

## CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 09/06/2019

Contract/Lease Control #: C19-2848-PS

Procurement#: RFP PS 47-19

Contract/Lease Type: CONTRACT

Award To/Lessee: CORIZON HEALTH, INC.

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/2019

Expiration Date: 09/30/2022 W/2 1 YR RENEWALS

Description of Contract/Lease: INMATE MEDICAL SERVICES

Department: PS

Department Monitor: VAUGHN

Monitor's Telephone #: 850-689-8690

Monitor's FAX # or E-mail: SVAUGHN@MYOKALOOSA.COM

Closed:

Cc: Finance Department Contracts & Grants Office

CONTINUATION  
CERTIFICATE

DEPUTY CLERK sdoscher  
JD PEACOCK II CLERK OF COURTS,  
OKALOOSA COUNTY, FLORIDA

Atlantic Specialty Insurance Company

, Surety upon

a certain Bond No. 800049906  
dated effective September 6, 2019  
(MONTH-DAY-YEAR)  
Corizon Health, Inc.  
on behalf of (PRINCIPAL)  
and in favor of Okaloosa County Board of County Commissioners  
(OBLIGEE)

CONTRACT: C19-2848-PS  
CORIZON HEALTH, INC.  
INMATE MEDICAL SERVICES  
EXPIRES: 09/30/2022 W/2 1 YR RENEWALS

does hereby continue said bond in force for the further period

beginning on September 30, 2021  
(MONTH-DAY-YEAR)

and ending on September 30, 2022  
(MONTH-DAY-YEAR)

Amount of bond \$ 100,000.00

Description of bond Inmate Medical Services for Okaloosa County Jail

**PROVIDED:** That this continuation certificate does not create a new obligation and is executed upon the express condition and provision that the Surety's liability under said bond and this and all Continuation Certificates issued in connection therewith shall not be cumulative and that the said Surety's aggregate liability under said bond and this and all such Continuation Certificates on account of all defaults committed during the period (regardless of the number of years) said bond had been and shall be in force, shall not in any event exceed the amount of said bond as hereinbefore set forth.

Signed and dated on August 18, 2021  
(MONTH-DAY-YEAR)

Atlantic Specialty Insurance Company

By   
Elizabeth A. Hartzberg, Attorney-In-Fact



# Power of Attorney

Surety Bond No: 800049906

Principal: Corizon Health, Inc.

Obligee: Okaloosa County Board of County Commissioners

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Minnetonka, Minnesota, does hereby constitute and appoint: Elizabeth A. Hartzberg, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **sixty million dollars (\$60,000,000)** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

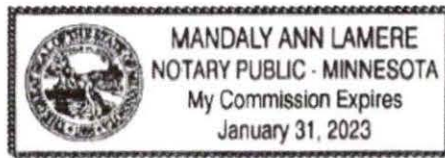
IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this twenty-ninth day of April, 2019.



By   
Paul J. Brehm, Senior Vice President

STATE OF MINNESOTA  
HENNIPEN COUNTY

On this twenty-ninth day of April, 2019, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.




  
Notary Public

I, the undersigned, Assistant Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 18th day of August, 2021.



  
Christopher V. Jerry, Secretary

CONTINUATION  
CERTIFICATE

Atlantic Specialty Insurance Company

, Surety upon

a certain Bond No. 800049906

Inst. #3485887 Bk: 3571 Pg: 2774  
Page 1 of 2 Recorded: 9/3/2021 3:11 PM  
RECORDING ARTICLE V: \$8.00 RECORDING: \$10.50

dated effective September 6, 2019  
(MONTH-DAY-YEAR)

DEPUTY CLERK JDUNLAP  
JD PEACOCK II CLERK OF COURTS,  
OKALOOSA COUNTY, FLORIDA

on behalf of Corizon Health, Inc.  
(PRINCIPAL)

and in favor of Okaloosa County Board of County Commissioners  
(OBLIGEE)

CONTRACT#: C19-2848-PS  
CORIZON HEALTH, INC.  
INMATE MEDICAL SERVICES  
EXPIRES: 09/30/2022 W/2 1 YR RENEWALS

does hereby continue said bond in force for the further period

beginning on September 30, 2020  
(MONTH-DAY-YEAR)

and ending on September 30, 2021  
(MONTH-DAY-YEAR)

Amount of bond \$ 100,000.00

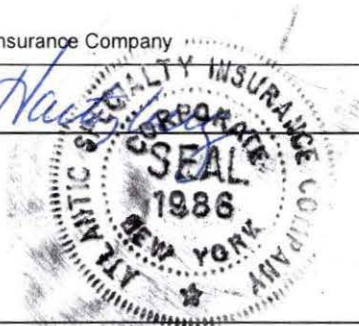
Description of bond Inmate Medical Services for Okaloosa County Jail

**PROVIDED:** That this continuation certificate does not create a new obligation and is executed upon the express condition and provision that the Surety's liability under said bond and this and all Continuation Certificates issued in connection therewith shall not be cumulative and that the said Surety's aggregate liability under said bond and this and all such Continuation Certificates on account of all defaults committed during the period (regardless of the number of years) said bond had been and shall be in force, shall not in any event exceed the amount of said bond as hereinbefore set forth.

Signed and dated on \_\_\_\_\_ September 15, 2020  
(MONTH-DAY-YEAR)

Atlantic Specialty Insurance Company

By Elizabeth A. Hartzberg  
Elizabeth A. Hartzberg, Attorney-In-Fact





Power of Attorney

Surety Bond No: 800049906

Principal: Corizon Health, Inc.

Obligee: Okaloosa County Board of County Commissioners

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Minnetonka, Minnesota, does hereby constitute and appoint: Elizabeth A. Hartzberg, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: sixty million dollars (\$60,000,000) and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

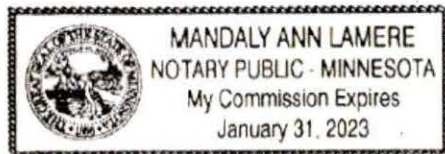
IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this twenty-ninth day of April, 2019.

STATE OF MINNESOTA  
HENNIPEN COUNTY



By   
Paul J. Brehm, Senior Vice President

On this twenty-ninth day of April, 2019, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.




  
Notary Public

I, the undersigned, Assistant Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 15th day of September, 2020.



  
Christopher V. Jerry, Secretary







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/30/2020

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

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

<b>PRODUCER</b> Beecher Carlson Insurance Services 6 Cadillac Drive, Suite 200 Brentwood, TN 37027  www.beechercarlson.com	<b>CONTACT NAME:</b> Sarah Ivy <b>PHONE (A/C, No, Ext):</b> <b>E-MAIL ADDRESS:</b> sivy@beechercarlson.com	<b>FAX (A/C, No):</b> 615-277-9879
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Corizon Health, Inc. 103 Powell Court Brentwood TN 37027	<b>INSURER A:</b> Hartford Insurance Company of MidW	<b>NAIC #</b> 37478
	<b>INSURER B:</b> Great American Insurance Company	<b>NAIC #</b> 16691
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 53876385      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded \$1,000    Coll Ded \$1,000		20 UEN ZR7641	1/1/2020	1/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical Payments \$10,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A			PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Excess Liability		TUE 5955910 19	2/1/2020	1/1/2021	Each Occurrence 25,000,000 Aggregate 25,000,000 Excess of Underlying 10,000,000 through Hartford

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Okaloosa County, Florida; Okaloosa County Department of Corrections Public Safety; and their respective officials, employees and volunteers are included as additional insured as respects auto liability. waiver of subrogation also applies to the Automobile policy per policy terms, conditions and exclusions. Policy includes a 30 (or 10, for nonpayment of premium) days prior written notice of cancellation for any reason

**CONTRACT #: C19-2848-PS**  
**CORIZON HEALTH, INC.**  
**INMATE MEDICAL SERVICES**

<b>CERTIFICATE HOLDER</b> Okaloosa County BOCC  Okaloosa County 5479A Old Bethel Road Crestview FL 32536  Received by Risk Management	<b>CANCELLATION</b> FEB 05 2020  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> Paula Eason	<b>EXPIRES: 09/30/2022 W/2 1 YR RENEWALS</b>
--	---	--

© 1988-2015 ACORD CORPORATION. All rights reserved.







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/18/2019

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

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

<b>PRODUCER</b> DENISE D. BARNES USI HEALTHCARE - A DIVISION OF USI SOUTHWEST, INC. 9811 KATY FREEWAY, SUITE 500 HOUSTON, TX 77024	<b>CONTACT NAME:</b> DEBBIE HOLSTINE	
	<b>PHONE</b> (A/C, No, Ext): 713-490-4679	<b>FAX</b> (A/C, No): 713-343-5625
<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> TWIN CITY FIRE INSURANCE COMPANY		29459
<b>INSURER B:</b> LONE STAR ALLIANCE, INC. (RRG)		15211
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		


**INSURED**  
 VALITAS HEALTH SERVICES, INC.  
 CORIZON HEALTH, INC.  
 103 POWELL COURT  
 BRENTWOOD, TN 37027

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR			61CESOF6441	01/01/2020	01/01/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$500,000* MED EXP (Any one person) \$ N/A PERSONAL & ADY INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 EMPLOYEE BENEFITS \$1,000,000 COMBINED SINGLE LIMIT (Per accident) \$ N/A BODILY INJURY (Per person) \$ N/A BODILY INJURY (Per accident) \$ N/A PROPERTY DAMAGE (Per accident) \$ N/A
	<b>GEN'L AGGREGATE LIMIT APPLIES PER:</b> <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> Hired AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A BODILY INJURY (Per accident) \$ N/A PROPERTY DAMAGE (Per accident) \$ N/A
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE DED    RETENTION \$			N/A	N/A	N/A	EACH OCCURRENCE \$ N/A AGGREGATE \$ N/A
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in WA) If yes, describe under "DESCRIPTION OF OPERATIONS" below Y / N			N/A	N/A	N/A	WC STATI-TORY LIMITS    OTH-ER E.L. EACH ACCIDENT \$ N/A E.L. DISEASE - EA EMPLOYEE \$ N/A E.L. DISEASE - POLICY UNIT \$ N/A
B	<b>MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE</b>			4-455844	01/01/2020	01/01/2021	\$1,000,000 PER LOSS EVENT \$3,000,000 ANNUAL AGGREGATE \$21,000,000 POLICY AGGREGATE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 \*DAMAGE TO RENTED PREMISES LIMITS APPLIES PER PREMISES. LIMITS INCLUDE ALL SELF-INSURED PORTIONS OF THE LIMITS OF LIABILITY  
 RE: INMATE MEDICAL SERVICES FOR OKALOOSA COUNTY DEPARTMENT OF PUBLIC SAFETY CORRECTIONS DIVISION  
 OKALOOSA COUNTY IS INCLUDED AS ADDITIONAL INSURED SOLELY WITH RESPECT TO GENERAL LIABILITY AND PROFESSIONAL LIABILITY COVERAGE AND PROVIDED WAIVER OF SUBROGATION AS EVIDENCED HEREIN AS REQUIRED BY WRITTEN CONTRACT WITH RESPECT TO WORK PERFORMED BY THE NAMED INSURED. COVERAGE IS LIMITED TO MEDICAL PROFESSIONAL SERVICES PROVIDED ON BEHALF OF THE INSURED SHOWN ABOVE. GENERAL LIABILITY AND PROFESSIONAL LIABILITY COVERAGE IS PRIMARY AND NON-CONTRIBUTORY AS REQUIRED BY WRITTEN CONTRACT. A 30 DAY NOTICE OF CANCELLATION IS INCLUDED AS REQUIRED BY WRITTEN CONTRACT.

<b>CERTIFICATE HOLDER</b> OKALOOSA COUNTY 5479A OLD BETHEL RD. CRESTVIEW, FL 32536	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	---

019-2848-PS

Attachment Code : D542504 Master ID: 1359399, Certificate ID: 15966052

Carrier	Eff. Date	Exp. Date	Policy #	States
New Hampshire Ins Co	01/01/2020	01/01/2021	020608758	FL
New Hampshire Ins Co	01/01/2020	01/01/2021	020608759	ID,KS,MD,MO,ND,NM,NY,OH, OK,TN,WA,WY
New Hampshire Ins Co	01/01/2020	01/01/2021	020608760	KY,NJ,PA,VA
New Hampshire Ins Co	01/01/2020	01/01/2021	020608761	MI

# Annual Performance Bond

Bond No. 800049906

KNOW ALL MEN BY THESE PRESENTS, That we Corizon Health Inc.  
as Principal, and Atlantic Specialty Insurance Company of Plymouth, Minnesota,  
authorized to do business in the state of Florida, as Surety, are held and firmly bound unto the  
Okaloosa County Board of County Commissioners as Obligee, in the maximum penal sum of  
One Hundred Thousand And No/100 Dollars ( \$100,000.00 ),  
lawful money of the United States of America, for which payment well and truly to be made we bind ourselves, our heirs, executors and assigns,  
jointly and severally, firmly by these presents.

WHEREAS, the Principal has entered into a written agreement with the Obligee to perform services in accordance with the terms  
and conditions of the Inmate Medical Services for Okaloosa County Jail  
(hereinafter referred to as the Contract), said Contract is hereby referred to and made a part hereof;

NOW, THEREFORE, the condition of this obligation is such that if the above named Principal, its successors and assigns, shall well and truly  
perform its obligations as set forth in the above mentioned Contract, then this Bond shall be void; otherwise to remain in full force and effect.

Notwithstanding anything to the contrary in the Contract, the Bond is subject to the following express conditions:

1. Whereas, the Obligee has agreed to accept a renewable bond, this Bond shall be effective for the period of 10/1/2019 to 9/30/2020  
and may be extended by a new bond or continuation certificate for additional one (1) year periods from the expiration date hereof, or any future  
expiration date, unless the Surety provides to the Obligee not less than thirty (30) days advance written notice of its intent not to renew this Bond.
2. Neither nonrenewal by the Surety, nor the failure or inability of the Principal to file a replacement bond in the event the Surety exercises  
its right to not renew this Bond, shall itself constitute a loss to the Obligee recoverable under this bond or any extension thereof.
3. This bond shall have final and definite expiration date of 9/30/2020.
4. No claim, action, suit or proceeding, except as hereinafter set forth, shall be had or maintained against the Surety on this instrument unless  
same be brought or instituted upon the Surety within one year from termination or expiration of the bond term.
5. Regardless of the number of years this Bond is in force, the liability of the Surety shall not be cumulative and shall in no event exceed the  
amount set forth above, or as amended by rider.
6. Any notice, demand, certification or request for payment, made under this Bond shall be made in writing and addressed to the parties at the  
addresses specified below. Any demand or request for payment must be made prior to the effective date of nonrenewal.

If to Surety: Atlantic Specialty Insurance Company  
605 Highway 169 North, Suite 800  
Plymouth, MN 55441

7. This Bond shall be void unless signed and acknowledged by the Obligee below.

SIGNED, SEALED AND DATED this 6th day of September, 2019.



Corizon Health Inc.  
Principal  
By: [Signature]  
Atlantic Specialty Insurance Company  
By: [Signature]  
D-Ann Kleidosty, Attorney-In-Fact

CONTRACT#: C19-2848-PS  
CORIZON HEALTH, INC.  
INMATE MEDICAL SERVICES  
EXPIRES: 09/30/2022 W/2 1 YR RENEWALS



# Power of Attorney

Surety Bond No: 800049906

Principal: Corizon Health Inc.

Obligee: Okaloosa County Board of County Commissioners

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Minnetonka, Minnesota, does hereby constitute and appoint: D-Ann Kleidosty, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **sixty million dollars (\$60,000,000)** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

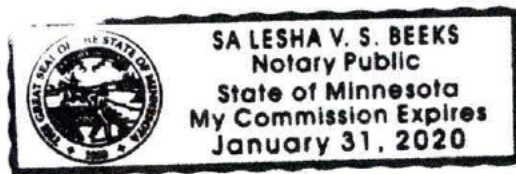
IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this eighth day of December, 2014.



By *Paul J. Brehm*  
Paul J. Brehm, Senior Vice President

STATE OF MINNESOTA  
HENNIPEN COUNTY

On this eighth day of December, 2014, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.



*Sa Lesha V. S. Beeks*  
Notary Public

I, the undersigned, Assistant Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 6th day of September, 2019.



*James G. Jordan*  
James G. Jordan, Assistant Secretary

**PROCUREMENT/CONTRACT/LEASE  
INTERNAL COORDINATION SHEET**

Procurement/Contract/Lease Number: DBD- 4719 Tracking Number: 3407-19  
Procurement/Contractor/Lessee Name: Corizon Health Grant Funded: YES \_\_\_ NO X  
Purpose: inmate health services  
Date/Term: 3 yrs w/ 21 yr renewals 1.  GREATER THAN \$100,000  
Amount: \_\_\_\_\_ 2.  GREATER THAN \$50,000  
Department: PS 3.  \$50,000 OR LESS  
Dept. Monitor Name: Vaughn

**Purchasing Review**

Procurement or Contract/Lease requirements are met:  
White Mesa Date: 6-6-19  
Purchasing Manager or designee Jeff Hyde, DeRita Mason, Victoria Taravella

**2CFR Compliance Review (if required)**

Approved as written: no federal \$ Grant Name: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
Grants Coordinator Danielle Garcia

**Risk Management Review**

Approved as written: see email attached Date: 6-19-19  
\_\_\_\_\_ Date: \_\_\_\_\_  
Risk Manager or designee Laura Porter or Krystal King

**County Attorney Review**

Approved as written: see email attached Date: 8-20-19  
\_\_\_\_\_ Date: \_\_\_\_\_  
County Attorney Gregory T. Stewart, Lynn Hoshihara, Kerry Parsons or Designee

Following Okaloosa County approval:

**Clerk Finance**

Document has been received: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
Finance Manager or designee

## DeRita Mason

---

**From:** Lynn Hoshihara  
**Sent:** Tuesday, August 20, 2019 1:43 PM  
**To:** DeRita Mason  
**Subject:** Re: Corizon Contract

This is approved as to legal sufficiency.

Lynn M. Hoshihara

Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.

---

**From:** DeRita Mason  
**Sent:** Tuesday, August 20, 2019 2:25 PM  
**To:** Lynn Hoshihara  
**Subject:** Corizon Contract

Lynn,

I wanted to check the status of this. I sent it back yesterday for a final review. I would like to send it on to Corizon soon.

Thank you,

DeRita



DeRita Mason  
Contracts and Lease Coordinator  
Okaloosa County Purchasing Department  
5479A Old Bethel Road  
Crestview, Florida 32536  
(850) 689-5960  
[dmason@myokaloosa.com](mailto:dmason@myokaloosa.com)

"Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure."

## DeRita Mason

---

**From:** Karen Donaldson  
**Sent:** Wednesday, June 19, 2019 12:18 PM  
**To:** DeRita Mason  
**Subject:** RE: Corzion Draft Contract

DeRita

Thank you. This is approved by risk.

*Karen Donaldson*

Karen Donaldson  
Public Records and Contracts Specialist  
Okaloosa County Risk Management  
5479-B Old Bethel Rd.  
Crestview, Fl. 32536  
850.683.6207  
[KDonaldson@myokaloosa.com](mailto:KDonaldson@myokaloosa.com)



*Please note: Due to Florida's very broad public records laws, most written communications to or from county employees regarding county business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.*

**From:** DeRita Mason <[dmason@myokaloosa.com](mailto:dmason@myokaloosa.com)>  
**Sent:** Tuesday, June 18, 2019 7:39 AM  
**To:** Karen Donaldson <[kdonaldson@myokaloosa.com](mailto:kdonaldson@myokaloosa.com)>  
**Subject:** Corzion Draft Contract

I have added the professional liability per your request. Please review and approve.

Thank you,

DeRita







# Board of County Commissioners Purchasing Department

---

---

State of Florida

Date: May 17, 2019

OKALOOSA COUNTY PURCHASING DEPARTMENT  
NOTICE OF INTENT TO AWARD  
RFP PS 47-19

Inmate Medical Services

Okaloosa County would like to thank all businesses which submitted responses to Inmate Medical Services. (RFP PS 47-19)

After in-depth examination of all responses in accordance with the County's Purchasing Manual, the County announces its intent to award the contract/purchase order to the following:

**Corizon Health, Inc.**  
**103 Powell Court**  
**Brentwood, TN 37027**

This Notice of Intent does NOT constitute the formation of a contract/purchase order between Okaloosa County and the apparent successful bidder/respondent. The County reserves the right to enter into negotiations with the successful bidder/respondent in order to finalize contract terms and conditions. No agreement is entered into between the County and any parties until a contract is approved and fully executed.

Any person/entity desiring to file a procurement protest must meet all the standards and criteria in accordance with Section 30 of the Okaloosa County Purchasing Manual. Failure to file a protest within the time prescribed in Section 30.02 of the Okaloosa County Purchasing Manual, shall constitute a waiver of protest proceedings.

Respectfully,

A handwritten signature in blue ink, appearing to read "Jeffrey Hyde".

