



# Carter County Sheriff's Office

900 East Elk Avenue  
Elizabethton, Tennessee 37643  
Phone: 423-542-1846 Fax: 423-542-3156

**Dexter Lunceford**  
Sheriff

**James Parrish**  
Chief Deputy

## Carter County Sheriff's Office REQUEST FOR PROPOSALS (RFP) CCSOMED2019 Inmate Medical Services

### For: Carter County Detention Center

**RFP Issued: April 22, 2019**

**Pre-Proposal Conference and Tour: May 1, 2019 – 2:00 p.m. local time at the Carter County Detention Center**

**Questions Due: May 15, 2019 4:00 p.m. local time**

**Proposals Due: Friday May 31, 2019 1:00 p.m. local time**

The Carter County Sheriff's Office requests sealed proposals for a comprehensive, health care delivery system at the Carter County Detention Center, located at 900 Third Street in Elizabethton, Tennessee 37643.

There is a deadline for all questions to be submitted to the Carter County Sheriff's Office prior to the pre-proposal conference. All questions received after this date will not be addressed.

To be considered a valid proposal, each organization submitting a proposal ("Proposer") must assure receipt by Carter County of **one original proposal and two duplicate** at the following address not later than **1:00 p.m. local time, Friday May 31, 2019:**

### **Carter County Finance Department**

**801 E. Elk Avenue  
Suite 203  
Elizabethton, Tennessee 37643  
Phone: 423-547-4005 (for delivery)**

It is the intent of Carter County to award a health care contract for a four-year term **beginning July 1, 2019 and ending June 30, 2023**. Carter County intends to include in the contract a right to automatically extend the term of the contract for additional one-year terms, provided such extensions are in the best interests of the parties.



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Carter County reserves the right to reject, in whole or in part, any and all proposals received by reason of this Request For Proposals (RFP). Carter County will not pay for any information herein requested, nor will Carter County be responsible for any costs incurred by the Proposer.

All proposals shall become the property of Carter County upon submission. Carter County reserves the right to negotiate the final price subsequent to the submission of proposals, from the selected qualified Proposers.

## Questions

Questions concerning this RFP must be directed to:

**Captain Thomas Smith**  
900 E. Elk Avenue  
Elizabethton, Tennessee 37643  
Email: [smitht@sheriff.cc](mailto:smitht@sheriff.cc)  
Phone: 423-542-1848

## Pre-Proposal Conference and Tour:

A **MANDATORY pre-proposal conference** is scheduled to respond to all inquiries with regards to this project and will be held at **2:00 PM, Local Time, May 1, 2019** at the Carter County Jail, located at 900 Third Street, Elizabethton, Tennessee. An onsite tour will immediately follow the conference. The pre-proposal conference will be the only opportunity for prospective vendors to visit the facility.

## Selection Process

The selection of a winning Proposer for contract will be made using the following three-step process:

1. In order to be initially selected, the Proposer(s) must meet the "Minimum Qualifications of the Proposers" as included in this RFP, and their proposal must satisfy both the "Mandatory Requirements For All Proposals" and the "Objectives of the RFP", also contained in this RFP.
2. After the conditions outlined in #1 are met, Proposer(s) will be ranked based on the quality of the response to this RFP, experience in jails of like size and complexity, price, and references.
3. One or more of the Proposers may be invited to make oral presentations to a selection committee or to the Carter County Commission or subcommittees thereof, to answer questions.



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If a final award is made, such award will be made to the Proposer who meets the above stated selection sequences and is judged best able to provide a health care delivery system at the Carter County Jail. Carter County reserves the right to award the bid to the Proposer who best fits the needs of the County, this may or may not be the lowest bidder.

Any and all exceptions taken by the Proposer must be listed and prominently displayed in proposal materials.

Proposals which do not meet the mandatory requirements and/or their proposal arrives past the proposal due date/time will be considered non-compliant and rejected. After the evaluation of the proposals and the selection of the successful contractor, all Proposers will be notified in writing of the selected firm.

## **FACILITY INFORMATION**

The facility (the "Jail") houses both male and female detainees consisting of County, State and Federal inmates, generally having sentences of less than 36 months. The average daily population of the Jail over the past 12 months has been 300 and the average length of stay for inmates is 15 days. The proposal should be based on an average daily population of 310 for the next year. The inmate population is comprised of county, state and federal inmates consisting of approximately 210 male inmates and 90 female inmates.

