic Medication, and Inmates on HIV/AIDS Medication by month for the most recent 4 months? Attachments C and D, 2011 and 2012 Health Service Report
75. We could not find a pricing schedule in the RFP. In what format should prices be submitted? See Attachment K and response #70
76. Is the Sheriff's Office requesting prices for the 3-year term only or both the 3-year term and the additional 4-year term? See response #70
77. What is the current annual inmate health care contract cost? Attachment G Agreement, Addendum Four
78. How many FTEs are required by this contract? As proposed through RFP process to meet standards and needs of inmates.
79. Please clarify if the aggregate cap for Outside Medical Services is \$950,000 and the aggregate cap for Pharmacy Services is \$450,000. Yes, in current agreement

80. Does the current contract require a performance bond? If so, how much is the required bond? \$500,000
81. What onsite specialty services are currently being provided at the facilities (i.e. dialysis, orthopedics, physical therapy, etc.)? Attachment D, 2012 Health Service Report
82. In lieu of the \$500,000 performance bond, is the Sheriff's Office willing to consider a cashier's check or corporate guarantee? No
83. Will the Health Department continue to perform HIV screenings? As proposed through RFP process to meet standards and needs of inmates.
84. Under the current contract, are the costs of prior to booking injuries and/or bedside bookings applied to the aggregate cap on Outside Medical Services? No
85. Will the costs of prior to booking injuries and/or bedside bookings be the financial responsibility of the awarded vendor? As proposed through RFP process to meet standards and needs of inmates.
86. Please provide projected annual expenses for Outside Medical Services based upon paid and projected claims year to date through February 29, 2012. Attachment J, YTD percentages – projections through January 2012
87. Please provide total Outside Medical Services costs for the 2010 – 2011 contract year including any reimbursements/credits due to the aggregate cap (example – aggregate cap of \$950,000, actual costs \$1,000,000, Sheriff's Office reimburses vendor \$50,000). 2011 - \$283,539.08
88. Please provide projected annual expenses for Pharmacy Services based upon paid and projected dollars from July 1, 2011 through February 29, 2012. Attachment J, YTD percentages – projections through January 2012
89. Please provide total Pharmacy Services costs for the 2010 – 2011 contract year including any reimbursements/credits applied to the aggregate cap (example – aggregate cap of \$450,000, actual costs \$500,000, Sheriff's Office reimburses vendor \$50,000). 2011 - \$54,870.18
90. Since the ADP has been significantly below 1,300 for the past 3 years, has the current vendor reduced its variable and/or fixed costs? Yes
91. Does the current vendor submit monthly staffing reconciliations to the Sheriff's Office? To the County
92. Have there been any staffing withholds or performance withholds paid by the current vendor, and if so, how much from July 1, 2011 – February 29, 2012 for staffing and performance measures each? Yes. \$146,692.56 for staffing. Reconciled on an annual basis



93. In order to accurately provide a price based upon a per illness or injury limit, please provide a breakdown of paid and projected claims by illness from July 1, 2011 through February 29, 2012 Not available.
94. Please specify all on-site services currently performed at the facility. Attachment D, 2012 Health Service Report
95. From Exhibit C: please provide details of the specialty visits (618 in 2010 and 504 in Jan/Sept. 2011) by Type of Service. Attachments B and C, 2010 and 2011 Health Service Report
96. What was the total expenditure for both contract years 2010 and 2011 for off-site services. See Question #79 and 2010 - \$324,863.67 and 2011 - \$283,539.08 2010 - \$25,555.99 and 2011 - \$54,870.18
97. Please provide a breakdown of cost for all off-site services paid by type of service. Not Available
98. Please provide the ALOS for inpatient stays. Often less than one week, but dependent on patient condition
99. Is dialysis machine located at the lab room used for on-site dialysis or is dialysis performed off-site at Bradenton Dialysis Clinic? Location of services dependent upon situation.
100. Will the County require 24/7 staffing in the Annex? If not, what is the expected staffing requirement for the annex? As proposed through RFP process to meet standards and needs of inmates. Current 3 p.m.-11 p.m. staff coverage, and medications passed in the morning
101. Will medical be responsible for providing medical care, including medications to annex patients? Yes
102. Will it be a requirement to have medical personnel positioned in H Pod? If so, what hours of the day and what level of professional will be required? (i.e. 24/7 Nurse) As proposed through RFP process to meet standards and needs of inmates. Current staffing is a Certified Nursing Assistant 24/7
103. What medical services, if any, are allowed to be provided on the housing units? (i.e Medication Pass, Sick Call, Diabetics, etc.) Medication Pass, Sick Call, history and physicals, psychiatrist visits if inmate in disciplinary pod due to behavior problems
104. Are you currently utilizing paper medical charts or an Electronic Medical Record? Paper If an EMR, will it remain if a new vendor is selected and will there be any associated costs to the new vendor?
105. Should bidders include the cost of an EMR in their pricing proposals? As proposed through RFP process to meet standards and needs of inmates.

106. Have agency nurses been used the past year? No Are they currently utilized? No
107. What are the current vacancies in medical? None
108. Does the Infirmary area have a call system for the patients? If yes, please describe. Call button with speaker
109. How many jail inmates have presented in the last year requiring detox? How many required continuation of methadone or suboxone medication-assisted therapy? Attachment C, 2011 Health Service Report
110. What special procedures would be required for transport and transfer to a secure psychiatric facility for acute stabilization and then return to jail? Coordination with MSO and community provider
111. Would the Sheriff's Office consider designating a housing unit as a mental health pod if it could be demonstrated that the unit increases efficiency? As proposed through RFP process to meet standards and needs of inmates, discussion may occur.
112. Does the current medical services provider assign staff to advise former patients following their release as described in the RFP. Page 11, Paragraph v.2.? No If not, is this considered an expansion of scope of services beyond the current contract? Yes
113. On page 19, the RFP refers to an increasing number" of inmates with psychiatric conditions, severe substance abuse conditions or with dual diagnosis of both, whose behavior may e disruptive or harmful to themselves, other inmates or to staff. Please provide the trend over three years for the number of these patients. Attachments A, B, and C, 2009, 2010 and 2011 Health Service Report
114. On page 19, the RFP refers to "an increasing number" of inmates with HIV/AIDS and "an increasing number" of pregnant inmates. Please provide the trend over three years for the number of these patients. Attachments A, B, and C, 2009, 2010 and 2011 Health Service Report
115. B.01 – Item e. This appears to be a misplaced RFP requirement. Please confirm and provide directions for response placement. This is correct
116. B.01, paragraph w. The RFP allows each Proposer to establish limits on single inmate cases and multiple inmate cases. This flexibility may result in bid pricing which is not comparable and difficult to evaluate. For example, company A may propose a \$10,000 single illness/injury limit and a \$30,000 multiple inmate illness/injury aggregate limit, company B may propose a \$50,000 single illness/injury limit and a \$100,000 aggregate limit, and company C may propose a \$25,000 single illness/injury limit and a \$25,000 aggregate limit. This scenario would be very difficult to evaluate due to the uncertainty related to utilization, the incidence of injury and negotiated provider network agreements. This level of flexibility also allows a Proposer to set unrealistic limits in order to drive the base contract / proposal price down, while the County would incur additional costs

above the base cost in “above the cap” billings. Will the County consider amending this section to pre-defined limits of responsibility in order to facilitate an “apples-to-apples” pricing comparison? See response #70

117. This section states the duration is a three-year initial term contract with one additional four year term. Is the County requesting fixed pricing for the initial three year term, or fixed pricing for the first year with an inflation mechanism such as CPI for each subsequent year? See response #70
118. Attachment B. What ADP is to be used as the basis for pricing? 1043
119. Because treatment of cancer patients can lead to the use of costly pharmaceuticals, please provide the number of cancer patients at the facility during the current contract year. 4
120. During the walkthrough, we went to the Special Needs Unit. Is that unit staffed with a Certified Nursing Assistant 24/7? Yes
121. On a Monthly Average over the last two years, please provide the number of (or percentage of population, depending on availability of information): See Attachments B and C, 2010 and 2011 Health Service Report (except as marked below)
- X-rays performed on-site
  - Dialysis visits
  - Ambulance transports
  - Hospital Admissions
  - Suicide attempts 3 attempts over past year
  - Suicides completed 0
  - Inmate deaths, not including suicide
  - Patients on Hepatitis C treatment 3-4 over past year
  - On-site specialty care visits by type (OB, Ortho, Cardiology, etc.)
  - PPDs planted
  - Positive PPDs
  - Patients with STDs (Chlamydia, gonorrhea, syphilis, etc.) Not Available
  - Prescription eyeglasses 2-3 over past year
  - Grievances filed in relation to Medical Services Monthly Average - 20
122. For the last two years, please provide annual costs of: See #123 and #124
- Ambulance transports
  - ER visits (total, and how many resulting in admission)
  - Hospital Inpatient Costs
  - Outpatient surgeries
  - Outpatient Specialty visits
  - Outpatient Radiology visits
  - Outpatient dialysis
  - Other Outpatient visits
  - On-site Radiology
  - Pharmaceuticals
  - By patient, off-site care costs totaling over \$15,000 in one year

123. If the above costs are not available, will the County please provide what was paid over the Outside Services Limit in your current contract, or what reimbursement was made, for 2009, 2010, and 2011? 2009 - \$260,258.32  
2010 - \$324,863.67 and 2011 - \$283,539.08
124. If total pharmaceutical costs are not available, please provide what was paid over the Pharmaceuticals Limit in your current contract, or what reimbursement was made, for 2009, 2010, and 2011. 2009 - \$42,622.88 2010 - \$25,555.99  
and 2011 - \$54,870.18
125. Does the Correctional Complex utilize a Keep On Person medication program?  
No
126. The RFP mentions potential penalty assessment. Please provide the amount of penalties charge the current vendor in 2011. For the contract year 2010-2011,  
\$175,470.92 was the penalty amount (for staffing).
127. May we have a list of equipment that will be removed by the current vendor if they exit the site? See Attachment I Corizon Inventory List

No additional questions will be considered after the release of this addendum.

Proposals are to be prepared as instructed in this Request For Proposals and shall be received at Manatee County Purchasing Office, Suite 803, 1112 Manatee Avenue West, Bradenton, Florida, FL 34205 until **Friday, 3:00 P.M., April 20, 2012.**

Cordially,



Frank G. Lambertson  
Contracts Negotiator

HEALTH SERVICE REPORT - 2009  
 MANATEE COUNTY CORRECTIONAL FACILITY  
 TOTALS

ATTACHMENT A

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
AVERAGE INMATE POPULATION	1199	1161	1133	1139	1128	1130	1149	1183	1204	1181	1156	1064	13827
COURT ORDERS	1	0	0	0	0	0	0	0	4	0	3	3	11
EMPLOYEE CARE	0	0	0	0	0	0	0	0	0	0	0	0	0
PPD'S GIVEN	354	370	405	407	413	452	439	454	408	399	338	332	4771
PPD POSITIVE	66	56	54	53	48	43	26	28	39	43	36	33	525
CLINIC VISITS:													
MD	203	170	256	190	101	211	169	229	313	279	257	343	2721
PA	351	270	388	256	306	286	193	319	303	208	282	233	3395
SICK CALL:													
RN/LPN SICK CALL	965	790	801	875	883	889	1005	1031	1043	1004	832	806	10924
MENTAL HEALTH REFERRALS:													
MD	229	212	204	235	246	203	198	235	181	214	177	230	2564
MHC	144	139	155	121	122	100	122	112	104	128	137	150	1534
SUBSTANCE ABUSE (JUVENILE ONLY)	0	0	0	0	0	0	0	0	0	0	0	0	0
DENTAL VISITS:													
FILLING SURFACES	80	75	46	47	70	66	70	59	64	76	68	51	772
EXTRACTIONS	85	67	74	71	101	72	60	64	78	83	69	68	892
DENTAL X-RAYS	76	75	89	78	97	72	72	71	87	88	80	74	959
EXAMS	121	105	122	111	134	107	108	108	108	133	125	111	1393
RECEIVING SCREENINGS	1183	1049	1260	1213	1387	1198	1412	1427	1318	1536	1225	1136	15344
HEALTH ASSESSMENTS	386	389	400	432	432	427	462	496	434	436	377	368	5039
ANNUAL PHYSICALS	4	5	2	10	10	8	9	5	4	14	7	4	82

HEALTH SERVICE REPORT - 2009  
 MANATEE COUNTY CORRECTIONAL FACILITY  
 TOTALS

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
<b>E/R VISITS:</b>													
PRE-BOOK	1	2	0	0	4	3	2	5	6	2	8	6	39
POST-BOOK	13	9	13	13	15	17	12	15	24	15	8	12	166
TOTAL ER VISITS	14	11	13	13	19	20	14	20	30	17	16	18	205
AMBULANCE TRANSPORTS	8	5	9	8	8	12	6	13	15	10	4	7	105
<b>HOSPITAL ADMISSIONS:</b>													
PRE-BOOK	0	0	0	0	0	0	0	0	1	0	0	0	1
POST-BOOK	3	3	4	9	4	5	4	2	5	6	3	6	54
DELIVERIES (OB)	0	0	0	0	0	1	2	0	2	0	0	1	6
TOTAL HOSPITAL DAYS	18	15	43	73	25	18	16	35	18	21	15	25	322
ONE DAY OUTPATIENT SURGERIES	0	1	0	2	1	4	0	0	1	3	1	3	16
<b>CHRONIC CARE CLINICS:</b>													
CARDIAC/HTN	37	29	59	48	34	56	42	48	74	74	71	80	652
ENDOCRINE	19	15	22	14	18	25	18	14	12	6	14	18	195
HIV	24	22	24	27	19	20	27	29	25	12	15	20	264
NEUROLOGY	8	9	17	11	7	18	13	9	11	12	6	24	145
OBSTETRICS	16	14	19	20	30	28	44	29	54	36	25	28	343
PULMONARY	28	22	38	26	15	26	20	28	30	30	32	27	322
GENERAL MEDICINE	6	9	9	8	7	9	9	21	15	10	12	3	118
INHIBITOR	1	1	3	1	2	3	2	0	0	0	0	0	13
<b>SPECIAL MANAGEMENT UNIT VISITS</b>													
	74	62	36	50	44	44	48	28	51	23	43	38	541
<b>MARCHMAN INTAKES</b>													
	0	1	3	2	4	0	3	6	2	0	1	4	26
<b>55 AND OVER</b>													
	45	38	56	26	61	48	42	60	56	60	44	48	584
<b>PRESCRIPTIONS:</b>													
I/M ON PRESCRIPTIONS MEDS (TOTAL)	336	359	402	377	412	376	344	386	457	510	422	402	4783
I/M ON PSYCHOTROPIC MEDS (TOTAL)	236	223	143	237	251	276	228	231	211	189	161	141	2527
NON-FORMULARY PRESCRIPTIONS	4	3	15	5	6	7	8	20	14	15	17	23	137

HEALTH SERVICE REPORT - 2009  
MANATEE COUNTY CORRECTIONAL FACILITY  
TOTALS

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
<b>INFIRMARY:</b>													
INMATES ADMITTED FOR MEDICAL OBS	146	108	160	102	123	114	107	117	132	124	92	92	1417
TOTAL MEDICAL DAYS	849	667	750	433	552	593	613	672	549	457	348	382	6865
INMATES ADMITTED FOR PSYCH OBS	24	18	22	23	32	21	31	27	30	46	37	32	343
TOTAL PSYCH DAYS	148	123	204	234	235	165	260	213	231	281	304	246	2644
INMATES ADMITTED FOR SUICIDE OBS	19	19	30	10	21	34	34	17	26	14	26	21	271
TOTAL SUICIDE DAYS	85	86	145	80	124	153	125	73	130	52	110	117	1280
INMATES ADMITTED FOR DETOX OBS	10	8	18	59	71	66	68	63	56	61	66	53	599
TOTAL DETOX DAYS	21	20	45	172	184	152	160	174	120	115	119	131	1413
JUVENILES - HOUSED	1	1	1	2	0	0	1	1	2	1	1	0	11
TOTAL JUVENILE DAYS	30	27	30	22	0	0	17	30	45	28	1	0	230
TOTAL ADMITTED TO INFIRMARY	199	153	230	194	247	235	240	224	244	245	221	198	2630
TOTAL INFIRMARY DAYS	1103	896	1144	919	1095	1063	1158	1132	1030	905	881	876	12202
<b>X-RAYS:</b>													
NUMBER OF TB RELATED	41	56	63	60	48	43	26	28	39	33	46	33	516
NUMBER OF NON-TB RELATED	21	19	23	26	54	18	24	20	24	8	15	27	279
ULTRASOUNDS	4	3	4	5	3	3	8	0	7	6	2	2	47
<b>LABORATORY TESTS:</b>													
LABORATORY TESTS	198	185	211	243	182	207	183	189	235	286	281	264	2664
DNA TESTS	na	na	na	na	na	na	na	na	na	na	na	na	na
LABORATORY TEST TOTAL	198	185	211	243	182	207	183	189	235	286	281	264	2664
PREGNANT FEMALES	13	13	16	14	19	15	19	16	20	19	20	17	201
PREGNANCY ALTERNATIVE VISIT	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>HIV:</b>													
CURRENT NUMBER HIV POSITIVE	24	22	24	27	19	20	27	29	25	14	15	16	262
POSITIVE HIV - NEW TO FACILITY	7	5	10	8	2	8	10	10	6	0	3	7	76
NUMBER RECEIVING HIV MEDS	23	14	16	15	9	12	24	21	22	11	9	13	189
DEATHS	0	0	0	0	0	0	0	0	0	1	0	0	1
<b>ON-SITE SPECIALTY VISITS:</b>													
DIALYSIS	0	0	0	0	0	0	0	0	0	0	0	0	0
HOSPICE	0	0	0	0	0	0	0	0	0	0	0	0	0