Jeffrey Hyde  
Purchasing Manager



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/20/2019

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

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

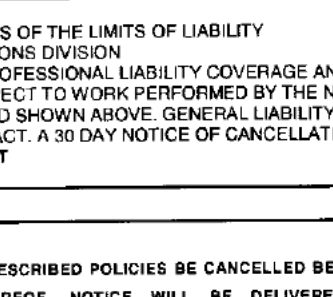
<b>PRODUCER</b> DENISE D. BARNES USI HEALTHCARE – A DIVISION OF USI SOUTHWEST, INC. 9811 KATY FREEWAY, SUITE 500 HOUSTON, TX 77024		<b>CONTACT NAME:</b> DEBBIE HOLSTINE <b>PHONE (A/C, No, Ext):</b> 713-490-4679 <b>FAX (A/C, No):</b> 713-343-5025 <b>E-MAIL ADDRESS:</b>																						
<b>INSURED</b> VALITAS HEALTH SERVICES, INC. CORIZON HEALTH, INC. 103 POWELL COURT BRENTWOOD, TN 37027		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>TWIN CITY FIRE INSURANCE COMPANY</td> <td>29459</td> </tr> <tr> <td>INSURER B:</td> <td>LONE STAR ALLIANCE, INC. (RRG)</td> <td>15211</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	TWIN CITY FIRE INSURANCE COMPANY	29459	INSURER B:	LONE STAR ALLIANCE, INC. (RRG)	15211	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																						
INSURER A:	TWIN CITY FIRE INSURANCE COMPANY	29459																						
INSURER B:	LONE STAR ALLIANCE, INC. (RRG)	15211																						
INSURER C:																								
INSURER D:																								
INSURER E:																								
INSURER F:																								

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS								
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  <b>GEN'L AGGREGATE LIMIT APPLIES PER:</b> <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			61CESOF6441	01/01/19	01/01/20	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000* MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS – COMP/OP AGG \$3,000,000 EMPLOYEE BENEFITS \$1,000,000								
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			N/A	N/A	N/A	COMBINED SINGLE LIMIT (Ea accident) \$ N/A BODILY INJURY (Per person) \$ N/A BODILY INJURY (Per accident) \$ N/A PROPERTY DAMAGE (Per accident) \$ N/A								
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS MADE  DED    RETENTION \$			N/A	N/A	N/A	EACH OCCURRENCE \$ N/A AGGREGATE \$ N/A								
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N DESCRIPTION OF OPERATIONS below		N/A	N/A	N/A	N/A	<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ N/A</td> </tr> <tr> <td>E.L. DISEASE – EA EMPLOYEE</td> <td>\$ N/A</td> </tr> <tr> <td>E.L. DISEASE – POLICY LIMIT</td> <td>\$ N/A</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$ N/A	E.L. DISEASE – EA EMPLOYEE	\$ N/A	E.L. DISEASE – POLICY LIMIT	\$ N/A
WC STATU-TORY LIMITS	OTH-ER														
E.L. EACH ACCIDENT	\$ N/A														
E.L. DISEASE – EA EMPLOYEE	\$ N/A														
E.L. DISEASE – POLICY LIMIT	\$ N/A														
B	<b>MEDICAL PROFESSIONAL LIABILITY – OCCURRENCE</b>			4-454719	01/01/19	01/01/20	\$1,000,000 PER LOSS EVENT \$3,000,000 ANNUAL AGGREGATE \$21,000,000 POLICY AGGREGATE								

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
\*DAMAGE TO RENTED PREMISES LIMITS APPLIES PER PREMESIS. LIMITS INCLUDE ALL SELF-INSURED PORTIONS OF THE LIMITS OF LIABILITY RFP PS 47-19 INMATE MEDICAL SERVICES FOR OKALOOSA COUNTY DEPARTMENT OF PUBLIC SAFETY CORRECTIONS DIVISION OKALOOSA COUNTY INCLUDED AS ADDITIONAL INSURED SOLELY WITH RESPECT TO GENERAL LIABILITY AND PROFESSIONAL LIABILITY COVERAGE AND PROVIDED WAIVER OF SUBROGATION AS EVIDENCED HEREIN AS REQUIRED BY WRITTEN CONTRACT WITH RESPECT TO WORK PERFORMED BY THE NAMED INSURED. COVERAGE IS LIMITED TO MEDICAL PROFESSIONAL SERVICES PROVIDED ON BEHALF OF THE INSURED SHOWN ABOVE. GENERAL LIABILITY AND PROFESSIONAL LIABILITY COVERAGE IS PRIMARY AND NON-CONTRIBUTORY AS REQUIRED BY WRITTEN CONTRACT. A 30 DAY NOTICE OF CANCELLATION IS INCLUDED AS REQUIRED BY WRITTEN CONTRACT. **DRAFT - COVERAGE EFFECTIVE UPON AWARD OF CONTRACT**

<b>CERTIFICATE HOLDER</b>  OKALOOSA COUNTY 5479A OLD BETHEL RD. CRESTVIEW, FL 32536	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
---	---



# CERTIFICATE OF LIABILITY INSURANCE

1/1/2020

DATE (MM/DD/YYYY)

3/19/2019

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

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


PRODUCER LOCKTON COMPANIES 3657 BRIARPARK DRIVE, SUITE 700 Houston TX 77042	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: See Attached	
INSURED 1359399 Corizon Health, Inc. 103 Powell Court Brentwood TN 37027	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

**COVERAGES**      **CERTIFICATE NUMBER: 15966052**      **REVISION NUMBER: XXXXXXXX**

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

INSR LTR	TYPE OF INSURANCE	ADL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX DAMAGE TO RENTED PREMISES (Ea occurrence) \$ XXXXXXXX MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ XXXXXXXX GENERAL AGGREGATE \$ XXXXXXXX PRODUCTS - COMP/OP AGG \$ XXXXXXXX \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	See Attached	1/1/2019	1/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT WHERE PERMISSIBLE BY LAW.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b> See Attachment
15966052  Okaloosa County 5479A Old Bethel Road Crestview FL 32536	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  

Carrier	Eff. Date	Exp. Date	Policy #	States
New Hampshire Ins Co	01/01/2019	01/01/2020	012716997	FL
New Hampshire Ins Co	01/01/2019	01/01/2020	012716998	KS
New Hampshire Ins Co	01/01/2019	01/01/2020	012716999	ID,KS,MD,MI,MN,MO,ND,NM, NY,OH,OK,TN,WA,WY
New Hampshire Ins Co	01/01/2019	01/01/2020	012717000	NJ
New Hampshire Ins Co	01/01/2019	01/01/2020	012717001	AZ,KY,NJ,PA,VA
New Hampshire Ins Co	01/01/2019	01/01/2020	012717002	TN
New Hampshire Ins Co	01/01/2019	01/01/2020	012717003	MI



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/19/2019

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

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

PRODUCER Beecher Carlson Insurance Services 6 Cadillac Drive, Suite 200 Brentwood, TN 37027  www.beechercarlson.com	CONTACT NAME: Sarah Ivy	FAX (A/C, No): 615-277-9879	
	PHONE (A/C, No, Ext):	E-MAIL ADDRESS: sivy@beechercarlson.com	
INSURED Corizon Health, Inc. 103 Powell Court Brentwood TN 37027	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Hartford Fire Insurance Company		19682
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

## COVERAGES

CERTIFICATE NUMBER: 47599025

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded \$1,000 <input type="checkbox"/> Coll Ded \$1,000		20 UEN ZR7641	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical Payments \$10,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RFP PS 47-19

## CERTIFICATE HOLDER

Okaloosa County  
5479A Old Bethel Rd.,  
Crestview FL 32536

## CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Paula Eason

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

[View assistance for SAM.gov](#)



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

[Login.gov FAQs](#)

**ALERT:** SAM.gov will be down for scheduled maintenance Saturday, 09/14/2019, from 8:00 AM to 1:00 PM (EDT).

### Search Results

Current Search Terms: CORIZON\*

Total records: 1

[Save PDF](#) [Export Results](#) [Print](#)

Result Page: 1

Sort by **Relevance** Order by **Descending**

Your search for CORIZON\* returned the following results...

Entity	<b>Corizon Health, Inc.</b>	Status: <b>Active</b>
DUNS: <b>099089963</b>	CAGE Code: <b>32FN5</b>	<a href="#">View Details</a>
Has Active Exclusion?: <b>No</b>	DoDAAC:	
Expiration Date: <b>05/21/2020</b>	Debt Subject to Offset?: <b>Yes</b> <a href="#">What is this?</a>	
Purpose of Registration: <b>All Awards</b>		

Result Page: 1

[Save PDF](#) [Export Results](#) [Print](#)



HSN-NP-20190814-1104  
WWW3

- [Search Records](#)
- [Data Access](#)
- [Check Status](#)
- [About](#)
- [Help](#)
- [Disclaimers](#)
- [Accessibility](#)
- [Privacy Policy](#)
- [FAPHS.gov](#)
- [GSA.gov/IAE](#)
- [GSA.gov](#)
- [USA.gov](#)

This is a U.S. Government Work. A Administration Federal Government computer system that is "FOR OFFICIAL USE ONLY". This system is subject to controlling instructions found in performance based contract activities and subject to disciplinary action including criminal prosecution.

**CONTRACT: C19-2848-PS**  
**CORIZON HEALTH, INC.**  
**INMATE MEDICAL SERVICES**  
**EXPIRES: 09/30/2022 W/2 1 YR RENEWALS**

**CONTRACT**  
**For RFP 47-19**

**Inmate Medical Services for Okaloosa County Department of Corrections Public Safety**

This Contract executed and entered into this \_\_\_\_\_ day of SEP 03 2019, 2019, between Okaloosa County, Florida, (hereinafter the "County"), whose principal address is 1250 N. Eglin Parkway, Shalimar, Florida 32579, and Corizon Health, Inc. (hereinafter the "Contractor") a foreign profit company, whose principal address is 103 Powell Court, Brentwood, TN 37027, states as follows:

**WITNESSETH:**

**WHEREAS**, the County through a Request for Proposal has solicited for **Inmate Medical Services for Okaloosa County Department of Corrections Public Safety**; and

**WHEREAS**, after due review of all proposals, Corizon Health, Inc. has been selected for the **Inmate Medical Services for Okaloosa County Department of Corrections Public Safety**; and

**WHEREAS**, the County, as a recipient of federal assistance, is required to incorporate specific provisions in all contracts, regardless of funding source, with additional provisions being required for federally funded projects. These provisions are being incorporated per this amendment as stated in Exhibit "B" attached hereto; and

**WHEREAS**, the County desires the services of the Contractor and the Contractor is willing and able to perform all services in accordance with this Contract.

**NOW, THEREFORE**, the parties hereto agree as follows:

**I. Incorporation of Documents**

The following documents are incorporated herein by reference into this Contract and are attached as:

1. Exhibit "A", Cost and Fee Schedule and Risk Share
2. Exhibit "B", Staffing Plan and Discount/Payback Schedule
3. Exhibit "C", Scope of Services
4. Exhibit "D", Federal Regulations, attached hereto and made a part of the contract.
5. Exhibit "E", Request for Proposals & Respondent's Acknowledgment/Contractor's Submittal, **RFP PS 47-19, Inmate Medical Services for Okaloosa County Department of Corrections Public Safety** date of opening April 18, 2019 at 3:00 P.M. and any addendums thereto.

All terms within the above referenced documents are in full force and effect and shall be binding upon both parties.

**II. Scope of Services**

The Contractor will provide services in accordance with the terms and conditions of this contract and attached Exhibit "C"

### **III. Invoice Requirements**

The Contractor shall submit all fees payable to the Okaloosa County in accordance with the terms and conditions of this contract and attached Exhibit "A".

The Contractor shall submit a monthly staffing compliance report to the County at the beginning of every month. For each of the positions included in the staffing matrices attached hereto as Exhibit "B", a discount/payback will be required by the County for any unfilled hours, if the position is vacant for more than thirty (30) days. After 30 days, for each unfilled hour of such staff time, the County will deduct from its monthly payment to Corizon at the average hourly salary rate for the position as set forth in Exhibit A. The staffing reconciliation will be based on Exhibit "B". Exhibit "B" will be updated annually, no later than October 1<sup>st</sup> of each year, to reflect the blended average rates and benefits by position. In all cases, hours provided by position above the required hours for the period may be used to cover like positions when their credentials are equal to or exceed the credentials required for such similar position.

Unfilled hours include those hours which are not filled due to voluntary or involuntary termination or any other reason or incident resulting in the position being unfilled. Contractor will calculate, reconcile, and report any unfilled hours by position for each of the applicable bi-weekly pay periods in a monthly report to the County. However, unfilled hours will not include those hours not filled due to Contactor Paid Time Off (hereinafter "PTO"), for items such as illness, annual, or personal leave. The monthly report shall be based on reporting periods that would include two pay periods per month with a final reconciliation to include three pay periods twice a year. For the purpose of calculating staffing discount/paybacks during the term of this Contract, total hours by position will be considered in the aggregate for any required contracted position.

An exception would apply in unforeseen circumstances such as staff displacement due to natural disasters, loss of workforce due to serial FMLA and/or Worker's Compensation events occurring in the same month and events deemed appropriate by the County.

### **IV. Duration of Contract and Termination of the Contract**

The Contract will be effective on October 1, 2019 and will continue for three (3) years. The contract may be renewed for additional two (2) one (1) year renewals upon mutual agreement of both parties.

The County may terminate the Contract with or without cause by providing thirty (30) days written notice to the Contractor. If terminated, Contractor shall be owed for services rendered and equipment provided up until the point of termination.

The County may terminate this Contract in whole or part for cause, if the County determines that the performance of the Contractor is not satisfactory, the County shall notify the Contractor of the deficiency in writing with a requirement that the deficiency be corrected within ten (10) days of such notice. Such notice shall provide reasonable specificity to the Contractor of the deficiency that requires correction. If the deficiency is not corrected within such time period, the County may either (1) immediately terminate the Agreement, or (2) take whatever action is deemed appropriate to correct the deficiency. In the event the County chooses to take action and not terminate the Contract, the Contractor shall, upon demand, promptly reimburse the County for any and all costs and expenses incurred by the County in correcting the deficiency.



If the County terminates the Contract, the County shall notify the Contractor of such termination in writing, with instruction to the effective date of termination or specify the stage of work at which the Contract is to be terminated.

The County reserves the right to unilaterally cancel this Contract for refusal by the Contractor or any contractor, sub-contractor or materials vendor to allow public access to all documents, papers, letters or other material subject to the provisions of Chapter 119, Florida Statutes, and made or received in conjunction with this Contract unless the records are exempt.

Upon receipt of a final termination or suspension notice under this Article, the Contractor shall proceed promptly to carry out the actions required in such notice, which may include any or all of the following:

1. Necessary action to terminate or suspend, as the case may be, Project activities and contracts and such other action as may be required or desirable to keep to a minimum the costs upon the basis of which the financing is to be computed; and
2. Furnish a statement of the activities and other undertakings the cost of which are otherwise includable as costs under this Contract. The termination or suspension shall be carried out in conformity with the latest schedule of costs as approved by the County. The closing out of federal financial participation in the services provided shall not constitute a waiver of any claim which the County may otherwise have arising out of this Contract.

## **V. Remedies**

This Contract shall be governed by the laws of the State of Florida. Any and all legal action necessary to enforce the Contract shall be held in Okaloosa County. No remedy herein conferred upon any party is intended to be exclusive of any other remedy, and each and every such remedy shall be cumulative and shall be in addition to every other remedy given hereunder or now or hereafter existing at law or in equity or by statute or otherwise. No single or partial exercise by any party of any right, power, or remedy hereunder shall preclude any other or further exercise thereof.

## **VI. Intent of Contract Documents**

It is the intent of the Contract Documents to describe a functionally complete project to be performed in accordance with the Contract Documents. Any work, materials or equipment that may reasonably be inferred from the Contract Documents as being required to produce the intended result shall be supplied whether or not specifically called for. When words that have a well-known technical or trade meaning are used to describe work, materials or equipment, such words shall be interpreted in accordance with that meaning. Reference to standard specifications, manuals or codes of any technical society, organization or association or to the laws or regulations of any governmental authority having jurisdiction over the Project, whether such reference be specific or by implication, shall mean the latest standard specification, manual, code, law or regulation in effect at the time the Work is performed, except as may be otherwise specifically stated herein.

## **VII. Investigation**

Contractor shall have the sole responsibility of satisfying itself concerning the nature and location of the Work and the general and local conditions, and particularly, but without limitation, with respect to the following: those affecting transportation, access, disposal, handling and storage of materials; availability and quality of labor; water and electric power; availability and condition of roads; work area; living

facilities; climatic conditions and seasons; physical conditions at the work site and the project area as a whole; topography and ground surface conditions; nature and quantity of the surface materials to be encountered; subsurface conditions; equipment and facilities needed preliminary to and during performance of the Work; and all other costs associated with such performance. The failure of Contractor to acquaint itself with any applicable conditions shall not relieve Contractor from any of its responsibilities to perform under the Contract Documents, nor shall it be considered the basis for any claim for additional time or compensation.

## **VIII. Notice**

All notices required by this Contract shall be in writing to the representatives listed below:

### **The authorized representatives of the County shall be:**

Stefan Vaughn, Public Safety Director  
1200 East James Lee Boulevard  
Crestview, FL 32536  
Phone: 850-689-5690  
Email: [svaughn@myokaloosa.com](mailto:svaughn@myokaloosa.com)

### **The authorized representative for Corizon Health, Inc. shall be:**

Stephen Rector, Chief Executive Officer  
103 Powell Court  
Brentwood, TN 37027  
Phone: 615-373-3100  
Email: [marketing@corizonhealth.com](mailto:marketing@corizonhealth.com)

### **Courtesy copy to:**

Okaloosa County Purchasing Department  
5479A Old Bethel Road  
Crestview, FL 32536  
Phone: 850-689-5960  
Fax: 850-689-5998  
Email: [dmason@myokaloosa.com](mailto:dmason@myokaloosa.com)

[Scott King, Chief Legal Officer](#)  
[Corizon Health, Inc.](#)  
[103 Powell Court](#)  
[Brentwood, TN 37027](#)  
[Phone: 615-376-1323](#)  
[Email: scott.king@corizonhealth.com](mailto:scott.king@corizonhealth.com)

Any party shall have the right, from time to time, to change the address to which notices shall be sent by giving the other party at least five (5) business days' prior notice of the address change.

## **IX. Governing Law & Venue**

This Contract shall be governed by and construed in accordance with the laws of the State of Florida, and the parties stipulate that venue shall be in Okaloosa County, Florida.

## **X. Public Records**

Any record created by either party in accordance with this Contract shall be retained and maintained in accordance with the public records law, Florida Statutes, Chapter 119.

**IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT OKALOOSA COUNTY RISK MANAGEMENT DEPARTMENT 5479 OLD BETHEL ROAD CRESTVIEW, FL 32536 PHONE: (850) 689-5977 [riskinfo@myokaloosa.com](mailto:riskinfo@myokaloosa.com).**

Contractor must comply with the public records laws, Florida Statute chapter 119, specifically Contractor must:

1. Keep and maintain public records required by the County to perform the service.
2. Upon request from the County's custodian of public records, provide the County with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in chapter 119 Florida Statutes or as otherwise provided by law.
3. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the contractor does not transfer the records to the County.
4. Upon completion of the contract, transfer, at no cost, to the County all public records in possession of the contractor or keep and maintain public records required by the County to perform the service. If the contractor transfers all public records to the public agency upon completion of the contract, the contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the contractor keeps and maintains public records upon completion of the contract, the contractor shall meet all applicable requirements for retaining the public records. All records stored electronically must be provided to the public agency, upon the request from the public agency's custodian of public records, in a format that is compatible with the information technology systems of the public agency.

## **XI. Audit**

The County and/or its designee shall have the right from time to time at its sole expense to audit the compliance by the Contractor with the terms, conditions, obligations, limitations, restrictions, and requirements of this Contract and such right shall extend for a period of three (3) years after termination of this Contract.

## **XII. Assignment**

Contractor shall not assign this Contract or any part thereof, without the prior consent in writing of the County. If Contractor does, with approval, assign this Contract or any part thereof, it shall require that its assignee be bound to it and to assume toward Contractor all of the obligations and responsibilities that Contractor has assumed toward the County.

### **XIII. Entire Contract & Waivers**

This Contract and all exhibits as incorporated herein, contain the entire contract between the parties and supersedes all prior oral or written contracts. Contractor acknowledges that it has not relied upon any statement, representation, prior or contemporaneous written or oral promises, agreements or warranties, except such as are expressed herein. The terms and conditions of this Contract can only be amended in writing upon mutual agreement of the parties and signed by both parties.

The waiver by a party of any breach or default in performance shall not be deemed to constitute a waiver of any other or succeeding breach or default. The failure of the County to enforce any of the provisions hereof shall not be construed to be a waiver of the right of the County thereafter to enforce such provisions.

### **XIV. Severability**

If any term or condition of this Contract shall be deemed, by a court having appropriate jurisdiction, invalid or unenforceable, the remainder of the terms and conditions of this Contract shall remain in full force and effect. This Contract shall not be more strictly construed against either party hereto by reason of the fact that one party may have drafted or prepared any or all the terms and provisions hereof.

### **XV. Independent Contractor**

Contractor enters into this Contract as, and shall continue to be, an independent contractor. All services shall be performed only by Contractor and Contractor's employees. Under no circumstances shall Contractor or any of Contractor's employees look to the County as his/her employer, or as partner, agent or principal. Neither Contractor, nor any of Contractor's employees, shall be entitled to any benefits accorded to the County's employees, including without limitation worker's compensation, disability insurance, vacation or sick pay. Contractor shall be responsible for providing, at Contractor's expense, and in Contractor's name, unemployment, disability, worker's compensation and other insurance as well as licenses and permits usual and necessary for conducting the services to be provided under this Contract.

### **XVI. Third Party Beneficiaries**

It is specifically agreed between the parties executing this Contract that it is not intended by any of the provisions of any part of the Contract to create in the public or any member thereof, a third party beneficiary under this Contract, or to authorize anyone not a party to this Contract to maintain a suit for personal injuries or property damage pursuant to the terms or provisions of this Contract.

### **XVII. Indemnification and Hold Harmless**

Contractor agrees to hold harmless, indemnify, and defend or, at the option of the County, pay the cost of defense, the County and its representative from any and all claims, losses, penalties, demands, judgments, and costs of suit, including attorneys' fees and paralegals' fees, for any expense, damage or liability incurred by any of them, whether for personal injury, property damage, direct or consequential damages, or economic loss, arising directly or indirectly on account of or in connection with the Work done by Contractor under this Contract or by any person, firm or corporation to whom any portion of the Work is subcontracted by Contractor or resulting from the use by Contractor, or by any one for whom Contractor is legally liable, of any materials, tools, machinery or other property of the County.

The Contractor's obligation under this provision shall not be limited in any way by the agreed upon contract price as shown in this contract or the Contractor's limit of, or lack of, sufficient insurance protection.

### **XVIII. Representation of Authority to Contractor/Signatory**

The individual signing this Contract on behalf of Contractor represents and warrants that he or she is duly authorized and has legal capacity to execute and deliver this Contract. The signatory represents and warrants to the County that the execution and delivery of this Contract and the performance of Contractor obligations hereunder have been duly authorized and that the Contract is a valid and legal agreement binding on the Contractor and enforceable in accordance with its terms.

## **XVI. Subcontracting**

Contractor shall not subcontract any services or work to be provided to County without the prior written approval of the County's Representative. The County reserves the right to accept the use of a subcontractor or to reject the selection of a particular subcontractor and to inspect all facilities of any subcontractors in order to make a determination as to the capability of the subcontractor to perform properly under this Contract. The County's acceptance of a subcontractor shall not be unreasonably withheld. The Contractor is encouraged to seek minority and women business enterprises for participation in subcontracting opportunities. Additionally, any subcontract entered into between the Contractor and subcontractor will need to be approved by the County prior to it being entered into, and said agreement shall incorporate in all required terms in accordance with local, state and Federal regulations.

## **XX. Insurance**

### **CONTRACTORS**

#### **INSURANCE**

1. The Contractor shall not commence any work in connection with this Contract until he has obtained all required insurance and such insurance has been approved by the Okaloosa County Risk Manager or designee.
2. All insurance policies shall be with insurers authorized to do business in the State of Florida.
3. All insurance shall include the interest of all entities named and their respective officials, employees & volunteers of each and all other interests as may be reasonably required by Okaloosa County. The coverage afforded the Additional Insured under this policy shall be primary insurance. If the Additional Insured have other insurance that is applicable to the loss, such other insurance shall be on an excess or contingent basis. The amount of the company's liability under this policy shall not be reduced by the existence of such other insurance.
4. Where applicable, the County shall be shown as an Additional Insured with a Waiver of Subrogation on the Certificate of Insurance.
5. The County shall retain the right to reject all insurance policies that do not meet the requirement of this Agreement. Further, the County reserves the right to change these insurance requirements with 60-day notice to the Contractor.
6. The County reserves the right at any time to require the Contractor to provide copies (redacted if necessary) of any insurance policies to document the insurance coverage specified in this Contract.
7. The designation of Contractor shall include any associated or subsidiary company which is involved and is a part of the contract and such, if any associated or subsidiary company

involved in the project must be named in the Workers' Compensation coverage.

8. Any exclusions or provisions in the insurance maintained by the Contractor that excludes coverage for work contemplated in this Contract shall be deemed unacceptable and shall be considered breach of contract.

## **WORKERS' COMPENSATION INSURANCE**

1. The Contractor shall secure and maintain during the life of this Contract Workers' Compensation insurance for all of his employees employed for the project or any site connected with the work, including supervision, administration or management, of this project and in case any work is sublet, with the approval of the County, the Contractor shall require the Subcontractor similarly to provide Workers' Compensation insurance for all employees employed at the site of the project, and such evidence of insurance shall be furnished to the County not less than ten (10) days prior to the commencement of any and all sub-contractual Contracts which have been approved by the County.
2. Contractor must be in compliance with all applicable State and Federal workers' compensation laws, including the U.S. Longshore Harbor Workers' Act or Jones Act, if applicable.
3. No class of employee, including the Contractor himself, shall be excluded from the Workers' Compensation insurance coverage. The Workers' Compensation insurance shall also include Employer's Liability coverage.

