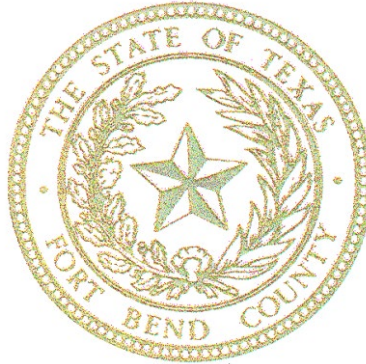


**Fort Bend County, Texas  
Request for Proposals**



**Term Contract for Inmate Medical Services  
RFP 25-001**

**SUBMIT SEALED PROPOSALS TO:**

Fort Bend County  
Purchasing Department  
Travis Annex  
301 Jackson Street, Suite 201  
Richmond, Texas 77469

**\*\*NOTE:**

All correspondence must include the term  
“Purchasing Department” in address to assist in  
proper delivery.

**SUBMIT NO LATER THAN:**

May 14, 2024  
2:00 PM (Central)

**LABEL ENVELOPE:**

RFP 25-001  
INMATE MEDICAL SERVICES

***ALL RFPs MUST BE RECEIVED IN AND TIME/DATE STAMPED BY THE PURCHASING OFFICE  
OF FORT BEND COUNTY ON OR BEFORE THE SPECIFIED TIME/DATE STATED ABOVE.***

***RFPs RECEIVED AS REQUIRED WILL THEN BE OPENED AND NAMES PUBLICLY READ.***

***RFPs RECEIVED AFTER THE SPECIFIED TIME, WILL BE RETURNED UNOPENED.***

Results will not be given by phone.  
Results will be provided after final agreement  
is approved by Commissioners Court.

Requests for information must be in  
writing and direct to:  
Cheryl Krejci  
Assistant Purchasing Agent  
[Cheryl.Krejci@fortbendcountytexas.gov](mailto:Cheryl.Krejci@fortbendcountytexas.gov)

**Vendor Responsibilities:**

- Download and complete any addendums. (Addendums will be posted on the Fort Bend County website no  
Later than 48 hours prior to bid opening)
- Submit response in accordance with requirements stated on the cover of this document.
- DO NOT submit responses via email or fax.



**COUNTY PURCHASING AGENT**  
Fort Bend County, Texas

**Vendor Information**

Jaime Kovar  
Purchasing Agent

Office (281) 341-8640

Legal Company Name (top line of W9)				
Business Name (if different from legal name)				
Type of Business	Corporation/LLC Sole Proprietor/Individual	Partnership Tax Exempt	Age in Business?	
Federal ID # or S.S. #	SAM.gov Unique Entity ID #			
SAM.gov CAGE / NCAGE				
Publicly Traded Business	___ No      ___ Yes Ticker Symbol _____			
Remittance Address				
City/State/Zip				
Physical Address				
City/State/Zip				
Phone Number				
E-mail				
Contact Person				
Check all that apply to the company listed above and provide certification number.	DBE-Disadvantaged Business Enterprise ___	<b>Certification #</b> _____	<u>Cert Date</u>	<u>Exp Date</u>
	SBE-Small Business Enterprise ___	<b>Certification #</b> _____	_____	_____
	HUB-Texas Historically Underutilized Business ___	<b>Certification #</b> _____	_____	_____
	WBE-Women's Business Enterprise ___	<b>Certification #</b> _____	_____	_____
Company's gross annual receipts	<\$500,000 _____	\$500,000-\$4,999,999 _____		
	\$5,000,000-\$16,999,999 ___	\$17,000,000-\$22,399,999 _____	>\$22,400,000 _____	
NAICs codes (Please enter all that apply)				
Signature of Authorized Representative				
Printed Name				
Title				
Date				

**THIS FORM MUST BE SUBMITTED WITH THE SOLICITATION RESPONSE**

## **1.0 INTRODUCTION:**

Fort Bend County, Texas (hereafter referred to as the “County”) seeks Proposals (“Proposals” or “RFP”) from qualified firms (“Respondent”) who can provide a cost plus management fee contract for inmate medical services (“Project”) at the Fort Bend County Jail (“Facility”), in accordance with the terms, conditions and requirements set forth in this Request For Proposals.

## **2.0 GUIDELINES:**

By virtue of submitting a proposal, interested parties are acknowledging:

- 2.1 The County reserves the right to reject any or all proposals if it determines that select proposals are not responsive to the RFP. The County reserves the right to reconsider any proposal submitted at any phase of the procurement. It also reserves the right to meet with select Respondents at any time to gather additional information. Furthermore, the County reserves the right to delete or add scope up until the final contract signing.
- 2.2 All Respondents submitting proposals agree that their pricing is valid for a minimum of ninety (90) days after proposal submission to the County. Furthermore, the County is by statute exempt from the State Sales Tax and Federal Excise Tax; therefore, proposal prices shall not include taxes.
- 2.3 This Proposal does not commit the County to award nor does it constitute an offer of employment or a contract for services. Costs incurred in the submission of this proposal, or in making necessary studies or designs for the preparation thereof, are the sole responsibility of the Respondents. Further, no reimbursable cost may be incurred in the anticipation of award. Proposals containing elaborate artwork, expensive paper and binding and expensive visual or other presentations are neither necessary nor desired.
- 2.4 In an effort to maintain fairness in the process, all inquiries concerning this procurement are to be directed only to the County’s Purchasing Agent in writing. Attempts to contact any members of the County’s Commissioners’ Court or any other County employee to influence the procurement decision may lead to immediate elimination from further consideration.
- 2.5 When responding to this Proposal, follow all instructions carefully. Submit proposal contents according to the outline specified and submit all hard copy and electronic documents according to the instructions. Failure to follow these instructions may be considered a non-responsive proposal and may result in immediate elimination from further consideration.

## **3.0 PROPOSAL CONTACT:**

This Proposal is being issued by the County Purchasing Agent on behalf of Fort Bend County,

Texas. Thus, responses should be directed to the Purchasing Agent, as outlined below. Respondents are specifically directed NOT to contact any County personnel for meetings, conferences or technical discussions that are related to this Proposal other than specified herein. Unauthorized contact of any County personnel will likely be cause for rejection of the Respondent's proposal. All communications regarding the Proposal shall be directed to the County's Proposal Contact. Communication with the Proposal Contact is permitted via email, facsimile, or written correspondence.

**PROPOSAL CONTACT:**

**Cheryl Krejci, CPPB**  
**Assistant County Purchasing Agent**  
**Fort Bend County, Texas**  
**301 Jackson, Suite 201**  
**Richmond, Texas 77469**  
[Cheryl.Krejci@fortbendcountytexas.gov](mailto:Cheryl.Krejci@fortbendcountytexas.gov)

**4.0 SUBMISSION REQUIREMENTS:**

4.1 Submission requirements: one (1) original proposal, six (6) paper copies, and one (1) electronic response on a labeled flash drive are required by RFP opening time of **2:00 PM on Tuesday, May 14, 2024**. Flash drive must contain only one (1) file in PDF format and must match written/original/paper response identically. Failure to provide proper original, flash drive or copies is cause for disqualification. Proposal shall be submitted to the address shown below. Proposal shall be signed by a person having the authority to bind the firm in a contract.

Fort Bend County	Proposal Number: RFP 25-001
Purchasing Department	Due Date: May 14, 2024
301 Jackson, Suite 201	Time: 2:00 PM (central)
Richmond, Texas 77469	For: Inmate Medical Services

4.2 Respondents may submit their proposal any time prior to the Opening Date and time. The Respondent's name and address as well as a distinct reference to the Proposal number above shall be marked clearly on the submission. All proposals are time-stamped upon receipt and are securely kept, unopened, until the Opening Date. No responsibility will attach to the County, or any official or employee thereof, for the pre-opening of, post-opening of, or the failure to open a proposal not properly addressed and identified. No oral, telegraphic, telephonic, or facsimile proposals will be considered.

4.3 Proposals may be modified or withdrawn prior to the established opening date by delivering written notice to the proposal contact. Any alteration made prior to opening date and time shall be initialed by the signer of the proposal, guaranteeing authenticity.

- 4.4 Proposals time-stamped after the due date and time will not be considered and will be returned to the Respondent unopened. Regardless of the method used for delivery, respondents shall be wholly responsible for the timely delivery of submitted proposals.
- 4.5 The Respondent's name and address shall be clearly marked on all copies of the proposal.

**5.0 TENTATIVE SCHEDULE:**

Release of RFP:	April 14, 2024
Pre-RFP conference:	April 23, 2024 @ 9:00 AM
Deadline for Questions:	April 29, 2024 @ 9:00 AM
Submission Due Date:	May 14, 2024 @ 2:00 PM
Evaluation of Submissions:	Week of May 20, 2024
Commissioners Court Permission to Negotiate:	May 28, 2024
Negotiations:	Begin May 29, 2024
Final Contract Approval Commissioners Court:	July 23, 2024

**6.0 MANDATORY PRE-RFP CONFERENCE:**

A Pre-RFP conference with site visit will be conducted on **April 23, 2024, 9:00 AM (CST)**. The Pre-RFP conference will be held at the Fort Bend County Sheriff's Office located at 1410 Richmond Parkway Blvd, Richmond, Texas. Due to the nature of this project, the pre-RFP conference is **MANDATORY**. It is necessary for all interested vendors to attend and view the site. This is the only date and time vendors will be permitted to complete a site visit.

**7.0 INTERPRETATIONS, DISCREPANCIES, AND OMISSIONS:**

- 7.1 It is incumbent upon each potential Respondent to carefully examine these specifications, terms, and conditions. Should any potential Respondent find discrepancies, omissions or ambiguities in this Proposal, the Respondent shall at once request in writing an interpretation from the County's Proposal Contact. Any inquiries, suggestions, or requests concerning interpretation, clarification or additional information shall be made in writing via e-mail only to the County's Proposal Contact, as specified in Section 3.0. Deadline for submission of questions and/or clarification is **Monday, April 29, 2024 at 9:00 AM. (CST)**. Requests received after the deadline will not be responded to due to the time constraints of this Proposal process.
- 7.2 The issuance of a written addendum is the only official method by which interpretation, clarification or additional information will be given by the County. Only questions answered by formal written addenda will be binding. Oral and other interpretations or clarification will be without legal effect. If it becomes necessary to revise or amend any part of this Proposal, notice will be given by the County Purchasing Agent to all prospective Respondents who were sent a Proposal. The

Respondent in their proposal shall acknowledge receipts of amendments. Each Respondent shall ensure that they have received all addenda and amendments to this Proposal before submitting their proposals.

**8.0 INCURRED COSTS:**

Those submitting proposals do so entirely at their expense. There is no expressed or implied obligation by the County to reimburse any individual or firm for any costs incurred in preparing or submitting proposals, for providing additional information when requested by the County or for participating in any selection interviews, including discovery (pre-contract negotiations) and contract negotiations.

**9.0 ACCEPTANCE:**

- 9.1 Submission of any proposal indicates a Respondent's acceptance of the conditions contained in this Proposal unless clearly and specifically noted otherwise in their proposal.
- 9.2 Furthermore, the County is not bound to accept a proposal on the basis of lowest price, and further, the County has the sole discretion and reserves the right to cancel this Proposal, to reject any and all proposals, to waive any and all informalities and or irregularities, or to re-advertise with either the identical or revised specifications, if it is deemed to be in the County's best interests. The County reserves the right to accept or reject any or all of the items in the proposal and to award the contract in whole or in part and/or negotiate any or all items with individual Respondents if it is deemed in the County's best interest.
- 9.3 Although Fort Bend County desires to negotiate toward a contract with a selected Respondent, the Commissioners' Court may award the contract on the basis of the initial proposals received, without discussions. Therefore, each initial proposal should contain the Respondent's best terms.

**10.0 RETENTION OF RESPONDENT'S MATERIAL:**

The County reserves the right to retain all proposals regardless of which response is selected. All proposals and accompanying documents become the property of the County.

**11.0 CERTIFICATE OF INDEPENDENT PRICE DETERMINATION:**

By submission of a proposal, each Respondent certifies, that in connection with this procurement:

- 11.1 The prices in this proposal have been arrived at independently, without consultation, communication, or agreement with any other Respondent; with any competitor; or with any County employee(s) or consultant(s) for the purpose of restricting competition on any matter relating to this Proposal.

- 11.2 Unless otherwise required by law, the prices which have been quoted in this proposal have not been knowingly disclosed by the Respondent and will not knowingly be disclosed by the Respondent prior to award directly or indirectly to any other Respondent or to any competitor; and;
- 11.3 No attempt has been made or will be made by the Respondent to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.

**12.0 ASSIGNMENT:**

The Respondent may not sell, assign, transfer or convey the contract resulting from this Proposal, in whole or in part, without the prior written approval from Fort Bend County Commissioners' Court.

**13.0 CONFIDENTIAL MATTERS:**

- 13.1 All data and information gathered by the Respondent and its agents, including this Proposal and all reports, recommendations, specifications, and data shall be treated by the Respondent and its agents as confidential. The Respondent and its agents shall not disclose or communicate the aforesaid matters to a third party or use them in advertising, publicity, propaganda, and/or in another job or jobs, unless written consent is obtained from the County.
- 13.2 Proposals will only be publicly received and acknowledged only so as to avoid disclosure of the contents to competing Respondents and kept secret during negotiation. However, all proposals shall be open for public inspection after the contract is awarded. Trade secrets and any material that is considered to be confidential information contained in the proposal and identified by Respondent as such, will be treated as confidential to the extent allowable under the Texas Public Information Act.

**14.0 CONFLICT OF INTEREST:**

No County public official shall have interest, direct or indirect, in any contract resulting from this Proposal, in accordance with Texas Local Government Code Chapter 411. Furthermore, the Respondent shall comply with Commissioners' Court Order No. 96-680-10-28, Establishment of Guidelines and Restrictions Regarding the Acceptance of Gifts by County Officials and County Employees.

**15.0 LIMITS OF SUBRESPONDENTS:**

- 15.1 The County has approval rights over the use and/or removal of all sub-respondents and/or vendor(s). Respondents shall identify all sub-respondents in their proposal and these sub-respondents shall conform to all County policies regarding sub-respondents.

- 15.2 Any dispute between the Respondent and sub-respondents, including any payment dispute, will be promptly remedied by the Respondent. Failure to promptly remedy or to make prompt payment to sub-respondent may result in the withholding of funds from the Respondent by the County for any payments owed to the sub-respondent.

**16.0 JURISDICTION, VENUE, CHOICE OF LAW:**

This Proposal and any contract resulting there from shall be governed by and construed according to the laws of the State of Texas. Should any portion of any contract be in conflict with the laws of the State of Texas, the state laws shall invalidate only that portion. The remaining portion of the contract(s) shall remain in effect. Any lawsuit shall be governed by Texas law and Fort Bend County, Texas shall be the venue for any action or proceeding that may be brought or arise out of, in connection with or by reason of this Proposal process and resulting Agreements.

**17.0 INDEPENDENT RESPONDENT:**

The Respondent is an independent respondent and no employee or agent of the Respondent shall be deemed for any reason to be an employee or agent of the County.

**18.0 AMERICANS WITH DISABILITIES ACT (ADA)**

Proposals shall comply with will all federal, state, county, and local laws concerning this type of products/service/equipment/project and the fulfillment of all ADA requirements.

**19.0 DRUG-FREE WORKPLACE:**

All Respondents shall provide any and all notices as may be required under the Drug-Free Workplace Act of 1988, 28 CFR Part 67, Subpart F, to their employees and all sub-respondents to insure that the County maintains a drug-free workplace.

**20.0 POWER OF ATTORNEY:**

An attorney-in-fact who signs a bid bond, performance bond or payment bond must file with each bond a certified and effectively dated copy of his or her power of attorney.

**21.0 TEXAS ETHICS COMMISSION FORM 1295:**

- 21.1 Effective January 1, 2016 all contracts executed by Commissioners Court, regardless of the dollar amount, will require completion of Form 1295 "Certificate of Interested Parties", per the new Government Code Statute §2252.908. All vendors submitting a response to a formal Bid, RFP, SOQ or any contracts, contract amendments, renewals or change orders are required to complete the Form 1295 online through the State of Texas Ethics Commission website. Please visit: <https://www.ethics.state.tx.us/File/>.



21.2 On-line instructions:

21.2.1 Name of governmental entity is to read: Fort Bend County.

21.2.2 Identification number use: RFP 25-001.

21.2.3 Description is: Inmate Medical Service.

21.3 Highest evaluated respondent will be required to provide the Form 1295 within three (3) calendar days from notification. In the event the respondent does not provide the document in the stated time period the respondent's response will be marked as disqualified and the next highest evaluated respondent will be contacted.

**22.0 INSURANCE:**

22.1 All respondents shall submit, with RFP, a current certificate of insurance indicating coverage in the amounts stated below. In lieu of submitting a certificate of insurance, respondents may submit, with RFP, a notarized statement from an Insurance company, authorized to conduct business in the State of Texas, and acceptable to Fort Bend County, guaranteeing the issuance of an insurance policy, with the coverage stated below, to the firm named therein, if successful, upon award of this Contract.

22.2 At contract execution, contractor shall furnish County with properly executed certificates of insurance which shall evidence all insurance required and provide that such insurance shall not be canceled, except on 30 days prior written notice to County. Contractor shall provide certified copies of insurance endorsements and/or policies if requested by County. Contractor shall maintain such insurance coverage from the time Services commence until Services are completed and provide replacement certificates, policies and/or endorsements for any such insurance expiring prior to completion of Services. Contractor shall obtain such insurance written on an Occurrence form (or a Claims Made form for Professional Liability insurance) from such companies having Best's rating of A/VII or better, licensed or approved to transact business in the State of Texas, and shall obtain such insurance of the following types and minimum limits:

22.2.1 Workers' Compensation insurance. Substitutes to genuine Workers' Compensation Insurance will not be allowed.

22.2.2 Employers' Liability insurance with limits of not less than \$1,000,000 per injury by accident, \$1,000,000 per injury by disease, and \$1,000,000 per bodily injury by disease.