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	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
<b>OFF-SITE SPECIALTY VISITS:</b>													
DENTAL	0	0	0	0	0	0	0	0	1	0	0	0	1
DIALYSIS	0	0	0	0	0	0	0	0	0	0	0	0	0
ENT	0	0	1	1	3	4	3	0	2	3	0	1	18
EYE	0	5	2	1	1	0	2	1	1	0	2	0	15
GENERAL SURGERY	2	1	1	3	2	2	2	2	3	1	0	1	20
NEUROLOGY	0	0	0	0	0	1	1	0	0	0	0	0	2
OBSTETRICS	9	3	13	11	9	20	22	26	24	11	7	7	162
ORTHOPEDECS	15	9	8	9	8	10	9	5	5	2	2	2	84
RADIOLOGY	1	0	2	0	1	1	4	0	1	0	0	0	10
UROLOGY	0	0	0	1	0	0	0	0	0	0	0	0	1
OTHER	1	0	3	3	3	1	4	2	5	18	29	27	96
CARDIOLOGIST	1	1	1	2	1	0	0	1	0	0	0	0	7
ORTHODONTIST	0	0	0	0	0	0	0	0	0	0	0	0	0
ENDOCRINE	0	0	0	0	0	0	0	0	0	0	0	0	0
GI	0	0	1	0	1	0	0	0	0	0	0	0	2
RHEUMATOLOGIST	0	0	0	0	0	0	0	0	0	0	0	0	0
METHADONE	1	1	0	0	8	15	56	25	0	0	2	6	114
Totals	30	20	32	31	37	54	103	62	42	35	42	44	532



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ATTACHMENT B

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
<b>AVERAGE INMATE POPULATION</b>	1071	1070	1045	1006	1008	1053	1035	1060	1121	1107	1112	1067	12755
<b>COURT ORDERS</b>	1	2	1	2	7	3	7	3	2	3	2	2	35
<b>EMPLOYEE CARE</b>	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>PPD'S GIVEN</b>	328	370	344	384	326	383	367	375	380	331	331	335	4254
<b>PPD POSITIVE</b>	36	36	58	45	51	21	10	16	21	24	29	29	376
<b>CLINIC VISITS:</b>													
<b>MD</b>	254	413	337	421	409	317	257	335	232	268	294	266	3803
<b>PA</b>	344	227	404	281	265	211	248	208	274	258	289	166	3175
<b>SICK CALL:</b>													
<b>RN/LPN SICK CALL</b>	684	826	802	711	696	749	802	853	732	800	786	760	9201
<b>MENTAL HEALTH REFERRALS:</b>													
<b>MD</b>	137	201	178	155	174	162	187	215	167	153	155	156	2040
<b>MHC</b>	102	125	129	148	188	263	281	212	202	198	231	247	2326
<b>SUBSTANCE ABUSE (JUVENILE ONLY)</b>	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DENTAL VISITS:</b>													
<b>FILLING SURFACES</b>	79	56	30	45	70	77	52	68	66	64	73	81	761
<b>EXTRACTIONS</b>	76	60	45	62	77	37	85	79	71	90	65	81	828
<b>DENTAL X-RAYS</b>	97	76	59	74	93	73	87	79	73	92	64	94	961
<b>EXAMS</b>	138	91	83	100	137	104	113	124	111	121	97	132	1351
<b>RECEIVING SCREENINGS</b>	1411	1261	1329	1340	1269	1136	1327	1236	1258	1234	1260	1193	15254
<b>HEALTH ASSESSMENTS</b>	338	281	384	408	332	397	395	409	410	381	320	367	4422
<b>ANNUAL PHYSICALS</b>	11	6	8	6	7	7	7	8	6	5	6	6	83

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	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
<b>E/R VISITS:</b>													
PRE-BOOK	1	0	1	0	1	2	1	0	3	0	0	0	9
POST-BOOK	16	14	15	17	10	16	12	24	20	17	34	14	209
TOTAL ER VISITS	17	14	16	17	11	18	13	24	23	17	34	14	218
AMBULANCE TRANSPORTS	8	3	9	10	7	7	7	17	13	12	24	9	126
<b>HOSPITAL ADMISSIONS:</b>													
PRE-BOOK	0	0	1	0	0	0	0	0	0	0	0	0	1
POST-BOOK	6	5	5	5	4	8	2	6	7	3	9	2	62
DELIVERIES (OB)	0	0	2	0	0	0	1	0	1	0	2	0	6
TOTAL HOSPITAL DAYS	29	40	21	25	25	33	5	33	35	17	32	2	297
ONE DAY OUTPATIENT SURGERIES	5	3	2	1	3	2	0	5	4	1	3	1	30
<b>CHRONIC CARE CLINICS:</b>													
CARDIAC/HTN	74	60	127	68	93	60	73	105	47	53	84	78	922
ENDOCRINE	31	23	25	26	31	37	34	36	36	26	37	35	377
HIV	29	21	15	12	12	10	15	16	16	20	17	13	196
NEUROLOGY	12	11	17	16	21	25	22	25	18	17	31	13	228
OBSTETRICS	16	17	27	26	24	38	12	19	19	20	41	36	295
PULMONARY	32	24	38	27	30	43	22	45	24	32	27	17	361
GENERAL MEDICINE	5	8	15	6	49	6	4	11	8	9	10	5	136
INHIBITOR	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>SPECIAL MANAGEMENT UNIT VISITS</b>													
	21	30	43	46	28	44	48	34	27	51	33	64	469
<b>MARCHMAN INTAKES</b>													
	1	1	3	5	1	3	3	1	2	2	5	0	27
<b>55 AND OVER</b>													
	58	44	46	37	53	43	46	39	54	46	39	50	555
<b>PRESCRIPTIONS:</b>													
I/M ON PRESCRIPTIONS MEDS (TOTAL)	491	416	416	375	375	384	393	363	410	428	456	544	5051
I/M ON PSYCHOTROPIC MEDS (TOTAL)	163	120	126	99	119	113	111	119	122	134	16	106	1348
NON-FORMULARY PRESCRIPTIONS	18	21	16	24	21	12	7	8	16	22	28	14	207

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	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
<b>INFIRMARY:</b>													
INMATES ADMITTED FOR MEDICAL OBS	110	103	91	88	121	115	102	103	108	96	96	78	1211
TOTAL MEDICAL DAYS	457	415	363	391	374	440	420	452	510	513	478	385	5198
INMATES ADMITTED FOR PSYCH OBS	25	28	24	26	37	45	21	16	31	24	40	36	353
TOTAL PSYCH DAYS	153	179	160	194	271	185	134	128	172	152	226	197	2151
INMATES ADMITTED FOR SUICIDE OBS	19	20	22	17	23	19	30	36	24	24	6	9	249
TOTAL SUICIDE DAYS	131	66	100	59	74	97	129	157	81	128	22	82	1126
INMATES ADMITTED FOR DETOX OBS	82	101	98	124	139	114	144	127	102	117	115	130	1393
TOTAL DETOX DAYS	169	223	228	304	351	260	370	355	280	301	308	291	3440
JUVENILES - HOUSED	1	0	1	0	0	0	1	1	0	0	1	0	5
TOTAL JUVENILE DAYS	2	0	2	0	0	0	2	1	0	0	2	0	9
TOTAL ADMITTED TO INFIRMARY	236	252	235	255	320	293	297	282	265	261	257	253	3206
TOTAL INFIRMARY DAYS	910	883	851	948	1070	982	1053	1092	1043	1094	1034	955	11915
<b>X-RAYS:</b>													
NUMBER OF TB RELATED	36	36	58	45	51	21	10	16	21	24	29	29	376
NUMBER OF NON-TB RELATED	11	31	29	15	17	25	34	39	37	25	20	13	296
ULTRASOUNDS	1	4	1	5	3	3	0	8	4	5	9	7	50
<b>LABORATORY TESTS:</b>													
LABORATORY TESTS	227	255	257	278	219	253	272	317	318	223	219	269	3107
DNA TESTS	0	0	0	0	0	0	0	0	0	0	0	0	0
LABORATORY TEST TOTAL	227	255	257	278	219	253	272	317	318	223	219	269	3107
PREGNANT FEMALES	23	20	15	19	15	9	15	14	17	16	17	17	197
PREGNANCY ALTERNATIVE VISIT	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>HIV:</b>													
CURRENT NUMBER HIV POSITIVE	29	21	14	11	12	10	15	16	16	20	17	13	194
POSITIVE HIV - NEW TO FACILITY	10	4	1	4	5	3	7	6	4	9	3	1	57
NUMBER RECEIVING HIV MEDS	21	15	10	5	2	4	4	9	7	9	4	5	95
DEATHS	0	0	0	0	1	1	0	0	0	0	0	0	2
June death - in hospital (MMH)													
<b>ON-SITE SPECIALTY VISITS:</b>													
DIALYSIS	0	8	3	9	4	4	0	0	0	0	0	0	28
HOSPICE	0	0	0	0	0	0	0	0	0	0	2	4	6

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	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
<b>OFF-SITE SPECIALTY VISITS:</b>													
DENTAL	0	0	0	0	0	0	0	0	0	0	0	0	0
DIALYSIS	0	0	0	3	2	0	0	0	0	0	1	1	7
ENT	0	4	0	1	0	1	1	0	0	0	0	0	7
EYE	3	1	0	0	1	1	2	0	0	2	2	0	12
GENERAL SURGERY	6	3	2	2	3	3	1	4	4	3	0	0	31
NEUROLOGY	1	0	0	1	0	0	0	0	0	0	1	0	3
OBSTETRICS	7	11	12	11	8	14	13	7	12	20	12	10	137
ORTHOPEDECS	6	3	3	2	0	3	3	3	2	0	2	5	32
RADIOLOGY	0	0	0	4	2	3	3	2	1	1	2	0	18
UROLOGY	1	0	0	0	0	0	1	0	0	0	0	0	2
OTHER	10	1	4	6	6	0	1	1	2	1	1	4	37
CARDIOLOGIST	0	0	0	0	0	0	0	0	0	1	0	0	1
ORTHODONTIST	0	0	0	0	0	0	0	0	0	0	0	0	0
ENDOCRINE	0	0	0	0	0	0	0	0	0	0	0	0	0
GI	0	0	0	0	0	1	1	0	0	0	0	0	2
RHEUMATOLOGIST	0	0	0	0	0	0	0	0	0	0	0	0	0
METHADONE	14	28	48	30	13	20	31	30	30	32	22	0	298
PODIATRY	0	0	1	0	0	0	0	0	0	0	0	0	1
ONCOLOGY	0	0	3	5	0	0	2	3	3	3	0	0	19
CHEMOTHERAPY	0	0	1	1	0	0	0	3	4	2	0	0	11
<b>Totals</b>	<b>48</b>	<b>51</b>	<b>74</b>	<b>66</b>	<b>35</b>	<b>46</b>	<b>59</b>	<b>53</b>	<b>58</b>	<b>65</b>	<b>43</b>	<b>20</b>	<b>618</b>

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ATTACHMENT C

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
<b>AVERAGE INMATE POPULATION</b>	1082	1047	1027	1044	1063	1064	1022	1021	1016	1029	1002	1007	12424
<b>COURT ORDERS</b>	0	3	0	2	2	1	2	4	3	3	1	1	22
<b>EMPLOYEE CARE</b>	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>PPD'S GIVEN</b>	315	329	347	335	323	399	297	342	309	338	294	335	3963
<b>PPD POSITIVE</b>	24	31	36	25	41	38	17	31	19	37	27	25	351
<b>CLINIC VISITS:</b>													
<b>MD</b>	131	241	228	300	313	318	344	307	484	504	394	424	3988
<b>PA</b>	335	227	272	233	292	304	370	329	331	250	244	391	3578
<b>SICK CALL:</b>													
<b>RN/LPN SICK CALL</b>	818	701	791	801	796	874	735	800	723	672	723	845	9279
<b>MENTAL HEALTH REFERRALS:</b>													
<b>MD</b>	133	129	144	166	144	130	136	152	125	128	131	131	1649
<b>MHC</b>	216	220	205	245	208	278	161	312	219	167	228	181	2640
<b>SUBSTANCE ABUSE (JUVENILE ONLY)</b>	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DENTAL VISITS:</b>													
<b>FILLING SURFACES</b>	51	51	53	62	40	45	75	32	68	54	72	74	677
<b>EXTRACTIONS</b>	75	54	62	55	83	59	78	51	51	78	56	69	771
<b>DENTAL X-RAYS</b>	64	61	65	66	76	68	86	51	75	84	55	80	831
<b>EXAMS</b>	104	96	101	113	121	95	121	79	112	116	84	124	1266
<b>RECEIVING SCREENINGS</b>	1279	1119	1274	1243	1312	1200	1207	1254	1166	1181	1056	1064	14355
<b>HEALTH ASSESSMENTS</b>	335	346	367	366	373	461	327	402	346	383	341	378	4425
<b>ANNUAL PHYSICALS</b>	10	10	9	3	8	3	13	7	3	8	9	19	102

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	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
<b>E/R VISITS:</b>													
PRE-BOOK	0	2	0	1	3	5	4	3	4	5	14	7	48
POST-BOOK	16	18	16	13	19	19	9	18	16	10	7	11	172
TOTAL ER VISITS	16	20	16	14	22	24	13	21	20	15	21	18	220
AMBULANCE TRANSPORTS	11	15	13	9	14	16	7	8	11	9	5	6	124
<b>HOSPITAL ADMISSIONS:</b>													
PRE-BOOK	0	0	0	0	0	0	0	0	0	0	0	0	0
POST-BOOK	2	3	4	6	4	3	3	4	4	2	2	4	41
DELIVERIES (OB)	1	0	0	0	0	0	1	1	0	1	0	0	4
TOTAL HOSPITAL DAYS	7	10	18	19	9	6	5	20	31	5	5	8	143
ONE DAY OUTPATIENT SURGERIES	2	0	0	2	1	0	2	0	1	1	0	0	9
<b>CHRONIC CARE CLINICS:</b>													
CARDIAC/HTN	69	65	62	72	97	100	84	78	97	66	65	86	941
ENDOCRINE	43	26	26	35	33	33	44	39	34	25	20	20	378
HIV	11	11	19	17	17	13	14	21	21	17	22	18	201
NEUROLOGY	27	23	16	14	34	22	12	19	30	25	18	25	265
OBSTETRICS	36	29	33	46	38	34	46	34	32	20	36	39	423
PULMONARY	28	38	32	43	41	32	31	42	45	22	25	26	405
GENERAL MEDICINE	2	0	9	5	7	8	1	7	13	4	9	1	66
INFECTIOUS DISEASE	4	0	0	0	1	0	21	11	10	14	2	4	67
<b>SPECIAL MANAGEMENT UNIT VISITS</b>													
	35	42	38	32	31	32	31	83	37	34	45	28	468
<b>MARCHMAN INTAKES</b>													
	1	2	0	2	3	1	1	1	1	0	1	1	14
<b>55 AND OVER</b>													
	45	40	59	44	51	34	37	34	26	40	33	31	474
<b>PRESCRIPTIONS:</b>													
I/M ON PRESCRIPTIONS MEDS (TOTAL)	392	443	422	404	331	306	327	343	295	246	215	252	3976
I/M ON PSYCHOTROPIC MEDS (TOTAL)	80	103	88	100	82	67	86	98	90	83	78	62	1017
NON-FORMULARY PRESCRIPTIONS	10	10	8	6	12	11	10	8	16	11	12	12	126

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	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
<b>INFIRMARY:</b>													
INMATES ADMITTED FOR MEDICAL OBS	97	96	86	92	108	112	96	87	126	145	114	104	1263
TOTAL MEDICAL DAYS	445	374	544	438	488	490	466	441	464	578	606	573	5907
INMATES ADMITTED FOR PSYCH OBS	30	27	23	28	45	38	42	50	35	31	28	35	412
TOTAL PSYCH DAYS	234	196	150	163	185	148	201	186	256	203	197	149	2268
INMATES ADMITTED FOR SUICIDE OBS	18	15	21	25	17	14	25	29	19	29	21	32	265
TOTAL SUICIDE DAYS	99	82	102	68	32	56	129	106	51	95	58	87	965
INMATES ADMITTED FOR DETOX OBS	110	114	122	124	123	99	117	124	89	112	72	79	1285
TOTAL DETOX DAYS	251	294	279	390	378	228	252	267	197	262	237	269	3304
JUVENILES - HOUSED	0	0	0	0	0	0	0	1	2	2	0	1	6
TOTAL JUVENILE DAYS	0	0	0	0	0	0	0	20	19	3	0	4	46
TOTAL ADMITTED TO INFIRMARY	255	252	252	269	293	263	280	290	269	317	235	250	3225
TOTAL INFIRMARY DAYS	1029	946	1075	1059	1083	922	1048	1000	968	1138	1098	1078	12444
<b>X-RAYS:</b>													
NUMBER OF TB RELATED	24	31	36	25	41	38	17	31	19	37	27	25	351
NUMBER OF NON-TB RELATED	25	26	31	14	26	10	20	19	15	16	29	30	261
ULTRASOUNDS	7	5	9	7	2	2	5	6	7	13	7	11	81
<b>LABORATORY TESTS:</b>													
LABORATORY TESTS	205	207	264	200	228	241	227	194	253	240	212	239	2710
DNA TESTS	0	0	0	0	0	0	0	0	0	0	0	0	0
LABORATORY TEST TOTAL	205	207	264	200	228	241	227	194	253	240	212	239	2710
PREGNANT FEMALES	16	20	22	19	20	20	18	23	17	24	19	22	240
PREGNANCY ALTERNATIVE VISIT	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>HIV:</b>													
CURRENT NUMBER HIV POSITIVE	11	11	19	17	17	13	14	21	21	17	22	18	201
POSITIVE HIV - NEW TO FACILITY	2	6	7	6	4	2	9	8	6	5	11	9	75
NUMBER RECEIVING HIV MEDS	4	5	8	7	3	13	14	15	15	13	6	7	110
DEATHS	0	0	0	0	0	0	0	0	1	0	0	0	1
September death - in hospital (MMH)													
<b>ON-SITE SPECIALTY VISITS:</b>													
DIALYSIS	0	0	0	0	0	0	0	0	0	0	0	0	0
HOSPICE	2	0	0	0	0	0	0	0	0	0	0	0	2

