

on the minute entry distribution list for every minute entry related to health care ordered for a youth detained at PCJDC in order to expedite compliance with such court orders.

The Contractor shall develop a mechanism to review all minute entries received from the Court and to ensure timely compliance with court orders such as, but not limited to, those that:

- a) Order the youth to comply with certain treatment plans; or
- b) Authorize the Contractor to administer treatment on an involuntary basis; or
- c) Otherwise impact the youth's health care and the Contractor's role in the youth's health care services continuum.

The Contractor shall maintain a log of all minute entries received, including the date received and action taken, and make the log available for County and Court review.

The Contractor shall comply with the Court's order specifying the Court's expectation that medication is to be administered to youth "voluntarily or involuntarily" within the detention setting. The Contractor shall seek such court orders when the youth's failure to take medication contributes to behavior dangerous to self or others, or adversely impacts stabilization.

### **18.3 Subpoenas**

Upon receipt of a subpoena for a youth's health care services record, Contractor shall immediately forward subpoena to PCJDC Administration for processing. Contractor shall not issue the record until it has received written authorization to do so from the PCJCC Administration.

### **18.4 Professional Consultation Services**

Contractor shall provide professional consultation services on health care matters to the presiding judge or individual judges as requested by a judicial officer, including making recommendations for early release of youth diagnosed with a serious illness. Contractor will provide a regular report to the assigned Probation Officer and Judge containing summary information of youth's current health status and health issues for consideration in judicial proceedings, or as may be requested by the Court.

**ATTACHMENT A2-1  
STATISTICAL DATA REPORT - PCJDC**

Service Provided	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	YTD Total	Monthly Average
Average Monthly Census													N/A	-
#Health Intake Screenings/Admissions													0	-
<b>MEDICAL: Physicals/Sick Call</b>														
# 7 Day Physicals (Total)													0	-
# Medical Sick Call Request (Total)													0	-
<b># Medical Sick Call Visits (Total)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>
# Nurse Sick Call Visits													0	-
# MD Visits													0	-
# Mid Level Provider Visits													0	-
<b># Chronic Care Visits (Total)</b>													0	-
Cardiovascular													0	-
CNS / Neuro													0	-
Asthma/Respiratory													0	-
Diabetes / Endocrine													0	-
GI													0	-
ADHD													0	-
<b>Medical : Procedures</b>														
<b># of Procedures (Total)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>
Wound Care / Dressings / Burns													0	-
EKG													0	-
Respiratory Treatments													0	-
Other (please specify)													0	-
<b>Medical : Diagnostic Testing</b>														
<b># Internal Lab Tests (Total)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>
Rapid strep													0	-
Fingerstick Blood Glucose													0	-
Urinalysis, by dip stick													0	-
Urine Pregnancy Test													0	-
# Positive Pregnancy Test													0	-
<b>External Lab Tests (Total)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>
Chem Panel / LFT													0	-
CBC with platelets / Diff													0	-
Glucose Fasting													0	-

**ATTACHMENT A2-1  
STATISTICAL DATA REPORT - PCJDC**

Service Provided	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	YTD Total	Monthly Average
Hg-A1C													0	-
T4/TSH													0	-
Urine with Micro / Urine C & S													0	-
Hepatitis A, B, C,													0	-
RPR Testing													0	-
Depakote Level (Valporic Acid)													0	-
Lithium Level													0	-
Other													0	-
# PPD Tests													0	-
# Positive PPD													0	-
# Chest x-rays													0	-
# Positive Chest													0	-
<b># STD tests (Total)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>
# Chlamydia tests													0	-
# Positive Chlamydia													0	-
# Gonorrhea Tests													0	-
# Positive Gonorrhea													0	-
# RPR test													0	-
# Positive RPR													0	-
# HIV tests													0	-
# Positive HIV													0	-
Number of Patients Treated													0	-
# Hepatitis tests (Total)													0	-
# Positive Hep A													0	-
# Positive Hep B													0	-
# Positive Hep C													0	-
<b>MEDICAL : Off Site Services</b>														
<b># Radiology Services-Off-Site (Total)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>
# Xrays													0	-
# Ultrasounds													0	-
# M.R.I.													0	-
# C.T. Scan													0	-

**ATTACHMENT A2-1  
STATISTICAL DATA REPORT - PCJDC**

Service Provided	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	YTD Total	Monthly Average
<b># Off Site Referrals (Total)</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Cardiology													0	-
Chest Clinic (TB Clinic)													0	-
Neurology													0	-
Orthopedics													0	-
Obstetrics													0	-
Gynecology													0	-
Optometrist													0	-
<b># Emergency Visits Off Site</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
# Medical													0	-
# Behavioral Health													0	-
# EMS Transport													0	-
<b># Youth Hospitalized (Total)</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
# for Medical Problems													0	-
# Inpatient Days													0	-
# for Behavioral Health Problems													0	-
# Inpatient Days													0	-
<b>Dental</b>														
<b># Youth transported off site for Dental Services</b>													0	-
# Youth requiring 60 day dental exam													0	-
# 60 day exams completed													0	-
<b>Behavioral Health</b>														
Average Daily Caseload													0	-
# 7 day Behavioral Health Evaluations													0	-
<b># Behavioral Health Referrals (Total)</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
# Behavioral Health Sick Call Requests													0	-
# MAYSI referrals													0	-
# from Detention Staff													0	-
# from Probation Staff													0	-
# from Outside Provider													0	-
# from Medical													0	-
# non paper referrals													0	-

**ATTACHMENT A2-1  
STATISTICAL DATA REPORT - PCJDC**

Service Provided	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	YTD Total	Monthly Average
<b># Behavioral Health Visits (Total)</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
# Psychiatrist Visits													0	-
# Mid Level Provider Visits													0	-
# Behavioral Health Professional Visits													0	-
Number of Groups Conducted													0	-
Unduplicated # of Youths seen in BH													0	-
<b># Youth place on Suicide Watch</b>													0	-
# Suicide Watch Evaluations													0	-
<b># Youth using restraint bed</b>													0	-
# of Restraint Checks Completed													0	-
<b># Youth receiving emergency psychotropic medication</b>													0	-
<b># of Suspected Abuse Cases Reported</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
# Sexual abuse													0	-
# Physical abuse													0	-
# Neglect													0	-
<b>MEDICATION FROM HOME</b>														
<b># of Medications Accepted (Total)</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
# Medical													0	-
# Behavioral Health													0	-
<b># Medications Rejected (Total)</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
# Medical													0	-
# Behavioral Health													0	-
<b>Training for Detention Officers</b>														
Medical Topic (# of hours provided)													0	-
Behavioral Health (# of hours provided)													0	-
<b>SENTINEL EVENTS</b>														
<b># Youth attempting suicide</b>													0	-
<b># Deaths on site</b>													0	-

**ATTACHMENT A2-2  
SAMPLE PHARMACY REPORT - PCJDC**

Medication Costs by Category	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Total for Year	Monthly Average YTD
Analgesic													\$ -	-
Anti-infective													\$ -	-
Dermatological													\$ -	-
Asthma													\$ -	-
Vaccine													\$ -	-
Cardiac													\$ -	-
Cough and cold													\$ -	-
Diabetes													\$ -	-
Gastrointestinal													\$ -	-
Ophthalmic and Otic													\$ -	-
Psychotropic													\$ -	-
Seizure													\$ -	-
Nutritional													\$ -	-
Other													\$ -	-
<b>Total by Category</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Less Credits for Psychotropics													\$ -	-
Less Credits for Other Meds													\$ -	-
<b>Total Cost Less Credits</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Rx Orders by Category	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Total for Year	Monthly Average YTD
Analgesic													0	-
Anti-infective													0	-
Dermatological													0	-
Asthma													0	-
Vaccine													0	-
Cardiac													0	-
Cough and cold													0	-
Diabetes													0	-
Gastrointestinal													0	-
Ophthalmic and Otic													0	-
Psychotropic													0	-
Seizure													0	-
Nutritional													0	-
Other													0	-
<b>Grand Total</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Of Which:</b>														
# of New Prescription Orders													0	-
# Stock Medications													0	-
# Over the Counter Orders													0	-

**ATTACHMENT A2-2**  
**SAMPLE PHARMACY REPORT - PCJDC**

Additional Census and Medication Information	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19		Monthly Average YTD
Average Daily Census														-
Per Member per Month (PMPM) Cost														-
# Youth on Prescription Medication														-
Monthly Cost per Youth on Rx														-

Breakdown of Psychotropic Medications	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Total for Year	Monthly Average YTD
# of Youth on Psychotropic Meds														-
# Psychotropic Prescriptions													0	-
<b>Of Which:</b>														
# Atypical Antipsychotic Rxs													0	-
# Typical Antipsychotic Rxs													0	-
<b>Total Cost of Psychotropic Meds</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
<b>Of Which:</b>														
Cost of Atypical Antipsychotic Meds													\$ -	-
Cost of Typical Antipsychotic Meds													\$ -	-
Cost of Antidepressant Meds													\$ -	-

ATTACHMENT A2-3

REQUIRED REPORTS AND REPORTING SCHEDULE - PCJDC

Report #	Report	Frequency	Contract Reference
1	Summary Invoice for Health Services - PCJDC	Monthly	Attachment B-9
2	Staffing Payment Adjustment Report and supporting documentation	Monthly	Exhibit B, Section 2.2.1
3	PCJDC Statistical Data Report	Monthly	Attachment A2-1
4	PCJDC Pharmacy Report	Monthly	Attachment A2-2
5	Inventory - Medical equipment, office equipment/software, and furniture	July and January	Attachment B-12

**Notes:**

- 1) Monthly reports are due on the 10th calendar day of the month for services provided in the previous month.
- 2) County and Contractor to complete inventory jointly. PCJDC to receive a copy and review.
- 3) This list is to be used as a check list and is not intended to be an all inclusive reporting list.



**ATTACHMENT A2-4  
PERFORMANCE INDICATORS - PCJDC**

Functional Area or Activity	Performance Indicator(s)	Threshold	Financial Consequences of Not Meeting Performance Indicators (\$ per Indicator)
Receiving Screening	1. The chart contains a medical and mental health screening by an RN initiated within five minutes of notification of youth's arrival and no later than 15 minutes from notification in the event the RN is diverted by a medical emergency or behavioral health crisis.	95%	\$1,000
	2. The chart contains an initial screening to include a full evaluation of substance use, intoxication and/or the need for withdrawl protocol. Initial screenings will include toxicology testing for every youth being housed.	95%	\$1,000
	3. The chart identifies youth who are or have been enrolled in the Regional Behavioral Health Authority (RBHA) within 90 minutes of intake,	90%	\$1,000
	4. That chart contains evidence of coordination of care for youth with community providers, which includes requesting the youth's health records and most recent medication regimen and initiating discharge planning.	90%	\$1,000
Behavioral Health	5. The chart contains a mental health evaluation completed by a Mental Health Professional within 24 hours from the time of admission for all youth admitted on a weekday and within 72 hours for all youth admitted on a weekend or holiday. For youth returning to PCJDC within the past 60 days, an abbreviated evaluation may be conducted IF the previous comprehensive evaluation is available in the chart.	95%	\$1,000
	6. The chart contains a trauma and substance abuse assessment pertaining to each booking.	95%	\$1,000
	7. The chart contains an individualized behavioral plan that includes identification of mental health issues, family dynamic considerations, trauma history, antecedent triggers, and de-escalation recommendations for use by detention staff to address behaviors in the detention setting for all youth.	95%	\$1,000
	8. The chart contains evidence that all youth were offered receive three one-hour sessions per week of positive structured group process.	90%	\$1,000
	9. The chart contains evidence of participation in ALL Child and Family Team (CFT) meetings for youth, unless requested not to participate by the court.	90%	\$1,000
Medical and Mental Health Assessments	10. The chart contains a Juvenile Health Assessment to be completed within seven (7) days of admission by a Physician, Physician Assistant, Nurse Practitioner or Registered Nurse for all youth.	90%	\$1,000
Management of TB	11. The chart contains PPD testing or chest x-ray within 7 days of admission, unless TB screening was conducted on the Youth within the last six months for all asymptomatic Youth.	90%	\$1,000

**ATTACHMENT A2-4  
PERFORMANCE INDICATORS - PCJDC**

Functional Area or Activity	Performance Indicator(s)	Threshold	Financial Consequences of Not Meeting Performance Indicators (\$ per Indicator)
Sick Call Requests	12. The chart contains evidence that all medical, dental and behavioral health sick call requests are triaged face to face with the youth by a LPN, RN, PA or NP within 24 hours of receipt. A prescribing provider is consulted regarding a Youth with an acute or urgent condition within 24 hours of identifying the condition.	95%	\$1,000
Medication Bridging	14. The chart contains evidence that upon verification contractor will administer youth's current prescribed medication(s) within 24 hours.	95%	\$1,000
Medication Administration	15. MARs will be completed to include allergies, start and stop dates, dosage, route of administration, frequency, hour of administration and signed by a prescribing provider. There are no blank spaces without nurse initials and/or coding to explain reason for medication not being administered. All medication is administered as prescribed.	90%	\$1,000

Final Implementation Notes	
Sample Size	Sample Size to be determined by PCBH Quality Management. Official scoring and whether financial penalties apply will be determined by the significance of the sample size.
Operational Definitions	Final Operational Definitions will be written by County in partnership with Contractor once fully transitioned and onsite. Definitions will include all yes, no, and N/A qualifiers.
Audit Frequency	Specific frequency to be determined depending on performance population trends and contractual priority.

**ATTACHMENT A2-5  
BUSINESS REQUIREMENTS - PCJDC**

<b>Requirement #</b>	<b>Business Requirement</b>	<b>Threshold</b>	<b>Financial Consequences of not meeting Business Requirement</b>
1	Maintain NCCHC accreditation, if the cause for losing accreditation was within Contractor's control.	100%	\$50,000 upon losing accreditation and \$100,000 for each additional year in which PCJDC is not accredited
2	Notify the County's Behavioral Health Medical Director of any event detailed in per Policy BH-07.	100%	\$ 5,000
3	Notify the County of an inpatient admission within 24 hours of admission.	100%	\$ 5,000
4	Provide policies/procedures for off-site services within 60 days of the start date of the new Contract term. Beginning with the second year of the Contract, provide a complete set of policies/procedures by July 31. For new and updated policies, provide them at least 30 days before implementation (see Exhibit A, Part II, Section 3).	100%	\$500 per occurrence
5	Comply with the Critical Staffing Requirements (see Section 15.3.1 in Exhibit A, Part II)	100%	\$1,000 per occurrence
6	Notify Pima County Behavioral Health Department within 24 hours of discovery of any lapse or expiration of or adverse action taken against any licensure or certification for any health staff member .	100%	\$1,000 per occurrence
7	Send to County notice of departure of Leadership Positions for vacant or soon-to-be vacant Leadership Positions, pursuant to Policy BH-08.	100%	\$ 1,000
8	Obtain written approval from PCJDC Administration and County's Behavioral Health Medical Director prior to hiring any Leadership Position.	100%	\$ 5,000

**EXHIBIT A: SCOPE OF SERVICES – PART III**

**PROVISION OF PSYCHOLOGICAL SERVICES FOR THE PIMA  
COUNTY SHERIFF’S DEPARTMENT**

**1. Applicants to the Sheriff’s Department**

CONTRACTOR must provide a Ph.D. psychologist that is not associated with providing services to detainees or youth to provide the following services:

- a) Conduct one-on-one psychological interviews with each Corrections Officer candidate, Deputy Sheriff candidate, and candidates for other positions as determined by the Sheriff; and
- b) Dictate an evaluative report on each candidate including a risk assessment regarding each candidate for the position for which they have been interviewed. This report and recommendation shall be submitted to the Staff Services Section Commander at the Sheriff’s Department, within 72 hours of the interviews.

**2. Return to Duty Interviews**

CONTRACTOR will also provide a Ph.D. psychologist to:

- a) Conduct return-to-duty interviews of department members who have been involved in critical incidents, generally officer-involved shootings, prior to the department member’s return to duty. These interviews are not fitness-for duty psychological evaluations, which are done by Pima County Risk Management. The return-to-duty interviews are done to ensure that the department members involved in the critical incidents are not experiencing any post-traumatic problems that interfere with their functioning off-duty or that may cause them difficulties in returning to work. These interviews generally take place within three days following the critical incident and are infrequent.
- b) Provide a verbal report the same day of the interview to the Staff Services Section Commander at the Sheriff’s Department.
- c) Provide a written report to the Staff Services Section Commander at the Sheriff’s Department within 72 hours.

**3. Additional Psychological Services**

CONTRACTOR will also provide a Ph.D. psychologist to serve in an advisory capacity, herein referred to as Behavioral Health Advisor, on an as needed basis to perform services that include but not be limited to:

- a) Serve as a liaison for and advise members of the Pima County Sheriff's Department Mental Health Support Team (MHST). Provide guidance with how the MHST team may meet the following goals:
  - 1. Interact with the mentally ill and their families in the safest, most appropriate and efficacious manner possible, and
  - 2. Place the mentally ill person in facility and/or community program(s) that will ensure the best long-term outcome for both the mentally ill individual and the community.
  
- b) Represent the Sheriff's Department at community collaborations, such as mental health committees and boards addressing the behavioral health system in Pima County, as relates to law enforcement. As requested by the Sheriff's Department/MHST Team, serve on a community steering committee regarding law enforcement, judicial, and mental health issues.
  