22.2.3 Commercial general liability insurance with a limit of not less than \$1,000,000 each occurrence and \$2,000,000 in the annual aggregate. Policy shall cover liability for bodily injury, personal injury, and property damage and products/completed operations arising out of the business operations of

the policyholder. The Commercial General Liability Additional Insured endorsement including on-going and completed operations coverage will be submitted with the Certificates of Insurance.

- 22.2.4 Business Automobile Liability coverage with a combined Bodily Injury/Property Damage limit of not less than \$1,000,000 each accident. The policy shall cover liability arising from the operation of licensed vehicles by the policyholder.
- 22.2.5 Professional Liability (Medical Malpractice) Insurance with limits of not less than \$1,000,000 each occurrence, \$3,000,000 aggregate. Such insurance will cover all professional services rendered by or on behalf of Contractor and its subcontractors under this Agreement. Renewal policies written on a claims-made basis will maintain the same retroactive date as in effect at the inception of this Agreement. If coverage is written on a claims-made basis, Contractor agrees to purchase an Extended Reporting Period Endorsement, effective for two (2) full years after the expiration or cancellation of the policy. No professional liability policy written on an occurrence form will include a sunset or similar clause that limits coverage unless such clause provides coverage for at least two (2) years after the expiration or cancellation of this Agreement.
- 22.3 County and the members of Commissioners Court shall be named as additional insured to all required coverage except for Workers' Compensation and Professional Liability (if required). All Liability policies including Workers' Compensation written on behalf of contractor, excluding Professional Liability, shall contain a waiver of subrogation in favor of County and members of Commissioners Court. Commercial General Liability and Business Auto Liability will be endorsed to provide primary and non-contributory coverage.
- 22.4 If required coverage is written on a claims-made basis, contractor warrants that any retroactive date applicable to coverage under the policy precedes the effective date of the contract; and that continuous coverage will be maintained or an extended discovery period will be exercised for a period of two (2) years beginning from the time that work under the agreement is completed.
- 22.5 Contractor is responsible to pay any deductible or self-insured retention for any loss. Any self-insured retention must be declared to and approved by County prior to the performance of any services by Contractor under this Agreement. All deductibles and self-insured retentions will be shown on the Certificates of Insurance.
- 22.6 Contractor's or subcontractor's insurance will be primary to any insurance carried or self-insurance program established by the County. Contractor's or subcontractor's insurance will be kept in force until all services have been fully performed and accepted by County in writing.

### **23.0 INDEMNIFICATION:**

Respondent shall save harmless County from and against all claims, liability, and expenses, including reasonable attorney's fees, arising from activities of Respondent, its agents, servants or employees, performed under this agreement that result from the negligent act, error, or omission of Respondent or any of Respondent's agents, servants or employees.

- 23.1 Respondent shall timely report all such matters to Fort Bend County and shall, upon the receipt of any such claim, demand, suit, action, proceeding, lien or judgment, not later than the fifteenth day of each month; provide Fort Bend County with a written report on each such matter, setting forth the status of each matter, the schedule or planned proceedings with respect to each matter and the cooperation or assistance, if any, of Fort Bend County required by Respondent in the defense of each matter.
- 23.2 Respondent's duty to defend, indemnify and hold Fort Bend County harmless shall be absolute. It shall not abate or end by reason of the expiration or termination of any contract unless otherwise agreed by Fort Bend County in writing. The provisions of this section shall survive the termination of the contract and shall remain in full force and effect with respect to all such matters no matter when they arise.
- 23.3 In the event of any dispute between the parties as to whether a claim, demand, suit, action, proceeding, lien or judgment appears to have been caused by or appears to have arisen out of or in connection with acts or omissions of Respondent, Respondent shall never-the-less fully defend such claim, demand, suit, action, proceeding, lien or judgment until and unless there is a determination by a court of competent jurisdiction that the acts and omissions of Respondent are not at issue in the matter.
- 23.4 Respondent's indemnification shall cover, and Respondent agrees to indemnify Fort Bend County, in the event Fort Bend County is found to have been negligent for having selected Respondent to perform the work described in this request.
- 23.5 The provision by Respondent of insurance shall not limit the liability of Respondent under an agreement.
- 23.6 Respondent shall cause all trade contractors and any other contractor who may have a contract to perform construction or installation work in the area where work will be performed under this request, to agree to indemnify Fort Bend County and to hold it harmless from all claims for bodily injury and property damage that arise may from said Respondent's operations. Such provisions shall be in form satisfactory to Fort Bend County.
- 23.7 Loss Deduction Clause - Fort Bend County shall be exempt from, and in no way liable for, any sums of money, which may represent a deductible in any insurance policy. The payment of deductibles shall be the sole responsibility of Respondent

and/or trade contractor providing such insurance.

**24.0 SCOPE OF WORK:**

The awarded Respondent shall be the sole supplier and coordinator of the health care delivery system at the Fort Bend County Sheriff's Office. Respondent shall be responsible for all medical care of all adult inmates including work release inmates. The term "Medical Care" includes but is not limited to "Mental Health Services" and "Dental Care." This responsibility of Respondent for the medical care of an inmate commences with the commitment of the inmate to the custody of the facility and ends with the release of the inmate. For the purposes of this RFP, the average daily population (ADP) is 900.

**25.0 OBJECTIVES:**

- 25.1 To provide data necessary for the evaluation of competitive proposals submitted by qualified firms.
- 25.2 To provide a fair method for analyzing submitted proposals.
- 25.3 To result in a contract between the successful Respondent (unless all proposals are rejected) and the County that will provide:
  - 25.3.1 Quality health services for inmates in custody and control of the Sheriff;
  - 25.3.2 Development and implementation of a health care plan with clear objectives, policies and procedures, and with a process of documenting ongoing achievement of contract obligations;
  - 25.3.3 Operation of a health services program, 24 hours a day, 7 days a week, at full staffing, using only licensed, certified, and professionally trained personnel;
  - 25.3.4 Administrative leadership that provides for both cost accountability and responsiveness to the contract administrator;
  - 25.3.5 Assurance that required federal, state and local requirements and standards of care are met;
  - 25.3.6 Continuing education for staff;
  - 25.3.7 A health care system that is operated in such a way that is respectful of inmate rights to basic health care;
  - 25.3.8 Compliance with the standards established by the National Commission on Correctional Health Care for health care services in jails as well as the American Correctional Association standards for medical services.

**26.0 BACKGROUND:**

The facility is located in Richmond, Texas at 1410 Richmond Parkway, Richmond, Texas. The facility opened in 1980 with a design capacity of 123 bed space. In 1995 the West Tower was opened with a design capacity of 635 beds. Since that time we have increased the total rated capacity to 1,766 beds, with the addition of a 1,008 bed direct supervision facility opened in July 2009, which increased weekender beds to 72. The 1980 facility is best described as a linear style jail, which is currently under renovation. The 1995 facility is best described as a podular, remote surveillance facility. The West Tower facility consists of one 7 story tower and an attached one story building which encompasses the linear jail. Medical care for work release inmates is generally limited to emergency care while the inmates are on site.

**27.0 EXISTING MEDICAL UNIT:**

The existing medical unit contains 40 inmate cells with sink and toilet, 4 of which are equipped as a reverse air flow room. The remaining space is allocated as follows:

- 1 Health Services Administrator office*
- 1 Director of Nursing office*
- 1 Secretarial office*
- 1 Medical Records office*
- 1 Medical staff office*
- 1 Physician's office*
- 3 Medical exam Rooms*
- 1 Nursing work station*
- 1 Dental*
- 1 Lab room*
- 1 Dialysis room*
- 1 Pharmacy*
- 4 Mental health staff office*
- 2 Handicap accessible shower room for inmates in infirmary area*
- 4 Showers in negative pressure rooms*
- 2 Staff toilets (M&F)*
- 1 Inmate restroom*
- 1 Staff break room*
- 3 Storage rooms*
- 1 Biohazard waste room*
- 1 Multipurpose room*
- 2 Booking Nurse's Office*
- 1 Booking MHP Office*

**28.0 STATISTICAL DATA:**

See Attachments.

## **29.0 MINIMUM QUALIFICATIONS:**

To be considered for award of this contract, the Respondent must meet the following minimum qualifications:

- 29.1 The Respondent must be organized for the sole purpose of providing health care services, and have previous experience with proven effectiveness in administering correctional health care programs.
- 29.2 The Respondent must have at least five (5) continuous years of corporate experience in providing health care services at correctional facilities and have at least three (3) current contracts with separate agencies with correctional facilities of similar size or layout to the Facility. Emphasis will be placed on those referenced correctional facilities in the State of Texas.
- 29.3 The Respondent must operate in accordance with National Commission on Correctional Health Care (NCCHC) standards, American Correctional Association (ACA) standards and Texas Commission on Jail Standards.
- 29.4 The Respondent must demonstrate its ability to provide a health care system specifically for the Facility. It must demonstrate that it has the ability for a thirty (30) day start-up, that it has a proven system of recruiting staff, and that it has an adequate support staff in its central office capable of competently supervising and monitoring its operations in the County.
- 29.5 The proposal must include a company history, current corporate structure and resumes, including any relevant executive and manager positions of affiliated companies.
- 29.6 The proposal must include the following contractual and legal action history for the past two (2) years, including history of any affiliated companies.
  - 29.6.1 List and explain in detail all contracts that have been terminated or cancelled prior to contract expiration, and include the reason for each.
  - 29.6.2 List and explain in detail all litigation claims for payments not made for off-site hospital care, whether open, closed and/or settled.
  - 29.6.3 List and explain in detail all lawsuits involving inmates that were settled and/or in which judgment was made against the proposing company or affiliated companies.

## **30.0 MANDATORY REQUIREMENTS:**

All proposals must contain the following specific information:

- 30.1 All proposals must contain sufficient information concerning the programs for the County to evaluate whether the Respondent meets “minimum qualifications” for all Respondents.
- 30.2 All proposals must demonstrate that the Respondent has the willingness and ability to comply with the scope of contract, mandatory requirements, specifications and program requirements, and in particular, the most current Standards for Health services in Jails, established by the National Commission on Correctional Health Care, American Correctional Association and Texas Commission on Jail Standards.
- 30.3 Additionally:
  - 30.3.1 All proposals must list by name, address, phone and Contract Administrator of all correctional institutions where Respondent is providing medical care and the length of time that each contract has been in effect.
  - 30.3.2 All proposals must list by name, address, phone and Contract Administrator for each correctional institution where proposer has obtained/retained an accreditation of the National Commission on Correctional Health Care or other recognized body.
  - 30.3.3 All proposals must list by name, address, phone and Contract Administrator all correctional institutions where proposer has terminated services, been terminated or lost a re-bid as the incumbent.
- 30.4 All proposals must contain a letter of intent from an insurance company authorized to do business in the State of Texas stating its willingness to insure the Respondent pursuant to the terms of the contract.

**31.0 SPECIFICATIONS AND PROGRAM REQUIREMENTS:**

- 31.1 Administrative Requirements:
  - 31.1.1 A singular designated Site Medical Director with responsibility for assuring the appropriateness and adequacy of inmate health. The proposal should address what the Site Medical Director's responsibilities will be in regards to: in service training, quality assurance and recruitment. The proposal is to address what part of on-site time provided by the Site Medical Director will be committed to administrative duties, direct care, and involvement in quality assurance.
  - 31.1.2 A full-time on-site Health Services Administrator shall be provided and shall have the general responsibility for the successful delivery of health care pursuant to this solicitation and final contract. The Respondent shall indicate the qualifications of as well as the range and scope of the responsibilities and activities of this position.

31.1.3 A full-time Mental Health Coordinator shall be provided who shall have the responsibility for assuring fulfillment of mental health services by staffed mental health professionals. The proposal is to address what the Coordinator's responsibilities will be in regards to: in service training, quality assurance and recruitment. The proposal is to address what part of on-site time provided by the Coordinator will be committed to administrative duties, direct care, and involvement in quality assurance.

31.1.4 The Respondent shall, upon request, provide to the County proof of licenses and/or certificates for all professional staff. In addition, malpractice insurance must be on file for all physicians and Nurse Practitioners/Physician Assistants, and other employees, if applicable.

31.1.5 Monthly and daily statistics will be required as follows:

31.1.5.1 A statistical report with narrative on noteworthy accomplishments or events will be due on the fifth calendar day of each month to the Contract Administrator that includes, but is not limited to, the following:

*See Attachment 4 – Health Services Statistical Report 2024 with 2024 averages*

31.1.5.2 A report of the previous twenty-four (24) hours that captures but is not limited to, the following data. This report shall be submitted to the Contract Administrator on a daily basis:

*Transfers to off-site hospital emergency departments,  
Communicable disease reporting,  
Suicide data (i.e. attempts and precautions taken),  
Report of status of inmates in local hospitals,  
Report of status of inmates in jail infirmary,  
Submit completed medical incident report copies,  
and other reports requested by the Jail Administration.*

31.1.5.3 Utilization tracking, analysis and reporting:

*Volume trends (visits by Week/Month),  
Volume by visit Type (primary and urgent Care),  
Inmate visit distribution by gender and age group,  
Referrals by type (diagnostic, specialty),  
Top 10 medical services by CPT, ICD9 and prescribed medications,  
and other reports requested by the Jail Administration.*

31.1.6 Grievances shall be monitored to detect areas of concern. Inmate grievances



shall be documented on a log and a response shall be prepared within three working days of receipt. Completed responses will be returned to the inmate through the Contract Administrator.

- 31.1.7 The establishment of a comprehensive quality improvement activity that will monitor the health services provided.
- 31.1.8 The establishment of an infection control activity that monitors the incidence of infectious and communicable diseases, seeks to prevent their incidence and spread, and provides for the care and treatment of inmates so infected. *Texas Notifiable Conditions* (reportable infectious diseases – confirmed and suspected) must be reported to Fort Bend County Health & Human Services, and the designee of the Fort Bend County Jail Administration.
- 31.1.9 The Respondent shall, in times of emergency or threat thereof, whether accidental, natural or man-made, provide medical assistance to the County Sheriff's Office and Criminal Justice Center to the extent or degree required by County Sheriff's Office policies and procedures.

31.2 Personnel requirements:

- 31.2.1 Adequate health care personnel required to provide those services listed in this RFP must be provided. Proposals must show a complete and detailed staffing arrangement, by degree of competency, which shall provide adequate support for the operation of the health care program. Staffing plans are to detail the total number of employees full-time (36 hours per week on site) and part-time; position titles and license/certification; total number and positions per shift and on holidays. Proposal must include adequate health care personnel for twenty-four (24) hours, seven (7) days per week inmate health services. No more than 10% of Nursing Staff may be outsourced by Respondent. Respondent will make every effort to give existing onsite employees full consideration for employment in order to provide a continuity of care to utilize their experience and knowledge of our facility and operations.
- 31.2.2 Physician services must be sufficient to provide the required needs of the inmates and assure medical evaluation/follow up within twenty four (24) hours of post nursing triage referral (including weekends and holidays). In addition, twenty-four (24) hour physician, psychiatric, and dental on-call services with the availability for consultation and the ability to meet the on-site needs are required.

All patients potentially needing off-site emergency services will be triaged immediately. For emergent life-threatening scenarios, the local emergency response system (911) will be activated. For urgent scenarios where

provider evaluation can be safely obtained, the vendor will be responsible for providing the following services to ensure appropriateness of emergent and urgent off-site utilization:

When Provider is On-Site: If a provider is on site, the patient will be evaluated by the provider prior to activating the emergency response system (911). If the on-site provider is the Medical Director/MD/DO, they will determine the next level of care as well as the most clinically appropriate method of transportation to the next level of care. If the provider on-site is a mid-level provider, the mid-level must obtain, at minimum, telephonic consultation with the Medical Director/MD/DO. Both the mid-level and the physician will concur on next level of care, on-site or off-site, as well as most clinically appropriate recommended method of transportation. Vendors may offer telephonic or telehealth options for this consultation.

When No Provider is On-Site: During hours when no provider is present, the on-call provider must be notified of emergent and urgent situations when the clinical staff feel that a higher level of care is indicated. If the on-call provider determines that a higher level of off-site care is indicated and the patient is not experiencing a life-threatening scenario, the vendor will provide a process for immediate evaluation of a second provider. The vendor will provide, at minimum, telephonic consultation with another Medical Director/MD/DO to provide concurrence or further recommendations of potential on site treatment options. The two providers will also concur, if necessary, on the most clinically appropriate recommended method of transportation. Vendors may offer telephonic or telehealth options using technology devices such as tablets, mobile devices or laptops for this consultation with the off-site provider.

31.2.2.1 Fit for Jail:

Incoming inmates will be evaluated by nursing staff to determine if a “Fit for Jail” is needed before the inmate will be accepted into our facility. Respondent will be responsible for processing payment and safeguard against payment of any invoices for “Fit for Jails” not authorized by County.

31.2.3 Nursing services must be available to provide for the following:

- 31.2.3.1 Medical unit coverage at all times including medication round time periods;
- 31.2.3.2 24 hour intake screening including medical history forms on all inmates at the time of admission;
- 31.2.3.3 Health assessments on all inmates within fourteen (14) days

after booking;

- 31.2.3.4 Medications as prescribed;
- 31.2.3.5 Sick call triage and follow-up on a daily basis to include weekends and holidays;
- 31.2.3.6 Appropriate and timely responses to medical needs and emergencies; and
- 31.2.3.7 Physician support services.
- 31.2.3.8 Mental Health Services.