## **BUSINESS AUTOMOBILE LIABILITY**

Coverage must be afforded for all Owned, Hired, Scheduled, and Non-Owned vehicles for Bodily Injury and Property Damage. If the contractor does not own vehicles, the contractor shall maintain coverage for Hired & Non-Owned Auto Liability, which may be satisfied by way of endorsement to the Commercial General Liability policy or separate Business Auto Policy. Contractor must maintain this insurance coverage throughout the life of this Contract.

## **COMMERCIAL GENERAL LIABILITY INSURANCE**

1. The Contractor shall carry other Commercial General Liability insurance against all other Bodily Injury, Property Damage and Personal and Advertising Injury exposures.
2. All liability insurance (other than Professional Liability) shall be written on an occurrence basis and shall not be written on a claims-made basis. If the insurance is issued with an aggregate limit of liability, the aggregate limit of liability shall apply only to the locations included in this Contract. If, as the result of any claims or other reasons, the available limits of insurance reduce to less than those stated in the Limits of Liability, the Contractor shall notify the County representative in writing. The Contractor shall purchase additional liability insurance to maintain the requirements established in this Contract. Umbrella or Excess Liability insurance can be purchased to meet the Limits of Liability specified in this Contract.
3. Commercial General Liability coverage shall include the following:
  - 1.) Premises & Operations Liability
  - 2.) Bodily Injury and Property Damage Liability
  - 3.) Independent Contractors Liability

- 4.) Contractual Liability
- 5.) Products and Completed Operations Liability

4. Contractor shall agree to keep in continuous force Commercial General Liability coverage for the length of the contract.

**PROFESSIONAL LIABILITY and/or ERRORS AND OMISSIONS LIABILITY**

Coverage must be afforded for Wrongful Acts. Contractor must keep insurance in force until the third anniversary of expiration of this Contract or the third anniversary of acceptance of work by the County.

**INSURANCE LIMITS OF LIABILITY**

The insurance required shall be written for not less than the following, or greater if required by law and shall include Employer’s liability with limits as prescribed in this contract:

	<b>LIMIT</b>
1. Worker’s Compensation	
1.) State	Statutory
2.) Employer’s Liability	\$500,000 each accident
2. Business Automobile	\$1,000,000 each accident (A combined single limit)
3. Commercial General Liability	\$1,000,000 each occurrence for Bodily Injury & Property Damage \$1,000,000 each occurrence Products and completed operations
4. Personal and Advertising Injury	\$1,000,000 each occurrence
5. Professional Liability (E&O)	\$1,000,000 each claim

**NOTICE OF CLAIMS OR LITIGATION**

The Contractor agrees to report any incident or claim that results from performance of this Contract. The County representative shall receive written notice in the form of a detailed written report describing the incident or claim within ten (10) days of the Contractor’s knowledge. In the event such incident or claim involves injury and/or property damage to a third party, verbal notification shall be given the same day the Contractor becomes aware of the incident or claim followed by a written detailed report within ten (10) days of verbal notification.

**INDEMNIFICATION & HOLD HARMLESS**

Contractor shall indemnify and hold harmless the County, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or wrongful conduct of the Contractor and other persons employed or utilized by the Contractor in the performance of this contract.

**Note: For Contractor’s convenience, this certification form is enclosed and is made a part of the bid package.**

## **CERTIFICATE OF INSURANCE**

1. Certificates of insurance indicating the job site and evidencing all required coverage must be submitted not less than 10 days prior to the commencement of any of the work. The certificate holder(s) shall be as follows: Okaloosa County, 5479A Old Bethel Road, Crestview, Florida, 32536.
2. The contractor shall provide a Certificate of Insurance to the County with a thirty (30) day notice of cancellation; ten (10 days' notice if cancellation is for nonpayment of premium).
3. In the event that the insurer is unable to accommodate the cancellation notice requirement, it shall be the responsibility of the contractor to provide the proper notice. Such notification shall be in writing by registered mail, return receipt requested, and addressed to the Okaloosa County Purchasing Department at 5479-A Old Bethel Road, Crestview, FL 32536.
4. In the event the contract term goes beyond the expiration date of the insurance policy, the contractor shall provide the County with an updated Certificate of insurance no later than ten (10) days prior to the expiration of the insurance currently in effect. The County reserves the right to suspend the contract until this requirement is met.
5. The certificate shall indicate if coverage is provided under a claims-made or occurrence form. If any coverage is provided on a claims-made form, the certificate will show a retroactive date, which should be the same date of the initial contract or prior.
6. All certificates shall be subject to Okaloosa County's approval of adequacy of protection and the satisfactory character of the Insurer.
7. All deductibles or SIRs, whether approved by Okaloosa County or not, shall be the Contractor's full responsibility. In particular, the Contractor shall afford full coverage as specified herein to entities listed as Additional Insured.
8. In no way will the entities listed as Additional Insured be responsible for, pay for, be damaged by, or limited to coverage required by this schedule due to the existence of a deductible or SIR.

## **GENERAL TERMS**

Any type of insurance or increase of limits of liability not described above which, the Contractor required for its own protection or on account of statute shall be its own responsibility and at its own expense.

Any exclusions or provisions in the insurance maintained by the contractor that excludes coverage for work contemplated in this contract shall be deemed unacceptable and shall be considered breach of contract.

The carrying of the insurance described shall in no way be interpreted as relieving the Contractor of any responsibility under this contract.



Should the Contractor engage a subcontractor or sub-subcontractor, the same conditions will apply under this Contract to each subcontractor and sub-subcontractor.

The Contractor hereby waives all rights of subrogation against Okaloosa County and its consultants and other indemnities of the Contractor under all the foregoing policies of insurance.

## **UMBRELLA INSURANCE**

The Contractor shall have the right to meet the liability insurance requirements with the purchase of an umbrella insurance policy. In all instances, the combination of primary and umbrella liability coverage must equal or exceed the minimum liability insurance limits stated in this Contract.

## **XXI. Taxes and Assessments**

Contractor agrees to pay all sales, use, or other taxes, assessments and other similar charges when due now or in the future, required by any local, state or federal law, including but not limited to such taxes and assessments as may from time to time be imposed by the County in accordance with this Contract. Contractor further agrees that it shall protect, reimburse and indemnify County from and assume all liability for its tax and assessment obligations under the terms of the Contract.

The County is exempt from payment of Florida state sales and use taxes. The Contractor shall not be exempted from paying sales tax to its suppliers for materials used to fulfill contractual obligations with the County, nor is the Contractor authorized to use the County's tax exemption number in securing such materials.

The Contractor shall be responsible for payment of its own and its share of its employees' payroll, payroll taxes, and benefits with respect to this Contract.

## **XXII. Compliance with Laws**

Contractor shall secure any and all permits, licenses and approvals that may be required in order to perform the Work, shall exercise full and complete authority over Contractor's personnel, shall comply with all workers' compensation, employer's liability and all other federal, state, county, and municipal laws, ordinances, rules and regulations required of an employer performing services such as the Work, and shall make all reports and remit all withholdings or other deductions from the compensation paid to Contractor's personnel as may be required by any federal, state, county, or municipal law, ordinance, rule, or regulation.

## **XXIII. Federal Regulations**

The contractor agrees to comply with all federal, state and local laws, rules and regulations, including but not limited to, those set forth in Exhibit "B", which is expressly incorporated herein as a part of this contract.

## **XXIV. Vendors on Scrutinized Companies Lists**

By executing this Contract, , the Contractor, certifies that it is not: (1) listed on the Scrutinized Companies that Boycott Israel List, created pursuant to section 215.4725, Florida Statutes, (2) engaged in a boycott of Israel, (3) listed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to section 215.473, Florida Statutes, or (4) engaged in business operations in Cuba or Syria. Pursuant to section 287.135(5), Florida Statutes, the County may immediately terminate this Contract for cause if the Contractor is found to have submitted a false certification as to the above or if the Contractor is placed on the Scrutinized Companies that Boycott Israel List, is engaged in a boycott of Israel, has been placed

on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or has been engaged in business operations in Cuba or Syria, during the term of the Contract. If the County determines that the Contractor has submitted a false certification, the County will provide written notice to the Contractor. Unless the Contractor demonstrates in writing, within 90 calendar days of receipt of the notice, that the County's determination of false certification was made in error, the County shall bring a civil action against the Contractor. If the County's determination is upheld, a civil penalty equal to the greater of \$2 million or twice the amount of this Contract shall be imposed on the Contractor, and the Contractor will be ineligible to bid on any Contract with a Florida agency or local governmental entity for three years after the date of County's determination of false certification by Contractor. If federal law ceases to authorize the states to adopt and enforce the contracting prohibition identified in this Section this Section shall be null and void.

**IN WITNESS WHEREOF**, the parties hereto have made and executed this Contract on the respective dates under each signature.

**CORIZON HEALTH, INC.**

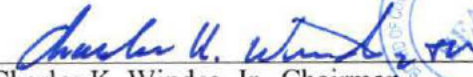
**OKALOOSA COUNTY, FLORIDA**

SP

Steve Rector, CEO

Printed Name/Title

  
Signature

  
Charles K. Windes, Jr., Chairman



Date: SEP 03 2019

8/22/19  
Date:

ATTEST:

  
J.D. Peacock II, Clerk



## COST AND FEE SCHEDULE FOR SCOPE OF SERVICES

### Exhibit “A”

Pricing is expressed in terms of a flat monthly rate based on the average daily population for the month in which services are rendered in accordance with the Scope of Work. The price may be adjusted based on a sliding scale as indicated in the cost and fee schedule and payback/discount schedule for unfilled positions > 30 days.

Average Daily Population Quantity	Inmate Healthcare	Inmate Mental Health Care
<b>Year 1</b>		
ADP 601 – 650	\$219,875	\$20,360
ADP 651 – 700	\$220,205	\$20,360
ADP 701 – 750	\$220,525	\$20,360
ADP 751 – 800	\$220,850	\$20,360
ADP 801 – 850	\$221,180	\$20,360
ADP over 851	\$221,515	\$20,360
<b>Year 2</b>		
ADP 601 – 650	\$226,032	\$20,930
ADP 651 – 700	\$226,371	\$20,930
ADP 701 – 750	\$226,700	\$20,930
ADP 751 – 800	\$227,034	\$20,930
ADP 801 – 850	\$227,373	\$20,930
ADP over 851	\$227,717	\$20,930
<b>Year 3</b>		
ADP 601 – 650	\$232,361	\$21,516
ADP 651 – 700	\$232,709	\$21,516
ADP 701 – 750	\$233,048	\$21,516
ADP 751 – 800	\$233,391	\$21,516
ADP 801 – 850	\$233,739	\$21,516
ADP over 851	\$234,093	\$21,516

### **Risk Share**

Corizon Health assumes a financial risk share arrangement that covers all inpatient, outpatient, specialty, diagnostic services, and pharmacy costs. Consistent with our current contract, we propose that Corizon Health will be financially responsible for the first \$500,000 annually for these services. Should expenses be lower than \$500,000, Corizon Health will refund 100% of the difference between actual expenses and the \$500,000 annual limit.

When costs exceed \$500,000, Corizon Health will be financially responsible for 20% of costs above \$500,000 and the OCDOC would be responsible for 80% of these costs. If total costs exceed \$1,240,000 annually, Corizon Health will assume financial responsibility for expenses above the final cap amount.

## STAFFING PLAN FOR SCOPE OF SERVICES

### Exhibit “B”

The required minimum full-time equivalent positions for scope of services is defined below. Contractor shall obtain mutual agreement and approval from the County for position shift scheduling and/or assignments. The County will consider Contractor’s position staffing needs based upon functionality of operations. The payback/discount schedule is enforced for unfilled positions greater than thirty (30) calendar days, in accordance with Scope of Services section D.2.

Position	Hours per Week	*Full-Time Equivalents	Backfill Required	Hourly Payback / Discount Schedule
Administrator	40	1.00	Yes	\$45.69
Administrative Assistant	40	1.00	Yes	\$18.99
Clerk	80	2.00	Yes	\$16.27
Physician	20	0.50	Yes	\$94.17
Psychiatrist**	6	0.15	Yes	\$132.82
Dentist**	6	0.15	Yes	\$83.29
Director of Nursing	40	1.00	Yes	\$38.75
Registered Nurses	72	1.80	Yes	\$29.55
Licensed Practical Nurses	520	13.00	Yes	\$21.98
Dental Assistant	6	0.15	Yes	\$18.20
Mental Health Director	40	1.00	Yes	\$38.75
Mental Health Professional	80	2.00	Yes	\$24.46
Total	950	23.75		

*\*FTE represents 2080 annually inclusive of paid leave (sick, vacation, holiday, etc.)*

*\*\*Scheduling is flexible based upon custody requirements and needs of population.*

SCOPE OF SERVICES REQUIRED –  
THE SUCCESSFUL CONTRACTOR SHALL PROVIDE / SHALL ENSURE:

Exhibit “C”

- A. Comprehensive operating procedures detailing the delivery of twenty-four (24) hour a day, medical services that are legally defensible and which meet Florida Model Jail Standards, Florida Corrections Accreditation Standards, National Commission on Correctional Healthcare standards, Federal, State and local laws, ordinances, rules and regulations.
- B. INFORMATIVE, ONGOING REPORTING/COMMUNICATION - THE SUCCESSFUL CONTRACTOR SHALL PROVIDE / SHALL ENSURE:
1. Weekly scheduled and documented meetings with PS - Corrections Division Staff to evaluate statistics, program needs, problems and coordination between security personnel and medical personnel.
  2. Availability of previous twenty-four (24) hour information for the Chief Correctional Officer or designee to include the following data:
    - a) Transfers to off-site hospital emergency departments;
    - b) Communicable disease reporting;
    - c) Suicide data (i.e. attempts & precautions taken);
    - d) Report of status for inmates in local hospitals and infirmaries;
    - e) Staffing;
    - f) Completed medical incident report copies;
    - g) Completed medical grievance report copies;
    - h) A list of lost medical files;
    - i) History & physical status report
  3. A monthly statistical report submitted to the Chief Correctional Officer or designee by the fifth calendar day of each month to include the following data:
    - a) Inmate requests for various services;
    - b) Inmates seen at sick call;
    - c) Inmates seen by physician;
    - d) Inmates seen by psychiatrist;
    - e) Inmates seen by psychologist or mental health counselor;
    - f) Off-site hospital admissions including the number of days;
    - g) Medical specialty consultation referrals;
    - h) Inmate medical screenings;
    - i) Fourteen day history & physical assessments;
    - j) Psychiatric evaluations;
    - k) Report of third party reimbursement, pursuit & recovery;
    - l) Percentage of inmate population dispensed medication;
    - m) Inmates testing positive for venereal disease;

- n) Inmate testing positive for AIDS or AIDS Antibodies;
  - o) Inmates testing positive for TB;
  - p) Inmate mortality;
  - q) Number of hours worked by entire medical staff, specifying each post or shift;
  - r) Other data deemed appropriate by the Chief Correctional Officer or designee.
4. A comprehensive annual statistical report to the Chief Correctional Officer or designee.
  5. Participation in any and all reviews associated with the Florida Corrections Accreditation Commission assessments.
  6. Copies of all inspection reports to the Chief Correctional Officer or designee and the Health Authority.
  7. A policy and procedure for Comprehensive Quality Improvement Program that defines an ongoing effort and dedicated resources to monitor and evaluate the quality and appropriateness of patient care objectively and systematically, to pursue opportunities to improve patient care and to resolve identified problems.
  8. Design and implementation of an on-going Quality Assurance Program, consisting of regularly scheduled audits of inmate health care services with documentation of deficiencies and plans for correction of deficiencies. The Quality Assurance Program shall include a provision for the program and contract monitoring to include an annual inspection by an outside Florida Model Jail Medical Inspector, the results of which shall be made available to the Chief Correctional Officer. The cost of annual inspections will be paid by the contractor.

**C. STAFFING QUALIFICATIONS - THE SUCCESSFUL CONTRACTOR SHALL PROVIDE / SHALL ENSURE:**

1. Contract personnel are subject to the same state licensure or certification requirements and restrictions as applicable to health care personnel working in the community. Copies of licensing or certification credentials shall be on file at a central location in the PS - Corrections Division.
2. Written job descriptions and post orders to define specific duties and responsibilities for all assignments.
3. A written plan for orientation and staff development/training appropriate to their healthcare delivery activity for all healthcare personnel. This plan must outline the frequency of continuing training for each staff position. Department of Corrections nurses shall be included in all appropriate educational offerings.
4. The PS - Corrections Division reserves the right to search any person, property or article entering or leaving its facilities.
5. Inmates will not be allowed to provide any health care services, including records keeping.

**D. STAFFING LEVELS - THE SUCCESSFUL CONTRACTOR SHALL PROVIDE / SHALL ENSURE:**

1. Adequate health care personnel are present and available for twenty-four (24) hours per day to provide inmate health care services. Final staffing levels and personnel selections for the delivery of medical services will be mutually agreed upon by written contract between the contractor and the County.

2. Contractor will be required to credit Okaloosa County for twice the actual costs of services hours not provided by any medical staff position from the initial date of non-service. Any positions not filled will constitute an immediate discount.
3. A singular, designated Medical Director, who is a physician licensed to practice in Florida with responsibility for assuring the appropriateness and adequacy of inmate health care.
4. A full-time Health Authority licensed in the State of Florida for the provision of medical care and services as set forth in Florida Model Jail Standards, Florida Corrections Accreditation Standards, National Commission on Correctional Healthcare standards, Federal, State (capitalized), and local laws, ordinances, rules and regulations. Said Health Authority shall serve as liaison between the medical and security staff and have authority to oversee the administrative requirements of health care programs such as recruitment, staffing, scheduling, data gathering, financial monitoring, policy and procedure development and review, contracts, medical recordkeeping, and other management services.
5. Nursing services to include the following:
  - a) Medical section coverage at all times;
  - b) Intake screening on all inmates at the time of admission;
  - c) Histories, physicals, and mental health screening(s) on inmates within fourteen (14) days of admission;
  - d) Medications as prescribed;
  - e) Sick call triage and follow-up on a daily basis;
  - f) Appropriate and timely responses to medical needs and emergencies;
  - g) Physical support services.
6. Sufficient, readily available administrative support staff to support the medical contract, including information technology hardware and software expertise on contractor equipment or software programs used to provide inmate health care.
7. All subcontracts of every nature are approved by the County. Copies of clearly defined written agreements or understandings for twenty-four (24) hour services with hospitals, physicians and others involved in providing care to inmates is provided to and approved by the Okaloosa County PS - Corrections Division.
8. Physical services are sufficient to provide for the required needs of the day and assure medical evaluations and follow-up within twenty-four (24) hours of post nursing triage referral including weekends and holidays.
9. (24) Twenty-four hour physician on-call services with availability for consultation and on-site needs as required.
10. A schedule, which lists the names, telephone numbers, and on call days for the emergency physician and health care provider.
11. Copies of staffing schedules encompassing all health care staff are posted in designated areas and submitted to Chief Correctional Officer or designee on a weekly basis, with updates regarding changes.
12. Name, date of birth, social security number, local address, previous employment history and a copy of a valid Florida driver's license for all employment applicants.
13. An applicant screening is conducted, including fingerprints and background checks.
14. Applicable licenses and/or certificates for all professional staff are on file for all physicians, nurse practitioners, and other professionals or paraprofessional

employees as applicable.

15. Mutually agreed upon selection of applicants with the Chief Correctional Officer or designee.
16. The PS - Corrections Division may prohibit entry to any security facility, or remove there from, any contract employee who does not perform his/her duty in a professional manner.

**E. DENTAL CARE SERVICES - THE SUCCESSFUL CONTRACTOR SHALL PROVIDE / SHALL ENSURE:**

1. An agreement or understanding with at least one licensed dentist to provide emergency dental care.
2. Dental care services for inmates within a reasonable time, available to include sufficiently responding to emergency and medically required dental services.

**F. PHARMACEUTICAL SERVICES - THE SUCCESSFUL CONTRACTOR SHALL PROVIDE / SHALL ENSURE:**

1. Provisions for pharmaceutical services to assure the availability of prescribed medications within eight (8) hours of the order of issue being written. Pharmacy services and emergency pharmacy service are consistent with State and Federal laws and/or regulations, monitored by a licensed, qualified pharmacist.
2. Record of the administration of medications in a manner and on a form approved by the Health Authority to include documentation of the fact that inmates are receiving and ingesting their prescribed medications. Documentation will also be required when an inmate's ordered medication was not administered and the reasons.
  - a) Established standard operating procedures for the proper management of pharmaceuticals to include:
  - b) Adherence to Federal and State regulations governing controlled substances;
  - c) Maximum-security storage and perpetual inventory of all controlled substances, syringes and needles.
  - d) Medications are administered in accordance with facility health care plan by licensed medical personnel or by qualified and trained facility staff members according to the direction of the designated physician.

**G. INMATE INTAKE / HEALTH CARE - THE SUCCESSFUL CONTRACTOR SHALL PROVIDE / SHALL ENSURE:**

1. No unconscious person, or a person who appears to be seriously injured is admitted to the PS - Corrections Division. They must be referred immediately for emergency medical attention at admission and return to the PS - Corrections Division is predicated upon written medical clearance.
2. Inmates are medically cleared before they can be sent to general population.
3. A receiving medical screening procedure, which is performed during the admission process. The screening will, at a minimum, consist of filling out an electronic medical screening form and visual observation of inmate by a member of the medical staff. The screening shall include inquiry into and recording of:
  - a) Current illnesses and health problems including communicable diseases and other infectious diseases;



- b) Medications taken and special health requirements, including allergies;
  - c) Inquiry into cough, lethargy, and weight loss;
  - d) Behavioral conditions and mental state, to include past and/or current suicidal tendencies or ideations;
  - e) Notation of body deformities, trauma markings, bruises, lesions, ease of movement, jaundice, etc.;
  - f) Condition of skin, eyes, ears, nose and throat, including rashes and infestations, and needle marks, or other indications of drug abuse;
  - g) Inquiry into use of alcohol and other drugs including type of drugs used, mode of use, amount used, frequency used, time and/or date of last use;
  - h) For female inmates, a history of gynecological problems and pregnancies;
  - i) The screening must include annotated observations of:
    - i. Behavior, including state of consciousness, mental status, appearance, conduct, tremors, sweating;
    - ii. Body deformities, trauma marking, ease of movement;
    - iii. Condition of skin and body orifices, including rashes and infestations, needle marks or other indications of drug abuse;
    - iv. TB testing;
    - v. DNA testing as required by Florida Statute;
    - vi. Vital signs.
4. Screening of all other health problems as designated by a member of the medical staff.
  5. All new admissions/screening charts are to be reviewed and signed by a medical doctor, physician assistant or nurse practitioner within twenty-four (24) hours.
  6. Each inmate is given a health appraisal including a physical, hands on examination by the Health Authority or designee within (14) calendar days after admission to the facility. Contractor will be required to credit the PS - Corrections Division \$1,000 per day for each day over fourteen (14) calendar days that any health appraisal is not complete.
  7. If the inmate has received a health appraisal within the previous ninety (90) days, a physician or designee shall determine whether a new health appraisal is required. The extent of the health appraisal, including the physical examination, shall be defined by the Health Authority, but shall include at least the following items:
    - a) Review of medical screening forms by qualified health personnel as designated by physician;
    - b) Collection of additional data to complete the medical, dental, psychiatric and immunization histories, to include gynecological history for females;
    - c) Laboratory and diagnostic tests as determined necessary by the Health Authority to detect communicable disease, including sexually transmitted diseases and tuberculosis;
    - d) Recording of height, weight, pulse, blood pressure and temperature;
    - e) Other tests and examinations as appropriate;
    - f) Medical examination with comments about mental and dental status;
    - g) Review of the results of the medical examination, tests and identification of

problems by a physician when required by procedures as referenced in Florida Model Jail Standards 7.2 or other applicable standard;

- h) The form used for the health appraisal shall be approved by the Health Authority.
- 8. The format and/or form used for the health appraisal is approved by the Chief Correctional Officer or designee and Health Authority.
- 9. The PS - Corrections Division policy and procedure requiring a health appraisal is contained in the Contractor's standard operating procedures of the medical section.
- 10. Inmates referred for treatment, as a result of the health appraisal, are seen within thirty-six (36) hours unless the provider making the referral orders them to physician sick call or another day.