## **MINIMUM QUALIFICATIONS FOR ALL PROPOSERS**

Carter County requires that any Proposer meet the following minimum qualifications. Failure to meet each of these qualifications may result in the Proposer's disqualification.

1. The Proposer must be organized and existing for the primary purpose of providing correctional health care services, and must currently have active contract relationships with at least five (5) county jails in the state of Tennessee.
2. The Proposer must have at least five (5) continuous years of corporate experience in administering correctional health care programs.
3. The Proposer must carry professional liability insurance in an amount of \$1,000,000 per occurrence and \$5,000,000 in the annual aggregate. This insurance must cover the Proposer organization and all of its employees, and Proposer must provide proof of the same level of coverage for sub-contractors used. A certificate of insurance naming Carter County as additionally insured must be submitted prior to execution of any contract. This certificate must name Carter County as an additional insured party. A sample certificate showing actual coverage limits must be submitted with the proposal.



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4. Proposer must also provide general liability insurance coverage of at least \$1,000,000.00 combined single limits, and automobile liability coverage for owned, non-owned, and rented automobiles. A sample certificate showing actual coverage limits must be submitted with the proposal.
5. The Proposer must demonstrate its ability to provide a health care system specifically for a correctional facility like Carter County Jail. It must be able to demonstrate that it can complete the startup process in 30 days from the contract award date, and that it has a proven system of recruiting staff and adequate support staff in its central office capable of competently supervising and monitoring its operation.

## MANDATORY REQUIREMENTS FOR ALL PROPOSALS

Proposals need not be in any particular form. All proposals, however, must contain the following special information:

1. All proposals must contain sufficient information concerning the Inmate Health Care Program that the County representatives may evaluate whether or not the Proposer meets "Minimum Qualifications For All Proposers" and the "Specifications"
2. All proposals must list by name, location and administrator name (with phone number) at least five correctional institutions where Proposer is providing medical care and the length of time each contract has been in effect. This list will be used as a source of references for the Proposer.
3. A statement that the policies and procedures for the medical program will be developed by the Proposer and will be based on the standards developed by the National Commission on Correctional Health Care (NCCHC).
4. All proposals must contain a full and complete staffing plan with a statement as to the staff positions and titles, and the number of actual hours per week to be worked on-site at the jail by each staff position. Also, the proposal must state clearly how any temporary vacancy will be handled, and whether each scheduled shift will be worked during such vacancy.
5. The proposal must explain in detail how medical care for inmates at the Jail will be delivered.
6. All proposals must contain a specific annualized price for a base population of up to 310 inmates for all medical care rendered under the resulting contract, taking into account the requirements of #8 below. Provider may state one annualized price for the first four years of the contract (and monthly price) and another annualized price (or price escalation factor) for subsequent year(s).
7. Any other exceptions to the specific price shall be stated, such as per diem charge for an increase in average daily population above the base level.



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8. Each proposal shall describe how billing to Carter County will be handled, and the expected terms for payments by the County to the Proposer.
9. Carter County is willing to share responsibility for the costs of medical care in certain specific cost categories in order to assist the Proposer in predicting its costs and potential liabilities. All proposals must specifically state these limits of responsibility so proposed, and how Carter County would share in these costs after the cost limits have been reached.
10. With all medical providers, discounts can and should be obtained to benefit each bid. Describe what discounts will be available and how the successful provider will pursue all possible discounts with the outside medical facilities. Carter County Sheriff's Office does have some providers that gives a discount and this will continue to be utilized and shared.
11. The Carter County Jail nursing staff provided by the vendor shall be staffed with LPN or greater licensing and qualifications for each shift working. No EMT's or CNA's will be allowed.
12. The winning provider will establish between the Carter County Jail and the Drug Enforcement Administration (DEA) a DEA number for our facility to store necessary medications for emergency use. This should prevent unnecessary trips to the outside medical facilities providing for the safety of the inmates and officers. This medication list will be approved between the medical staff and the administration of the facility.
13. The proposal must have signed copies of the attached Anti-Collusion Statement, Drug Free Workplace Affidavit, and Iran Divestment Act Form