- c) Advise the MHST for the staffing of cases involving mentally ill individuals with whom the Team/Department has come into contact, whether through requests for service, court orders, or crisis calls.

## **EXHIBIT B: PRICING AND COMPENSATION**

### **Part 1: Terms and Conditions Applicable to Pricing and Compensation**

#### **1.1 Subcontractors**

In the event that Contractor employs the services of a subcontractor to provide services on-site, Contractor will be responsible for all oversight and management of, and payment to, its subcontractor.

#### **1.2 Inventories**

County is providing certain medical equipment, office equipment and furniture for Contractor's use at PCADC and PCJDC. Inventories as of December 2017 are included in **Attachment B-11** and **Attachment B-12**. Contractor should plan to utilize the inventory existing on the first day of performance of the Contract. For medical equipment with a unit purchase price of \$500 or above, County will purchase, repair, replace or supplement the existing inventory as needed to fulfill the obligations of the Contract, except for cases of abuse or misuse by Contractor. Contractor will be responsible for maintenance of all medical equipment.

Contractor will be responsible for the purchase or lease of new, and repair or maintenance of existing office equipment, including, but not limited to, computer workstations, printers and fax machines. All medical equipment purchased by County will be property of County, and all office equipment purchased by Contractor for its performance under this Contract will be property of Contractor.

Medication carts provided by a pharmacy subcontractor must be approved by PCADC. Contractor is responsible for acquiring and maintaining medication carts.

Contractor shall inventory all equipment being utilized for health care services operation at PCADC and PCJDC in January and July of each year for the term of the Contract, and provide a copy of the inventory to the County and, in the case of PCJDC, to the Court. Inventories must specify ownership of the items by the County, Contractor or PCJDC. County has the right to perform any and all inspections and inventories at any time.

#### **1.3 Ordering (to the extent applicable to this solicitation)**

This Contract is funded for the County through its Behavioral Health Department. Quantities referred to are estimated quantities, and County reserves the right to increase or decrease these amounts as circumstances may require. No guarantee is made as to the actual work that will be performed during the term of the Contract, other than the Basic Services Fee set forth in Section 2.1.

Any increase or decrease in Scope resulting in a change in compensation must be made through a fully executed change order or amendment to the Contract.

As of execution of the Contract, County can adjudicate off-site correctional healthcare claims at Arizona's Medicaid (AHCCCS) rates for both inpatient and outpatient services. Federal Financial Participation (FFP) is available for payment of claims for offsite healthcare services provided to detainees eligible for Medicaid under a qualifying hospital stay for claims the County adjudicates. Any changes in the governing laws, rules, or regulations, either at a State or National level, that materially affect the Scope of Service of this Contract, such as changes in the array or volume of healthcare services provided, the required staffing to provide such services, or the compensation required to adjudicate correctional healthcare claims, will constitute cause for the parties to negotiate and execute an amendment to this Contract to address any such changes.

#### **1.4 Pricing**

All costs will be assigned to a particular line item as defined in **ATTACHMENTS B-1, PRICING: PCADC; B-2, PRICING: PCJDC; and B-3, PRICING: PSYCHOLOGICAL SERVICES FOR THE PIMA COUNTY SHERIFF'S DEPARTMENT**; and all unit pricing (e.g. per detainee day or per evaluation) will be firm, fixed and fully loaded to include all incidental and associated costs necessary to provide all the scope of services outlined in relevant parts of Exhibit A: Scope of Services, Parts I, II and III.

Pricing in Attachments B-1, B-2, and B-3 must stand alone. In the event that County, under its option(s) to amend or terminate this Contract, opts to terminate contracted service provision related to Attachments B-1, B-2, or B-3, the pricing and compensation for any remaining contracted services related to any remaining Pricing Exhibits will remain intact and unaffected.

The initial term of the Contract is three years. Should the Contract be extended for a fourth and/or fifth year, proposals to adjust for inflation will be considered that are for no more than:

- i. The medical Consumer Price Index from the Bureau of Labor Statistics for the most recent 12 months available; or
- ii. Five percent (5%), whichever is less

#### **1.5 Acceptance (to the extent applicable to this solicitation)**

Acceptance of the goods and services defined by the Contract will be given by County's designated Contract Administrator.

In order to ensure a thorough inspection of the goods and services the Contractor represents will be provided to the County in the Contract, the County reserves the right to, at any time, utilize County personnel or contractors to monitor and inspect the operations and books and records detailing the actual provision of health services and the related costs, including any subcontracts or payments.

## **1.6 Billing**

Contractor will submit Request(s) for Payment / Invoices as set forth in **Attachments B-8 and B-9**. Contractor will provide a usage report showing the remaining balance on the "Not to Exceed" amount of the Contract as part of the monthly invoice.

## **1.7 Delivery**

Contractor must deliver the health services according to the standards specified and as outlined in **EXHIBIT A: Scope of Services**.

## **1.8 Fraud or Abuse**

Contractor will report and immediately forward to the County copies of documentation sent to Adult Protective Services, Arizona Department of Health Services, and/or the appropriate regulatory board of any incidents of fraud or abuse that require reporting to a government agency.

## **Part 2: Compensation**

Compensation will consist of the following elements:

### **2.1 Basic Services Fee**

County and Contractor have agreed on a Basic Services Fee for the initial term of three (3) years, from July 1, 2018 through June 30, 2021. The Basic Services Fee will be invoiced on a monthly basis, dividing the annual payment by twelve.

By the 10<sup>th</sup> of each month, Contractor will submit an invoice for the Basic Services Fee, together with supporting documentation and required reports, for services rendered in accordance with the RFP Exhibit A, Parts I and II. Contractor will submit Request(s) for Payment / Invoices using the format provided in **Attachments B-8 and B-9**, Summary Invoice for Health Services Provided, to the County designee as an e-mail attachment. If the invoice with supporting documentation and all required reports is received by the 10<sup>th</sup> calendar day of the month, payment will be made by the County no later than the last calendar day of that month. Otherwise, payment will be made within twenty-one (21) calendar days after the final required report or documentation is received. If County disputes any of the required reports, County will hold payment until satisfied with the reports.

The Basic Services Fee includes all operational expenses listed as the responsibility of Contractor in **Attachment B-10**.



## 2.2 Adjustments to the Basic Services Fee

Each month, the payment to Contractor will be adjusted to reflect any credit owed to County or Contractor based on the following categories: Staffing Payment Adjustments, Liquidated Damages, Claims Paid for Services Provided by the Community and paid for by the County, and Adjustments for the Cost of Medications. In the event County does not receive from the Contractor the documentation necessary, as described below, to quantify and substantiate any adjustments due for any of the categories, County will withhold the entire month's payment until such documentation is received.

### 2.2.1 Staffing Payment Adjustments

The Basic Services Fee includes payment for the staffing hours committed to in **Attachments B-4 and B-5 ("Staffing Commitment Worksheets")**. County will not compensate Contractor for staffing hours that are not provided. Contractor must provide a monthly **Staffing Payment Adjustment Report** for PCADC and PCJDC in an electronic format agreed to by County, comparing the Personnel actually provided by Contractor in the preceding month with that required by the **Contracted Onsite Staffing Commitment Worksheets (Attachments B-4 and B-5)**. Contractor must identify any disparities between the Personnel actually provided and those in the Contract, calculate any credit owed to County for hours not worked and provide County with the necessary information to substantiate Contractor's calculations. The County does not pay for hours worked in excess of those committed to in the Staffing Commitment Worksheets. However, excess hours provided in a higher licensure position(s) may be used to fill lower licensure positions (such as RN for LPN or MD for NP) which are deficient in hours provided.

This document and some of its attachments refer to personnel as "Exempt" and "Non-Exempt". As used in these documents, those terms are separate and distinct from the Internal Revenue Service definition and use of the terms exempt and non-exempt. Use of these terms in these documents is not intended to imply, require or otherwise guide how Contractor classifies its employees for purposes of compliance with IRS regulations.

Staffing adjustments are calculated based on worked hours for all personnel except for those who are categorized as "Exempt", for whom staffing adjustments will be calculated utilizing paid hours. Personnel categorized as "Exempt" are not relief positions and therefore the position is not filled when a regular employee is absent due to sick, vacation, personal or other paid leave. The required duties are reallocated among remaining staff. Exempt positions are usually management, administrative or those that provide support rather than those directly providing health care services to detainees or youth.

The monthly **Staffing Payment Adjustment Reports** (one for PCADC and one for PCJDC) will display, at a minimum, the following information for each position providing services under this Contract:

- Functional area;
- Position title;

- Contracted hours by day or week (for float hours) related to position as shown in the **Contracted Onsite Staffing Commitment** worksheets (**Attachments B-4 and B-5**);
- Variances between actual worked hours and contracted hours for each functional area by position by day/week;
- Hourly cost for every position (sum of salary and benefits), which is the direct cost, as shown in the **Summary Schedules of Staffing Costs** (see **Attachments B-6 and B-7**);
- Amount of the staffing payment adjustment related to each position; and
- Total of all staffing payment adjustments for PCADC staff and PCJDC staff, related to every position for which there is a shortfall in the actual hours worked versus the hours contracted on a daily or weekly (for float hours) basis.

The **Staffing Payment Adjustment Reports** will reflect any credit due to the County for the shortfall in actual hours either worked or paid versus contracted hours for every position as detailed in the Contractor's **Staffing Payment Adjustment Report**. In this report, Contractor will provide the paid and worked hours of both employees and subcontractors filling hours reflected on the Staffing Matrix with detail by position and day. Contractor will be reimbursed only for actual hours worked as reflected in the Contractor's electronic timekeeping system.

Relief funding will be included in the contracted amount. Contractor agrees to ensure that the relief funding in the **Summary Schedules of Staffing Costs** is utilized to ensure relief personnel are provided for the positions listed.

### **2.2.2 Liquidated Damages**

Financial Consequences of Contractor's failure to perform the tasks and functions listed in the Performance Indicators and Business Requirements are listed in **Attachments A1-4, A1-5, A2-4 and A2-5** of this Contract. The sums reflected in the Performance Indicators tables and the Business Requirements tables will be deducted from Contractor's Basic Services Fee in the event that any Performance Indicators or Business Requirements are not met, after the process outlined in Section 2.2.2.1 is exhausted.

#### **2.2.2.1 Liquidated Damages - Performance Indicators**

The Performance Indicators, which are audited monthly by County, in collaboration with the Contractor, are based on NCCHC requirements and the requirements of Behavioral Health, the Sheriff's Department and/or the Court. County will select which indicators will be the focus of each monthly review.

County will schedule the monthly review of indicators and will share the results of such review with Contractor for review and comment.

In the event Contractor does not agree with County's findings, Contractor will provide a written report on their findings. In the event the County and Contractor cannot agree on the findings, the County will select and engage, at Contractor's expense, the services of independent reviewers, with whom Contractor must cooperate, whose findings will be considered final for the purposes

of calculating any financial consequences and any requirement that Contractor provide a written corrective action plan, if applicable.

Should County request it, within two weeks of the County's request, the Contractor will provide County with a written corrective action plan addressing any Performance Indicator for which the Contractor did not meet the threshold.

Upon County's determination that Contractor failed to meet the threshold for (a) specific indicator(s) and exhaustion of the process outlined above, County will adjust the Basic Services Fee in the amounts shown on the Performance Indicators table in the column titled "Financial Consequences of Not Meeting Performance Indicators."

#### **2.2.2.2 Liquidated Damages – Business Requirements**

Upon determination that Contractor failed to meet a specific Business Requirement and exhaustion of the process outlined below, County will adjust the Basic Services Fee in the amount shown on the Business Requirements table in the column titled "Financial Consequences of Not Meeting Business Requirement".

In the event Contractor does not agree with County's findings, Contractor will provide a written report on their findings. In the event the County and Contractor cannot agree on the findings, the County will select and engage, at Contractor's expense, the services of independent reviewers, with whom Contractor must cooperate, whose findings will be considered final for the purposes of calculating any financial consequences and the requirement that Contractor provide a written corrective action plan, if applicable.

#### **2.2.3 Average Daily Population (ADP) Adjustment**

County and Contractor have agreed not to include an adjustment for variations in the census. However, in order to address material changes in the ADP and the commensurate change in services required of the Contractor, both the County and Contractor agree to initiate discussions if the ADP at PCADC either exceeds two thousand one hundred (2,100) or is below one thousand seven hundred (1,700) or the ADP at PCJDC exceeds 55 for at least three (3) consecutive months. Changes in the governing laws, rules and regulations regarding County jails and detainees during the term of the Contract, Court-ordered changes in services, availability of new medications or expanded uses of existing medications, medical advancements or any other changes in scope which materially affect the Scope of Services will require initiation of discussion to adjust compensation accordingly.

#### **2.2.4 Pharmacy Costs**

County has identified certain medications as "outlier medications." Contractor acknowledges that the community standard of care regarding outlier medications is that these medications are prescribed only upon the recommendation of a specialist in infectious disease, in accordance with an adopted Hepatitis C protocol, or a specialist in diseases of the blood, in the case of the blood disorder medications. In addition to such a recommendation, Contractor shall consult with the Behavioral Health Medical Director prior to prescribing such medications. The County's

Behavioral Health Medical Director shall make the final determination whether or not to allow the ordering of the outlier medications.

Outlier medications used by Contractor for treatment of detainees or youth will be the responsibility of Contractor up to \$25,000 per episode of detention or incarceration and any amount in excess of \$25,000 per episode will be the responsibility of the County, billed and paid in addition to the Basic Services Fee due for the month in which the outlier medication invoice is provided to County. For purposes of outlier medications, an episode of care begins upon detention and ends upon release from the PCADC or PCJDC. Any subsequent detentions will be considered a new episode of care. In the event Contractor does not utilize any outlier medication in a particular month, it is not required to submit documentation to County and County will not withhold the Basic Services Fee based on Contractor's failure to submit outlier medication documentation.

Each outlier medication is subject to the \$25,000 cap per episode of detention or incarceration, and the \$25,000 cap does not apply to an aggregate of all medications prescribed to a detainee during an episode, except that medications that are designed to be administered as a "cocktail" to treat a single health condition shall be considered a single outlier medication if the "cocktail" cost exceeds the \$25,000 cap.

County requires that Contractor bill County for such outlier medications at Contractor's cost, which is defined as Contractor's actual acquisition cost for medications, determined by the acquisition price listed on the submitted invoice received from Contractor's pharmaceutical affiliate, plus any invoiced delivery or dispensing fees, minus credits and/or rebates.

Contractor's outlier medication invoice provided to the County for outlier medications that exceed \$25,000 per episode at the PCADC or PCJDC will detail the detainee or youth identification number, the specific medication and dosage, approval from the appropriate specialist, the dates such medications were received, and provide proof, such as Contractor paid invoices totaling or exceeding \$25,000, to permit the County to audit the medication invoices.

## **2.2.5 Compensation for Services not Provided by Contractor (PCADC only)**

### **2.2.5.1 Health Care Services not Provided by Contractor – Up to \$25,000 per Episode of Care**

The Basic Services Fee includes a negotiated amount to cover the cost of services not provided by the Contractor's staffing under this Contract with a total adjudicated cost per episode of care of \$25,000 or less. Contractor will perform Utilization Management (UM) of all services according to its Utilization Management Program. County will deduct any amounts County paid to community providers for health care services provided to detainees in the custody of PCADC, up to \$25,000 per episode, from the monthly Basic Services Fee.

Qualifying services may include ambulance transportation, medical professional services, hospital or other medical facility stay, and other ancillary services not included in a tiered payment

rate. An episode of care begins at an acute onset of a health condition that requires qualifying treatment either at or away from PCADC and continues until the detainee is released from custody, no longer requires the treatment, or is returned to the PCADC, whichever occurs sooner. Subsequent services or re-admission to a medical facility for the same detainee, even related to the same medical condition, constitute a new episode unless a follow-up return to inpatient status or outpatient treatment was medically indicated and scheduled at the time of the previous discharge, or unless within fourteen days of discharge there was an obvious relapse in the condition of a patient who was previously admitted as an inpatient and later deemed appropriate for discharge to the PCADC Medical Observation Unit.

Providers of Off-site Services such as those listed below will bill County who will adjudicate and pay claims. County will provide Contractor with a monthly **Claims Paid File**, based on the date of payment. The amount paid for claims during the previous month will be deducted from the Basic Services Fee for the following month. County will adjudicate claims based on UM input from Contractor and using AHCCCS (Arizona's Medicaid) fee for service and Diagnosis Related Group (DRG) or tier rates in effect on the date of service, as allowed by Arizona Statute. Such services include:

- Inpatient hospitalization to include, but not limited to, all services provided to the detainee as an inpatient including ambulance transportation, emergency department services, physician consultation services, ancillary services, and medications;
- On-site specialty clinics in lieu of offsite transports for services;
- Specialists providing services via telemedicine in lieu of offsite transports for services; and
- Outpatient services provided to the detainee including:
  - Emergency room services
  - Off-site radiology services such as CT or MRI
  - Dialysis services
  - Physical therapy services
  - Ambulance and other transportation services
  - Prosthetic devices
  - Any overnight healthcare facility
  - Offsite physician, dental and other specialist services

The following services should not be included in calculations of the cost of Offsite Services:

- Laboratory testing for specimens obtained on-site for detainees held at PCADC (Main jail and Mission);
- Radiology reads, professional interpretations or over-reads by a radiologist which are expected to be provided within 24 hours of the transmission of a set of readable digital x-rays via the teleradiology equipment; and
- Services related to Involuntary Commitment Evaluations (COE).