#### 31.2.4 Psychiatric Technician – CPEP

The Psychiatric Technician works under the supervision of a licensed nursing personnel or designee to provide direct care services to patients who may present with mental health and/or intellectual developmental disabilities. The Psychiatric Technician should maintain a safe and secure environment for all patients in crisis environment and provide support services to nursing and clinical treatment teams. The position may also perform delegated nursing tasks and therefore would be under the supervision of a licensed nurse personnel when performing the following required tasks:

- 31.2.4.1 Promote a physical and emotional safe environment including conducting regular rounds of patient and property searches, so patients can focus on managing their illnesses and disabilities to promote healing.
- 31.2.4.2 Aid in basic patient care such as eating, bathing, dressing, teaching and encouraging basic hygiene while observing patient progress to identify the need for additional services or changes in current treatment.
- 31.2.4.3 Provide behavioral emergency assistance, such as patient restraint using approved agency curriculum or basic first aid when needed, as well as recognize and report homicidal or suicidal behaviors.
- 31.2.4.4 Monitor and document behavior of patients in seclusion or on precautions.
- 31.2.4.5 Performs duties (e.g. vital signs, specimen collection, etc.) as delegated by nursing personnel or assigned by a

physician.

31.2.4.6 Utilize standard precautions appropriately to prevent the spread of infection.

31.2.4.7 Qualifications:

- High school diploma or general education diploma.
- Must have a valid driver's license.
- 1 year of direct care experience in psychiatric or behavioral healthcare environment preferred.
- Understanding of standard precautions and infection control procedures.
- Knowledge of and the ability to apply handle with Care Crisis Intervention Techniques (HWC III).
- Ability to coordinate patient care with treatment team.

31.2.5 The Respondent shall provide sufficient clerical staff to support the medical contract. This includes participation in regular and irregular financial audits that may be conducted by the Fort Bend County Auditor or contracted auditing firm.

31.2.6 The County Sheriff or his designee may request replacement of any Respondent personnel believed to be unable to carry out the responsibilities of the contract. The County Sheriff or his designee shall approve all appointments to the position of the Health Services Administrator, Director of Nursing, Site Mental Health Director and Site Medical Director.

31.2.7 Written job description and protocols to define specific duties and responsibilities for all assignments must be provided to the Contract Administrator.

31.2.8 The Respondent shall provide for pharmaceutical services to assure the availability of prescribed medications within eight (8) hours of the order of issue being written for all formulary approved medications and twenty-four (24) hours for all non-formulary medications except where such medications are not readily available in the local community. Pharmaceutical services shall be consistent with State and Federal regulations, and must be monitored by a licensed qualified pharmacist.

31.2.9 The Respondent shall provide for the purchasing, dispensing, administering and storage of all pharmaceuticals by qualified personnel and for the proper storage of psychotropic medications as prescribed to inmates.

31.2.10 The Respondent shall provide for the recording of the administration of

medications in a manner and on a form approved by the health care 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 reason given.

31.2.11 The Respondent shall provide routine and emergency dental care for each inmate under the direct supervision of a licensed dentist and shall establish a defined scope of available dental services including emergency dental care which includes the following:

31.2.11.1 A dental screening conducted within 14 days of admission, unless completed within the last six months, conducted on initial intake with instructions on dental hygiene.

31.2.11.2 A dental examination by a dentist within 12 months of admission, supported by diagnostic x-rays, if necessary.

31.2.11.3 A treatment plan with x-rays for those inmates who request care with more than 12 months detention.

31.2.11.4 A defined charting system that identifies the oral health condition and specifies the priorities for treatment by category.

31.2.11.5 Development of an individualized treatment plan for each inmate receiving dental care.

31.2.11.6 Consultation and referral to dental specialist, including oral surgery, when necessary.

31.2.12 Respondent employees will be required to attend training on Basic Jail Orientation, radio procedures, interpersonal communication skills and other security topics made available several times each year by the Sheriff's Office. The total classroom time for these subjects is approximately ten hours per FTE and the Respondent shall be responsible for employee wages and/or overtime necessary to fulfill this requirement.

31.2.13 Respondent personnel should be aware that they might, from time to time, be subpoenaed to testify in court regarding medical treatment. Overtime associated with this obligation will be the responsibility of the Respondent.

31.2.14 Respondent will be required to comply with all Sheriff's Office policies, procedures, protocols and post orders.

31.3 Care and Treatment Requirements:

- 31.3.1 The Respondent shall provide for twenty-four (24) hour a day emergency health care services to include on-site emergencies and acute hospital services with one physician or more health care providers.
- 31.3.2 In addition to twenty-four (24) hour a day emergency services coverage, the hours for routine nurse sick call shall be at levels which allow for all inmates needing medical services to be seen within twenty-four (24) hours from the time of the request for such services.
- 31.3.3 A written manual of standardized policies and defined procedures, approved by the Site Medical Director and the Facility, must be reviewed at least annually and revised as necessary under the direction of the health care authority and with the approval of the facility.
- 31.3.4 The Respondent shall provide for necessary laboratory and x-ray services. All abnormal laboratory and x-ray results are to be reviewed and signed by a physician with a follow up plan of care outlined as needed.
- 31.3.5 The Respondent shall provide for mental health services which shall include as a minimum:
  - 31.3.5.1 Screening for mental health problems on intake as provided in NCCHC, ACA and TCJS standards.
  - 31.3.5.2 Referral to the Respondent's psychiatrist for the detection, diagnosis, and treatment of mental illness.
  - 31.3.5.3 Crisis intervention and management of acute psychiatric episodes.
  - 31.3.5.4 Stabilization of the mentally ill and the prevention of psychiatric deterioration in the correctional setting.
  - 31.3.5.5 Assist in the referral and admission to licensed mental health facilities for inmates whose psychiatric needs exceed the treatment capability of the facility.
  - 31.3.5.6 Obtaining and documenting informed consent.
  - 31.3.5.7 Provide appropriate licenses and mental health professionals to diagnose any inmates detected at booking of having a suspected mental illness and provide the necessary documentation to the court system of that diagnosis within 12 hours of an inmates booking. This may be obtained from prior records if within one year of booking. This section is intended for compliance with Texas CCP 16.22.

- 31.3.5.8 The Respondent shall ensure inmates referred outside of intake for mental health treatment receive a comprehensive evaluation by a licensed mental health professional. The evaluation shall be completed within (72) hours of the referral request date.
- 31.3.5.9 The Respondent shall ensure that a necessary number of qualified physicians meeting the requirements of Texas Health and Safety Code Chapter 574 are retained each month to provide the following services upon request of County regarding civil commitments:
  - 31.3.5.9.1 Review the files of, conduct interviews with, and evaluate the condition of inmates who have been identified as proposed civil commitment patients.
  - 31.3.5.9.2 Complete certificates of medical examinations and other necessary documents in a timely manner pursuant to the requirements of the Texas Health and Safety Code Chapter 574 and County.
  - 31.3.5.9.3 Be available to provide testimony in court in support of the certificates of the medical examinations and other necessary documents.
- 31.3.6 The Respondent shall provide a program for meeting the special needs of the female population; e.g., pregnancy.
- 31.3.7 The Respondent shall provide documented inmate health screening with history forms immediately upon arrival at the Facility based on structured inquiry and observation and performed by qualified health care personnel, twenty-four (24) hours a day, seven (7) days a week. This will ensure that anyone taken into custody receives the necessary medical attention prior to admission into our system. At a minimum, the screening must include inquiry into:
  - 31.3.7.1 Current illness and health problems including medical, dental, and communicable diseases.
  - 31.3.7.2 Medications taken and special health requirements.
  - 31.3.7.3 Use of alcohol and drugs, including the types, methods, amounts, frequency, and date/time of last use and history of

problems related to withdrawal.

31.3.7.4 For females, a gynecological history, including pregnancies.

31.3.7.5 Observations of behavior, including the state of consciousness, mental status, appearance, conduct, tremors and sweating.

31.3.7.6 Notation of body deformities, trauma markings, ease of movement, bruises and jaundice.

31.3.7.7 Condition of skin and body orifices, including rashes and infestations, needle marks or other indications of drug abuse.

31.3.8 The County provides all transportation relating to the provision of health services. All emergency ambulance care will be provided by Fort Bend County EMS.

31.3.9 The Respondent shall provide a total pharmaceutical system for the facility beginning with the Physician's prescribing, the administration of medication, and the necessary record keeping. The system shall include prescription medications and over-the-counter medications. All prescription medications shall be prescribed by the responsible physician or psychiatrist and shall be administered and dispensed by a licensed nurse. The Respondent shall be responsible for the costs of all drugs administered.

31.3.10 All controlled substances, syringes, needles and surgical instruments will be stored under security conditions acceptable to the Facility.

31.3.11 Inmates will not be allowed to provide any health care services, including record keeping.

#### 31.4 Medical Records Requirements:

31.4.1 A medical record consistent with state regulations and community standards of practice shall be maintained on each inmate. These records shall be kept separate from the jail confinement records of the inmate. Records retention, expunction, and destruction will be coordinated with the county in accordance to all records retention laws.

31.4.2 An electronic medical record (CorEMR) is currently used at the Fort Bend County Sheriff's Office. The chosen vendor from this RFP will use, continue to pay, continue upgrades when available from CorEMR, and manage this system going forward. Any cost to integrate their system with CorEMR will be the responsibility of the chosen vendor. The Respondent must have the capability for CorEMR to be cloud based.



- 31.4.3 Individual inmate health care records will be initiated and maintained for every inmate regarding medical, dental, or mental health services received as a result of the inmate screening process and for services rendered following the inmate's assignment to a housing area.
- 31.4.4 In any case where medical care is at issue, or in any criminal or civil litigation where the physical or mental condition of an inmate is at issue, the Respondent shall make all records accessible to the Sheriff, Jail Commander, Contract Administrator, District Attorney, or County Attorney. The Respondent additionally acknowledges compliance with and understanding of all applicable HIPAA requirements.
- 31.4.5 Included in the inmate population are inmates incarcerated on behalf of the Texas Department of Corrections and various municipalities. The Respondent shall promptly notify Contract Administrator of the need for other than routine care for such inmates and shall provide documentation of required treatment to the Department of Corrections or the applicable municipality, as requested. The Respondent shall submit all related bills to the Contract Administrator to ensure reimbursement to the County of all outside medical expenses and cost of pharmaceuticals incurred on behalf of such inmates. All such reimbursements shall be returned to the County General Fund.
- 31.4.6 The Respondent shall prepare health summaries to be sent with inmates transferred to the Texas Department of Corrections. The Respondent will ensure that inmates and health summaries are appropriately prepared for transfer within 24 hours of receiving the list of inmates being transferred, or as necessary.
- 31.4.7 The Respondent will examine and provide medical clearance for all inmate workers, as requested by the Jail Commander. The medical clearance process will be completed within 24 hours of receiving the list of inmates to be cleared unless laboratory testing necessarily increases the time required to be cleared.
- 31.4.8 If an inmate medical record cannot be located within twenty-four (24) hours of a discovered loss, the Contract Administrator shall be immediately notified.
- 31.4.9 Inactive medical records will be maintained in accordance with the laws of the State of Texas and the American Medical Association. Inactive files shall be prepared for imaging by the Respondent. This shall include removing duplicate documentation and staples and placing all paperwork in chronological order. The County Sheriff's Office will be responsible for the imaging of inactive files. Inactive files will be defined as files on persons who have not been in custody in the County Detention Facility during the

past twelve (12) months.

31.4.10 Fort Bend County shall be the absolute and unqualified owner of all inmate medical records. Respondent shall ensure that inmate health information is available to meet the needs of continued patient care, legal requirements, research, education, and other legitimate uses. Respondents shall include in their proposal recommendations for the electronic housing of inmate medical records at the Facility.

31.5 Supplies and Office Equipment:

31.5.1 The Respondent should be prepared to provide whatever stock supplies are required to perform under the contract. Respondent will also supply at its expense, all other supplies required to carry out its performance. Said supplies will include, but not be limited to, forms, books, manuals, medical record folders, alpha indexes and forms, pharmaceuticals, laboratory fees, prosthetics, hand instruments, needles and sharps, special medical items, testing devices, containers and clinical waste receptacles, inmate information brochures, individual and group materials, gloves and coverings, and disinfectants. All equipment noted below is owned by the Facility and may be used in conjunction with that furnished by the contract provider.

31.5.2 All equipment purchased under the contract, including all computers, desks, chairs, etc., will be the property of the County and will remain on-site at the termination of the contract. All supplies purchased for fulfilling the contract's obligations will, also, become property of the County and will remain on site at the termination of the contract.

The Respondent at its sole expense, shall purchase medical and office equipment needed to perform services pursuant to the contract with an individual item cost of \$5,000 or less. Any items exceeding \$5,000 require prior approval from the County before purchase. Furthermore, all purchases must receive County approval to ensure compliance with any standards mandated by the County.

31.5.3 The Respondent will complete site and equipment review of all medical and office equipment currently owned by the County and is responsible for replacing and furnishing all required equipment to maintain the level of care required in this contract and per industry standard practices.

31.6 Medical Equipment Inventory:

The following is a general overview of basic equipment currently owned by the Facility and which will be available for use by the Respondent.

*Diagnostics/Lab: Pulse-oximeter-2*

*Otoscope-4*  
*Thermometer-3*

*Furnishings:*      *Medication Carts (4)*  
                          *Infirmery Beds-1*  
                          *Autoclave-2*  
                          *Dental Chairs (2)*  
                          *Exam Rooms w/ Tables (4)*  
                          *Wall Mounted Exam Lights-2*  
                          *Wheelchairs-16*

*Emergency:*        *Emergency Carts w/Small Backboard (2)*  
                          *Gurneys-4*  
                          *AED's (2)*  
                          *Cardiac Monitor-1*

*Small Equipment:*    *Nebulizers-3*  
                          *Electronic Blood Pressure Cuffs-10 (7 stationary and 3*  
                          *portable)*  
                          *Stethoscopes-1*  
                          *Glucometers-6*  
                          *Cast Cutter-1*  
                          *Scales-5 (2 stationary and 3 portable)*  
                          *Digital Oral Thermometers-3*  
                          *Hand-held Doppler-1*  
                          *Digital Dental X-Ray-1*  
                          *IV Poles-3*  
                          *Oxygen Concentrator-2*  
                          *Urine Analyzer-1*

*Office Equipment:*    *Desks-15*  
                          *Chairs-33*  
                          *Filing Cabinets-7*  
                          *Book Shelves-6*  
                          *Medical Recliners-1*  
                          *Small Swivel Stools-4*  
                          *Desktop computers-19*  
                          *Laptop computers-14*  
                          *Tablets-6*

31.7 Services to Staff:

31.7.1 Emergency services including first aid, assessment, stabilization and the coordination of transport of employees or visitors who become ill or injured in the Facility and provide appropriate incident report.

31.7.2 The Respondent shall provide health education for security staff not to exceed fifty (50) hours of instruction per year in such areas as:

Airborne Pathogens  
Bloodborne Pathogens  
Recognizing and responding to Suicide  
Recognizing and responding to Mental Health Concerns  
Emergency Procedures

31.7.3 The Respondent shall provide management of the Hepatitis B vaccination program and TB screen for all Facility staff. County will bear the cost of the vaccine.

**32.0 GENERAL INFORMATION:**

- 32.1 The County shall have the right to reject the employment by the Respondent of any person or firm, and to require the removal of any person or firm employed or engaged by the Respondent, when it deems such action to be in its best interest and in the best interest of attaining successful implementation of its correctional health care services program. It is further noted that the right of entrance by any person to the Facility is under the sole jurisdiction of the County Sheriff's Office.
- 32.2 All Respondent personnel, including the personnel of its sub respondent and agents, will be subject to security background checks and clearances by the Sheriff's Office prior to being granted admittance to the Facility. In each instance, the individual and the Respondent will provide such cooperation as may be reasonably required to complete the security check. The County Sheriff agrees to perform such security checks in a timely manner and not unduly delay such checks.
- 32.3 Provision shall be made for meetings between the Respondent's staff and Facility administration, including their documentation, to facilitate good communications and good rapport between security and health services.
- 32.4 All permits and licenses required by federal, state or local laws, rules and regulations necessary for the implementation of the work undertaken by the Respondent pursuant to the contract shall be secured and paid for by the Respondent. This shall include fees associated with NCCHC accreditation and periodic accreditation reviews.
- 32.5 The Respondent shall be responsible for contracting for the disposal of all general waste, including infectious or hazardous waste. The material must be removed from the facility and disposed of as regulated by federal, state and local laws. All costs related to the removal and disposal shall be at the expense of the Respondent.
- 32.6 The Respondent shall propose provision of a complete pharmaceutical system for inmates housed at the Facility.

- 32.7 The County shall have the unfettered right to monitor the Respondent's work in every respect. In this regard, the Respondent shall provide its full cooperation, and ensure the cooperation of its employees, agents, and sub respondents. Further, the Respondent shall make available for inspection and/or copying when requested, original time sheets, invoices, charge slips, credentialing statements, continuing education and training records, and any other data, records and accounts relating to the Respondent's work and performance under the contract. In the event the Respondent does not hold such material in its original form, a true copy shall be provided.

### **33.0 EVALUATION FACTORS:**

In order to facilitate the analysis of responses to this Proposal, Respondents are required to prepare their proposals in accordance with the instructions outlined in this part. Proposals should be prepared as simply as possible and provide a straightforward, concise description of the Respondent's capabilities to satisfy the requirements of the Proposal. Emphasis should be concentrated on accuracy, completeness, and clarity of content. All parts, pages, figures, and tables should be numbered and clearly labeled.

- 33.1 Respondents are required to follow the outline below when preparing their proposals:

Tab	Title
	Title Page
	Letter of Transmittal
	Table of Contents
	Executive Summary
1	Price
2	Technical
3	Staffing
4	Continuous Quality Improvement and Administrative Oversight Plan
5	Qualifications/References
6	Required forms

- 33.2 Any exceptions to the Proposal requirements shall be identified in the applicable section.
- 33.3 Executive Summary - This part of the response to the Proposal should be limited to a brief narrative highlighting the Respondent's proposal. This section should not include cost quotations. Note that the executive summary should identify the primary contacts for the Respondent.
- 33.4 Respondents will be evaluated utilizing the factors, as weighted below:

Tab 1

Price (weight factor = 15%)

- The stated total cost/price for full performance in meeting the requirements of the RFP will be of major consideration under this category. In further reviewing "price", the Evaluation Committee may also refer to the line item information that has been provided. In addition, to be considered are such matters as increases or decreases for changes in the jail population and for the extension of the contract for subsequent years.