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TOTALS

OFF-SITE SPECIALTY VISITS:	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
DENTAL	0	0	0	0	1	0	0	0	0	0	0	0	1
DIALYSIS	0	0	0	0	0	0	0	0	0	0	1	0	1
ENT	1	0	1	1	0	0	0	0	1	1	1	3	9
EYE	4	4	3	1	0	0	3	3	0	1	1	3	23
GENERAL SURGERY	0	1	1	2	0	1	0	0	0	0	1	1	7
NEUROLOGY	0	0	0	0	0	0	0	0	0	0	0	0	0
OBSTETRICS	10	7	15	13	15	14	17	16	9	16	14	7	153
ORTHOPEDECS	3	1	5	3	7	7	3	4	7	6	6	5	57
RADIOLOGY	2	1	2	1	1	11	0	2	1	4	5	5	35
UROLOGY	1	1	0	0	0	1	0	1	0	0	0	1	5
OTHER	6	6	6	4	1	4	3	5	1	1	2	2	41
CARDIOLOGIST	0	0	0	0	0	0	0	0	0	0	0	0	0
ORTHODONTIST	0	0	0	0	0	0	0	0	0	0	0	0	0
ENDOCRINE	0	0	0	0	0	0	0	0	0	0	0	0	0
GI	0	0	0	0	0	0	0	0	0	0	0	0	0
RHEUMATOLOGIST	0	0	0	0	0	0	0	0	0	0	0	0	0
METHADONE	0	14	52	87	30	31	26	0	0	7	19	16	282
PODIATRY	0	0	0	0	0	0	0	0	0	0	0	0	0
ONCOLOGY	1	1	0	0	0	0	1	3	1	0	0	0	7
CHEMOTHERAPY	0	0	0	0	12	0	0	0	0	0	1	0	13
Totals	28	36	85	112	67	69	53	34	20	36	51	43	634



HEALTH SERVICE REPORT - 2012  
 MANATEE COUNTY CORRECTIONAL FACILITY  
 TOTALS

ATTACHMENT D

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
AVERAGE INMATE POPULATION	1024	1074											
COURT ORDERS	0	0											
EMPLOYEE CARE	0	0											
PPD'S GIVEN	373	253											
PPD POSITIVE	31	15											
CLINIC VISITS:													
MD	453	466											
PA	323	274											
SICK CALL:													
RN/LPN SICK CALL	774	783											
MENTAL HEALTH REFERRALS:													
MD	121	80											
MHC	158	157											
SUBSTANCE ABUSE (JUVENILE ONLY)	0	0											
DENTAL VISITS:													
FILLING SURFACES	54	45											
EXTRACTIONS	56	48											
DENTAL X-RAYS	71	53											
EXAMS	105	86											
RECEIVING SCREENINGS	1134	1051											
HEALTH ASSESSMENTS	418	290											
ANNUAL PHYSICALS	12	7											

HEALTH SERVICE REPORT - 2012  
 MANATEE COUNTY CORRECTIONAL FACILITY  
 TOTALS

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
<b>E/R VISITS:</b>													
PRE-BOOK	2	3											
POST-BOOK	7	11											
TOTAL ER VISITS	9	14											
AMBULANCE TRANSPORTS	7	9											
<b>HOSPITAL ADMISSIONS:</b>													
PRE-BOOK	0	0											
POST-BOOK	6	5											
DELIVERIES (OB)	1	1											
TOTAL HOSPITAL DAYS	21	31											
ONE DAY OUTPATIENT SURGERIES	1	2											
<b>CHRONIC CARE CLINICS:</b>													
CARDIAC/HTN	99	51											
ENDOCRINE	32	24											
HIV	22	22											
NEUROLOGY	37	19											
OBSTETRICS	43	37											
PULMONARY	38	23											
GENERAL MEDICINE	10	5											
INFECTIOUS DISEASE	3	0											
<b>SPECIAL MANAGEMENT UNIT VISITS</b>	26	26											
<b>MARCHMAN INTAKES</b>	0	0											
<b>55 AND OVER</b>	44	33											
<b>PRESCRIPTIONS:</b>													
I/M ON PRESCRIPTIONS MEDS (TOTAL)	274	182											
I/M ON PSYCHOTROPIC MEDS (TOTAL)	79	39											
NON-FORMULARY PRESCRIPTIONS	8	11											

HEALTH SERVICE REPORT - 2012  
 MANATEE COUNTY CORRECTIONAL FACILITY  
 TOTALS

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
<b>INFIRMARY:</b>													
INMATES ADMITTED FOR MEDICAL OBS	97	85											
TOTAL MEDICAL DAYS	545	411											
INMATES ADMITTED FOR PSYCH OBS	48	45											
TOTAL PSYCH DAYS	298	292											
INMATES ADMITTED FOR SUICIDE OBS	21	31											
TOTAL SUICIDE DAYS	86	74											
INMATES ADMITTED FOR DETOX OBS	69	79											
TOTAL DETOX DAYS	205	250											
JUVENILES - HOUSED	2	2											
TOTAL JUVENILE DAYS	3	5											
TOTAL ADMITTED TO INFIRMARY	235	240											
TOTAL INFIRMARY DAYS	1134	1027											
<b>X-RAYS:</b>													
NUMBER OF TB RELATED	31	15											
NUMBER OF NON-TB RELATED	33	26											
ULTRASOUNDS	7	6											
<b>LABORATORY TESTS:</b>													
LABORATORY TESTS	218	174											
DNA TESTS	0	0											
LABORATORY TEST TOTAL	218	174											
PREGNANT FEMALES	22	15											
PREGNANCY ALTERNATIVE VISIT	0	0											
<b>HIV:</b>													
CURRENT NUMBER HIV POSITIVE	22	22											
POSITIVE HIV - NEW TO FACILITY	10	4											
NUMBER RECEIVING HIV MEDS	12	6											
DEATHS	0	1											
<b>ON-SITE SPECIALTY VISITS:</b>													
DIALYSIS	0	2											
HOSPICE	0	0											

HEALTH SERVICE REPORT - 2012  
 MANATEE COUNTY CORRECTIONAL FACILITY  
 TOTALS

OFF-SITE SPECIALTY VISITS:	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
DENTAL	0	0											
DIALYSIS	0	0											
ENT	1	0											
EYE	4	4											
GENERAL SURGERY	1	0											
NEUROLOGY	0	0											
OBSTETRICS	13	8											
ORTHOPEDECS	7	4											
RADIOLOGY	6	1											
UROLOGY	0	0											
OTHER	3	4											
CARDIOLOGIST	0	0											
ORTHODONTIST	0	0											
ENDOCRINE	0	0											
GI	0	0											
RHEUMATOLOGIST	0	0											
METHADONE	23	0											
PODIATRY	0	0											
ONCOLOGY	0	0											
CHEMOTHERAPY	0	0											
Totals	58	21											

## MSO Equipment/Office Inventory List

## PHARMACY:

Amount	Item	ID #
1	Wooden book shelf	MSO- N4718
1	Desk chair	Staff leasing 7825 - MSO
1	Desk chair	0 - MSO
1	Refrigerator	0 - MSO
1	Locked Narc Box	0 - MSO

## LAB ROOM:

Amount	Item	ID #
1	Exam table (Welch Allyn)	0 - MSO
2	Med carts	0 - MSO
1	Wall cabinets for supplies	0 - MSO

## RECORDS ROOM:

Amount	Item	ID #
1	Dell Computer	MSO- N15629
1	Wooden computer cart	MSO- N5024
1	5 drawer metal file cabinet	MSO- N263
3	Office desks	0 - MSO
1	Blk plastic supply cabinet	0 - MSO
1	6 tier filing shelf (wall mounted)	0 - MSO

## BREAKROOM:

Amount	Item	ID #
1	Lg metal supply cabinet	0 - MSO
1	GE refrigerator	0 - MSO
1	Dining table/ 8 chairs	0 - MSO
1	Wooden 5 shelf bookcase	0 - MSO
4	Metal folding chair	0 - MSO
1	Wheelchairs	0 - MSO
10	Women's medart lockers	MSO
1	Chair	0 - MSO
2	Metal supply cabinets	MSO
4	Men's metal lockers	MSO

**COUNSEL AND DISCHARGE PLANNER OFFICE**

<b>Amount</b>	<b>Item</b>	<b>ID #</b>
1	Plastic chair	0 - MSO
1	Plastic/metal chair	0 - MSO
1	Desk chair	MSO- N8124
1	Wooden office desk	MSO
1	Desk Chair	MSO- N3758
2	Brn chairs	0 - MSO
1	Metal Desk	MSO - N4720
1	Large round table	0 - MSO

**HSA'S OFFICE:**

<b>Amount</b>	<b>Item</b>	<b>ID #</b>
1	4 drawer metal cabinet	MSO- N889
1	Office desk	0 - MSO
1	Brown chair	0 - MSO
1	Gray chair	0 - MSO
1	Desk chair	MSO

**DON'S OFFICE:**

<b>Amount</b>	<b>Item</b>	<b>ID #</b>
1	6 tier wooden bookshelf	MSO
1	Wooden chair	MSO
1	Blue chair	MSO N-13759
1	Gray plastic chair	0 - MSO
1	Wooden desk	MSO N-4996

**NURSES/DEPUTIES STATION:**

<b>Amount</b>	<b>Item</b>	<b>ID #</b>
4	Desk chairs	MSO N-13757, 13760, 13761, 13758
1	Desk chair	0 - MSO
2	Metal desks	0 - MSO
1	Plastic chair	0 - MSO
1	Alarm board	MSO
2	Pencil sharpeners	Electric/hand operated - MSO
1	Printer	MSO- N10168
1	Dell computer/monitor	MSO-N18082
1	Wall cabinet (6)	MSO
1	Wall/floor cabinet	0 - MSO
1	Refrigerator	0 - MSO

**EXAM ROOMS:**

<b>Amount</b>	<b>Item</b>	<b>ID #</b>
1	Plastic chair	0 - MSO
1	Office desk	MSO- N4690
1	Desk chair	0 - MSO
1	x-ray light machine	0 - MSO
2	Ear/eye scope	MSO- N7295 – MSO disposed on 08/05/11
1	Exam table	0 - MSO
2	Examination lamps	0 - MSO
1	Medasonic	0 - MSO
1	Exam table	0 - MSO
1	AED	0 - MSO

**DENTAL OFFICE:**

<b>Amount</b>	<b>Item</b>	<b>ID #</b>
1	Autoclave	MSO N-07301
1	2 tier metal shelf	0 – MSO
1	Office desk	0 – MSO
1	Gry stool	0 – MSO
1	Dental chair	0 – MSO
1	Rolling dentist chair	0 – MSO
2	8 drawer cabinets	0 – MSO
1	x-ray film light	0 – MSO
1	Metal rolling cart	0 – MSO
1	Tan 7 drawer cart	0 - MSO
1	Gry metal 4 drawer cabinet	0 - MSO

**I & R:**

<b>Amount</b>	<b>Item</b>	<b>ID#</b>
1	Metal desk	MSO
1	Chair	MSO- N4861
1	Wooden 6 tier bookshelf	0 – MSO
1	Rolling stool	0 – MSO
1	Black desk chair	0 – MSO
1	Gray desk	0 – MSO
1	Communication radio	MSO
1	Blu plastic chair	0 – MSO

**DOCTOR'S OFFICE:**

Amount	Item	ID#
1	Office desk	MSO
1	Sm metal desk	0 – MSO
1	2 drawer metal filing cabinet	0 – MSO
1	Rolling stool	0 – MSO

**ADMIN. ASST. OFFICE:**

Amount	Item	ID #
1	Metal desk	MSO
1	3 tiered wooden bookshelf	MSO- N4710
1	5 drawer metal file cabinet	MSO – N4715
1	Wooden Office desk	MSO
1	Office desk chair	Staff Leasing - MSO
1	5 drawer blk metal filing cabinet	MSO- N4715
1	Desk phone D-Term	MSO

**STOCKROOM:**

Amount	Item	ID #
2	Gry plastic 4 tiered shelves	0 – MSO
1	Vision tester	MSO- N7229
1	Wech Allyn Auto tympanometer	0 – MSO
2	5 tiered metal shelves	0 – MSO
1	Light brn 7 tiered shelf	0 – MSO
1	Blk 6 tiered shelf	0 – MSO
1	Gry 5 tiered shelf	MSO –N4898
2	4 tiered metal wire shelf	0 – MSO
12	Sets of crutches	0 – MSO



**ANNEX:**

<b>Amount</b>	<b>Item</b>	<b>ID #</b>
1	Merits wheelchair	MSO- N7278
1	Blk 4 drawer metal filing cabinet	Board of Pub. Asst. 16916 - MSO
1	Small wood office desk	0 - MSO
1	Wooden 7 drawer office desk	Manatee Co, FL 16201 - MSO
1	Brown chair	0 - MSO
1	NEC desk phone	0 - MSO
2	Desk chairs	0 - MSO
1	4 tiered wooden shelf	MSO- N9218
1	5 shelf wooden bookshelf	MSO- N3482
1	Waterboy water machine	Waterboy (MSO)
2	Metal wall lockers	0 - MSO
1	Medtronic lifepak defibrillator	0 - MSO
1	Fire hydrant	Buckeye - MSO
1	Sm. 2 drawer office desk	0 - MSO
1	x-ray light	0 - MSO
1	Exam table	0 - MSO
1	Stretcher	0 - MSO
1	Refrigerator	0 - MSO
1	Wooden 12 tiered shelf	0 - MSO
1	Wheelchairs	0 - MSO
1	Gry rolling stool	0 - MSO
8	Sets of crutches	0 - MSO
1	6tier wall filing for charts	0 - MSO

**Jail Medical Staffing**

<b><u>Position</u></b>	<b><u>FTE's</u></b>
<b>Medical Director</b>	0.80
<b>PA/NP</b>	1.00
<b>Dentist</b>	0.45
<b>Psychiatrist</b>	0.30
<b>HSA</b>	1.00
<b>DON</b>	1.00
<b>Secretary</b>	1.00
<b>MRC</b>	2.40
<b>Dental Assistant</b>	0.45
<b>MHP (Master's)</b>	1.00
<b>Discharge Planner (RN)</b>	1.00
<b>RN</b>	4.30
<b>LPN</b>	16.40
<b>MA/CNA</b>	4.20
<b>Pharmacy/Lab Technician</b>	1.00

**ADDENDUM NUMBER FIVE  
TO  
HEALTH SERVICES AGREEMENT**

**THIS ADDENDUM NUMBER FIVE TO THE AGREEMENT**, is made and entered into and between the COUNTY OF MANATEE, a political subdivision of the State of Florida and by and through its **BOARD OF COUNTY COMMISSIONERS of MANATEE COUNTY FLORIDA**, (hereinafter referred to as the "COUNTY"), and **SHERIFF W.BRAD STEUBE**, as the duly designated Chief Corrections Officer of the Manatee County Sheriff's Office (solely in his official capacity)(hereinafter referred to as the "MSO") and **CORIZON HEALTH, Inc.**, hereinafter referred to as the "Consultant". The **COUNTY, MSO and CORIZON HEALTH, Inc.** shall hereinafter be collectively referred to as the "PARTIES".

WHEREAS, the County and MSO have the statutory and constitutional duty and responsibility to provide necessary and proper medical, psychiatric, dental and other health care services for persons remanded to their care, custody and control within the county correctional system; and

WHEREAS, on June 12, 2007 the Parties hereto entered into an Agreement for Health Services commencing July 1, 2007 and ending June 30, 2008; and

WHEREAS, on June 24, 2008, Addendum Number One extended the Agreement for one (1) year commencing July 1, 2008 and ending June 30, 2009; and

WHEREAS, on June 23, 2009, Addendum Number Two extended the Agreement for one (1) year commencing July 1, 2009 and ending June 30, 2010; and

WHEREAS, on July 27, 2010, Addendum Number Three extended the Agreement for one (1) year commencing July 1, 2010 and ending June 30, 2011; and

WHEREAS, on June 21, 2011, Addendum Number Four extended the Agreement for one (1) year commencing July 1, 2011 and ending June 30, 2012; and

WHEREAS, the Agreement may be amended upon mutual consent of the County and Consultant as evidenced by execution of an addendum; and

WHEREAS, the County has determined there is a need to incorporate a corporate name change; and

NOW THERE, for and in consideration of the mutual benefits to be derived, the parties hereto agree as follows:

1. Consultants corporate name is changed from Prison Health Services Inc., to Corizon Health, Inc.
2. All other terms and conditions of the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have caused this Addendum Number Five to the Agreement for Health Services to be fully executed, in triplicate, by their authorized representatives.

CORIZON HEALTH INC.  
By: Rodney D. Holliman  
Print Name: **Rodney D. Holliman**  
Title: **PRESIDENT, COMMUNITY CORRECTIONS**  
Date: 9/17/2011

RECOMMENDED BY MANATEE COUNTY COMMUNITY SERVICES DEPARTMENT:  
By: Brenda G. Rogers 9/23/11  
Brenda G. Rogers, Director

RECOMMENDED BY MANATEE COUNTY SHERIFF'S OFFICE: W  
By: W. Brad Steube  
W. Brad Steube, Sheriff  
Manatee County, Florida

APPROVED, with a quorum present and voting this 11<sup>th</sup> day of October 2011.