The specific item or classification of cost and the assigned responsibility for covering the cost for each item should be explained fully. The following listing should be used for a checklist. Any item not explained, with respect to which contracting party is responsible for the cost, will be assumed to be an additional cost to the County, and thus added to the total cost of contracting with that Proposer. The line items or categories of costs are listed below:

- a) Nurse wages and benefits
- b) Physician medical director on-site
- c) Any other on-site program provider (Mental Health, etc.)
- d) Policies and Procedures development
- e) Medical supplies
- f) Minor equipment (over \$500 per single item or unit)
- g) Repairs on existing equipment
- h) Over-the-counter medications
- i) Clinical lab procedures
- j) Office supplies
- k) Folders and forms



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- l) Travel expenses
- m) Long-distance phone calls
- n) Publications and subscriptions
  
- o) Any necessary pharmacy licenses/permits
- p) Medical hazardous waste disposal
- q) All required insurance as specified in this RFP
- r) Administrative services (cell phone, fax machine, internet connection, etc.)
- s) Training for officers in the jail on various topics
- t) All other specific on-site medical services
- u) Inmate vaccinations (TB, Hep, etc...)
- v) Off-site medical services
- w) On-site mental health services
- x) Off-site mental health services
- y) X-ray services on-site
- z) X-ray services off-site
  
- aa) On-site dental services
- bb) Off-site dental services
- cc) Formulary prescription medications for county, state and federal inmates
- dd) Non-formulary prescriptions medications for county, state and federal inmates

Each line item above must be assigned to a responsibility either for Proposer to pay, County to pay, or Proposer to pay with limitations, and if limited, then a reference to the proposal section where the limits are explained.

14. In order to better understand all of the working terms being proposed, the Proposer shall provide with its response to this RFP a sample contract for consideration, in case the Proposer should be awarded the contract.
  
15. Proposer must be willing to sign a contract within 10 days of contract award date and be ready to begin services within 30 days of the contract award date.

## SCOPE OF CONTRACT

The Proposer who is selected to provide the services described in this RFP (hereinafter "Provider") shall be the sole supplier and/or coordinator of the health care delivery system at the contracted Carter County Sheriff's Office facility, (the "Jail"). Provider shall be responsible for all medical care for all inmates at the Jail. The term "medical care" includes "physical and mental health care" as well as "dental care". This responsibility of Provider for the medical care of an inmate commences with the commitment of the inmate to the custody of the administration of the Jail and ends with the discharge (or temporary release) of the inmate from the custody of the County at the Jail.

Inmates housed in the jail not covered under the terms of this RFP, or the resulting contract, will not be included in the Provider's responsibility while they are housed at other facilities or while being transported.



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Inmates held in the jail for other jurisdictions such as other counties or the U.S. Justice Department will be included in the count, and the on-site care for these inmates will be the responsibility of the Provider for nursing and physician care, any supplies used, and for over-the-counter medications. Other medical costs

which can be identified for specific inmates such as prescriptions, x-rays, dental procedures, and all off-site medically related consultations and procedures will be billed back to the originating agency, either by the County, the actual community agency providing the care, or by the Provider.

## **SPECIFICATIONS**

All proposers must submit a program based upon applicable state and NCCHC standards. The following services will be required:

### **Receiving/Screening**

A preliminary health screening form shall be filled out immediately upon each inmate's arrival and the form shall be approved by the provider and the Carter County Sheriff or his/her designee. At a minimum, the screening must include:

- Current illnesses and health problems including those specific to females.
- Medications taken and special health requirements.
- Screening of other health problems designated by the responsible physician.
- Behavioral observation, including state of consciousness and mental status.
- Notation of body deformities, trauma markings, bruises, lesions, eye movement/jaundice.
- Condition of skin, including rashes and infestations.
- Disposition, if applicable.
- Document referral of prisoners to qualified medical personnel for emergency treatment.
- Notation of personal physician and any medical needs.
- Assessment of suicidal risk.
- TB screening to determine if testing is needed.
- Mental Health needs if applicable.

### **Health Appraisal**

Provider shall perform a comprehensive Health Assessment on any inmate within fourteen (14) calendar days (or such other stricter time limit as required by statute or controlling authority) of the arrival of the inmate at the jail. Such assessment shall be performed by a qualified medical professional. The extent of the health appraisal, including the physical examination, is defined by the responsible health authority, however, will include at a minimum:

- Review of intake screening forms.
- Collection of additional data regarding complete medical, dental, psychiatric and immunization histories.