Tab 2

Technical (weight factor = 15%)

- The Evaluation Committee will review the proposal for its completeness, see how the respondent will approach the task of initiating and then fully implementing its program, review the proposed health care delivery system in all its facets including how desired results will be attained. In all, proposal's clarity, understanding of issues, completeness of program, and demonstration of assurance of performance as to quality and efficiency will be weighted when scoring this category.

Tab 3

Staffing (weight factor = 15%)

- In evaluating this criterion, the Evaluation Committee will review what is proposed as a staffing pattern and benefits for the Facility. Included in the review of this portion of the proposal will be: staffing levels (e.g., physicians, mid-level providers, RNs and LPNs, dentists, dental assistants and hygienists, in-house specialists, psychiatrists, psychologists, mental health staff, and proposed coverage-taking into account the preceding and the pattern of coverage (number at each level, and days, hours, nights, weekends, full or part time, etc.). Also taken into account will be the levels of capabilities of senior management and on-site medical and administrative supervisors, and the use of off-site professional assistance (specialists and consultants). Tenure with Respondent for each proposed staff member will be considered. The staff retention and benefits packages will also be considered.

Tab 4

Continuous Quality Improvement and Administrative Oversight Plan  
(weight factor = 10%)

- Included in this criterion of the evaluation will be: Detailed listing of all areas of continuous quality improvement and the frequency of the audit. Samples of administrative reports reviewed and the frequency of their review. Administrative structure associated with contract management and oversight.

Tab 5

Qualifications/References (weight factor = 15%)

- Included in this criterion of the evaluation will be: Length of time respondent has been in the business of providing health care services in the jail/correctional setting; current and recent history of past performance by the Respondent of a similar nature to the performance offered in response to the RFP; any evidence submitted (letters of reference) or readily attainable regarding the quality of past performance and the reliability of responsiveness of the Respondent; the apparent capabilities of the Respondent to perform well in the execution of its obligations under a contract with the County as evidenced by its leadership and management personnel, size of organization, length of time in business, past performance, and other current contractual obligations defining the Respondents capability to undertake and successfully fulfill the obligations proposed to be undertaken by its submission of a proposal in response to this RFP. Respondent should outline experience with clients of the same size and/or same vicinity/state as this County.

Tab 6

Overall Completeness of Proposal (weight factor = 5%)

- Vendor Information Form
- Proof of Insurance
- W9
- Tax Form/Debt/Residence Certification

**34.0 EVALUATION PROCESS:**

- 34.1 After the proposals are received, the evaluation team shall evaluate each proposal that was timely submitted and the evaluation shall be based on the criteria listed in the proposal. Selection committee members will conduct a quantitative evaluation according to a numerical ranking system and a qualitative evaluation for overall proposal content and its conformance to requirements. The entire evaluation committee will then meet to discuss the strong and weak points of each proposal to assure that it has been evaluated fairly, impartially and comprehensively. Following this initial evaluation, the evaluation team may recommend contract award without further discussion with Responders, or the firms submitting the top rated proposals may be asked to make an oral presentation to the evaluation team for the propose of further clarification and evaluation of the proposals.
- 34.2 If oral presentations are scheduled, the representatives of the firm who will be directly assigned to the account must be present at the interview. During the interview portion of the meeting, the evaluation team shall advise the Respondent of deficiencies in the proposal, if any, and shall allow the Respondent to satisfy the requirements, questions, or concerns by submitting a final offer. The Respondent may choose not to modify their proposal and may inform Fort Bend County that the offer is firm and final.
- 34.3 The evaluation team shall not disclose any information included in a Respondent's proposal to another firm during the RFP process and shall not disclose any information for the purpose of bringing one firm's proposal up to that of a competitor's proposal.
- 34.4 After final offers are received, the evaluation team shall reevaluate each of the final offers, including those deemed final at the interview. The final offers shall be evaluated on the same criteria used in the first evaluation.
- 34.5 Fort Bend County reserves the right to reject any and all proposals received for any reason that would be to the benefit of Fort Bend County.
- 34.6 All proposals submitted are to be valid for a period of ninety (90) days.

**35.0 AWARD:**

RFP will be evaluated by a committee comprised of County staff. The selection criteria totals seventy-five (75) percent, which will be utilized during the initial evaluation process. Once the short-list of firms, of no more than five (5) have been identified, the remaining twenty-five (25) percent will be based on information received during the subsequent interview/presentation process **should** an interview/presentation be necessary. The committee will forward their recommendations to the Fort Bend County Commissioners Court.

Firms/Respondents shall not contact any members or employees of Fort Bend County regarding



this RFP, evaluation, or selection process. See Section 3.0. Contact discovered in any other such manner, would be considered grounds for disqualification.

### **36.0 CONTRACTUAL OBLIGATIONS:**

- 36.1 This Request for Proposals, response and associated documentation, any negotiations and final contract, when properly accepted by Fort Bend County, shall constitute a contract equally binding between the Responder and Fort Bend County.
- 36.2 The contract between the County and Respondent is preferred to be a Cost Plus Management Fee contract. The Respondent shall propose a management or administrative fee which shall include all corporate and regional program support, including all programs, policies, reporting, recruitment, supervision, etc., as determined necessary. Additionally, the management fee shall include all Utilization Management (UM) systems, case management and personnel. UM includes, but is not limited to service providers (e.g. hospitals, physicians, specialists etc.) discount negotiating/ contracting, claims processing & payment, and real time data access from internal/remote locations. The County will not process any direct provider payments or pay for said service as an additional cost. The Respondent must clearly include in the proposal what services are included as part of the Management Fee.
- 36.3 All Respondent costs directly associated with site operations shall be known as "pass-through" costs. These pass-through costs are those services provided directly by the Respondent and those services subcontracted out to various other healthcare providers (e.g. hospitals, physicians, specialists, pharmaceutical company, etc.). All pass-through costs shall be reimbursed to the Respondent on a monthly basis. The Respondent shall provide full disclosure of all costs and see that all accounting practices are consistent with Generally Accepted Accounting Practices (GAAP). Full disclosure of pass-through costs shall be included as a condition of this contract. It is important all Respondents include as examples, a wide variety of accounting and financial tools and reports that will be provided to the County monthly for review and reporting. This is necessary for the County to determine which financial tools and reports are a best fit solution.

### **37.0 TERM:**

- 37.1 The contract resulting from this RFP will have an initial term beginning **October 1, 2024 through September 30, 2027** (36 months). Fort Bend County may request to renew the original contract as amended from time to time, at the same terms, conditions, and pricing. Each renewal, if any, will be in one (1) year increments, not to exceed four (4) additional years past the initial term.
- 37.2 This contract may be terminated by either party for any reason by giving ninety (90) days written notice of intent to terminate.

- 37.3 Respondents shall propose an annual Management Fee, and estimated/anticipated "pass-through" costs in a budget for fiscal year 2025, 2026 and 2027 (October 1, 2024 through September 30, 2027). Respondent's budget must include at a minimum:
- 37.3.1 Salary/Wage/Benefit costs per the proposed staffing matrix (total wages, benefits, time off, and backfill for all required positions)
  - 37.3.2 Professional Fees
  - 37.3.3 Pharmaceuticals
  - 37.3.4 Laboratory (no STD or other labs are performed at intake)
  - 37.3.5 Medical supplies
  - 37.3.6 Insurances (malpractice, malpractice tail, workers comp)
  - 37.3.7 Administrative supplies and costs
  - 37.3.8 Travel for required site visits and site supervision.
  - 37.3.9 Travel associated with contract start-up and initial training and oversight.
  - 37.3.10 The Management Fee and all services included in the fee.
- 37.4 Explain any and all costs you intend to pass- through to the County as part of your Operational Budget. As this will be a cost plus management fee contract, remember that all costs incurred by the County are to be transparent. Be aware that failure to include all costs in your proposal could be reason for contract termination. The budget projections shall cover all operating costs to provide comprehensive inmate healthcare according to the RFP specifications.
- 37.5 Budgets for fiscal year 2025, 2026 and 2027 are required to be submitted with the proposal.

**38.0 VENDOR QUALIFICATIONS:**

Vendor must certify that he/she is a duly qualified, capable, and otherwise bondable business entity that he/she is not in receivership or contemplates same, nor has filed for bankruptcy. He/she further certifies that the Company, Corporation, or Partnership does not owe any back taxes within Fort Bend County, that he/she is able and capable of performing this proposal through his/her own resources without subcontracting or assignment, and that he/she is normally engaged in this type of business. Vendor further warrants that he/she is familiar with all laws, regulations, and customs applicable to this type of service.

**39.0 STATE LAW REQUIREMENTS FOR CONTRACTS:**

The contents of this section are required by Texas Law and are included by County regardless of content.

- 39.1 Agreement to Not Boycott Israel Chapter 2271 Texas Government Code: Contractor verifies that if Contractor employs ten (10) or more full-time employees and this Agreement has a value of \$100,000 or more, Contractor does not boycott Israel and will not boycott Israel during the term of this Agreement.
- 39.2 Texas Government Code Section 2251.152 Acknowledgment: By signature on vendor form, Contractor represents pursuant to Section 2252.152 of the Texas Government Code, that Contractor is not listed on the website of the Comptroller of the State of Texas concerning the listing of companies that are identified under Section 806.051, Section 807.051 or Section 2253.153.

**40.0 HUMAN TRAFFICKING:**

By acceptance of this contract, Contractor acknowledges that Fort Bend County is opposed to human trafficking and that no County funds will be used in support of services or activities that violate human trafficking laws.

**41.0 TERMINATION OF CONTRACT:**

- 41.1 Termination for Convenience. County may terminate the Underlying Agreement, in whole or in part, at any time by written notice to the Contractor. If the Contractor has any property in its possession belonging to County, the Contractor will account for the same, and dispose of it in the manner County directs.
- 41.2 Termination for Cause.
  - 41.2.1 County may terminate the whole or any part of this Agreement for cause in the following circumstances:
    - 41.2.1.1 If Contractor fails to perform services within the time specified in the Scope of Services or any extension thereof granted by the County in writing;
    - 41.2.1.2 If Contractor materially breaches any of the covenants or terms and conditions set forth in the Underlying Agreement or fails to perform any of the other provisions of the Underlying Agreement or so fails to make progress as to endanger performance of the Underlying Agreement in accordance with its terms, and in any of these circumstances does not cure such breach or failure to County's reasonable satisfaction within a period of ten (10)

calendar days after receipt of notice from County specifying such breach or failure.

41.2.2 If, after termination, it is determined for any reason whatsoever that Contractor was not in default, or that the default was excusable, the rights and obligations of the parties shall be the same as if the termination had been issued for the convenience of the County as if the contract had been terminated for convenience.

41.2.3 Upon termination of the Underlying Agreement, County shall compensate Contractor in accordance with the terms for payment set out in the agreement, above, for those services which were provided under the Underlying Agreement prior to its termination and which have not been previously invoiced to County. Contractor's final invoice for said services will be presented to and paid by County in the same manner set forth in the Underlying Agreement.

**42.0 TAX EXEMPT:**

Fort Bend County is exempt from state and local sales and use taxes under Section 151.309 of the Texas Tax Code. This project will be deemed a separate project for Texas tax purposes, and as such, Fort Bend County hereby issues its Texas Exemption for the purchase of any items qualifying for exemption under this project. Respondent is to issue its Texas Resale Certificate to vendors and subcontractors for such items qualifying for this exemption, and further, Respondent should state these items at cost.

**43.0 PAYMENT BY COUNTY:**

Invoices should be submitted to the County on the first of the following month from the date services were rendered. Payment by the County will be by check within 30 days after receipt of invoice; payment will be prorated daily for unsatisfactory performance and the County will only pay for those days that satisfactory services are achieved. Vendor will submit a corrected invoice for any changes needed for unsatisfactory performance.

**44.0 PROPOSAL COST SHEET:**

See Attachment 7.

**45.0 ATTACHMENTS:**

- 45.1 Attachment 1 – Infirmery Layout
- 45.2 Attachment 2 – Monthly Trended Income Statement
- 45.3 Attachment 3 – Proposed Hourly Rates by Position

45.4 Attachment 4 – Statistics

45.5 Attachment 5 – Proposed Medical Staffing Matrix (Excel file posted)

45.6 Attachment 6 - Health Services Report (Excel file posted)

45.7 Attachment 7 – Actual VS Budgeted Expenses (Excel file posted)

**46.0 REQUIRED FORMS:**

All respondents submitting are required to complete and provide the below forms and return with submission:

46.1 Vendor Form

46.2 W9 Form

46.3 Tax Form/Debt/Residence Certification

46.4 Proof of Insurance

Infirmery Layout:

Negative Pressure Cells = 4

Single Cell Housing = 13

Two-person cells = 3

Total cells = 16

Inmate shower = 2

Holding Cells = 3 (Two (2) single cell holding cells contained inside one (1) larger holding cell).