**H. INMATE MEDICAL RECORDS - THE SUCCESSFUL CONTRACTOR SHALL PROVIDE / SHALL ENSURE:**

- 1. Compatible software to continue maintenance of electronic medical records. Electronic records are currently maintained using eOmni medical record software.
- 2. Confidentiality of medical records and compliance with applicable Health Insurance Portability and Accountability Act (HIPAA) requirements. The medical and psychiatric records will be kept separate from the custody records. Data necessary for the classification, security and control of inmates will be provided to the appropriate Corrections Division personnel. Medical records will be made available to the PS - Corrections Division, its personnel or Okaloosa County.
- 3. Maintenance of complete electronic medical records on each inmate who is admitted to the facility. All such electronic medical records shall become and remain property of the Okaloosa County PS - Corrections Division and shall not be copied or removed from the premises of the Okaloosa County PS - Corrections Division without express written consent of the Okaloosa County Chief Correctional Officer or designee. All such electronic medical records shall be saved securely with the highest level of firewall protection as to avoid a breach of data or violate HIPAA laws. Such records shall be kept for a period of not less than seven years following release, transfer or death of the inmate.
- 4. Individual, electronic health care records are initiated and maintained for every inmate regarding medical, dental or mental health services as a result of the inmate screening process, or for services rendered following assignment to a housing area. The inmate health record shall include, but not be limited to:
  - a) Inmate screening
  - b) Health appraisal
  - c) Physician order/treatment plans or orders
  - d) Prescribed medications administered or not administered, date, time and by whom
  - e) Complaints of illness or injury
  - f) Findings, diagnoses, treatments and dispositions
  - g) Health service reports
  - h) Consent and refusal
  - i) Release of information
  - j) Inmate medical requests
  - k) Medical grievances
  - l) Laboratory, radiology and diagnostic studies

- m) Consultation, emergency room and hospital reports and discharge summaries
  - n) Each recording shall include the date, time, signature and title of each recorder.
5. If an inmate's medical records cannot be located within eight (8) hours of the discovered loss, the Health Authority and the Chief Correctional Officer shall be notified in writing and a duplicate record shall be generated and labeled "duplicate file." Any clearance information that cannot be determined shall be repeated. Upon location of the missing record and after a duplicate file has been created, the two files shall be joined to form one file.
  6. Medical staff perform reviews, medical examinations, medical summaries or certifications as are necessary for intra-system transfer, food handling and work clearances. Medical summaries must accompany inmates.
  7. Summaries or copies of inmate health records to other facilities when inmates are transferred, including county or state facilities. To ensure the continuity of care, health record information shall be transmitted to specific physicians or medical facilities in the community upon request by the physician or medical facility upon the written authorization of the inmate.
  8. Medical test results are maintained confidential, except for those who have a need to know. No person to whom the results of tests have been disclosed under Florida Model Jail Standards 7.22 may disclose the test results to another person not authorized under Florida Model Jail Standards and HIPAA.
  9. Availability of test results to the Chief Correctional Officer, but such information is exempt from the public records provisions of Florida Statutes Section 119.01 and 119.07.
  10. The results of tuberculin tests are read and documented on a daily basis.
  11. The results of any medical test(s) on an inmate is part of that inmate's permanent medical file. Upon transfer of the inmate to any other correctional facility, the results of such testing shall be transferred to the receiving facility in an envelope marked "confidential medical information."
  12. PS - Corrections Division, medical and mental health staff may share relevant information including, but not limited to, communicable diseases and behavior problems/disorders.
  13. Inmates returning from outside hospital stay or clinic visits, are seen by a medical doctor or nurse practitioner. A note regarding this review with reference to follow-in-house must be documented in the medical record.
  14. Adherence to applicable informed consent regulations and standards of local jurisdiction, including HIPAA.
  15. Inactive medical records are maintained in accordance with the laws of the State of Florida and Florida Model Jail Standards.

**I. MEDICAL EQUIPMENT AND SUPPLIES - THE SUCCESSFUL CONTRACTOR SHALL PROVIDE / SHALL ENSURE:**

1. First aid supplies, as designated by the Health Authority, are available on the premises and readily available at all times and that staff trained in the delivery of emergency first aid care, including cardiopulmonary resuscitation are on duty at all times. The Health Authority or designee is responsible for monthly inspection of the first aid supplies.
2. Necessary laboratory, EKG and X-ray services in digital format or digital conversion capable format.

**J. OPERATIONAL SUPPORT REQUIREMENTS - THE SUCCESSFUL CONTRACTOR SHALL PROVIDE / SHALL ENSURE:**

1. Treatment occurs within the time periods designated by the Health Authority.
2. All outside medical consultations/treatments (appointments) shall be coordinated in advance with the PS - Corrections Division Transportation Team.
3. Housekeeping duties are performed by medical staff, and in the medical section(s).
4. Disposal of all contaminated waste. This material must be removed from within the facility to a secured area outside the facility and disposed of in accordance with PS - Corrections Division policies and procedures.
5. Arrangements for body cavity searches are conducted by medical personnel other than those who currently provide care to inmates in custody of the PS - Corrections Division in accordance with Florida Model Jail Standards, other applicable Florida Statutes and PS - Corrections Division policies and procedures.
6. Information concerning any court or legal documents affecting inmates and the medical contract provider are provided in writing to the Chief Correctional Officer or designee prior to the end of shift during which services of such action occurred are explained.

**K. INMATE MEDICAL SERVICE REQUESTS - THE SUCCESSFUL CONTRACTOR SHALL PROVIDE / SHALL ENSURE:**

1. A medical request response procedure is operable and maintained. Okaloosa County Corrections Division currently provides inmates an electronic medical request system. Contractor is required to access the medical requests in electronic format. All inmate medical request submissions shall be screened on a daily basis by medically trained personnel and appropriate referrals made. In addition, any request received as a result of medication rounds or formal sick call shall be screened when received and referred as appropriate.
2. An established and maintained sick call procedure allowing inmates to report for, and receive, appropriate medical services for non-emergency illness and injury. The Contractor shall provide each inmate the opportunity for daily sick call supervised by the Health Authority.

**L. INFECTIOUS DISEASE CONTROL - THE SUCCESSFUL CONTRACTOR SHALL PROVIDE / SHALL ENSURE:**

1. In consultation with the Health Authority and the Florida Department of Health, develop written procedures establishing conditions under which inmates will be tested for infectious disease. These procedures shall be consistent with the guidelines established by the Center for Disease Control and the Florida Department of Health.

**M. EMERGENCY HEALTH CARE SERVICES - THE SUCCESSFUL CONTRACTOR SHALL PROVIDE / SHALL ENSURE:**

1. Medical staff respond to acute medical needs of the Okaloosa County PS - Corrections Division staff on duty and document services provided.
2. A documented disaster plan with regard to the role of health care staff in times of emergency or threat thereof.

**N. INMATE MENTAL HEALTH CARE - THE SUCCESSFUL CONTRACTOR SHALL PROVIDE / SHALL ENSURE:**

1. A mental health program for evaluation, treatment and/or referral to include but no

limited to the following:

- a) When isolated for psychiatric purposes, inmates shall be examined by a physician or designee within forty-eight (48) consistent hours after confinement.
- b) Medical evaluation must support medical confinement of inmates based on risk of physical danger to self or others.
- c) All inmates who are segregated from the general population must be seen by qualified medical personnel a minimum of three (3) times per week.
- d) A physician or medical designee will be responsible to determine when an inmate should be sent or returned to general population, with documentation in the medical record regarding these decisions.
- e) All inmates referred for mental health evaluation receive a comprehensive diagnostic examination including psychosocial history and mental status evaluation. This examination will include an assessment of suicidal risk, potential for violence and special housing needs.
- f) Psychotropic medication will be used where appropriate. To maximize the effectiveness of pharmacotherapy and to reduce the toxicity and side effects for medication, and intensive program of drug monitoring shall exist. All inmates placed on drug therapy will be seen within one (1) week by a psychiatrist. Precautions will include.
  - i. The psychiatrist will review the inmate's medical record to determine which medications the patient has been receiving prior to prescription of psychotropic medication.
  - ii. Prior to the prescription of psychotropic medication, inmates will be informed by a member of the mental health staff about the risks of taking such medication, in accordance with applicable standards of care. All female inmates will be so informed by a member of the mental health staff about the risks of taking such medication while pregnant. A pregnancy test will be provided prior to the prescription of psychotropic medication to female inmates wishing such a test, if such a test has not already been provided upon intake.
  - iii. All inmates placed on medication will be evaluated for signs of toxicity. Blood pressure will be regularly checked and drug levels monitored where appropriate with documentation of this information to be placed routinely in the inmate's medical record.
  - iv. Alcoholism services will be offered to those inmates who are referred to the program for health problems and who also have alcohol related problems. These services will be provided by medical and mental health professionals and should include case findings, referrals, liaison work and post release planning.

**O. SPECIAL NEEDS INMATE HEALTH CARE SERVICES - THE SUCCESSFUL CONTRACTOR SHALL PROVIDE / SHALL ENSURE:**

1. Establishment of a defined program for meeting the special needs of the female population, e.g. pregnancy.
2. Design and strict adherence to a plan with specifics for provision of specialty health care services.
3. Development and maintenance of a special medical program that exists for inmates requiring close medical supervision, including chronic and convalescent care needs. This section must include specific guidelines for housing standards for these inmates.

Requirements to be included are.

- a) Each inmate assigned this classification must have a written individualized treatment plan approved by a physician;
  - b) Inmates admitted under the influence of alcohol or drugs must be separated from the general population and kept under close observation for a reasonable period of time;
  - c) Inmates with suicidal tendencies and those with a history of having seizures, as determined by medical authority, must be assigned to quarters that have close observation and assigned to a lower bunk;
  - d) Pharmacological support care must be determined by a physician.
4. Inmates determined by medical personnel to have suicidal tendencies and those with a propensity for having seizures are assigned to quarters that have close supervision or direct observation, unless otherwise authorized in writing by the Health Authority or designee.
    5. All abnormal laboratory and X-ray results are reviewed and signed off by a physician or advanced registered nurse practitioner. A follow up plan of care shall be provided.
    6. Implementation of policies and procedures to ensure that any inmate who reports being sexually assaulted during their incarceration, are provided a medical evaluation and necessary treatment by a qualified health care professional in accordance with Prison Rape Elimination Act of 2003.
    7. For the maintenance of inmate hearing aids, to include replacement of hearing aid batteries to inmates requesting them as soon as possible, and sending hearing aids to a repair company as soon as possible, and inform the inmate when it was sent. The cost for batteries and repairs will be borne by the inmate.

**P. INMATE WORKERS - THE SUCCESSFUL CONTRACTOR SHALL PROVIDE / SHALL ENSURE:**

1. For the examination and medical clearance for all inmate workers assigned to work programs inside and outside the jail facilities prior to placement in the assignment. Inmate worker medical clearance must include:
  - a) Relevant past medical history, including communicable diseases, heart problems, respiratory problems, allergies, back problems;
  - b) Questions for current signs and symptoms of illness;
  - c) Current vital signs, including blood pressure, plus temperature;
  - d) General examination for overall physical and mental health, with specific reference to:
    - (1) Examination for evidence of communicable diseases to include, but not limited to,
      - (a) Skin problems such as rash, wounds, sores, boils, etc.;
      - (b) Heart and lung examinations; and
      - (c) Current test for tuberculosis.

Standard Contract Clauses

Exhibit “D”

**Title VI Clauses for Compliance with Nondiscrimination Requirements**

**Compliance with Nondiscrimination Requirements**

During the performance of this contract, the contractor, for itself, its assignees, and successors in interest (hereinafter referred to as the “contractor”) agrees as follows:

**Compliance with Regulations:** The contractor (hereinafter includes consultants) will comply with the Title VI List of Pertinent Nondiscrimination Acts And Authorities, as they may be amended from time to time, which are herein incorporated by reference and made a part of this contract.

**Non-discrimination:** The contractor, with regard to the work performed by it during the contract, will not discriminate on the grounds of race, color, or national origin in the selection and retention of subcontractors, including procurements of materials and leases of equipment. The contractor will not participate directly or indirectly in the discrimination prohibited by the Nondiscrimination Acts and Authorities, including employment practices when the contract covers any activity, project, or program set forth in Appendix B of 49 CFR part 21.

**Solicitations for Subcontracts, Including Procurements of Materials and Equipment:** In all solicitations, either by competitive bidding, or negotiation made by the contractor for work to be performed under a subcontract, including procurements of materials, or leases of equipment, each potential subcontractor or supplier will be notified by the contractor of the contractor’s obligations under this contract and the Nondiscrimination Acts And Authorities on the grounds of race, color, or national origin.

**Information and Reports:** The contractor will provide all information and reports required by the Acts, the Regulations, and directives issued pursuant thereto and will permit access to its books, records, accounts, other sources of information, and its facilities as may be determined by the sponsor or the Federal Aviation Administration to be pertinent to ascertain compliance with such Nondiscrimination Acts And Authorities and instructions. Where any information required of a contractor is in the exclusive possession of another who fails or refuses to furnish the information, the contractor will so certify to the sponsor or the Federal Aviation Administration, as appropriate, and will set forth what efforts it has made to obtain the information.

**Sanctions for Noncompliance:** In the event of a contractor’s noncompliance with the Non-discrimination provisions of this contract, the sponsor will impose such contract sanctions as it or the Federal Aviation Administration may determine to be appropriate, including, but not limited to:

- a. Withholding payments to the contractor under the contract until the contractor complies; and/or
- b. Cancelling, terminating, or suspending a contract, in whole or in part.

**Incorporation of Provisions:** The contractor will include the provisions of paragraphs one through six in every subcontract, including procurements of materials and leases of equipment, unless

exempt by the Acts, the Regulations and directives issued pursuant thereto. The contractor will take action with respect to any subcontract or procurement as the sponsor or the Federal Aviation Administration may direct as a means of enforcing such provisions including sanctions for noncompliance. Provided, that if the contractor becomes involved in, or is threatened with litigation by a subcontractor, or supplier because of such direction, the contractor may request the sponsor to enter into any litigation to protect the interests of the sponsor. In addition, the contractor may request the United States to enter into the litigation to protect the interests of the United States.

## **Title VI List of Pertinent Nondiscrimination Acts and Authorities**

### **Title VI List of Pertinent Nondiscrimination Acts and Authorities**

During the performance of this contract, the contractor, for itself, its assignees, and successors in interest (hereinafter referred to as the “contractor”) agrees to comply with the following non-discrimination statutes and authorities; including but not limited to:

Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d *et seq.*, 78 stat. 252), (prohibits discrimination on the basis of race, color, national origin);

49 CFR part 21 (Non-discrimination In Federally-Assisted Programs of The Department of Transportation—Effectuation of Title VI of The Civil Rights Act of 1964);

The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, (42 U.S.C. § 4601), (prohibits unfair treatment of persons displaced or whose property has been acquired because of Federal or Federal-aid programs and projects);

Section 504 of the Rehabilitation Act of 1973, (29 U.S.C. § 794 *et seq.*), as amended, (prohibits discrimination on the basis of disability); and 49 CFR part 27;

The Age Discrimination Act of 1975, as amended, (42 U.S.C. § 6101 *et seq.*), (prohibits discrimination on the basis of age);

Airport and Airway Improvement Act of 1982, (49 USC § 471, Section 47123), as amended, (prohibits discrimination based on race, creed, color, national origin, or sex);

The Civil Rights Restoration Act of 1987, (PL 100-209), (Broadened the scope, coverage and applicability of Title VI of the Civil Rights Act of 1964, The Age Discrimination Act of 1975 and Section 504 of the Rehabilitation Act of 1973, by expanding the definition of the terms “programs or activities” to include all of the programs or activities of the Federal-aid recipients, sub-recipients and contractors, whether such programs or activities are Federally funded or not);

Titles II and III of the Americans with Disabilities Act of 1990, which prohibit discrimination on the basis of disability in the operation of public entities, public and private transportation systems, places of public accommodation, and certain testing entities (42 U.S.C. §§ 12131 – 12189) as implemented by Department of Transportation regulations at 49 CFR parts 37 and 38;

The Federal Aviation Administration’s Non-discrimination statute (49 U.S.C. § 47123) (prohibits discrimination on the basis of race, color, national origin, and sex);

Executive Order 12898, Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations, which ensures non-discrimination against minority populations by



discouraging programs, policies, and activities with disproportionately high and adverse human health or environmental effects on minority and low-income populations;

Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination because of limited English proficiency (LEP). To ensure compliance with Title VI, you must take reasonable steps to ensure that LEP persons have meaningful access to your programs (70 Fed. Reg. at 74087 to 74100);

Title IX of the Education Amendments of 1972, as amended, which prohibits you from discriminating because of sex in education programs or activities (20 U.S.C. 1681 et seq).

### **FEDERAL FAIR LABOR STANDARDS ACT (FEDERAL MINIMUM WAGE)**

All contracts and subcontracts that result from this solicitation incorporate by reference the provisions of 29 CFR part 201, the Federal Fair Labor Standards Act (FLSA), with the same force and effect as if given in full text. The FLSA sets minimum wage, overtime pay, recordkeeping, and child labor standards for full and part time workers.

The [*contractor / consultant*] has full responsibility to monitor compliance to the referenced statute or regulation. The [*contractor / consultant*] must address any claims or disputes that arise from this requirement directly with the U.S. Department of Labor – Wage and Hour Division

### **OCCUPATIONAL SAFETY AND HEALTH ACT OF 1970**

All contracts and subcontracts that result from this solicitation incorporate by reference the requirements of 29 CFR Part 1910 with the same force and effect as if given in full text. Contractor must provide a work environment that is free from recognized hazards that may cause death or serious physical harm to the employee. The Contractor retains full responsibility to monitor its compliance and their subcontractor's compliance with the applicable requirements of the Occupational Safety and Health Act of 1970 (20 CFR Part 1910). Contractor must address any claims or disputes that pertain to a referenced requirement directly with the U.S. Department of Labor – Occupational Safety and Health Administration.

### **E-VERIFY**

Enrollment and verification requirements.

(1) If the Contractor is not enrolled as a Federal Contractor in E-Verify at time of contract award, the Contractor shall-

- a. Enroll. Enroll as a Federal Contractor in the E-Verify Program within thirty (30) calendar days of contract award;
- b. Verify all new employees. Within ninety (90) calendar days of enrollment in the E-Verify program, begin to use E-Verify to initiate verification of employment eligibility of all new hires of the Contractor, who are working in the United States, whether or not assigned to the contract, within three (3) business days after the date of hire (but see paragraph (b)(3) of this section); and,
- c. Verify employees assigned to the contract. For each employee assigned to the contract, initiate verification within ninety (90) calendar days after date of enrollment

or within thirty (30) calendar days of the employee's assignment to the contract, whichever date is later (but see paragraph (b)(4) of this section.)

- (2) If the Contractor is enrolled as a Federal Contractor in E-Verify at time of contract award, the Contractor shall use E-Verify to initiate verification of employment eligibility of
  - a. All new employees.
    - a. Enrolled ninety (90) calendar days or more. The Contractor shall initiate verification of all new hires of the Contractor, who are working in the United States, whether or not assigned to the contract, within three (3) business days after the date of hire (but see paragraph (b)(3) of this section); or
    - b. Enrolled less than ninety (90) calendar days. Within ninety (90) calendar days after enrollment as a Federal Contractor in E-Verify, the Contractor shall initiate verification of all new hires of the contractor, who are working in the United States, whether or not assigned to the contract, within three (3) business days after the date of hire (but see paragraph (b)(3) of this section); or
    - c. Employees assigned to the contract. For each employee assigned to the contract, the Contractor shall initiate verification within ninety (90) calendar days after date of contract award or within thirty (30) days after assignment to the contract, whichever date is later (but see paragraph (b)(4) of this section.)
- (3) If the Contractor is an institution of higher education (as defined at 20 U.S.C. 1001(a)); a State of local government or the government of a Federally recognized Indian tribe, or a surety performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond, the Contractor may choose to verify only employees assigned to the contract, whether existing employees or new hires. The Contractor shall follow the applicable verification requirements of (b)(1) or (b)(2), respectively, except that any requirement for verification of new employees applies only to new employees assigned to the contract.
- (4) Option to verify employment eligibility of all employees. The Contractor may elect to verify all existing employees hired after November 6, 2986 (after November 27, 2009, in the Commonwealth of the Northern Mariana Islands), rather than just those employees assigned to the contract. The Contractor shall initiate verification for each existing employee working in the United States who was hired after November 6, 1986 (after November 27, 2009, in the Commonwealth of the Northern Mariana Islands), within one hundred eighty (180) calendar days of-
  - a. Enrollment in the E-Verify program; or
  - b. Notification to E-Verify Operations of the Contractor's decision to exercise this option, using the contract information provided in the E-Verify program Memorandum of Understanding (MOU)
- (5) The Contractor shall comply, for the period of performance of this contract, with the requirements of the E-Verify program MOU.

- a. The Department of Homeland Security (DHS) or the Social Security Administration (SSA) may terminate the Contractor's MOU and deny access to the E-Verify system in accordance with the terms of the MOU. In such case, the Contractor, will be referred to a suspension or debarment official.
- b. During the period between termination of the MOU and a decision by the suspension or debarment official whether to suspend or debar, the contractor is excused from its obligations under paragraph (b) of this clause. If the suspension or debarment official determines not to suspend or debar the Contractor, then the Contractor must reenroll in E-Verify.
- c. Web site. Information on registration for and use of the E-Verify program can be obtained via the Internet at the Department of Homeland Security Web site: <http://www.dhs.gov/E-Verify>.
- d. Individuals previously verified. The Contractor is not required by this clause to perform additional employment verification using E-Verify for any employee
  - i. Whose employment eligibility was previously verified by the Contractor through the E-Verify program;
  - ii. Who has been granted and holds an active U.S. Government security clearance for access to confidential, secret, or top secret information in accordance with the National Industrial Security Program Operating Manual; or
  - iii. Who has undergone a completed background investigation and been issued credentials pursuant to Homeland Security Presidential Directive (HSPD)-12. Policy for a Common Identification Standard for Federal Employees and Contractors.

Subcontracts. The Contractor shall include the requirements of this clause, including this paragraph € (appropriately modified for identification of the parties in each subcontract that-

(1) Is for-

- i. Commercial and noncommercial services (except for commercial services that are part of the purchase of a COTS item (or an item that would be a COTS item, but for minor modifications), performed by the COTS provider, and are normally provided for that COTS item); or
- ii. Construction;

(2) Has a value of more than \$3,500; and

(3) Includes work performed in the United States.

PROPOSAL | RFP PS 47-19 | APRIL 23, 2019 – 3:00 P.M.

