

INTERNAL AUDIT REPORT #2019-002  
CORRECTIONAL FACILITY HEALTHCARE SERVICES: CONTRACT 55-15051  
RELEASE DATE: MARCH 20, 2019

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## OVERVIEW

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### BACKGROUND

The Jefferson Parish Correctional Center (JPCC), located at 100 Dolhonde Street in Gretna, is owned and maintained by the Jefferson Parish Government (the Parish) while the security is administered by the Jefferson Parish Sheriff's Office. JPCC houses primarily pre-trial detainees and has a population of nearly 1,200 (including the intake booking section).

The Parish contracted with CorrectHealth Jefferson, LLC (CorrectHealth) who provides primary healthcare services, mental health services, infirmary and nursing care, most pharmaceuticals, and basic dental and preventative health care services (the medical program) to inmates housed at the JPCC. The Parish pays CorrectHealth a flat rate per inmate per day to provide such care and also pays for specialty care such as advanced diagnostics, hospitalization (for those services not covered by Medicaid), ambulance services, major dental care, optometry care, prosthetic devices, and other specialty services.

CorrectHealth is contracted to develop, maintain, and direct the medical program in accordance with accreditation standards of the National Commission on Correctional Health Care (NCCHC), and procure all pharmaceuticals as specified in the contract, as well as, on-site laboratory services, supplies, x-rays, blood work and services necessary for the medical program. (See "Key Observation" on the next page.)

The contract included in the scope of this audit is effective from June 1, 2015, through May 31, 2017, and was extended for two consecutive one-year terms to end May 31, 2019. The Parish funds this contract via the General Fund.

### OBJECTIVES

The objectives of this review were to ensure compliance with Sections 3a, 3m, 3o, and 7 of Contract #55-15051 with CorrectHealth Jefferson, LLC. (See Attachments A, B, and C for the initial contract and its extensions.)

<b>Contract Effective Dates</b>	<b>Resolution #</b>	<b>Approval Date</b>
June 1, 2015 – May 31, 2017	124860	April 29, 2015
June 1, 2017 – May 31, 2018	128787	February 22, 2017
June 1, 2018 – May 31, 2019	130559	December 6, 2017

### SCOPE

This review focuses on the period from January 1, 2016, to December 31, 2018, which coincides with three fiscal years for the Parish. The report covers only the areas as indicated in the Objectives stated above.

Internal Audit retrieved the above-referenced contract and extensions between the Parish and CorrectHealth, along with related Council Resolutions and Ordinances. Internal Audit also obtained select financial data from the Parish's AS/400 Financial Management System and Parish files such as disbursements to CorrectHealth.

Internal Audit requested monthly reports for all activities conducted by CorrectHealth, monthly financial statements and annual expenditure reports submitted by CorrectHealth for the period under review. Additionally, Internal Audit requested information about the NCCHC accreditation.

## KEY OBSERVATION

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The Jefferson Parish Correctional Center is accredited by the NCCHC as evidenced by a Certificate of Accreditation dated June 2017.

### OBSERVATIONS

According to Section 3a of the contract between The Parish of Jefferson and CorrectHealth, the firm shall develop, maintain, and direct a medical program which meets the accreditation standards of the National Commission on Correctional Health Care (NCCHC) within budgetary limits as set forth by the Jefferson Parish Council.

According to the NCCHC website, “NCCHC does not accredit any kind of company (such as health care contractors, electronic health records vendors or pharmacies), states or agencies. Rather, NCCHC accredits individual correctional facilities for compliance with the relevant *Standards for Health Services*. The accreditation is awarded to the facility itself for its established system of health care delivery and demonstrated compliance with the requirements of the standards.” Accreditation is awarded via an onsite process known as a “survey.”

Internal Audit obtained the most current Certificate of Accreditation, dated June 2017, for the Jefferson Parish Correctional Center. (See Attachment D to view the certificate.) According to Joseph Denny, Administrative Management Specialist IV of the JP Department of Community Justice, the certificate is posted in plain view at the correctional facility. Upon inquiry of a representative of the NCCHC, the Jefferson Parish Correctional Center was last surveyed in April of 2017. Since the accreditation is valid for a period of three years, the next survey is due in April 2020. The facility appears to meet the accreditation requirements as outlined in Section 3a of the contract.

See Finding #3 for comments regarding budgetary limits as referenced in Section 3a of the contract.



## FINDING #1

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### CRITERIA

According to Section 3m of the contract between The Parish of Jefferson and CorrectHealth, the firm shall submit to the Director of the CJA monthly reports of all activities conducted pursuant to this agreement, including but not limited to, the number and types of screenings, number and types of examinations, number of prescriptions, transports, and admission into other health care facilities, as well as any changes in personnel.

### FINDINGS

The contract calls for monthly reports but does not explicitly require that such reports be submitted monthly.

Reports were submitted every month; however, they did not include changes in personnel as required by Section 3m of the contract.

### OBSERVATIONS

Internal audit obtained the monthly reports (Monthly Statistical Report) for January 2016 through December 2018, the period covered under this audit. According to Joseph Denny, Administrative Management Specialist IV of the JP Department of Community Justice, the prior month's report, in general, is provided to the department in hard copy format at monthly meetings. The reports are often sent by email as well. Internal Audit obtained evidence to verify that such reports were submitted on a monthly basis.

The reports contained the following captioned sections:

Average Daily Population	Chronic Care	Onsite Specialty Care
Housed Inmates	OB/GYN	Inmate Deaths
Medical	Infirmary/SNU/Medical Observation	Tuberculosis
Health Service Requests	Pharmaceuticals	HIV
Medical Encounters (Sick Call Only)	Mental Health	Hepatitis
Isolation Segregation (Iso-Seg)	Dental (Dentist Only)	STD
Grievances	Specialty Care	MRSA
Unscheduled Contacts	Out-Patient Visits	Immunizations

The data provided complies with what is called for in Section 3m of the contract, except that changes in personnel are not included in the reports. (See Attachment E for the 2018 data.)

Additionally, the contract requires monthly reports but does not require such reports to be sent every month.

### SUGGESTION

The monthly reports should include changes in personnel as specified by Section 3m of the contract. Otherwise, the future contract could exclude this requirement if it is thought to be unnecessary. Also, the language of the contract implies that monthly reports should be sent monthly and it is the practice to do so; however, consideration should be given to including clarifying language in future contracts.

## RESPONSE FROM JP DEPARTMENT OF COMMUNITY JUSTICE AGENCY

The contract requires monthly reports but does not explicitly require that such reports be submitted monthly. While reports were submitted for every month, they did not include changes in personnel as required by Section 3m of the contract. Notwithstanding the fact that the CJA has received all monthly reports due under the contract, the contract language will be modified to require that the reports be submitted monthly. Furthermore, notification of changes in personnel will not be required except to those serving as key personnel such as President, Executive Medical Director, Director of Clinical Services and Health Service Administrator. The CJA may supplement and amend the list of key personnel as appropriate.



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## FINDING #2

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### CRITERIA

According to Section 3o of the contract between The Parish of Jefferson and CorrectHealth, the firm shall submit monthly financial statements and submit to PARISH an annual expenditure report.

### FINDING

Monthly financial statements and annual expenditure reports were not submitted as required by Section 3o of the contract.

### OBSERVATIONS

Internal Audit requested both monthly financial statements and annual expenditure reports from the department. The department has not received reports other than the monthly invoices (as described in Finding #4) and the monthly statistical reports (as described in Finding #2). These reports do not satisfy the requirements of Section 3o of the contract as monthly financial statements.

Each year, the department receives an inquiry from CorrectHealth on behalf of their third-party auditor, Postlethwaite & Netterville. The inquiry is known as a “Confirmation” and is designed to verify the revenue received from Jefferson Parish, the amount owed to CorrectHealth as of the period being audited, as well as other key contract terms needed for financial statement disclosure. (See Attachment F for the Confirmation received for the fiscal year ended 2017.) Such Confirmation does not satisfy the requirement of Section 3o of the contract as an annual expenditure report.

### SUGGESTION

The department should collect monthly financial statements as applicable to the health services provided at the Jefferson Parish Correctional Center. Internal Audit suggests that a balance sheet, income statement, and statement of cash flows be collected. These reports will help to evaluate the financial solvency of the organization and determine the reasonableness of the funding provided by the parish.

Internal Audit suggests that the contract language is amended to require CorrectHealth to provide annual audited financial statements related to the contracted services. Until such time that the contract is amended, the department should also collect an annual expenditure report as required by Section 3o of the contract. Audited annual financial statements will give the department assurance that the financial information is materially correct and help to further evaluate the financial solvency of the organization, and determine the reasonableness of the funding provided by the parish.

### RESPONSE FROM JP DEPARTMENT OF COMMUNITY JUSTICE AGENCY

Future contracts will require submission of annual financial statements.

## FINDING #3

### CRITERIA

According to Section 7, Payments, of the contract between The Parish of Jefferson and CorrectHealth, "PARISH agrees to compensate FIRM on a per inmate per day basis according to the daily census on a net thirty (30) basis from the date of receipt by PARISH. The prices below include all professional healthcare services and management as indicated in Section 3 of this Agreement.

Year	Percentage Increase	Maximum Daily Census	Per Inmate Per Day	Annual Contract Cap
Year 1	-	1,193	\$10.09	\$4,393,248
Year 2	2.6%	1,193	\$10.35	\$4,508,162
1 Year Extension	2.6%	1,193	\$10.62	\$4,623,076
1 Year Extension	2.6%	1,193	\$10.90	\$4,746,829

The maximum annual expenditures shall not exceed each year's corresponding amount as indicated in the above table (e.g., year 2 maximum annual expenditure shall not exceed the annual contract cap of \$4,508,162)." The Annual Contract Cap above is based on the contract year ending May 31.

### FINDING

The Parish provides compensation to CorrectHealth in advance based on an estimated census. The contract does not coincide with the Parish's fiscal year.

### OBSERVATIONS

CorrectHealth invoices Jefferson Parish on the 15<sup>th</sup> of each month for that month. The amount invoiced (Invoice #1) was based on an estimated census of 1,100 inmates per day from January 1, 2016, through July 31, 2018. The estimated census billing was adjusted down to 1,000 inmates per day starting August 1, 2018. Also on the 15<sup>th</sup> of each month, the Parish receives another invoice (Invoice #2) that includes an adjustment amount to refund or collect funds based on the actual census amounts for the previously estimated month. The following table is an illustration of the process. (See Attachment G for the August 2018 Invoices.)