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- Appropriate laboratory and diagnostic tests to detect communicable diseases such as Venereal Disease and Tuberculosis.
- Recording vital signs (height, weight, pulse, blood pressure, temperature).
- Physical examination with comments about mental and dental status. A gynecological assessment must be included for females.
- Review of physical examination and test results by a physician for problem identification must take place.
- Initiation of therapy when appropriate.
- Other tests and examinations as appropriate, including but not limited to, pregnancy tests, voluntary HIV screening and chest x-rays.

Any abnormal results of the health appraisal shall be reviewed by a physician for appropriate disposition.

## **Sick Call**

Routine diagnosis and treatment of minor health problems will be handled through a sick call system. Sick call shall be conducted daily by medical personnel. If an inmate's custody status precludes attendance at a sick call session, arrangements must be made to provide sick call services at the place of the inmate's confinement, including the segregation unit. Healthcare staff shall utilize triage protocols and shall ensure all appropriate follow-up care is provided.

## **Hospital Care**

Provider shall identify the need, schedule, and coordinate any hospital care of any inmate of the Jail. If an inmate has been determined to require emergency medical treatment outside the Carter County Jail, the provider shall be responsible for the payment of all emergency medical charges, unless the inmate is physically admitted to the outside medical facility for further emergency medical care. This shall include all institutional charges, physician charges and any and all additional charges for medical care. The medical staff shall make all attempts to send the inmate in need of outside medical care to a local clinic or urgent care facility over transporting them to the hospital emergency room. The medical staff shall make arrangements with the local medical facilities to see inmates for non-emergent matters if outside care is required. Arrangements for this service will be arranged through our administrative staff.

Currently the Carter County Rescue Squad transports all inmates from the Jail to the hospital emergency facility at no cost to the Sheriff's Office. However if this should be dissolved in the future arrangements will have to be negotiated between the County and provider.

## **Specialty Services**

To support the delivery of comprehensive health services, specialty consultations are occasionally necessary. The provider shall provide on-site specialty clinics (radiology, laboratory services, EKG machine, etc.) when feasible to reduce the number of off-site referrals. In the event an inmate requires the services of medical specialist, the provider shall make referral arrangements and coordinate the delivery of the specialist's visits off-site. The medical staff will provide the information necessary to get the inmate





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furloughed from the inmate's specific court for these specialty services if possible. Medical furloughs will be attempted on any extended stay in the hospital and the provider will be required to write a letter of

recommendation on the inmate's medical condition to present to the jail administration for the judge of record to review.

The successful provider will describe through policy and procedures the course of action caring for pregnant females. Of special interest is the procedures used by the provider if the female is drug dependent. They must show a plan in the proposal of the location of the facilities going to be used, financial arrangements and any discounted pricing that will be obtained for their care. If provider has a policy for detoxing pregnant females, list this policy for review in RFP.

## **Emergency Services**

The provider shall make provisions for 24-hour emergency medical care to inmates. This includes on-call availability by the Medical Team Administrator, Physician Assistant, Nurse Practitioner, Doctor and Nursing staff, as well as the coordination of appropriate transportation with the facility's administrative staff.

## **Ancillary Services**

Routine laboratory and X-ray procedures should be performed on-site at the facility when possible. Procedures beyond the capabilities of the on-site equipment will be referred to outside providers. Please list your plan for the provider that you intend on using for this service and any rate reductions the County may expect from the provider. Contracts with these providers needs to be included with the proposal showing the amount of discount for the services provided. Provider shall provide the necessary follow-up for health problems identified by any of the screening tests or laboratory tests.