# OKALOOSA COUNTY

OKALOOSA COUNTY DEPARTMENT OF  
PUBLIC SAFETY CORRECTIONS DIVISION

INMATE MEDICAL SERVICES

ELECTRONIC



103 Powell Court  
Brentwood, TN 37027

# TABLE OF CONTENTS





## TABLE OF CONTENTS

<i>Section No.</i>	<i>Section</i>	<i>Page</i>	<i>RFP Page</i>
	<b>TABLE OF CONTENTS</b>		--
	<b>COVER LETTER</b>		--
	<b>REQUIRED DOCUMENTS</b>		--
	Respondent Acknowledgement Form	--	--
	Drug-Free Workplace Certification Form	--	29
	Conflict of Interest	--	30
	Federal E-Verify	--	31
	Cone of Silence	--	32
	Indemnification and Hold Harmless	--	33
	Company Data	--	34
	System of Awards Management	--	35-36
	Addendum Acknowledgement	--	37
	Certification Regarding Lobbying	--	38
	Government Debarment and Suspension	--	39-40
<b>IV.</b>	<b>MANDATORY PROPOSAL REQUIREMENTS</b>	<b>IV.1</b>	<b>13</b>
<b>A.</b>	<b>Detailed Approach to Meeting Contractual Requirements</b>	<b>IV.3</b>	<b>13</b>
<i>A.</i>	Comprehensive Operating Procedures	IV.3	3
<i>B.</i>	Informative, Ongoing Reporting/Communication	IV.3	3
<i>C.</i>	Staffing Qualifications	IV.4	5
<i>D.</i>	Staffing Levels	IV.4	5
<i>E.</i>	Dental Care Services	IV.7	6
<i>F.</i>	Pharmaceutical Services	IV.7	6
<i>G.</i>	Inmate Intake/Health Care	IV.9	7
<i>H.</i>	Inmate Medical Records	IV.10	8
<i>I.</i>	Medical Equipment and Supplies	IV.11	10
<i>J.</i>	Operational Support Requirements	IV.11	10
<i>K.</i>	Inmate Medical Service Requests	IV.12	11
<i>L.</i>	Infectious Disease Control	IV.14	11
<i>M.</i>	Emergency Health Care Services	IV.14	11
<i>N.</i>	Inmate Mental Health Care	IV.15	11
<i>O.</i>	Special Needs Inmate Health Care Services	IV.18	12

**TABLE OF CONTENTS**

OKALOOSA COUNTY DEPARTMENT OF PUBLIC SAFETY CORRECTIONS DIVISION

INMATE MEDICAL SERVICES, RFP PS 47-19

APRIL 23, 2019

PAGE i



<i>Section No.</i>	<i>Section</i>	<i>Page</i>	<i>RFP Page</i>
P.	Inmate Workers	IV.21	13
B.	Shared Risk	IV.21	13
C.	Collections Inmate Co-Pays	IV.21	13
D.	Collection and Distribution of Reimbursement of Medical Expenses From Inmates	IV.21	13
E.	Fees for Services Rendered by Sub-Contractors	IV.24	13
F.	Staffing Plan	IV.25	13
G.	Management of Over-The-Counter Medications	IV.26	13
H.	Future Participation in Forensic Mental Health Diversion Program	IV.26	13
I.	Names and Qualifications of Site Leadership & Personnel Handling Contract	IV.27	13
<b>VI.</b>	<b>PRICE SCHEDULE</b>	<b>VI.1</b>	<b>15</b>

---

**TABLE OF CONTENTS**

**OKALOOSA COUNTY DEPARTMENT OF PUBLIC SAFETY CORRECTIONS DIVISION**

INMATE MEDICAL SERVICES, RFP PS 47-19

APRIL 23, 2019

PAGE ii

# COVER LETTER







April 23, 2019

Purchasing Officer DeRita Mason  
C/O Okaloosa County Purchasing Department  
5479A Old Bethel Road  
Crestview, FL 32536

Dear Ms. Mason,

Corizon Health, Inc. (Corizon Health) is excited to present this proposal, **RFP PS 47-19**, for the continued provision of inmate medical services for the Okaloosa County Department of Public Safety. We have had the privilege of providing healthcare to the inmates at the Jail since 2003. We are committed to building on our successful, 16-year partnership with the County to meet and exceed your goals as we deliver cost-effective, quality correctional health care services while meeting the requirements of the National Commission on Correctional Health Care (NCCHC), the Florida Corrections Accreditation Commission (FCAC) and the Florida Model Jail Standards (FMJS).

### A Proven Partnership

One of the major advantages of choosing to retain Corizon Health is our already in place, proven infrastructure and ability to collaboratively work with you to identify solutions, develop enhancements, and implement and execute a successful program.

Corizon Health maintains strong relationships with County personnel and leadership, including Director of Public Safety Dr. Stefan Vaughn and Chief Correctional Officer Eric Esmond.

*We have an excellent relationship with our Corizon partners. It's their ability to be amenable to change in an environment where sometimes, because safety and security is paramount in this environment, they have the ability to adjust their schedules, sometimes on the fly, for things that you can't see.*

*Then some things you don't necessarily know will happen. For example, we have different times where our admissions rise. Of course that then changes the dynamics of their day because there are more initial medical screenings that have to take place.*

*Our health services administrator, Susan, uses her staff to make sure we have individuals available to do those things, while also making sure that the H&Ps are taken care of, our dental data or X-rays are taken care of. They do a really good job from that perspective.*

*-- Eric Esmond, Okaloosa County Jail Chief Correctional Officer*

Susan Priddy, RN, CCHP, has led the site for nine years as Health Services Administrator. She has more than 20 years of experience as a staff nurse and in administrative health services. Under her tenure, OCDOC has successfully passed every FMJS, FCAC, and NCCHC inspection at **100% compliance** according to the standards being audited. She has also been a FJMS Medical Inspector since 2013 and was just recertified in 2018.

More than half of Corizon Health employees working at the Okaloosa County Department of Corrections have been there for three or more years.

Employee Name	Length of Service
Nicholas Delgado, MD, Site Medical Director	15.5 years
Sheree Seymour, Administrative Assistant	15 years
Susan Priddy, RN, CCHP, HSA	9 years
Madeline Ray, Clerk	7 years
Chase Klein, LPN	7 years
Tinishia Berry, LPN	5.5 years
Bandy Ladson, LPN	5.5 years
Andrew Safron, MD, Psychiatrist	5 years
Tonya Stoute, LPN	4.5 years
Jessica White, RN	4.5 years
Sandra Hoffa, LCSW, Behavioral Health Lead	4.5 years
Lisa Roy, RN, Director of Nursing	3.5 years
Nicole Fernan, LPN	3 years

In addition, Corizon Health maintains an excellent history of quality care that is indicated by a low litigation rate during our 16-year tenure. Since contract start in November 2003, Corizon Health has had only four professional liability lawsuits and we have not had any lawsuits filed, under Ms. Priddy's leadership, in the last nine years. Of the four lawsuits, three were dismissed without any finding of liability. Given the significant number of patients served and daily encounters, we believe the foundation of this success lies with the implementation of our policies and procedures, robust orientation and training programs for staff, and programs such as COR Care, designed to support patient safety and quality care.

### Other Partnership Accomplishments

- Partnership with Okaloosa County to earn NCCHC accreditation specifically for mental health. Okaloosa County will likely be the first in the state of Florida to earn this specialized accreditation.
- Networking with groups such as the Public Safety Coordinating Council, Homeless Housing Alliance, Okaloosa County Health Department, Mental Health Association of Okaloosa, and Veterans Service Organizations to provide community outreach and mental health resources for inmates upon their release.

- Corizon Health has partnered with the University of West Florida’s Social Work program and has sponsored three interns since inception of the program. One of the interns from the program, Scott Saucer, MSW, a U.S. Army veteran, was also hired after the completion of his internship.
- Corizon Health has had great success with the implementation of the **“Baby & Me”** Program in the Okaloosa County DOC facility.
  - The program provides prenatal and postpartum care for its care for pregnant inmates in conjunction with Healthy Start of Okaloosa County and Florida’s Department of Children and Families ACCESS program, which provide community services to mothers upon their release from incarceration.
  - The goals of the program are to keep an expectant mother informed and involved in her own care; monitor the health of the mother and the baby; and decrease recidivism.
  - Focused care decreases the number of pregnancy-related emergency room and off-site clinic visits.
  - “Baby & Me” was nominated in 2015 for NCCHC Program of the Year.
  - Since the program’s inception, only two first-trimester pregnant inmates have gone into pre-term labor and been taken to the emergency room. Jail clinical staff attribute this fact to improved prenatal education and medical care, as well as encouraging the women to stay hydrated.

### Continued Innovation and Improvement

We are committed to providing excellent care as well as developing continuous program enhancements in the OCDOC. Further, our goal is to continue delivery of our mental health care program, recognized as a model in correctional facilities across the nation, as well as pursue **NCCHC Mental Health accreditation** as a first in the State of Florida.

Our successful **Baby & Me** program will continue to help pregnant inmates be involved in their prenatal and postpartum care, while lowering treatment treatment and transportation costs, and reducing recidivism rates by connecting female inmates with supportive community resources.

**Telepsychiatry and telehealth** are key Corizon Health strategies to improve the quality of care we provide for our patients and remain fiscally accountable to our clients. In addition to Okaloosa, we have implemented successful telepsychiatry programs at our Florida jail partner locations in Alachua, Charlotte, Leon, and Polk counties, and there is a planned launch for a telemedicine program for our Kent County, MI partnership site in 2019.

In an effort to enhance re-entry services and better coordinate related resources, Corizon Health **proposes the development of an informational re-entry website** in partnership with the OCDOC and community agencies. It will serve as an access point for recently-released inmates and their families during their transition process back to their communities.

Corizon Health's re-entry website (designed specifically for the OCDC) (sample screenshot to follow) is an example of a patient-centric COR Tech tool that is the embodiment of COR Care.



This Okaloosa County specific site will serve as a clearinghouse of information for patients and their families during the inmate's transition back into the community. The site includes:

- Medical / Health Care
- Dental Care
- Mental Health
- Crisis Counseling / Assistance
- Employment Resources
- Housing/Shelter
- Food & Clothing
- Additional Resources
- Education/Job Training

Re-entry websites are currently used by several of our other contract sites, including Leon County, FL; Dona Ana County, NM; St. Louis, MO; Passaic County, NJ; and the Missouri, Idaho and Tennessee Departments of Correction, as part of the COR Tech component of our COR Care Model. Providing the robust analytics needed to deliver *the right care, at the right time, in the right place*, Corizon Health has made significant investments in technology solutions to help predict outcomes, assist in decision-making, and offer evidence-based recommendations for next steps.

Corizon Health recognizes that our obligation to our patients, our client-partners and to the communities in which we all live and that our work does not end at the time an inmate is released from custody. Patients with severe and persistent mental illness, behavioral issues, and/or acute and chronic medical conditions are 12 times more likely to die from health problems in the first two weeks of release from custody than others. Re-entry is one of several components aimed to expand the continuum of care for the patients we serve. To that end, Corizon Health has initiated a company-wide **Re-entry Committee** dedicated to developing the correct tools, processes and resources to successfully reintegrate inmates back into their communities. Through the work of this focused committee, Corizon will develop advanced programs that aim to risk stratify individuals based on several factors, including non-medical factors (i.e. psychosocial factors and social determinants of health). These programs will ultimately advance the health and well-being of the patients while reducing recidivism. Corizon welcomes the opportunity to further partner with OCDOC to expand on the work being done within this committee today to make a positive impact in the Okaloosa community.

### Seamless Contract Transition

As the incumbent health services provider, the start-up and transition through re-award of the contract to Corizon Health will be seamless and stress-free for OCDOC staff and the inmate population. Corizon Health will treat the new contract as a start-up with a work plan and goals for implementing new contract requirements and deploying innovations and program enhancements in collaboration with OCDOC administration.

Based on our current partnership, review of the RFP, working knowledge of the facility, and additional information provided as part of this procurement, we are confident that we can further deliver a model health services program that meets all accreditation standards and exceeds the expectations of Okaloosa County. Corizon Health pledges our 40 years of experience and will continue to use all of our resources, tools, and people in delivering the quality you expect while being the best stewards of valuable and scarce resources.

In closing, we thank you for the opportunity to submit this proposal. Should you have any questions or need clarification on any component of our response, please contact **Christopher Bell, Director of Business Development, at (615) 651-3870 or Christopher.Bell@corizonhealth.com**. Corizon Health will continue to use our collective accomplishments as building blocks to further improve our program in 2019 and beyond.

Sincerely,



Joseph R. Pino, FACHE, CCHP  
Senior Vice President – Community Corrections  
Phone: (615) 660-6867  
Email: Joseph.Pino@corizonhealth.com

# REQUIRED DOCUMENTS





REQUEST FOR PROPOSALS ("RFP") & RESPONDENT'S ACKNOWLEDGEMENT

RFP TITLE: Inmate Medical Services for Okaloosa County Department of Public Safety Corrections Division. RFP NUMBER: RFP PS 47-19

ISSUE DATE: March 18, 2019 8:00 A.M. CST  
PRE-PROPOSAL MEETING: April 4, 2019 10:00 A.M. CST  
LAST DAY FOR QUESTIONS: April 11, 2019 3:00 P.M. CST  
RFP OPENING DATE & TIME: April 18, 2019 3:00 P.M. CST

NOTE: PROPOSALS RECEIVED AFTER THE PROPOSAL OPENING DATE & TIME WILL NOT BE CONSIDERED.

Okaloosa County, Florida solicits interested parties to submit a proposal on the above referenced Inmate Medical Services for Okaloosa County Department of Public Safety Corrections Division. All terms, specifications and conditions set forth in this RFP must be incorporated into your response. A proposal will not be accepted unless all conditions have been met. All proposals must have an authorized signature in the space provided below. All envelopes containing sealed proposals must reference the "RFP Title," "RFP Number," and the "RFP Due Date & Time." Okaloosa County is not responsible for lost or late delivery of proposals by the U.S. Postal Service or other delivery services used by the Respondent. Neither faxed nor electronically submitted proposals will be accepted. Proposals may not be withdrawn for a period of ninety (90) days after the proposal opening unless otherwise specified.

RESPONDENT ACKNOWLEDGEMENT FORM BELOW MUST BE COMPLETED, SIGNED, AND RETURNED AS PART OF YOUR PROPOSAL. PROPOSALS WILL NOT BE ACCEPTED WITHOUT THIS FORM, SIGNED BY AN AUTHORIZED AGENT OF THE RESPONDENT.

COMPANY NAME Corizon Health, Inc.  
MAILING ADDRESS 103 Powell Court  
CITY, STATE, ZIP Brentwood, TN 37027  
FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN): 23-2108853  
TELEPHONE NUMBER: (615) 373-3100 Exr: \_\_\_\_\_ FAX: (615) 376-1350  
EMAIL: marketing@corizonhealth.com

I CERTIFY THAT THIS PROPOSAL IS MADE WITHOUT PRIOR UNDERSTANDING, AGREEMENT, OR CONNECTION WITH ANY OTHER RESPONDENT SUBMITTING A PROPOSAL FOR THE SAME MATERIALS, SUPPLIES, EQUIPMENT OR SERVICES, AND IS IN ALL RESPECTS FAIR AND WITHOUT COLLUSION OR FRAUD. I AGREE TO ABIDE BY ALL TERMS AND CONDITIONS OF THIS PROPOSAL AND CERTIFY THAT I AM \_\_\_\_\_ S PROPOSAL FOR THE RESPONDENT.

AUTHORIZED SIGNATURE: \_\_\_\_\_ TYPED OR PRINTED NAME Stephen Rector

Chief Executive Officer  
TITLE: \_\_\_\_\_

April 18, 2019  
DATE: \_\_\_\_\_

## DRUG-FREE WORKPLACE CERTIFICATION

THE BELOW SIGNED RESPONDENT CERTIFIES that it has implemented a drug-free workplace program. In order to have a drug-free workplace program , a business shall:

1. Publish a statement notifying employees that the unlawful manufacture , distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under quote a copy of the statement specified in subsection I .
4. In the statement specified in subsection 1, notify the employees that, as a condition of working on the commodities or contractual services that are under quote, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893, Florida Statutes, or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction .
5. Impose a sanction on, or require the satisfactory participation in, drug abuse assistance or rehabilitation program if such is available in employee's community, by any employee who is convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign this statement, I certify that this firm complies fully with the above requirements.

DATE: April 18, 2019 SIGNATURE \_\_\_\_\_

COMPANY: Corizon Health, Inc. NAME: Stephen Rector  
(Typed or Printed)

ADDRESS: 103 Powell Court  
Brentwood, TN 37027 TITLE: CEO

E-MAIL: stephen.rector@corizonhealth.com

PHONE NO.: (615) 373-3100





## FEDERAL E-VERIFY COMPLIANCE CERTIFICATION

*In* accordance with Okaloosa County Policy and Executive Order Number 11-116 from the office of the Governor of the State of Florida, Respondent hereby certifies that the U.S. Department of Homeland Security's E-Verify system will be used to verify the employment eligibility of all new employees hired by the Respondent during the contract term, and shall expressly require any subcontractors performing work or providing services pursuant to the contract to likewise utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term; and shall provide documentation such verification to the COUNTY upon request.

---

As the person authorized to sign this statement, I certify that this company complies/will comply fully with the above requirements.

DATE: April 18, 2019

SIGNATURE: \_\_\_\_\_



COMPANY: Corizon Health, Inc.

NAME: Stephen Rector

ADDRESS: 103 Powell Court,  
Brentwood, TN 37027

TITLE: CEO

\_\_\_\_\_  
\_\_\_\_\_

E-MAIL: marketing@corizonhealth.com

PHONE NO.: (615) 373-3100

## CONE OF SILENCE



The Board of County Commissioners have established a solicitation silence policy (Cone of Silence) that prohibits oral and written communication regarding all formal solicitations for goods and services (ITB, RFP, JTQ, ITN, and RFQ) or other competitive solicitation between the bidder (or its agents or representatives) or other entity with the potential for a financial interest in the award (or their respective agents or representatives) regarding such competitive solicitation, and any County Commissioner or County employee, selection committee member or other persons authorized to act on behalf of the Board including the County's Architect, Engineer or their sub-consultants, or anyone designated to provide a recommendation to award a particular contract, other than the Purchasing Department Staff.

The period commences from the time of advertisement until contract award.

Any information thought to affect the committee or staff recommendation submitted after bids are due, should be directed to the Purchasing Manager or an appointed representative. It shall be the Purchasing Manager's decision whether to consider this information in the decision process.

Any violation of this policy shall be grounds to disqualify the Respondent from consideration during the selection process.

All Respondents must agree to comply with this policy by signing the following statement and including it with their submittal.

\_\_\_\_\_,   representing \_\_\_\_\_  
Signature Corizon Health, Inc.  
Company Name

On this 18th day of April 2019 hereby agree to abide by the County's "Cone of Silence Clause" and understand violation of this policy shall result in disqualification of my proposal/submittal.

## INDEMNIFICATION AND HOLD HARMLESS

Respondent shall indemnify and hold harmless the County, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or intentional wrongful conduct of the Respondent and other persons employed or utilized by the Respondent in the performance of this Contract.

Corizon Health, Inc.

\_\_\_\_\_  
Respondent's Company Name



\_\_\_\_\_  
Authorized Signature – Manual

103 Powell Court, Brentwood, TN 37027

\_\_\_\_\_  
Physical Address

Stephen Rector

\_\_\_\_\_  
Authorized Signature -Typed

103 Powell Court, Brentwood, TN 37027

\_\_\_\_\_  
Mailing Address

CEO

\_\_\_\_\_  
Title

(615) 373-3100

\_\_\_\_\_  
Phone Number

(615) 376-1350

\_\_\_\_\_  
FAX Number

(615) 651-3870

\_\_\_\_\_  
Cellular Number

(615) 651-3870

\_\_\_\_\_  
After-Hours Number(s)

April 18, 2019

\_\_\_\_\_  
Date

marketing@corizonhealth.com

\_\_\_\_\_  
Email

COMPANY DATA

Corizon Health, Inc.

Respondent's Company Name:

Physical Address & Phone #:

103 Powell Court,  
Brentwood, TN 37027

Contact Person (Typed-Printed):

Chris Bell, Director of Business Development

Phone #:

615-651-3870

Cell #:

615-651-3870

Email:

christopher.bell@corizonhealth.com

Federal ID or SS #:

23-2108853

Respondent's License #:

n/a

Respondent's DUNS #:

09-908-9963

Fax #:

615-376-1350

Emergency #'s After Hours,  
Weekends & Holidays:

615-651-3870

SYSTEM FOR AWARD MANAGEMENT (OCT 2016)

(a) Definitions. As used in this provision.

“Electronic Funds Transfer (EFT) indicator” means a four-character suffix to the unique entity identifier. The suffix is assigned at the discretion of the commercial, nonprofit, or Government entity to establish additional System for Award Management records for identifying alternative EFT accounts (see [subpart 32.11](#)) for the same entity.

“Registered in the System for Award Management (SAM) database” means that.

(1) The Offeror has entered all mandatory information, including the unique entity identifier and the EFT indicator, if applicable, the Commercial and Government Entity (CAGE) code, as well as data required by the Federal Funding Accountability and Transparency Act of 2006 (see [subpart 4.14](#)) into the SAM database;

(2) The offeror has completed the Core, Assertions, and Representations and Certifications, and Points of Contact sections of the registration in the SAM database;

(3) The Government has validated all mandatory data fields, to include validation of the Taxpayer Identification Number (TIN) with the Internal Revenue Service (IRS). The offeror will be required to provide consent for TIN validation to the Government as a part of the SAM registration process; and

(4) The Government has marked the record “Active”.

“Unique entity identifier” means a number or other identifier used to identify a specific commercial, nonprofit, or Government entity. See [www.sam.gov](http://www.sam.gov) for the designated entity for establishing unique entity identifiers.

(b)(1) By submission of an offer, the offeror acknowledges the requirement that a prospective awardee shall be registered in the SAM database prior to award, during performance, and through final payment of any contract, basic agreement, basic ordering agreement, or blanket purchasing agreement resulting from this solicitation.

(2) The Offeror shall enter, in the block with its name and address on the cover page of its offer, the annotation “Unique Entity Identifier” followed by the unique entity identifier that identifies the Offeror’s name and address exactly as stated in the offer. The Offeror also shall enter its EFT indicator, if applicable. The unique entity identifier will be used by the Contracting Officer to verify that the Offeror is registered in the SAM database.

(c) If the Offeror does not have a unique entity identifier, it should contact the entity designated at [www.sam.gov](http://www.sam.gov) for establishment of the unique entity identifier directly to obtain one. The Offeror should be prepared to provide the following information:

- (1) Company legal business name.
- (2) Tradestyle, doing business, or other name by which your entity is commonly recognized.
- (3) Company Physical Street Address, City, State, and Zip Code.
- (4) Company Mailing Address, City, State and Zip Code (if separate from physical).
- (5) Company telephone number.
- (6) Date the company was started.
- (7) Number of employees at your location.
- (8) Chief executive officer/key manager.
- (9) Line of business (industry).
- (10) Company Headquarters name and address (reporting relationship within your entity).

(d) If the Offeror does not become registered in the SAM database in the time prescribed by the Contracting Officer, the Contracting Officer will proceed to award to the next otherwise successful registered Offeror.

(e) Processing time, which normally takes 48 hours, should be taken into consideration when registering. Offerors who are not registered should consider applying for registration immediately upon receipt of this solicitation.

(f) Offerors may obtain information on registration at <https://www.acquisition.gov> .

Offerors SAM information:

Entity Name: - Corizon Health, Inc.