"COUNTY"  
COUNTY OF MANATEE, a political  
sub-division of the State of Florida

Attest: by Susan B. Romo  
R.B. "Chips" Shore  
DEPUTY Clerk of the Circuit Court

Sign: Carol Whitmore  
Carol Whitmore, Chairman  
Board of County Commissioners



APPROVED AS TO FORM  
BY LEGAL DEPT.  
[Signature]

**ADDENDUM NUMBER FOUR  
TO  
HEALTH SERVICES AGREEMENT**

**THIS ADDENDUM NUMBER FOUR** shall become effective on the 1<sup>st</sup> day of July 2011, by and between the **BOARD OF COUNTY COMMISSIONERS of MANATEE COUNTY, FLORIDA** (hereinafter referred to as the "COUNTY"), and **SHERIFF W. BRAD STEUBE**, as the duly designated Chief Corrections Officer of the Manatee County Sheriff's Office (solely in his official capacity) (hereinafter referred to as the "MSO") and **PRISON HEALTH SERVICES, INC.** (hereinafter referred to as "PHS"). The **COUNTY, MSO** and **PHS** shall hereinafter be collectively referred to as the "PARTIES".

**WHEREAS**, the County and MSO have the statutory and constitutional duty and responsibility to provide necessary and proper medical, psychiatric, dental and other health care services for persons remanded to their care, custody and control within the county correctional system; and

**WHEREAS**, on June 12, 2007 the Parties hereto entered into an Agreement for Health Services commencing July 1, 2007 and ending June 30, 2008; and

**WHEREAS**, on June 24, 2008, Addendum Number One extended the Agreement for one (1) year commencing July 1, 2008 and ending June 30, 2009; and

**WHEREAS**, on June 23, 2009, Addendum Number Two extended the Agreement for one (1) year commencing July 1, 2009 and ending June 30, 2010; and

**WHEREAS**, on July 27, 2010, Addendum Number Three extended the Agreement for one (1) year commencing July 1, 2010 and ending June 30, 2011; and

**WHEREAS**, upon the expiration of the Initial Term (July 1, 2010 through June 30, 2011) of the Agreement, the Parties may mutually elect to continue the Agreement for four additional one (1) year periods; and

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**WHEREAS**, the County and MSO have determined a need for an additional one (1) year period; and

**WHEREAS**, the County and MSO are satisfied with the performance to date of PHS; and

**NOW THEREFORE**, for and in consideration of the mutual benefits to be derived, the parties hereto agree as follows:

1. The duration of the Agreement shall be extended for one (1) year commencing July 1, 2011 and ending June 30, 2012 for a total not to exceed cost of \$5,458,365.87.
2. All other terms and conditions of the Agreement shall remain in full force and effect during the extended term.

IN WITNESS WHEREOF, the parties hereto have caused this Addendum Number Four to the Agreement for Health Services to be fully executed, in triplicate, by their authorized representatives.

PRISON HEALTH SERVICES, INC.

By: *Rodney D. Holliman*  
Print Name: Rodney D. Holliman

Title: PRESIDENT, COMMUNITY CORRECTIONS

Date: 5/10/2011

RECOMMENDED BY MANATEE COUNTY COMMUNITY SERVICES DEPARTMENT:

By: *Brenda G. Rogers 5/10/2011*  
Brenda G. Rogers, Director

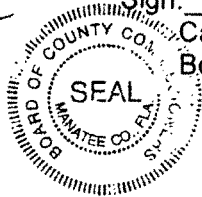
RECOMMENDED BY MANATEE COUNTY SHERIFF'S OFFICE:

By: *W. B. Steube*  
W. Brad Steube, Sheriff  
Manatee County, Florida

APPROVED, with a quorum present and voting this 13<sup>th</sup> day of June 2011.

"COUNTY"  
COUNTY OF MANATEE, a political sub-  
division of the State of Florida

Attest: *R. B. "Chips" Shore*  
R. B. "Chips" Shore  
Clerk of the Circuit Court



Sign: *Carol Whitmore*  
Carol Whitmore, Chairman  
Board of County Commissioners

**ADDENDUM NUMBER THREE  
TO  
HEALTH SERVICES AGREEMENT**

**THIS ADDENDUM NUMBER THREE** shall become effective on the 1<sup>st</sup> day of July 2010, by and between the **BOARD OF COUNTY COMMISSIONERS of MANATEE COUNTY, FLORIDA** (hereinafter referred to as the "**COUNTY**"), and **SHERIFF W. BRAD STEUBE**, as the duly designated Chief Corrections Officer of the Manatee County Sheriff's Office (solely in his official capacity) (hereinafter referred to as the "**MSO**") and **PRISON HEALTH SERVICES, INC.** (hereinafter referred to as "**PHS**"). The **COUNTY, MSO** and **PHS** shall hereinafter be collectively referred to as the "**PARTIES**".

**WHEREAS**, the County and MSO have the statutory and constitutional duty and responsibility to provide necessary and proper medical, psychiatric, dental and other health care services for persons remanded to their care, custody and control within the county correctional system; and

**WHEREAS**, on June 12, 2007 the Parties hereto entered into an Agreement for Health Services commencing July 1, 2007 and ending June 30, 2008; and

**WHEREAS**, on June 24, 2008, Addendum Number One extended the Agreement for one (1) year commencing July 1, 2008 and ending June 30, 2009; and

**WHEREAS**, on June 23, 2009, Addendum Number Two extended the Agreement for one (1) year commencing July 1, 2009 and ending June 30, 2010; and

**WHEREAS**, upon the expiration of the Initial Term (July 1, 2009 through June 30, 2010) of the Agreement, the Parties may mutually elect to continue the Agreement for four additional one (1) year periods; and

**WHEREAS**, the County and MSO have determined a need for an additional one (1) year period; and

**WHEREAS**, the County and MSO are satisfied with the performance to date of PHS; and

**NOW THEREFORE**, for and in consideration of the mutual benefits to be derived, the parties hereto agree as follows:

1. The duration of the Agreement shall be extended for one (1) year commencing July 1, 2010 and ending June 30, 2011 for a total not to exceed cost of \$5,445,297.16.
2. All other terms and conditions of the Agreement shall remain in full force and effect during the extended term.



IN WITNESS WHEREOF, the parties hereto have caused this Addendum Number Three to the Agreement for Health Services to be fully executed, in triplicate, by their authorized representatives.

APPROVED AS TO FORM  
by LEGAL DEPT.

[Signature]

PRISON HEALTH SERVICES, INC.

By: [Signature]

Print Name: Rodney D. Holliman

Title: PRESIDENT, COMMUNITY CORRECTIONS

Date: 5/17/2010

RECOMMENDED BY MANATEE COUNTY COMMUNITY SERVICES DEPARTMENT:

By: [Signature] 5/25/10  
Karen Windon  
Deputy County Administrator

RECOMMENDED BY MANATEE COUNTY SHERIFF'S OFFICE:

Sign: [Signature]  
W. Brad Steube, Sheriff  
Manatee County, Florida

~~MANATEE COUNTY GOVERNMENT~~

~~By: \_\_\_\_\_~~

~~Print Name: W. BRAD STEUBE~~

~~Title: SHERIFF~~

~~Date: 06/18/2010~~ AS

See Next Page

APPROVED, with a quorum present and voting this 27<sup>th</sup> day of July 2010.

"COUNTY"  
COUNTY OF MANATEE, a political sub-  
division of the State of Florida

Attest: R. B. "Chips" Shore D.C.  
R. B. "Chips" Shore  
Clerk of the Circuit Court

Sign: Donna G. Hayes  
Donna G. Hayes, Chairman  
Board of County Commissioners



**ADDENDUM NUMBER TWO  
TO  
HEALTH SERVICES AGREEMENT**

**THIS ADDENDUM NUMBER TWO** shall become effective on the 1<sup>st</sup> day of July 2008, by and between the **BOARD OF COUNTY COMMISSIONERS of MANATEE COUNTY, FLORIDA** (hereinafter referred to as the "**COUNTY**"), and **SHERIFF W. BRAD STEUBE**, as the duly designated Chief Corrections Officer of the Manatee County Sheriff's Office (solely in his official capacity) (hereinafter referred to as the "**MSO**") and **PRISON HEALTH SERVICES, INC.** (hereinafter referred to as "**PHS**"). The **COUNTY, MSO** and **PHS** shall hereinafter be collectively referred to as the "**PARTIES**".

**WHEREAS**, the County and MSO have the statutory and constitutional duty and responsibility to provide necessary and proper medical, psychiatric, dental and other health care services for persons remanded to their care, custody and control within the county correctional system; and

**WHEREAS**, on June 12, 2007 the Parties hereto entered into an Agreement for Health Services commencing July 1, 2007 and ending June 30, 2008; and

**WHEREAS**, on June 24, 2008, Addendum Number One extended the Agreement for one (1) year commencing July 1, 2008 and ending June 30, 2009; and

**WHEREAS**, upon the expiration of the Initial Term (July 1, 2007 through June 30, 2008) of the Agreement, the Parties may mutually elect to continue the Agreement for four additional one (1) year periods; and

**WHEREAS**, the County and MSO have determined a need for an additional one (1) year period; and

**WHEREAS**, the County and MSO are satisfied with the performance to date of PHS; and

**NOW THEREFORE**, for and in consideration of the mutual benefits to be derived, the parties hereto agree as follows:

1. The duration of the Agreement shall be extended for one (1) year commencing July 1, 2009 and ending June 30, 2010 for a total not to exceed cost of \$5,445,297.16.
2. All other terms and conditions of the Agreement shall remain in full force and effect during the extended term.

IN WITNESS WHEREOF, the parties hereto have caused this Addendum Number Two to the Agreement for Health Services to be fully executed, in triplicate, by their authorized representatives.

WITNESS: [Signature]  
Sign Name: \_\_\_\_\_  
Print Name: Frank G. Lamberson

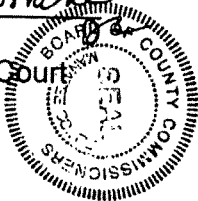
PRISON HEALTH SERVICES, INC.  
By: [Signature]  
Print Name: Rodney D. Holliman  
Title: President Community Connections  
Date: 5-12-09

RECOMMENDED BY MANATEE COUNTY COMMUNITY SERVICES DEPARTMENT:  
By: [Signature]  
Frederick J. Loveland, Director

APPROVED AS TO FORMAT AND CORRECTNESS:  
By: [Signature]  
R. C. "Rob" Cuthbert, C.P.M.  
Purchasing Division

APPROVED, with a quorum present and voting this 23rd day of June 2009.

"COUNTY"  
COUNTY OF MANATEE, a political sub-division of the State of Florida

Attest: [Signature]  
R. B. "Chips" Shore  
Clerk of the Circuit Court  


Sign: [Signature]  
Dr. Gwendolyn Y. Brown, Chairman  
Board of County Commissioners

Sign: [Signature]  
W. Brad Steube, Sheriff  
Manatee County, Florida

**ADDENDUM NUMBER ONE  
TO  
HEALTH SERVICES AGREEMENT**

**THIS ADDENDUM NUMBER ONE** shall become effective on the 1<sup>st</sup> day of July 2008, by and between the **BOARD OF COUNTY COMMISSIONERS of MANATEE COUNTY, FLORIDA** (hereinafter referred to as the "**COUNTY**"), and **SHERIFF W. BRAD STEUBE**, as the duly designated Chief Corrections Officer of the Manatee County Sheriff's Office (solely in his official capacity) (hereinafter referred to as the "**MSO**") and **PRISON HEALTH SERVICES, INC.** (hereinafter referred to as "**PHS**"). The **COUNTY, MSO** and **PHS** shall hereinafter be collectively referred to as the "**PARTIES**".

**WHEREAS**, the County and MSO have the statutory and constitutional duty and responsibility to provide necessary and proper medical, psychiatric, dental and other health care services for persons remanded to their care, custody and control within the county correctional system; and

**WHEREAS**, on June 12, 2007 the Parties hereto entered into an Agreement for Health Services commencing July 1, 2007 and ending June 30, 2008; and

**WHEREAS**, upon the expiration of the Initial Term (July 1, 2007 through June 30, 2008) of the Agreement, the Parties may mutually elect to continue the Agreement for four additional one (1) year periods; and

**WHEREAS**, the County and MSO have determined a need for an additional one (1) year period; and

**WHEREAS**, the County and MSO are satisfied with the performance to date of PHS; and

**NOW THEREFORE**, for and in consideration of the mutual benefits to be derived, the parties hereto agree as follows:

1. The duration of the Agreement shall be extended for one (1) year commencing July 1, 2008 and ending June 30, 2009 for a total not to exceed cost of \$5,359,544.40.
2. All other terms and conditions of the Agreement shall remain in full force and effect during the extended term.

IN WITNESS WHEREOF, the parties hereto have caused this Addendum Number One to the Agreement for Health Services to be fully executed, in triplicate, by their authorized representatives.

WITNESS:

Sign Name: Brenda Henderson  
Print Name: Brenda Henderson

PRISON HEALTH SERVICES, INC.

By: Radney D. Holliman  
Print Name: Radney D. Holliman  
Title: Group Vice President  
Date: 6/16/08

RECOMMENDED BY MANATEE COUNTY COMMUNITY SERVICES DEPARTMENT:

By: Frederick J. Loveland  
Frederick J. Loveland, Director

APPROVED AS TO FORMAT AND CORRECTNESS:

By: Renee J. Nordbye 6/16/08  
R. C. "Rob" Cuthbert, C.P.M.  
for Purchasing Division

APPROVED, with a quorum present and voting this 24 day of June 2008.

"COUNTY"  
COUNTY OF MANATEE, a political sub-division of the State of Florida

Attest: 04: Susan P. Romine  
R. B. "Chips" Shore  
Clerk of the Circuit Court



Sign: Gene W. Williams  
Chairman  
Board of County Commissioners

Sign: W. B. Steube  
W. Brad Steube, Sheriff  
Manatee County, Florida

**HEALTH SERVICES AGREEMENT**

This **AGREEMENT** shall become effective on the 1<sup>st</sup> day of July, 2007, by and between the **BOARD OF COUNTY COMMISSIONERS of MANATEE COUNTY, FLORIDA** (hereinafter referred to as the "**COUNTY**"); and **SHERIFF W. BRAD STEUBE**, as the duly designated Chief Corrections Officer of the Manatee County Sheriff's Office (solely in his official capacity) (hereinafter referred to as the a "**MSO**") and **PRISON HEALTH SERVICES, INC.** (hereinafter referred to as "**PHS**"). The **COUNTY, MSO and PHS** shall hereinafter be collectively referred to as the "**PARTIES**".

**WHEREAS**, the County and MSO have the statutory and constitutional duty and responsibility to provide necessary and proper medical, psychiatric, dental and other health care services for persons remanded to their care, custody and control within the county correctional system; and

**WHEREAS**, the said **COUNTY** correctional system presently consists of physical plants, hereinafter collectively referred to as "**Correctional Facilities**" located at 14470 Harllee Road, Palmetto, FL 34221; and

**WHEREAS**, **PHS** affirms that it is a Delaware Corporation with substantial experience in the field of providing total health care services for persons incarcerated in public jails and prison facilities and has certain similar ongoing contracts and programs in other states of the union; and

**WHEREAS**, the **COUNTY** and the **MSO** are desirous of contracting with **PHS**, and **PHS** is desirous of contracting with the **COUNTY** and the **MSO** to provide or arrange for health care services for the inmates housed within the county Correctional Facilities described above;

**NOW THEREFORE**, in consideration of the premises and mutual promises contained herein, it is agreed as follows:

**1. CONTRACT PERIOD**

This Agreement is a one-year contract which shall commence and be effective July 1, 2007, and continue in full force and effect through June 30, 2008 ("**Initial Term**") unless otherwise terminated as provided herein.

Upon expiration of the Initial Term of this Agreement, it is agreed between the parties that the **COUNTY**, the **MSO**, and **PHS** may mutually elect to continue this Agreement for four additional one (1) year periods. If the **COUNTY** and the **MSO** elect to extend this Agreement, **PHS** must be notified in writing of the intent to negotiate an extension of this Agreement at least one hundred eighty (180) days prior to the expiration of this Agreement. Each Party reserves the right to cease negotiations at any time they may determine that it is in their best interest to do so.

**2. CONSIDERATION**

As consideration for the services provided or arranged by PHS pursuant to this Agreement, the COUNTY agrees to pay PHS in equal monthly installments, the following base price for all services:

A. During the first contract year, the base price (the "Base Price") shall be Five Million One Hundred Thirty Six Thousand Nine Hundred and Sixty dollars (\$5,136,960.00) subject to all adjustments, credits, and/or debits as hereinafter set forth. In the event the County eliminates its program for inmates with the Florida Department of Juvenile Justice ("FDJJ") as anticipated, the Base Price shall be reduced at that time to Five Million Ninety Four Thousand Six hundred and Twenty Four dollars (\$5,094,624.00) on an annualized basis.

B. The base price shall be adjusted in twelve month intervals using the U.S. Department of Labor's Consumer Price Index - All Urban Consumers (CPI-U), Tampa-St. Petersburg-Clearwater, FL - Average for Medical Services Component (the "Index"), based on the lesser amount of the calculated percentage change in the Index or 5.2%. The base Index shall be the most recent monthly Index published as of the commencement of services. The base Index thereafter shall be the most recent monthly Index published as of the commencement of each successive twelve month period.

Example of calculation:

**INDEX POINT CHANGE**

Index for April 2006	52.3 (Index at twelve months after base index is established)
Index for April 2007	<u>146.1</u> (Base Index)
Equals Index Point Change	6.2 Index Point Change

**INDEX PERCENT CHANGE**

Index Point Change from above	6.2
Divided by Base Index	146.1
Equals	0.042436 or 4.2 Percent

C. The Base Price shall be paid in twelve (12) equal monthly installments of \$428,080.00. In the event the FDJJ program is eliminated as described in section 2.A. above, the monthly Base Price shall be reduced at that time to \$424,552.00. PHS shall invoice the COUNTY for the Base Price on the last day of each month for services rendered in that month and the COUNTY agrees to pay PHS on a 30-day basis by wire funds transfer no later than thirty (30) days after receipt of the invoice from PHS. In the event the Agreement should commence or terminate on a date other than the first or last



day of any calendar month, the Base Price will be prorated accordingly for the shortened month.