## **Dental Care**

The Carter County Jail's policy concerning dental consists of the inmate having a family member pre-pay for any dental services at the County's designated dental service provider unless the inmate or family member are indigent. The program to provide dental services to inmates shall include:

- Provider will provide for **basic** dental services, including all extractions
- Dental screening and oral hygiene instruction performed on each inmate within 14 days of admission
- Dental screening will include charting decayed, missing, and filled teeth, and taking a dental history for identifying problems
- A dental record will be maintained as part of an inmate's medical record

## **Pharmaceutical:**



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Provider shall provide a total pharmaceutical system for the jail beginning with the physician's prescribing of medication, the filling of the prescription, the administration of medication, and the necessary record keeping. The pharmaceutical system shall include prescription medications and over-the-counter medications. All prescription medications shall be prescribed by the responsible physician. All controlled substances, syringes, needles and surgical instruments will be stored under security conditions acceptable to the jail. Each provider will provide in their proposal a complete list of the supported drug formulary to list all drugs provided by the provider. If pharmaceuticals for diseases such as AIDS, Hepatitis and tuberculosis are not included in the formulary please provide how you will obtain them and any negotiated pricing. Of interest also is the ability to obtain suboxone, methadone, etc... by the selected provider to treat addiction issues, especially with pregnant females or provide an accepted method of detoxing pregnant females taking suboxone, methadone, etc.

## **Medical Waste**

The successful vendor shall provide, in compliance with all laws and regulations, for the appropriate management and disposal of contaminated waste resulting from its services including needles, syringes, medications, and other materials used in the treatment of inmates.

## **Medical Records**

All inmates must have a medical record which is kept up to date at all times. The record shall be forwarded to any outside medical vendor upon proper request and will be forwarded to the appropriate facility in the event of transfer upon request from the facility with a signed medical release of the inmate. Access to medical/dental records will be controlled by healthcare personnel at all times and all rights concerning the confidentiality of the medical record must be followed. All transcribing and filing of information in the medical/dental record will be done by professional nurses or trained medical records clerks. All medical records shall be scanned into the inmate's electronic medical folder after the administration of medical care and with the attending physician's signature. Under no circumstances will inmates be allowed access to medical/dental records. All procedures concerning the confidentiality of medical records shall adhere to all HIPAA regulations and the rules and regulations as established by the NCCHC.

## **Special Medical Programs – Chronic Care**

For inmates with special medical conditions requiring close medical supervision, including chronic and convalescent care, a written individualized treatment plan shall be developed by the responsible physician. The plan should include directions to health care and other personnel regarding their roles in the care and supervision of the inmate. This is a jail facility and convalescent care will be extremely difficult to maintain for an extended period of time. The successful provider shall provide to the Sheriff's Administrative staff a plan to work with staff, courts and associated medical facilities to best care for individuals in this situation.

## **Mental Health**



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Mental health services are becoming more prevalent in the correctional setting. It is imperative that vendor take this into consideration with their proposal. All vendors must submit their policies and procedures for the supervision and treatment of inmates that will require mental health treatment. If an inmate is required

to be placed on suicide watch or evaluated for treatment outside the facility, please list how these inmate will be evaluated, all outside resources and discounts available to the Carter County Sheriff's Office (if applicable), along with treatment protocols for your staff, as well as the staff of the Carter County Sheriff's Office.

## **Health Education**

In-service training for all health care staff is to be conducted when requested and to include first-aid, CPR Training, etc.

## **Consultation Services**

The provider shall provide a consultation service to the County on any and all aspects of the health care delivery system at the facility, including evaluations and recommendations concerning new programs, alternate pharmaceutical and other systems and on any other matters relating to this contract upon which the County seeks the advice and counsel of the provider.

## **Quality Assurance and Improvement**

The provider shall institute a Medical Quality Assurance/Improvement Program, which may include but may not be limited to audit and medical chart review procedures. When deficiencies are noted, a plan of corrective action (improvement) shall be put into place. The Jail supervision staff will be notified of all deficiencies and be included in the improvement plan put into place.

## **Monthly Statistics**

Narrative reports shall be submitted each month with data reflecting the previous month's activity to include:

- Inmate's requests for various services
- Inmates seen at sick call
- Inmates seen by physician
- Inmates seen by dentist
- Inmates seen by psychiatrist
- Inmates seen by mental health counselor
- Infirmary admission, patient days, average length of stay
- Mental Health admissions
- Off-site hospital admissions to include ER and general physician referrals
- Medical specialty consultation referrals
- Intake medical screening
- Fourteen (14) day history and physical assessments



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- Psychiatric evaluations
- Diagnostic studies
- Report of third party reimbursement, pursuit and recovery
  
- Pharmacy report of inmate population dispensed medication
- Inmates testing positive for venereal disease
- Inmates testing positive for AIDS or AIDS Antibodies
- Inmates testing positive for TB
- Inmate Mortality
- Number of hours worked by entire medical staff, specifying each post or shift
- Monthly off-site visits

## **Staffing**

Provider must recruit, interview, hire, train and supervise all health care staff and such health care staff must be adequate to meet all conditions and specifications as set forth in this RFP, the proposal selected, and the resulting contract. In order to maintain continuity in the proposal process and to ensure comparable staffing arrangements, the below staffing plan has been made. The County reserves the right to negotiate alterations to the suggested staffing plan after a supplier/vendor has been selected.