Invoice #1	Service Month Date Invoiced	Jan-16 1/15/2016	Aug-18 8/15/2018	Estimated Monthly Census Equals 31,400
Estimated Census Per Day		1,100	1,000	
Times Number of Days		31	31	
Times Rate Per Inmate Per Day		\$ 10.09	\$ 10.90	
Estimated Amount Invoiced		\$ 344,069	\$ 337,900	
versus				
Invoice #2	Service Month Date Adjusted	Jan-16 2/15/2016	Aug-18 9/15/2018	Actual Monthly Census of 31,633
Actual Census Per Month		33,521	31,633	
Times Rate		\$ 10.09	\$ 10.90	Parish initially Overpaid by \$6,900
Actual Amount to be Funded		\$ 338,227	\$ 344,800	
Less Estimated Amount Funded		\$ 344,069	\$ 337,900	
Equals Adjustment		\$ (5,842)	\$ 6,900	



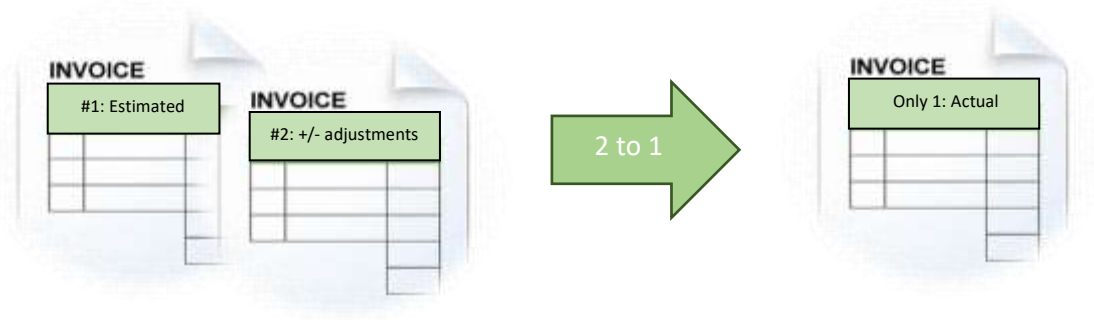
Internal Audit found no *written* evidence that the Department reconciled the estimated amount billed along with the adjusted amount to the actual census for the month. However, Joseph Denny, Administrative Management Specialist IV of the JP Department of Community Justice, represented that he reviews and approves the invoices and adjustments as they are received. Mr. Denny indicated that he reviews census data that comes directly from the Jefferson Parish Sheriff's Office (JPSO), and compares it to the census amount billed by CorrectHealth.

A review of the total amounts invoiced for select months via the two invoice process (estimated amount plus or minus an adjustment) compared to Audited actual amounts that should have been invoiced and reimbursed did not detect any errors. The percent variance shown below represents the difference between the *Actual Average Monthly Census* versus *Actual Daily Census* and is immaterial.

	Feb-16	Sep-17	Nov-17	Jan-18	Apr-18	Jul-18
<b>Actual Avg Census</b>	1,055	1,067	1,039	1,003	1,011	1,001
<b>x Rate \$</b>	\$ 10.09	\$ 10.62	\$ 10.62	\$ 10.62	\$ 10.62	\$ 10.90
<b>x # Days</b>	29	30	30	31	30	31
<b>= Audited</b>	\$ 308,703.55	\$ 339,946.20	\$ 331,025.40	\$ 330,207.66	\$ 322,104.60	\$ 338,237.90
<b>- Estimated</b>	\$ (321,871.00)	\$ (350,460.00)	\$ (350,460.00)	\$ (362,142.00)	\$ (350,460.00)	\$ (371,690.00)
<b>+ Adjusted</b>	\$ 13,248.17	\$ 10,609.38	\$ 19,339.02	\$ 31,796.07	\$ 28,323.54	\$ 33,506.60
<b>= Over (Under)</b>	\$ 80.72	\$ 95.58	\$ (95.58)	\$ (138.27)	\$ (31.86)	\$ 54.50
<b>% Variance</b>	0.03%	0.03%	-0.03%	-0.04%	-0.01%	0.02%

The contract states that the "Parish agrees to compensate the Firm (CorrectHealth) on a per inmate per day basis according to the daily census..." To bring the process in line with the current language of the contract, Jefferson Parish should reimburse CorrectHealth for the actual census which could be accomplished via a single invoice. That is to say that the Parish would receive only one invoice for a given month versus two. The billing could occur on or after the first day following the month to be invoiced. Changing from the two invoice process to a one invoice process would reduce administrative burden and discontinue advancing funds based on the estimated census.

For example, the invoice for August 2018 service as illustrated on the previous page, would have been invoiced during the first week of September 2018 (based on the actual daily census), instead of estimated on August 15, 2018, and later adjusted on September 15, 2018. The monthly statistics report should be included as support for the invoice. These supporting reports should continue to come directly from the Jefferson Parish Sheriff's Office who administers the facility.



A third invoice is submitted each month for reimbursement for specialty care according to the contract. No exceptions were noted.

For each year included in the scope of this audit, the amount remitted to CorrectHealth was below the maximum contract amount (based on the fiscal year ending December 31). Internal Audit reviewed approximately 25% of all invoices to determine the appropriateness of the billing process and content of the invoices.

Year	Remitted	Sampled	% - Total	Max Contract
2016	\$ 4,122,962.82	\$ 1,047,440.46	25.4%	\$ 4,450,051.88
2017	\$ 4,164,070.34	\$ 1,041,398.44	25.0%	\$ 4,566,293.95
2018	\$ 4,049,616.75	\$ 1,022,850.14	25.3%	\$ 4,684,713.25
<b>TOTAL</b>	<b>\$ 12,336,649.91</b>	<b>\$ 3,111,689.04</b>		<b>\$ 13,701,059.08</b>
<b>Average</b>	<b>4,112,216.64</b>			

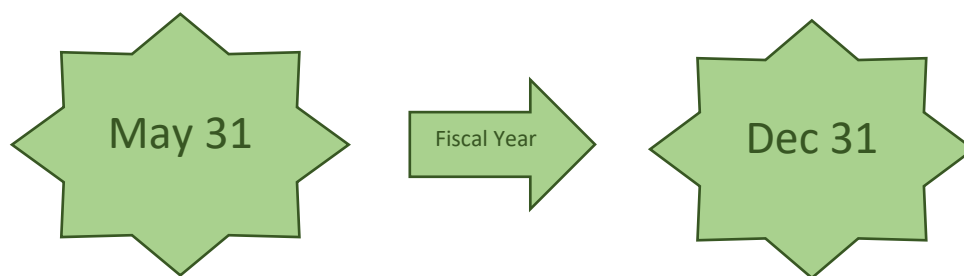
### SUGGESTION

The future contract should contain clarifying language to require that monthly compensation is on a reimbursement basis. Under this structure, monthly remittances should be based on an actual census count, and be billed via a single invoice with supporting documentation attached that is sourced from the third-party administrator of the correctional center.

As an alternative, the future contract could be structured so that CorrectHealth (or other selected vendor) is paid a flat fee per month based upon the history of actual census. For example, the average annual amount remitted to CorrectHealth for calendar years 2016, 2017, and 2018 was \$4,112,217. This amount, or a similarly determined amount, could be used as the flat annual fee to be paid to the selected vendor. The Parish would pay the vendor one-twelfth of the annual fee per month or \$342,685. A component to review census periodically could also be built into the contract to make contract adjustments based on certain aggregate levels of the census if desired. See Attachment H for statistics obtained from 2016, 2017, and 2018.

Additionally, consider changing the contract terms to coincide with Jefferson Parish's fiscal year ending December 31 versus an annual period ending May 31.

Both of these revisions will help to ease the administrative burden and increase the effectiveness of monitoring the contract while capping the total financial obligation of the Parish.



Change the contract year end to increase the effectiveness of monitoring the contract.

### RESPONSE FROM JP DEPARTMENT OF COMMUNITY JUSTICE AGENCY

The current contract expires in May 2019. Future contracts will include language to insure that payments are made after services are provided. The CJA will consider the feasibility of changing the contract to coincide with the calendar year.

## SUMMARY

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In summary, the amounts remitted to CorrectHealth were below the maximum contract amount. However, the review highlighted the need for increased contract compliance and monitoring in terms of collecting and reviewing required reports, streamlining the billing processes, and clarifying various terms and conditions of the contract. The Department of Community Justice Agency should review and take appropriate actions as noted in Findings #1, 2, and 3.

Internal Audit would like to thank Mr. Joseph Denny, Administrative Management Specialist IV, and Department Director, Mr. Ronald Lampard, for their full cooperation during this review process.

## REPORT WRAP UP

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Internal Audit obtained responses from the Department which are noted in the "Response From..." section of each Finding. A response from the Parish Administration can be found in Attachment #2, immediately following this report.

\*\*\*\*END\*\*\*\*



## ATTACHMENT #1

### AUDITOR INDEPENDENCE STATEMENT

According to Ordinance No. 25549 (April 4, 2018), Sec.2-162.2(a) and (d), the Director of Internal Audit “shall engage in audit activities and complete audits in an independent manner, free of any organizational or personal impairment. The Director shall attest in writing that all audit activity was concluded with independence, free from organizational or personal impairment.”

#### **Sec. 2-162.2- Independence and Objectivity; Professional Standards.**

(a) The Department function must be independent to retain objectivity, and the Department's independence allows the Director to make assessments impartially and without bias while avoiding conflicts of interest. In furtherance of the operation of an independent and objective Department, the Department shall use the following standards in the completion of all audits and in the conduct of all activity:

- (1) The Standards and Code of Ethics produced by the Institute of Internal Auditors and published in the *Professional Practices Framework*;
- (2) The Standards and Principles produced by the Government Accountability Office and published in the *Government Auditing Standards*; and
- (3) the professional and ethical standards issued by the American Institute of Certified Public Accountants.

(d) The Director shall engage in audit activities and complete audits in an independent manner, free of any organizational or personal impairment. The Director shall attest in writing that all audit activity was concluded with independence, free from organizational or personal impairment. Any impairment to independence, organizational or personal, shall be reported in writing to the Council and copied to the Parish President and the Inspector General within seven (7) days of discovering the impairment, organizational or personal.

The following is the required attestation meant to comply with both professional standards and Jefferson Parish Ordinance No. 25549.

#### **ATTESTATION:**

Internal Audit Report #2019-002 was conducted with independence and free from organizational or personal impairment.



TARA HAZELBAKER, CPA  
DIRECTOR OF INTERNAL AUDIT

## ATTACHMENT #2

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### RESPONSE\* FROM PARISH ADMINISTRATION

The Jefferson Parish Administration agrees with the findings of the Internal Auditor as well as the responses of the Community Justice Agency. We will work toward implementing the recommended changes to improve services and healthcare for the detained. The Administration thanks the work and diligence of the Internal Auditor.