COUNTY shall give PHS prompt notice of any dispute with respect to PHS's invoice and shall timely remit payment for the undisputed amount to PHS.

### **3. ADDITIONAL CONSIDERATION**

In addition to the base price stated herein, additional compensation may be due as follows:

#### **A. CHANGES IN POPULATION**

PHS shall calculate ADP on the last day of each month and include the total with the monthly invoice.

If the ADP is more than 1,500 or less than 1,300 for a period of sixty (60) consecutive days, then the PARTIES (PHS, COUNTY and MSO) shall in good faith negotiate on such additional or reduced services and compensation to be paid by the COUNTY to PHS as a result of such changes.

In the event that the FDJJ ADP exceed 25 ADP for a period of sixty (60) consecutive days, then the PARTIES (PHS, COUNTY and MSO) shall in good faith negotiate on such additional or reduced services and compensation to be paid by the COUNTY to PHS as a result of such changes.

#### **B. LIMITS**

Limits for costs for certain services are set as outlined below:

##### **1. Outside Services Limit**

COUNTY agrees to pay PHS on a reimbursement basis for Outside Services (exclusive of all outside services provided for the Florida Department of Juvenile Justice inmates qualifying for reimbursement for services in accordance with Attachment A herein) for actual costs in excess of the Outside Services limit of nine hundred fifty thousand dollars (\$950,000.00) per contract year. **NOTE:** This amount (\$950,000.00) is included in the base price of the Agreement; however, this amount shall not be adjusted by the method used in paragraph 2.B herein. PHS shall credit the COUNTY one hundred percent (100%) of the annual \$950,000.00 not spent during any contract year. PHS shall be responsible for reporting on a monthly basis all inmate Outside Services, with specific descriptions and corresponding dollars associated with same, as a cumulative and percentage (%) of the total annual Outside Services Limit.

For the purposes of this Agreement, "Outside Services" shall be defined as: inpatient and outpatient hospitalization, emergency room hospital and physician fees, visits to off-site

medical and dental specialists for consultation and treatment, on-site and off-site hemodialysis treatment, only laboratory and diagnostic services prescribed by an Outside Service provider, and visits to special medical diagnostic facilities using equipment and/or services not available within the Correctional Facilities nor within the medical specialties or services of the staff or the subcontractors as identified.

The Outside Services Limit shall be prorated in the event this Agreement is terminated prior to the end of the contract year.

## 2. Pharmaceuticals Limit

Manatee COUNTY agrees to pay PHS on a reimbursement basis for pharmaceutical costs in excess of four hundred fifty thousand dollars (\$450,000.00) per contract year. This amount (\$450,000.00) is included in the annual base price of the Agreement; however, this amount shall not be adjusted by the method used in paragraph 2.B herein. PHS shall credit to COUNTY one hundred percent (100%) of \$450,000 not spent during any contract year. PHS shall be responsible for reporting on a monthly basis, with specific descriptions and corresponding dollars associated with same, all pharmaceutical costs that are applied to the annual pharmaceutical limit as a cumulative and percentage (%) of the total Pharmaceutical Limit.

The Pharmaceuticals Limit shall be prorated in the event this Agreement is terminated prior to end of the contract year.

## 3. Reconciliation of Aggregate Limits

PHS will provide a final reconciliation (the "Final Reconciliation") of the Outside Services Limit and the Pharmaceuticals Limit within 150 days after the end of each annual contract year. Yearly reimbursement adjustments from the Final Reconciliation will be in the form of a credit memo to the County or an additional invoice to the County payable within thirty (30) of receipt of invoice. The parties recognize that PHS will make every reasonable effort to control the timeliness of the submission of claims from third party providers, but there may be instances in which claims are received by PHS after the 90<sup>th</sup> day of the final reconciliation period. In such instances, notwithstanding anything in this paragraph to the contrary, County agrees that it will pay such claims to the extent the County is responsible under the provisions of this Agreement.

## 4. ADJUSTMENTS

The following adjustments may be considered:

- A. PHS inspected the Correctional Facility and current conditions, and determined an appropriate staffing level, which is documented on Attachment B, Staffing Levels.
- B. If inmate population materially changes as described in section 3.A. above, PHS agrees that the staffing level shall be assessed and the base price shall be adjusted by an

amount reflecting staff changes brought about by such staffing changes. This adjustment shall be effective upon a written amendment to the Agreement, executed by the parties.

C. The parties acknowledge that flexibility in staff location may be necessary should inmate relocation occur.

#### **5. THIRD PARTY REIMBURSEMENT SOURCES**

During the intake and booking process, PHS shall seek and collect information concerning any third party reimbursement sources that might be available to an inmate to cover services rendered outside the Correctional Facilities, including but not limited to any type of private medical insurance, Manatee County Indigent Care Program, Worker's Compensation, injury claim benefits, and/or other federal, state, or local health care benefits or programs. To the extent that MSO is able to obtain any pertinent data during the book-in process, MSO shall provide this information to PHS. PHS shall provide the third-party reimbursement information it has collected to all off-site providers at the time an inmate or is sent for off-site health care services. PHS shall not seek or direct off-site providers to bill third-party reimbursement sources, but shall only provide the information it has collected. The County understands that Medicaid and Medicare are not available third party payment sources for individuals once they have been incarcerated, and, pursuant to law, PHS will not seek, direct, facilitate or assist in Medicaid/Medicare reimbursement. Any such reimbursements collected on behalf of inmates shall be applied as a monthly credit against the Limits as specified herein.

#### **6. REMEDIES**

The COUNTY shall be entitled to a credit for any and all costs that the COUNTY reasonably incurs for any medical services reasonably required to be performed by PHS to the extent that PHS fails to perform from the first day of the failure to provide services, as required under this Agreement. All costs accrued from the first day shall be credited by PHS to the COUNTY.

#### **7. SCOPE OF HEALTH CARE SERVICES**

PHS shall provide all medical, dental, mental health, and other related health care services, including but not limited to, laboratory, x-ray and pharmacy services, unless expressly limited by this Agreement for all inmates at the Correctional Facilities, excluding transportation, in accordance with Attachment A, "Standards and Requirements/Scope of Services", and pursuant to all applicable federal, state and local laws. The following services are referenced to provide specific detail, but in no way shall these references limit the duties of PHS to provide services as stated previously.

##### **A. EMERGENCY MEDICAL SERVICES**

PHS shall provide necessary emergency medical care and treatment 24 hours per day, 7 days per week to the inmates at the MSO facilities to be performed either on-site where

the person is housed or at an emergency medical care facility or hospital. COUNTY shall provide necessary ambulance service for emergency medical care patients.

B. HOSPITALIZATION SERVICES

PHS shall arrange for the admission of any inmate who requires hospitalization. PHS shall be fully responsible for any and all costs or expenses incurred thereof subject to Section 3.B. In the event of a dispute between the PHS Medical Director and the MSO Jail Administrator or designee regarding the need for hospitalization for any inmate, upon MSO request, the PHS Medical Director shall state in writing the reasons that hospitalization is or is not required for a particular inmate.

C. OBSTETRICS/GYNECOLOGICAL SERVICES

PHS shall provide for obstetrics/gynecological services to all female inmates. These services shall also include prenatal and postnatal care and delivery. PHS shall be responsible for any procedure that would discontinue a pregnancy in the event that the life and/or health of the inmate is in serious jeopardy. PHS shall not be responsible for any direct expenses associated with the fetus nor shall PHS be responsible for post-delivery care to the child.

D. FDJJ (Florida Department of Juvenile Justice) CONSENT REQUIREMENTS

Prior to the provision of medical services to FDJJ inmates, PHS shall obtain consent documentation in accordance with FDJJ requirements as cited in Attachment A. The parties agree to work together to obtain consent.

E. HIV/AIDS-RELATED ILLNESSES

PHS shall be liable for medical expenses associated with the treatment of Human Immuno-Deficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS), or HIV-AIDS-related illnesses, as defined by the Centers for Disease Control as of the date of this Agreement, to include prescribing AZT and/or protease inhibitors and viral loads for any inmate diagnosed with HIV/AIDS. PHS shall administer voluntary blood tests to inmates to screen for HIV/AIDS and other health hazards as directed by the MSO and shall follow all confidentiality requirements requested by the MSO.

**8. ADDITIONAL SERVICES TO BE PROVIDED BY PHS**

A. PRE-BOOKING/OFF-THE STREET INJURIES

PHS shall have the responsibility to properly screen and assess any individual who, when arrested by any law enforcement agency, has an apparent injury or complaint of sustaining an injury prior and/or incidental to the arrest, if the individual is presented at a PHS staffed facility under this Agreement. After having medically examined the arrestee, if PHS determines that the individual is not fit for admittance into any of the

MSO facilities, PHS shall refer the arrestee to a hospital for treatment. Except for the assessment and screening process described above, PHS will not be financially responsible for the cost of any medical treatment or health care services provided to medically stabilize any inmate presented at booking with a life threatening injury or illness or in immediate need of emergency medical care.

MSO shall promptly notify PHS of all individuals who are taken by the arresting agency to a hospital prior to booking and are booked by MSO at the bedside. PHS shall have no financial responsibility for the cost of medical treatment for bedside booked individuals unless and until such time as those individuals are physically incarcerated at the Correctional Facilities.

B. EMERGENCY MEDICAL SERVICES - First Aid and Stabilization for all other persons

PHS further agrees to provide, at no additional charge, emergency first aid and temporary medical stabilization of any MSO staff or a visitor at an MSO facility until emergency medical treatment and personnel arrive at the facility.

## 9. PERSONNEL

A. NOTIFICATION OF CHANGES

PHS shall notify the COUNTY and MSO in writing of any changes of staff, including, but not limited to, any employee, subcontractor or service provider PHS shall use to provide service under this Agreement.

B. LICENSURE CERTIFICATION AND REGISTRATION OF PERSONNEL

All personnel provided or made available by PHS to render services herein shall be licensed, certified, and/or registered, in their respective medical disciplines or expertise pursuant to all applicable Florida law. For the purpose of this Agreement, the terms Registered Nurse, Licensed Practical Nurse, and Nursing Supervisor or Advance Registered Nurse Practitioner are defined as set forth in Florida Law, as may be amended from time to time.

The terms "Dentist", "Psychologist" and "Psychiatrist" are defined as and are to be in compliance with Florida law, as may be amended from time to time.

For the purpose of performing under this Agreement, the "Medical Director" for PHS shall be a licensed physician or medical doctor as defined by Florida law, as may be amended from time to time.

C. MSO APPROVAL OF PHS HEALTH CARE PERSONNEL

Any person gaining access to the Correctional Facilities, must meet the security requirements of the MSO prior to admission. MSO shall exercise all reasonable speed to determine and convey to PHS individual's security status.

PHS shall arrange with MSO to have law enforcement background checks conducted on each employee hired by PHS or PHS's subcontractors to perform medical services as stated in this Agreement. Background checks of PHS staff shall be at the MSO's cost.

In the event the MSO or COUNTY should become dissatisfied with any health care personnel provided by PHS, PHS in recognition of the sensitive nature of correctional services, shall, following receipt of written notice from the MSO or COUNTY of its dissatisfaction and the reasons thereof, exercise its best efforts to resolve the concerns expressed by the MSO or COUNTY in its written notice, and if such concerns cannot be resolved to the PARTIES satisfaction, PHS shall authorize the removal of the individual(s) from the Correctional Facilities. Unless security and safety concerns require prompt removal, the MSO agrees to allow PHS reasonable opportunity prior to, or after, removal of the personnel to find an acceptable replacement without penalty or prejudice to PHS, however, the vacancy shall be filled as required by paragraph G of section 9. The MSO shall have the right of reasonable approval of any health care professional hired or contracted by PHS.

The MSO, at its sole expense, may conduct its own criminal background investigations to screen all employees, agents, appointees, contractors, and subcontractors hired or contracted by PHS.

D. USE OF INMATES IN HEALTH CARE FACILITY

Inmates, including a trustee, shall not be used or otherwise engaged by either PHS or the MSO in the direct or indirect rendering of any health care service pursuant to this Agreement. Trustees may be used in positions not involving the rendering of health care services directly or indirectly to other inmates within a health care facility as PHS and the MSO may permit.

E. SUBCONTRACTING AND DELEGATION

E.1 SUBCONTRACTING:

The COUNTY and the MSO agree that PHS shall engage and contract with certain health care professionals as independent contractors rather than employees of PHS, and the COUNTY and the MSO expressly consent to subcontracting of health care professionals. PHS shall, at all times, be totally liable and responsible for the overall management, direction of, and all actions taken by the aforementioned health care professionals notwithstanding any claims of alleged, proposed, or actual independent contractor status relationship with PHS. The COUNTY and the MSO reserve the right to approve all

subcontracted services. Further, all contracts for services and/or activities subcontracted by PHS in order to meet the obligations of the contract must be entered into and completed within sixty (60) days of the contract start date. After the contract start date, no subcontracted services and/or activities contracted between PHS and the subcontracted parties may lapse or remain unassigned for more than thirty (30) days. Failure to meet these deadlines shall be a material breach of this Agreement.

The right to subcontract, pursuant to this section, shall not apply to the position of Health Services Administrator, Medical Director, any member of the nursing staff, medical staff, dental staff, secretaries, technicians, clerical and secretarial personnel and similar support persons. Unless the COUNTY and MSO approve a different relationship in writing, these individuals shall be employees of PHS. Nothing herein shall operate to limit PHS's right to contract for labor service on a temporary basis until a staff position is permanently filled by a PHS employee, subject to the MSO's background investigation.

#### E.2 DELEGATION:

In order to discharge its obligations hereunder, PHS shall engage certain health care professionals as independent contractors rather than employees upon the approval of the COUNTY and MSO, which approval will not be unreasonably withheld. Subject to the approval described above, the COUNTY and MSO consent to such subcontracting or delegation. The County Administrator or his designee shall have authority to approve all independent subcontractors and to provide interpretations of this Agreement. The MSO may designate employees who are authorized to approve all independent subcontractors.

#### F. COMPLIANCE WITH CIVIL RIGHTS LAWS

PHS shall recruit, select, train, promote, transfer, and release its personnel, as contemplated hereunder, without regard to race, color, religion, national origin, handicap, Vietnam Era status, age or sex, (except where age, sex or handicap is a bona fide occupational qualification). Further, PHS shall administer its other personnel policies, such as compensation, benefits, layoffs, return from layoffs, work sponsored training, education, and tuition assistance without regard to race, color, religion, national origin, handicap, Vietnam Era status, age or sex.

#### G. STAFF VACANCIES

For purposes of this contract, actual hours worked by all designated staff positions during each month of the contract must meet or exceed the contracted hours as specifically set forth in Attachment B, Staffing Levels, by each category of staff.

PHS may, at its own discretion, fill positions with equally or higher qualified staff on overtime, from a nursing/staff (per diem) pool, or from an agency and credit for hours worked shall be given. Full-time positions shall not be staffed with agency personnel for more than sixty (60) days.

Notwithstanding any provision to the contrary or other relief available to the COUNTY, when a staff position remains unfilled for more than the initial 40 hours of scheduled time in a given pay period and subsequent pay periods, PHS shall credit the COUNTY the Total Hourly Rate stated for service hours not provided by any medical staff as set forth in Attachment C rate schedule from the initial date of non-service to the date the position(s) is filled. On a monthly basis, PHS shall report the hours filled and unfilled hours by payroll period for all staffing positions at each Correctional Facility. Within thirty (30) days of the end of each contract year, PHS shall issue a credit memo in an amount equal to the staffing credits assessed over the previous twelve (12) month period.

Any services that must be furnished at a place other than the Correctional Facilities due to the inadequacies of the Attachment B, Staffing Levels, shall not be considered Outside Services as provided for in Section 3.B whether such inadequacy arises from the inadequacy of the Staffing Level or the failure to maintain the Staffing Level due to illness, annual or personal leave or any other cause.

#### H. INMATE RELATIVE

PHS shall provide immediate written notification to MSO and to the COUNTY upon becoming aware of any instance of an inmate admitted to the MSO facility that is a relative of a PHS healthcare staff member.

### **10. ACCREDITATION AND HEALTH CARE INSPECTIONS**

PHS shall, within the first sixty (60) days of the contract, establish a standard and quality of health care which shall satisfy those standards developed by the American Correctional Association (ACA), provided the COUNTY and the MSO meet their obligation to do the same. PHS shall at all times be compliant with Section 7 of the Florida Model Jail Standards. Any deficiency caused by PHS or its agents in the performance of health care services in the COUNTY correctional system resulting in notice of such deficiency from any regulatory or accrediting organization may constitute a material breach of this Agreement.

Failure by PHS to rectify any such deficiency within a thirty (30) day cure period or a failure by PHS to maintain an essential standard required to maintain accreditation, shall constitute a material breach of this Agreement by PHS and such material breach may result in the COUNTY and the MSO, at their sole discretion, terminating this Agreement and seeking applicable damages.

PHS shall provide copies of the Quality Improvements (QI) meeting schedule and the QI Audit Report to both MSO and the COUNTY.

PHS will conduct a post-implementation survey with County and MSO to provide an internal evaluation and assessment of the program. Approximately 90 days after the new contract start date, PHS' survey results will be shared internally with PHS senior management and with County and MSO.



## 11. EDUCATION AND TRAINING

PHS shall conduct health education programs for inmates, correctional officers of the MSO or PHS's own medical services staff designed toward raising the level of inmate health and health care. Such health care education and training program shall include, but not be limited to, at the MSO's request, programs in first aid, signs and symptoms of chemical dependency, and responses to medical emergencies. On a yearly basis, PHS will provide MSO will a list of education and training programs.

In addition, PHS shall ensure that its medical, professional and paraprofessional staff receive all necessary and requisite statutorily mandated annual in-service or proficiency training, and such other professional or paraprofessional education and training programs necessary to ensure current proficiency in the professional and paraprofessional's particular medical discipline or specialty.