On a monthly basis, Contractor will audit the County's **Claims Paid File** to ensure that all claims payments were made appropriately for detainees eligible for service. If Contractor determines that a claim was paid inappropriately, it will provide County an appeal in writing, including all

necessary documentation to substantiate its appeal, no later than 60 days from the date the **Claims Paid File** was provided by County.

County will research the appeal and make a decision. If the Contractor's appeal is upheld, then County will reverse the claim, and will add the amount previously deducted to the following monthly Basic Services Fee. If the appeal is not upheld, then the claim will remain paid and no refund will be issued. County is solely responsible for validating Contractor's appeal.

**2.2.5.2 Services Provided by Community Providers – Above \$25,000 per Episode of Care**  
Contractor's responsibility for the cost of off-site and on-site services not provided by the Contractor will be capped at \$25,000 adjudicated cost per episode of care. Any expense above that amount will be paid by County. Contractor will provide to County documentation sufficient to support the adjudicated costs over \$25,000 per episode, including any costs originally paid by Contractor.

### **2.3 Payment at Termination or Expiration of Contract**

To allow sufficient time for all final monthly payment adjustments to be verified and processed and for all Off-site Services to be received and adjudicated, County will potentially process two final payments under this contract as follows:

#### **2.3.1 Basic Services Fee Withhold**

County will withhold the final month's Basic Services Fee pending Contractor's reporting and reconciliation, due on the 10<sup>th</sup> day of the month following termination or expiration of the Contract, reconciling adjustments for the expense for Pharmacy and Offsite Services, staffing payment adjustments, and liquidated damages related to performance indicators and business requirements. By the last day of the month following termination or expiration, or ten days after submission by Contractor of the required reporting and reconciliation, whichever occurs later, County will pay the final Basic Services Fee with any adjustments indicated in the reporting and reconciliation mentioned above, withholding \$300,000 for outstanding claims as indicated below.

#### **2.3.2 Withholding for Outstanding Claims from Off-site Services**

In order to accommodate the lag time in processing medical claims for Off-Site Services, final payment to Contractor will be made no earlier than 180 days after the termination or expiration of the Contract. At the end of this time, claims paid for off-site and on-site services not provided by the Contractor will be deducted from the \$300,000 withheld from the final month's Basic Services Fee and the remainder of the \$300,000 will be sent to Contractor.

### **2.4 Psychological Services for County Sheriff's Department (Exhibit A, Part III):**

Payments for services related to Exhibit A, Part III, will be billed as fees per interview / evaluation or hourly at the rates specified in **Attachment B-3: Psychological Services for the Pima County Sheriff's Department**.

Contractor will transmit a monthly invoice for actual number of psychological evaluations provided to the County Sheriff's Department no later than the 10<sup>th</sup> of each month for services rendered in the preceding month. Contractor will submit Request(s) for Payment/Invoices to:

Sheriff's Department Business Office  
1750 E. Benson Highway  
Tucson, AZ 85714

The invoice submitted will include the number and type of services provided, such as twenty employment interviews and one return to duty interview. Payment will be made to Contractor by the County Sheriff's Department no later than the last calendar day of the month if the invoice is received by the 10<sup>th</sup> of the month. If Contractor does not submit invoice to County Sheriff's Department by 10<sup>th</sup> of the month, then payment will be made within 30 days after the invoice is received. Payments for services related to Exhibit A, Part III will be processed by the County Sheriff's Department.

**ATTACHMENT B-1**

**PRICING: PIMA COUNTY ADULT DETENTION COMPLEX (PCADC)**

Name of Contractor: Centurion of Arizona, LLC

Line #	Expense Category	Year 1 7/1/18 - 6/30/19	Year 2 7/01/19 - 6/30/20	Year 3 7/01/20 - 6/30/21	Totals 7/1/18 - 6/30/21
1	On Site Personnel. Based on Budgeted Staffing Commitment (Worksheet B-4) and Summary Schedule of Staffing Costs (Worksheet B-6)	\$ 9,585,298	\$ 9,392,795	\$ 9,724,136	\$ 28,702,229
2	Relief Compensation (from Worksheet 6)	\$ 699,628	\$ 670,519	\$ 690,634	\$ 2,060,781
3	Medications and Pharmaceutical Services	\$ 1,954,294	\$ 1,930,154	\$ 1,869,828	\$ 5,754,276
4	Offsite services (inpatient and outpatient).	\$ 1,068,689	\$ 1,214,770	\$ 1,256,595	\$ 3,540,054
5	Laboratory	\$ 94,067	\$ 104,339	\$ 107,784	\$ 306,190
6	Other Medical Expenses (including imaging, supplies, etc.)	\$ 878,636	\$ 519,937	\$ 530,247	\$ 1,928,820
7	<b>Subtotal Health Services Expenses</b>	<b>\$ 14,280,612</b>	<b>\$ 13,832,514</b>	<b>\$ 14,179,224</b>	<b>\$ 42,292,350</b>
8	<b>Administrative Expenses</b>	<b>\$ 1,492,934</b>	<b>\$ 1,323,439</b>	<b>\$ 1,449,819</b>	<b>\$ 4,266,192</b>
9	<b>Total Basic Service Fee for PCADC</b>	<b>\$ 15,773,546</b>	<b>\$ 15,155,953</b>	<b>\$ 15,629,043</b>	<b>\$ 46,558,542</b>

**Note 1:** This Worksheet should include pricing for all costs of detainees in the custody of the Sheriff's Department and housed at the Pima County Adult Detention Complex and the Mission Minimum Security Facility.

**Note 2:** MUST BE FIRM, FIXED, FULLY LOADED PRICE BASED ON ALL COSTS FOR WHICH CONTRACTOR EXPECTS PAYMENT, WITHOUT EXCEPTION



**ATTACHMENT B-2**

**PRICING: PIMA COUNTY JUVENILE DETENTION CENTER (PCJDC)**

Name of Contractor: Centurion of Arizona, LLC

Line #	Expense Category	Year 1 7/1/18 - 6/30/19	Year 2 7/01/19 - 6/30/20	Year 3 7/01/20 - 6/30/21	Totals 6/16/18 - 6/30/21
1	On Site Personnel. Based on Budgeted Staffing Commitment (Worksheet B-5) and Summary Schedule of Staffing Costs (Worksheet B-7).	\$ 921,492	\$ 953,445	\$ 986,828	\$ 2,861,765
2	Relief Compensation (from Worksheet B-7).	\$ 69,664	\$ 71,754	\$ 73,907	\$ 215,325
3	Medications and Pharmaceutical Services	\$ 12,568	\$ 13,071	\$ 13,594	\$ 39,233
4	Laboratory	\$ 5,385	\$ 9,368	\$ 9,846	\$ 24,599
5	Other Medical Expenses (including imaging, supplies, hazardous waste removal, etc.)	\$ 58,923	\$ 51,700	\$ 53,573	\$ 164,196
6	<b>Subtotal Health Services Expenses</b>	<b>\$ 1,068,032</b>	<b>\$ 1,099,338</b>	<b>\$ 1,137,748</b>	<b>\$ 3,305,118</b>
7	<b>Administrative Expenses</b>	<b>\$ 143,920</b>	<b>\$ 134,805</b>	<b>\$ 148,682</b>	<b>\$ 427,407</b>
8	<b>Total Basic Service Fee for PCJDC</b>	<b>\$ 1,211,952</b>	<b>\$ 1,234,143</b>	<b>\$ 1,286,430</b>	<b>\$ 3,732,525</b>

**Note 1:** This Worksheet should include pricing for all costs of youth housed at the Pima County Juvenile Detention Center.

**Note 2:** MUST BE FIRM, FIXED, FULLY LOADED PRICE BASED ON ALL COSTS FOR WHICH CONTRACTOR EXPECTS PAYMENT, WITHOUT EXCEPTION

**ATTACHMENT B-3**

**PRICING: PSYCHOLOGICAL SERVICES FOR THE PIMA COUNTY SHERIFF'S DEPARTMENT**

Name of Contractor: Centurion of Arizona, LLC

Line #		Year 1	Year 2	Year 3	Totals
		7/1/18 - 6/30/19	7/01/19 - 6/30/20	7/01/20 - 6/30/21	6/16/18 - 6/30/21
1	Rate per Applicant Interview / Evaluation	\$ 221.30	\$ 227.94	\$ 234.78	
2	Rate per Return to Duty Interview / Evaluation	\$ 221.30	\$ 227.94	\$ 234.78	
3	Hourly Rate for as required services performed by Psychologist. Includes travel costs and incidentals	\$ 73.77	\$ 75.98	\$ 78.26	
4	<b>Annual Dollar Cap for Service</b>	\$ 106,224	\$ 109,411	\$ 112,693	\$ 328,329

**Note 1:** Evaluation rate assumes an average time required of 3 hours per evaluation. This Worksheet should include pricing for all costs associated with conducting psychological evaluations for Applicants and Return to Duty for the Pima County Sheriff's Department.

**Note 2:** Hourly rate corresponds to providing the "Additional Psychological Services" listed in #3 of the RFP Scope of Services, Part III

**Note 3:** MUST BE FIRM, FIXED, FULLY LOADED PRICE BASED ON ALL COSTS FOR WHICH CONTRACTOR EXPECTS PAYMENT, WITHOUT EXCEPTION

**ATTACHMENT B-4**

**CONTRACTED ONSITE STAFFING COMMITMENT - PCADC**

Name of Contractor: Centurion of Arizona, LLC

PCADC Health Care Staffing Plan	Shift Hours	Total Hours Per Day							Total Hrs/Wk	Annual Hours Committed	# FTEs (weekly / 40)
		Sun	Mon	Tue	Wed	Thu	Fri	Sat			
<b>Main Jail Booking/Intake (24x7)</b>											
Specify Position Title:											
RN Intake	(Shift 1)	8	8	8	8	8	8	8	56	2,912	1.40
RN Intake	(Shift 2)	8	8	8	8	8	8	8	56	2,912	1.40
RN Intake	(Shift 3)	8	8	8	8	8	8	8	56	2,912	1.40
LPN/EMT Intake	(Shift 1)	8	8	8	8	8	8	8	56	2,912	1.40
LPN/EMT Intake	(Shift 2)	16	8	8	8	8	16	16	80	4,160	2.00
LPN/EMT Intake	(Shift 3)	16	8	8	8	8	16	16	80	4,160	2.00
Master Level MH Prof - Licensed	(Shift 1)	8	8	8	8	8	8	8	56	2,912	1.40
Master Level MH Prof - Licensed	(Shift 2)	8	8	8	8	8	8	8	56	2,912	1.40
Master Level MH Prof - Licensed	(Shift 3)	8	8	8	8	8	8	8	56	2,912	1.40
Master Level MH Prof - Licensed (Court Clinical Liaison)	(Shift 1)		8	8	8	8	8		40	2,080	1.00
<b>Sub Total, this Functional Area</b>		<b>88</b>	<b>80</b>	<b>80</b>	<b>80</b>	<b>80</b>	<b>96</b>	<b>88</b>	<b>592</b>	<b>30,784</b>	<b>14.80</b>
<b>Main Jail Medication Administration</b>											
Specify Position Title:											
LPN Med Pass/COWS/CIWA/Trmts	(Shift 1)	40	40	40	40	40	40	40	280	14,560	7.00
LPN Med Pass/COWS/CIWA/Trmts	(Shift 2)	40	40	40	40	40	40	40	280	14,560	7.00
LPN Med Pass/COWS/CIWA/Trmts	(Shift 3)	16	16	16	16	16	16	16	112	5,824	2.80
LPN Pharmacy Coordinator	(Shift 1)	8	8	8	8	8	8	8	56	2,912	1.40
<b>Sub Total, this Functional Area</b>		<b>104</b>	<b>104</b>	<b>104</b>	<b>104</b>	<b>104</b>	<b>104</b>	<b>104</b>	<b>728</b>	<b>37,856</b>	<b>18.20</b>
<b>Main Jail Sick Call Requests Triage</b>											
Specify Position Title:											
Physicians Assistant / Nurse Practitioner	(Shift 1)	8	4	8	4	8	4	8	44	2,288	1.10
Physicians Assistant / Nurse Practitioner	(Shift 2)		8	4	8	4	8		32	1,664	0.80
RN Sick Call	(Shift 1)		8	8	8	8	8		40	2,080	1.00
Medical Assistant Clinic/Phlebotomy	(Shift 1)		8	8	8	8	8		40	2,080	1.00
<b>Sub Total, this Functional Area</b>		<b>8</b>	<b>28</b>	<b>28</b>	<b>28</b>	<b>28</b>	<b>28</b>	<b>8</b>	<b>156</b>	<b>8,112</b>	<b>3.90</b>

**ATTACHMENT B-4**

**CONTRACTED ONSITE STAFFING COMMITMENT - PCADC**

Name of Contractor: Centurion of Arizona, LLC

PCADC Health Care Staffing Plan	Shift Hours	Total Hours Per Day							Total Hrs/Wk	Annual Hours Committed	# FTEs (weekly / 40)	
		Sun	Mon	Tue	Wed	Thu	Fri	Sat				
<b><i>Main Jail Chronic Care Management</i></b>												
Specify Position Title:												
RN Infection Control / CQI	(Shift 1)		8	8	8	8	8	8	8	40	2,080	1.00
LPN Chronic Care Coord./Scheduler	(Shift 1)		8	8	8	8	8	8	8	40	2,080	1.00
<b>Sub Total, this Functional Area</b>		-	16	16	16	16	16	16	-	80	4,160	2.00
<b><i>Main Jail Other Triage and Treatment</i></b>												
Specify Position Title:												
RN Supervisor (Main and Mission)	(Shift 1)	8	8	8	8	8	8	8	8	56	2,912	1.40
RN Supervisor (Main and Mission)	(Shift 2)	8	8	8	8	8	8	8	8	56	2,912	1.40
RN Supervisor (Main and Mission)	(Shift 3)	8	8	8	8	8	8	8	8	56	2,912	1.40
RN Histories and Physicals	(Shift 1)		8	8	8	8	8	8		40	2,080	1.00
RN Main Clinic	(Shift 1)	8	8	8	8	8	8	8	8	56	2,912	1.40
RN Main Clinic	(Shift 2)	8	8	8	8	8	8	8	8	56	2,912	1.40
<b>Sub Total, this Functional Area</b>		40	48	48	48	48	48	48	40	320	16,640	8.00
<b><i>Main Jail Medical Observation Unit Care</i></b>												
Specify Position Title:												
RN Medical Observation Unit	(Shift 1)	8	8	8	8	8	8	8	8	56	2,912	1.40
RN Medical Observation Unit	(Shift 2)	8	8	8	8	8	8	8	8	56	2,912	1.40
RN Medical Observation Unit	(Shift 3)	8	8	8	8	8	8	8	8	56	2,912	1.40
LPN Medical Observation Unit	(Shift 1)	8	8	8	8	8	8	8	8	56	2,912	1.40
C.N.A. Medical Observation Unit	(Shift 1)	8	8	8	8	8	8	8	8	56	2,912	1.40
C.N.A. Medical Observation Unit	(Shift 2)	8	8	8	8	8	8	8	8	56	2,912	1.40
<b>Sub Total, this Functional Area</b>		48	48	48	48	48	48	48	48	336	17,472	8.40

**ATTACHMENT B-4**

**CONTRACTED ONSITE STAFFING COMMITMENT - PCADC**

Name of Contractor: Centurion of Arizona, LLC

PCADC Health Care Staffing Plan	Shift Hours	Total Hours Per Day							Total Hrs/Wk	Annual Hours Committed	# FTEs (weekly / 40)
		Sun	Mon	Tue	Wed	Thu	Fri	Sat			
<b>Main Jail Mental Health Services--General Population</b>											
Specify Position Title:											
Psychiatric Nurse Practitioner	(Shift 1)	5	5	5	5	5	5	5	35	1,820	0.88
Master Level MH Prof - Licensed (Outpatient)	(Shift 1)	8	20	20	20	20	24	8	120	6,240	3.00
Master Level MH Prof - Licensed (Outpatient)	(Shift 2)	4	10	10	10	10	12	4	60	3,120	1.50
Master Level MH Prof - Licensed (Segregation)	(Shift 1)		8	8	8	8	8		40	2,080	1.00
Substance Abuse Counselor	(Shift 1)		4	4	4	4	4		20	1,040	0.50
Substance Abuse Counselor	(Shift 2)		4	4	4	4	4		20	1,040	0.50
<b>Sub Total, this Functional Area</b>		<b>17</b>	<b>51</b>	<b>51</b>	<b>51</b>	<b>51</b>	<b>57</b>	<b>17</b>	<b>295</b>	<b>15,340</b>	<b>7.38</b>
<b>Main Jail Mental Health Services--Acute (Inpatient) Mental Health Unit</b>											
Specify Position Title:											
Psychiatrist	(Shift 1)		3	3	3	3	3		15	780	0.38
Psychiatric Nurse Practitioner	(Shift 1)		4	3	3	3	3		16	832	0.40
Psychologist	(Shift 1)		4	4	4	4	4		20	1,040	0.50
Master Level MH Prof - Licensed	(Shift 1)		8	8	8	8	8		40	2,080	1.00
Master Level MH Prof - Licensed	(Shift 2)		4	4	4	4	4		20	1,040	0.50
Bachelor Level MH Professional	(Shift 1)	8	8	8	8	8	8	8	56	2,912	1.40
Bachelor Level MH Professional	(Shift 2)	8	8	8	8	8	8	8	56	2,912	1.40
MH RN	(Shift 1)	8	8	8	8	8	8	8	56	2,912	1.40
MH RN	(Shift 2)	8	8	8	8	8	8	8	56	2,912	1.40
MH RN	(Shift 3)	4	4	4	4	4	4	4	28	1,456	0.70
<b>Sub Total, this Functional Area</b>		<b>36</b>	<b>59</b>	<b>58</b>	<b>58</b>	<b>58</b>	<b>58</b>	<b>36</b>	<b>363</b>	<b>18,876</b>	<b>9.08</b>