*\* Response received via email on March 15, 2019,  
from Michele Morel, Jefferson Parish Deputy Chief Operating Officer.*



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## ATTACHMENT A

### CONTRACT BETWEEN JP AND CORRECTHEALTH JEFFERSON

THIS AGREEMENT, (the "Agreement") is made and entered into on this 26<sup>th</sup> day of June, 2015, by and between the Parish of Jefferson, State of Louisiana, herein represented by its Council Chairman, Christopher L. Roberts of the Jefferson Parish Council (hereinafter referred to as the PARISH), duly authorized to act by Resolution No. 124413, adopted on the 4th day of March, 2015 and Resolution No. 124860, adopted on the 29<sup>th</sup> day of April, 2015, and CorrectHealth Jefferson, L.L.C. (Jefferson Parish Occupational License Certificate No. 155734LPR), duly authorized to do and doing business in the State of Louisiana, represented herein by Carlo A. Musso, M.D., its President, (hereinafter referred to as the FIRM). PARISH and FIRM may be referred to herein as "PARTY", individually, and "PARTIES", collectively.

#### WITNESSETH

In consideration of mutual promises and advantages herein contained and provided, the parties hereby agree as follow:

- 1) **Administration of Agreement.** All work shall be under the direction of the Director of the Department Community Justice Agency ("CJA") or his designee, hereinafter called MANAGER. MANAGER shall determine the specific services to be provided by firm.
- 2) **Definitions.** When used in this Agreement, the following terms shall have the meaning described below:
  - a) ***CENTER*** means the Jefferson Parish Correctional Center located at 100 Dolhonde Street, Gretna, Louisiana 70053.
  - b) ***MEDICAL SERVICES*** mean the primary health care services, including the primary medical care; infirmary care; nursing; mental health; pharmaceutical; dental and preventive health care services provided to inmates on the premises of the CENTER.
  - c) ***PERSONNEL*** means qualified health care workers including, but not limited to, physicians, psychiatrists, dentists, pharmacists, nurse practitioners, physicians assistants, nurses, medical assistants, medical students, medical records clerks, health care administration, supervisory and other support staff employed by FIRM to provide MEDICAL SERVICES.
  - d) ***MEDICAL PROGRAM*** means the MEDICAL SERVICES and other professional health care administrative services provided under this Agreement by FIRM, including the hiring, training and evaluation of all PERSONNEL; overseeing equipment and supplies; quality assurance activities; preparation and preservation of medical records; and coordination with parish, state and federal agencies.

- 3) **Scope of Agreement.** FIRM shall provide primary healthcare services, mental health services, and infirmary care to inmates housed at the Jefferson Parish Correctional Facility. Services provided by FIRM shall include, but not limited to the following:
- a) Develop, maintain, and direct a MEDICAL PROGRAM, which meets the accreditation standards of the National Commission on Correctional Health Care ("NCCHC") within budgetary limitations as set forth by the Jefferson Parish Council;
  - b) Perform all clinical and administrative duties necessary for operation of the MEDICAL PROGRAM;
  - c) Develop and implement policy, procedures, and guidelines for administration of the MEDICAL PROGRAM, including but not limited to PERSONNEL management, support services, in house OBGYN services (labor and delivery is handled offsite at a hospital), care and treatment, regular and special services, management of an eighteen bed acute care infirmary, provide and implement an electronic medical records management system with redundancy; provide and implement an electronic pharmaceutical management system, utilize technology allowing for clinical care at a distance (e.g. telemedicine);
  - d) In compliance with the accreditation standards set forth by the National Commission on Correctional Health Care (NCCHC), hire and supervise PERSONNEL qualified by virtue of education, training and/or experience to assist in providing required on-site MEDICAL SERVICES for the MEDICAL PROGRAM, and train such PERSONNEL in the policies and procedures of the CENTER;
  - e) Procure all pharmaceuticals, on-site laboratory services, supplies, x-rays, blood work, and services necessary for the MEDICAL PROGRAM. However, treatments for dialysis, chemotherapy and bleeding disorders will be provided off-site. As such, the cost of medications for the treatment of dialysis, chemotherapy, and bleeding disorders, including, but not limited to Factor VIII and IX, will be the responsibility of the PARISH.
  - f) Maintain all medical equipment belonging to the PARISH, and used by FIRM, in a reasonable and prudent manner;
  - g) Organize and implement training programs for Correctional Center Officers and screening programs for the protection of PERSONNEL and inmates from communicable diseases in accordance with the National Commission on Correctional Health Care (NCCHC);
  - h) Provide necessary liaison with local, state and federal agencies with jurisdiction over health care and medical care in the correctional environment;
  - i) Utilize, whenever possible, public agencies such as mental health services, substance abuse services, and public health services, to reduce expense to the PARISH to include but not limited to the tuberculosis clinic provided by the Office of Public Health (OPH); HIV screening, testing and informational materials provided by OPH; specialty clinic services and hospitalization provided by University Medical Center, including surgical or orthopedic, prenatal, elective and emergency hospital services; specialty services for HIV including medications provided by the Medical Center of Louisiana; and forensic social work services;

j) Maintain a quality assurance program for the MEDICAL PROGRAM, and develop a system for routine medical records audit and generate monthly reports for Jefferson Parish;

k) Immediately notify the Parish Attorney's Office and the Director of the Jefferson Parish Community Justice Agency ("CJA") in the event the FIRM receives notice of a legal action against FIRM or the PARISH arising out of or relating to the MEDICAL SERVICES, which are the subject of this Agreement;

l) Testify at judicial, administrative, or other proceedings with respect to MEDICAL SERVICES, and to the extent permitted by this Agreement and law, provide all records related to any such services in question at such proceedings;

m) Submit to the Director of the CJA monthly reports of all activities conducted pursuant to this Agreement, including but not limited to, the number and types of screenings, number and types of examinations, number of prescriptions, transports, and admission into other health care facilities, as well as any changes in PERSONNEL;

n) Maintain an accounting system for personnel salaries, pharmaceuticals, all medical supplies, laboratory work, x-rays, and other expenditures;

o) Submit monthly financial statements and submit to PARISH an annual expenditure report;

FIRM shall be responsible for providing on-premises primary health care services and shall not be required to provide the following:

- a) any janitorial services or utilities whatsoever;
- b) any security for the MEDICAL PROGRAM, it being specifically recognized by the parties that security at the CENTER is the sole responsibility of the Sheriff's Office of Jefferson Parish, Louisiana;
- c) any transportation of inmates, including but not limited to ambulance runs;
- d) any regular or special diets for inmates;
- e) any specialty care, advanced diagnostics, hospitalizations, off-site healthcare services, or emergency services transports (ambulance), dentures; bridgework or bridge repairs; eyeglasses; orthopedic shoes or other devices; any prosthetic devices, wheel chairs, walkers or quad-canes or for providing any outside private medical care, abortions or surgery of any type;

**4) Responsibilities of PARISH.** The PARISH shall:

- a) Provide the facilities and equipment for use in the MEDICAL PROGRAM that meet the requirements or accreditation standards of the NCCHC in the routine examination, treatment and care of the inmates of the CENTER.
- b) Designate a representative who shall be available to FIRM as the contract coordinator (presently the designated PARISH representative is the Director of the CJA).
- c) Pay for the replacement and/or repair of the medical facilities and/or equipment, within the PARISH's budgetary limits, when necessary and not required by negligence or the fault of FIRM.



d) Maintain all medical facilities belonging to the PARISH, and for use by FIRM, in a reasonable and prudent manner.

5) **Term.** The term of this Agreement shall commence on June 1, 2015, and shall expire at midnight on the day immediately preceding the second anniversary thereof. This Agreement may be extended for two additional one-year terms by mutual consent of the PARTIES and upon approval by the PARISH Council.

6) **Operations.**

a) **Locations.** FIRM shall operate out of the foregoing described locations, along with any other location deemed necessary by the PARISH as provided in the Scope of Services, above. Additionally, FIRM shall maintain all inmate medical records (hard copy or digital) at the Jefferson Parish Correctional Center located at 100 Dolhonde St. Gretna, Louisiana 70053.

b) **Hours.** FIRM shall maintain such hours as necessary to meet the requirements of this Agreement.

c) **Efficient and High Quality Operation.** FIRM shall maintain an operation which is efficient and of a level of quality equal to or greater than industry standards.

d) **Products and Necessities.** FIRM shall furnish all working capital, services, inventory, personnel, materials, tools, machinery, equipment and other items necessary to perform FIRM's obligations under this Agreement.

e) **Items.** FIRM shall not advertise its services rendered for Jefferson Parish without prior written consent of the PARISH.

f) **Licenses and Permits.** FIRM shall obtain and keep at its own expense all federal, state and local licenses and permits required to be in its name in connection with this Agreement.

g) **Duty and Responsibilities.** FIRM owes to MANAGER a duty to perform FIRM'S obligation under this agreement with integrity and good faith and in a manner that is in the best interests of the MANAGER and FIRM and consistent with the terms of this Agreement.

7) **Financial Matters.**

a) **Operating Expenses.** FIRM is responsible for the payment of all operating expenses required as a result of providing services herein.

**Payments.** PARISH agrees to compensate FIRM on a per inmate per day basis according to the daily census on a net thirty (30) basis from the date of receipt by PARISH. The prices below include all professional healthcare services and management as indicated in Section 3 of this Agreement.

YEAR	Percentage Increase	Maximum Daily Census	Per Inmate Per Day	Annual Contract Cap
Year 1		1193	\$ 10.09	\$ 4,393,248
Year 2	2.6%	1193	\$ 10.35	\$ 4,508,162
1 Year Extension	2.6%	1193	\$ 10.62	\$ 4,623,076
1 Year Extension	2.6%	1193	\$ 10.90	\$ 4,746,829

The maximum annual expenditures shall not exceed each year's corresponding amount as indicated in the above table (e.g. year 2 maximum annual expenditure shall not exceed the annual contract cap of \$ 4,508,162)

b) Appropriation Dependency. Agreement is contingent upon the appropriation of funds by PARISH. If the Jefferson Parish Council fails to appropriate sufficient monies to provide for the continuation of this Agreement, the Agreement shall terminate on the last day of the fiscal year for which funds were appropriated. Such termination shall be without penalty or expense to the PARISH except for payments which have been earned prior to the termination date. Termination of this Agreement by the PARISH under the provision of this section shall not constitute an event of default. The decision to fund or not to fund this Agreement for the next fiscal year will be made by the Parish Council in its unfettered discretion based upon what the Parish Council believes to be in the best interests of the PARISH. The Parish Council may in its discretion opt not to fund this Agreement for a subsequent fiscal year or years for any reason.