## 12. RECORDS AND REPORTS

### A. MEDICAL RECORDS

PHS shall maintain a medical record for each inmate who receives medical care services. This medical care record shall be maintained in accordance with applicable professional standards and the standards set forth in Attachment A, and shall be maintained separately from the inmate's confinement record. A complete copy or summary of the applicable medical record shall be made available to accompany any inmate who is transferred from the COUNTY correctional system to any other correctional facility, whether local, COUNTY, state or federal if required. All medical records shall be the property of the MSO and shall be maintained by PHS during the contract period. Medical records shall be kept confidential, subject to the right of access thereto at all times on the part of the COUNTY and MSO. Said medical records shall be kept and maintained by PHS at the respective correctional facility or, by mutual agreement of the MSO and PHS, at a central location. The right of access to medical records by any inmate or their legal representative shall be as required by law, and shall be complied with by PHS. No information contained in the medical record shall be released by PHS except as provided by order of court, or otherwise in accordance with applicable law. Upon the expiration or termination of this Agreement, all such records shall remain the property of the MSO, provided, however, PHS shall have reasonable access to such records when necessary to enable PHS to properly prepare for litigation or anticipated litigation brought or threatened by third persons in connection with services rendered during the term of this Agreement.

### B. PERIODIC REPORTS BY HEALTH CARE PROVIDER

PHS shall submit monthly and other periodic reports to the COUNTY and MSO designees, concerning and reflecting on the overall operation of the health care services program in general or on the health status in particular of the inmates committed to the custody of the COUNTY and MSO. Such reports shall be submitted on a regular,

periodic basis to be hereinafter determined by the COUNTY and MSO. In addition to the foregoing reports, monthly reports covering and describing inmate health care usage and costs reports shall be submitted to the COUNTY and MSO in such form and detail as may reasonably be required by the COUNTY or MSO. PHS shall fully cooperate with the COUNTY and MSO in the submission of any reports, records or documents required by any court, quasi-judicial agency or state agency requesting the same for any reasons whatsoever, or as may be required to support any provision or section of this Agreement, without any additional charge, fee or assessment, to the COUNTY and MSO.

PHS shall log grievances from inmates and report to the COUNTY and MSO such grievances on a monthly basis.

PHS shall regularly confer with the COUNTY and MSO's designated representatives concerning existing health related procedures and problems within the Correctional Facilities, and for the purpose of making changes, from time to time, of such procedures and other practices reasonably related thereto as PHS, COUNTY and the MSO shall deem advisable.

PHS shall collaborate with County and MSO to develop written standard administrative practices for use by all parties appropriate.

#### C. INMATE HEALTH INSURANCE FOR HEALTH BENEFIT PROGRAMS

During the intake and booking process, PHS shall seek and obtain from any inmate information concerning any health insurance or health benefit program to which the inmate might be entitled or have that would or could cover medical services rendered by PHS or its subcontractors. MSO shall cooperate with PHS in PHS's effort to secure this information from any such inmate.

#### D. INMATE INFORMATION

MSO shall provide PHS with such information, records, and reports that the MSO may have pertaining to any inmate that PHS identifies as reasonable and necessary for PHS to adequately perform its obligation hereunder.

#### E. RECORDS AVAILABILITY

PHS covenants that, PHS and all PHS subcontractors, and all officers, agents and employees, of PHS and PHS subcontractors shall comply with the requirements of Florida's Public Records Law. In the event that PHS should assert any proprietary or confidential status to any of its systems, methods, procedures, or written materials and other controls employed by PHS in the performance of PHS's obligation pursuant to this Agreement, then PHS shall assert such claim on its own. In the event any legal action is brought by any person or entity against the COUNTY or the MSO for a writ of mandamus or other cause of action in any court of competent jurisdiction for the release of any record or report maintained by PHS which PHS claims to be exempt or to have a

proprietary interest in or claims to be confidential in nature, then PHS shall indemnify, defend and hold harmless the COUNTY and the MSO from any and all judgements, costs, assessments or other fees asserted against the COUNTY and the MSO, as a result of PHS's claim of exemption or confidentiality or proprietary interest in any of its documents, records, reports or other instruments of communication.

#### F. PROPRIETARY RIGHTS

Many of the systems, methods, procedures, written materials and other controls employed by PHS in the performance of its obligations, including its web-based software and applications, are proprietary in nature and will remain the property of PHS. PHS agrees to grant the County and MSO a fully paid, non-exclusive license for any software programs and web applications it develops or has already developed and uses as part of the provision of services under this Agreement ("Software"). Such license shall be in effect for the term of the Agreement between the parties. The Software shall be used solely for the purpose of the provision of health care in the Correctional Facilities operated by the County and MSO. The County and MSO may not sell, assign, or otherwise transfer the Software or the license or sublicense, distribute or disclose the Software to any other entity. PHS shall retain ownership and all rights, title and interest in and to the Software and to all the documentation, source code and other information and material relating to the Software provided or disclosed to the County. PHS shall maintain and update the Software as long as it is the contractor performing services for the County. PHS shall have no obligations as to maintenance and updates for the Software after termination or expiration of this Agreement. PHS agrees that all medical records, data and reports maintained by it pursuant to the Agreement will remain the property of the County and MSO.

### 13. SECURITY

#### A. GENERAL

PHS and MSO understand that adequate security services are necessary for the safety of the agents, employees, contractors and subcontractors of PHS as well as for the security of inmates and MSO's correctional staff. MSO shall provide security services satisfactory to PHS and sufficient to enable PHS and its personnel to safely provide the health care services called for herein. The final determination for the security plan for the Correctional Facility shall rest solely with the MSO. In the event that any reasonable recommendation by PHS for particular health care services for the inmate or group of inmates, including but not limited to, recommendations for inmate transfer or transfers to other medical facilities, should not be implemented and carried out for security reasons, PHS shall thereupon be released from professional liability for any damages resulting from any such decision on the part of the MSO not to respond or to institute a requested transfer of inmates.

B. TRANSPORTATION OFF SITE

MSO shall provide security, as necessary and appropriate, in connection with the transportation of any inmate between any correctional facility and any other location for off-site medical services as contemplated herein.

**14. OFFICE SPACE AND EQUIPMENT**

A. OFFICE SPACE AND SUPPORT

MSO agrees to provide PHS with office space or facilities at the correctional facility, including water, sewer, garbage, including biomedical waste removal, electric, and local telephone services, sufficient to enable PHS to perform its obligation herein. In providing telephone service within any clinical or office facility occupied by PHS, PHS shall reimburse the COUNTY for any and all long distance telephone calls or telephone based services placed or billed to any telephone lines assigned to PHS. PHS shall provide all biomedical waste sharps containers used by PHS or PHS subcontractors. MSO shall maintain a separate agreement for bio-medical waste disposal services

B. EQUIPMENT AND EXISTING SUPPLIES

PHS shall be totally responsible for the purchase of all medical/office supplies. In addition to the foregoing, PHS shall also be responsible for the maintenance, repair and satisfactory working order of all equipment and within sixty (60) days of contract award submit to the COUNTY and MSO an Inventory List of all equipment with ownership identified. PHS shall update this Inventory List on an annual basis. PHS further agrees that at PHS's sole expense, PHS shall maintain in good repair and in satisfactory operating condition, all equipment which PHS utilizes and which is owned by the MSO and/or Manatee COUNTY, Florida. All such equipment which is purchased by PHS for use at any of the County or MSO facilities during the term of the contract, shall remain the property of PHS upon termination of this Agreement. All equipment identified as, or purchased by the COUNTY and/or MSO during the term of this Agreement shall remain the property of the COUNTY and/or MSO and be returned to the County and/or MSO upon termination in its present condition, reasonable wear and tear excepted.

**15. GENERAL MAINTENANCE SERVICE**

MSO shall provide the same range of services and facilities for those inmates who are confined to reside in a health clinical area for the purpose of receiving medical services, to include but not be limited to, daily house cleaning services, dietary services, building maintenance services, personal hygiene supplies and services and linen supplies, as are provided for all other inmates.

**16 PHS AS AN INDEPENDENT CONTRACTOR AND AS A CORPORATION**

The parties to this Agreement both acknowledge that PHS is providing the services contemplated herein as an independent contractor and is neither an agent, employee, partner nor in a joint venture with the Manatee County Sheriff's Office or with the Board of County Commissioners of Manatee County, Florida.

PHS represents that it is a Delaware Corporation in good standing and is qualified and authorized to do business in the State of Florida. Upon request, PHS agrees to provide the COUNTY and the MSO with true photocopies of appropriate documentation reflecting that PHS has in fact been and presently is legally authorized to engage in the medical services business in the State of Florida.

**17. LICENSES AND PERMITS**

PHS acknowledges that it shall cause its employees or subcontractors to obtain all occupational professional licenses which may be necessary under the laws of the State of Florida and the ordinances of Manatee County and all local ordinance for the rendering of the services contemplated by this Agreement. Further, PHS agrees that it shall require all its employees, agents, contractors and subcontractors and other persons under its charge rendering such services to secure and to maintain in good standing any and all professional and other licenses which may be required of them by such governmental agencies for the purposes hereof. PHS shall require its employees, agents, contractors and subcontractors to meet all applicable continuing education courses as mandated by the State of Florida and any regulatory agency to maintain professional licensing and accreditation for medical and para-medical personnel. If required, PHS shall absorb the cost of substitute personnel to assume duties of medical personnel attending mandatory educational programs.

**18 INDEMNIFICATION AND HOLD HARMLESS**

PHS agrees to indemnify and hold harmless the COUNTY, MSO, and their agents, employees, appointees, officers, administrators, successors or assigns from any and all claims, demands, damages, actions, causes of actions, suits, judgments, or liabilities of any kind or nature, but not limited to, compensatory, consequential, incidental or punitive, and further including any charges, expenses, attorney's fees or other costs which arise out of or relate to the performance of, or failure to perform, any services, duties, or responsibilities of PHS pursuant to this Agreement. PHS shall undertake at its own expense the defense of any such action, claims, demands, damages, actions, causes of actions, suits, judgments, or liabilities of any kind or nature whatsoever arising out of the actions of PHS or its agents, brought against the COUNTY, MSO and their agents, employees, appointees, officers, administrators, successors, or assigns, which claims for damages allegedly resulting from the performance of any service, duty or responsibility of PHS included in or resulting from this Agreement. Notwithstanding the foregoing, in no event shall PHS have responsibility for the indemnity and defense of the County and MSO for injuries, claims, actions, lawsuits, damages, judgments or liabilities arising out

of the acts and omissions of the County or MSO in their operation and maintenance of the Correctional Facilities. Nothing herein shall preclude the COUNTY from providing its own defense.

**19. INSURANCE**

PHS and all subcontractors agree to furnish and maintain for its operation, at all times during the course of the services to be performed herein, policies of commercial insurance with an insurance company(s) satisfactory to the COUNTY and the MSO with minimum limits in each policy of commercial insurance as follows:

A. Comprehensive General Liability

\$1,000,000 Bodily Injury and Property Damage per occurrence, and \$2,000,000 aggregate for bodily injury and property damage on an occurrence form.

Comprehensive General Form  
Extended Liability Bodily Injury Endorsement  
Products/Completed Operations (to be provided for minimum of 24 months after completion of work)  
Broad Form Contractual Liability  
Personal Injury Liability

B. Comprehensive Automobile Liability

\$1,000,000 Combined Single Limits  
Hired and Non-Owned Coverage

Professional Liability (Medical Malpractice)

\$1,000,000 per occurrence or claim made, if claim made insurance is offered by PHS then a tail policy (or other insurance product which would provide similar coverage) must be purchased at the end of the contract to cover the statute of limitations of the COUNTY, and MSO  
\$3,000,000 aggregate

D. Worker's Compensation and Employer's Liability

Statutory Coverage for Florida  
\$1,000,000 Employer's Liability  
Broad Form All States Endorsement

PHS shall not commence any services pursuant to this Agreement until the COUNTY and the MSO have been furnished with Certificates of Insurance in duplicate from PHS's insurance carrier(s) certifying that policy(s) of insurance providing coverage in amounts equal to or greater than listed above, have been issued to PHS and are in full force and effect. Furthermore, prior to any commencement of services by PHS, the aforementioned

Certificates must be examined and approved by the COUNTY representative. In addition to the foregoing, all Certificates of Insurance shall state that the insurance carrier shall give the COUNTY, and MSO a thirty (30) day notice of cancellation, non-renewal, or change in any respective policy. Both the COUNTY, and MSO shall be named as an additional insured under all policies of insurance listed above with the exception of the workers compensation policy.

PHS shall ensure that any physician, dentist, psychiatrist, psychologist, nurse or other medical professional engaged by PHS either as an employee, agent, appointee or independent contractor under this Agreement shall have in full force and effect or shall be required to maintain in full force and effect all required coverage under this Agreement.

Any cancellations or lapses of insurance coverage affecting directly or indirectly the operation of any COUNTY or MSO facility under this Agreement shall be deemed a material breach, and the COUNTY and the MSO shall have the right, in their sole discretion, to terminate this Agreement and seek applicable damages or other judicial relief.

## **20. TERMINATION OF AGREEMENT**

This Agreement may be terminated as follows:

### **A. Termination for Convenience:**

This Agreement may be unilaterally terminated by the COUNTY and the MSO or by PHS without cause or reason so long as the effective date of termination is preceded by a one hundred and fifty (150) day written notice to the other PARTIES.

### **B. Termination for Default:**

Except as otherwise provided in this Agreement, if any PARTY gives written notice to the other parties of a material breach or default in the performance of any of its obligations herein and such default shall not have been cured within thirty (30) days following the giving of such notice, the party giving notice shall have the right to immediately terminate this Agreement.

## **21. CHANGES**

If any contract, statute, ordinance, rule, or regulation is passed or any order or standard or policy issued or any statute or guideline adopted, clinical standards of care, scope of services or number of Correctional Facilities which materially and substantially changes the costs of providing health care services herein, or which results in the reduction of health care services as contemplated herein, then the PARTIES (PHS, COUNTY and MSO) shall in good faith negotiate on such additional or reduced services and compensation to be paid by the COUNTY to PHS as a result of such change.

**22. AMENDMENTS**

This Agreement may not be modified, amended, or extended orally. This Agreement may be amended only by written agreement executed by the governing bodies of the PARTIES.

**23. RESPONSIBILITY OF INMATE HEALTH CARE**

Upon expiration or termination of this Agreement, total responsibility for providing health care services to all inmates, including inmates receiving health care services at facilities off-site, shall be assumed from PHS by the COUNTY and the MSO. However, nothing herein is intended to lessen or eliminate any contractual or professional service liability of PHS to any inmate in need of medical care during a transition period.

**24. DISPUTE RESOLUTION**

Disputes shall be resolved as follows: through good faith negotiations of the parties, and if not resolved by such designees after twenty-one (21) days, the claim (with the basis for the dispute) shall be submitted in writing to the Manatee County Purchasing Director, for a determination and handling in accordance with the provisions of the Manatee County Purchasing Code. Any dispute resolution agreed to by PHS or the Manatee County Purchasing Director constituting a material change in this Agreement or providing for payment in excess of the amount established by or pursuant to this Agreement, shall not be final until approved by the Board of County Commissioners of Manatee County.

**25. ASSIGNMENT**

This Agreement may not be assigned by PHS to any other corporation, entity, partnership, group or individual, without the express written consent of the COUNTY and the MSO and the parties each bind themselves, their successors, assigns and legal representatives to the other party hereto and to the successors, assigns and legal representatives of such other party in respect to all covenants, agreements and obligations contained herein.

Notwithstanding any provisions to the contrary, nothing herein is intended to limit or lessen the common law or statutory authority or responsibility of the Board of County Commissioners for Manatee County, Florida, or the Manatee County Sheriff's Office, over the county's correctional system, its management and contracts as the law may exist today or be enacted, amended or modified in the future.

**26. NOTICE**

All notices or other communications received or permitted to be given under this Agreement shall be in writing and shall be deemed to have been duly given if delivered personally in hand or mailed via certified mail, return receipt requested, postage prepaid,



on the date posted, and addressed to the appropriate party at the following address or such other address as may be given to the Parties:

1. MSO

W. Brad Steube  
Sheriff of Manatee County, Florida  
600 8<sup>th</sup> Avenue West  
Palmetto, FL 34221

2. COUNTY

Frederick J. Loveland, Director  
Community Services Department  
1112 Manatee Avenue West  
Bradenton, FL 34205

OR

Frederick J. Loveland, Director  
Community Services Department  
P. O. Box 1000  
Bradenton, FL 34206-1000

3. PHS

Richard Hallworth, President/CEO  
Prison Health Services, Inc.  
105 Westpark Dr, Suite 200  
Brentwood, TN 37027

And

General Counsel  
Prison Health Services, Inc.  
105 Westpark Dr, Suite 200  
Brentwood, TN 37027

Without altering any of the parties legal duties or responsibilities under this Agreement the County and MSO shall immediately notify PHS of any incident, claim or lawsuit of which the County or MSO becomes aware and shall fully cooperate in the defense of such claim, but PHS shall retain sole control of the defense while the action is pending.

**27. GOVERNING LAW**

This Agreement and all of the rights and obligations of the PARTIES hereto shall be governed both procedurally and substantively by and construed according to the Laws of the State of Florida.

Venue for any proceedings shall be in Manatee County, Florida, if a State proceeding or if a Federal proceeding, in the Federal District Court in which Bradenton is located.

**28. ENTIRE AGREEMENT**

This Agreement constitutes the entire Agreement of the PARTIES and is intended as a complete and exclusive statement of the promises, representations, negotiations, discussions, and agreements that have been made in connection with the subject of the Agreement. No modification or amendment of this Agreement shall be binding upon the PARTIES unless the same is in writing and signed by the respective PARTIES hereto.