**ATTACHMENT B-4**

**CONTRACTED ONSITE STAFFING COMMITMENT - PCADC**

Name of Contractor: Centurion of Arizona, LLC

PCADC Health Care Staffing Plan	Shift Hours	Total Hours Per Day							Total Hrs/Wk	Annual Hours Committed	# FTEs (weekly / 40)
		Sun	Mon	Tue	Wed	Thu	Fri	Sat			
<b><i>Main Jail Mental Health Services--Sub-Acute (Step down) Mental Health Unit</i></b>											
Specify Position Title:											
Psychiatrist	(Shift 1)		4	4	4	4	4		20	1,040	0.50
Psychiatric Nurse Practitioner	(Shift 1)		4	4	4	4	4		20	1,040	0.50
Psychologist	(Shift 1)		4	4	4	4	4		20	1,040	0.50
Master Level MH Prof - Licensed	(Shift 1)		8	8	8	8	8		40	2,080	1.00
Master Level MH Prof - Licensed	(Shift 2)		4	4	4	4	4		20	1,040	0.50
Bachelor Level MH Professional	(Shift 1)	8	8	8	8	8	8	8	56	2,912	1.40
Bachelor Level MH Professional	(Shift 2)	8	8	8	8	8	8	8	56	2,912	1.40
MH RN	(Shift 1)	8	8	8	8	8	8	8	56	2,912	1.40
MH RN	(Shift 2)	8	8	8	8	8	8	8	56	2,912	1.40
MH RN (splits time with Inpatient unit)	(Shift 3)	4	4	4	4	4	4	4	28	1,456	0.70
<b>Sub Total, this Functional Area</b>		<b>36</b>	<b>60</b>	<b>60</b>	<b>60</b>	<b>60</b>	<b>60</b>	<b>36</b>	<b>372</b>	<b>19,344</b>	<b>9.30</b>
<b><i>Main Jail Mental Health Services--RTC Coordination and Tracking, Title 36 Psych Evaluations and Court Ordered Treatment, Rule 11</i></b>											
Specify Position Title:											
Psychiatrist	(Shift 1)		3	3	3	4	3		16	832	0.40
Master Level MH Prof - Licensed	(Shift 1)		4	4	4	4	4		20	1,040	0.50
<b>Sub Total, this Functional Area</b>		<b>-</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>8</b>	<b>7</b>	<b>-</b>	<b>36</b>	<b>1,872</b>	<b>0.90</b>
<b><i>Mission Facility Medication Administration/ Triage Sick Call Requests/ Sick Call/ Treatments</i></b>											
Specify Position Title:											
RN	(Shift 1)	8	8	8	8	8	8	8	56	2,912	1.40
Physicians Assistant/Nurse Practitioner	(Shift 1)		4		4		4		12	624	0.30
Physicians Assistant/Nurse Practitioner	(Shift 2)			4		4			8	416	0.20
LPN	(Shift 1)	8	8	8	8	8	8	8	56	2,912	1.40
LPN	(Shift 2)	8	8	8	8	8	8	8	56	2,912	1.40
LPN	(Shift 3)	8	8	8	8	8	8	8	56	2,912	1.40
<b>Sub Total, this Functional Area</b>		<b>32</b>	<b>36</b>	<b>36</b>	<b>36</b>	<b>36</b>	<b>36</b>	<b>32</b>	<b>244</b>	<b>12,688</b>	<b>6.10</b>

**ATTACHMENT B-4**

**CONTRACTED ONSITE STAFFING COMMITMENT - PCADC**

Name of Contractor: Centurion of Arizona, LLC

PCADC Health Care Staffing Plan	Shift Hours	Total Hours Per Day							Total Hrs/Wk	Annual Hours Committed	# FTEs (weekly / 40)
		Sun	Mon	Tue	Wed	Thu	Fri	Sat			
<b>Mission Facility Mental Health Services-- Includes Review of Medications and Mental Health Status</b>											
Specify Position Title:											
Psychiatrist	(Shift 1)							1	1	52	0.03
Psych ARNP	(Shift 1)		1	1	1	1	1		5	260	0.13
Master Level MH Prof - Licensed (Outpatient)	(Shift 1)		8	8	8	8	8		40	2,080	1.00
Master Level MH Prof - Licensed (Outpatient)	(Shift 2)		4	4	4	4	4		20	1,040	0.50
<b>Sub Total, this Functional Area</b>		-	13	13	13	13	13	1	66	3,432	1.65
<b>Dental Services</b>											
Specify Position Title:											
Dentist	(Shift 1)		8	8	8	8	8		40	2,080	1.00
Dental Assistant	(Shift 1)		8	8	8	8	8		40	2,080	1.00
<b>Sub Total, this Functional Area</b>		-	16	16	16	16	16	-	80	4,160	2.00
<b>Imaging Services</b>											
Specify Position Title:											
Radiology Tech	(Shift 1)		4	4	4	4	4		20	1,040	0.50
<b>Sub Total, this Functional Area</b>		-	4	4	4	4	4	-	20	1,040	0.50
<b>Total Direct Patient Care Staff</b>		409	570	569	569	570	591	410	3,688	191,776	92.20
<b>Leadership Personnel</b>											
Specify Position Title:											
Health Services Administrator	8 am - 5 pm		8	8	8	8	8		40	2,080	1.00
Director of Nursing	8 am - 5 pm		8	8	8	8	8		40	2,080	1.00
Medical Director	8 am - 5 pm		8	8	8	8	8		40	2,080	1.00
Director of Behavioral Health (MA)	8 am - 5 pm		8	8	8	8	8		40	2,080	1.00
Chief Psychiatrist	8 am - 5 pm		8	8	8	8	8		40	2,080	1.00
<b>Sub Total, this Functional Area</b>		-	40	40	40	40	40	-	200	10,400	5.00

**ATTACHMENT B-4**

**CONTRACTED ONSITE STAFFING COMMITMENT - PCADC**

Name of Contractor: Centurion of Arizona, LLC

PCADC Health Care Staffing Plan	Shift Hours	Total Hours Per Day							Total Hrs/Wk	Annual Hours Committed	# FTEs (weekly / 40)
		Sun	Mon	Tue	Wed	Thu	Fri	Sat			
<b><i>Medical Records Management and Support Staff</i></b>											
Specify Position Title:											
Administrative Assistant	8 am - 5 pm		16	16	16	16	16		80	4,160	2.00
E.H.R./IT Coordinator	8 am - 5 pm		8	8	8	8	8		40	2,080	1.00
Data Analyst	8 am - 5 pm		8	8	8	8	8		40	2,080	1.00
Med Records Clerk	(Shift 1)	8	8	8	8	8	8	8	56	2,912	1.40
Med Records Clerk	(Shift 2)	8	8	8	8	8	8	8	56	2,912	1.40
Med Records Clerk	(Shift 3)	8	8	8	8	8	8	8	56	2,912	1.40
MH Clerk	(Shift 1)		24	24	24	24	24		120	6,240	3.00
<b>Sub Total, this Functional Area</b>		<b>24</b>	<b>80</b>	<b>80</b>	<b>80</b>	<b>80</b>	<b>80</b>	<b>24</b>	<b>448</b>	<b>23,296</b>	<b>11.20</b>
<b>Total Leadership and Support</b>		<b>24</b>	<b>120</b>	<b>120</b>	<b>120</b>	<b>120</b>	<b>120</b>	<b>24</b>	<b>648</b>	<b>33,696</b>	<b>16.20</b>
<b>GRAND TOTAL</b>		<b>433</b>	<b>690</b>	<b>689</b>	<b>689</b>	<b>690</b>	<b>711</b>	<b>434</b>	<b>4,336</b>	<b>225,472</b>	<b>108.40</b>

Float positions are highlighted in orange.

1. Float hours and weekly schedules will be accomplished within the work week beginning 12:01 AM Sunday through 11:59 PM the following Saturday.
2. For float positions only, the hours listed by day are intended as a guide and are flexible. The total hours/week listed shall be fulfilled during the week.
3. The population / location designations for staff are intended to be guides. With the exception of positions filling Critical Staffing Requirements, staff based in one area may be floated to other areas to meet demand. However, the assigned area takes priority. CONTRACTOR will record and report such staff hours in the functional area to which the staff person was assigned.
4. Psychiatrist hours for the RTC program do not include Sell hearings, if any.
5. Psychiatry residents may fill hours required from mid-level psychiatric providers on an hour per hour basis.
6. The dentist from PCADC will be available as required to satisfy the requirements of NCCHC accreditation. Hours provided at PCJDC will be included in the PCADC staffing report.



**ATTACHMENT B-5**

**CONTRACTED ONSITE STAFFING COMMITMENT - PCJDC**

For each functional area, identify hours by Position Title that will be on-site each day of the week and by shift.

Name of Contractor: **Centurion of Arizona, LLC**

PCADC Health Care Staffing Plan	Shift Hours	Total Hours Per Day							Total Hrs/Wk	Annual Hours Committed	# FTEs (weekly / 40)	
		Sun	Mon	Tue	Wed	Thu	Fri	Sat				
<b>Medical Staff</b>												
Specify Position Title:												
Physician's Assistant / Nurse Practitioner				4					4	208	0.10	
RN Manager	(Shift 1)		8	8	8	8	8	8	40	2,080	1.00	
RN	(Shift 1)	8						8	16	822	0.40	
RN	(Shift 2)	8	8	8	8	8	8	8	56	2,912	1.40	
RN	(Shift 3)	8	8	8	8	8	8	8	56	2,912	1.40	
LPN	(Shift 2)	8	8	8	8	8	8	8	56	2,912	1.40	
<b>Sub Total, this Functional Area</b>			32	32	36	32	32	32	228	11,856	5.70	
<b>Behavioral Health Staff</b>												
Specify Position Title:												
Psychiatrist	(Shift 1)		2	2	2	2	2		10	520	0.25	
Psychiatric Nurse Practitioner	(Shift 1)		3	2	2	3	2		12	624	0.30	
Master Level MH Prof - Director of Behavioral Health	(Shift 2)		8	8	8	8	8		40	2,080	1.00	
Master Level MH Prof - Licensed	(Shift 1)	16						16	32	1,664	0.80	
Master Level MH Prof - Licensed	(Shift 2)	14	4	4	4	4	4	14	48	2,496	1.20	
<b>Sub Total, this Functional Area</b>			30	17	16	16	17	16	142	7,384	3.55	
<b>Leadership / Support Staff</b>												
Specify Position Title:												
MH Clerk			8	8	8	8			40	2,080	1.00	
<b>Sub Total, this Functional Area</b>			0	8	8	8	8	0	40	2,080	1.00	
<b>Contracted Positions</b>												
Specify Position Title:												
(None)									0	-	0.00	
<b>Sub Total, this Functional Area</b>			0	0	0	0	0	0	0	-	0.00	
<b>GRAND TOTAL</b>			62	57	60	56	57	56	62	410	21,320	10.25

Float positions are highlighted in orange.

1. Float hours and weekly schedules will be accomplished within the work week beginning 12:01 AM Sunday through 11:59 PM the following Saturday.
2. The County and Court are flexible on which day(s) of the week hours for float positions are provided, but request that the schedule remain stable and any changes to the schedule be communicated to the Detention Director as soon as known.
3. If agreed to by the County and Court, psychiatry residents may fill hours required from mid-level psychiatric providers on an hour per hour basis.
4. The dentist from PCADC will be available as required to satisfy the requirements of NCCHC accreditation. Hours provided at PCJDC will be included in the PCADC staffing report.