Clinic exam rooms = 4

Office spaces = 10

Storage spaces = 7

Pharmacy = 1

Conference Room = 1

ATTACHMENT 2

TX Fort Bend City Jail  
Monthly Trended Income Statement

	2023-08	2023-09	ACT 2023-10	2023-11	2023-12	YTD Total
<b>Salaries</b>						
50000 - Wages OPS- Regular	358,339.46	319,180.17	320,276.79	304,937.88	323,030.69	1,625,754.99
50025 - Wages OPS- OT	17,839.70	10,713.01	5,684.66	10,915.67	8,927.44	54,080.48
50075 - Wages OPS- Premium	9,686.67	12,451.48	12,610.04	12,152.15	13,539.45	60,439.79
50100 - Wages OPS- Non Prod	36,440.97	40,419.34	22,063.99	30,342.88	82,400.05	211,667.23
<b>Salaries &amp; Wages</b>	<b>422,306.80</b>	<b>382,764.00</b>	<b>360,635.48</b>	<b>358,338.58</b>	<b>427,897.63</b>	<b>1,951,942.49</b>
<b>Total Salaries</b>	<b>422,306.80</b>	<b>382,764.00</b>	<b>360,635.48</b>	<b>358,338.58</b>	<b>427,897.63</b>	<b>1,951,942.49</b>
<b>Contract Labor</b>						
51000 - Contract Labor- Physician	-	2,175.00	1,775.00	2,575.00	1,675.00	8,200.00
51100 - Contract Labor- Psychiatrist	-	1,300.00	1,300.00	1,300.00	1,300.00	5,200.00
<b>Contract Labor</b>	<b>-</b>	<b>3,475.00</b>	<b>3,075.00</b>	<b>3,875.00</b>	<b>2,975.00</b>	<b>13,400.00</b>
<b>Total Contract Labor</b>	<b>-</b>	<b>3,475.00</b>	<b>3,075.00</b>	<b>3,875.00</b>	<b>2,975.00</b>	<b>13,400.00</b>
<b>Benefits</b>						
55100 - Benefits - CCS Plan EE Expense	864.76	21,277.83	22,059.32	24,539.46	25,744.71	94,486.08
55110 - Benefits: PC Plan EE Expense	-	980.32	1,016.43	1,131.84	1,180.66	4,309.25
<b>Benefits Expense</b>	<b>864.76</b>	<b>22,258.15</b>	<b>23,075.75</b>	<b>25,671.30</b>	<b>26,925.37</b>	<b>98,795.33</b>
56000 - EE Expense- Contract Labor	147.43	-	-	-	-	147.43
56100 - EE Expense- Goodwill	143.63	374.99	78.10	214.14	771.75	1,582.61
56200 - EE Expense- Education/Training	-	-	-	-	2,000.00	2,000.00
56300 - EE Expense- License Fees	221.20	-	-	1,875.00	370.00	2,466.20
56400 - EE Expense- Recruiting	465.43	(457.23)	1,002.87	374.09	385.19	1,775.33
<b>Employee Expense</b>	<b>980.69</b>	<b>(82.24)</b>	<b>1,080.97</b>	<b>2,463.23</b>	<b>3,526.94</b>	<b>7,969.59</b>
53100 - Incentive Pay- Other Bonus	123.36	-	-	-	-	123.36
<b>Incentive Pay</b>	<b>123.36</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>123.36</b>
54000 - Payroll Taxes- FICA	28,545.62	28,982.53	26,801.90	26,106.21	30,219.08	140,655.34
54100 - Payroll Taxes- FUTA	1,850.68	530.48	102.10	134.76	358.91	2,976.93
54200 - Payroll Taxes- SUTA	9,860.06	4,686.12	988.43	773.93	2,172.31	18,480.85
<b>Payroll Taxes</b>	<b>40,256.36</b>	<b>34,199.13</b>	<b>27,892.43</b>	<b>27,014.90</b>	<b>32,750.30</b>	<b>162,113.12</b>
<b>Total Benefits</b>	<b>42,225.17</b>	<b>56,375.04</b>	<b>52,049.15</b>	<b>55,149.43</b>	<b>63,202.61</b>	<b>269,001.40</b>
<b>Travel</b>						
65000 - Travel- Airfare	3,939.28	-	569.31	-	-	4,508.59
65020 - Travel- Lodging	2,923.39	-	6,906.59	-	-	9,829.98
65050 - Travel- Rental Car	698.19	-	2,238.07	-	-	2,936.26
65075 - Travel- Leased Vehicle	63.16	-	-	-	-	63.16
65150 - Travel- Parking	411.56	-	31.05	-	-	442.61
65175 - Travel- Meals	956.35	-	-	-	-	956.35
65225 - Travel- Other	3.49	-	-	-	-	3.49
65250 - Travel- Entertainment	508.92	-	-	-	-	508.92
<b>Travel &amp; Other</b>	<b>9,504.34</b>	<b>-</b>	<b>9,745.02</b>	<b>-</b>	<b>-</b>	<b>19,249.36</b>
<b>Total Travel</b>	<b>9,504.34</b>	<b>-</b>	<b>9,745.02</b>	<b>-</b>	<b>-</b>	<b>19,249.36</b>
<b>Medical Services</b>						
<b>On-Site Professional Services</b>						
52710 - On-Site PF- Med Support (AP)	-	660.00	660.00	1,320.00	990.00	3,630.00
52810 - On-Site PF- Telemedicine (AP)	-	-	3,500.00	1,750.00	-	5,250.00
<b>On-Site Professional Fees</b>	<b>-</b>	<b>660.00</b>	<b>4,160.00</b>	<b>3,070.00</b>	<b>990.00</b>	<b>8,880.00</b>
<b>Total On-Site Professional Services</b>	<b>-</b>	<b>660.00</b>	<b>4,160.00</b>	<b>3,070.00</b>	<b>990.00</b>	<b>8,880.00</b>
<b>Pharmacy Supplies</b>						
61000 - Pharmacy- HIV	74,036.43	82,194.57	15,618.83	61,559.56	69,586.41	302,995.80
61050 - Pharmacy- Psychiatric	51,975.80	26,244.76	29,802.80	17,831.16	27,460.61	153,315.13
61250 - Pharmacy- Biological	5,600.01	3,918.65	2,228.02	2,420.91	4,002.91	18,170.50
61455 - Pulmonary	2,261.87	606.34	821.12	2,053.98	1,252.79	6,996.10
61475 - Pharmacy- Other	14,230.90	12,345.42	15,551.49	15,092.08	13,845.23	71,065.12
61480 - Pharmacy- Estimate Accrual	265.55	-	467.84	608.79	290.92	1,633.10
61498 - Pharmacy Inventory Adjustment	-	-	-	-	(214,893.69)	(214,893.69)
<b>Pharmacy Expense</b>	<b>148,370.56</b>	<b>125,309.74</b>	<b>64,490.10</b>	<b>99,566.48</b>	<b>(98,454.82)</b>	<b>339,282.06</b>
61009 - Pharmacy-HIV>Returns	-	-	(25,984.39)	(6,131.46)	(9,749.67)	(41,865.52)
61059 - Pharmacy-Psychiatric>Returns	-	-	(58.00)	(177.30)	(1,318.99)	(1,554.29)
61259 - Pharmacy-Biological>Returns	-	-	(524.45)	(1,387.73)	(524.45)	(2,436.63)
61469 - Pharmacy-Pulmonary>Returns	-	-	-	-	(519.89)	(519.89)
61479 - Pharmacy-Other>Returns	-	-	(36.69)	(533.37)	(394.51)	(964.57)
<b>Pharmacy Returns</b>	<b>-</b>	<b>-</b>	<b>(26,603.53)</b>	<b>(8,229.86)</b>	<b>(12,507.51)</b>	<b>(47,340.90)</b>
<b>Total Pharmacy Supplies</b>	<b>148,370.56</b>	<b>125,309.74</b>	<b>37,886.57</b>	<b>91,336.62</b>	<b>(110,962.33)</b>	<b>291,941.16</b>
<b>Other On-Site</b>						
61500 - On-Site Med - X-ray	-	4,402.43	2,462.78	3,578.06	3,075.28	13,518.55
61550 - On-Site Med - Lab Services	-	1,289.36	3,930.59	3,811.06	5,086.38	14,117.39
61600 - On-Site Med - Dialysis	-	-	11,000.00	14,200.00	13,400.00	38,600.00
61650 - On-Site Med - Med. Supplies	2,672.76	17,158.66	18,746.22	8,411.24	8,871.29	45,860.17
61700 - On-Site Med - Dental Supplies	-	3,045.62	161.62	1,461.89	(561.30)	4,107.83
61750 - On-Site Med - Bio Hazard	-	-	-	-	205.24	205.24
61800 - On-Site Med - Other	0.76	1,178.76	-	-	4,177.72	5,357.24
<b>Other On-Site Medical Expense</b>	<b>2,673.52</b>	<b>17,074.83</b>	<b>36,301.21</b>	<b>31,462.25</b>	<b>34,254.61</b>	<b>121,766.42</b>
<b>Total Other On-Site</b>	<b>2,673.52</b>	<b>17,074.83</b>	<b>36,301.21</b>	<b>31,462.25</b>	<b>34,254.61</b>	<b>121,766.42</b>
<b>Off-Site Services</b>						
68000 - Offsite- Inpatient Hospitaliza	-	-	824.76	17,130.64	8,804.91	26,760.31
68025 - Offsite- Observation	-	-	5,844.48	-	212.68	6,157.16
68075 - Offsite- Office Visit	-	-	732.92	592.32	467.15	1,792.39
68100 - Offsite- Visit W/Procedure	-	-	3,567.00	-	-	3,567.00
68250 - Offsite- Emergency Room	-	-	8,284.49	88,499.18	2,160.13	98,943.80
68300 - Offsite- 1 day Surgery	-	-	16,318.08	3,696.52	706.32	20,720.92
68350 - Offsite- Radiology	-	-	101.58	891.03	-	992.61
68475 - Offsite- TPA Fees	-	-	702.00	1,080.00	378.00	2,160.00
68600 - Off-Site: Reserve Adjustment	16,247.87	58,398.24	3,869.66	(49,239.20)	56,371.22	85,647.79
<b>Offsite Healthcare Expense</b>	<b>16,247.87</b>	<b>58,398.24</b>	<b>40,344.97</b>	<b>62,650.49</b>	<b>69,100.41</b>	<b>246,741.98</b>
<b>Total Off-Site Services</b>	<b>16,247.87</b>	<b>58,398.24</b>	<b>40,344.97</b>	<b>62,650.49</b>	<b>69,100.41</b>	<b>246,741.98</b>
<b>Total Medical Services and Supplies</b>	<b>167,291.95</b>	<b>201,442.81</b>	<b>118,692.75</b>	<b>188,519.36</b>	<b>(6,617.31)</b>	<b>669,329.56</b>
<b>Other Expenses</b>						
66000 - Admin- Office Supplies	861.77	1,182.98	2,470.39	2,362.45	1,090.93	7,968.52
66025 - Admin- Printing & Forms	138.01	3,084.73	-	-	-	3,222.74
66100 - Admin- Overnight Delivery	493.53	306.48	70.07	107.14	45.97	1,023.19
66300 - Admin- Licenses & Taxes	-	-	-	-	370.00	370.00
66310 - Admin- Sales/Use Tax	53.56	8.59	56.47	1.50	98.51	218.63
<b>Administrative Expense</b>	<b>1,546.87</b>	<b>4,582.78</b>	<b>2,596.93</b>	<b>2,471.09</b>	<b>1,605.41</b>	<b>12,803.08</b>
64025 - Facility- Office Equip. Rent	-	-	-	348.27	492.60	841.87
64050 - Facility- Equip. Rent	155.87	121.77	325.50	252.09	169.36	1,024.59
64350 - Facility- Telephone	2.13	-	-	-	-	2.13
64375 - Facility- IT Maintenance	1,002.75	-	-	-	-	1,002.75
<b>Facility Expense</b>	<b>1,160.75</b>	<b>121.77</b>	<b>325.50</b>	<b>601.36</b>	<b>661.96</b>	<b>2,871.34</b>
64750 - Operating- Other	1,600.00	-	-	-	3,100.00	4,700.00
<b>Other Operating Expense</b>	<b>1,600.00</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>3,100.00</b>	<b>4,700.00</b>
<b>Total Other Expenses</b>	<b>4,307.62</b>	<b>4,704.55</b>	<b>2,922.43</b>	<b>3,072.45</b>	<b>5,367.37</b>	<b>20,374.42</b>
<b>Pass-Thru Expenses</b>						
69560 - Pass Through Expenses- Other	-	992.24	334.17	-	-	1,326.41
<b>Pass Through Expenses</b>	<b>-</b>	<b>992.24</b>	<b>334.17</b>	<b>-</b>	<b>-</b>	<b>1,326.41</b>
<b>Total Pass-Thru Expenses</b>	<b>-</b>	<b>992.24</b>	<b>334.17</b>	<b>-</b>	<b>-</b>	<b>1,326.41</b>
<b>Total Operating Expenses</b>	<b>645,635.88</b>	<b>649,753.64</b>	<b>547,454.00</b>	<b>608,954.82</b>	<b>492,825.30</b>	<b>2,944,623.64</b>
<b>Total Budgeted Operating Expenses</b>	<b>624,428.00</b>	<b>624,428.00</b>	<b>651,931.00</b>	<b>651,931.00</b>	<b>651,931.00</b>	<b>3,204,649.00</b>
<b>Amount Over/(Under) Budget</b>	<b>21,207.88</b>	<b>25,325.64</b>	<b>(104,477.00)</b>	<b>(42,976.18)</b>	<b>(159,105.70)</b>	<b>(260,025.36)</b>

## Proposed Hourly Rates by Position

Position Title	Hourly Range
Health Services Administrator	\$54.00 - \$66.00
Administrative Assistant	\$22.50 - \$27.50
Director of Nursing	\$49.50 - \$60.50
Medical Records Clerk	\$18.00 - \$22.00
Medical Director	\$143.10 - \$174.90
Dental Assistant	\$21.60 - \$26.40
Mental Health Professional	\$36.00 - \$44.00
Psych Tech	\$21.60 - \$26.40
Discharge Planner/Case Manager	\$31.50 - \$38.50
Mental Health Coordinator	\$41.40 - \$50.60
Licensed Vocational Nurse	\$31.50 - \$38.50
Registered Nurse	\$42.30 - \$51.70
Nurse Practitioner/Physician's Assistant	\$63.00 - \$77.00
Dentist	\$102.60 - \$125.40
Psychiatrist	\$180.00 - \$220.00



NEW SUBMISSION

VIEW HISTORICAL

From Date

Aug 01, 2023

To Date

Feb 27, 2024



Created Date



Date of Service

SEARCH

Date of Service	Created Date	Created By	Date Last Modified	Last Modified By	View	Edit	Delete
08/31/2023	09/08/2023 8:38:04 AM	Durelle Cardiff	09/25/2023 1:17:01	Durelle Cardiff	VIEW	EDIT	DELETE

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Population	Description	Total
1) ADP Total	Monthly Average Daily Population Numbers sent home office.	844
2) AB 109 patients (CALIFORNIA ONLY)	Total # of patients whose cases have been adjudicated and are serving their sentence in jail instead of prison (California).	0
Medical	Description	Total
3) Security Bookings (#)	Total # of patients booked into the facility during the month.	987
4) Intake Screening by Wellpath (#)	Total # of intake screenings completed by Wellpath.	939
5) DETOX (#)	Total # patients on detox protocol.	70
6) SICK CALL - NURSES (#)	Total # of sick call encounters completed by Wellpath nursing personnel.	688
7) SICK CALL - PROVIDER (#)	Total # of sick call encounters completed by the Health Care Providers (Physician or Mid-Level. Does not include Chronic Care, Psychiatrist or Dentist).	63
8) EMERGENCY RESPONSE - ON-SITE (#)	Total # of on-site emergencies called and responded to by staff.	3
9) NURSE CONTACTS - TREATMENTS & MONITORING (#)	Total # of nursing contacts, including blood pressure checks, seg checks, FBS, dressing changes, EKG's, etc. (Does not include sick call or ER).	5733
10) LABORATORY	Total # of labs drawn in facility.	153

11) HEALTH ASSESSMENTS (#)	Total # of initial health assessments completed during the month (14 day for jails; 7 days for prisons).	397
12) 6 MONTH PHYSICALS (CALIFORNIA ONLY)	Total # of physicals completed on patients in custody for 6 months or longer (California).	0
13) ANNUAL HEALTH ASSESSMENTS COMPLETED (#)	Total # of annual (patients who have been on site for 12 months) health assessments	22
14) X-RAYS (NON-TB RELATED) ON-SITE (#)	Total # of Non-TB related X-Rays (TB related X-Rays are under Infectious Disease Control).	23
<b>Infirmary</b>		
	<b>Description</b>	<b>Total</b>
15) INFIRMARY DAYS	Total # of midnights spent in Infirmary.	0
16) # of INFIRMARY ADMISSION	Total # of infirmary admission orders	0
<b>Mental Health - Psychiatry</b>		
	<b>Description</b>	<b>Total</b>
17) NEW PATIENT VISITS (#)	Total # of new patients seen by psychiatric provider (Psychiatrist or Mid-Level).	
18) FOLLOW UP VISITS (#)	Total # of Follow up visits by psychiatric provider (Psychiatrist or Mid-Level)	
19) PSYCHIATRIC NURSE VISITS (#)	Total # of contact provided by psychiatric nurse (do not include rounds with psychiatry provider - those are counted under psychiatrist).	0
<b>Mental Health - Providers</b>		
	<b>Description</b>	<b>Total</b>
20) FOLLOW-UP CONTACTS (#)	Total # of visits provided by MH staff (including Special Needs, Seg Rounds, Individual Therapy and Discharge Planning contacts).	1068
21) MH SCREENS (#)	Total # of Positive MH Screens from intake.	305
22) SPECIAL NEEDS CONTACTS (#)	Total # of visits provided to patients on special needs list during the month	2
23) SEGREGATION ROUNDS (#)	Total # of segregation visits performed by mental health team during the month	352
24) INDIVIDUAL THERAPY CONTACTS (#)	Total # of patients who received individual therapy during the month	0
25) GROUP THERAPY SESSIONS	Total # of group therapy sessions conducted by mental health personnel (number of sessions, not individuals in the sessions.)	0
26) # OF PATIENTS IN GROUP THERAPY SESSIONS	Total # of individuals in group therapy sessions conducted by mental health personnel	0
27) DISCHARGE PLANNING CONTACTS (#)	Total # of contacts provided by discharge planner during the month	457
<b>Mental Health - Sentinel Events</b>		
	<b>Description</b>	<b>Total</b>
28) # OF THERAPEUTIC RESTRAINT EPISODES	Total # of patients placed in therapeutic (not security-ordered) restraints	0
29) # OF EMERGENCY MEDICATION EPISODES	Total # of separate episodes in which the psychiatrist ordered medication to be given without patients consent	0
30) # OF PATIENTS ON INVOLUNTARY MEDICATION	Total # of patients on court ordered / due processed involuntary medication programs	3



<b>Mental Health - Self-Harm</b>	<b>Description</b>	<b>Total</b>
31) # OF SUICIDE ATTEMPTS	Total # events where inmate engaged in behavior that was of lethal nature, requiring extensive off-site medical care.	2
32) # OF COMPLETED SUICIDES	Total # of patients who completed suicide during the month.	0
33) # OF SUICIDE WATCH EVENTS	Total # events where inmate was placed on suicide watch (may include same I/M placed on watch more than once during month).	105
34) TOTAL # OF DAYS FOR ALL SUICIDE WATCHES	Total # of days that patients were on suicide watch.	240
35) # OF SUICIDE THREATS/IDEATIONS	Total # of events of communicated threats or thoughts of self harm verbally or written	
36) # OF NON-SUICIDAL SELF INJURY (NSSI)	Total # events where inmate engaged in some form of self-harming behavior that does not result in lethality or intent to achieve death	0
<b>Mental Health - Transfer</b>	<b>Description</b>	<b>Total</b>
37) # OF PETITIONS FOR CIVIL COMMIT	Total # of patients who have been committed but awaiting bed or assessment in community facility.	0
38) # OF PATIENTS CIVILLY COMMITTED	Total # of patients whose petitions for civil commitment have been accepted and transferred out to treatment facilities.	0
<b>Mental Health - Other MH Data</b>	<b>Description</b>	<b>Total</b>
39) # OF PATIENTS ON SPECIAL NEEDS LIST	Total # of patients being followed for special mental health needs.	81
40) SICK CALL - MENTAL HEALTH	Total # of mental health sick call encounters completed by Wellpath personnel.	422
41) # OF MH SICK CALL REQUESTS/ REFERRALS	Total # of requests for MH services received during the month	716
<b>Dental</b>	<b>Description</b>	<b>Total</b>
42) DENTAL EXAMS	Total # of dental screens/exams completed (either initial or annual) by the Dentist.	37
43) DENTAL SICK CALL / SCREENS	Total # of dental sick call / screens by the Dentist.	99
44) EXTRACTIONS	Total # of dental extractions.	50
45) TEMPORARY FILLINGS	Total # of temporary fillings.	2
<b>Off-Site Services</b>	<b>Description</b>	<b>Total</b>
46) EMERGENCY ROOM VISITS - TOTAL	Total # of ER Visits (to include County, Federal & ICE, etc.).	40
47) EMERGENCY ROOM VISITS - COUNTY	Total # of County patients transported from the Jail to the ER for care.	40
48) HOSPITAL ADMISSIONS - Total	Total # of patients admitted to hospital (to include County, Federal and ICE by summing up the following two items).	5
49) HOSPITAL ADMISSIONS - COUNTY	Total # of County patients admitted to the hospital.	5
50) HOSPITAL DAYS - TOTAL	Total # of inmate hospital days.	41



51) ON-SITE SPECIALTY CONSULTATIONS	Total # of patients seen for on-site Specialty Consultations such as OB, ortho, Renal, etc.	8
52) OFF-SITE SPECIALTY CONSULTS - Total	Total # of patients transferred off-site by security for appointments.	7
53) DEATH IN CUSTODY	Total # of in custody inmate deaths.	0
<b>Pharmaceuticals</b>	<b>Description</b>	<b>Total</b>
54) TOTAL I/Ms ON MEDS	Total # of patients prescribed medications to include Formulary, Non-Formulary, Psychotropic & OTC.	
55) TOTAL I/Ms ON MEDICAL MEDS	Total # of patients prescribed medical medications to include OTCs ordered by a provider.	
56) TOTAL I/M'S ON PSYCHOTROPIC MEDS	Total # of patients on psychotropic medications.	
57) TOTAL I/M'S NONFORMULARY MEDS	Total # of patients on non-formulary medications (medical and psychotropic).	
<b>Chronic Care</b>	<b>Description</b>	<b>Total</b>
58) ASTHMA/COPD	Total # of patients seen in Pulmonary CCC during the month.	34
59) DIABETICS	Total # of patients seen in Diabetic CCC during the month.	36
60) DIALYSIS	Total # of patients who received dialysis during the month.	2
61) HIV	Total # of patients seen in HIV CCC during the month.	12
62) PREGNANCY	Total # of patients seen in Pregnancy Clinic during the month.	4
63) HYPERTENSION / CARDIOVASCULAR	Total # of patients seen in Cardiac CCC during the month.	80
64) SEIZURE DISORDERS	Total # of patients seen in Seizure CCC during the month.	23
65) THYROID	Total # of patients seen in Thyroid CCC during the month.	5
66) TUBERCULOSIS	Total # of patients seen in TB CCC during the month.	31
67) OTHER	Total # of patients seen in Other CCC during the month (w/c prosthetics).	0
<b>Infectious Disease Control</b>	<b>Description</b>	<b>Total</b>
68) PPDs PLANTED	Total # of PPD's planted in the month.	258
69) PPDs READ	Total # of PPD's read during the month.	218
70) POSITIVE PPDs	Total # of PPD's measuring over 10 mm during the month plus those measuring over 5mm in high risk groups.	31
71) TB RELATED CHEST X-RAYS	Total # of X-Ray taken due to positive PPD's or based on negative test with symptoms.	35
72) ACTIVE TB	Total # of patients with active TB which require negative pressure room and isolation.	0
73) # OF POSITIVE HIV patients	Total # of HIV positive patients, to include previous or new positive.	