Entity Address: - 103 Powell Ct., Brentwood, TN 37027

Duns Number: 09-908-9963

CAGE Code: 32FNS

**ADDENDUM ACKNOWLEDGEMENT**  
RFP PS 47-19

Acknowledgment is hereby made of the following addenda (identified by number) received since issuance of solicitation:

ADDENDUM NO.

DATE

---

#1

March 26, 2019

---

#2

April 9, 2019

---

#3

April 16, 2019

---

---

---

---

---

---

---

---

---

---

NOTE: Prior to submitting the response to this solicitation, it is the responsibility of the Respondent to confirm if any addenda have been issued. If such addenda have been issued, acknowledge receipt by noting number(s) and date(s) above.



# LOBBYING - 31 U.S.C. 1352, 49 CFR Part 19, 49 CFR Part 20

## APPENDIX A, 49 CFR PART 20--CERTIFICATION REGARDING LOBBYING

### Certification for Contracts, Grants, Loans, and Cooperative Agreements

*(To be submitted with each bid or offer exceeding \$100,000)*

The undersigned [Contractor] certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form--LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*)]

3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. § 1352(c)(1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure.]

The Contractor, Corizon Health, Inc., certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C.

*p/y t his \_rtification and disclosure, if any.*

 Signature of Contractor's Authorized Official

Stephen Rector, CEO Name and Title of Contractor's Authorized Official

April 18, 2019 Date

## Government Debarment & Suspension

### Instructions

1. By signing and submitting this form, the prospective lower tier participant is providing the certification set out in accordance with these instructions.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person(s) to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Orders 12549, at Subpart C of OMB 2 C.F.R. Part 180 and 3000.332. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this form that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this form that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the System for Award Management (SAM) database.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph (5) of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification Regarding Debarment, Suspension,  
Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. § 552(a), as amended). This certification is required by the regulations implementing Executive Orders 12549, Debarment and Suspension, and OMB 2 C.F.R. Part 180, Participants' responsibilities. The regulations were amended and published on August 31, 2005, in 70 Fed. Reg. 51865-51880.

[READ INSTRUCTIONS ON PREVIOUS PAGE BEFORE COMPLETING  
CERTIFICATION]

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal or State department or agency;
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal

Stephen Rector, CEO

\_\_\_\_\_  
Printed Name and Title of Authorized Representative



\_\_\_\_\_  
Signature

\_\_\_\_\_  
April 18, 2019

\_\_\_\_\_  
Date

IV.  
MANDATORY PROPOSAL  
REQUIREMENTS





## IV. Mandatory Proposal Requirements (RFP page 13)

A. Detailed approach to meeting contractual requirements, following the outline of the Scope of Services.

As your partner we continue to look toward the future to assure the best care results for our inmates and the most proactive, cost-efficient medical management for you, our client. It will be Corizon Health’s privilege to continue its provision of 24/7 medical services at the Jail’s current location or at any future expansion locations.

Corizon Health will provide necessary and appropriate medical, mental health, dental and related health care in accordance with Florida Model Jail, Florida Corrections Accreditation Commission, and National Commission on Correctional Healthcare standards. Health care will include: a medical, dental, and mental health screening of an inmate upon booking into the jail, physical examination, sick call, nursing care, physician care, , hospitalization, off-site medical specialty services, emergency medical care, emergency ambulance when medically necessary, laboratory services, radiology services, medical records management,

**COR Care is how we do what we do. It sets Corizon Health apart from other correctional health care providers.**

pharmacy services, medical clearances, food handling and work clearance, continuing care of identified health problems and other services as described within this RFP.

### Corizon Health’s COR Care Model

Through 40 years of innovation and learning, Corizon Health is offering – and continuing to develop – the most forward-looking approach of any provider. Our goal is to deliver demonstrable decreases in recidivism for those whose chronic and co-morbid healthcare conditions often lead them to rotate frequently between jail and the community. We do this through our **COR Care Model (CCM)**. CCM is:

- + An integrated healthcare model engineered for the corrections environment
- + Designed to deliver the right care, at the right time, in the right place
- + Comprised of three essential components: COR Processes, COR Team, and COR Tech

**COR Processes** is the most visible component of the CCM and is the heart of our quality improvement program and consists of evidence-based protocols aligned with NCCHC standards.

Seven specific clinical processes provide structure for the care we deliver every day – **Intake Process, Sick Call Services, Health Assessment, Infirmary Management/Bed Management, Chronic Care/Special Needs, Emergent/Urgent Care, and Medication Management** (ordering and receiving medications, return and destruction of medications, and administration of



medications). Each is universal and critical for the continuum of care for our patient population and reduction of risk.

An eighth COR Process – **Transition of Care** – is soon to be released.

*In the following sections, we address the contractual requirements as outlined in the Scope of Services portion of the RFP. Our processes and protocols are compliant with all industry standards and remain the same unless otherwise noted. We look forward to continuing to serve the inmates of Okaloosa County in the years to come.*

### III. SCOPE OF SERVICES

#### A. Scope of Services Required (RFP page 3)

Corizon Health will continue to deliver twenty-four (24) hour a day, medical services to Okaloosa County inmates that are legally defensible and that meet Florida Model Jail Standards, Florida Corrections Accreditation standards, National Commission on Correctional Healthcare standards, Federal, State and local laws, ordinances, rules and regulations.

Our services in Okaloosa County will continue to master the above requirements. Corizon credits this to our exceptional partnership with the jail.

#### B. Informative, Ongoing Reporting/Communication (RFP page 3)

Corizon Health will continue to hold meetings with PS-Corrections Division staff and will continue to provide daily, monthly, and annual statistical data to **Chief Correctional Officer Eric Esmond** to include the items listed in the RFP. Corizon Health participates in all reviews associated with accreditation commission assessments and audits.

**Susan Priddy**, who has been HSA at Okaloosa for nine years, will continue to hold monthly Medical Audit Committee (MAC) meetings with **Public Safety Director, Dr. Stefan Vaughn, OCDC Chief Correctional Officer Eric Esmond, Director of Nursing Lisa Roy, Mental Health Lead, Sandra Hoffa**, LCSW, and other essential personnel. **Regional Vice President, Paula Mangarella, Vice President of Operations, Karen Davis**, and/or **Senior Vice President of Community Corrections, Joseph Pino** will continue to support the MAC meeting process and will attend as required.

Corizon Health, with security's collaboration, has developed a Special Needs Treatment Team. The team works closely together to develop individual treatment plans and meets weekly to evaluate patients, program needs, statistics, as well as medical/security coordination. The Special Needs Treatment Team is comprised of both medical and custody staff. Members include the Security Captain, Support Captain, ACR Lieutenant, Programs Manager, Classification, HSA, Director of Nursing, Charge Nurse, Behavioral Health, and Medical Off-site

---

#### IV. MANDATORY PROPOSAL REQUIREMENTS

OKALOOSA COUNTY DEPARTMENT OF PUBLIC SAFETY CORRECTIONS DIVISION

INMATE MEDICAL SERVICES, RFP PS 47-19

APRIL 23, 2019

PAGE IV.2



Coordinator.

This meeting is a collaborative roundtable discussion regarding individuals identified as Special Needs patients, who for any of multiple reasons need additional monitoring. Special Needs patients include, but are not limited to, those with chronic or terminal illnesses, pregnant patients, juveniles, those expressing suicidal ideations, those with physical or mental disabilities, and patients who potentially present a catastrophic financial burden on the county. Corizon Health will continue to participate in monthly OCDOC staff meetings, and supervisors' meetings.

Additionally, we attend multiple off-site meetings with county partners to best meet Okaloosa's commitment to provide optimal success for inmates returning to the community. This includes attending and networking with the **Public Safety Coordinating Council, Homeless Housing Alliance, Okaloosa County Health Department, Mental Health Association of Okaloosa, and the Veterans Services Organization**, to name a few.

These meetings have proven to be effective during Corizon Health's continued 16-year partnership with the OCDOC.

As a leader in the industry, Corizon Health recognizes that a sound and evidence-based Continuous Quality Improvement (CQI) program is the foundation for quality and improved patient safety. Susan Priddy, HSA and Lisa Roy, DON have dedicated resources to conduct CQI audits, trend results, and effectuate change if needed. These results will continue to be shared with Chief Esmond and PS-Director, Dr. Stephan Vaughn. Additionally, audit summary reports are stored in a data warehouse and can be produced on-demand once the audits are completed. The program includes annual reviews, as well as the provision for contract monitoring by each accrediting body, including FMJ, FCAC, and NCCHC standards. Corizon Health will continue to secure the medical portion of the FMJS inspection at its own expense.

### **C. Staffing Qualifications (RFP page 4)**

Corizon Health requires professional staff to maintain current licensure, certification, or registration as required by Florida and federal law. We will continue to track and monitor all existing clinical credentials/licensure as part of our quality assurance and will continue to provide legible copies of proof of certification/licensure to the OCDOC upon request.

Copies of all licenses and certifications are kept on file by HSA Susan Priddy. Corizon Health has corporate-wide credentialing procedures for the verification and documentation of professional staff qualifications. Our Credentialing Program provides primary source verification of each practitioner's medical education, licensure, DEA certification, malpractice history, and liability insurance coverage. We provide written plans for orientation and staff development/training appropriate for all health care personnel.



Corizon Health acknowledges that the OCDOC reserves the right to search any person, property or article entering or leaving its facilities. We also acknowledge that inmates are not allowed to provide any services related to health care, including recordkeeping.

#### **D. Staffing Levels (RFP page 5)**

As your current health care provider, Corizon Health will continue to devote qualified health care personnel for 24 hour per day inmate health care services. **See our complete Staffing Plan on Page IV.25.** Corizon Health agrees that final staffing for the delivery of medical services will be mutually agreed upon by written contract between Corizon Health and the County.

Upon mutual agreement with OCDOC, Corizon Health will credit Okaloosa County for twice the actual costs of service hours not provided by any medical staff position from the initial date of non-service. We acknowledge that any positions not filled will constitute a discount.

Nicholas Delgado, MD will continue to serve as the Site Medical Director, a position he has held since January 2004. He is licensed to practice in the State of Florida. Physician services are sufficient to meet required needs and ensure medical evaluation and follow-up within 24 hours of post-nursing triage referral. This will continue to include weekends and holidays with 24-hour physician on-call services for consultation and on-site needs, as required.

Susan Priddy, RN, CCHP, will continue as the fulltime Health Services Administrator, a position she has held since March 2010. She is licensed in the State of Florida and serves as the liaison between Corizon Health and the Jail Administration. Ms. Priddy has more than 20 years of experience in corrections and has worked in many capacities at sites ranging from small jails to large prison complexes.

HSA Susan Priddy, Director of Nursing Lisa Roy, Site Medical Director Dr. Delgado, and Licensed Clinical Social Worker, Sandra Hoffa represent Corizon Health and serve as the site leadership team. We will continue to tailor on-site health services, as appropriate to the needs of the facility, always ensuring review and approval from Chief Correctional Officer Eric Esmond. And in accordance with the RFP requirements, we will continue to provide nursing services.

Corizon Health's long-time Administrative Assistant, Sheree Seymour, will continue to provide her excellent clerical skills along with our medical records specialists, Martha Woodland and Madeline Ray, to support the medical contract. Ms. Seymour's extensive experience and on-site history with the OCDOC allow for timely off-site transports as she works closely with the jail's transportation team under the direction of Lt. Lisa Roper.

The Okaloosa staff is supported by dynamic teams from both, Corizon Health's Corporate Headquarters, and Regional support team.





Corizon Health has developed relationships with the providers listed in the table below. As always, we continue to actively seek additional opportunities to contract with community providers who offer Okaloosa County the best off-site care. Keeping in mind fiscal responsibility while maintaining the safety and security of the facility, inmates, and community.

Provider	Service	Address	City	State	ON/OFF- SITE
21st Century Oncology, LLC	Oncology	2270 Colonial Boulevard	Fort Meyers	FL	OFF
Barnes Healthcare Services	DME/Oxygen	3108 Adora Teal Way, Bldg. A Unit 103	Crestview	FL	OFF
Bioreference Laboratories	Laboratory	481 Edward H Ross Dr.	Elmwood Park	NJ	ONS
Center of Imaging Excellence (Crestview MRI, Inc.)	X-Ray/Radiology	2003 A. Whitesburg Drive	Huntsville	AL	OFF
Covenant Hospice	Palliative/Hospice Care	370 W. Redstone Dr.	Crestview	FL	ONS
Crestview Urgent Care	Urgent Care	1502 S. Ferdon Blvd	Crestview	FL	OFF
Emerald Coast Ear, Nose, Throat & Allergies, P.A.	Otolaryngology	1032 Marwalt Drive, Suite #100	Ft. Walton Beach	FL	OFF
Fisher, Howard DDS	Oral & Maxillofacial	1755 Lewis Turner Boulevard	Ft. Walton Beach	FL	OFF
Gerhand, Gary MD	Neurology Services	8333 North Davis Hwy	Pensacola	FL	OFF
Gupta, Sunil MD PA	Ophthalmology	5150 North Davis Hwy	Pensacola	FL	OFF
Institutional Eye Care	Optometry	27499 Riverview Center Blvd Ste. 429	Bonita Springs	FL	ONS
McKesson Health Solutions	Medical Supply	One Post St.	San Francisco	CA	ONS
Naples Metro Treatment Center	Methadone Treatment/therapy	2770 Davis Boulevard; Suites	Naples	FL	OFF
North Okaloosa Medical Center	Hospital	151 East Redstone Avenue	Crestview	FL	OFF
Obstetrics & Gynecology, PA	Obstetrics	1703 Lewis Turner Blvd	Fort Walton Beach	FL	OFF
Okaloosa County EMS	Ambulance Transport	90 College Blvd. Ste. E	Niceville	FL	OFF
Ototronix	Hearing Aids	5000 Township Pkwy	St. Paul	MN	ONS
Panhandle Orthopaedics	Orthopedics	710 Hospital Dr.	Crestview	FL	OFF
Parikh, Nisarg, DMD	Dental	832 Tanglewood Dr	Pensacola	FL	ONS
Puri, Kapil, MD	Urology	1001 W. College Blvd, Suite H	Niceville	FL	OFF
Renal Care Group of the Southeast, Inc. (RCG Fort Walton Beach)	Dialysis	925 Mar Walt Drive Ste. 2	Fort Walton Beach	FL	OFF
Santa Rosa HMA Physician Management, LLC	Multi-Specialty Group	5992 Berryhill Road	Milton	FL	OFF
Santa Rosa Medical Center	Hospital	6002 Berryhill Road	Milton	FL	OFF
Staples	Office Supply	500 Staples Drive	Framingham	MA	ONS
Stericycle	Medical Waste	5715 Iron Works Road	Theodore	AL	ONS
Taylor, Thomas M., MD PA	Dermatology	2835 Buckhorn Preserve Blvd	Valrico	FL	OFF
Tech Care X-Ray, LLC	Mobile X-Ray; Ultrasound	3717 Carrington Place	Tallahassee	FL	ONS
West Florida Medical Center Clinic	Dialysis	8333 North Davis Hwy	Pensacola	FL	OFF
Whitaker, Donald MD	OB/GYN	1703 Lewis Turner Blvd	Ft. Walton Beach	FL	OFF

A schedule with names, numbers and call days for all medical staff is available and is clearly posted in the medical unit for reference. Staffing schedules are also posted in designated areas and submitted to the Chief Correctional Officer upon request.

We acknowledge that applicant screenings will be conducted and will include a background check. As required by OCDC, Corizon Health will continue to provide the name, date of birth, social security number, local address, previous employment history and a copy of valid Florida driver's license for all employment applicants. This information will be forwarded to Lieutenant Lisa Roper and then to Chief Eric Esmond for final approval. In addition to the OCDC background check, pre-employment drug testing is conducted on all newly employed staff. Healthcare staff will not begin on-site employment without final approval by the Chief Correctional Officer.

Corizon Health also acknowledges that applicable licenses and/or certificates for all professional staff must be on file in Okaloosa County prior to employment. Malpractice



insurance will continue to be on file for all physicians, nurse practitioners, and other professionals or paraprofessional employees as applicable.

Corizon Health acknowledges that the OCDOC may prohibit entry to any secure facility, or remove there from, any contract employee who does not perform his/her duty in a professional manner.

### **E. Dental Care Services (RFP page 6)**

Dr. Nisarg Parikh, DMD, a Florida-licensed dentist, will continue to provide OCDOC inmates emergency and medically required dental care within a reasonable amount of time, and in accordance with community standards.

### **F. Pharmaceutical Services (RFP Page 6)**

Corizon Health will provide pharmacy services to the OCDOC through **PharmaCorr, LLC (PharmaCorr)**, our wholly owned subsidiary pharmacy. Through PharmaCorr, Corizon Health will ensure that the requisite inmate prescription medications are routinely provided within eight (8) hours of the time of the order. In addition, through PharmaCorr, Corizon Health will provide the following:

- A correctional formulary for OCDOC inmates;
- All prescription and non-prescription medications;
- Prescriptions provided in unit dose packaging;
- Medication inventory, storage, security and dispensing;
- Monthly utilization/cost reports for prescription and non-prescription medications;
- A registered pharmacist available for consultation 24/7;
- Inmate drug usage profiles
- A comprehensive inventory of pharmaceutical supplies, and printed medication administration records (MARs); and
- Designated back-up pharmacy(s) for emergencies.

PharmaCorr's involvement is a critical component of COR Care and its clinical pharmacists are integral to our care teams. Licensed pharmacists monitor the prescription process from order entry to automated dispensing and shipping. MedRoom, PharmaCorr's medication management system, provides secure medication ordering, tracking and reporting electronically via the internet from any web-enabled computer.

AutoMed, utilized at PharmaCorr, is our internal automated medication dispensing and shipping system, and the hub of our dispensing and distribution processes. PharmaCorr employs clinical pharmacists who perform clinical pharmacy interventions before a prescription is filled. Our pharmacists review each prescription order for clinical appropriateness and serve as excellent drug information resources for issues such as drug-drug interactions, drug-disease



interactions, and duplicative therapy. Their recommendations are evidence-based, patient-specific, and rely on direct communication with the prescriber.

### **Medication Ordering and Delivery**

Orders are processed and reviewed for interactions, duplicate therapies, or other clinical concerns. This process usually takes under one hour. Once approved, the order is delivered by automated dispensing equipment where it is cycled through the pharmacy for accuracy and completeness. This process takes under two hours.

The completed order is moved to final pharmacist verification. Upon verification, the order is boxed for shipment and that box is picked up each weeknight and on Saturdays. Boxes are shipped priority overnight via United Parcel Service (UPS) and are received the following day. This is consistent with standard access through the use of UPS as our common carrier.

### **Standard Reporting Capabilities**

To improve the tracking of orders and medication management, our system includes over 20 standard reports that are driven from user-selected parameters including (but not limited to) the following:

- **Custom Order Report:** Provides a customized list of orders based on the selection of six possible parameters – cost center, practitioner, patient, date range, report type, and therapy.
- **Daily Order Summary:** Provides a list of orders for a given selection of providers and date ranges.
- **Discontinued Medication List:** Provides a list of discontinued medications for a specified date range.
- **Past Due Refills:** Provides a list of orders that are eligible to be refilled (but have not been refilled).
- **Non-Formulary Meds:** Provides a list of non-formulary medications for a given date range.
- **Patient Profile:** Provides a list of active medications for a given selection of patients, practitioners, date ranges, and therapy groups.
- **Patient Activity:** Includes all orders, refills and discontinues for a patient.
- **Drug Profile:** Lists all patients who are on particular drugs or drug classes.
- **Pharmacy Returns Detail:** Shows all drugs that have been returned to the pharmacy.
- **Refusals and Pends:** Reports all the orders that have been refused or pended by the pharmacy.
- **Stop Date:** Feature prevents overlooking medication order renewals.

---

#### **IV. MANDATORY PROPOSAL REQUIREMENTS**

**OKALOOSA COUNTY DEPARTMENT OF PUBLIC SAFETY CORRECTIONS DIVISION**

INMATE MEDICAL SERVICES, RFP PS 47-19

APRIL 23, 2019

PAGE IV.7



### **Back-up Pharmacies**

PharmaCorr has a national agreement with Employer Health Options (EHO) to provide local back-up pharmacy services to our clients – including OCDOC. EHO is a national pharmacy benefit management focused on administering prescription claims for health maintenance organizations, third party administrators, preferred provider organizations, and pharmacy benefits management companies. OCDOC utilizes CVS and has worked with our local CVS to ensure an efficient process for ordering medications needing administration sooner than we can obtain through PharmaCorr, and for providing inmates a supply of prescription medications upon their release from jail.

For Okaloosa, we use the CVS Pharmacy located at 302 E. James Lee Blvd., in Crestview, FL as a local backup pharmacy.

### **G. Inmate Intake (RFP page 7)**

Corizon Health will continue to document inmate health screening immediately upon arrival at the Jail, based on structured inquiry and observation performed by qualified health care personnel, 24 hours a day, 7 days a week, in accordance with the items in the RFP and all industry standards. National correctional healthcare standards require an Intake/Receiving Screen be completed on all patients as soon as possible following the patient's arrival at the facility.

Intake is one of Corizon Health's COR Processes. Utilizing our 40 years of industry experience, we have developed tools to guide the nurse through the intake assessment, from screening the immediate state of the patient, to identifying acute and chronic issues and referring the inmate to the proper level of care post intake.

The intake assessment includes a detailed inquiry into current health issues, medical history, communicable diseases and mental health status. Screeners identify and notate body deformities, trauma markings, bruises, lesions, ease of movement, jaundice, etc. Additionally each screen records condition of skin, eyes, ears, nose and throat, including rashes and infestations, and needle marks, or other indications of drug abuse. We will continue to document an inquiry into use of alcohol and other drugs including type of drugs used, mode of use, amount used, frequency used, time and/or date of last use.

Corizon Health will identify urgent/emergent and non-urgent health needs of every patient. If there is an area of concern or health need not addressed on the intake screen, the intake screener is trained to ask additional questions. Corizon Health staff uses critical thinking skills to ensure the health needs of the patient are identified and addressed. Once all the intake screen information is gathered, the screener is responsible for ensuring the appropriate medical and behavioral health follow up is scheduled with the appropriate providers in a timely manner. Any urgent/emergent needs are communicated to the appropriate provider. Additionally, the



physician or a midlevel provider will continue to review and sign all intake screens within 24 hours.

In addition to the intake screen, each inmate undergoes a health appraisal, including a physical examination by a Physician or Qualified Health Care Professional (QHCP) as designated by Dr. Delgado within 14 calendar days after admission to the jail, based on the criteria listed in the FMJ, FCAC and NCCHC Standards. Anytime an inmate has been out of Jail custody 90 days or more, Corizon Health provides a History & Physical. Corizon Health will credit the OCDOC \$1,000 per day for each day over 14 calendar days that any health appraisal is not complete, upon mutual agreement between the parties.

If the inmate has received a health appraisal at the Jail within the previous 90 days, a physician or designee will determine whether a new health appraisal is required. Appraisals are completed on an approved form.

Dr. Delgado will maintain the practice of reviewing each health assessment and determining the appropriate disposition. The assessment will be permanently stored in the inmate's health record.

Inmates referred for treatment, as a result of the health appraisal, are seen within thirty-six (36) hours unless the provider making the referral orders them to physician sick call on another day.

#### **H. Inmate Medical Records (RFP page 8)**

Corizon Health will continue to partner with and support eOMIS at the OCDOC, as we do at more than 20 of our other contract sites.