- Medical Team Administrator – **40 hours per week**
- Nurse Practitioner/Physician Assistant – **8 hours per week**
- Physician **4-8 hours per month**
- Dentist – Optional -
- Mental Health Professional – **8 hours per week**
- Nursing coverage to provide proper staffing - **24 hours per day, 7 days per week, 365 days per year**
- Medical Clerk- **40 hours per week minimum**

## **Personnel**

The provider shall engage only licensed and qualified personnel to provide professional coverage. Personnel must meet all licensing requirements of the State of Tennessee and undergo a criminal background with our department prior to hiring. The nursing staff shall have the minimum license and qualifications of an LPN.

All personnel shall comply with current and future state, federal, and local laws, regulations, court orders, administrative regulations and administrative directives.

## **GENERAL CONTRACTUAL PROVISIONS**



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1. The duration of this contract shall be from July 1, 2019 until June 30, 2023. Thereafter, the contract may be extended, upon mutual agreement of the parties, for any number of subsequent one-year terms.
2. The health care delivery system must conform to State standards for medical services provided in correctional institutions as established by the Department of Corrections, Tennessee Correctional Institute or other appropriate Federal, State authority, or by statute. The system must be in substantial conformance with the *Jail Health Standards*, 2014 Edition, developed by the National Commission on Correctional Health Care (NCCHC).
3. The selected Health Care Provider, hereafter "Provider," shall be required to examine and treat any inmate in segregation or otherwise unable to attend sick call in the cell of said inmate. Provider shall be required to render emergency care at any location on jail property.
4. Provider shall have no responsibility for security at the jail or for the custody of any inmate at any time, such responsibility being solely that of the jail. Provider shall have sole responsibility in all matters of medical, mental health and dental judgment. Provider shall have primary, but not exclusive, responsibility for the identification, care and treatment of inmates requiring medical care and who are "security risks" or who present a danger to themselves and others. The medical provider staff will be required to attend either classroom and/or internet classes on specific principals taught by the Tennessee Corrections Institute (TCI) to familiarize each staff member about the proper protocols in dealing with inmates. Upon successful selections of the bidder and after completion of the start date deadline, all staff working within the jail facility must successfully complete the required course of instruction determined by the jail administration. This will be mandatory training, however the medical staff will not be tested to become certified corrections officers.
5. County Official and his staff shall support, assist and cooperate with Provider, and Provider shall support, assist and cooperate with the Sheriff or other County Official whose decision in any non-medical matter shall be final. All decisions involving the exercise of medical, mental health or dental judgment are still the responsibility of the Provider.
6. Provider shall indemnify and hold harmless Carter County, the Carter County Sheriff's Office, and any and all of their agents, employees, advisors, or representatives from all claims, actions, lawsuits, damages, judgments, liabilities or demands of any nature of cause whatsoever, at law or in equity, including costs and attorney fees, asserted by any person or entity, arising out of or relating to the provision of its services at the Detention Center.
7. Provider shall have professional liability insurance coverage with limits of at least \$1,000,000.00 per occurrence and \$5,000,000.00 in the annual aggregate under such coverage. This insurance shall specifically cover provider and the services provided under this contract. Evidence of such



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insurance shall be presented to the County prior to the execution of the contract. Failure to maintain such insurance shall be grounds for immediate termination of the contract.

8. Provider must also provide general liability insurance coverage of at least \$1,000,000.00 combined single limits, and automobile liability coverage for owned, non-owned, and rented automobiles. A certificate of insurance naming Carter County as additional insured must be submitted prior to

execution of any contract. A sample certificate showing actual coverage limits must be submitted with the proposals.