**8) Records, Accounts and Reports.**

a) Books and Records. FIRM shall maintain adequate books of account with respect to its services, in accordance with generally accepted accounting principles (GAAP) in a form and method acceptable to MANAGER, within Jefferson Parish for a period not to exceed three (3) years after termination of this Agreement. FIRM shall permit MANAGER and MANAGER's agents from time-to-time within forty-eight (48) hours written notice, to inspect, copy and audit during FIRM'S normal business office hours, the books and records pertaining to the services provided under this Agreement. MANAGER's right to audit, inspect, and make copies of FIRM's records shall be at the sole expense of MANAGER.

b) Periodic and/or Annual Reports. At any time, the MANAGER may request that the FIRM, with the minimum of ten (10) days written notice, prepare and/or produce a report of the results of operations, as it pertains to this Agreement, in the previous fiscal year prepared in accordance with generally accepted accounting principles (GAAP). The report must be prepared and certified by an independent certified public accounting firm. (For purposes of this Agreement, each "fiscal year" begins on January 1 and ends on December 31 of the same year.)

**9) Termination Suspension.** The terms of this Agreement shall be binding upon the PARTIES hereto until the work has been completed and accepted by the PARISH; but this Agreement may be terminated under any or all of the following conditions:

a) By mutual agreement and consent of the PARTIES hereto.

b) By the PARISH as a consequence of the failure of FIRM to comply with the terms or quality of work in a satisfactory manner, proper allowance being made for circumstances beyond the control of FIRM, provided the PARISH will give FIRM written notice of any such failure and ten (10) days (or more if authorized in writing by the MANAGER) to cure any such failure.

c) By either PARTY upon failure of the other PARTY to fulfill its obligation as set forth in the Agreement.

d) By either PARTY for cause by issuing the non-terminating PARTY thirty (30) days written notice.

e) By either PARTY for convenience by issuing the non-terminating PARTY thirty (30) days written notice.

**10) Notice.** Any communications to be given hereunder by either PARTY to the other shall be deemed to be duly given if set forth in writing and personally delivered or sent by mail, registered or certified, postage prepaid with return receipt requested, as follows:

PARISH: Christopher L. Roberts  
Council Chairman  
Jefferson Parish Council  
200 Derbigny Street, Suite 6200  
Gretna, Louisiana 70053

FIRM: Carlo Musso, M.D.  
President  
3384 Peachtree Road, NE, Suite 700  
Atlanta, Georgia 30317

Written notices hereunder delivered personally shall be deemed communicated as of actual receipt; mailed notices shall be deemed communicated five (5) days after deposit in the mail, post prepaid, certified, in accordance with this Paragraph.

**11) Independent Contractor.** While in the performance of services or carrying out the obligations under this agreement, FIRM shall be acting in the capacity of independent contractor and not as employee of the PARISH, and not as partner of, or joint venturer of PARISH. The PARISH shall not be obliged to any person, firm or corporation for any obligations of FIRM arising from the performance of their services under this Agreement.

- a) The PARTIES hereto acknowledge and agree that PARISH shall not:
- b) withhold federal or state income taxes;
- c) withhold federal social security tax (FICA);
- d) pay federal or state unemployment taxes for the account of FIRM; or
- e) pay workman's compensation insurance premiums for coverage for FIRM.
- f) FIRM agrees to be responsible for and to pay all applicable federal income taxes, federal social security tax (or self-employment tax in lieu thereof) and any other applicable federal or state unemployment taxes.
- g) FIRM agrees to indemnify and hold PARISH harmless from any and all federal and/or state income tax liability, including taxes, interest and penalties, resulting from PARISH'S treatment of FIRM as an independent contractor. FIRM further agrees to reimburse PARISH for any and all costs it incurs, including, but not limited to, accounting fees and legal fees, in defending itself against any such liability.

**12) Insurance.** FIRM shall secure and maintain at its expense such insurance that will protect it, and the PARISH, from claims under the Workmen's Compensation Acts and from claims for bodily injury, death or property damage which may arise from the performance of services under this Agreement. All certificates of insurance shall be furnished to the PARISH and shall provide that insurance shall not be canceled without notice of cancellation given to the Parish of Jefferson, in writing, on all of the required coverage provided to Jefferson Parish. All notices will name FIRM, and identify the Council Resolution approving the terms of this

Agreement. The PARISH may examine the policies at any time and without notice.

a) All policies and certificates of insurance of the firm shall contain the following clauses:

- i) FIRM insurers will have no right of recovery or subrogation against the PARISH, it being the intention of the PARTIES that the insurance policy so affected shall protect both PARTIES and be the primary coverage for any and all losses covered by the below described insurance.
- ii) The PARISH shall be named as additional insured as regards to general liability and automobile liability with respect to negligence by FIRM.
- iii) The insurance company(ies) issuing the policy or policies shall have no recourse against the PARISH for payment of any premiums or for assessments under any form of policy.
- iv) Any and all deductibles in the below described insurance policies shall be assumed by and be at the sole risk of FIRM.

b) Prior to the execution of this Agreement, FIRM shall provide at its own expense, proof of the following insurance coverage required by the contract to the PARISH by insurance companies authorized to do business in the State of Louisiana. Insurance is to be placed with insurers with an A.M. Best Rating of no less than A:VI.

- i) In the event FIRM hires workers within the State of Louisiana it shall obtain Worker's Compensation Insurance. As required by Louisiana State Statute exception; employer's liability shall be at least One Million Dollars (\$1,000,000.00) per occurrence when work is to be over water and involves maritime exposures, otherwise this limit shall be no less than Five Hundred Thousand Dollars (\$500,000.00) per occurrence.
- ii) Commercial General Liability Insurance with a Combined Single Limit of at least One Million Dollars (\$1,000,000.00) per occurrence for bodily injury and property damage. This insurance shall include coverage for bodily injury and property damage.
- iii) Business Automobile Liability Insurance with a Combined Single Limit of One Million Dollars (\$1,000,000.00) per occurrence for bodily injury and property damage, unless otherwise indicated. This insurance shall include for bodily injury and property damage the following coverage.
- iv) FIRM shall enroll in the Louisiana Patient's Compensation Fund and maintain Professional Liability/Medical Malpractice Insurance coverage limits as set forth by the Louisiana Patient's Compensation Fund, covering FIRM and any personnel eligible for such insurance coverage by virtue of their status as a health care provider in accordance with La R.S. 40:1299.41 *et seq.*

c) All policies of insurance shall meet the requirements of the PARISH prior to the commencing of any work. The PARISH has the right but not the duty to approve all insurance policies prior to commencing of any work. If at any time any of the said policies shall be or becomes unsatisfactory to the PARISH as to form or substance; or if a company issuing any such policy shall be or become unsatisfactory to the PARISH, FIRM shall promptly obtain a new policy, submit the same to the PARISH for approval and submit a certificate thereof as provided above.

d) Upon failure of FIRM to furnish, to deliver and maintain such insurance as above provided, this contract, at the election of the PARISH, may be forthwith declared suspended, discontinued or terminated. Failure of FIRM to take out and/or to maintain insurance shall not relieve FIRM from any liability under the contract, nor shall the insurance requirements be construed to conflict with the obligation of FIRM concerning indemnification.

**13) Indemnification.**

a) FIRM shall agree to indemnify and hold the Parish of Jefferson, its departments, agencies, boards and commissions, officers, agents, servants and employees, including volunteers, harmless against any and all claims, demands, suits, costs, liabilities or judgments for sums of money, and fines or penalties asserted by any party, firm or organization for loss of life or injury or damages to person or property, growing out of, resulting from, or by reason of any negligent acts, errors, and/or omissions by FIRM, its agents, servants or employees, while engaged upon or in connection with the services required to be performed by FIRM under this Agreement.

b) Further, FIRM shall agree to indemnify the Parish of Jefferson, its departments, agencies, boards and commissions, officers, agents, servants and employees, including volunteers for all reasonable expenses and attorney's fees incurred by or imposed in connection therewith for any loss, damage, injury or other casualty pursuant to this Agreement. FIRM additionally shall agree to pay all reasonable expenses and attorney's fees incurred by the Parish of Jefferson, its departments, agencies, boards and commissions, officers, agents, servants and employees, including volunteers in establishing the right to indemnity pursuant to the provisions stated herein.

**14) Licenses and Permits.** FIRM shall maintain during the term of the this Agreement, and all subsequent renewals hereof, all licenses, permits, authorizations, registrations and accreditation required by federal, state, and local authorities wherever necessary to enable its PERSONNEL to provide the MEDICAL SERVICES required by this Agreement.

**15) Confidential Patient Information.** FIRM shall maintain complete medical records with the highest regard for the inmate patient's privacy. To the extent consistent with all applicable federal, state and local laws, rules, regulations, and orders, FIRM shall comply with inmate access and confidentiality provisions.

**16) Lapse of Existing Public Health Care Services.** The PARTIES specifically recognize that the PARISH is currently the recipient of a number of health care services that are provided without charge to the PARISH through various programs and agencies of the State of Louisiana. Examples of such services include, but are not limited to, the following:

- a) Tuberculosis clinic provided by the Office of Public Health ("OPH");
- b) HIV screening, testing and informational materials provided by OPH;
- c) Specialty clinic services and hospitalization provided by the Medical Center of Louisiana ("MCL"), including surgical or orthopedic, prenatal, elective and emergency hospital services;
- d) Specialty services for HIV; and

e) Forensic social work services.

The PARTIES recognize that FIRM is not responsible for providing any of the above listed services. However, consistent with FIRM's obligation in Section 3 above, the MEDICAL PROGRAM will continue to coordinate such services.

In the event any such publicly provided health care services or materials become unavailable, FIRM shall not be required to provide such services without a corresponding increase in compensation.