74) HEPATITIS A	Total # of patients with a diagnosis of positive Hep A.	2
75) HEPATITIS B	Total # of patients with a diagnosis of positive Hep B.	1
76) HEPATITIS C	Total # of patients with a diagnosis of positive Hep C.	
77) STD	Total # of patients who tested positive for and were started on treatment for Chlamydia, Gonorrhea, Syphilis, PID, or any other type of STD not listed.	
78) OTHER	Total # of patients treated for lice or crabs or scabies.	0
79) MRSA CONFIRMED	Total # of patients with skin infections that cultured positive for MRSA.	0
80) SUSPECTED MRSA TREATED	Total # of patients started on MRSA treatment without a positive culture.	0
<b>Grievances</b>	<b>Description</b>	<b>Total</b>
81) PATIENTS WITH GRIEVANCES	Total # of medical grievances received during the month.	23
82) DISSATISFIED WITH MEDICAL CARE	Total # of grievances related to medical care.	4
83) DISSATISFIED WITH DENTAL CARE	Total # of grievances related to dental care.	1
84) DISSATISFIED WITH MENTAL HEALTH CARE	Total # of grievances related to mental health care.	0
85) DISSATISFIED WITH STAFF CONDUCT	Total # of grievances related to Wellpath staff conduct.	0
86) DISSATISFIED WITH DELAY IN HEALTHCARE	Total # of grievances related a delay in care.	3
87) PROBLEMS WITH MEDS	Total # of grievances related to medications.	6
88) REQUEST TO BE SEEN	Total # of grievances related to access to care.	3
89) OTHER	Total # of grievances related to other areas of Wellpath responsibility.	6
90) NUMBER OF FOUNDED	Total # of formal grievance is resolved in the patients favor using the remedy recommended by the patient.	3
91) NUMBER OF UNFOUNDED	Unfounded: The grievance is resolved in the Health Service Department's favor when the issue or condition begin grieved remains unchanged.	23

SUBMIT

NEW SUBMISSION

VIEW HISTORICAL

From Date

Aug 01, 2023

To Date

Feb 27, 2024



Created Date



Date of Service

SEARCH

Date of Service	Created Date	Created By	Date Last Modified	Last Modified By	View	Edit	Delete
01/31/2024	02/15/2024 7:45:37 AM	Durelle Cardiff	02/15/2024 7:45:37	Durelle Cardiff	VIEW	EDIT	DELETE
12/31/2023	01/18/2024 10:28:12 AM	Durelle Cardiff	01/18/2024 10:28:12	Durelle Cardiff	VIEW	EDIT	DELETE
11/30/2023	12/12/2023 1:24:46 PM	Durelle Cardiff	12/12/2023 1:24:46	Durelle Cardiff	VIEW	EDIT	DELETE
10/31/2023	11/02/2023 10:30:09 AM	Durelle Cardiff	11/02/2023 10:30:09	Durelle Cardiff	VIEW	EDIT	DELETE
09/30/2023	10/09/2023 2:27:36 PM	Durelle Cardiff	10/17/2023 9:10:37	Durelle Cardiff	VIEW	EDIT	DELETE

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PREV PAGE

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Population	Description	Total
1) ADP Total	Monthly Average Daily Population Numbers sent home office.	883
2) AB 109 patients (CALIFORNIA ONLY)	Total # of patients whose cases have been adjudicated and are serving their sentence in jail instead of prison (California).	0
Medical	Description	Total
3) Security Bookings (#)	Total # of patients booked into the facility during the month.	945
4) Intake Screening by Wellpath (#)	Total # of intake screenings completed by Wellpath.	888
5) DETOX (#)	Total # patients on detox protocol.	56
6) SICK CALL - NURSES (#)	Total # of sick call encounters completed by Wellpath nursing personnel.	789

7) SICK CALL - PROVIDER (#)	Total # of sick call encounters completed by the Health Care Providers (Physician or Mid-Level. Does not include Chronic Care, Psychiatrist or Dentist).	396
8) EMERGENCY RESPONSE - ON-SITE (#)	Total # of on-site emergencies called and responded to by staff.	2
9) NURSE CONTACTS - TREATMENTS & MONITORING (#)	Total # of nursing contacts, including blood pressure checks, seg checks, FBS, dressing changes, EKG's, etc. (Does not include sick call or ER).	5891
10) LABORATORY	Total # of labs drawn in facility.	249
11) HEALTH ASSESSMENTS (#)	Total # of initial health assessments completed during the month (14 day for jails; 7 days for prisons).	348
12) 6 MONTH PHYSICALS (CALIFORNIA ONLY)	Total # of physicals completed on patients in custody for 6 months or longer (California).	0
13) ANNUAL HEALTH ASSESSMENTS COMPLETED (#)	Total # of annual (patients who have been on site for 12 months) health assessments	24
14) X-RAYS (NON-TB RELATED) ON-SITE (#)	Total # of Non-TB related X-Rays (TB related X-Rays are under Infectious Disease Control).	11
<b>Infirmary</b>	<b>Description</b>	<b>Total</b>
15) INFIRMARY DAYS	Total # of midnights spent in Infirmary.	0
16) # of INFIRMARY ADMISSION	Total # of infirmary admission orders	0
<b>Mental Health - Psychiatry</b>	<b>Description</b>	<b>Total</b>
17) NEW PATIENT VISITS (#)	Total # of new patients seen by psychiatric provider (Psychiatrist or Mid-Level).	
18) FOLLOW UP VISITS (#)	Total # of Follow up visits by psychiatric provider (Psychiatrist or Mid-Level)	
19) PSYCHIATRIC NURSE VISITS (#)	Total # of contact provided by psychiatric nurse (do not include rounds with psychiatry provider - those are counted under psychiatrist).	0
<b>Mental Health - Providers</b>	<b>Description</b>	<b>Total</b>
20) FOLLOW-UP CONTACTS (#)	Total # of visits provided by MH staff (including Special Needs, Seg Rounds, Individual Therapy and Discharge Planning contacts).	1138
21) MH SCREENS (#)	Total # of Positive MH Screens from intake.	
22) SPECIAL NEEDS CONTACTS (#)	Total # of visits provided to patients on special needs list during the month	245
23) SEGREGATION ROUNDS (#)	Total # of segregation visits performed by mental health team during the month	600
24) INDIVIDUAL THERAPY CONTACTS (#)	Total # of patients who received individual therapy during the month	0
25) GROUP THERAPY SESSIONS	Total # of group therapy sessions conducted by mental health personnel (number of sessions, not individuals in the sessions.)	0
26) # OF PATIENTS IN GROUP THERAPY SESSIONS	Total # of individuals in group therapy sessions conducted by mental health personnel	0
27) DISCHARGE PLANNING CONTACTS (#)	Total # of contacts provided by discharge planner during the month	293

**Mental Health - Sentinel Events**

 Scheduling | 
  Statistics | 
  Housing

**Description**

**Total**

28) # OF THERAPEUTIC RESTRAINT EPISODES	Total # of patients placed in therapeutic (not security-ordered) restraints	0
29) # OF EMERGENCY MEDICATION EPISODES	Total # of separate episodes in which the psychiatrist ordered medication to be given without patients consent	2
30) # OF PATIENTS ON INVOLUNTARY MEDICATION	Total # of patients on court ordered / due processed involuntary medication programs	2
<b>Mental Health - Self-Harm</b>		
	<b>Description</b>	<b>Total</b>
31) # OF SUICIDE ATTEMPTS	Total # events where inmate engaged in behavior that was of lethal nature, requiring extensive off-site medical care.	0
32) # OF COMPLETED SUICIDES	Total # of patients who completed suicide during the month.	0
33) # OF SUICIDE WATCH EVENTS	Total # events where inmate was placed on suicide watch (may include same I/M placed on watch more than once during month).	98
34) TOTAL # OF DAYS FOR ALL SUICIDE WATCHES	Total # of days that patients were on suicide watch.	191
35) # OF SUICIDE THREATS/IDEATIONS	Total # of events of communicated threats or thoughts of self harm verbally or written	
36) # OF NON-SUICIDAL SELF INJURY (NSSI)	Total # events where inmate engaged in some form of self-harming behavior that does not result in lethality or intent to achieve death	
<b>Mental Health - Transfer</b>		
	<b>Description</b>	<b>Total</b>
37) # OF PETITIONS FOR CIVIL COMMIT	Total # of patients who have been committed but awaiting bed or assessment in community facility.	0
38) # OF PATIENTS CIVILLY COMMITTED	Total # of patients whose petitions for civil commitment have been accepted and transferred out to treatment facilities.	0
<b>Mental Health - Other MH Data</b>		
	<b>Description</b>	<b>Total</b>
39) # OF PATIENTS ON SPECIAL NEEDS LIST	Total # of patients being followed for special mental health needs.	135
40) SICK CALL - MENTAL HEALTH	Total # of mental health sick call encounters completed by Wellpath personnel.	343
41) # OF MH SICK CALL REQUESTS/ REFERRALS	Total # of requests for MH services received during the month	611
<b>Dental</b>		
	<b>Description</b>	<b>Total</b>
42) DENTAL EXAMS	Total # of dental screens/exams completed (either initial or annual) by the Dentist.	35
43) DENTAL SICK CALL / SCREENS	Total # of dental sick call / screens by the Dentist.	84
44) EXTRACTIONS	Total # of dental extractions.	70
45) TEMPORARY FILLINGS	Total # of temporary fillings.	5
<b>Off-Site Services</b>		
	<b>Description</b>	<b>Total</b>
46) EMERGENCY ROOM VISITS - TOTAL	Total # of ER Visits (to include County, Federal & ICE, etc.).	29



47) EMERGENCY ROOM VISITS - COUNTY	Total # of County patients transported from the Jail to the ER for care.	29
48) HOSPITAL ADMISSIONS - Total	Total # of patients admitted to hospital (to include County, Federal and ICE by summing up the following two items).	4
49) HOSPITAL ADMISSIONS - COUNTY	Total # of County patients admitted to the hospital.	4
50) HOSPITAL DAYS - TOTAL	Total # of inmate hospital days.	42
51) ON-SITE SPECIALTY CONSULTATIONS	Total # of patients seen for on-site Specialty Consultations such as OB, ortho, Renal, etc.	
52) OFF-SITE SPECIALTY CONSULTS - Total	Total # of patients transferred off-site by security for appointments.	10
53) DEATH IN CUSTODY	Total # of in custody inmate deaths.	0
<b>Pharmaceuticals</b>	<b>Description</b>	<b>Total</b>
54) TOTAL I/Ms ON MEDS	Total # of patients prescribed medications to include Formulary, Non-Formulary, Psychotropic & OTC.	
55) TOTAL I/Ms ON MEDICAL MEDS	Total # of patients prescribed medical medications to include OTCs ordered by a provider.	
56) TOTAL I/M'S ON PSYCHOTROPIC MEDS	Total # of patients on psychotropic medications.	
57) TOTAL I/M'S NONFORMULARY MEDS	Total # of patients on non-formulary medications (medical and psychotropic).	
<b>Chronic Care</b>	<b>Description</b>	<b>Total</b>
58) ASTHMA/COPD	Total # of patients seen in Pulmonary CCC during the month.	14
59) DIABETICS	Total # of patients seen in Diabetic CCC during the month.	9
60) DIALYSIS	Total # of patients who received dialysis during the month.	2
61) HIV	Total # of patients seen in HIV CCC during the month.	12
62) PREGNANCY	Total # of patients seen in Pregnancy Clinic during the month.	2
63) HYPERTENSION / CARDIOVASCULAR	Total # of patients seen in Cardiac CCC during the month.	19
64) SEIZURE DISORDERS	Total # of patients seen in Seizure CCC during the month.	7
65) THYROID	Total # of patients seen in Thyroid CCC during the month.	1
66) TUBERCULOSIS	Total # of patients seen in TB CCC during the month.	4
67) OTHER	Total # of patients seen in Other CCC during the month (w/c prosthetics).	0
<b>Infectious Disease Control</b>	<b>Description</b>	<b>Total</b>
68) PPDs PLANTED	Total # of PPD's planted in the month.	206

69) PPDs READ	Total # of PPD's read during the month.	63
70) POSITIVE PPDs	Total # of PPD's measuring over 10 mm during the month plus those measuring over 5mm in high risk groups.	6
71) TB RELATED CHEST X-RAYS	Total # of X-Ray taken due to positive PPD's or based on negative test with symptoms.	41
72) ACTIVE TB	Total # of patients with active TB which require negative pressure room and isolation.	0
73) # OF POSITIVE HIV patients	Total # of HIV positive patients, to include previous or new positive.	
74) HEPATITIS A	Total # of patients with a diagnosis of positive Hep A.	
75) HEPATITIS B	Total # of patients with a diagnosis of positive Hep B.	
76) HEPATITIS C	Total # of patients with a diagnosis of positive Hep C.	
77) STD	Total # of patients who tested positive for and were started on treatment for Chlamydia, Gonorrhea, Syphilis, PID, or any other type of STD not listed.	2
78) OTHER	Total # of patients treated for lice or crabs or scabies.	0
79) MRSA CONFIRMED	Total # of patients with skin infections that cultured positive for MRSA.	0
80) SUSPECTED MRSA TREATED	Total # of patients started on MRSA treatment without a positive culture.	0
<b>Grievances</b>	<b>Description</b>	<b>Total</b>
81) PATIENTS WITH GRIEVANCES	Total # of medical grievances received during the month.	23
82) DISSATISFIED WITH MEDICAL CARE	Total # of grievances related to medical care.	3
83) DISSATISFIED WITH DENTAL CARE	Total # of grievances related to dental care.	1
84) DISSATISFIED WITH MENTAL HEALTH CARE	Total # of grievances related to mental health care.	0
85) DISSATISFIED WITH STAFF CONDUCT	Total # of grievances related to Wellpath staff conduct.	0
86) DISSATISFIED WITH DELAY IN HEALTHCARE	Total # of grievances related a delay in care.	6
87) PROBLEMS WITH MEDS	Total # of grievances related to medications.	4
88) REQUEST TO BE SEEN	Total # of grievances related to access to care.	1
89) OTHER	Total # of grievances related to other areas of Wellpath responsibility.	8
90) NUMBER OF FOUNDED	Total # of formal grievance is resolved in the patients favor using the remedy recommended by the patient.	0
91) NUMBER OF UNFOUNDED	Unfounded: The grievance is resolved in the Health Service Department's favor when the issue or condition begin grieved remains unchanged.	23

SUBMIT





NEW SUBMISSION

VIEW HISTORICAL

From Date

Aug 01, 2023

To Date

Feb 27, 2024



Created Date



Date of Service

SEARCH

Date of Service	Created Date	Created By	Date Last Modified	Last Modified By	View	Edit	Delete
01/31/2024	02/15/2024 7:45:37 AM	Durelle Cardiff	02/15/2024 7:45:37	Durelle Cardiff	VIEW	EDIT	DELETE
12/31/2023	01/18/2024 10:28:12 AM	Durelle Cardiff	01/18/2024 10:28:12	Durelle Cardiff	VIEW	EDIT	DELETE
11/30/2023	12/12/2023 1:24:46 PM	Durelle Cardiff	12/12/2023 1:24:46	Durelle Cardiff	VIEW	EDIT	DELETE
10/31/2023	11/02/2023 10:30:09 AM	Durelle Cardiff	11/02/2023 10:30:09	Durelle Cardiff	VIEW	EDIT	DELETE
09/30/2023	10/09/2023 2:27:36 PM	Durelle Cardiff	10/17/2023 9:10:37	Durelle Cardiff	VIEW	EDIT	DELETE

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PREV PAGE

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Population	Description	Total
1) ADP Total	Monthly Average Daily Population Numbers sent home office.	868
2) AB 109 patients (CALIFORNIA ONLY)	Total # of patients whose cases have been adjudicated and are serving their sentence in jail instead of prison (California).	0
Medical	Description	Total
3) Security Bookings (#)	Total # of patients booked into the facility during the month.	971
4) Intake Screening by Wellpath (#)	Total # of intake screenings completed by Wellpath.	938
5) DETOX (#)	Total # patients on detox protocol.	65
6) SICK CALL - NURSES (#)	Total # of sick call encounters completed by Wellpath nursing personnel.	670