**ATTACHMENT B-6**  
**SUMMARY SCHEDULE OF STAFFING COSTS - PCADC**

Name of Contractor: Centurion of Arizona, LLC

Position Title	Year 1 Salary/Benefits 07/01/18 - 06/30/19			Year 1 Relief Compensation 07/01/18 - 06/30/19			Year 2 Salary/Benefits 07/01/19 - 06/30/20			Year 2 Relief Compensation 07/01/19 - 06/30/20			Year 3 Salary/Benefits 07/01/20 - 06/30/21			Year 3 Relief Compensation 07/01/20 - 06/30/21			
	Sample Positions  Positions with the Same Hourly Rate and Qualifications may be Combined	Hourly Budgeted Rate by Position, including wages, benefits or contracted amount	Paid FTEs	Budgeted Compensation (hourly rate x 2080)	For Exempt Staff, please write "Exempt" instead of providing hours and rates for relief			Hourly Budgeted Rate by Position, including wages, benefits or contracted amount	Paid FTEs	Budgeted Compensation (hourly rate x 2080)	For Exempt Staff, please write "Exempt" instead of providing hours and rates for relief			Hourly Budgeted Rate by Position, including wages, benefits or contracted amount	Paid FTEs	Budgeted Compensation (hourly rate x 2080)	For Exempt Staff, please write "Exempt" instead of providing hours and rates for relief		
					Hourly Rate	Annual Hours	Annual Budgeted Compensation				Hourly Rate	Annual Hours	Annual Budgeted Compensation				Hourly Rate	Annual Hours	Annual Budgeted Compensation
Health Services Administrator	\$ 55.48	1.00	\$ 115,392	N/A	Exempt	N/A	\$ 57.39	1.00	\$ 119,365	N/A	Exempt	N/A	\$ 59.37	1.00	\$ 123,500	N/A	Exempt	N/A	
Medical Director	\$ 153.35	1.00	\$ 318,976	\$ 116.35	160	\$ 18,615	\$ 158.23	1.00	\$ 329,127	\$ 119.84	160	\$ 19,174	\$ 163.29	1.00	\$ 339,636	\$ 123.43	160	\$ 19,749	
Physician's Assistant / Nurse Practitioner	\$ 68.93	2.40	\$ 344,088	\$ 66.00	384	\$ 25,344	\$ 71.20	2.40	\$ 355,447	\$ 67.98	384	\$ 26,104	\$ 73.57	2.40	\$ 367,247	\$ 70.02	384	\$ 26,887	
Director of Nursing	\$ 52.74	1.00	\$ 109,697	\$ -	Exempt	N/A	\$ 54.57	1.00	\$ 113,498	N/A	Exempt	N/A	\$ 56.47	1.00	\$ 117,455	N/A	Exempt	N/A	
Administrative Assistant	\$ 23.95	2.00	\$ 99,650	\$ -	Exempt	N/A	\$ 24.91	2.00	\$ 103,629	N/A	Exempt	N/A	\$ 25.92	2.00	\$ 107,820	N/A	Exempt	N/A	
RN Supervisor	\$ 47.70	4.20	\$ 416,696	\$ 44.17	672	\$ 29,682	\$ 49.31	4.20	\$ 430,761	\$ 45.50	672	\$ 30,573	\$ 50.99	4.20	\$ 445,449	\$ 46.86	672	\$ 31,490	
RN Infection Control / CQI	\$ 50.00	1.00	\$ 104,001	\$ -	Exempt	N/A	\$ 51.75	1.00	\$ 107,630	N/A	Exempt	N/A	\$ 53.56	1.00	\$ 111,410	N/A	Exempt	N/A	
RN Histories & Physicals	\$ 43.36	1.00	\$ 90,192	\$ 55.44	160	\$ 8,870	\$ 44.91	1.00	\$ 93,406	\$ 57.10	160	\$ 9,137	\$ 46.52	1.00	\$ 96,766	\$ 58.82	160	\$ 9,411	
RN Medical Observation Unit	\$ 46.48	4.20	\$ 406,067	\$ 57.99	672	\$ 38,968	\$ 48.06	4.20	\$ 419,812	\$ 59.73	672	\$ 40,137	\$ 49.70	4.20	\$ 434,172	\$ 61.52	672	\$ 41,341	
RN Intake	\$ 46.48	4.20	\$ 406,067	\$ 57.99	672	\$ 38,968	\$ 48.06	4.20	\$ 419,812	\$ 59.73	672	\$ 40,137	\$ 49.70	4.20	\$ 434,172	\$ 61.52	672	\$ 41,341	
RN Sick Call	\$ 43.36	1.00	\$ 90,192	\$ 55.44	160	\$ 8,870	\$ 44.91	1.00	\$ 93,406	\$ 57.10	160	\$ 9,137	\$ 46.52	1.00	\$ 96,766	\$ 58.82	160	\$ 9,411	
RN Main Clinic	\$ 46.32	2.80	\$ 269,776	\$ 57.26	448	\$ 25,650	\$ 47.93	2.80	\$ 279,167	\$ 58.97	448	\$ 26,420	\$ 49.62	2.80	\$ 288,990	\$ 60.74	448	\$ 27,212	
RN Mission	\$ 42.33	1.40	\$ 123,253	\$ 39.60	224	\$ 8,870	\$ 43.77	1.40	\$ 127,461	\$ 40.79	224	\$ 9,137	\$ 45.28	1.40	\$ 131,847	\$ 42.01	224	\$ 9,411	
LPN/EMT Intake Unit	\$ 36.48	5.40	\$ 409,688	\$ 44.23	864	\$ 38,217	\$ 37.74	5.40	\$ 423,864	\$ 45.56	864	\$ 39,363	\$ 39.06	5.40	\$ 438,716	\$ 46.93	864	\$ 40,544	
LPN Med Pass/COWS/CIIWA/Tmrts	\$ 35.83	16.80	\$ 1,252,134	\$ 43.43	2,688	\$ 116,732	\$ 37.98	9.80	\$ 774,242	\$ 44.73	1,568	\$ 70,136	\$ 39.35	9.80	\$ 802,172	\$ 46.07	1,568	\$ 72,241	
LPN Medical Observation Unit	\$ 34.14	1.40	\$ 99,425	\$ 42.46	224	\$ 9,511	\$ 35.32	1.40	\$ 102,859	\$ 43.73	224	\$ 9,796	\$ 36.55	1.40	\$ 106,445	\$ 45.05	224	\$ 10,090	
LPN Pharmacy Coordinator	\$ 34.14	1.40	\$ 99,425	\$ 42.46	224	\$ 9,511	\$ 35.32	1.40	\$ 102,859	\$ 43.73	224	\$ 9,796	\$ 36.55	1.40	\$ 106,445	\$ 45.05	224	\$ 10,090	
LPN Mission	\$ 35.90	4.20	\$ 313,618	\$ 43.76	672	\$ 29,408	\$ 37.16	4.20	\$ 324,632	\$ 45.07	672	\$ 30,290	\$ 38.48	4.20	\$ 336,176	\$ 46.43	672	\$ 31,199	
LPN Chronic Care Coord./Scheduler	\$ 34.21	1.00	\$ 71,149	\$ -	Exempt	N/A	\$ 35.47	1.00	\$ 73,784	N/A	Exempt	N/A	\$ 36.80	1.00	\$ 76,542	N/A	Exempt	N/A	
C.N.A. Medical Observation Unit	\$ 22.81	2.80	\$ 132,825	\$ 19.01	448	\$ 8,518	\$ 22.86	2.80	\$ 133,118	\$ 19.58	448	\$ 8,774	\$ 23.82	2.80	\$ 138,742	\$ 20.17	448	\$ 9,037	
Medical Assistant Clinic/Phlebotomy	\$ 21.69	1.00	\$ 45,118	\$ 18.15	160	\$ 2,904	\$ 22.58	1.00	\$ 46,966	\$ 18.69	160	\$ 2,991	\$ 23.52	1.00	\$ 48,920	\$ 19.26	160	\$ 3,081	
Radiology Tech	\$ 32.07	0.50	\$ 33,348	\$ 31.73	80	\$ 2,538	\$ 33.03	0.50	\$ 34,352	\$ 32.68	80	\$ 2,615	\$ 34.03	0.50	\$ 35,387	\$ 33.66	80	\$ 2,693	
E.H.R./IT Coordinator	\$ 30.83	1.00	\$ 64,132	N/A	Exempt	N/A	\$ 32.00	1.00	\$ 66,555	N/A	Exempt	N/A	\$ 33.22	1.00	\$ 69,095	N/A	Exempt	N/A	
Data Analyst	\$ 36.31	1.00	\$ 75,523	N/A	Exempt	N/A	\$ 37.64	1.00	\$ 78,290	N/A	Exempt	N/A	\$ 39.03	1.00	\$ 81,185	N/A	Exempt	N/A	
Med Records Clerk	\$ 19.25	4.20	\$ 168,206	N/A	Exempt	N/A	\$ 20.06	4.20	\$ 175,219	N/A	Exempt	N/A	\$ 20.91	4.20	\$ 182,628	N/A	Exempt	N/A	
Director of Behavioral Health (MA)	\$ 52.74	1.00	\$ 109,697	N/A	Exempt	N/A	\$ 54.57	1.00	\$ 113,498	N/A	Exempt	N/A	\$ 56.47	1.00	\$ 117,455	N/A	Exempt	N/A	
Chief Psychiatrist	\$ 144.56	1.00	\$ 300,681	\$ 145.43	160	\$ 23,269	\$ 149.17	1.00	\$ 310,279	\$ 149.80	160	\$ 23,967	\$ 153.95	1.00	\$ 320,219	\$ 154.29	160	\$ 24,686	
Psychiatrist	\$ 144.31	1.30	\$ 390,227	\$ 121.63	208	\$ 25,300	\$ 148.84	1.30	\$ 402,456	\$ 125.28	208	\$ 26,059	\$ 153.51	1.30	\$ 415,100	\$ 129.04	208	\$ 26,841	
Psychiatric Nurse Practitioner	\$ 90.07	1.90	\$ 355,975	\$ 88.00	304	\$ 26,752	\$ 93.02	1.90	\$ 367,599	\$ 90.64	304	\$ 27,555	\$ 96.07	1.90	\$ 379,662	\$ 93.36	304	\$ 28,381	
Licensed Doctoral Psychologist	\$ 61.92	1.00	\$ 128,784	\$ 58.17	160	\$ 9,308	\$ 64.02	1.00	\$ 133,166	\$ 59.92	160	\$ 9,587	\$ 66.22	1.00	\$ 137,730	\$ 61.72	160	\$ 9,875	
Master Level MH Prof - Licensed	\$ 36.81	15.70	\$ 1,202,078	\$ 33.32	2,512	\$ 83,693	\$ 38.15	15.70	\$ 1,245,759	\$ 34.32	2,512	\$ 86,204	\$ 39.55	15.70	\$ 1,291,507	\$ 35.35	2,512	\$ 88,790	
Substance Abuse Counselor	\$ 31.62	1.00	\$ 65,769	\$ 28.03	160	\$ 4,485	\$ 32.81	1.00	\$ 68,243	\$ 28.87	160	\$ 4,619	\$ 34.06	1.00	\$ 70,841	\$ 29.74	160	\$ 4,758	
Bachelor Level MH Professional	\$ 27.01	5.60	\$ 314,656	\$ 23.80	896	\$ 21,323	\$ 28.04	5.60	\$ 326,589	\$ 24.51	896	\$ 21,963	\$ 29.11	5.60	\$ 339,129	\$ 25.25	896	\$ 22,622	
MH Clerk	\$ 19.40	3.00	\$ 121,043	N/A	Exempt	N/A	\$ 20.22	3.00	\$ 126,151	N/A	Exempt	N/A	\$ 21.08	3.00	\$ 131,554	N/A	Exempt	N/A	
MH RN	\$ 47.55	7.00	\$ 692,329	\$ 59.24	1,120	\$ 66,343	\$ 49.17	7.00	\$ 715,971	\$ 61.01	1,120	\$ 68,333	\$ 50.87	7.00	\$ 740,674	\$ 62.84	1,120	\$ 70,384	
Dentist	\$ 94.64	1.00	\$ 196,854	\$ 92.55	160	\$ 14,808	\$ 97.74	1.00	\$ 203,306	\$ 95.32	160	\$ 15,252	\$ 100.96	1.00	\$ 210,004	\$ 98.18	160	\$ 15,709	
Dental Assistant	\$ 23.35	1.00	\$ 48,567	\$ 19.80	160	\$ 3,168	\$ 24.29	1.00	\$ 50,520	\$ 20.39	160	\$ 3,263	\$ 25.28	1.00	\$ 52,581	\$ 21.01	160	\$ 3,361	
<b>TOTALS</b>		<b>108.40</b>	<b>\$ 9,585,298</b>	<b>1505.432</b>	<b>14,752</b>	<b>\$ 699,628</b>	<b>101.40</b>	<b>\$ 9,392,795</b>	<b>1550.595</b>	<b>13,632</b>	<b>\$ 670,519</b>	<b>101.40</b>	<b>\$ 9,724,136</b>	<b>1597.113</b>	<b>13,632</b>	<b>\$ 690,634</b>			
			Enter on B-2, line 1, Year 1			Enter on B-2, line 2, Year 1		Enter on B-2, line 1, Year 2			Enter on B-2, line 2, Year 2		Enter on B-2, line 1, Year 3			Enter on B-2, line 2, Year 3			

FTEs for this worksheet are defined as 2,080 hours per year. This is a listing of all positions and budgeted levels of paid hours and costs. Paid hours include vacation, sick, holiday and training hours.

ATTACHMENT B-7

SUMMARY SCHEDULE OF STAFFING COSTS - PCJDC

Name of Contractor: Centurion of Arizona, LLC

Position Title  Sample Positions  Positions with the Same Hourly Rate and Qualifications may be Combined	Year 1 Salary/Benefits 07/01/18 - 06/30/19			Year 1 Relief Compensation 07/01/18 - 06/30/19			Year 2 Salary/Benefits 07/01/19 - 06/30/20			Year 2 Relief Compensation 07/01/19 - 06/30/20			Year 3 Salary/Benefits 07/01/20 - 06/30/21			Year 3 Relief Compensation 07/01/20 - 06/30/21		
	Hourly Budgeted Rate by Position, including wages, benefits or contracted amount	Paid FTEs	Budgeted Compensation (hourly rate x 2080)	For Exempt Staff, please write "Exempt" instead of providing hours and rates for relief			Hourly Budgeted Rate by Position, including wages, benefits or contracted amount	Paid FTEs	Budgeted Compensation (hourly rate x 2080)	For Exempt Staff, please write "Exempt" instead of providing hours and rates for relief			Hourly Budgeted Rate by Position, including wages, benefits or contracted amount	Paid FTEs	Budgeted Compensation (hourly rate x 2080)	For Exempt Staff, please write "Exempt" instead of providing hours and rates for relief		
				Hourly Rate	Annual Hours	Annual Budgeted Compensation				Hourly Rate	Annual Hours	Annual Budgeted Compensation				Hourly Rate	Annual Hours	Annual Budgeted Compensation
Physician's Assistant / Nurse Practitioner	\$ 68.93	0.10	\$ 14,337	66.00	16	\$ 1,056.00	\$ 71.20	0.10	\$ 14,810	\$ 67.98	16	\$ 1,088	\$ 73.57	0.10	\$ 15,302	\$ 70.02	16	\$ 1,120
RN PCJDC	\$ 47.46	3.20	\$ 315,875	58.78	512	\$ 30,097.76	\$ 49.04	3.20	\$ 326,406	60.55	512	\$ 31,001	\$ 50.69	3.20	\$ 337,405	\$ 62.36	512	\$ 31,931
Nurse Manager	\$ 46.01	1.00	\$ 95,707	\$ 42.35	160	\$ 6,776.00	\$ 47.64	1.00	\$ 99,087	\$ 43.62	160	\$ 6,979	\$ 49.34	1.00	\$ 102,619	\$ 44.93	160	\$ 7,189
Psychiatrist	\$ 144.31	0.25	\$ 75,044	\$ 121.63	40	\$ 4,865.38	\$ 148.84	0.25	\$ 77,395	\$ 125.28	40	\$ 5,011	\$ 153.51	0.25	\$ 79,827	\$ 129.04	40	\$ 5,162
Psychiatric Nurse Practitioner	\$ 90.07	0.30	\$ 56,207	\$ 88.00	48	\$ 4,224.00	\$ 93.02	0.30	\$ 58,042	\$ 90.64	48	\$ 4,351	\$ 96.07	0.30	\$ 59,947	\$ 93.36	48	\$ 4,481
Master Level MH Prof - Licensed	\$ 36.81	3.00	\$ 229,696	\$ 33.32	480	\$ 15,992.31	\$ 38.15	3.00	\$ 238,043	\$ 34.32	480	\$ 16,472	\$ 39.55	3.00	\$ 246,785	\$ 35.35	480	\$ 16,966
Clerk	\$ 19.40	1.00	\$ 40,348	N/A	Exempt	N/A	\$ 20.22	1.00	\$ 42,050	N/A	Exempt	N/A	\$ 21.08	1.00	\$ 43,851	N/A	Exempt	N/A
LPN PCJDC	\$ 32.38	1.40	\$ 94,279	\$ 29.70	224	\$ 6,652.80	\$ 33.52	1.40	\$ 97,610	\$ 30.59	224	\$ 6,852	\$ 34.72	1.40	\$ 101,092	\$ 31.51	224	\$ 7,058
<b>TOTALS</b>		<b>10.25</b>	<b>\$ 921,492</b>	<b>439,7866</b>	<b>1,480</b>	<b>\$ 69,664</b>		<b>10.25</b>	<b>\$ 953,445</b>	<b>452,9802</b>	<b>1,480</b>	<b>\$ 71,754</b>		<b>10.25</b>	<b>\$ 986,828</b>	<b>466,6696</b>	<b>1,480</b>	<b>\$ 73,907</b>
			Enter on B-2, line 1, Year 1			Enter on B-2, line 2, Year 1			Enter on B-2, line 1, Year 2			Enter on B-2, line 2, Year 2			Enter on B-2, line 1, Year 3			Enter on B-2, line 2, Year 3

FTEs for this worksheet are defined as 2,080 hours per year. This is a listing of all positions and budgeted levels of paid hours and costs. Paid hours include vacation, sick, holiday and training hours.

**ATTACHMENT B-8**

**INVOICE FOR HEALTH SERVICES - PCADC**

**SAMPLE**

Name of Contractor: Centurion of Arizona, LLC

Date of Invoice: <INSERT DATE>

Reporting Period Beginning: <INSERT DATE> and Ending <INSERT DATE>

#	Item	Basic Service Fee	Adjustments
1	Basic Service Payment (monthly contracted amount)		
2	Adjustment for Failure to Achieve Staffing Commitment (report showing actual staffing hours compared to budgeted staffing hours in format approved by the County must accompany this invoice)		
3	Adjustment for liquidated damages from audit of performance indicators (County will enter this line)		
4	Adjustment for liquidated damages from audit of business requirements (County will enter this line)		
5	Adjustment for outlier medications where the cost per episode of care exceeds \$25,000		
7	Claims payments made by County on behalf of Contractor for offsite services		
8	Other:		
9	<b>Equals: Total Monthly Adjustments</b>		\$ -

10	<b>Grand Total Amount due for Reporting Period (Line 1 +/- Line 9)</b>	\$ -
----	--	------

	Original Contract/ Amended Amount	Previous Amounts Billed	Current Amount Billed	Remaining Contract Balance
11	Cumulative Monthly Usage Report		\$ -	\$ -

**ATTACHMENT B-9**

**INVOICE FOR HEALTH SERVICES - PCJDC**

Name of Contractor: Centurion of Arizona, LLC

Date of Invoice: <INSERT DATE>

Reporting Period Beginning: <INSERT DATE> and Ending <INSERT DATE>

**SAMPLE**

#	Item	Basic Service Fee	Other Adjustments
1	Basic Service Payment (monthly contracted amount)		
2	Adjustment for Failure to Achieve Staffing Commitment (report showing actual staffing hours compared to budgeted staffing hours in format approved by the County must accompany this invoice)		
3	Adjustment for liquidated damages from audit of performance indicators (County will enter this line)		
4	Adjustment for liquidated damages from audit of business requirements (County will enter this line)		
5	Adjustment for outlier medications where the cost per episode of care exceeds \$25,000		
6	Other:		
7	<b>Equals: Total Monthly Adjustments</b>		\$ -

8	<b>Grand Total Amount due for Reporting Period (Line 1 +/- Line 7)</b>	\$ -
---	--	------

	Original Contract/ Amended Amount	Previous Amounts Billed	Current Amount Billed	Remaining Contract Balance
9	<b>Cumulative Monthly Usage Report</b>		\$ -	\$ -

**ATTACHMENT B-10  
RESPONSIBILITY FOR OPERATIONAL EXPENSES**

OPERATIONAL EXPENSE	APPLIES TO		RESPONSIBILITY OF	
	PCADC	PCJDC	CONTRACTOR	COUNTY
<b>License, Accreditation, Registration</b>				
NCCHC Accreditation	X	X	X	
Expenses Related to Preparing for NCCHC Accreditation Survey	X	X	X	
ADHS License: Outpatient Clinic (copy available upon request)	NA	X		X
CLIA Certificate (copy available upon request)	X	X		X
ARRA Registration: Medical X-ray Machine (copy available upon request)	X	NA		X
ARRA Registration: Dental X-ray #1	X	NA		X
Credentialing Fees for Privileges at hospital(s)	X	X	X	
<b>Teleradiology/Telemedicine Equipment &amp; Operation</b>				
Teleradiology Equipment: Lease and Maintenance	X	NA		X
Telemedicine Equipment: Maintenance & Line <sup>1</sup>	X	NA		X
University of Arizona Telemedicine Program Contract	X	NA		X
Radiology reads and storage	X	NA	X	
<b>Medical Equipment</b>				
Medical Equipment: Maintenance	X	X	X	
Medical Equipment \$500 and over: New and Replacement	X	X		X
Medical Equipment under \$500: New and Replacement	X	X	X	
Medication Carts	X	X	X	
<b>Office Equipment</b>				
Office Equipment on Site: Maintenance & Replacement	X	X	X	
New Office Equipment	X	X	X	
<b>Health Records</b>				
Electronic Health Records: Purchase Software (if applicable)	X	X	X	
ONC Certification with HL7 v3 or newer	X	X	X	
EHR Installation, Support and Storage	X	X	X	
If Vendor chooses to interface with HIE, interface for receiving information from the Contractor's EHR into the Statewide HIE	X	X	X	
If the vendor chooses to utilize HIE, Interface for receiving information from Statewide HIE	X	X	X	
Provide County access to Contractor's server for EHR	X	X	X	
For Paper Records if Applicable: Record Holders, Forms, Dividers and Filing Systems	X	X	X	
<b>Communications</b>				
Central Phone System	X	X		X
Desktop Phones in Addition to Those Available	X	X	X	
Direct Lines in Medical Units, Medical Offices and Fax Lines	X	X		X
Direct Lines in Infirmary	X	NA		X
Direct Lines in Addition to Those Available	X	X	X	
Local Call Service	X	X		X
Long Distance Call Service <sup>2</sup>	X	X		X
Voice Mail	X	X		X
Radios Provided by Corrections	X	X		X
Pagers	X	X	X	
Cell Phones	X	X	X	
Internet Access	X	X	X (PCJDC)	X (PCADC)
<b>Housekeeping</b>				
Cleaning of Medical Facilities and Offices	X	X		X
Laundry and Linen Services	X	X		X
Removal and Disposal of Hazardous Waste	X	X		X
<b>Physical Plant</b>				
Modifications to Physical Plant Allocated for Health Care Services	X	X		X