**17) General.**

a) FIRM acknowledges and agrees that the rights and obligations conferred and contained herein shall be non-exclusive in nature, and the PARISH makes no representations or warranties to the contrary.

b) FIRM warrants that it has not employed or retained any company or person, other than a bona-fide employee working solely for the FIRM, to solicit or secure this contract, and that it has not paid or agreed to pay any company or person, other than bona-fide employees working solely for the FIRM, any fee, commission, percentage, brokerage fee, gifts, or any other consideration, contingent upon or resulting from the award or making of this Agreement. For breach or violation of this warranty, the PARISH shall have the right to annul this Agreement without liability.

c) This Agreement shall be binding upon the successors and assigns for the PARTIES hereto. This Agreement being for the personal services of FIRM, shall not be assigned or subcontracted in whole or in part by FIRM as to the services to be performed hereunder without the written consent of the PARISH, in PARISH'S sole discretion.

d) This Agreement shall be deemed to be made under the laws of the State of Louisiana, and for all purposes shall be interpreted in its entirety in accordance with the laws of said State. The FIRM hereby agrees and consents to the jurisdiction of the courts of the State of Louisiana over its person. The PARTIES hereto agree that the sole and exclusive jurisdiction and venue for any suit or proceeding brought pursuant to this contract shall be the 24th Judicial District Court for the Parish of Jefferson, State of Louisiana.

e) It shall be the duty of every parish officer, employee, department, agency, special district, board, and commission; and the duty of every contractor, subcontractor, and licensee of the parish, and the duty of every applicant for certification of eligibility for a parish contract or program, to cooperate with the inspector general in any investigation, audit, inspection, performance review, or hearing pursuant to JPCO 2-155.10(19). By signing this document, every corporation, partnership, or person contracting with the PARISH, whether by cooperative endeavor, intergovernmental agreement, bid, proposal, application or solicitation for a parish contract, and every application for certification of eligibility for a parish contract or program, attests that it understands and will abide by all provisions of JPCO 2-155.10.

f) Parish and the FIRM shall comply with all federal, state, and local laws and regulations, including, specifically, the Louisiana Code of Governmental Ethics (R.S. 42.11014, et seq.) in carrying out the provisions of the Agreement.



g) FIRM certifies that it has not employed and will not employ any person to engage in the performance of this Agreement who is, presently, or at the time of such employment, an employee of the PARISH.

h) This Agreement and the attached documents represent the entire agreement between the Parish of Jefferson and the FIRM and supersedes all prior negotiations, representations or agreements, either written or oral. This Agreement may be amended only by written instrument signed by both the Parish of Jefferson, through its Council Chairman, and the FIRM.

IN TESTIMONY WHEREOF, this Agreement is executed in four (4) originals, the day and year first above written.

Witnesses:

Parish of Jefferson

Norma Lisei

Printed Name: Normaliner

By: [Signature]  
Christopher L. Roberts, Chairman  
Jefferson Parish Council

Ann H. Guidry

Printed Name: Ann H. Guidry

Witnesses:

CorrectHealth Jefferson, L.L.C.

Stacy M. Blackman

Printed Name: STACY M. BLACKMAN

By: [Signature]  
Carlo Musso, M.D.  
President

Amy D'Andre

Printed Name: AMY D'ANDRE

[Remainder of page intentionally left blank, witness attestation page to follow]



STATE OF LOUISIANA

PARISH OF JEFFERSON

BEFORE ME, the undersigned authority, duly commissioned, qualified and sworn within and for the State and Parish aforesaid, personally came and appeared Ann H. Guidry, who being by me duly sworn, deposed and said that he/she was one of the subscribing witnesses to the foregoing instrument; that the same was signed by Christopher L. Roberts of his/her own free will, act and deed, for uses, purposes and considerations therein expressed in the presence of the appearer and in the presence of Norma Liner, the other subscribing witness.

Ann H. Guidry

WITNESS

Sworn to and Subscribed before me

This 8<sup>th</sup> day of June, 2015.

D. H. L.

NOTARY PUBLIC

DenMing Q. Mul  
Notary Public  
La Bar No. 38104  
Parish of Jefferson, State of LA  
My Commission is Issued for Life

STATE OF GEORGIA

COUNTY OF FULTON

BEFORE ME, the undersigned authority, duly commissioned, qualified and sworn within and for the State and Parish aforesaid, personally came and appeared AMY D'AMORE, who being by me duly sworn, deposed and said that he/she was one of the subscribing witnesses to the foregoing instrument; that the same was signed by CARLO A. MUSSO MD of his/her own free will, act and deed, for uses, purposes and considerations therein expressed in the presence of the appearer and in the presence of STACY N. BLACMAN, the other subscribing witness.

Amy D'Amore

WITNESS

Sworn to and Subscribed before me

this 7<sup>th</sup> day of June, 2015.

Matthew Newman

NOTARY PUBLIC



## Statement of Qualifications

### AFFIDAVIT

#### STATE OF GEORGIA

#### CLAYTON COUNTY

BEFORE ME, the undersigned authority, personally came and appeared STACY M. BLACKMAN (Affiant), who after being by me duly sworn, deposed and said that she is the fully authorized CHIEF LEGAL OFFICER of CORRECTHEALTH JEFFERSON, LLC (Entity), the party who submitted a Statement of Qualifications (SOQ) to PROVIDE PRIMARY HEALTHCARE SERVICES TO THE JEFFERSON PARISH CORRECTIONAL CENTER to the Parish of Jefferson.

Affiant further said:

#### Campaign Contribution Disclosures

**(Choose A or B. If Option A is indicated, please include the required attachment):**

Choice A \_\_\_\_\_ Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B ☒ There are NO campaign contributions made which would require disclosure under Choice A of this section.

Affiant further said:

Debt Disclosures

**(Choose A or B. If Option A is indicated, please include the required attachment):**

Choice A ☐ Attached hereto is a list of all debts owed by the Affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owned by any elected or appointed official of the Parish to the Affiant.

Choice B ☒ There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

Solicitation for Campaign Contribution Disclosures

**(Choose A or B. If Option A is indicated, please include the required attachment):**

Choice A ☐ Attached hereto is a list of all elected officials of the Parish of Jefferson, whether still holding office at the time of the Affidavit or not, where the elected official, individually, either by telephone or by personal contact, solicited a campaign contribution or other monetary consideration from the Entity, including the Entity's officers, directors and owners, and employees owning twenty-five percent (25%) or more of the Entity, during the two-year period immediately preceding the date the Affidavit is signed. Further, to the extent known to the Affiant, the date of any such solicitation is included on the attached list.

Choice B ☒ There are **NO** solicitations for campaign contributions which would require disclosure under Choice A of this section.

Affiant further said:

Subcontractor Disclosures

**(Choose A or B. If Option A is indicated, please include the required attachment):**

Choice A ☐ Affiant further said that attached is a listing of all subcontractors, excluding full time employees, who may assist in providing professional services for the aforementioned SOQ.

Choice B ☒ There are **NO** subcontractors which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

Stacy M. Blackman  
Signature of Affiant

Stacy M. Blackman, Chief Legal Officer  
Printed Name of Affiant

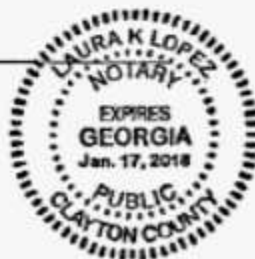
SWORN AND SUBSCRIBED TO BEFORE ME  
ON THE 28th DAY OF November, 2014.

Gerson H. Lopez  
Notary Public

Laura K. Lopez  
Printed Name of Notary

Notary / Bar Roll Number

My Commission Expires: \_\_\_\_\_



DATE (MM/DD/YYYY)  
4/1/2015

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

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

**PRODUCER**  
BancorpSouth Insurance Services, Inc.  
4041 Essen Lane, Suite 400  
Baton Rouge LA 70809

CONTACT NAME:	Mike Grace		
PHONE (A/C, No, Ext):	225-336-3200	FAX (A/C, No):	225-336-4536
E-MAIL ADDRESS:	mike.grace@bxi.com		

INSURED	CORRECT-01
CorrectHealth, LLC 3384 Peachtree Road, NE Suite 700 Atlanta GA 30326	

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A : Louisiana Work Comp Corporation		22350
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER: 1322361983</b>	<b>REVISION NUMBER:</b>
<p>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p>		

TYPE OF INSURANCE		ADDL DISTR (NSD) (WV)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPOC AGG \$ \$ \$	2 5 5 5 5 5 5 5
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS  <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIA <input type="checkbox"/> CLAIMS-MADE  <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						COVERED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$ \$ \$	5 5 5 5 5 5 5
<b>A WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OF INCORPORATED EXCLUDED? (Mandatory in MD) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N Y	148444	04/2014	04/2015	X PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYER \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000	2 2 2 2

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACCORD 104, Additional Remarks Schedule, may be attached if more space is required)

Ref: Inmate Healthcare Services

**CERTIFICATE HOLDER**

Jefferson Parish, Its Departments, Districts & Agencies,  
et al  
1221 Elmwood Park Blvd.  
Suite 605  
Jefferson LA 70123

### CANCELLATION

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

**AUTHORIZED REPRESENTATIVE**

Michael P. Moore

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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/1/2015

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

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

PRODUCER Sterling Risk Advisors Inc. P O Box 724137 Atlanta GA 31139	CONTACT Tinsley English PHONE (678) 424-6500 FAX (678) 424-6301 EMAIL tenglish@sterlingra.com
INSURED CorrectHealth Jefferson, LLC 3384 Peachtree Road, NE Suite 700 Atlanta GA 30326	INSURER(A) AFFORDING COVERAGE INSURER A Ironshore Specialty Insurance INSURER B Selective Insurance Company INSURER C American Compensation Insurance INSURER D INSURER E INSURER F

COVERAGES		CERTIFICATE NUMBER 14-15 CH Jefferson		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
LINE	TYPE OF INSURANCE	ADD. USER (S)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (if a occurrence) \$ 100,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR		002203300	11/1/2014	11/1/2015	MED EXP (Any one person) \$ 5,000
	Retro Date: 11/1/02					PERSONAL & ADV INJURY \$ Included
	GENL AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 6,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COMPROP AGG \$ Included
B	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (per accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO		01872727	11/1/2014	11/1/2015	BODILY INJURY (per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (per accident) \$
	UMBRELLA LIAB					EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROFESSIONAL PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in MO)	Y/N				EL EACH ACCIDENT \$ 1,000,000
	DISPOSITION OF OPERATIONS SHOW	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	AC-GA-Q-000422-2 (GA/XX/XM)	11/3/2014	11/3/2015	EL DISEASE - EA EMPLOYEE \$ 1,000,000
						EL DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability (Claims-Made)		002203300	11/1/2014	11/1/2015	PER CLAIM LIMIT 1,000,000
			Retro Date: 11/1/02			AGGREGATE LIMIT 6,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 991, Additional Remarks Schedule, if more space is required)  
RE: Resolution No. 120095

As required by written contract and permitted by law, Certificate Holder is named as additional insured on the General and Auto Liability policies and coverage applies on a primary and noncontributory basis. A Waiver of Subrogation applies to the General and Auto Liability policies as required by Written Contract.