7) SICK CALL - PROVIDER (#)	Total # of sick call encounters completed by the Health Care Providers (Physician or Mid-Level. Does not include Chronic Care, Psychiatrist or Dentist).	46
8) EMERGENCY RESPONSE - ON-SITE (#)	Total # of on-site emergencies called and responded to by staff.	2
9) NURSE CONTACTS - TREATMENTS & MONITORING (#)	Total # of nursing contacts, including blood pressure checks, seg checks, FBS, dressing changes, EKG's, etc. (Does not include sick call or ER).	4517
10) LABORATORY	Total # of labs drawn in facility.	186
11) HEALTH ASSESSMENTS (#)	Total # of initial health assessments completed during the month (14 day for jails; 7 days for prisons).	248
12) 6 MONTH PHYSICALS (CALIFORNIA ONLY)	Total # of physicals completed on patients in custody for 6 months or longer (California).	0
13) ANNUAL HEALTH ASSESSMENTS COMPLETED (#)	Total # of annual (patients who have been on site for 12 months) health assessments	16
14) X-RAYS (NON-TB RELATED) ON-SITE (#)	Total # of Non-TB related X-Rays (TB related X-Rays are under Infectious Disease Control).	14
<b>Infirmary</b>		
	<b>Description</b>	<b>Total</b>
15) INFIRMARY DAYS	Total # of midnights spent in Infirmary.	0
16) # of INFIRMARY ADMISSION	Total # of infirmary admission orders	0
<b>Mental Health - Psychiatry</b>		
	<b>Description</b>	<b>Total</b>
17) NEW PATIENT VISITS (#)	Total # of new patients seen by psychiatric provider (Psychiatrist or Mid-Level).	
18) FOLLOW UP VISITS (#)	Total # of Follow up visits by psychiatric provider (Psychiatrist or Mid-Level)	
19) PSYCHIATRIC NURSE VISITS (#)	Total # of contact provided by psychiatric nurse (do not include rounds with psychiatry provider - those are counted under psychiatrist).	0
<b>Mental Health - Providers</b>		
	<b>Description</b>	<b>Total</b>
20) FOLLOW-UP CONTACTS (#)	Total # of visits provided by MH staff (including Special Needs, Seg Rounds, Individual Therapy and Discharge Planning contacts).	1702
21) MH SCREENS (#)	Total # of Positive MH Screens from intake.	
22) SPECIAL NEEDS CONTACTS (#)	Total # of visits provided to patients on special needs list during the month	101
23) SEGREGATION ROUNDS (#)	Total # of segregation visits performed by mental health team during the month	598
24) INDIVIDUAL THERAPY CONTACTS (#)	Total # of patients who received individual therapy during the month	0
25) GROUP THERAPY SESSIONS	Total # of group therapy sessions conducted by mental health personnel (number of sessions, not individuals in the sessions.)	0
26) # OF PATIENTS IN GROUP THERAPY SESSIONS	Total # of individuals in group therapy sessions conducted by mental health personnel	0
27) DISCHARGE PLANNING CONTACTS (#)	Total # of contacts provided by discharge planner during the month	118

**Mental Health - Sentinel Events**

Scheduling | Statistics | Housing

**Description**

**Total**

Logout

28) # OF THERAPEUTIC RESTRAINT EPISODES	Total # of patients placed in therapeutic (not security-ordered) restraints	0
29) # OF EMERGENCY MEDICATION EPISODES	Total # of separate episodes in which the psychiatrist ordered medication to be given without patients consent	2
30) # OF PATIENTS ON INVOLUNTARY MEDICATION	Total # of patients on court ordered / due processed involuntary medication programs	1
<b>Mental Health - Self-Harm</b>	<b>Description</b>	<b>Total</b>
31) # OF SUICIDE ATTEMPTS	Total # events where inmate engaged in behavior that was of lethal nature, requiring extensive off-site medical care.	0
32) # OF COMPLETED SUICIDES	Total # of patients who completed suicide during the month.	0
33) # OF SUICIDE WATCH EVENTS	Total # events where inmate was placed on suicide watch (may include same I/M placed on watch more than once during month).	74
34) TOTAL # OF DAYS FOR ALL SUICIDE WATCHES	Total # of days that patients were on suicide watch.	142
35) # OF SUICIDE THREATS/IDEATIONS	Total # of events of communicated threats or thoughts of self harm verbally or written	
36) # OF NON-SUICIDAL SELF INJURY (NSSI)	Total # events where inmate engaged in some form of self-harming behavior that does not result in lethality or intent to achieve death	
<b>Mental Health - Transfer</b>	<b>Description</b>	<b>Total</b>
37) # OF PETITIONS FOR CIVIL COMMIT	Total # of patients who have been committed but awaiting bed or assessment in community facility.	0
38) # OF PATIENTS CIVILLY COMMITTED	Total # of patients whose petitions for civil commitment have been accepted and transferred out to treatment facilities.	0
<b>Mental Health - Other MH Data</b>	<b>Description</b>	<b>Total</b>
39) # OF PATIENTS ON SPECIAL NEEDS LIST	Total # of patients being followed for special mental health needs.	164
40) SICK CALL - MENTAL HEALTH	Total # of mental health sick call encounters completed by Wellpath personnel.	214
41) # OF MH SICK CALL REQUESTS/ REFERRALS	Total # of requests for MH services received during the month	597
<b>Dental</b>	<b>Description</b>	<b>Total</b>
42) DENTAL EXAMS	Total # of dental screens/exams completed (either initial or annual) by the Dentist.	14
43) DENTAL SICK CALL / SCREENS	Total # of dental sick call / screens by the Dentist.	122
44) EXTRACTIONS	Total # of dental extractions.	98
45) TEMPORARY FILLINGS	Total # of temporary fillings.	5
<b>Off-Site Services</b>	<b>Description</b>	<b>Total</b>
46) EMERGENCY ROOM VISITS - TOTAL	Total # of ER Visits (to include County, Federal & ICE, etc.).	45

47) EMERGENCY ROOM VISITS - COUNTY	Total # of County patients transported from the Jail to the ER for care.	45
48) HOSPITAL ADMISSIONS - Total	Total # of patients admitted to hospital (to include County, Federal and ICE by summing up the following two items).	6
49) HOSPITAL ADMISSIONS - COUNTY	Total # of County patients admitted to the hospital.	6
50) HOSPITAL DAYS - TOTAL	Total # of inmate hospital days.	45
51) ON-SITE SPECIALTY CONSULTATIONS	Total # of patients seen for on-site Specialty Consultations such as OB, ortho, Renal, etc.	0
52) OFF-SITE SPECIALTY CONSULTS - Total	Total # of patients transferred off-site by security for appointments.	9
53) DEATH IN CUSTODY	Total # of in custody inmate deaths.	0
<b>Pharmaceuticals</b>	<b>Description</b>	<b>Total</b>
54) TOTAL I/Ms ON MEDS	Total # of patients prescribed medications to include Formulary, Non-Formulary, Psychotropic & OTC.	360
55) TOTAL I/Ms ON MEDICAL MEDS	Total # of patients prescribed medical medications to include OTCs ordered by a provider.	216
56) TOTAL I/M'S ON PSYCHOTROPIC MEDS	Total # of patients on psychotropic medications.	225
57) TOTAL I/M'S NONFORMULARY MEDS	Total # of patients on non-formulary medications (medical and psychotropic).	
<b>Chronic Care</b>	<b>Description</b>	<b>Total</b>
58) ASTHMA/COPD	Total # of patients seen in Pulmonary CCC during the month.	9
59) DIABETICS	Total # of patients seen in Diabetic CCC during the month.	13
60) DIALYSIS	Total # of patients who received dialysis during the month.	0
61) HIV	Total # of patients seen in HIV CCC during the month.	2
62) PREGNANCY	Total # of patients seen in Pregnancy Clinic during the month.	0
63) HYPERTENSION / CARDIOVASCULAR	Total # of patients seen in Cardiac CCC during the month.	34
64) SEIZURE DISORDERS	Total # of patients seen in Seizure CCC during the month.	12
65) THYROID	Total # of patients seen in Thyroid CCC during the month.	0
66) TUBERCULOSIS	Total # of patients seen in TB CCC during the month.	13
67) OTHER	Total # of patients seen in Other CCC during the month (w/c prosthetics).	0
<b>Infectious Disease Control</b>	<b>Description</b>	<b>Total</b>
68) PPDs PLANTED	Total # of PPD's planted in the month.	297

69) PPDs READ	Total # of PPD's read during the month.	215
70) POSITIVE PPDs	Total # of PPD's measuring over 10 mm during the month plus those measuring over 5mm in high risk groups.	13
71) TB RELATED CHEST X-RAYS	Total # of X-Ray taken due to positive PPD's or based on negative test with symptoms.	35
72) ACTIVE TB	Total # of patients with active TB which require negative pressure room and isolation.	0
73) # OF POSITIVE HIV patients	Total # of HIV positive patients, to include previous or new positive.	
74) HEPATITIS A	Total # of patients with a diagnosis of positive Hep A.	0
75) HEPATITIS B	Total # of patients with a diagnosis of positive Hep B.	0
76) HEPATITIS C	Total # of patients with a diagnosis of positive Hep C.	
77) STD	Total # of patients who tested positive for and were started on treatment for Chlamydia, Gonorrhea, Syphilis, PID, or any other type of STD not listed.	0
78) OTHER	Total # of patients treated for lice or crabs or scabies.	0
79) MRSA CONFIRMED	Total # of patients with skin infections that cultured positive for MRSA.	0
80) SUSPECTED MRSA TREATED	Total # of patients started on MRSA treatment without a positive culture.	0
<b>Grievances</b>	<b>Description</b>	<b>Total</b>
81) PATIENTS WITH GRIEVANCES	Total # of medical grievances received during the month.	19
82) DISSATISFIED WITH MEDICAL CARE	Total # of grievances related to medical care.	3
83) DISSATISFIED WITH DENTAL CARE	Total # of grievances related to dental care.	1
84) DISSATISFIED WITH MENTAL HEALTH CARE	Total # of grievances related to mental health care.	0
85) DISSATISFIED WITH STAFF CONDUCT	Total # of grievances related to Wellpath staff conduct.	0
86) DISSATISFIED WITH DELAY IN HEALTHCARE	Total # of grievances related a delay in care.	0
87) PROBLEMS WITH MEDS	Total # of grievances related to medications.	7
88) REQUEST TO BE SEEN	Total # of grievances related to access to care.	3
89) OTHER	Total # of grievances related to other areas of Wellpath responsibility.	4
90) NUMBER OF FOUNDED	Total # of formal grievance is resolved in the patients favor using the remedy recommended by the patient.	1
91) NUMBER OF UNFOUNDED	Unfounded: The grievance is resolved in the Health Service Department's favor when the issue or condition begin grieved remains unchanged.	18

SUBMIT





NEW SUBMISSION

VIEW HISTORICAL

From Date

Aug 01, 2023

To Date

Feb 27, 2024



Created Date



Date of Service

SEARCH

Date of Service	Created Date	Created By	Date Last Modified	Last Modified By	View	Edit	Delete
01/31/2024	02/15/2024 7:45:37 AM	Durelle Cardiff	02/15/2024 7:45:37	Durelle Cardiff	VIEW	EDIT	DELETE
12/31/2023	01/18/2024 10:28:12 AM	Durelle Cardiff	01/18/2024 10:28:12	Durelle Cardiff	VIEW	EDIT	DELETE
11/30/2023	12/12/2023 1:24:46 PM	Durelle Cardiff	12/12/2023 1:24:46	Durelle Cardiff	VIEW	EDIT	DELETE
10/31/2023	11/02/2023 10:30:09 AM	Durelle Cardiff	11/02/2023 10:30:09	Durelle Cardiff	VIEW	EDIT	DELETE
09/30/2023	10/09/2023 2:27:36 PM	Durelle Cardiff	10/17/2023 9:10:37	Durelle Cardiff	VIEW	EDIT	DELETE

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PREV PAGE

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Population	Description	Total
1) ADP Total	Monthly Average Daily Population Numbers sent home office.	837
2) AB 109 patients (CALIFORNIA ONLY)	Total # of patients whose cases have been adjudicated and are serving their sentence in jail instead of prison (California).	0
Medical	Description	Total
3) Security Bookings (#)	Total # of patients booked into the facility during the month.	900
4) Intake Screening by Wellpath (#)	Total # of intake screenings completed by Wellpath.	871
5) DETOX (#)	Total # patients on detox protocol.	74
6) SICK CALL - NURSES (#)	Total # of sick call encounters completed by Wellpath nursing personnel.	560

7) SICK CALL - PROVIDER (#)	Total # of sick call encounters completed by the Health Care Providers (Physician or Mid-Level. Does not include Chronic Care, Psychiatrist or Dentist).	45
8) EMERGENCY RESPONSE - ON-SITE (#)	Total # of on-site emergencies called and responded to by staff.	4
9) NURSE CONTACTS - TREATMENTS & MONITORING (#)	Total # of nursing contacts, including blood pressure checks, seg checks, FBS, dressing changes, EKG's, etc. (Does not include sick call or ER).	4123
10) LABORATORY	Total # of labs drawn in facility.	199
11) HEALTH ASSESSMENTS (#)	Total # of initial health assessments completed during the month (14 day for jails; 7 days for prisons).	235
12) 6 MONTH PHYSICALS (CALIFORNIA ONLY)	Total # of physicals completed on patients in custody for 6 months or longer (California).	0
13) ANNUAL HEALTH ASSESSMENTS COMPLETED (#)	Total # of annual (patients who have been on site for 12 months) health assessments	15
14) X-RAYS (NON-TB RELATED) ON-SITE (#)	Total # of Non-TB related X-Rays (TB related X-Rays are under Infectious Disease Control).	11
<b>Infirmary</b>		
	<b>Description</b>	<b>Total</b>
15) INFIRMARY DAYS	Total # of midnights spent in Infirmary.	0
16) # of INFIRMARY ADMISSION	Total # of infirmary admission orders	0
<b>Mental Health - Psychiatry</b>		
	<b>Description</b>	<b>Total</b>
17) NEW PATIENT VISITS (#)	Total # of new patients seen by psychiatric provider (Psychiatrist or Mid-Level).	
18) FOLLOW UP VISITS (#)	Total # of Follow up visits by psychiatric provider (Psychiatrist or Mid-Level)	
19) PSYCHIATRIC NURSE VISITS (#)	Total # of contact provided by psychiatric nurse (do not include rounds with psychiatry provider - those are counted under psychiatrist).	0
<b>Mental Health - Providers</b>		
	<b>Description</b>	<b>Total</b>
20) FOLLOW-UP CONTACTS (#)	Total # of visits provided by MH staff (including Special Needs, Seg Rounds, Individual Therapy and Discharge Planning contacts).	1584
21) MH SCREENS (#)	Total # of Positive MH Screens from intake.	
22) SPECIAL NEEDS CONTACTS (#)	Total # of visits provided to patients on special needs list during the month	148
23) SEGREGATION ROUNDS (#)	Total # of segregation visits performed by mental health team during the month	533
24) INDIVIDUAL THERAPY CONTACTS (#)	Total # of patients who received individual therapy during the month	0
25) GROUP THERAPY SESSIONS	Total # of group therapy sessions conducted by mental health personnel (number of sessions, not individuals in the sessions.)	0
26) # OF PATIENTS IN GROUP THERAPY SESSIONS	Total # of individuals in group therapy sessions conducted by mental health personnel	0
27) DISCHARGE PLANNING CONTACTS (#)	Total # of contacts provided by discharge planner during the month	81

**Mental Health - Sentinel Events**

Scheduling | Statistics | Housing

**Description**

**Total**

Logout

28) # OF THERAPEUTIC RESTRAINT EPISODES	Total # of patients placed in therapeutic (not security-ordered) restraints	0
29) # OF EMERGENCY MEDICATION EPISODES	Total # of separate episodes in which the psychiatrist ordered medication to be given without patients consent	3
30) # OF PATIENTS ON INVOLUNTARY MEDICATION	Total # of patients on court ordered / due processed involuntary medication programs	2
<b>Mental Health - Self-Harm</b>		
	<b>Description</b>	<b>Total</b>
31) # OF SUICIDE ATTEMPTS	Total # events where inmate engaged in behavior that was of lethal nature, requiring extensive off-site medical care.	0
32) # OF COMPLETED SUICIDES	Total # of patients who completed suicide during the month.	0
33) # OF SUICIDE WATCH EVENTS	Total # events where inmate was placed on suicide watch (may include same I/M placed on watch more than once during month).	65
34) TOTAL # OF DAYS FOR ALL SUICIDE WATCHES	Total # of days that patients were on suicide watch.	113
35) # OF SUICIDE THREATS/IDEATIONS	Total # of events of communicated threats or thoughts of self harm verbally or written	
36) # OF NON-SUICIDAL SELF INJURY (NSSI)	Total # events where inmate engaged in some form of self-harming behavior that does not result in lethality or intent to achieve death	
<b>Mental Health - Transfer</b>		
	<b>Description</b>	<b>Total</b>
37) # OF PETITIONS FOR CIVIL COMMIT	Total # of patients who have been committed but awaiting bed or assessment in community facility.	0
38) # OF PATIENTS CIVILLY COMMITTED	Total # of patients whose petitions for civil commitment have been accepted and transferred out to treatment facilities.	0
<b>Mental Health - Other MH Data</b>		
	<b>Description</b>	<b>Total</b>
39) # OF PATIENTS ON SPECIAL NEEDS LIST	Total # of patients being followed for special mental health needs.	177
40) SICK CALL - MENTAL HEALTH	Total # of mental health sick call encounters completed by Wellpath personnel.	220
41) # OF MH SICK CALL REQUESTS/ REFERRALS	Total # of requests for MH services received during the month	501
<b>Dental</b>		
	<b>Description</b>	<b>Total</b>
42) DENTAL EXAMS	Total # of dental screens/exams completed (either initial or annual) by the Dentist.	15
43) DENTAL SICK CALL / SCREENS	Total # of dental sick call / screens by the Dentist.	76
44) EXTRACTIONS	Total # of dental extractions.	63
45) TEMPORARY FILLINGS	Total # of temporary fillings.	5
<b>Off-Site Services</b>		
	<b>Description</b>	<b>Total</b>
46) EMERGENCY ROOM VISITS - TOTAL	Total # of ER Visits (to include County, Federal & ICE, etc.).	47