Corizon Health will continue to maintain complete and accurate health records for inmates at the Jail. Consistent with FMJS, health records are maintained separately from confinement records and kept secure, as required by law and applicable state statutes regarding health records.

Corizon Health has implemented maintains the security and privacy measures and/or standards necessary to protect the confidential nature of Protected Health Information (PHI), including preserving the availability and integrity of this information at rest and during transmission. All documents containing confidential inmate information are handled and stored in a secure fashion.

As a healthcare provider and **HIPAA compliant entity**, inmate health information is handled in accordance with applicable procedures established by Federal and State confidentiality of health information laws and regulations.



Corizon Health maintains a problem-oriented health record for each inmate consistent with applicable laws and NCCHC, FCAC and FMJ standards. Established policies and procedures will continue to be approved by Corizon's Health Authority, Site Medical Director, and the OCDC's Jail Division Chief. The record will contain an accurate account of the inmate's health status at the time of admission and the services provided during incarceration.

Documentation is provided in a standardized format, legible and completed with the date and time of the encounter and the signature and title of the health care provider. Each form and document in the health record is labeled with the inmate's name and identification number. Outside services such as laboratory results and consultant reports are filed as part of the health record.

Implemented in February 2018, the current eOMIS solution greatly reduces the issue of lost medical records. However, in the unlikely event of a lost/non-retrievable medical record, if an inmate medical record cannot be located within eight (8) hours of the discovered loss, Ms. Priddy, Dr. Delgado and Mr. Esmond shall be notified in writing and a duplicate record will be generated and labeled "duplicate file." Any clearance information that cannot be determined will be repeated. Upon location of the missing record and after a duplicate file has been created, the two (2) files shall be joined to form one file.

Corizon Health will continue to send summarized inmate health records to other county or state correctional facilities when an inmate is transferred. The eOMIS EMR provides Corizon Health the ability to upload to a disk or electronically transfer the complete medical record (observing HIPPA standards) to ensure continuity of care.

As a HIPAA Compliant Entity, medical test results are maintained as confidential by Corizon Health. All test results will be discussed with the patient per NCCHC standards.

## **I. Medical Equipment and Supplies (RFP page 10)**

Corizon Health ensures that first aid supplies are available on the premises and readily available at all times. As in years past, we will increase the inventory with the start of every hurricane season. Staff trained in to deliver emergency first aid care, including the hands-on version of cardiopulmonary resuscitation, are on duty at all times.

Ms. Priddy or her designee are responsible for monthly inspections of the first aid supplies. Corizon Health will continue to provide laboratory, EKG and x-ray services on site. All abnormal laboratory and X-ray results are reviewed and signed off by a physician and a follow-up plan of care provided. Results of the laboratory tests will be discussed with the patient along with the care plan to address the results per NCCHC standards.



## J. Operational Support Requirements (RFP page 10)

Corizon Health will provide treatment within the time designated by the Site Medical Director, Dr. Delgado. Administrative Assistant Sheree Seymour or a designee will coordinate all off-site trips for medical consultations and treatments with the OCDOC Transportation Team. Corizon Health's medical staff is responsible for housekeeping in the medical section of the Jail.

Corizon Health will continue to contract with **Stericycle Biomedical Waste** for the disposal of all contaminated waste. Such material is removed from the facility to a secure outside area and is disposed of in compliance with OCDOC policies and procedures.

Corizon Health will continue to make arrangements for body cavity searches to be conducted by Emergency Room medical personnel in accordance with FMJS, other applicable Florida Statutes and OCDOC Policies & Procedures. Corizon Health will continue to provide in writing to the Chief Correctional Officer of the OCDOC any request for information concerning any court or legal documents affecting inmates prior to the close of the shift of service during which the request was made.

## K. Inmate Medical Service Requests (RFP page 11)

Corizon Health's Medical Request procedures are:

- Inmate Medical Request Forms (Sick Call Slips) are distributed on the morning and evening medication pass and collected by nursing staff every day, seven days per week during the evening medication pass.
- Inmate Medical Request Forms are triaged (prioritized) by the medication nurse at the moment they are received. Inmate-patients, who have indicated the need for immediate treatment, are immediately sent to the medical unit for treatment (i.e. chest pain, fever, suicidal). Each sick call slip is timed and dated at the time of pick up.
- Dental and mental health request forms are screened in the same manner. Corizon Health's NET's (Nursing Encounter Tools) are utilized by nursing to evaluate what medical intervention is necessary. All medication matters are addressed by the appropriate health care provider.

All routine requests for mental health sick call are triaged and referred to the mental health team on a daily basis. If the request is of an urgent/emergent nature, and the mental health counselor is not on duty at the time of the request, nursing staff will notify the on-call Qualified Mental Health Professional (QMHP) who will contact **Dr. Andrew Safron, DO**, Corizon Health's Board Certified Psychiatrist for further orders. Telepsychiatry is currently utilized by Dr. Safron to conduct mental health evaluations. Additionally, Corizon stands ready to interface with FWBMC for court-ordered Baker Act evaluations in an effort to help decrease the transport burden on security staff.







## **L. Infectious Disease Control (RFP page 11)**

Corizon Health's Infectious Disease Control Manual and Policies and Procedures specific to Tuberculosis and HIV/AIDS are in place at the Jail. Our Policies and Procedures are compliant with the expectations of the OCDOC. Through our CQI program, we have established surveillance system protocols that are implemented for tuberculosis and other infectious diseases as established medical protocols dictate.

Corizon Health's CQI Program includes an infection control component including infectious disease management and occupational health. Our program focuses on the prevention, identification and control of communicable diseases. The primary function of the infection control component of the CQI program is the management of communicable disease surveillance and treatment; reporting of communicable diseases and conditions; and the collection, evaluation and reporting of epidemiological data for trends and analysis.

Corizon Health provides health care staff and Jail correctional officers ongoing structured education on infectious diseases, including HIV. This education includes universal precautions training which includes, but is not limited to, proper training for clean-up and disposal procedures for infectious disease.

As always, Corizon Health's site leadership will continue working closely with the Okaloosa County Department of Health's Medical Director, Dr. Karen Chapman. By partnering with Dr. Chapman and her public health team, Corizon Health is better able to tailor healthcare programs in the Jail that promote a healthy Okaloosa.

A recent example of this important partnership is the ongoing nationwide increase in Hepatitis A cases. Dr. Chapman quickly reached out to PS Director Dr. Stephan Vaughan, Chief Correctional Officer Eric Esmond, and HSA Ms. Priddy to develop and implement a campaign to offer and vaccinate every inmate in the jail. On December 15-16, 2018, Corizon Health's medical staff vaccinated nearly 700 inmates. Since that time, we continue to offer and hold weekly clinics to vaccinate anyone booked in to the Jail who would like to have the vaccination, free of charge. Corizon Health is proud to partner with the OCDOC and be the first jail in Florida to do this large-scale campaign and impact the health of our community.

## **M. Emergency Health Care Services (RFP page 11)**

Corizon Health will continue to provide acute or emergency services to on-duty OCDOC staff and Jail visitors, including:

- First aid for emergency medical needs
- Assessment of emergency medical needs
- Stabilization of emergency medical needs



- Coordination of transport of employees or visitors who become ill or injured in the Jail

All provided services will be documented and coordinated with the OCDOC.

Corizon Health will continue to provide medical assistance to the OCDOC staff to the extent or degree required by the OCDOC policies and procedures in times of emergency or threat, whether accidental, natural or man-made. Working with the OCDOC Chief, Corizon Health has in place written policies and procedures to address on-site emergency response and the emergency treatment of inmates and staff in compliance with FCAC, FMJ and NCCHC standards of care. The health aspects of the emergency response plan are approved by Regional Medical Director Jerry Edward “Ed” Robbins, MD, Site Medical Director Nicholas Delgado, MD and the OCDOC.

#### **N. Inmate Mental Health Care (RFP page 11)**

Corizon Health has been a proud partner with the Okaloosa County Department of Corrections for more than a decade, providing robust, effective and sustainable behavioral health services. As a result of our partnership, the Okaloosa County Jail has a dynamic program in place with a proven track record for safety and positive outcomes.

Our robust mental health program is directed at meeting the needs of the patient, facility, and community. Over the past decade, we have evolved our mental health department from a single mental health counselor to a team of dedicated mental health providers, adding in specialized Social Workers. Through ongoing networking and education, our mental health department has established community contacts for continuity of care prior to, during, and following incarceration. For many inmates living with a mental illness, OCDOC’s mental health department serves as a gateway for initial identification, assessment, and treatment.

As the nation’s leading correctional healthcare company, Corizon recognizes the value of investing in mental health resources, such as expert staff to lead on-site programming. **Sandra Hoffa, LCSW** will continue to will continue to lead the mental health program at the OCDOC providing patient-centered programming with the ultimate goal of better patient outcomes and reducing recidivism. This leads to safer communities. Our efforts to reduce recidivism are assisted by maintaining communication with our community mental health counterparts to ensure continuity of care. Additionally we maintain our ongoing partnership with Florida State Hospital, an effort we improved with the addition of weekly telephonic consultations to discuss forensic evaluation transfers and discharges.

Ms. Priddy, Ms. Hoffa and Chief Esmond work together to maintain awareness of new or changing community resources and identify best practices to bridge gaps among providers. Site mental health staff members collaborate with community providers to ensure continuity of care for the patient. Efforts include participating in weekly Florida State Hospital transition calls;



coordinating Baker Act evaluations; and initiating discharge planning by securing follow-up care and/or medication assistance.

Additionally, internal efforts are ongoing and involve medical and security staff who work together to ensure inmates receive the maximum benefits of on-site care and discharge planning available. This includes working with pre-trial services and designated court personnel when identifying an individual who may not be able to participate in his/her own care. This process begins at intake with the provision of appropriate screening, triage and referral.

Through our mental health program we provide comprehensive services from intake through the discharge process including the following components:

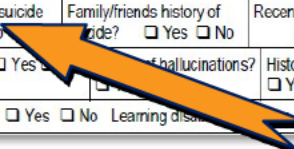
- Mental health policy and procedures have been implemented at the OCDOC that are in accordance with constitutional and professional standards of health care and meet the standards of the NCCHC, FCAC, and FMJ standards.
- Mental health treatment programming specifically designed to provide services to address those identified with special needs, such as inmates who are dually diagnosed, experiencing behavioral challenges due to a mental illness and/or are suffering from emotional trauma, and substance use disorders.
- Corizon Health's Behavioral Health Clinical Education Council (BHCEC) facilitates the training and development of all Corizon Health behavioral healthcare staff by providing quality clinical education programs with a corrections-based focus. The BHCEC offers an innovative annual curriculum to update employee's skills, keep them abreast of new findings in the field of mental health, and assist with re-licensure requirements. Materials are released for review via electronic distribution and are then reviewed in virtual discussions or during conference calls.
- Discharge planning and reentry begins at intake and continues throughout incarceration until released back to community. Corizon Health has built relationships with community resources, providers and the courts and together with the OCDOC is committed to increasing opportunities to provide incarcerated individuals with the tools they need for successful transfer to the community. We are continuing to develop tools and processes to assist with reentry efforts.
- The Behavioral Health Lead, Sandra Hoffa, LCSW attends scheduled CQI meetings and takes an active role in the monthly CQI monitoring activities at the site.
- Sentinel Event Review Process for suicide attempts & completed suicides.

### ***Thorough Intake Screening Upon Admission***

Corizon Health's medical and mental health teams collaborate during the initial screening process to ensure a thorough and seamless inmate evaluation, identification of those needing mental health care, and provide appropriate referrals for inmates who are suicidal or in need of urgent/emergent clinical attention.

Corizon Health has developed an Intake and Receiving Screening form imbedded into eOMIS and currently in use in Okaloosa County. This form meets FMJ, FCAC, and NCCHC requirements for intake screening standards. The following is a screen shot from the Mental Health section from our full page Intake and Receiving Screening form:

MENTAL HEALTH					
Do you have a history of a mental health disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you been diagnosed with schizophrenia? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you been diagnosed as bipolar? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been diagnosed with major depression? <input type="checkbox"/> Yes <input type="checkbox"/> No		History of suicide attempts? <input type="checkbox"/> Yes <input type="checkbox"/> No Last attempt? _____		Do you feel hopeless or helpless? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you thinking about hurting yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you thinking about suicide now? <input type="checkbox"/> Yes <input type="checkbox"/> No		Family/friends history of suicide? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Recent significant loss? <input type="checkbox"/> Yes <input type="checkbox"/> No		History of psych hospitalization? <input type="checkbox"/> Yes <input type="checkbox"/> No Within last year? <input type="checkbox"/> Yes <input type="checkbox"/> No		History of psychotropic medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	
History of head injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		History of hallucinations? <input type="checkbox"/> Yes <input type="checkbox"/> No		History of delusions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you thinking about hurting others? <input type="checkbox"/> Yes <input type="checkbox"/> No		History of: Mental retardation <input type="checkbox"/> Yes <input type="checkbox"/> No		Developmental disability <input type="checkbox"/> Yes <input type="checkbox"/> No Learning disability <input type="checkbox"/> Yes <input type="checkbox"/> No	



### ***Mental Health Evaluation***

In instances where mental health issues are identified during the intake screening, a referral is completed then received and triaged by the Qualified Mental Health Professional (QMHP). Subsequently, an evaluation is conducted by the appropriate level Mental Health clinician in a timeframe appropriate to the inmate’s need. Part of this evaluation process is gathering records from our community partners so that treatment can be continued if clinically indicated.

A mental health evaluation is completed by the QMHP to assess Jail inmates who are referred for further evaluation as a result of information acquired during intake screening. When an inmate requires a referral upon initial intake or otherwise, the referral is forwarded to **Sandra Hoffa, LCSW, Behavioral Health lead**, who then prioritizes the nature of the referral. A QMHP sees the inmate and completes the evaluation within the timeframe indicated on the referral.

Information obtained from the mental health evaluation is documented in eOMIS.

### ***Individualized Treatment Planning***

Individual Treatment Plans (ITPs) are developed for inmates as clinically indicated. In addition to accurately creating an inmate’s Mental Health picture, the ITP can establish the inmate’s treatment goals, reinforcing awareness and empowerment for the patient. The ITP can also serve to hold the team/patient accountable and assist in discharge planning.

### ***Community-based Treatment Model***

Corizon Health’s strategies are designed to effectively communicate and build relationships with the local mental health and community providers. One strategy successfully implemented in partnership with jail staff was to invite community leaders and providers to a meeting and tour of the facility. The goal of this meeting was to increase awareness of the process for when an inmate is court-ordered to **Florida State Hospital**. This meeting improved understanding of the services that can be provided within the jail, and ultimately led to increased success with patient outcomes. More recently the behavioral health staff implemented a weekly call with



Florida State Hospital to discuss transfers to and from the hospital. The goal of this communication is to improve treatment adherence and positive outcomes.

The on-site staff will continue to provide court-ordered programs with the necessary medical information requested to expedite a smooth and safe transfer back into the community. Corizon Health understands the need for community providers to be actively involved in inmate's re-entry process. The unique challenges faced by the mentally ill inmate upon release require the development of a community-based treatment model of continuing care to address the risks, needs and vulnerabilities of the inmate. Research has identified **continuity of care** as an essential component of effective treatment and re-entry.

### ***Alcohol Withdrawal Services***

Under the direction of Dr. Delgado, the Corizon Health team implemented a behavioral health referral for those inmates with identified alcohol-related problems. The goal of this referral is to identify patients with concurring disorders, provide appropriate interventions and develop thorough reentry plans for this population. Our goal is to intervene at the appropriate juncture in treatment and ultimately lead to improved outcomes for the patient post release.

Corizon Health teamed with OCDOC staff to establish a successful Alcoholics Anonymous program that has been in place for many years. Inmates who desire entry into the program simply submit a written request to attend. Medical staff receives the request and forwards it to the Mental Health Counselor for review of appropriateness into the classes. Additionally, inmates who have significant alcohol use disorder are referred to the program by a QMHP or the psychiatrist and are encouraged to attend.

## **O. Special Needs Inmate Health Care Services (RFP page 12)**

Corizon Health will continue to manage and operate a full range of specialty care with maximum on-site delivery of services, emphasis on continuity of care, quality improvement and utilization management programs within the community standards framework.

### ***Women's Health Program***

Recognizing the unique health needs of female inmates, Corizon Health developed and implemented specific policies and procedures for female inmates, including pregnant women at the Jail. These policies and procedures differentiate treatment for women during the intake assessment, routine health examinations, STD evaluation and treatment, pregnancy and health education. Corizon Health provides appropriate interval, age-specific pap and breast examinations and mammograms on female inmates, unless contraindicated by a qualified medical professional. The women's health program includes a standardized intake and screening process, gender-specific treatment and care management protocols, a well-trained staff, and effective systems of cross-program collaboration.



During the intake assessment, all female inmates are offered pregnancy testing. If the inmate is found to be pregnant, health care staff notes this on her medical chart and it is automatically identified on the master problem list in eOMIS. She is immediately scheduled to see Dr. Delgado on his next clinic day. Sheree Seymour's clerical team schedules and monitors appointments to optimize outcome, as well as make immediate referral to the **Special Needs Treatment Team**. For more than 10 years, Corizon Health has partnered with **Board Certified OB Specialist, Dr. Donald Whitaker** to provide prenatal, perinatal, and postnatal care following ACOG guidelines. Necessary tests such as ultrasounds and screenings for alpha-fetoprotein and gestational diabetes are done in his office, reducing the need for unnecessary off-site transports that would otherwise increase security risks and increase officer overtime.

Corizon Health launched a progressive prenatal program at the jail in partnership with OCDOC. This **2015 NCCHC nominated program of the year**, called *Baby and Me*, initially reduced the number of emergency room visits for pregnant females by identifying dehydration as a common root cause in these emergent cases. By providing simple access to fluids, a reduction in offsite emergency transport for this population was achieved. Following this, additional components to the *Baby and Me* program were implemented. Provisions for post-partum care are individualized and coordinated with appropriate disciplines by the medical provider. Our medical screening and health assessment process is standardized for the spectrum of services to female inmates.

Upon delivery, our Behavioral Health staff works with the hospital social workers to assure that the baby's needs are met. This includes but is not limited to placement whether it's with a family member, adoptive family, or another option. The Behavioral Health staff also refer new or expectant mothers to the Healthy Start Program. This program offers parenting classes for new mothers post-delivery.

### ***Specialty and Chronic Care Management Programs***

Corizon Health has developed Specialty and Chronic Care Management Programs for inmates entering the Jail with identified specialty needs and chronic conditions. Inmates diagnosed through intake or the sick call process will be referred to the regularly scheduled chronic care clinics on-site. Inmates requiring additional specialty clinics not available on-site will be sent off-site.

Corizon Health has developed and utilizes evidence based standards of care that are defined within our Clinical Pathways for treatment. These clinical pathways serve as a guide for our provider staff in making appropriate treatment decisions for all chronic disease and psychiatric patients. Dr. Delgado and Dr. Safron have used this tool to establish site specific parameters for referral to their clinics at OCDOC. Upon identification at intake, the nursing staff will use the established guidelines to determine when to schedule a patient for provider assessment. Ms. Priddy and Ms. Roy oversee this process to ensure patients are referred appropriately and are seen in a timely manner.



Corizon Health establishes a written Special Needs treatment plan for the chronically ill, those inmates with infectious disease, mentally ill or cognitive impairment/developmental disability, frail elderly, terminally ill or disabled physically. Dr. Delgado develops the treatment plan and, in the case of mental illness, Corizon Health refers the patient to the Jail mental health counselor and/or psychiatrist who will establish a treatment plan. The Behavioral Health treatment plan is developed with input from the entire treatment team and progress is monitored through each encounter.

For inmates with special medical conditions requiring close medical supervision, including chronic and convalescent care, a written individualized treatment plan is developed by the responsible physician. The plan includes directions to health care and other personnel regarding their roles in the care and supervision of the patient.

Special Needs inmates who are under the influence of drugs or alcohol, or those who require close medical supervision are housed separately from the general population according to FMJ standards. Housing recommendations are documented on a ***Special Needs Communication Form*** and forwarded to appropriate security personnel.

When during the intake process, health assessment, sick call or at any other time during incarceration an inmate is identified as suicidal, Corizon Health staff will secure the safety of the inmate and alert the OCDOC and mental health team to assure inmate safety. We have worked with the OCDOC on procedures that meet the needs of the facility and promote positive outcomes.

Corizon Health will continue to provide for laboratory, EKG and x-ray services on site at the Jail. All abnormal laboratory and x-ray results will continue to be reviewed and signed off by a physician and a follow-up plan of care provided. Results of the laboratory tests will be discussed with the patient along with the care plan to address the results per NCCHC standards.

Corizon Health's policies and procedures ensure that any inmate who reports being sexually assaulted during their incarceration will be provided a medical evaluation and necessary treatment by a QHCP. An assessment is also completed by a QMHP and a treatment plan is developed to meet the needs of the patient. If the patient is referred offsite for an evaluation, the Behavioral Health team will contact the Domestic Violence Program to have an advocate meet with the patient at the hospital. Upon return to the facility, the Behavioral Health team will continue to provide counseling as necessary and at a minimum of every 30 days and provide appropriate Rape/Crisis Information/Contacts. Referrals for continued treatment are made upon release. Medical staff works with security to ensure PREA procedures are in place according to the Chief Correctional Officer's direction.

Corizon Health will provide for the maintenance of inmate hearing aids, to include replacement of hearing aid batteries for inmates requesting them as soon as possible and sending hearing



aids to a repair company as soon as possible. When a hearing aid is sent out for repair, the inmate is informed when it was sent.

#### **P. Inmate Workers (RFP page 13)**

Corizon Health will provide examinations and medical clearance for all inmate workers assigned to work programs inside and outside of the Jail prior to placement.

#### **B. Proposals must include discussion of shared risk (i.e. aggregate and catastrophic limits of costs).**

Corizon Health assumes a financial risk share arrangement that covers all inpatient, outpatient, specialty, diagnostic services, and pharmacy costs. Consistent with our current contract, we propose that Corizon Health will be financially responsible for the first \$500,000 annually for these services. Should expenses be lower than \$500,000, Corizon Health will refund 100% of the difference between actual expenses and the \$500,000 annual limit.

When costs exceed \$500,000, Corizon Health will be financially responsible for 20% of costs above \$500,000 and the OCDOC would be responsible for 80% of these costs. If total costs exceed \$1,240,000 annually, Corizon Health will assume financial responsibility for expenses above the final cap amount.

#### **C. Discussion of methods of collections of inmate co-pays.**

Corizon Health will continue to work with the Okaloosa County Administrative staff to collect inmate co-pay charges. While the County actually levies the inmates' funds for medical services, Corizon Health makes every effort to ensure accurate records of individual clinical encounters are kept and then forwards those records to the Department's Program Technician in a timely manner.

In a joint effort to streamline the process and maximize the collection process of inmate co-pay charges, **OCDOC Office Manager Stephanie Pella** and **Ms. Priddy, HSA**, worked to refine the process which included procedures for addressing co-pay related grievances. Each day eOMIS generates lists of scheduled routine appointments. Following the appointment, the inmate signs the form acknowledging the receipt of services. A list of un-scheduled appointments is also generated along with the reason for the un-scheduled visit. The next business day, the lists are forwarded to Ms. Pella and her staff, who then levy the inmate's account according to OCDOC's chargeable visits guidelines.

#### **D. Discussion of methods of collection and distribution of reimbursement of medical expenses from inmates.**

Corizon Health appreciates the importance of identifying all third-party payment sources and aggressively tracks down for every available dollar for our clients. We will continue to provide





the OCDOC with timely and accurate claim processing while being good stewards of the department’s health dollars.