NA = Not applicable for this site

- County will pay for telemedicine line; Contractor is responsible for telemedicine professional service fees.
- County will only pay for long distance calls related to health care services

**ATTACHMENT B-11**

**INVENTORY OF MEDICAL EQUIPMENT, OFFICE EQUIPMENT AND FURNITURE - PCADC**

Verication Date: 11/29/2017 & 11/30/2017

Room Number	Location	Equipment	Qty.	Owner	Pima County Property Tag No.	Health Dept. Label No.
1606	Medical Equipment Utility Room	AED with emergency cart - LifePack 500	1	Pima County		120
1606	1 D	Strap Sets, Backboard	1	Pima County		111
1606	Medical Equipment Utility Room	Gurney-Yellow	1	Pima County		116
1606	1 D	Stretcher	1	Pima County		112
1703	Exam Room	Desk	1	Pima County		193
1703	Exam Room	Lock Cart	1	Pima County		044
1703	Exam Room	Lock Cart	1	Pima County		045
1704	Exam Room	Mayo stand	1	Pima County		195
1703	Exam Room	WelchAllyn oto/opthal	1	Pima County		203
1601	Conference Room (Medical's)	Battery Backup Unit	1	Pima County		257
1704	Exam Room	Camera	1	Pima County		255
1704	Exam Room	Exam Table	1	Pima County		189
1734	Exam Room	Mayo stand	1	Pima County		036
1704	Exam Room	Microphone	1	Pima County		256
1704	Exam Room	Tandburg Cart/Stand with Codec Unit	1	Pima County		254
1601	Exam Room	Tandburg Telemed Unit	1	Pima County		190
1704	Exam Room	WelchAllyn oto/opthal	1	Pima County		192
1704	Exam Room	Zenith TV Monitor	1	Pima County		253
1705	Exam Room	Exam Table	1	Pima County	105834	199
1705	Exam Room	Small Filing Cabinet	1	Pima County		196
1705	Exam Room	X-ray view boxes	4	Pima County		205
1705	Exam Room - Hallway	White privacy curtains	1	Pima County		051
1705	Exam Room - Hallway	4 Drawer Vertical Filing Cabinet	1	Pima County		054
1707	X-Ray Room	2 Door Storage Cabinet	1	Pima County		185
1707	X-Ray Room	Collimator (Bld) #3270, 05662429	1	Pima County		183
1707	X-Ray Room	Generator # 1974, 07759793	1	Pima County		183
1707	X-Ray Room	Generator Control Desk #2541, 05760157	1	Pima County		183
1707	X-Ray Room	Smart Cr 3 47231442, not FDA 2579	1	Pima County		183
1707	X-Ray Room	Table #1001, 07539542	1	Pima County		183
1707	X-Ray Room	Tube #47145, 05662429	1	Pima County	116713	183
1707	X-Ray Room	Wall Stand # 1631, 05904805	1	Pima County		183
1707	X-Ray Room	Wire Shelf	1	Pima County		186

## ATTACHMENT B-11

### INVENTORY OF MEDICAL EQUIPMENT, OFFICE EQUIPMENT AND FURNITURE - PCADC

Verification Date: 11/29/2017 & 11/30/2017

Room Number	Location	Equipment	Qty.	Owner	Pima County Property Tag No.	Health Dept. Label No.
1707	X-Ray Room	X-Ray Computer Table	1	Pima County		187
1713	Psych Office	3 Drawer Filing Cabinet	1	Pima County		003
1720	CQI Office	3 Drawer Filing Cabinet	1	Pima County	21693	013
1721	Admin Assistants	3 Drawer Filing Cabinet	1	Pima County		156
1712	HSA Office - Hallway	2 Door Storage Cabinet	1	Pima County		019
1710	HSA Office - Hallway	Wire Racks	1	Pima County		022
1710	HSA Office - Hallway	Wire Racks	1	Pima County	10403	023
1710	HSA Office	3 Drawer Filing Cabinet (black)	1	Pima County		031
1710	HSA Office	4 Drawer Vertical Filing Cabinet (black)	1	Pima County		158
1721	Psych Office	3 Drawer Filing Cabinet (black)	1	Pima County		152
1713	Psych Office	3 Drawer Filing Cabinet (grey)	1	Pima County		153
1711	Psych Office	4 Drawer Filing Cabinet	1	Pima County	10265	151
1711	Psych Office	Fridge	1	Conmed, Inc.		154
1720	CQI Office	2 Drawer Black Filing Cabinet	1	Pima County		220
1710	HSA Office	2 Drawer Vertical Filing Cabinet	1	Pima County		004
1721	Admin Assistants	3 Drawer Filing Cabinet	1	Pima County		002
1710	HSA Office	4 Drawer Vertical Filing Cabinet	1	Pima County		005
1712	Admin Assistants	Wire Racks	1	Pima County		081
1712	Admin Assistants	Wire Racks	1	Pima County		083
1730	Medication Room	4 Drawer Filing Cabinet	1	Pima County		132
1726	Clinicians Office	4 Drawer Filing Cabinet	1	Pima County		133
1721	Admin Assistants	Bookshelf	1	Pima County		217
1715	Storage Room	Bookshelf	1	Pima County		014
1715	Storage Room	Cast Cutter, Electric Burnett MN 182106	1	Pima County		016
1705	Exam Room	Mass Casualty Kit	1	Pima County		142
1705	Exam Room	Mass Casualty Kit	1	Pima County		265
1718	Exam Room	4 Drawer Filing Cabinet	1	Pima County		180
1719	Exam Room	Exam Table	1	Pima County	105833	034
1719	Exam Room	WelchAllyn oto/opthal	1	Pima County		039
1719	Exam Room - Hallway	2 Door Storage Cabinet	1	Pima County		065
1718	Exam Room - Hallway	2 Door Storage Cabinet	1	Pima County		066
1719	Exam Room - Hallway	White privacy curtains	1	Pima County		050



## ATTACHMENT B-11

### INVENTORY OF MEDICAL EQUIPMENT, OFFICE EQUIPMENT AND FURNITURE - PCADC

Verification Date: 11/29/2017 & 11/30/2017

Room Number	Location	Equipment	Qty.	Owner	Pima County Property Tag No.	Health Dept. Label No.
1709	DON's Office	3 Drawer Filing Cabinet (black)	1	Pima County		157
1720	CQI Office	3-Tier Bookshelf	1	Pima County		030
1709	DON's Office	4 Drawer Vertical Filing Cabinet (black)	1	Pima County		009
1723	Nurses' Station	Small 2 door Storage Cabinet	1	Pima County		177
1723	Nurses' Station	Small 2 door Storage Cabinet	1	Pima County		178
1725	Nurses' Station	HP Printer 4250n	1	Pima County		167
1726	Lunch Room/Break Room	Metal rack holding records	1	Pima County		144
1720	CQI Office	2 Drawer Vertical Filing Cabinet	1	Pima County		020
1721	Admin Assistants	3-tiered cart for TV/VCR	1	Pima County		149
1727/1601	Storage Room	Panasonic TV	1	Pima County		251
1734	Dental Room	2 Drawer Brown Vertical Filing Cabinet	1	Pima County		078
1734	Dental Room	2 Drawer Buff Filing Cabinet	1	Pima County		079
1734	Dental Room	Bobcat Cavitron	1	Pima County		076
1734	Dental Room	Dental chair	1	Pima County	88625	072
1734	Dental Room	Dental chair	1	Pima County	88626	073
1734	Dental Room	Dental x-ray--Gendex	1	Pima County		074
1734	Dental Room	Doctor Stool	1	Pima County		087
1734	Dental Room	Light, Ultraviolet - Spectroline 140 & G-22	1	Pima County		089
1734	Dental Room	Mayo stand	1	Pima County		046
1734	Dental Room	Mayo stand	1	Pima County		069
1705	Exam Room	Mayo stand	1	Pima County		070
1734	Dental Room	Mayo stand	1	Pima County		085
1734	Dental Room	Processor, Dental X-ray film Peripro air technique	1	Pima County	111115	071
1733	Dental Room	Sterilizer--2340 M / Dentalm Patterson PA12 Autoclave	1	Pima County		080
1730	Med Room	Wire Racks	1	Pima County		082
1750	Infirm Office	Bookshelf	1	Pima County		218
1750	Infirm Office	Desk	1	Pima County		225
1752	Exam Room	Desk	1	Pima County		040
	Infirmary	Seca Scale	1	Pima County		053
1753	Storage Room	IV pole	1	Pima County		235
1753	Storage Room	IV pole	1	Pima County		236

## ATTACHMENT B-11

### INVENTORY OF MEDICAL EQUIPMENT, OFFICE EQUIPMENT AND FURNITURE - PCADC

Verification Date: 11/29/2017 & 11/30/2017

Room Number	Location	Equipment	Qty.	Owner	Pima County Property Tag No.	Health Dept. Label No.
1753	Storage Room	IV pole	1	Pima County		237
1753	Storage Room	IV pole	1	Pima County		238
1754	Infirmery	ice machine	1	Pima County	109847	095
1754	Infirmery	Refrigerator	1	Pima County		092
1705	Medication Room	Fetal Doppler, Fetal Doppler II, Huntleigh DX	1	Pima County		226
1729/1730	Medication Room	3 Drawer Filing Cabinet	1	Pima County		208
1722/1723	<b>Nurses' Station</b>	4 Drawer Vertical Filing Cabinet	1	Pima County		209
1729/1730	Medication Room	Refrigerator	1	Pima County	302489	210
1729/1730	Medication Room	Wire Rack	1	Pima County		245
1729/1730	Medication Room	Wire Rack	1	Pima County		246
1729/1730	Medication Room	Wire Rack	1	Pima County		247
1729/1730	Medication Room	Wire Rack	1	Pima County		248
1729/1730	Medication Room	Wire Rack	1	Pima County		249
1729/1730	Medication Room	Wire Rack	1	Pima County		250
1729/1730	Medication Room	3 drawer file cabinet black	1	Pima County		207
	Storage Room	Panasonic TV	1	Pima County		252
1727	CCS Conf/Breakroom	3 Tier cart black	1	Pima County		145
1601	Conference Room (Medical's)	Stand	1	Pima County		190
1713	Psych Office	3 Drawer Filing Cabinet	1	Pima County		007
1726		Tan Rolling Cart	1	Pima County		159
1734	Dental Room	Tall Chair-Dental-Gray	1	Pima County		086
	West Wing	Code Cart	1	Pima County		115
	West Wing	Back Board	1	Pima County		117
	West Wing	Stretcher	1	Pima County		118
1720	Director of Nursing Room	4 Drawer Filing Cabinet Black	1	Pima County		018
1720	Director of Nursing Room	3 Drawer Filing Cabinet Black	1	Pima County		024

**ATTACHMENT B-12**

**INVENTORY OF MEDICAL EQUIPMENT, OFFICE EQUIPMENT & FURNITURE - PCJDC**

Room Number	Qty.	Equipment
100 A		(near ICW)
	1	Crash Cart (1 oxygen canister)
	1	Wheel Chair (blue) (NO FOOT RESTS)
	1	nebulizer
1202		
	1	Exam Table
	1	Privacy Curtain
	1	3 shelf cart rolling
	1	EKG
	1	Oxygen canister w/cart
	1	desk
	1	3 drawer file cabinet
	1	hanging sharps container w/gloves
	1	portable welch allyn vitals
	1	welch allyn otoscope
	1	3 hanging file metal
	1	clock
	1	wastebasket
	1	rolling exam chair
1203		
	1	Exam Table
	1	Privacy Curtain
	1	rolling exam chair
	1	3 hanging file metal
	1	hanging sharps container w/gloves
	1	welch allyn otoscope
	2	wastebasket
1204		
	1	Exam Table
	1	Privacy Curtain
	1	rolling exam chair
	1	welch allyn otoscope
	1	3 hanging file metal
	1	hanging sharps container w/gloves
	1	lamp
	1	5 drawer lateral
	2	wastebasket
1212		
	1	3 hanging file metal
	1	sanyo fridge (specimen)
	1	Summit fridge (meds)
	1	biohazard waste container
	1	hanging sharps container w/gloves
	1	2 step ladder
	2	wastebasket
	1	linen basket
	1	small desk rolling
	1	centrifuge

Room Number Psych Unit	Qty.	Equipment
A128		
	1	L shaped desk w/overhead storage
	1	table
	1	2 drawer file cabinets
	1	2 drawer lateral cabinet
	1	plastic chair
	1	blk exc. Chair
	1	waste basket
	1	recycle basket
A129		
	1	desk metal
	1	blk rolling chair
	1	plastic chair
	1	wood tables
	1	4 shelf bookcase
	1	2 drawer file cabinets
	1	waste basket
A130		
	1	v shaped desk
	1	3 drawer file cabinet
	1	2 drawer lateral cabinets
	1	4 drawer lateral
	1	2 drawer file cabinets
	2	blk plastic chairs
	1	blk rolling chair
	1	fridge employee
	1	waste basket
	1	recycle basket
open area		
	1	shredder
	1	table
	1	waste basket
	1	LG recycle
	1	32 slot mail box
Breakroom		
	1	round table
	1	6 shelf bookcase
	1	4 drawer file cabinet
	1	fridge employee
	1	waste basket
	1	recycle basket
	1	metal table
	1	microwave
1 cubicle		
	1	L shaped desk w/overhead storage
	1	maroon rolling chair
	1	waste basket

**ATTACHMENT B-12**

**INVENTORY OF MEDICAL EQUIPMENT, OFFICE EQUIPMENT & FURNITURE - PCJDC**

Room Number	Qty.	Equipment
1212A		
	1	wood L shaped desk
	1	light color L shaped desk
	1	6 drawer lateral file
	1	clock
Shower		
6 Pairs		Crutches
	1	stabilizer board
1212B		
	1	Privacy Curtain
Hallway		
	1	scale
	1	phlebotomy chair
	3	Plastic chair
	1	metal desk sm
	1	computer stand wood
	1	3 shelf metal bookcase
	1	wastebasket
	1	hanging sharps container w/gloves
1212C		
	1	wood desk (6 drawer)
	2	black chair ex
	1	4 drawer lateral
	1	wastebasket
	1	5 shelf bookcase
	1	3 drawer file cabinet
1212D		
	1	wood desk (4drawer 2drawer)
	1	3 shelf bookcase
	1	3 drawer file cabinet
	1	computer stand wood
	2	black chair
	1	wastebasket
	1	rolling chair - black
	1	fridge
1212E		
	1	wood desk (5drawer)
	1	6 shelf bookcase
	2	rolling chair - black
	1	picture
1212F		
	1	shredder
	1	2 basket rolling cart
	9	6 shelf for medical records
	1	4 drawer file cabinet
	1	rolling exam chair
	1	dry erase board
	1	3 drawer file cabinet
1212G		
	2	7 shelf for medical records
	1	wood desk (6drawer)
	2	2 basket rolling cart
1212H		
	1	Med Cart
	1	1 rolling exam chair
	1	blue chair

Room Number Psych Unit	Qty.	Equipment
2 cubicle		
	1	L shaped desk w/overhead storage
	1	blue rolling chair
	1	3 drawer file cabinet
	1	2 drawer file cabinets
	1	4 drawer file cabinet
	1	wood shelf (4 shelves)
	1	waste basket
3 cubicle		
	1	L shaped desk w/overhead storage
	1	waste basket
	1	recycle basket
	2	4 drawer filing cabinet
	1	black chair

Intake Unit	Qty.	Equipment
	1	wood desk
	1	table
	2	plastic chairs
	1	grey rolling chair
	1	time stamp
	1	portable welch allyn vitals
	1	2 drawer file cabinet
	1	wastebasket
	1	4 drawer file cabinet

**ATTACHMENT B-12**

**INVENTORY OF MEDICAL EQUIPMENT, OFFICE EQUIPMENT & FURNITURE - PCJDC**

Room Number	Qty.	Equipment
1212I		
	2	6 drawer lateral file
	1	3 shelf bookcase
	1	black wheelchair
1212J		
	1	desk metal (6drawer)
	1	rolling chair black
	1	wastebasket
1212K		
	12	metal lockers for employees
	1	32 slot mailbox for employees
	1	wood table
break room		
	1	round table
	3	Plastic chair
	1	wood 3 shelf bookcase
	1	fridge
	1	wastebasket
	1	clock
Open area		
	1	I shaped desk
	3	blue rolling chair
	2	3 drawer file cabinet
	1	five drawer lateral blk
	1	five drawer lateral tan
	1	4 drawer lateral tan
	1	2 drawer file tan
	1	4 drawer file cabinet blk
	1	metal rack 4 shelves
	1	round table
	5	maroon chair
	1	wood shelve w/doors
	6	wastebasket
	1	recycle
	3	clocks
	1	7 shelf for medical records
	1	wood desk

## **EXHIBIT C BUSINESS ASSOCIATE AGREEMENT**

WHEREAS, Pima County, on behalf of the Pima County Health Department ("Covered Entity), and Centurion Detention Health Services, LLC ("Business Associate") (each, a "Party," and collectively, the "Parties") wish to enter into a Business Associate Agreement to ensure compliance with the Privacy and Security Rules of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA Privacy and Security Rules") (45 C.F.R. Parts 160 and 164); and

WHEREAS, the Health Information Technology for Economic and Clinical Health ("HITECH") Act of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5, modified the HIPAA Privacy and Security Rules (hereinafter, all references to the "HIPAA Privacy and Security Rules" include all amendments thereto set forth in the HITECH Act and any accompanying regulations); and

WHEREAS, the Parties have entered into a written or oral arrangement or arrangements (the "Underlying Agreement") whereby Business Associate will provide certain services to Covered Entity that require Business Associate to create, receive, maintain, or transmit Protected Health Information ("PHI") on Covered Entity's behalf, and accordingly Business Associate may be considered a "business associate" of Covered Entity as defined in the HIPAA Privacy and Security Rules; and

WHEREAS, Business Associate and Covered Entity wish to comply with the HIPAA Privacy and Security Rules, and Business Associate wishes to honor its obligations as a business associate to Covered Entity.