47) EMERGENCY ROOM VISITS - COUNTY	Total # of County patients transported from the Jail to the ER for care.	47
48) HOSPITAL ADMISSIONS - Total	Total # of patients admitted to hospital (to include County, Federal and ICE by summing up the following two items).	3
49) HOSPITAL ADMISSIONS - COUNTY	Total # of County patients admitted to the hospital.	3
50) HOSPITAL DAYS - TOTAL	Total # of inmate hospital days.	35
51) ON-SITE SPECIALTY CONSULTATIONS	Total # of patients seen for on-site Specialty Consultations such as OB, ortho, Renal, etc.	0
52) OFF-SITE SPECIALTY CONSULTS - Total	Total # of patients transferred off-site by security for appointments.	4
53) DEATH IN CUSTODY	Total # of in custody inmate deaths.	0
<b>Pharmaceuticals</b>	<b>Description</b>	<b>Total</b>
54) TOTAL I/Ms ON MEDS	Total # of patients prescribed medications to include Formulary, Non-Formulary, Psychotropic & OTC.	406
55) TOTAL I/Ms ON MEDICAL MEDS	Total # of patients prescribed medical medications to include OTCs ordered by a provider.	256
56) TOTAL I/M'S ON PSYCHOTROPIC MEDS	Total # of patients on psychotropic medications.	256
57) TOTAL I/M'S NONFORMULARY MEDS	Total # of patients on non-formulary medications (medical and psychotropic).	
<b>Chronic Care</b>	<b>Description</b>	<b>Total</b>
58) ASTHMA/COPD	Total # of patients seen in Pulmonary CCC during the month.	15
59) DIABETICS	Total # of patients seen in Diabetic CCC during the month.	18
60) DIALYSIS	Total # of patients who received dialysis during the month.	0
61) HIV	Total # of patients seen in HIV CCC during the month.	5
62) PREGNANCY	Total # of patients seen in Pregnancy Clinic during the month.	0
63) HYPERTENSION / CARDIOVASCULAR	Total # of patients seen in Cardiac CCC during the month.	21
64) SEIZURE DISORDERS	Total # of patients seen in Seizure CCC during the month.	11
65) THYROID	Total # of patients seen in Thyroid CCC during the month.	1
66) TUBERCULOSIS	Total # of patients seen in TB CCC during the month.	12
67) OTHER	Total # of patients seen in Other CCC during the month (w/c prosthetics).	0
<b>Infectious Disease Control</b>	<b>Description</b>	<b>Total</b>
68) PPDs PLANTED	Total # of PPD's planted in the month.	291

69) PPDs READ	Total # of PPD's read during the month.	226
70) POSITIVE PPDs	Total # of PPD's measuring over 10 mm during the month plus those measuring over 5mm in high risk groups.	7
71) TB RELATED CHEST X-RAYS	Total # of X-Ray taken due to positive PPD's or based on negative test with symptoms.	29
72) ACTIVE TB	Total # of patients with active TB which require negative pressure room and isolation.	0
73) # OF POSITIVE HIV patients	Total # of HIV positive patients, to include previous or new positive.	
74) HEPATITIS A	Total # of patients with a diagnosis of positive Hep A.	
75) HEPATITIS B	Total # of patients with a diagnosis of positive Hep B.	
76) HEPATITIS C	Total # of patients with a diagnosis of positive Hep C.	
77) STD	Total # of patients who tested positive for and were started on treatment for Chlamydia, Gonorrhea, Syphilis, PID, or any other type of STD not listed.	0
78) OTHER	Total # of patients treated for lice or crabs or scabies.	0
79) MRSA CONFIRMED	Total # of patients with skin infections that cultured positive for MRSA.	0
80) SUSPECTED MRSA TREATED	Total # of patients started on MRSA treatment without a positive culture.	0
<b>Grievances</b>	<b>Description</b>	<b>Total</b>
81) PATIENTS WITH GRIEVANCES	Total # of medical grievances received during the month.	8
82) DISSATISFIED WITH MEDICAL CARE	Total # of grievances related to medical care.	0
83) DISSATISFIED WITH DENTAL CARE	Total # of grievances related to dental care.	1
84) DISSATISFIED WITH MENTAL HEALTH CARE	Total # of grievances related to mental health care.	0
85) DISSATISFIED WITH STAFF CONDUCT	Total # of grievances related to Wellpath staff conduct.	0
86) DISSATISFIED WITH DELAY IN HEALTHCARE	Total # of grievances related a delay in care.	0
87) PROBLEMS WITH MEDS	Total # of grievances related to medications.	5
88) REQUEST TO BE SEEN	Total # of grievances related to access to care.	1
89) OTHER	Total # of grievances related to other areas of Wellpath responsibility.	1
90) NUMBER OF FOUNDED	Total # of formal grievance is resolved in the patients favor using the remedy recommended by the patient.	0
91) NUMBER OF UNFOUNDED	Unfounded: The grievance is resolved in the Health Service Department's favor when the issue or condition begin grieved remains unchanged.	8

SUBMIT



NEW SUBMISSION

VIEW HISTORICAL

From Date

Aug 01, 2023

To Date

Feb 27, 2024



Created Date



Date of Service

SEARCH

Date of Service	Created Date	Created By	Date Last Modified	Last Modified By	View	Edit	Delete
01/31/2024	02/15/2024 7:45:37 AM	Durelle Cardiff	02/15/2024 7:45:37	Durelle Cardiff	VIEW	EDIT	DELETE
12/31/2023	01/18/2024 10:28:12 AM	Durelle Cardiff	01/18/2024 10:28:12	Durelle Cardiff	VIEW	EDIT	DELETE
11/30/2023	12/12/2023 1:24:46 PM	Durelle Cardiff	12/12/2023 1:24:46	Durelle Cardiff	VIEW	EDIT	DELETE
10/31/2023	11/02/2023 10:30:09 AM	Durelle Cardiff	11/02/2023 10:30:09	Durelle Cardiff	VIEW	EDIT	DELETE
09/30/2023	10/09/2023 2:27:36 PM	Durelle Cardiff	10/17/2023 9:10:37	Durelle Cardiff	VIEW	EDIT	DELETE

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Population	Description	Total
1) ADP Total	Monthly Average Daily Population Numbers sent home office.	836
2) AB 109 patients (CALIFORNIA ONLY)	Total # of patients whose cases have been adjudicated and are serving their sentence in jail instead of prison (California).	0
Medical	Description	Total
3) Security Bookings (#)	Total # of patients booked into the facility during the month.	932
4) Intake Screening by Wellpath (#)	Total # of intake screenings completed by Wellpath.	908
5) DETOX (#)	Total # patients on detox protocol.	75
6) SICK CALL - NURSES (#)	Total # of sick call encounters completed by Wellpath nursing personnel.	694



7) SICK CALL - PROVIDER (#)	Total # of sick call encounters completed by the Health Care Providers (Physician or Mid-Level. Does not include Chronic Care, Psychiatrist or Dentist).	55
8) EMERGENCY RESPONSE - ON-SITE (#)	Total # of on-site emergencies called and responded to by staff.	2
9) NURSE CONTACTS - TREATMENTS & MONITORING (#)	Total # of nursing contacts, including blood pressure checks, seg checks, FBS, dressing changes, EKG's, etc. (Does not include sick call or ER).	4783
10) LABORATORY	Total # of labs drawn in facility.	138
11) HEALTH ASSESSMENTS (#)	Total # of initial health assessments completed during the month (14 day for jails; 7 days for prisons).	224
12) 6 MONTH PHYSICALS (CALIFORNIA ONLY)	Total # of physicals completed on patients in custody for 6 months or longer (California).	0
13) ANNUAL HEALTH ASSESSMENTS COMPLETED (#)	Total # of annual (patients who have been on site for 12 months) health assessments	10
14) X-RAYS (NON-TB RELATED) ON-SITE (#)	Total # of Non-TB related X-Rays (TB related X-Rays are under Infectious Disease Control).	11
<b>Infirmary</b>		
	<b>Description</b>	<b>Total</b>
15) INFIRMARY DAYS	Total # of midnights spent in Infirmary.	0
16) # of INFIRMARY ADMISSION	Total # of infirmary admission orders	0
<b>Mental Health - Psychiatry</b>		
	<b>Description</b>	<b>Total</b>
17) NEW PATIENT VISITS (#)	Total # of new patients seen by psychiatric provider (Psychiatrist or Mid-Level).	
18) FOLLOW UP VISITS (#)	Total # of Follow up visits by psychiatric provider (Psychiatrist or Mid-Level)	
19) PSYCHIATRIC NURSE VISITS (#)	Total # of contact provided by psychiatric nurse (do not include rounds with psychiatry provider - those are counted under psychiatrist).	0
<b>Mental Health - Providers</b>		
	<b>Description</b>	<b>Total</b>
20) FOLLOW-UP CONTACTS (#)	Total # of visits provided by MH staff (including Special Needs, Seg Rounds, Individual Therapy and Discharge Planning contacts).	1503
21) MH SCREENS (#)	Total # of Positive MH Screens from intake.	782
22) SPECIAL NEEDS CONTACTS (#)	Total # of visits provided to patients on special needs list during the month	149
23) SEGREGATION ROUNDS (#)	Total # of segregation visits performed by mental health team during the month	517
24) INDIVIDUAL THERAPY CONTACTS (#)	Total # of patients who received individual therapy during the month	0
25) GROUP THERAPY SESSIONS	Total # of group therapy sessions conducted by mental health personnel (number of sessions, not individuals in the sessions.)	0
26) # OF PATIENTS IN GROUP THERAPY SESSIONS	Total # of individuals in group therapy sessions conducted by mental health personnel	0
27) DISCHARGE PLANNING CONTACTS (#)	Total # of contacts provided by discharge planner during the month	244

28) # OF THERAPEUTIC RESTRAINT EPISODES	Total # of patients placed in therapeutic (not security-ordered) restraints	0
29) # OF EMERGENCY MEDICATION EPISODES	Total # of separate episodes in which the psychiatrist ordered medication to be given without patients consent	6
30) # OF PATIENTS ON INVOLUNTARY MEDICATION	Total # of patients on court ordered / due processed involuntary medication programs	2
<b>Mental Health - Self-Harm</b>		
	<b>Description</b>	<b>Total</b>
31) # OF SUICIDE ATTEMPTS	Total # events where inmate engaged in behavior that was of lethal nature, requiring extensive off-site medical care.	0
32) # OF COMPLETED SUICIDES	Total # of patients who completed suicide during the month.	0
33) # OF SUICIDE WATCH EVENTS	Total # events where inmate was placed on suicide watch (may include same I/M placed on watch more than once during month).	86
34) TOTAL # OF DAYS FOR ALL SUICIDE WATCHES	Total # of days that patients were on suicide watch.	170
35) # OF SUICIDE THREATS/IDEATIONS	Total # of events of communicated threats or thoughts of self harm verbally or written	
36) # OF NON-SUICIDAL SELF INJURY (NSSI)	Total # events where inmate engaged in some form of self-harming behavior that does not result in lethality or intent to achieve death	
<b>Mental Health - Transfer</b>		
	<b>Description</b>	<b>Total</b>
37) # OF PETITIONS FOR CIVIL COMMIT	Total # of patients who have been committed but awaiting bed or assessment in community facility.	0
38) # OF PATIENTS CIVILLY COMMITTED	Total # of patients whose petitions for civil commitment have been accepted and transferred out to treatment facilities.	0
<b>Mental Health - Other MH Data</b>		
	<b>Description</b>	<b>Total</b>
39) # OF PATIENTS ON SPECIAL NEEDS LIST	Total # of patients being followed for special mental health needs.	211
40) SICK CALL - MENTAL HEALTH	Total # of mental health sick call encounters completed by Wellpath personnel.	311
41) # OF MH SICK CALL REQUESTS/ REFERRALS	Total # of requests for MH services received during the month	481
<b>Dental</b>		
	<b>Description</b>	<b>Total</b>
42) DENTAL EXAMS	Total # of dental screens/exams completed (either initial or annual) by the Dentist.	5
43) DENTAL SICK CALL / SCREENS	Total # of dental sick call / screens by the Dentist.	57
44) EXTRACTIONS	Total # of dental extractions.	47
45) TEMPORARY FILLINGS	Total # of temporary fillings.	2
<b>Off-Site Services</b>		
	<b>Description</b>	<b>Total</b>
46) EMERGENCY ROOM VISITS - TOTAL	Total # of ER Visits (to include County, Federal & ICE, etc.).	59

47) EMERGENCY ROOM VISITS - COUNTY	Total # of County patients transported from the Jail to the ER for care.	59
48) HOSPITAL ADMISSIONS - Total	Total # of patients admitted to hospital (to include County, Federal and ICE by summing up the following two items).	7
49) HOSPITAL ADMISSIONS - COUNTY	Total # of County patients admitted to the hospital.	7
50) HOSPITAL DAYS - TOTAL	Total # of inmate hospital days.	55
51) ON-SITE SPECIALTY CONSULTATIONS	Total # of patients seen for on-site Specialty Consultations such as OB, ortho, Renal, etc.	0
52) OFF-SITE SPECIALTY CONSULTS - Total	Total # of patients transferred off-site by security for appointments.	6
53) DEATH IN CUSTODY	Total # of in custody inmate deaths.	0
<b>Pharmaceuticals</b>	<b>Description</b>	<b>Total</b>
54) TOTAL I/Ms ON MEDS	Total # of patients prescribed medications to include Formulary, Non-Formulary, Psychotropic & OTC.	468
55) TOTAL I/Ms ON MEDICAL MEDS	Total # of patients prescribed medical medications to include OTCs ordered by a provider.	276
56) TOTAL I/M'S ON PSYCHOTROPIC MEDS	Total # of patients on psychotropic medications.	316
57) TOTAL I/M'S NONFORMULARY MEDS	Total # of patients on non-formulary medications (medical and psychotropic).	32
<b>Chronic Care</b>	<b>Description</b>	<b>Total</b>
58) ASTHMA/COPD	Total # of patients seen in Pulmonary CCC during the month.	18
59) DIABETICS	Total # of patients seen in Diabetic CCC during the month.	24
60) DIALYSIS	Total # of patients who received dialysis during the month.	0
61) HIV	Total # of patients seen in HIV CCC during the month.	0
62) PREGNANCY	Total # of patients seen in Pregnancy Clinic during the month.	0
63) HYPERTENSION / CARDIOVASCULAR	Total # of patients seen in Cardiac CCC during the month.	50
64) SEIZURE DISORDERS	Total # of patients seen in Seizure CCC during the month.	13
65) THYROID	Total # of patients seen in Thyroid CCC during the month.	3
66) TUBERCULOSIS	Total # of patients seen in TB CCC during the month.	12
67) OTHER	Total # of patients seen in Other CCC during the month (w/c prosthetics).	16
<b>Infectious Disease Control</b>	<b>Description</b>	<b>Total</b>
68) PPDs PLANTED	Total # of PPD's planted in the month.	293

69) PPDs READ	Total # of PPD's read during the month.	178
70) POSITIVE PPDs	Total # of PPD's measuring over 10 mm during the month plus those measuring over 5mm in high risk groups.	13
71) TB RELATED CHEST X-RAYS	Total # of X-Ray taken due to positive PPD's or based on negative test with symptoms.	36
72) ACTIVE TB	Total # of patients with active TB which require negative pressure room and isolation.	0
73) # OF POSITIVE HIV patients	Total # of HIV positive patients, to include previous or new positive.	
74) HEPATITIS A	Total # of patients with a diagnosis of positive Hep A.	
75) HEPATITIS B	Total # of patients with a diagnosis of positive Hep B.	
76) HEPATITIS C	Total # of patients with a diagnosis of positive Hep C.	
77) STD	Total # of patients who tested positive for and were started on treatment for Chlamydia, Gonorrhea, Syphilis, PID, or any other type of STD not listed.	0
78) OTHER	Total # of patients treated for lice or crabs or scabies.	0
79) MRSA CONFIRMED	Total # of patients with skin infections that cultured positive for MRSA.	0
80) SUSPECTED MRSA TREATED	Total # of patients started on MRSA treatment without a positive culture.	0
<b>Grievances</b>	<b>Description</b>	<b>Total</b>
81) PATIENTS WITH GRIEVANCES	Total # of medical grievances received during the month.	11
82) DISSATISFIED WITH MEDICAL CARE	Total # of grievances related to medical care.	2
83) DISSATISFIED WITH DENTAL CARE	Total # of grievances related to dental care.	0
84) DISSATISFIED WITH MENTAL HEALTH CARE	Total # of grievances related to mental health care.	0
85) DISSATISFIED WITH STAFF CONDUCT	Total # of grievances related to Wellpath staff conduct.	0
86) DISSATISFIED WITH DELAY IN HEALTHCARE	Total # of grievances related a delay in care.	2
87) PROBLEMS WITH MEDS	Total # of grievances related to medications.	1
88) REQUEST TO BE SEEN	Total # of grievances related to access to care.	1
89) OTHER	Total # of grievances related to other areas of Wellpath responsibility.	5
90) NUMBER OF FOUNDED	Total # of formal grievance is resolved in the patients favor using the remedy recommended by the patient.	0
91) NUMBER OF UNFOUNDED	Unfounded: The grievance is resolved in the Health Service Department's favor when the issue or condition begin grieved remains unchanged.	11

SUBMIT



# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>									
				-			-		
<b>or</b>									
<b>Employer identification number</b>									

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

## What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note. ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Line 2**

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

**Line 3**

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

**Limited Liability Company (LLC).** If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

**Line 4, Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

**Exempt payee code.**

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note.** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

**Line 5**

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

**Line 6**

Enter your city, state, and ZIP code.

**Part I. Taxpayer Identification Number (TIN)**

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.



**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup>  The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