CERTIFICATE HOLDER Jefferson Parish its Departments, Districts & Agencies, et 1221 Elmwood Park Blvd. Suite 605 Jefferson, LA 70123	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE John Miller/EXING
--	--

ACORD 25 (10/01/05)  
INS025 (01/01/05)

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On motion of **Mr. Lagasse**, seconded by **Mr. Roberts**, the following resolution was offered:

**RESOLUTION NO. 124860**

A resolution ratifying a Two-Year Professional Services Agreement between the Parish of Jefferson and CorrectHealth Jefferson, L.L.C. to provide primary healthcare services, mental health services, and infirmity care to inmates housed at the Jefferson Parish Correctional Facility for an amount not to exceed Four Million Three Hundred Ninety-three Thousand Two Hundred Forty-eight Dollars (\$4,393,248.00) for Year 1 and Four Million Five Hundred Eight Thousand One Hundred Sixty-two Dollars (\$4,508,162.00) for Year 2, total 2 year contract cap of \$8,901,410.00. (Council District 2)

**WHEREAS**, pursuant to Resolution No. 123903 dated the 5<sup>th</sup> day of November, 2014 the Jefferson Parish Council authorized the Parish Clerk to advertise for the submittal of a Statement of Qualifications from individuals and/or firms interested in contracting with the Parish to provide primary healthcare services, mental health services, and infirmity care to inmates housed at the Jefferson Parish Correctional Facility; and

**WHEREAS**, pursuant to Resolution No. 124413 dated the 4<sup>th</sup> day of March, 2015, the Jefferson Parish Council selected CorrectHealth Jefferson, L.L.C. to provide primary healthcare services, mental health services, and infirmity care to inmates housed at the Jefferson Parish Correctional Facility.

**NOW THEREFORE, BE IT RESOLVED** by the Jefferson Parish Council of Jefferson Parish, State of Louisiana:

**SECTION 1.** That the Two-Year Professional Services Agreement between the Parish of Jefferson and CorrectHealth Jefferson, L.L.C. to provide primary healthcare services, mental health services, and infirmity care to inmates housed at the Jefferson Parish Correctional Facility for an amount not to exceed Four Million Three Hundred Ninety-three Thousand Two Hundred Forty-eight Dollars (\$4,393,248.00) for Year 1 and Four Million Five Hundred Eight Thousand One Hundred Sixty-two Dollars (\$4,508,162.00) for Year 2, total 2 year contract cap of \$8,901,410.00 is hereby ratified.

**SECTION 2.** That payment is hereby authorized for services in accordance with the terms of the Agreement and this Resolution for an interim period beginning June 1, 2015, not to exceed 60 days, until the execution of the Agreement.

**SECTION 3.** That all costs associated with this agreement shall be charged to Accounts No. 10010-0120-026-7346.5.

**SECTION 4.** That the Chairman of the Jefferson Parish Council, or in his absence the Vice-Chairman, are hereby authorized to execute any and all documents necessary to give full force and effect to this resolution.

The resolution having been submitted to a vote, the vote thereon was as follows:

**YEAS: 7                      NAYS: None                      ABSENT: None**

The resolution was declared to be adopted on this the 29<sup>th</sup> day of April, 2015.

THE FOREGOING IS CERTIFIED  
TO BE A TRUE & CORRECT COPY

  
**EULA A. LOPEZ**  
PARISH CLERK  
JEFFERSON PARISH COUNCIL



## ATTACHMENT B

### EXTENSION 1

AMENDMENT NO. 1 TO THE CONTRACT  
BETWEEN  
THE PARISH OF JEFFERSON  
AND  
CORRECTHEALTH JEFFERSON L.L.C.

STATE OF LOUISIANA  
PARISH OF JEFFERSON

This amendment made and entered into on this 22 day of March 2017, by and between the Jefferson Parish Council, hereinafter called PARISH; represented herein by its Council Chairman, Christopher L. Roberts, duly authorized to act by virtue of Resolution No. 128787, adopted on 22<sup>nd</sup> day of February 2017, and CorrectHealth Jefferson, L.L.C. (Jefferson Parish Occupational License Certificate No. 155734LPR), duly authorized to do and doing business in the State of Louisiana, represented herein by Carlo A. Musso, M.D., its President, (hereinafter referred to as the FIRM). PARISH and FIRM may be referred to herein as "PARTY", individually, and "PARTIES", collectively.

WITNESSED THAT:

**WHEREAS**, pursuant to Resolution No. 123903 dated the 5<sup>th</sup> day of November, 2014, the Jefferson Parish Council authorized the Parish Clerk to advertise for the submittal of a Statement of Qualifications from individuals and/or firms interested in contracting with the Parish to provide primary healthcare services, mental health services, and infirmity care to inmates housed at the Jefferson Parish Correctional Facility; and

**WHEREAS**, pursuant to Resolution No. 124413 dated the 4<sup>th</sup> day of March, 2015, the Jefferson Parish Council selected CorrectHealth Jefferson, LLC to provide primary healthcare services, mental health services, and infirmity care to inmates housed at the Jefferson Parish Correctional Facility; and

**WHEREAS**, pursuant to Resolution No. 124860 dated the 29<sup>th</sup> day of April, 2015, the Jefferson Parish Council ratified an agreement with CorrectHealth Jefferson LLC, to provide primary healthcare services, mental health services, and infirmity care to inmates housed at the Jefferson Parish Correctional Facility; and

**WHEREAS**, the agreement with CorrectHealth Jefferson allows for two (2) one (1) year extensions by mutual consent of both parties and upon approval by the Council.

**NOW, THEREFORE**, it is hereby agreed between the parties that this amendment is as follows:

All terms and conditions existing in the contract made and entered pursuant to Resolution No. 124806; adopted on the 29<sup>th</sup> Day of April, 2015 by and between the Parish of Jefferson, herein represented by its Council Chairman, Christopher L. Roberts, and CorrectHealth Jefferson, L.L.C. (Jefferson Parish Occupational License Certificate No. 155734LPR), duly authorized to do and doing business in the State of Louisiana, represented herein by Carlo A. Musso, M.D., its President, duly authorized are hereby adopted and made a part hereof except for the following changes:

1. **Term:** Notwithstanding anything to the contrary contained in the April 29, 2015 Agreement, the Term of this Agreement as amended by this 1<sup>st</sup> Amendment shall expire on May 31, 2018.
2. **Miscellaneous:** This 1<sup>st</sup> Amendment represents the full agreement of the parties hereto, and supersedes any oral or written representations concerning the subject matter contained herein. Except as where specifically referenced herein, the parties hereto agree that the balance of the terms, provisions and conditions of the April 29, 2015 Agreement shall enjoy full force and effect. For conflicts between the April 29, 2015 Agreement, the latter shall control. The April 29, 2015 as amended by this 1<sup>st</sup> Amendment may not be further amended except by written agreement signed by all parties hereto, and ratified by the Jefferson Parish Council via formal resolution. This 1<sup>st</sup> Amendment shall be executed in four (4) originals.



IN TESTIMONY WHEREOF, this AMENDMENT 1 is executed in four (4) originals, the day and year first above written.

Witnesses:



Printed Name: Norma Liner



Printed Name: Ann H. Guidry

Witnesses:



Printed Name: STACY M. SCOTT



Printed Name: Joseph A. Jensen

Parish of Jefferson

By: 

Christopher L. Roberts, Chairman  
Jefferson Parish Council

CorrectHealth Jefferson L.L.C.

By: 

Carlo A. Musso, M.D.  
President

Statement of Qualifications

AFFIDAVIT

STATE OF Georgia

PARISH/COUNTY OF Fulton

BEFORE ME, the undersigned authority, personally came and appeared: Stacy M. Scott  
\_\_\_\_\_, (Affiant) who after being by me duly sworn, deposed and said that  
he/she is the fully authorized Chief Legal Officer of CorrectHealth Jefferson, LLC  
(Entity),  
the party who submitted a Statement of Qualifications (SOQ) to Provide Primary Healthcare Services  
and Infirmity Services to Inmates at JPCC \_\_\_\_\_ (Briefly describe the services the SOQ  
will cover), to the Parish of Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required  
attachment):

Choice A \_\_\_\_\_ Attached hereto is a list of all campaign contributions, including  
the date and amount of each contribution, made to current or  
former elected officials of the Parish of Jefferson by Entity,  
Affiant, and/or officers, directors and owners, including  
employees, owning 25% or more of the Entity during the two-year  
period immediately preceding the date of this affidavit or the  
current term of the elected official, whichever is greater. Further,  
Entity, Affiant, and/or Entity Owners have not made any  
contributions to or in support of current or former members of the  
Jefferson Parish Council or the Jefferson Parish President through  
or in the name of another person or legal entity, either directly or  
indirectly.

Choice B X there are NO campaign contributions made which would require  
disclosure under Choice A of this section.

Affiant further said:

Debt Disclosure

(Choose A or B, if option A is indicated please include the required attachment):

Choice A \_\_\_\_\_ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

Choice B X There are NO debts which would require disclosure under Choice A of this section.

Affiant further said:

Solicitation of Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A \_\_\_\_\_ Attached hereto is a list of all elected officials of the Parish of Jefferson, whether still holding office at the time of the affidavit or not, where the elected official, individually, either by telephone or by personal contact, solicited a campaign contribution or other monetary consideration from the Entity, including the Entity's officers, directors and owners, and employees owning twenty-five percent (25%) or more of the Entity, during the two-year period immediately preceding the date the affidavit is signed. Further, to the extent known to the Affiant, the date of any such solicitation is included on the attached list.

Choice B X there are NO solicitations for campaign contributions which would require disclosure under Choice A of this section.

Affiant further said:

Subcontractor Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A \_\_\_\_\_ Affiant further said that attached is a listing of all subcontractors, excluding full time employees, who may assist in providing professional services for the aforementioned SOQ.

Choice B X There are **NO** subcontractors which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

*[The remainder of this page is intentionally left blank.]*

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

Stacy M. Scott  
Signature of Affiant

Stacy M. Scott, Chief Legal Officer  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME  
ON THE 11th DAY OF February, 2017.