THEREFORE, in consideration of the Parties' continuing obligations under the Underlying Agreement, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties agree to the provisions of this Business Associate Agreement ("Agreement").

Except as otherwise defined herein, any and all capitalized terms in this Agreement shall have the definitions set forth in the HIPAA Privacy and Security Rules. In the event of an inconsistency between the provisions of this Agreement and mandatory provisions of the HIPAA Privacy and Security Rules, as amended, the HIPAA Privacy and Security Rules in effect at the time shall control. Where provisions of this Agreement are different than those mandated by the HIPAA Privacy and Security Rules, but are nonetheless permitted by the HIPAA Privacy and Security Rules, the provisions of this Agreement shall control.

### **I. PERMITTED USES AND DISCLOSURES BY BUSINESS ASSOCIATE**

**A.** Business Associate may use or disclose PHI to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in the Underlying Agreement, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rules if done by Covered Entity.

**B.** Business Associate may use PHI in its possession for its proper management and administration and to fulfill any present or future legal responsibilities of Business Associate, provided that such uses are permitted under state and federal confidentiality laws.

**C.** Business Associate may disclose PHI in its possession to third parties for the purposes of its proper management and administration or to fulfill any present or future legal responsibilities of Business Associate, provided that:

1. The disclosures are required by law; or

2. Business Associate obtains reasonable assurances from the third parties to whom the PHI is disclosed that the information will remain confidential and be used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party, and that such third parties will notify Business Associate of any instances of which they are aware in which the confidentiality of the information has been breached.

**D.** Until such time as the Secretary issues regulations pursuant to the HITECH Act specifying what constitutes "minimum necessary" for purposes of the HIPAA Privacy and Security Rules, Business Associate shall, to the extent practicable, access, use, and request only PHI that is contained in a limited data set (as defined in 45 C.F.R. § 164.514(e)(2)), unless Business Associate requires certain direct identifiers in order to accomplish the intended purpose of the access, use, or request, in which event Business Associate may access, use, or request only the minimum necessary amount of PHI to accomplish the intended purpose of the access, use, or request.

## **II. OBLIGATIONS AND ACTIVITIES OF BUSINESS ASSOCIATE**

**A.** Business Associate agrees not to use or further disclose PHI other than as permitted or required by this Agreement or the Underlying Agreement or as required by law.

**B.** Business Associate agrees to use appropriate safeguards and to comply, where applicable, with 45 C.F.R. Part 164, Subpart C with respect to Electronic Protected Health Information, to prevent use or disclosure of PHI other than as provided for by this Agreement. Specifically, Business Associate will:

1. Implement the administrative, physical, and technical safeguards set forth in 45 C.F.R. §§ 164.308, 164.310, and 164.312 that reasonably and appropriately protect the confidentiality, integrity, and availability of any PHI that it creates, receives, maintains, or transmits on behalf of Covered Entity, and, in accordance with 45 C.F.R. § 164.316, implement and maintain reasonable and appropriate policies and procedures to enable it to comply with the requirements outlined in 45 C.F.R. §§ 164.308, 164.310, and 164.312; and

2. Report to Covered Entity any Security Incident, and any use or disclosure of PHI that is not provided for by this Agreement, of which Business Associate becomes aware.

**C.** Business Associate shall require each subcontractor that creates, receives, maintains, or transmits PHI on its behalf to enter into a business associate agreement or equivalent agreement containing the same restrictions on access, use, and disclosure of PHI as those applicable to Business Associate under this Agreement. Furthermore, to the extent that Business Associate provides Electronic PHI to a subcontractor, Business Associate shall require such subcontractor to comply with all applicable provisions of 45 C.F.R. Part 164, Subpart C.

**D.** Business Associate agrees to comply with any requests for restrictions on certain disclosures of PHI to which Covered Entity has agreed in accordance with 45 C.F.R. § 164.522 of which Business Associate has been notified by Covered Entity.

**E.** If Business Associate maintains a designated record set on behalf of Covered Entity, at the request of Covered Entity and in a reasonable time and manner, Business Associate agrees to make available PHI required for Covered Entity to respond to an individual's request for access to his or her PHI in accordance with 45 C.F.R. § 164.524. If Business Associate maintains PHI in an electronic designated record set, it agrees to make such PHI available electronically to Covered Entity or, upon Covered Entity's specific request, to the applicable individual or to a person or entity specifically designated by such individual, upon such individual's request.

**F.** If Business Associate maintains a designated record set on behalf of Covered Entity, at the request of Covered Entity and in a reasonable time and manner, Business Associate agrees to make available PHI required for amendment by Covered Entity in accordance with the requirements of 45 C.F.R. § 164.526.

**G.** Business Associate agrees to document any disclosures of Protected Health Information, and to make PHI available for purposes of accounting of disclosures, as required by 45 C.F.R. § 164.528.

**H.** If Business Associate is to carry out one or more of Covered Entity's obligations under 45 C.F.R. Part 164, Subpart E, Business Associate shall comply with the requirements of Subpart E that apply to Covered Entity in the performance of such obligation(s).

**I.** Business Associate agrees that it will make its internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by Business Associate on behalf of, Covered Entity, available to the Secretary, in a time and manner designated by the Secretary, to enable the Secretary to determine Business Associate's or Covered Entity's compliance with the HIPAA Privacy and Security Rules. Business Associate also shall cooperate with the Secretary and, upon the Secretary's request, pursuant to 45 C.F.R. § 160.310, shall disclose PHI to the Secretary to enable the Secretary to investigate and review Business Associate's or Covered Entity's compliance with the HIPAA Privacy and Security Rules.

**J.** Unless expressly authorized in the Underlying Agreement, Business Associate shall not:

1. Use PHI for marketing or fundraising;
2. Use PHI to create a limited data set or to de-identify the information;
3. Use PHI to provide data aggregation services relating to the health care operations of Covered Entity; or
4. Use or disclose PHI in exchange for remuneration of any kind, whether directly or indirectly, financial or non-financial, other than such remuneration as Business Associate receives from Covered Entity in exchange for Business Associate's provision of the services specified in the Underlying Agreement.



5. Prior express written authorization from Covered Entity is required for Business Associate to access, store, share, maintain, transmit, use, or disclose PHI in any form via any medium with any entity or person, including the Business Associate's employees and subcontractors, beyond the boundaries and jurisdiction of the United States. Authorization may be granted in the sole discretion of Covered Entity and, if granted, will be subject to additional conditions with which Business Associate must agree.

### **III. BUSINESS ASSOCIATE'S MITIGATION AND BREACH NOTIFICATION OBLIGATIONS**

A. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Agreement.

B. Following the discovery of a Breach of Unsecured PHI ("Breach"), Business Associate shall notify Covered Entity of such Breach without unreasonable delay and in no case later than thirty (30) calendar days after discovery of the Breach, and shall assist in Covered Entity's breach analysis process, including risk assessment, if requested. A Breach shall be treated as discovered by Business Associate as of the first day on which such Breach is known to Business Associate or, through the exercise of reasonable diligence, would have been known to Business Associate. The Breach notification shall be provided to Covered Entity in the manner specified in 45 C.F.R. § 164.410(c) and shall include the information set forth therein to the extent known. If, following the Breach notification, Business Associate learns additional details about the Breach, Business Associate shall notify Covered Entity promptly as such information becomes available. Covered Entity shall determine whether Business Associate or Covered Entity will be responsible for providing notification of any Breach to affected individuals, the media, the Secretary, and/or any other parties required to be notified under the HIPAA Privacy and Security Rules or other applicable law. If Covered Entity determines that Business Associate will be responsible for providing such notification, Business Associate may not carry out notification until Covered Entity approves the proposed notices in writing.

C. Notwithstanding the provisions of Section III.B., above, if a law enforcement official states to Business Associate that notification of a Breach would impede a criminal investigation or cause damage to national security, then:

1. If the statement is in writing and specifies the time for which a delay is required, Business Associate shall delay such notification for the time period specified by the official; or

2. If the statement is made orally, Business Associate shall document the statement, including the identity of the official making it, and delay such notification for no longer than thirty (30) days from the date of the oral statement unless the official submits a written statement during that time.

Following the period of time specified by the official, Business Associate shall promptly deliver a copy of the official's statement to Covered Entity.

D. Business Associate shall bear Covered Entity's costs of any Breach and resultant notifications, if applicable, to the extent the Breach arises from Business Associate's negligence, willful misconduct, violation of law, violation of the Underlying Agreement, or violation of this Agreement.

#### **IV. OBLIGATIONS OF COVERED ENTITY**

**A.** Upon request of Business Associate, Covered Entity shall provide Business Associate with the notice of privacy practices that Covered Entity produces in accordance with 45 C.F.R. § 164.520.

**B.** Covered Entity shall provide Business Associate with any changes in, or revocation of, permission by an individual to use or disclose Protected Health Information, if such changes could reasonably be expected to affect Business Associate's permitted or required uses and disclosures.

**C.** Covered Entity shall notify Business Associate of any restriction on the use or disclosure of PHI to which Covered Entity has agreed in accordance with 45 C.F.R. § 164.522, and Covered Entity shall inform Business Associate of the termination of any such restriction, and the effect that such termination shall have, if any, upon Business Associate's use and disclosure of such Protected Health Information.

#### **V. TERM AND TERMINATION**

**A.** Term. The Term of this Agreement shall be effective as of the first effective date of any Underlying Agreement, and shall terminate upon later of the following events: (i) in accordance with Section V.C., when all of the PHI provided by Covered Entity to Business Associate or created or received by Business Associate on behalf of Covered Entity is returned to Covered Entity or destroyed (and a certificate of destruction is provided) or, if such return or destruction is infeasible, when protections are extended to such information; or (ii) upon the expiration or termination of the last of the Underlying Agreement.

**B.** Termination. Upon either Party's knowledge of a material breach by the other Party of its obligations under this Agreement, the non-breaching Party shall, within twenty (20) days of that determination, notify the breaching Party, and the breaching Party shall have thirty (30) days from receipt of that notice to cure the breach or end the violation. If the breaching Party fails to take reasonable steps to effect such a cure within such time period, the non-breaching Party may terminate this Agreement and the Underlying Agreement without penalty.

Where either Party has knowledge of a material breach by the other Party and determines that cure is infeasible, prior notice of the breach is not required, and the non-breaching Party shall terminate the portion of the Underlying Agreement affected by the breach without penalty.

**C.** Effect of Termination.

**1.** Except as provided in paragraph 2 of this subsection C., upon termination of this Agreement, the Underlying Agreement or upon request of Covered Entity, whichever occurs first, Business Associate shall return or destroy all PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to PHI that is in the possession of subcontractors of Business Associate. Neither Business Associate nor its subcontractors shall retain copies of the PHI except as required by law.

**2.** In the event that Business Associate determines that returning or destroying the PHI is infeasible, Business Associate shall provide within ten (10) days to Covered Entity notification of the conditions that make return or destruction infeasible. Upon mutual

agreement of the Parties that return or destruction of PHI is infeasible, Business Associate, and its applicable subcontractors, shall extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate and its applicable subcontractors maintain such Protected Health Information.

## **VI. MISCELLANEOUS**

**A. No Rights in Third Parties.** Except as expressly stated herein or in the HIPAA Privacy and Security Rules, the Parties to this Agreement do not intend to create any rights in any third parties.

**B. Survival.** The obligations of Business Associate under Section V.C. of this Agreement shall survive the expiration, termination, or cancellation of this Agreement, the Underlying Agreement, and/or the business relationship of the Parties, and shall continue to bind Business Associate, its agents, employees, contractors, successors, and assigns as set forth herein.

**C. Amendment.** The Parties agree that this Agreement will be amended automatically to conform to any changes in the HIPAA Privacy and Security Rules as are necessary for each of them to comply with the current requirements of the HIPAA Privacy and Security Rules and the Health Insurance Portability and Accountability Act, unless a particular statutory or regulatory provision requires that the terms of this Agreement be amended to reflect any such change. In those instances where an amendment to this Agreement is required by law, the Parties shall negotiate in good faith to amend the terms of this Agreement within sixty (60) days of the effective date of the law or final rule requiring the amendment. If, following such period of good faith negotiations, the Parties cannot agree upon an amendment to implement the requirements of said law or final rule, then either Party may terminate this Agreement and the Underlying Agreement upon ten (10) days written notice to the other Party. Except as provided above, this Agreement may be amended or modified only in a writing signed by the Parties.

**D. Assignment.** Neither Party may assign its respective rights and obligations under this Agreement without the prior written consent of the other Party.

**E. Independent Contractor.** None of the provisions of this Agreement are intended to create, nor will they be deemed to create, any relationship between the Parties other than that of independent parties contracting with each other solely for the purposes of effecting the provisions of this Agreement and any other agreements between the Parties evidencing their business relationship. Nothing in this Agreement creates or is intended to create an agency relationship.

**F. Governing Law.** To the extent this Agreement is not governed exclusively by the HIPAA Privacy and Security Rules or other provisions of federal statutory or regulatory law, it will be governed by and construed in accordance with the laws of the state in which Covered Entity has its principal place of business.

**G. No Waiver.** No change, waiver, or discharge of any liability or obligation hereunder on any one or more occasions shall be deemed a waiver of performance of any continuing or other obligation, or shall prohibit enforcement of any obligation, on any other occasion.

H. Interpretation. Any ambiguity of this Agreement shall be resolved in favor of a meaning that permits Covered Entity and Business Associate to comply with the HIPAA Privacy and Security Rules.

I. Severability. In the event that any provision of this Agreement is held by a court of competent jurisdiction to be invalid or unenforceable, the remainder of the provisions of this Agreement will remain in full force and effect.

J. Notice. Any notification required in this Agreement shall be made in writing to the representative of the other Party who signed this Agreement or the person currently serving in that representative's position with the other Party.

K. Entire Agreement. This Agreement constitutes the entire understanding of the Parties with respect to the subject matter hereof and supersedes all prior agreements, oral or written. In the event of any inconsistency between this Agreement and any other agreement between the Parties concerning the use and disclosure of PHI and the Parties' obligations with respect thereto, the terms of this Agreement shall control.

L. Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same Agreement.

## EXHIBIT D

### STANDARDS AND RECOMMENDATIONS CONCERNING THE SCREENING, DIAGNOSIS AND TREATMENT OF COMMUNICABLE DISEASE AT THE PIMA COUNTY ADULT DETENTION COMPLEX (PCADC) AND PIMA COUNTY JUVENILE DETENTION CENTER (PCJDC)

Detainee populations in detention facilities are at high risk for all forms of communicable disease. The National Commission on Correctional Health Care has established standards for care service providers in jails regarding infection control programs and screening and management of communicable diseases and communicable disease outbreaks. In the best interest of Pima County and consistent with mandates for local health departments established by Arizona law, the Pima County Health Department (PCHD) Chief Medical Officer has established standards for screening, diagnosis and treatment of detainees and youth for management of communicable disease outbreaks at PCADC and PCJDC as set forth below. The Chief Medical Officer reserves the right to modify these standards and recommendations based on changes in Public Health practice and in the face of emerging threats to the health of the community from communicable disease outbreaks.

“Minimum Standards” are those standards that the PCADC/PCJDC health care provider (hereinafter “CONTRACTOR”) is required to establish and maintain. “Recommendations” are practices that should be adopted to minimize the spread of communicable disease to the greatest extent possible, within PCADC, PCJDC and in the community at large. “Recommended Standards” may be triggered in the event of an outbreak of a communicable disease at PCADC or PCJDC.