**29. WAIVER OF BREACH**

A waiver by any of the PARTIES of a breach or violation of any provision of this Agreement shall not operate, or be construed to be, a waiver of any subsequent breach of the same or other provision hereof.

**30. FORCE MAJEURE**

The PARTIES shall not be deemed in violation of this Agreement if a PARTY is prevented from performing its obligations herein for any reason beyond its control, including: strikes, inmate disturbances, acts of God, civil or military authority, acts of public enemy, war, accident, fire, explosion, earthquake, flood, hurricane, failure of available transportation or any similar cause beyond the reasonable control of either party.

**31. SEVERABILITY**

In the event any provision of this Agreement is held to be unenforceable for any reason, the unenforceability thereof shall not affect the remainder of the Agreement which shall remain in full force and effect and enforceable in accordance with its terms.

**32. APPROPRIATIONS**

The PARTIES acknowledge that performance of this Agreement and payment for medical services to PHS pursuant to this Agreement is predicated on the continued annual appropriations by the Board of County Commissioners of Manatee County. If at any time, sufficient funds are not budgeted, the COUNTY shall promptly notify PHS and this Agreement shall terminate as of the date funding is insufficient to continue this

Agreement. PHS shall be paid by the COUNTY for all services rendered through the termination date.

**33. FINAL POLICY-MAKING AUTHORITY**

Nothing herein shall be construed as a delegation of final policy-making authority to PHS with regard to the provision of medical services. The MSO Jail Administrator, is the final policy making authority for the purpose of establishing policies and custom for the provision of medical services for the facilities. PHS shall not be responsible for claims based on the policies or directives of the MSO Jail Administrator.

Policies or procedures created by the MSO shall not conflict with this Agreement, and in the event of a conflict, the requirements of this Agreement shall prevail.

**34. AUTHORITY TO EXECUTE.**

Each of the PARTIES hereto covenants to the other party that it has lawful authority to enter into this Agreement and has authorized the execution of this Agreement by the party's authorized representative.

**35. ATTACHMENTS**

The following attachments are attached hereto and made a part hereof:

- Attachment A - Standards & Requirements/Scope of Services
- Attachment B – Staffing Levels
- Attachment C – Average Hourly Rate Per Position

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be duly executed, in duplicate, by their authorized representatives.

Prison Health Services, Inc.

By: [Signature]  
Name: Richard Hellmuth  
Title: President + CEO  
Dated: 5/17/07

[Signature]  
Attest

APPROVED AS TO FORM  
by LEGAL DEPT.

[Signature]

Approved as to format and correctness:

[Signature]  
Rob Cuthbert, C.P.M.  
Purchasing Manager

APPROVED, with a quorum present and voting this 12<sup>th</sup> day of June 2007.

COUNTY

ATTEST: R. B. SHORE

MANATEE COUNTY, FLORIDA,  
a political subdivision of the STATE OF  
FLORIDA

[Signature]  
Deputy Clerk of the Court  
Manatee County, Florida



By: [Signature]  
Amy E. Stein, Chairman  
Board of County Commissioners  
of Manatee County, Florida

and MSO

By: [Signature]  
W. Brad Steube, Sheriff  
Manatee County, Florida

**ATTACHMENT A**  
**STANDARDS & REQUIREMENTS / SCOPE OF SERVICES**

**I. STANDARDS & REQUIREMENTS CORRECTIONAL FACILITY HEALTHCARE SERVICES**

A. Standards & Requirements

The correctional healthcare services shall include, but not be limited to the following standards and requirements. PHS shall perform in accordance with all pertinent federal, state and local laws, standards and requirements as may be amended, renewed or replaced by the authority and subject to Paragraph 21.

B. Manatee County Sheriff's Department for all Manatee County Inmates:

1. Florida Model Jail Standards 2007, 07/2006
2. American Correctional Association Adult Local Detention Facility Manual, 4<sup>th</sup> Edition and The 2006 Supplement

C. Florida Department of Juvenile Justice – for all Juveniles admitted under the following:

1. Florida Department of Juvenile Justice Contracts, including any amendments, renewals and replacements subject to Paragraph 21.  
-Contract #L2G01 (Youth Academy – High Risk) June 29, 2001.
2. Health Services Manual, October 2006
3. Mental Health & Substance Abuse Services Manual, March 2006
4. Quality Assurance Standards Juvenile Justice Residential and Correctional, October 2006, December 2006.
5. Florida Statutes 397.311(25), 985.18, 985.632. PHS shall comply with all applicable state laws, rules and regulations.

D. PHS shall address the following in accordance with the aforementioned standards and requirements. This is not a complete and comprehensive listing of the overall healthcare requirements to be performed by PHS.

1. Documentation
2. Emergency treatment
3. Medical and mental health screenings (i.e. for TB, vision, hearing, STD's, immunizations, suicide, etc.)
4. Medications
5. Outside treatment
6. Routine physical exams
7. Sick Call

8. Time periods for treatment/exams

2. SCOPE OF SERVICES

A. General Medical Services

1. Provide necessary, adequate, and reasonable medical services:
  - a. Within the institutions
  - b. Inpatient hospital care and services
  - c. Outpatient care and services
2. Maintain medical records for each inmate booked into the facilities. All original medical records shall physically remain in the appropriate correction facility, be maintained pursuant to applicable laws, and be kept separate from inmate confinement records and files. Medical records will be made available to MSO administrative personnel and/or County personnel when required to defend any action, formal or informal by any inmate against the MSO and/or the County.
3. Provide emergency medical services for inmates needing transfer to treatment facilities.
4. Provide detoxification services to include medical assessment, counseling and referral services when standards or requirements specify this action to be appropriate.
5. Provide each inmate with required history and physical assessment as well as the opportunity for sick call according to Specifications and Program Requirements. Negotiated Contractual Performance penalties may be imposed in each instance in which the allowed time frames to conduct such required history and physical assessment (pursuant to applicable standard) is exceeded.
6. Provide primary health care to include convalescent care and preventive maintenance.
7. Provide all specialty medical services as required by standards or requirements.
8. Provider shall not provide elective medical care to inmates or health care services to an infant following birth. Elective medical care means any medical care which, if not provided, in the opinion of Provider's Medical Director, would not seriously

jeopardize or impair the inmates health or which is not otherwise required by law, regulation or contract.

9. Conduct specimen collection (blood draws, oral swabs etc.) from inmates, or other persons presenting for such services to satisfy certain orders of the court to meet the requirements of F.S. 796.08 (Prostitution Screenings and HIV Screenings), F.S. 943.325 (DNA Database) and/or F.S. 960.003 (Victim Notification of Results), and F.S. 943.325 (Comparative Analysis).
10. Provide staff (M.D., P.A., A.R.N.P., R.N., L.P.N., etc) necessary to provide General Medical Services. Negotiated Contractual Performance penalties shall be imposed in the event that positions are left un-staffed beyond a specified period of time.
11. Appoint a Director of Medical Services who shall have medical and administrative responsibility on a twenty-four (24) hour basis, whether in attendance or on call. The Director of Medical Services shall be an M.D. or D.O. licensed in the State of Florida.
12. Provide an on-site program manager to oversee Provider's medical services staff and to be available to answer questions of correction staff a minimum of 5 days per week, 8 hours/day. Position may be scheduled between facilities if such scheduling is practical and meets requirements of accepted medical practice.
13. Establish procedures and policies for the provision of medical services and treatment according to Program Specifications and Requirements and Corrections Operating Procedures.
14. Supervise and direct the activities of all health care providers concerning inmate medical services.
15. Establish policies and procedures to ensure compliance with those requirements/standards, identified in this Agreement, and to ensure adequate staffing and preparation for any review/accreditation activities. At a minimum of once per year, provide staff to conduct a review/audit to prepare for accreditation.
16. Establish policies and procedures to ensure adequate staffing and preparation for increased numbers of inmate admissions, primarily due to law enforcement "sweeps" activities.

17. Establish policies and procedures to ensure provision of certain medical services, as applicable, through subcontract or other negotiated arrangement by other medical specialty providers.
18. Establish policies and procedures for continuity of health care coordination/discharge planning and provide a specifically assigned staff person to provide these activities. Coordination will target inmates with chronic or ongoing health concerns, and will be provided during inmate incarceration and offered upon their release from custody. These activities will include: the identification, arrangement and coordination of community-based health care and human services required/requested by inmates; outreach to community health care and human services providers; scheduling of one follow-up medical appointment in the community with each provider as needed; provision of a minimum three (3) day supply of medications as required at release; and participation in community initiatives as applicable.
19. Establish policies and procedures to ensure service provision to inmates with psychiatric conditions, severe substance abuse conditions or with a dual diagnosis of both, whose behavior may be disruptive or harmful to themselves, other inmates or to staff.
20. Determine with County and MSO the viability of establishing policies and procedures to utilize nursing students, interns or hospital residents, as part of their medical training at local educational facilities, in the provision of health care services to inmates.
21. Provide a Utilization Review and Case Management Program designed to manage the provision of services to avoid unnecessary off site travel and to insure that appropriate consultations and off site services are provided.

B. Psychiatric Services

1. Provide necessary, adequate, and responsible psychiatric and counseling services for inmates and establish procedures and policies related to services which provide for the detection, diagnosis, treatment, and referral of inmates with mental health problems.
2. Provide necessary support personnel.
3. Monitor services of support personnel.



4. Provide continuity of care within the community.
5. Provide and supervise staff (psychiatrists and support staff) necessary to provide Psychiatric Services on a twenty-four (24) hour per day basis, whether in attendance or on call.
6. Appoint a Director of Psychiatric Services who shall have medical administrative responsibility for providing services as set forth under this scope of services.

C. Dental Services

1. Perform dental screening and examinations as applicable to each accreditation standard.
2. Provide emergency dental treatment.
3. Provide dental/oral surgery services to include:
  - a. Dental examinations;
  - b. Treatment of pain;
  - c. Removal of teeth;
  - d. Incision and drainage;
  - e. Temporary fillings;
  - f. Repair lacerations;
  - g. Treatment of trauma cases and emergency care; and
  - h. Restorations or dentures when required.
4. Provide maxillofacial surgery services when required by standards or requirements.
5. Maintain dental records.
6. Provide and supervise staff (dentists, dental surgeons and support staff) necessary to provide services.
7. Supervise and direct the activities of support personnel.
8. Appoint a Director of Dental/Oral Surgery Services who shall have medical and administrative responsibility for providing the services as required by standards or requirements on a twenty-four (24) hour basis, whether in attendance or on call.
9. Establish procedures and policies related to dental/oral surgery services and treatment.

D. Pharmacy Services

1. Provide a certified pharmacist to the institutions in accordance with the Department of Professional Regulation, Board of Pharmacy Rule 64B16-27.400 Florida Administrative Code (Practice of Pharmacy).
  - a. Establish a Policy and Procedures Manual for the safe handling and controlling of medications in the institutions in accordance with Rule 64B16-27.400 FAC (Practice of Pharmacy).
  - b. Handle all communications with the State Board of Pharmacy concerning changes in Policies and Procedures and obtain approval from such body.
2. Develop and maintain a specific drug formulary and insure that the Policies and Procedures Manual contains definite information as to drugs and strengths. Determine specific controlled substances to be stocked to accommodate the treatment objectives.
3. Insure that a "Proof-of-Use" record sheets are maintained for all Schedule II, III, and IV Controlled Substances.
4. Insure that drugs are properly labeled and stored securely, consistent with the requirements necessary for control, and meet all State regulatory requirements.
5. Insure that perpetual inventory records are maintained for all controlled substances and medications and that all medications are administered to inmates by qualified medical staff according to the directive of a designated physician.
6. Regularly perform on-site inspections and reviews not less than once per month. Maintain records of such inspections and reviews signed by the Pharmacist for a period of not less than two (2) years.
7. Provide staff and supervision necessary to provide Pharmacy Services.
8. Provide necessary equipment, forms, supplies, and pharmaceuticals related to providing Pharmacy Services.

E. Office Space, Utilities

PHS has indicated that office space, facilities (including telephones) and office furniture necessary to render services, as well as utilities is sufficient to perform its obligations.

F. Telephone Service

Toll free phone and toll free fax service will be provided at no cost to PHS. Language line charges and long distance charges for telephone and fax services will be the responsibility of the PHS.

G. Transportation of Inmates

PHS shall coordinate non-emergency transportation of inmates, in need of necessary medical services at locations with MSO who shall provide such transportation.

H. Biomedical Waste

MSO shall maintain a separate agreement for bio-medical waste disposal services. PHS shall provide all biomedical waste sharps containers used by PHS or PHS subcontractors.

I. Attire

PHS personnel shall be dressed in attire approved by the MSO while providing services in the facility.

J. Access to Records

PHS shall have reasonable access to inmate records and property, as necessary, to enable Provider to appropriately invoice for services rendered. MSO/County shall have the complete and unlimited right to access any and all information related to the services provided under this Agreement, in whatever form maintained by PHS, which may be needed to insure compliance with contract terms and conditions, and to monitor contract. This provision shall not apply to information maintained by PHS that is protected by peer review or attorney-client privilege.

K. Housekeeping Duties

Heavy cleaning duties in the infirmary, to include floors, bathrooms, showers, etc., shall be the responsibility of MSO staff. PHS shall be responsible for maintaining supplies in an orderly fashion and maintaining cleanliness of counter and work areas.

L. Emergent Medical Needs of ANY Person on the Premises

PHS shall respond to emergent medical needs by providing basic emergency medical attention and arranging for emergency transportation and document services provided.

**ATTACHMENT B**  
**Prison Health Services Inc.**  
**Proposed Staffing for**  
**Manatee County, FL**

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	TBS*	Hrs/ Wk	FTE
<b>DAY SHIFT 7A - 7P</b>										
Physician	8	8	8	8	8				40	1.00
Psychiatrist		8		8					16	0.40
ARNP		10	5	10	10				35	0.88
Dentist		8		8	4				20	0.50
Dental Assistant		8		8	4				20	0.50
HSA	8	8	8	8	8				40	1.00
DON	8	8	8	8	8				40	1.00
Administrative Assistant	8	8	8	8	8				40	1.00
Medical Records Clerk	16	16	16	16	16	8	8		96	2.40
Mental Health Clinician	8	8	8	8	8				40	1.00
RN Infirmery	12	12	12	12	12	12	12		84	2.10
LPN Infirmery	12	12	12	12	12	12	12		84	2.10
LPN Sick Call	8	8	8	8	8				40	1.00
LPN Medication	24	24	24	24	24	24	24		168	4.20
LPN I&R	12	12	12	12	12	12	12		84	2.10
Pharmacy Tech/Lab Tech	8	8	8	8	8				40	1.00
CCT for H Pod step down unit	12	12	12	12	12	12	12		84	2.10
Discharge Planner RN/Staff Edu	8	8	8	8	8				40	1.00
									0	0.00
<b>TOTAL HOURS/FTE-Day</b>									<b>1011</b>	<b>25.28</b>
<b>NIGHT SHIFT 7P - 7A</b>										
RN Infirmery	12	12	12	12	12	12	12		84	2.10
LPN Medication / infirmery	24	24	24	24	24	24	24		168	4.20
LPN Booking	12	12	12	12	12	12	12		84	2.10
CCT for H Pod step down unit	12	12	12	12	12	12	12		84	2.10
									0	0.00
<b>TOTAL HOURS/FTE-Evening</b>									<b>420</b>	<b>10.50</b>
<b>Annex 7A - 7P</b>										
RN	4	4	4	4	4				20	0.50
ARNP			5						5	0.13
LPN						4	4		8	0.20
<b>TOTAL HOURS/FTE-Night</b>									<b>33</b>	<b>0.83</b>
<b>Annex 7P - 7A</b>										
LPN	12	12	12	12	12	12	12		84	2.10
									0	0.00
									0	0.00
<b>TOTAL HOURS/FTE-Night</b>									<b>84</b>	<b>2.10</b>
<b>Facilities Youth 7A - 7P</b>										
RN	8	8	8	8	8				40	1.00
LPN						8	8		16	0.40
<b>TOTAL HOURS/FTE-Night</b>									<b>56</b>	<b>1.40</b>
<b>TOTAL HOURS/FTE per week</b>									<b>1604</b>	<b>40.10</b>

\*TBS= To be scheduled

Sub-Contract with Psy Care for Juvenile Mental Health

TOTAL ALL FACILITIES

1604      40.10

ATTACHMENT C

Manatee County, FL  
2007

Position	FTE's	Average Hourly wage plus benefits
Medical Director	1.00	\$ 104.29
PA/NP	1.00	\$ 63.55
Dentist	0.50	\$ 79.28
Psychiatrist	0.40	\$ 126.32
HSA	1.00	\$ 42.05
DON	1.00	\$ 37.54
Secretary	1.00	\$ 21.29
MRC	2.40	\$ 15.90
Dental Asst.	0.50	\$ 13.50
MHP (Masters)	1.00	\$ 35.21
Discharge Planner RN	1.00	\$ 37.18
RN	5.70	\$ 38.46
LPN	18.40	\$ 31.08
MA/CNA	4.20	\$ 20.32
Pharmacy/Lab Tech	1.00	\$ 20.39