Laura K. Lopez  
Notary Public

Laura K. Lopez  
Printed Name of Notary

\_\_\_\_\_  
Notary/Bar Roll Number

My commission expires \_\_\_\_\_





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY):  
11/8/2016

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

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

PRODUCER Sterling Risk Advisors Inc. P O Box 724137  Atlanta GA 31139	CONTACT NAME: Griffin Laplante PHONE: (478) 424-6300 EMAIL: glaplante@sterlingra.com ADDRESS: glaplante@sterlingra.com RENEWAL/ATTENDING COVERAGE NUMBER A: Ironshore Specialty Insurance NUMBER B: Selective Insurance Company NUMBER C: American Compensation Insurance NUMBER D: NUMBER E: NUMBER F:
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COVERAGES: CERTIFICATE NUMBER: 16-17 CE Jefferson REVISION NUMBER:

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

LINE	TYPE OF INSURANCE	INS. RENEWAL DATE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
A	GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					FAULTY WORKMANSHIP \$ 100,000
	<input checked="" type="checkbox"/> CLAIMS-MADE		903203302	11/1/2016	11/1/2017	PROD. EXP. INC. \$ 5,000
	Setback Date: 11/1/02					RETROGRAD. & REV. INURY \$ Included
B	GENERAL AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 5,000,000
	<input checked="" type="checkbox"/> POLICY					PRODUCTS - COMP. OF AGG. \$ Included
	<input type="checkbox"/> PRO					
	<input type="checkbox"/> LOC					
C	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO		81872127	11/1/2016	11/1/2017	SOCLY INURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS					SOCLY INURY (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
D	UMBRELLA LIAB					EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	<input type="checkbox"/> OCCUR					
	<input type="checkbox"/> CLAMS-MADE					
E	WORKERS COMPENSATION AND EMPLOYERS LIABILITY					<input checked="" type="checkbox"/> W/ STAT. L. \$
	ANY WORKERS COMPENSATION EXCLUSIVE OF WORKERS COMPENSATION EXCLUDED (Necessary to file)		AC-GA-Q-009422-4	11/1/2016	11/1/2017	EA. EACH ACCIDENT \$ 1,000,000
	1 or more of the following descriptions of occupations below		(N/A/EX/DM)			EA. DISEASE - EMPLOYER \$ 1,000,000
						EA. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability (Claims-Made)		903203302	11/1/2016	11/1/2017	PER CLAIM LIMIT 100,000
			Setback Date: 11/1/02			AGGREGATE LIMIT 300,000

RENEWAL OF OPERATIONS: LOCATIONS: (SHOULD (Name ACORD or Additional Remarks Schedule, if none apply is required)  
Resolution Number 118787/Contract Number 55-13883

The following applies when required by written contract: The Parish of Jefferson, Its Districts, Departments & Agencies under the Direction of the Parish President & the Jefferson Parish Council are included as Additional Insured as respects Auto & General Liability policies. General Liability is primary & non contributory. Waiver of Subrogation applies in favor of Additional Insured as respects the Auto & General Liability and Workers Compensation policies.  
Non-physician employees are covered under the Professional Liability policy.

CERTIFICATE HOLDER  The Parish of Jefferson (see description for full certificate holder name) 1221 Elmwood Park Boulevard Suite 607 Jefferson, LA 70123	CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  John Miller/JMA-JOB
---	--

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On motion of **Ms. Lee-Sheng**, seconded by **Mr. Roberts**, the following resolution was offered:

**RESOLUTION NO. 128787**

A resolution ratifying **Amendment No. 1** to the Professional Services Agreement between the Parish of Jefferson and CorrectHealth Jefferson, L.L.C. to provide primary healthcare services, mental health services, and infirmity care to inmates housed at the Jefferson Parish Correctional Facility for an amount not to exceed **Four Million Six Hundred Twenty-three Thousand Seventy-Six Dollars (\$4,623,076)** for a 1 year extension, total contract cap **Thirteen Million Five Hundred Twenty-Four Thousand Four Hundred Eighty-Six Dollars (\$13,524,486)**. (Council District 2)

**WHEREAS**, pursuant to **Resolution No. 123903** dated the **5<sup>th</sup> day of November, 2014**, the Jefferson Parish Council authorized the Parish Clerk to advertise for the submittal of a Statement of Qualifications from individuals and/or firms interested in contracting with the Parish to provide primary healthcare services, mental health services, and infirmity care to inmates housed at the Jefferson Parish Correctional Facility; and

**WHEREAS**, pursuant to **Resolution No. 124413** dated the **4<sup>th</sup> day of March, 2015**, the Jefferson Parish Council selected CorrectHealth Jefferson, LLC to provide primary healthcare services, mental health services, and infirmity care to inmates housed at the Jefferson Parish Correctional Facility; and

**WHEREAS**, pursuant to **Resolution No. 124860** dated the **29<sup>th</sup> day of April, 2015**, the Jefferson Parish Council ratified an agreement with CorrectHealth Jefferson LLC. to provide primary healthcare services, mental health services, and infirmity care to inmates housed at the Jefferson Parish Correctional Facility; and

**WHEREAS**, the agreement with CorrectHealth Jefferson allows for two (2) one (1) year extensions by mutual consent of both parties and upon approval by the Council.

**NOW THEREFORE, BE IT RESOLVED** by the Jefferson Parish Council of Jefferson Parish, State of Louisiana:

**SECTION 1.** That **Amendment No. 1** to the Professional Services Agreement between the Parish of Jefferson and CorrectHealth Jefferson, L.L.C. to provide primary healthcare services, mental health services, and infirmity care to inmates housed at the Jefferson Parish Correctional Facility for an amount not to exceed **Four Million Six Hundred Twenty-three Thousand Seventy-Six Dollars (\$4,623,076)** for a 1 year extension, total contract cap **Thirteen Million Five Hundred Twenty-Four Thousand Four Hundred Eighty-Six Dollars (\$13,524,486)** is hereby ratified.

**SECTION 2.** That all costs associated with this agreement shall be charged to **Account No. 10010-0120-026-7346.5**.

**SECTION 3.** That the Chairman of the Jefferson Parish Council, or in his absence the Vice-Chairman, are hereby authorized to execute any and all documents necessary to give full force and effect to this resolution.

The resolution having been submitted to a vote, the vote thereon was as follows:

**YEAS: 6      NAYS: None      ABSENT: None**

The resolution was declared to be adopted on this the **22<sup>nd</sup> day of February, 2017**.

THE FOREGOING IS CERTIFIED  
TO BE A TRUE & CORRECT COPY

  
**EULA A. LOPEZ**  
PARISH CLERK  
JEFFERSON PARISH COUNCIL

## ATTACHMENT C

### EXTENSION 2

**AMENDMENT NO. 2 TO THE CONTRACT  
BETWEEN  
THE PARISH OF JEFFERSON  
AND  
CORRECTHEALTH JEFFERSON L.L.C.**

STATE OF LOUISIANA  
PARISH OF JEFFERSON

This amendment made and entered into on this 26th day of March, 2017, by and between the Jefferson Parish Council, hereinafter called PARISH; represented herein by its Council Chairperson, Christopher Levate, duly authorized to act by virtue of Resolution No. 130559, adopted on 6th day of December, 2017, and CorrectHealth Jefferson, L.L.C. duly authorized to do and doing business in the State of Louisiana, represented herein by Carlo A. Musso, M.D., its President, (hereinafter referred to as the FIRM). PARISH and FIRM may be referred to herein as "PARTY", individually, and "PARTIES", collectively.

**WITNESSED THAT:**

**WHEREAS**, pursuant to Resolution No. 123903 dated the 5<sup>th</sup> day of November, 2014, the Jefferson Parish Council authorized the Parish Clerk to advertise for the submittal of a Statement of Qualifications from individuals and/or firms interested in contracting with the Parish to provide primary healthcare services, mental health services, and infirmity care to inmates housed at the Jefferson Parish Correctional Facility; and

**WHEREAS**, pursuant to Resolution No. 124413 dated the 4<sup>th</sup> day of March, 2015, the Jefferson Parish Council selected CorrectHealth Jefferson, LLC to provide primary healthcare services, mental health services, and infirmity care to inmates housed at the Jefferson Parish Correctional Facility; and

**WHEREAS**, pursuant to Resolution No. 124860 dated the 29<sup>th</sup> day of April, 2015, the Jefferson Parish Council approved an agreement with CorrectHealth Jefferson LLC to provide primary healthcare services, mental health services, and infirmity care to inmates housed at the Jefferson Parish Correctional Facility; and

**WHEREAS**, pursuant to Resolution No. 128787 dated the 22<sup>nd</sup> day of February, 2017, the Jefferson Parish Council approved Amendment 1 to the contract with CorrectHealth Jefferson LLC to provide primary healthcare services, mental health services, and infirmity care to inmates housed at the Jefferson Parish Correctional Facility for an additional year; and

**WHEREAS**, the agreement with CorrectHealth Jefferson allows for two (2) one (1) year extensions by mutual consent of both parties and upon approval by the Council.

**NOW, THEREFORE, it is hereby agreed between the parties that this amendment is as follows:**

All terms and conditions existing in the contract made and entered pursuant to Resolution No. 124860; adopted on the 29<sup>th</sup> Day of April, 2015 and Resolution No. 128787; adopted on the 22<sup>nd</sup> day of February, 2017 by and between the Parish of Jefferson, herein represented by its Council Chairperson, \_\_\_\_\_, and CorrectHealth Jefferson, L.L.C. duly authorized to do and doing business in the State of Louisiana, represented herein by Carlo A. Musso, M.D., its President, duly authorized are hereby adopted and made a part hereof except for the following changes:

1. Term: Notwithstanding anything to the contrary contained in the April 29, 2015 Agreement and the February 22, 2017 Amendment No. 1, the term of the agreement as amended by this 2<sup>nd</sup> Amendment shall expire on May 31, 2019.
2. Miscellaneous: This 2<sup>nd</sup> Amendment represents the full agreement of the parties hereto, and supersedes any oral or written representations concerning the subject matter contained herein. Except as where specifically referenced herein, the parties hereto agree that the balance of the terms, provisions and conditions of the April 29, 2015 Agreement and the February 22, 2017 Amendment No. 1 shall enjoy full force and effect. For conflicts between the April 29, 2015 Agreement, the February 22, 2017 Amendment No. 1 and this Amendment No. 2, the latter shall control. The April 29, 2015 Agreement and the February 22, 2017 Amendment No. 1 as amended by this 2<sup>nd</sup> Amendment may not be further amended except by written agreement signed by all parties hereto, and approved by the Jefferson Parish Council via resolution. This 2<sup>nd</sup> Amendment shall be executed in four (4) originals.



IN TESTIMONY WHEREOF, this AMENDMENT 2 is executed in four (4) originals, the day and year first above written.

Witnesses:

Norma Liner

Printed Name: Norma Liner

Ann H. Guidry

Printed Name: Ann H. Guidry

Witnesses:

Spacy H. Scott

Printed Name: Spacy H. Scott

Nina Bakes

Printed Name: Nina Bakes

Parish of Jefferson

By:

CHRISTOPHER L. ROBERTS, Chairperson  
Jefferson Parish Council

CorrectHealth Jefferson L.L.C.