#### **Minimum Standards:**

1. **Policies and Procedures:** CONTRACTOR must establish policies and procedures for the screening, surveillance and control of infections and communicable disease outbreaks at PCADC and PCJDC that are consistent with these Standards and Recommendations. Such policies and procedures must contain protocols for identification, isolation and treatment of tuberculosis (TB), sexually transmitted diseases (i.e., syphilis, gonorrhea, Chlamydia and HIV/AIDS), Vaccine-Preventable Diseases (i.e., measles, mumps, varicella, and influenza), contagious rash illness/ skin infection, ectoparasite control, and other infectious diseases such as enteric disease, norovirus, and foodborne outbreaks.
2. **Active Tuberculosis:** CONTRACTOR must screen all detainees and youth at booking for symptoms of active Tuberculosis as described below. If CONTRACTOR rules out active TB, CONTRACTOR must then also rule out other communicable airborne (such as varicella or Herpes zoster) or droplet disease (such as pertussis or influenza) prior to placing detainees and youth in the general population. The following standards apply:
  - a. TB screening:
    - i. Screen for respiratory symptoms including cough lasting more than 3 weeks, hemoptysis, chest pain, and general systemic symptoms including fever/chills night sweats, fatigue and weight loss. The index of suspicion is higher if any pulmonary symptoms are coupled with any general systemic symptoms.

- ii. Detainees with symptoms suggestive of TB disease (active TB) should immediately be placed in an AII room (negative airflow isolation room) and receive a thorough medical evaluation to include a chest radiograph. If an AII room is not available, CONTRACTOR must
      - 1. Arrange for transport of detainees and youth who have high risk factors (such as heavy, prolonged coughing, significant risk for exposure to TB, most of the symptoms of TB, x-ray compatible with TB and/or are very infections (smear +) to an area hospital emergency department; or
      - 2. Place detainees and youth with low risk factors (such as normal chest x-ray and no symptoms apart from a prolonged cough) in an isolation room without negative air pressure for further observation and evaluation.
    - iii. Treat detainees and youth based on the results of diagnostic testing and observation. If deemed infectious, detainees should remain in isolation until treatment has rendered them noninfectious.
  - b. At the initial physical examination, CONTRACTOR must assess detainees and youth for TB exposure through administration of a TST. If TST is positive, a chest radiograph is performed to rule out active tuberculosis.
  - c. For detainees and youth who have previously tested positive on the TST, a chest x-ray is obtained to rule out active tuberculosis.
  - d. Detainees and youth who have a positive TST but are asymptomatic and have had a normal chest x-ray within twelve months of entering PCADC or PCJDC do not require an additional x-ray.
  - e. Sputum-smear and culture examinations should be considered for HIV positive detainees and youth who demonstrate symptoms suggestive of active TB but have a normal chest radiograph.
- 3. Sexually Transmitted Diseases (STD):
  - a. CONTRACTOR must offer sexually transmitted disease (chlamydia, gonorrhea, HIV, and syphilis) testing upon arrival or within 24 to 48 hours and treat as clinically indicated.
  - b. CONTRACTOR must examine and test all detainees who are symptomatic of STD and treat them as clinically indicated.
  - c. CONTRACTOR must report positive test results to PCHD via the Communicable Disease Report as per reporting timelines.
- 4. Vaccine-Preventable Disease:
  - a. PCJDC CONTRACTOR will review the immunization history of the youth in the Arizona State Immunization Information System (ASIIS) and update the schedule as needed.
  - b. PCADC CONTRACTOR will provide immunizations when appropriate.
- 5. Contagious Rash Illness/skin infection: CONTRACTOR must screen all detainees and youth at booking for contagious rash illnesses including chicken pox, measles, meningitis and scarlatina rash (for strep in the juvenile population) as well as for contagious skin infections such as MRSA. CONTRACTOR must isolate detainees and youth suspected of having a contagious rash illness or skin infection and contact PCHD immediately at (520) 243-7797 regarding the need for ongoing isolation as appropriate.

6. Ectoparasite Control: CONTRACTOR must screen all detainees and youth at booking for infestation. CONTRACTOR must isolate detainees and youth suspected of having an infestation until provided with the appropriate treatment.
7. Other Infectious Diseases such as enteric disease, norovirus, and foodborne outbreaks: CONTRACTOR must screen detainees and youth at booking for enteric illnesses. CONTRACTOR must isolate those detainees and youth who have active diarrhea and/or vomiting.
8. Reporting Infectious Disease and Managing Disease Outbreaks: CONTRACTOR must report communicable diseases in compliance with Arizona law. CONTRACTOR must immediately contact PCHD to report any actual or suspected infectious diseases that have the potential for outbreak in PCADC or PCJDC. PCHD will provide advice and assistance to CONTRACTOR and CONTRACTOR will cooperate with PCHD to respond to outbreaks of communicable diseases.
9. Infection Control Monitoring and Reporting: As part of its required Infection Control Program, CONTRACTOR must designate an Infection Control Practitioner responsible for all infectious disease screenings, case finding, required follow-up, required reporting and incidence tracking. CONTRACTOR must generate and provide to COUNTY on a monthly basis a report of all incidences of infectious disease diagnosed by CONTRACTOR, by diagnosis and outcome. This report will be in a format acceptable to COUNTY.

**Recommendations:**

1. Response to Outbreaks: CONTRACTOR should establish a mechanism for screening, diagnosis and treatment of detainees and youth in the event of an outbreak of communicable diseases such as but not limited to chicken pox, measles, mumps or influenza. Such protocols should include provisions for isolation and/or congregate housing for those detainees and youth who screen positive for these diseases.
2. Use of All Rooms: All rooms are appropriate for use for any potentially airborne disease such as tuberculosis, varicella or measles. Contact and Droplet Precautions may be sufficient for diseases not thought to remain suspended in the air and able to travel great distances due to their small size (less than 5 micron).
3. Viral Hepatitis and HIV/AIDS: Injection drug users and sex workers are at high risk for hepatitis and HIV/AIDS. For those detainees or youth who are injection drug users and/or sex workers, CONTRACTOR should offer testing for HIV and hepatitis B and C, especially if such testing has not been performed within the past twelve months. CONTRACTOR is encouraged to seek alternative funding for vaccination against hepatitis A and B, and offer such vaccination as clinically appropriate and in the case of youth, with parental consent.

## EXHIBIT E

### GLOSSARY

1. **ADHS**: Arizona Department of Health Services.
2. **ADJC**: Arizona Department of Juvenile Corrections.
3. **ADOC**: Arizona Department of Corrections.
4. **AHCCCS**: Arizona Health Care Cost Containment System. Arizona's Medicaid program.
5. **ALTCS**: Arizona Long Term Care System. Arizona's long term care Medicaid program.
6. **A.R.S.**: Arizona Revised Statutes. The full text of the statutes can be found at <http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp>.
7. **Behavioral Health Administrator**: The Appointing Authority for the Pima County Behavioral Health Department and administrator over the correctional healthcare contracts for both the PCADC and PCJDC.
8. **Behavioral Health Medical Director**: The physician who oversees the clinical aspects of the correctional healthcare contracts for both PCADC and PCJDC, who reports to the Behavioral Health Administrator. The physician serving in this role is also the point of contact for notification regarding adverse events and hospitalizations.
9. **Behavioral Health Quality Management Team**: The team in the Behavioral Health Department reporting to the Behavioral Health Medical Director and the Behavioral Health Administrator, whose responsibilities include auditing and ensuring compliance with the correctional health contract.
10. **Behavioral Health Services**: Includes the use of those behavioral health services essential to alleviate symptoms, attain appropriate functioning, and prevent relapse. Essential behavioral health services do not include routine individual or group therapy services as would be found in a licensed treatment facility.
11. **Bridge Orders**: Short-term temporary orders for critical medications to maintain continuity of care until a more extensive assessment can be done.
12. **Care Coordination**: Communication between the Contractor and other healthcare providers who may have been or are currently treating detainees/youth during their stay in detention to ensure coordination among the treating providers, including clear documentation, so that Contractor's treating providers are fully aware of all diagnostic



testing, treatments and medications ordered by other healthcare providers. Such coordination extends to discharge planning to ensure that when the detainee/youth transitions out to the community or to another facility the treating providers at those sites have essential information on the health services and status of the detainee/youth to continue care with minimal disruption.

13. **CDC**: Center for Disease Control and Prevention.
14. **CQI Program**: Continuous Quality Improvement Program.
15. **Community Behavioral Health Provider**: The offsite Behavioral Health Provider that has been treating the detainee/youth prior to detention.
16. **Consent to Treat**: Defined in NCCHC Standards.
17. **Contract**: Legally binding document executed between Contractor and County resulting from this solicitation which incorporates RFP, addendum(s) and all responses by Contractor.
18. **Critical Health Information**: Key health information collected and maintained for quick reference during detention, restraint, care coordination with offsite providers or transfer of detainees/youth.
19. **Critical Medications**: Those prescription medications that are required to treat chronic health conditions, such as cardiopulmonary, diabetes, and mental health disorders.
20. **DEA**: Drug Enforcement Administration. Federal agency responsible for regulatory compliance for controlled substances.
21. **Detainee**: An individual (adult or juvenile) booked into the custody of the Pima County Sheriff's Department. For purposes of this RFP, detainee refers both to individuals housed at the PCADC that are awaiting trial and those that have been sentenced.
22. **EHR**: Electronic Health Record.
23. **Episode of Care – Offsite Services**: The set of services required to manage a specific medical condition of a detainee over a defined period of time. Qualifying services may include ambulance transportation, medical professional services, hospital or other medical facility stay, and other ancillary services not included in a tiered payment rate. An episode begins at an acute onset of a health condition that requires qualifying treatment either at or away from PCADC and continues on until the detainee is released from custody, no longer requires treatment, or is returned to the PCADC, whichever occurs sooner. Subsequent services or re-admission to a medical facility for the same detainee, even related to the same medical condition, constitute a new episode unless a follow-up return to inpatient

status or outpatient treatment was medically indicated and scheduled at the time of the previous discharge.

24. **Episode of Detention or Incarceration – Outlier Medication:** Outlier medications required to manage a specific medical condition of a detainee over a defined period of time. An episode begins upon detention and ends upon release from the PCADC or PCJDC. Any subsequent detentions will be considered a new episode.
25. **Essential Mental Health Services:** As defined by NCCHC and Best Practices guidelines published by the State.
26. **Formulary:** A written list of prescription and non-prescription medications that is developed and provided by the Contractor and mutually agreed upon by the Contractor and County that are ordinarily available to authorized prescribers working for the Contractor. All or substantially all of the drugs in the antidepressant, antipsychotic, anticonvulsant, anticancer, immunosuppressant, and HIV/AIDS categories are to be included in formularies.
27. **Full Time Equivalent (FTE):** Annual paid hours of 2,080 per year for any position.
28. **General Mental Illness:** A mental disorder as described in A.R.S. § 36-501 (25).
29. **Health Care Services:** Medical, behavioral, mental and withdrawal services as specified in NCCHC standards and best practices.
30. **HIE:** Health Information Exchange.
31. **IEP:** Individualized Education Plan. A requirement of the Individuals with Disabilities Education Act (IDEA) that calls for the detention center education provider to evaluate every child and, for those children with special education needs, establish and administer an IEP.
32. **Informed Consent:** Defined in NCCHC Standards.
33. **Insurance Program:** Any third party payer program that pays for health care services on behalf of eligible members.
34. **Juvenile:** An individual under the age of eighteen (18).
35. **Keep on Person (KOP):** Program in which a detainee is allowed to keep select medications for self-administration.
36. **Make a Change Program (MAC Program):** a treatment readiness and relapse prevention program run by the Court.

- 37. Medical Administrative Committee (MAC):** Routine meetings for contract administration and coordination, required by NCCHC, to facilitate the delivery of health care services to detainees at the PCADC and youth at the PCJDC through joint monitoring, planning and problem resolution that are held at least quarterly and coordinated by the Contractor.
- 38. Medical Isolation:** A therapeutic intervention initiated by medical or mental health staff to use rooms designed to safely limit a patient's mobility due to a physical or mental illness.
- 39. Medical Necessity:** Any service, supply, treatment, or hospital confinement which is essential to the treatment of the injury or illness for which it is prescribed or performed; is based upon valid medical need according to accepted standards of medical practice; meets generally accepted standards for medical practice; and is ordered by a physician (except where the treatment is rendered by another provider and is generally recognized as not requiring a physician order).
- 40. Medical Observation Unit Care:** Care for detainees with illnesses and diagnoses that require daily monitoring, medications and/or therapy at a level requiring skilled nursing intervention.
- 41. Mental Health Court:** A specialty court at the Pima County Superior Court that provides special resolution for detainees who meet certain criteria, are seriously mentally ill, and are enrolled with the RBHA or mental health services of Veteran's Affairs. Mental Health Court is part of the Criminal Bench.
- 42. NCCHC:** National Commission on Correctional Health Care, an accrediting organization.
- 43. Network of Specialty Providers:** A network of medical service providers in the community who are contracted to provide care for detainees either inside the facility or by referral appointments in the community. This network, at a minimum, must include orthopedics, obstetrics/gynecology, urology and oncology.
- 44. Offsite Health Services:** Services for detainees/youth that are not available at the PCADC or PCJDC but are medically necessary according to the standards governing correctional health care services.
- 45. OIG:** Office of the Inspector General.
- 46. ONC:** Office of the National Coordinator for Health Information Technology, located within the US Department of Health and Human Services.
- 47. On-Call Coverage:** Ability to respond to a pager within 15 minutes; or, if needed, to respond in person to the detention center(s) within 60 minutes.

48. **Payer**: Any individual, entity or program that is or may be liable to pay all or part of the health services expense of injury, disease or disability.
49. **PCADC**: Pima County Adult Detention Complex (includes main jail and Mission facility).
50. **PCAP**: Pima Community Access Program, a not-for-profit organization that facilitates eligibility screening and enrollment for publicly funded healthcare programs and provides access to professional health care at discounted prices.
51. **PCHD**: Pima County Health Department.
52. **PCJCC**: Pima County Juvenile Court Center.
53. **PCJDC**: Pima County Juvenile Detention Center.
54. **Prescribing Provider**: Individuals whose professional licenses allow them to prescribe medications.
55. **Prison Rape Elimination Act (PREA)**: is a federal law that prohibits and seeks to eliminate sexual abuse and sexual harassment in correctional institutions. The County follows these guidelines for investigating and reporting qualified incidents.
56. **QA**: Quality Assurance.
57. **QA/PI Program**: Quality Assurance / Performance Improvement Program (Pima County).
58. **RBHA**: Regional Behavioral Health Authority; an agency contracted by the Arizona Department of Health Services to provide behavioral health administration services for a geographical area of the State.
59. **Remanded Juvenile**: A person under 18 years of age who, either by statutory definition or by referral of the Juvenile Court, is referred for prosecution as if he or she were an adult, and which, for purposes of this RFP, is housed at the PCADC.
60. **RFP**: Request for Proposals.
61. **RTC**: Restoration to Competency. A.R.S. 13-4510 states, "If the Court initially finds that the defendant is incompetent to stand trial, the court shall order treatment for the restoration of competency unless there is clear and convincing evidence that the defendant will not be restored to competency within fifteen months. The court may extend the restoration treatment by six months if the court determines that the defendant is making progress toward the goal of restoration." The PCADC runs a RTC program for detainees of Pima County and other Arizona counties that choose to use PCADC as their source for RTC services.

62. **Security Clearance**: Background check as specified in the Sheriff's Department Policy titled "Access to Secure Areas and Perimeter Security" or as specified by the PCJCC.
63. **Serious Emotional Disorder (SED)**: A diagnosable mental disorder found in persons from birth to 18 years of age that is so severe and long lasting that it seriously interferes with functioning in family, school, community, or other major life activities.
64. **Seriously Mentally Ill (SMI)**: A condition of persons who are eighteen years of age or older and who, as a result of a mental disorder as defined in A.R.S. 36-501, exhibit emotional or behavioral functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long-term or indefinite duration. In these persons, mental disability is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation.
65. **Sick Call**: Scheduled visits with nurses, physicians and mid-level providers for treatment of detainee health conditions.
66. **Sick Call Requests**: Written request prepared by detainees on form provided.
67. **SOAP format**: Note in the health record that follows the format: Subjective, Objective, Assessment, and Plan.
68. **Specialty Court**: Specialty Court is a court to which certain types of cases are assigned to a single Division so that all parties, including the judge, are knowledgeable and experienced with regard to a special set of circumstances common to all of those cases.
69. **Staffing Budget**: The annual cost of wages and benefits or contracted fees associated with the provision of the budgeted Staffing Plan.
70. **Staffing Plan/Commitment**: The plan agreed to by the Contractor and the County for ensuring sufficient onsite health service personnel to perform the functions outlined in the contracted scope of services.
71. **Temporary and Agency Staff**: Any employee who is hired for a period of less than 60 consecutive days, including personnel from a staffing pool or agency.
72. **Therapeutic Activity**: Group or individual therapy, recognized by the community as promoting health and wellness.
73. **Trauma Informed Care**: An approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.

74. **TRBHA**: Tribal Regional Behavioral Health Authority. See also RBHA.
75. **Triage**: Sorting and classifying of detainee sick call requests using pre-established criteria to determine the prioritization of requests and ensure the timely provision of health services.
76. **Utilization Management (UM)**: The methodology used by Contractor to monitor and assess the appropriateness and efficiency of care provided to detainees and activities designed to improve the utilization of care provided to detainees through implementation of a formal program with involvement of multiple organizational components.
77. **Youth**: Refers to a juvenile booked into the Pima County Juvenile Detention Center. As used in this RFP, the term is both singular and plural.