Corizon Health’s Claims Department and its system are configured to meet the needs of correctional health care clients. Our Claims Department monitors changes published by the Centers for Medicare and Medicaid Service (CMS) and Health Insurance Association of America (HIAA) to communicate the most recent changes to the staff at monthly training sessions.

**Claim Processing**

Corizon Health’s claims processing system, QNXT, a Trizetto product, is configured based on contractual agreements, provider contracts or legislated rates. To maximize efficiency and payment accuracy, the claims process embraces the following controls:

- **Claim Editing** – Corizon Health may use an external vendor for hospital chart audits, which in 2018 netted an additional \$462k in Cost Avoidance savings for our clients.
- **Auditing** – Corizon Health monitors both production and accuracy of claim payments. Examiners are given financial authority based on knowledge and experience. In 2018 Corizon Health exceeded the industry standards for payment and processing accuracy.

2018 Quality Achievements		
Measurement	Corizon Health	Industry Standard
Payment Accuracy	99.8%	97%
Overall Processing Accuracy	99.7%	95%

- **Eligibility** – Inmate eligibility is imported electronically from OCDOC to ensure claims are processed only for those services where Okaloosa County is financially responsible. Eligibility can be directly entered from the jail management system (JMS) when care is arranged by the Site Staff.
- **Pricing** – Corizon Health’s claims system is configurable for all forms of pricing including Medicare and Medicaid.
- **Funding** –Corizon Health’s system flexibility allows for multiple forms of funding (cash payment, remittance only or pass-through).

Corizon Health accepts claims electronically and via paper in order to provide flexibility to our providers while adhering to all HIPAA and Protected Health Information standards.

- **Electronic Claims** –Corizon Health promotes efficiency by properly configuring provider fee schedules which allows clean claims to process real time, adjudicating within 24 hours.

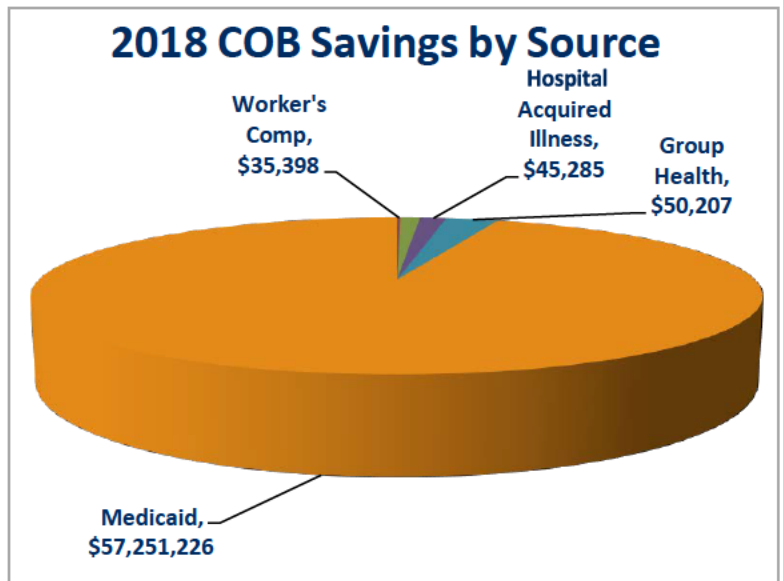
- **Paper Claims** – Paper claims are scanned and converted to an electronic format through a process called “P2E” (paper to electronic). This process also allows clean claims to auto adjudicate real time after import.
- **Invoices** – On-site services for clinics may be billed by invoice. The encounter data and expenses are scanned and processed in the claims system ensuring services rendered are documented and available to provide reporting of on-site services.
- **Provider Web Portal** - Corizon Health’s QNXT provider web portal for claim status inquiries is currently under construction. This portal will be available early summer and will be fully HIPAA compliant allowing providers to access only their specific patient claims. The portal will also allow providers to upload claims electronically or enter onto the claim form for direct submission and directly communicate with QNXT.

Corizon Claims staff includes dedicated Customer Service and Provider Relations teams available to hospitals, physicians and other providers. Corizon has provided two options for interaction that include a toll free number or email. In addition, our Administrative Assistant, **Sheree Seymour**, constantly reviews outstanding claims daily. Her expert knowledge is twofold, in that monitoring occurs to verify services making sure erroneous claims are not paid as well as reaching out to providers when a claim has not been received. Ms. Seymour has successfully closed out the last two years of Claims Pending prior to the end of the year and has received corporate recognition for her efforts.

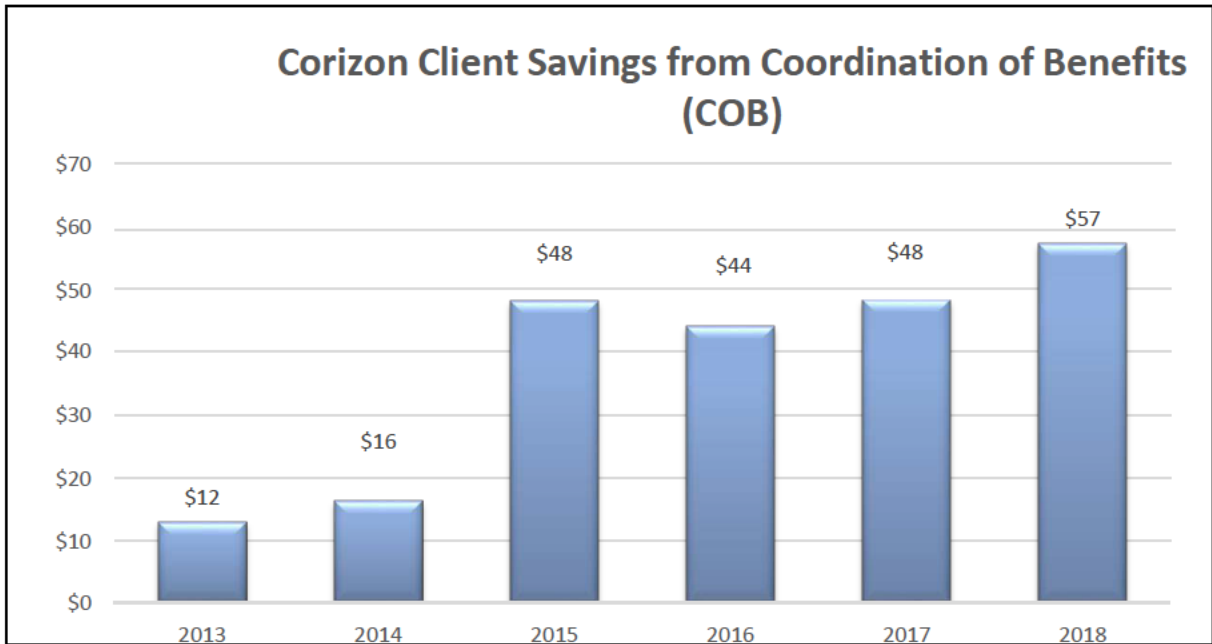
### Coordination of Benefits and Recovery Efforts

Corizon Health began coordinating benefits for the incarcerated in 2007, including in Okaloosa County. Coordination of Benefits (COB) is an industry accepted form of sharing the cost of claims between payors by determining the order in which each payor falls in line for payment (primary (1<sup>st</sup>), secondary (2<sup>nd</sup>), and tertiary (3<sup>rd</sup>)).

Correctional care responsibility is positioned as the final payor after all “benefit plans” have been exhausted, which leads Corizon Health to investigate savings in these areas:



- ✓ Group Health Coverage
- ✓ Hospital Acquired Conditions
- ✓ Never Events
- ✓ Parental Coverage
- ✓ Automobile Coverage
- ✓ Product Recalls
- ✓ Worker’s Compensation
- ✓ Medicaid
- ✓ Fraud, Waste & Abuse



*Corizon Health has saved Okaloosa an average of \$37,079 per year through COB efforts over the past three years.*

E. Discussion of fees for services rendered by sub-contractors.

Corizon Health recognizes the importance of providing on-site care, both for safety and security, as well as sound fiscal management. Currently, we subcontract with the following organizations for the provision of their respective services onsite at the jail:

- Tech Care X-Ray, LLC,
- Stericycle Biomedical Waste Services,
- BioReference Laboratories, and
- Covenant Hospices



Corizon Health is always looking for opportunities to creatively increase services within the jail setting and we will continue to present viable options and ideas to Chief Esmond.

F. Provide a clear and complete staffing plan to include centralized and decentralized delivery methods.

**Proposed Staffing**  
***Okaloosa County, FL***

**Refer to contract Exhibit "B" for Staffing Plan and Discount Payback Schedule**

Corizon Health firmly believes it is our responsibility to provide safe, quality, and fiscally responsible care. We carefully monitor staffing levels that best meet the needs of the facility, as well as provide accountability of OCDOC dollars as it relates to inmate healthcare. For the past 16-plus years, we have worked with correctional officers, sergeants, shift lieutenants, ACR personnel, and jail administration to streamline sick call processes. By monitoring ADP, audit outcomes, grievances, and officer satisfaction we feel we have designed a staffing plan that meets all of OCDOC's objectives and are confident there is no need to alter current staffing



levels. Adjustments will be made as necessary during high peak times such as Okaloosa County's peak Spring Break months.

Should the staffing needs of the inmates, facility, and county need adjusting, Corizon Health and OCDOC will mutually agree on amending.

G. Discussion of management of over-the-counter medications.

An inmate can access over-the-counter medications by two methods:

1. Commissary is available to those inmates who wish to purchase medications without being seen by a nurse. These items include: Tylenol (2 per pack), Diphen (1 per pack), Tums, Halls Cough Drops, and Dandruff Shampoo.
2. Authorized medical personnel may order over-the-counter (OTC) medications as deemed medically necessary by Dr. Delgado. When over-the-counter medications are ordered through medical staff, the medications are transcribed to the individual inmate's Medication Administration Record (MAR) and are dispensed by medical during scheduled medication passes. Currently, medications administered through the medical department may not be Keep On Person (KOP). Nursing staff can provide three days of OTC medicine utilizing approved NETs.

H. Discussion of future participation in Forensic Mental Health Diversion Program.

As long term partners with Okaloosa County Department of Corrections, Corizon Health has had the opportunity to become familiar with, and invest in, the welfare of Okaloosa's community members. Part of serving this community has been providing care and treatment for community members dealing with mental illness while incarcerated at the OCDOC. Corizon Health understands the importance of maintaining safety and security in the facility, as well as in the community, and we believe that the proposed Forensic Mental Health Diversion Unit can help Okaloosa accomplish both of these goals while providing mental health treatment in a safe, secure environment.

Throughout our partnership with OCDOC, Corizon Health has proven that successful mental health treatment in a forensic setting is accomplished by providing quality mental health services that follow best case practices for patient care. We believe the Mental Health Diversion Unit can be the turning point for helping our community's citizens battle the mental health and addiction issues that often cause members to become entangled in the legal system.

In preparation for the Mental Health Diversion Unit, Corizon Health is in the process of obtaining a stand-alone **NCCHC Mental Health Accreditation**. This Mental Health Accreditation, along with our current General Health Services Accreditation, will award us the high honor of being the **second correctional facility in the nation** – and the first in the state of Florida – to be awarded this prestigious dual accreditation. We believe we have an excellent understanding of the many aspects involved in the Mental Health Diversion Unit, and have



actively participated in many community meetings at which the Diversion Unit’s need and purpose is discussed.

While the Mental Health Diversion Unit is still in planning stages, we continue to provide support and informational input on all current and upcoming mental health issues in the community, as well as in the OCDOC, in order to ensure the Mental Health Diversion Unit addresses and meets the community’s current and upcoming Mental Health needs.

I. Provide the name(s) and qualifications of references to those individual(s) who would potentially be responsible for managing on-site operations (Health Services Administrator), be responsible for managing the clinical operations (Medical Director), and any and all company personnel who will be handling this contract.

### **Corizon Health | Contract Leadership Team**

Corizon Health’s leadership team for the OCDOC includes seasoned administrators and experienced correctional health care professionals who are committed to meeting and exceeding your expectations.

- Dr. Nicholas Delgado, Site Medical Director
- Susan Priddy, Health Services Administrator
- Lisa Roy, Director of Nursing
- Sheree Seymour, Administrative Assistant

### **JOSEPH PINO, FACHE, CCHP | SENIOR VICE PRESIDENT, COMMUNITY CORRECTIONS**

As SVP of Community Corrections and native of Pasco County, Florida, Mr. Pino is responsible for oversight of the delivery of contract services on this contract. A member of the senior executive team, Mr. Pino works collaboratively to determine, execute, and monitor the strategic direction and plan for the company’s community jail contracts. He ensures strategies are translated and effectively implemented throughout assigned operations.

In conjunction with executive medical leadership, Mr. Pino is responsible for establishing and maintaining effective clinical quality oversight. He leads client retention and development activities and ensures adherence to contract requirements and effectiveness of outcomes.

### **KAREN DAVIES, RN, BSN, CCHP | VICE PRESIDENT OF OPERATIONS – COMMUNITY CORRECTIONS**

Ms. Davies joined the Corizon Health Team in November 2018 and works alongside our Senior Vice President of Community Corrections, Joseph (Joe) Pino. Ms. Davies is currently responsible for administering all facets of multiple comprehensive community health care services contracts located in the Southeast – including Okaloosa – and Midwest. Ms. Davies holds a current Florida RN license.

Ms. Davies’ correctional health program management experience spans 28 years and includes multi-facility correctional health services in several states, with significant involvement in



Florida. She successfully transitioned, managed, and gained accreditations for some of the largest and most comprehensive jail medical programs throughout Florida.

**PAULA MANGARELLA, RN, CCHP | REGIONAL VICE PRESIDENT – SOUTHEAST**

Ms. Mangarella serves as Corizon Health’s Regional Vice President for the Southeast with a home base in Port Charlotte, Florida. She has been a Florida resident for more than 16 years.

She has been with the company since 1996, beginning as a staff LPN with Prison Health Services Inc., and has been HSA at several sites including Charlotte County, FL, as well as former Corizon Health contract sites of Sarasota County, FL and Manatee County, FL. She has been in her role as Regional Vice President since 2007, and she has supervised the OCDOC for more than nine years, as well as four other Corizon Health sites in Florida. She works closely with the Health Services Administrator (HSA) at each site to ensure that contractual and accreditation obligations are met. She also oversees the training of all new HSAs.

**JERRY EDWARD “ED” ROBBINS II, MD | REGIONAL MEDICAL DIRECTOR, SOUTHEAST**

Dr. Robbins oversees the delivery of health care services for Corizon Health community corrections contracts in the Southeast. He works directly with Corizon Health’s Chief Medical Officer and on-site clinical and administrative personnel to ensure that safe and efficient health care services are provided at each facility. He is responsible for oversight of utilization management (inpatient/outpatient care and pharmacy utilization), quality improvement initiatives and reports, appropriate disease management and training and education of practitioners. He also collaborates with Corizon Health partners to assure their needs and expectations are adequately fulfilled, if not exceeded.

**CHRISTOPHER BELL | DIRECTOR, BUSINESS DEVELOPMENT**

As Director of Business Development, Mr. Bell is involved in promoting the company in the Southeast, along with serving on the management team for the partnership between Corizon Health and Okaloosa County. Mr. Bell has more than 15 years of experience in correctional health care, along with a total 25 years of experience in business development, contract negotiation, relationship management, government relations and community relations.

**BRUCE TEAL | ACCOUNT REPRESENTATIVE**

Bruce Teal serves as an Account Representative for Corizon Health, working with the company’s senior leadership and operations management team to develop and build client partnerships. He brings over 35 years of executive financial and operational experience within the correctional healthcare and public accounting industries. He has served in CEO and CFO roles in which he was responsible for strategic planning, marketing, operational and financial assessments, investor and banking relations, and client relations.

# VI. PRICE SCHEDULE







## VI. Price Schedule

### Base Price

Corizon Health is pleased to submit this price proposal for the provision of inmate medical services for the inmates housed at the Jail. As requested, Corizon Health has proposed pricing for the initial contract term, as well as the two, one-year optional renewals.

<i>(in 000's)</i>	October 2018 Contract		Year 1 Contract	
	Dollars in '000s	PIPD	Dollars in '000s	PIPD
Compensation & Benefits	1,416	4.70	1,561	5.03
Offsite / Rx	614	2.04	633	2.04
Malpractice	131	0.44	103	0.33
All Other Direct Costs	79	0.26	85	0.27
Indirect costs	251	0.83	232	0.75
Management Fee	310	1.03	284	0.92
<b>Contract Value</b>	<b>\$ 2,801</b>	<b>\$ 9.30</b>	<b>\$ 2,898</b>	<b>\$ 9.34</b>
<b>ADP</b>	825		850	

The overall contract value proposed equates to a 3.5% increase over the current contract value. Factors influencing this increase include employee annual merit adjustments, rising benefit costs, and inflation on offsite and pharmacy services.

As your dedicated healthcare partner since 2003, Corizon Health is the only RFP respondent who is familiar with current County personnel, programs, systems, initiatives, medical service unit, patient acuity, and overall cost to run the health care program. Our proposed pricing reflects this historical knowledge of actual costs. We will deliver this care with complete transparency via open and consistent communications and regular, robust reporting.

### Financial Assumptions

Our pricing is based on the ADP of the requested population ranges in the RFP. The following are the material financial assumptions utilized in constructing our price:

- Comprehensive services to include all on-site medical, dental and mental health services for the entire population.
- Merit adjustments at 2% for 2019 / 2020.

---

#### VI. PRICE SCHEDULE

OKALOOSA COUNTY DEPARTMENT OF PUBLIC SAFETY CORRECTIONS DIVISION

INMATE MEDICAL SERVICES, RFP PS 47-19

APRIL 23, 2019

PAGE VI.1



- All off-site, ancillary services, specialty care, and pharmaceuticals will be subject to the risk share.
- Costs associated with the electronic medical record will continue to be Corizon Health's responsibility.
- All other direct costs (on-site expenses) are based on historical utilization. Costs associated with equipment repair and replacement remain the financial responsibility of the County.
- Indirect costs include support from our regional leadership (Karen Davies, Vice President of Operations, Paula Mangarella, Regional Vice President, Dr. Robbins, Regional Medical Director etc.) as well as an allocation of corporation overhead supporting the contract (legal, human resources, IT, finance, claims, etc.).
- Billing and payment terms consistent with the current contract.

### **Risk Share**

Corizon Health assumes a financial risk share arrangement that covers all inpatient, outpatient, specialty, diagnostic services, and pharmacy costs. Consistent with our current contract, we propose that Corizon Health will be financially responsible for the first \$500,000 annually for these services. Should expenses be lower than \$500,000, Corizon Health will refund 100% of the difference between actual expenses and the \$500,000 annual limit.

When costs exceed \$500,000, Corizon Health will be financially responsible for 20% of costs above \$500,000 and the OCDOC would be responsible for 80% of these costs. If total costs exceed \$1,240,000 annually, Corizon Health will assume financial responsibility for expenses above the final cap amount.

### **Renewals**

At the conclusion of the initial three year contract term, Corizon Health would be pleased to extend our services for the two, one-year renewals.

### **Termination**

Corizon Health requests that throughout the initial term of the contract, the vendor have the ability to terminate the contract without cause, providing 120 days written notice.

---

#### **VI. PRICE SCHEDULE**

**OKALOOSA COUNTY DEPARTMENT OF PUBLIC SAFETY CORRECTIONS DIVISION**

INMATE MEDICAL SERVICES, RFP PS 47-19

APRIL 23, 2019

PAGE VI.2



Corizon Health's proposed staffing plan to support our annual price is summarized in the chart below:

**Refer to contract Exhibit "B" for Staffing Plan and Discount Payback Schedule**

### **Ownership of Proposals**

By accepting this Proposal, the County hereby acknowledges that certain information and documents provided by Corizon Health and/or used by Corizon Health in fulfilling its contract obligations are proprietary, confidential, and constitute trade secrets including, among other things, Policies and Procedures, Corizon Health developed forms and Financial Information.

The County hereby agrees to keep confidential all Corizon Health documents so marked. The County further agrees to limit the access to Corizon Health Confidential or Proprietary

---

#### **VI. PRICE SCHEDULE**

**OKALOOSA COUNTY DEPARTMENT OF PUBLIC SAFETY CORRECTIONS DIVISION**

INMATE MEDICAL SERVICES, RFP PS 47-19

APRIL 23, 2019

PAGE VI.3



information or documentation strictly to employees and representatives (such as attorneys or consultants) who have a need to know the Confidential or Proprietary information and who have been informed of the obligation to keep such information or documents confidential.

The County further agrees that any such information or documentation will not be disclosed to third parties unless Corizon Health specifically authorizes disclosure in advance, so that Corizon Health may have the opportunity to intervene to protect its Confidential and Proprietary information from public disclosure.

### **Summary**

Corizon Health has provided the fixed monthly fees for each year of the three-year contract term on population tiers required in the RFP. As your current healthcare partner, we are intimately familiar with the services required and changes desired to fully meet the medical, dental and mental health care needs of the inmates housed at the Jail. **Corizon Health is prepared to discuss and negotiate any and all components of our proposed pricing to achieve the best possible program with the most efficient cost.**

We strongly believe that Corizon Health is the best partner for Okaloosa County. We stand ready to continue operating the County's innovative, accredited healthcare program with positive clinical outcomes, measurable results, and a commitment to be good stewards of limited taxpayer dollars.

The required cost proposal worksheet follows.

---

#### **VI. PRICE SCHEDULE**

**OKALOOSA COUNTY DEPARTMENT OF PUBLIC SAFETY CORRECTIONS DIVISION**

INMATE MEDICAL SERVICES, RFP PS 47-19

APRIL 23, 2019

PAGE VI.4



Proposed pricing shall be expressed in terms of a flat monthly rate based on the average daily population for the month in which services were rendered. The price may be adjusted based on a sliding scale as indicated below:

Average Daily Population Quantity	Inmate Healthcare	Inmate Mental Health Care
<b>Year 1</b>		
ADP 601 – 650	\$219,875	\$20,360
ADP 651 – 700	\$220,205	\$20,360
ADP 701 – 750	\$220,525	\$20,360
ADP 751 – 800	\$220,850	\$20,360
ADP 801 – 850	\$221,180	\$20,360
ADP over 851	\$221,515	\$20,360
<b>Year 2</b>		
ADP 601 – 650	\$226,032	\$20,930
ADP 651 – 700	\$226,371	\$20,930
ADP 701 – 750	\$226,700	\$20,930
ADP 751 – 800	\$227,034	\$20,930
ADP 801 – 850	\$227,373	\$20,930
ADP over 851	\$227,717	\$20,930
<b>Year 3</b>		
ADP 601 – 650	\$232,361	\$21,516
ADP 651 – 700	\$232,709	\$21,516
ADP 701 – 750	\$233,048	\$21,516
ADP 751 – 800	\$233,391	\$21,516
ADP 801 – 850	\$233,739	\$21,516
ADP over 851	\$234,093	\$21,516

The attached table column for mental health costs reflects staffing only. All other expenses are included in the medical section of the table. Amounts represent monthly invoicing based upon the requested population tiers. Because the majority of costs are fixed (i.e. staffing, offsite/pharmacy risk share, malpractice), the variability of costs for changes in the population range are minimal.

Corizon Health remains confident that the staffing plan proposed will sufficiently meet the needs of the current population and scope of services required in the RFP. Should the actual ADP decline to below 650 for a minimum of three months, Corizon Health will approach the OCDOC to discuss potential staffing changes. Should the parties mutually agree that staffing reductions are desired, Corizon Health would be happy to provide the associated reduction in monthly base fees.