9. Policies and Procedures of the Provider relating to medical care are to be established and implemented solely by the Provider. In areas that impact upon the security and general administration of the jail, the Policies and Procedures of the Provider are subject to review and approval of Carter County Sheriff's Office.
10. The Sheriff or other designated County Official retains the right to review and approve Policies and Procedures of the Provider in any area affecting the performance of his responsibilities under law.
11. Either party to the contract may terminate the Agreement without cause by giving at least 60 days written notice to the other party.
12. Neither the obligations nor the rights of the Provider under any resulting contract may be assigned by the Provider without the express written consent of Carter County, whose consent shall not be unreasonably withheld.
13. No amendment to or modification of the resulting contract shall be effective unless in writing signed by the parties thereto.
14. The resulting contract shall be governed by and construed according to the laws of the State of Tennessee without consideration of any conflict of laws, provisions, unless preempted by Federal La



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## **VENDOR INFORMATION and ANTI-COLLUSION STATEMENT**

*Please print or type clearly. Complete each section entirely and verify for accuracy.*

By signing this form the bidder agrees that he has not divulged to, discussed, or compared his bid with other bidders and has not colluded with any other bidder or parties to a bid whatsoever. Note: no premiums, rebates or gratuities to any employee or agent are permitted with, prior to, or after any delivery of materials. Any such violation will result in the cancellation and/or return of material (as applicable) and the removal from the bid list and could constitute a felony and result in a fine, imprisonment, as well as civil damages.

In compliance with this Invitation for Bid, and subject to all the conditions thereof, the undersigned offers, if this bid is accepted, to furnish any or all of the items and/or services upon which prices are quoted, at the price set opposite each item, to be delivered at the time and place specified herein. The undersigned certifies that he/she has read, understands, and agrees to all terms, conditions, and requirements of this bid, and is authorized to contract on behalf of the firm named below. This form must be signed personally by the bidder or the bidder's authorized agent. All signatures must be original and not photocopies.

<b>COMPANY NAME:</b>	
<b>CONTACT PERSON:</b>	
<b>CONTACT PERSON TITLE:</b>	
<b>SIGNATURE OF AUTHORIZED REPRESENTATIVE:</b>	
<b>FEDERAL TAX ID # (or Social Security #, if applicable)</b>	
<b>STREET ADDRESS:</b>	
<b>STREET ADDRESS:</b>	
<b>CITY, STATE, ZIP:</b>	
<b>TELEPHONE NUMBER:</b>	
<b>FAX NUMBER:</b>	
<b>EMAIL:</b>	



# Carter County Sheriff's Office

900 East Elk Avenue  
Elizabethton, Tennessee 37643  
Phone: 423-542-1846 Fax: 423-542-3156

**Dexter Luncford**  
Sheriff

**James Parrish**  
Chief Deputy

<b>DATE:</b>	
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\*\*By signing this form, the bidder signifies understanding and agreement with Hamblen County Government Terms and Conditions





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### Model Affidavit

(must be attached to bid form upon submission)

STATE OF TENNESSEE  
COUNTY OF \_\_\_\_\_

DRUG-FREE WORKPLACE AFFIDAVIT  
OF PRIME BIDDER

NOW COMES AFFIANT, who being duly sworn, deposes and says:

1. He/She is the principal officer for [ insert name and address of bidding entity];
2. That the bidding entity has submitted a bid to [insert name of city and city department and project number] for the construction of [insert name of project];
3. That the bidding entity employs no less than five (5) employees;
4. That Affiant certifies that the bidding entity has in effect, at the time of submission of its bid to perform the construction referred to above, a drug-free workplace program that complies with §50-9-113, *Tennessee Code Annotated*.
5. That this affidavit is made on personal knowledge.

Further Affiant saith not.

\_\_\_\_\_  
AFFIANT

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
My commission expires: \_\_\_\_\_



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**BIDDER'S CERTIFICATION OF COMPLIANCE  
WITH  
IRAN DIVESTMENT ACT  
Tenn. Code Ann. § 12-12-101 et seq.**

Comes \_\_\_\_\_, for and on behalf of  
(Printed name of Principal Officer of Company)

\_\_\_\_\_, (the "Company") and, after being duly authorized

by the Company so to do, makes oath that:

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to the Iran Divestment Act, Tenn. Code Ann. § 12-12-106.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date