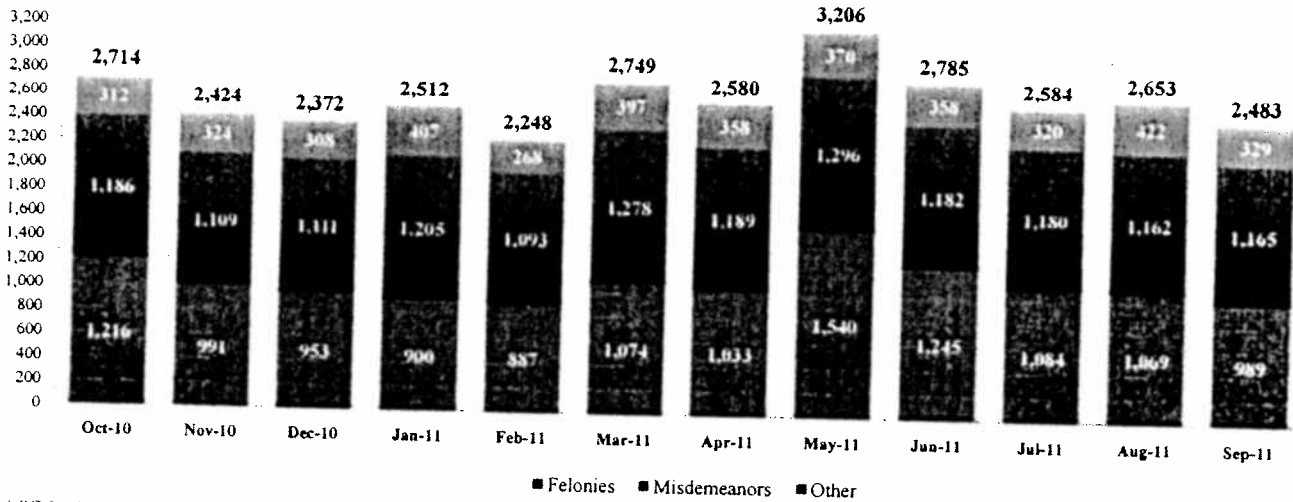
Manatee County Sheriff's Office - FY 2011 Annual Report

JAIL POPULATION

Custody Status - ANNUAL

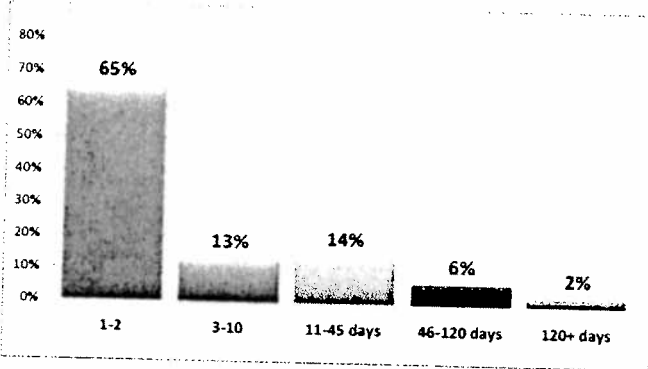
	Daily Average		% Change
	FY-10	FY-11	
Total Sentenced (Fel)	275	269	-2.2%
Total Sentenced (Misd)	56	51	-8.9%
Probation Violators	56	56	0.0%
Total Pre-Trial	677	607	-10.3%
Total Awaiting Sentencing	38	25	-34.2%
All Others	51	41	-19.6%
<b>TOTAL</b>	<b>1,153</b>	<b>1,049</b>	<b>-9.0%</b>

Number of Charges by Month - Fiscal Year 2011



- \* "Other" category includes charges such as Municipal or Civil violations, Child support
- \* Includes all charges (Fel/Misd/Other), not body count; therefore one same individual might have multiple charges
- \* Includes only NEW bookings (no re-bookings such as Weekenders or returning inmates on hold)
- \* Does NOT include Criminal Registrants, Court Order Pickups, or Courtesy Holds for Other Agencies

Length of Stay - FY 2011



Yearly Average LOS

2010  
15 Days

2011  
14 Days

Bookings Breakdown - FY 2011

	MALES	FEMALES	JUVIES	WEEKENDERS
Sep-11	839	335	114	15
Aug-11	871	400	87	12
Jul-11	896	316	92	9
Jun-11	836	364	134	9
May-11	942	363	145	15
Apr-11	874	338	128	17
Mar-11	897	358	143	26
Feb-11	779	299	125	21
Jan-11	881	327	116	29
Dec-10	793	289	118	23
Nov-10	825	293	120	20
Oct-10	888	323	131	16

\* Does not include re-bookings, crim. registrants, court pickups

\* Shows total number of individuals booked per month

**Corizon Inventory List  
02/2012**

**PHARMACY:**

<b>Amount</b>	<b>Item</b>	<b>ID #</b>
3	Med carts	Corizon
1	5 tier metal shelf	0 - Corizon
1	Bulletin Board	Corizon
2	Dry eraser board	Corizon
1	Computer/keyboard	PHS 14437 - Corizon
1	Blk stool	0 - Corizon
1	Desk phone	0 - Corizon
2	Rolling metal carts	Corizon
3	Sm.Cork boards	Corizon
2	Metal cabinet	0 - Corizon
1	I.V. pole	1J516432 - Corizon

**LAB ROOM:**

<b>Amount</b>	<b>Item</b>	<b>ID #</b>
1	Blue stool	0 - Corizon
1	Rose lab chair	0 - Corizon
1	EKG w/cart	0 - Corizon
1	Mini refrigerator	0 - Corizon
1	Large cork board	0 - Corizon
1	Magnetic board	0 - Corizon

**RECORDS ROOM:**

<b>Amount</b>	<b>Item</b>	<b>ID #</b>
1	Lg. cork board	0 - Corizon
1	Wyse computer/keyboard	PHS 16141 - Corizon
2	Desk phones	0 - Corizon
1	Rolling file cart	0 - Corizon
1	Metal file cart	0 - Corizon
1	Lakeside metal rolling cart	0 - Corizon
1	Brn metal 2 drawer filing cabinet	0 - Corizon
2	Tan metal 2 drawer filing cabinets	0 - Corizon
1	Brother Fax Machine	Corizon



**BREAKROOM:**

Amount	Item	ID #
1	Time clock	Kronos - Corizon
1	Canon copier	Cannon – Corizon contract w/ Cannon
2	Cork bulletin boards	0 - Corizon
1	Bulletin board	0 - Corizon
1	Toaster	0 - Corizon
1	Sm. Dry eraser board	Corizon
1	Blk box filing cabinet w/lid	0 - Corizon
1	Detecto Scale	0 - Corizon
1	Coffee Maker	0 - Corizon

**COUNSEL AND DISCHARGE PLANNER OFFICE**

Amount	Item	ID #
1	Heier refrigerator	Corizon
2	Bulletin boards	Corizon
1	Rolling file cart	Corizon
1	Rolling basket cart	Corizon
1	Wyse computer/keyboard	PHS 16044 - Corizon
1	Hp Laserjet Printer	Corizon

**HSA'S OFFICE:**

Amount	Item	ID #
1	Panasonic phone	0 - Corizon
1	Dell computer/monitor	Corizon
1	Bulletin boards	0 - Corizon
1	Hp Laser Jet p2035 Printer	Corizon
1	Wooden computer desk	0 - Corizon
1	Shredder	Corizon
1	Gry plastic printer rolling cart	Corizon
1	Hp Laserjet 1320 printer	Corizon
2	Wooden wall shelves	Corizon

**DON'S OFFICE:**

Amount	Item	ID #
1	2 drawer metal file cabinet	Corizon
1	Panasonic desk phone	Corizon
1	Hp Printer	Corizon
1	Wyse computer	PHS 16583 - Corizon
1	Long black table	Corizon

**NURSES/DEPUTIES STATION:**

Amount	Item	ID #
1	Floor scale	0 - Corizon
2	Metal rolling file cabinet	0 - Corizon
1	Pulse oximeter	0 - Corizon
2	Desk phones	0 - Corizon
1	Cork board	Corizon
1	Lg dry eraser board	Corizon
1	Lg memo board	Corizon

**EXAM ROOMS:**

Amount	Item	ID #
2	Scales (outside room)	0 - Corizon
1	Desk phone	0 - Corizon
1	Exam light	0 - Corizon
1	Nebulizer	0 - Corizon
1	Metal rolling cart	0 - Corizon
1	EKG machine/stand	PHS 15584 - Corizon
1	Pocket drop	07260
1	Blood pressure machine	0 - Corizon
1	Stretcher (hallway)	Corizon
1	Privacy Screen	Corizon
1	Polycom Telecom system	Corizon PHS 20148

**DENTAL OFFICE:**

Amount	Item	ID #
1	Fan	0 - Corizon
1	Dental Developer (NEW)	PHS 19980 - Corizon
1	Dental X-ray machine (NEW)	PHS 19812 - Corizon

**I & R:**

Amount	Item	ID#
1	Scale	0 - Corizon
1	Fax machine	Corizon
1	Plastic rolling cart	Corizon
1	Bulletin board	Corizon
1	Blood pressure cuff	0 - Corizon
1	Desk fan	Corizon
1	Oxygen tank	0 - Suncoast Medical (Corizon acct/)
1	Biohazard bin	0 - Corizon
1	Dry eraser board	Corizon

**DOCTOR'S OFFICE:**

<b>Amount</b>	<b>Item</b>	<b>ID#</b>
1	3 tier rolling cart	0 - Corizon
1	Hp laser jet 1320 printer	Corizon
1	Desk chair	Corizon
1	Dry eraser board	Corizon
2	Cork boards	Corizon
1	Wyse terminal/monitor/keyboard	PHS 13591 - Corizon

**ADMIN. ASST. OFFICE:**

<b>Amount</b>	<b>Item</b>	<b>ID #</b>
2	Bulletin boards	Corizon
1	Hp printer	PHS 13595 - Corizon
1	Mini Sayno refrigerator	Corizon
1	Panasonic desk phone	Corizon
1	Hp Printer	Corizon
1	Wooden Computer stand	Corizon
1	Wyse computer	PHS 15855 - Corizon
1	Planar computer/monitor/mouse	PHS 16223 - Corizon
1	HP laserjet 1320 printer	Corizon
1	5 tiered wooden bookshelf	0 - Corizon

**STOCKROOM:**

<b>Amount</b>	<b>Item</b>	<b>ID #</b>
1	Hyfrecator 2000 electrosurgical unit	0 - Corizon
1	Hp printer	Corizon
1	Bissell quick steamer	Corizon
1	Bissell vacuum	Corizon
1	Walker	0 - Corizon
1	Fax machine	Corizon
1	Med cart	Corizon
7	Oxygen Tanks	0 - Suncoast Medical (Corizon acct.)

**ANNEX:**

<b>Amount</b>	<b>Item</b>	<b>ID #</b>
2	Mini GE refrigerators	0 - Corizon
1	Sharp microwave	0 - Corizon
1	3 shelf metal rolling cart	0 - Corizon
1	Shredmaster shredder	0 - Corizon
1	Casio label maker	0 - Corizon
1	Blood pressure cuff	0 - Corizon
1	Computer/monitor	PHS 13597 - Corizon
1	Hp 1050 fax machine	0 - Corizon
1	Printer	PHS 13598 - Corizon
1	Bulletin board	0 - Corizon
1	Metal rolling cart	0 - Corizon
1	Autoscope	0 - Corizon
1	Labcorp centrifuge	0 - Labcorp
1	Diabetic supply Asa nitro case	0 - Corizon
1	Detecto scale	0 - Corizon
1	Metal instrument tray	0 - Corizon
1	Blk metal rolling cart	0 - Corizon
1	Hewlett pakcard EKG	PHS 15583 - Corizon
1	Rolling wire basket	0 - Corizon
1	Med cart	PHS 13208 - Corizon
1	Breathing treatment machine	0 - Corizon
1	Vanguard V6500 centrifuge	0 - Labcorp
1	Pulmo breathing machine	0 - Corizon
1	Labcorp centrifuge	0 - Labcorp
2	Pulmo-aide breathing machine	0 - Corizon
1	5 drawer rolling cart	0 - Corizon
1	Med cart	0 - Corizon
1	Mini refridge	0 - Corizon
1	Kronos time clock	Kronos - Corizon
7	Oxygen tanks	0 - Suncoast Medical (Corizon acct.)

**End.**

**Manatee County Government - Community Services Department**  
**Corizon - Contract Year: July 2011 Through June 2012**  
**Report Month: January 2012**

**Pharmaceuticals (cap: \$450,000)**

<b>Total YTD:*</b>		<b>\$ 246,401.79</b>	<b>Current Total</b>	<b>246,401.79</b>
<b>Percentage YTD:</b>		<b>54.76%</b>	<b>Less: Yearly Cap</b>	<b>450,000.00</b>
<b>Elapsed Time:</b>	<b>7 Months</b>	<b>58%</b>	<b>Bal. Due @ Jan-12</b>	<b>(203,598.21)</b>

**Outside Services (cap: \$950,000)**

Paid/Posted Events	556,781.63			
Est. Outstanding	<u>145,554.34</u>			
<b>Total YTD:</b>		<b>\$ 702,335.97</b>	<b>Current Total</b>	<b>702,335.97</b>
<b>Percentage YTD:</b>		<b>73.93%</b>	<b>Less: Cap</b>	<b>950,000.00</b>
<b>Elapsed Time:</b>	<b>7 Months</b>	<b>58%</b>	<b>Bal. Due @ Jan-12</b>	<b>(247,664.03)</b>

RECEIVED

FEB 28 2012

MANATEE COUNTY  
 COMMUNITY SERVICES

**ATTACHMENT K  
PRICING PROPOSAL**

A. COST OF FIRST YEAR OF CONTRACT (This cost will be the total of all price breakdowns as listed below and should be based on the ADP of 1043 inmates) Note: no guarantees are given as to the population figure listed.

Provide informational lump-sum prices for the following categories:

Employee Benefits and Salaries	\$ _____
Subcontract Costs	\$ _____
Outside Medical Expenses	\$ _____
Medical Supplies	\$ _____
Pharmaceuticals	\$ _____
Malpractice and other Insurance	\$ _____
Administrative Costs	\$ _____
Federal, State and Local Taxes and Licenses	\$ _____
Any Other cost (delineate on separate sheet)	\$ _____

TOTAL LUMP SUM MEDICAL HEALTH PRICING FOR FIRST YEAR: \$ \_\_\_\_\_

TOTAL/ADP = COST PER INMATE

ADP 1043 Inmates \* \$ \_\_\_\_\_ /per Inmate = \$ \_\_\_\_\_ /Total for First Year

Proposed limits as used in the County's Agreement:

Outside Medical Expense Limit: \$ \_\_\_\_\_

Pharmaceutical Expense Limit: \$ \_\_\_\_\_

B. COST OF SECOND YEAR OF CONTRACT (This cost will be the total of all price breakdowns as listed below and should be based on the ADP of 1043 inmates) Note: no guarantees are given as to the population figure listed.

Provide informational lump-sum prices for the following categories:

Employee Benefits and Salaries	\$ _____
Subcontract Costs	\$ _____
Outside Medical Expenses	\$ _____
Medical Supplies	\$ _____
Pharmaceuticals	\$ _____
Malpractice and other Insurance	\$ _____
Administrative Costs	\$ _____
Federal, State and Local Taxes and Licenses	\$ _____
Any Other cost (delineate on separate sheet)	\$ _____

TOTAL LUMP SUM MEDICAL HEALTH PRICING FOR FIRST YEAR: \$ \_\_\_\_\_

TOTAL/ADP = COST PER INMATE

ADP 1043 Inmates \* \$ \_\_\_\_\_ /per Inmate = \$ \_\_\_\_\_ /Total for First Year

Proposed limits as used in the County's Agreement:

Outside Medical Expense Limit: \$ \_\_\_\_\_

Pharmaceutical Expense Limit: \$ \_\_\_\_\_

C. COST OF THIRD YEAR OF CONTRACT (This cost will be the total of all price breakdowns as listed below and should be based on the ADP of 1043 inmates) Note: no guarantees are given as to the population figure listed.

Provide informational lump-sum prices for the following categories:

Employee Benefits and Salaries	\$ _____
Subcontract Costs	\$ _____
Outside Medical Expenses	\$ _____
Medical Supplies	\$ _____
Pharmaceuticals	\$ _____
Malpractice and other Insurance	\$ _____
Administrative Costs	\$ _____
Federal, State and Local Taxes and Licenses	\$ _____
Any Other cost (delineate on separate sheet)	\$ _____

TOTAL LUMP SUM MEDICAL HEALTH PRICING FOR FIRST YEAR: \$ \_\_\_\_\_

TOTAL/ADP = COST PER INMATE

ADP 1043 Inmates \* \$ \_\_\_\_\_ /per Inmate = \$ \_\_\_\_\_ /Total for First Year

Proposed limits as used in the County's Agreement:

Outside Medical Expense Limit: \$ \_\_\_\_\_

Pharmaceutical Expense Limit: \$ \_\_\_\_\_



ATTENDANCE RECORDMANDATORY PREPROPOSAL AND SITE VISIT CONFERENCE  
CORRECTIONAL CENTER HEALTHCARE SERVICESRFP: #12-0415FL  
DATE: March 23, 2012

Mandatory Preproposal and Site Visit Conference shall be conducted on March 23, 2012 at the Manatee County Sheriff's Office Central Jail Facility, 14470 Harllee Road, Palmetto, FL 34221.

Registration shall begin at 9:30 A.M. It is critical that the Proposer's business entity be identified during this registration process (allow thirty (30) minutes for gaining access to the facility prior to registration).

The Mandatory Conference shall begin at 10:00 A.M. After this time, no additional proposers shall be accepted for registration.

Telephone #	Name	Representing
941-749-3042	Frank Lambertson	MCG Purchasing
<del>(205) 534-8490</del>	Percy L Goble	Naph Care
205 536-8469	Vonnda Jacks	Naph Care
(404) 862-7110	Edward McNeil	Wexford Health
(412) 937-8590	Emil Dameff	Wexford Health
757 615-2424	Rod Lantigua	Conant
615 324 5750	Wm Reginald Mills	Carex Care Solutions
"	Olivia Rose	✓
520-366-2135	Jim Clenney	Correctional Healthcare Co
205-617-9092	Henry Gann	
813-421-8820	Ryan Burr	Maxim Government Services
749-3030	ELAINE MAHOLTZ	MANATEE Co. C.S.
749-3030	Lynette Miralla	Manatee County CS.
427-5681	Chris Bourque	ARMOR
813-373-3968	Louis Richards	ARMOR
305 801-1642	Zela Guirola	ARMOR
770 561 6578	DANA Tatum	ARMOR
941 749 3030	Brenda Rogers	MC - Community Services