By:

Carlo A. Musso, M.D.  
President

## AFFIDAVIT

PARISH/COUNTY OF Fulton

Affiant further said:

(Choose A or B, if option A is indicated please include the required attachment):

**Choice B**   X   there are **NO** campaign contributions made which would require disclosure under Choice A of this section.

Affiant further said:

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A \_\_\_\_\_ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

Choice B X There are NO debts which would require disclosure under Choice A of this section.

Affiant further said:

Solicitation of Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A \_\_\_\_\_ Attached hereto is a list of all elected officials of the Parish of Jefferson, whether still holding office at the time of the affidavit or not, where the elected official, individually, either by telephone or by personal contact, solicited a campaign contribution or other monetary consideration from the Entity, including the Entity's officers, directors and owners, and employees owning twenty-five percent (25%) or more of the Entity, during the two-year period immediately preceding the date the affidavit is signed. Further, to the extent known to the Affiant, the date of any such solicitation is included on the attached list.

Choice B X there are NO solicitations for campaign contributions which would require disclosure under Choice A of this section.

Affiant further said:

Subcontractor Disclosures

**(Choose A or B, if option A is indicated please include the required attachment):**

**Choice A** \_\_\_\_\_ Affiant further said that attached is a listing of all subcontractors, excluding full time employees, who may assist in providing professional services for the aforementioned SOQ.

**Choice B** X There are **NO** subcontractors which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

*[The remainder of this page is intentionally left blank.]*

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

Lynn M. Jurca  
Signature of Affiant

Lynn M. Jurca  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 3<sup>RD</sup> DAY OF NOVEMBER 2017.

[Signature]  
Notary Public

JOHN P. RITTER  
Printed Name of Notary

Notary/Bar Roll Number

My commission expires





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/31/2017

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

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

<b>PRODUCER</b> Sterling Secured Partners, Inc. P O Box 724137  Atlanta GA 31139	<b>CONTACT NAME</b> Julius Major <b>PHONE</b> (578)424-6502 <b>FAX</b> (578)424-6501 <b>EMAIL</b> jmajor@spma.com <b>ADDRESS</b>  <b>INSURER(S) AFFORDING COVERAGE</b> <table border="1"><tr><td><b>INSURER A:</b> Firestone Specialty Insurance</td><td><b>AX/V</b></td><td><b>NAE #</b> 25445</td></tr><tr><td><b>INSURER B:</b> Selective Insurance Company of the SE</td><td><b>AX/V</b></td><td><b>NAE #</b> 28926</td></tr><tr><td><b>INSURER C:</b> Louisiana Workers' Compensation Corp.</td><td><b>AXI</b></td><td><b>NAE #</b> 22360</td></tr><tr><td><b>INSURER D:</b></td><td></td><td></td></tr><tr><td><b>INSURER E:</b></td><td></td><td></td></tr><tr><td><b>INSURER F:</b></td><td></td><td></td></tr></table>	<b>INSURER A:</b> Firestone Specialty Insurance	<b>AX/V</b>	<b>NAE #</b> 25445	<b>INSURER B:</b> Selective Insurance Company of the SE	<b>AX/V</b>	<b>NAE #</b> 28926	<b>INSURER C:</b> Louisiana Workers' Compensation Corp.	<b>AXI</b>	<b>NAE #</b> 22360	<b>INSURER D:</b>			<b>INSURER E:</b>			<b>INSURER F:</b>		
<b>INSURER A:</b> Firestone Specialty Insurance	<b>AX/V</b>	<b>NAE #</b> 25445																	
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<b>INSURER D:</b>																			
<b>INSURER E:</b>																			
<b>INSURER F:</b>																			
<b>INSURED</b> ConecHealth Jefferson, LLC 3304 Peachtree Road, NE Suite 700 Atlanta GA 30326																			

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b> 17-18 Jefferson	<b>REVISION NUMBER:</b>
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PRIOR CLAIMS.		

TYPE OF INSURANCE	ADD. SUBROG. (YES/NO)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR Retro Date: 11/01/2002 Deductible: \$50,000 <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> FIDELITY <input type="checkbox"/> LOG <input type="checkbox"/> OTHER	Y	902303303	11/01/2017	11/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED \$ 100,000 MEDICAL \$ 5,000 MED EXP. Also see policy PERSONAL & ADJ. INJURY Included GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - CONSUMABLES Included \$ \$
<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED HIRE AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> AUTOS ONLY	Y	8182727	11/01/2017	11/01/2018	UNINSURED MOTORIST \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
<input type="checkbox"/> <b>UMBRELLA/LIB</b> <input type="checkbox"/> EXCESS LIB \$50,000 RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> ANY EMPLOYER/ORGANIZATION/EXECUTIVE/OWNER/OWNER EXCLUDED? (Mandatory in R&D) (If yes, describe work DESCRIPTION OF OPERATIONS below)	Y	148444	08/04/2017	06/04/2018	<input checked="" type="checkbox"/> NEW STRUCTURE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA. EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
<input checked="" type="checkbox"/> <b>Professional Liability</b> Deductible: \$50,000 Retro: 11/01/2002		902303303	11/01/2017	11/01/2018	Each Claim Limit \$1,000,000 Aggregate Limit \$6,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached. Please update as required)  
Contract Number: 20-139890 Resolution Number: 130890  
The following applies when required by written contract. The Parish of Jefferson, its Districts, Departments & Agencies under the Direction of the Parish President & the Jefferson Parish Council are included as Additional Insured as respects Auto & General Liability policies.  
General Liability is primary & non-contributory. Waiver of Subrogation applies in favor of Additional Insured as respects the Auto & General Liability and Workers Compensation policies.  
Non-physician employees are covered under the Professional Liability policy.

<b>CERTIFICATE HOLDER</b>  The Parish of Jefferson (see description section for full certificate holder) 1321 Elmwood Park Boulevard Suite 807 Jefferson LA 70123	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> 
--	---

On motion of **Mr. Johnston**, seconded by **Mr. Roberts**, the following resolution was offered:

**RESOLUTION NO. 130559**

A resolution approving **Amendment No. 2** to the Professional Services Agreement between the Parish of Jefferson and CorrectHealth Jefferson, L.L.C. to provide primary healthcare services, mental health services, and infirmity care to inmates housed at the Jefferson Parish Correctional Facility for an amount not to exceed **Four Million Seven Hundred Forty-Six Thousand Eight Hundred Twenty-Nine Dollars (\$4,746,829.00)** for a 1-year extension, total contract cap **Eighteen Million Two Hundred Seventy-One Thousand Three Hundred Fifteen Dollars (\$18,271,315.00)**. (Council District 2)

**WHEREAS**, pursuant to **Resolution No. 123903** dated the **5<sup>th</sup> day of November, 2014**, the Jefferson Parish Council authorized the Parish Clerk to advertise for the submittal of a Statement of Qualifications from individuals and/or firms interested in contracting with the Parish to provide primary healthcare services, mental health services, and infirmity care to inmates housed at the Jefferson Parish Correctional Facility; and

**WHEREAS**, pursuant to **Resolution No. 124413** dated the **4<sup>th</sup> day of March, 2015**, the Jefferson Parish Council selected CorrectHealth Jefferson, LLC to provide primary healthcare services, mental health services, and infirmity care to inmates housed at the Jefferson Parish Correctional Facility; and

**WHEREAS**, pursuant to **Resolution No. 124860** dated the **29<sup>th</sup> day of April, 2015**, the Jefferson Parish Council approved an agreement with Correct Health Jefferson LLC. to provide primary healthcare services, mental health services, and infirmity care to inmates housed at the Jefferson Parish Correctional Facility; and

**WHEREAS**, pursuant to **Resolution No. 128787** dated the **22<sup>nd</sup> day of February, 2017**, the Jefferson Parish Council approved **Amendment 1** to the contract with CorrectHealth Jefferson LLC. to provide primary healthcare services, mental health services, and infirmity care to inmates housed at the Jefferson Parish Correctional Facility for an additional year; and

**WHEREAS**, the agreement with CorrectHealth Jefferson allows for two (2) one (1) year extensions by mutual consent of both parties and upon approval by the Council.

**NOW THEREFORE, BE IT RESOLVED** by the Jefferson Parish Council of Jefferson Parish, State of Louisiana:

**SECTION 1.** That **Amendment No. 2** to the Professional Services Agreement between the Parish of Jefferson and CorrectHealth Jefferson, L.L.C. to provide primary healthcare services, mental health services, and infirmity care to inmates housed at the Jefferson Parish Correctional Facility for an amount not to exceed **Four Million Seven Hundred Forty-Six Thousand Eight Hundred Twenty-Nine Dollars (\$4,746,829.00)** for a 1-year extension, total contract cap **Eighteen Million Two Hundred Seventy-One Thousand Three Hundred Fifteen Dollars (\$18,271,315.00)** is hereby approved.

**SECTION 2.** That all costs associated with this agreement shall be charged to **Account No. 10010-0120-026-7346.5**.

**SECTION 3.** That the Chairman of the Jefferson Parish Council, or in his absence the Vice-Chairperson, are hereby authorized to execute any and all documents necessary to give full force and effect to this resolution.

The resolution having been submitted to a vote, the vote thereon was as follows:

**YEAS: 7      NAYS: None      ABSENT: None**

The resolution was declared to be adopted on this the **6<sup>th</sup> day of December, 2017**.

THE FOREGOING IS CERTIFIED  
TO BE A TRUE & CORRECT COPY

  
**EULALIA LOPEZ**  
PARISH CLERK  
JEFFERSON PARISH COUNCIL



ATTACHMENT D

NCCHC ACCREDITATION CERTIFICATE



# ATTACHMENT E

## 2018 STATISTICAL REPORT

### Monthly Statistical Report 2018

CH Site:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Average Daily Population	1083	1018	991	1011	963	983	1001	1017	1009	1005	963	930
Average Daily Population - Other/ Annex	0	0	0	0	0	0	0	0	0	0	0	0
<b>Housed Inmates</b>												
DOC (Dept. Of Corrections)	0	0	0	0	0	0	0	0	0	0	0	0
USM (Federal)	0	0	0	0	0	0	0	0	0	0	0	0
OTHER	0	0	0	0	0	0	0	0	0	0	0	0
<b>Medical</b>												
Total Facility Intakes/Bookings	1445	1466	1535	1588	1695	1339	1396	1494	1296	1441	1377	1398
Intake Receiving Screenings	1445	1466	1535	1588	1695	1339	1396	1494	1296	1441	1377	1398
Physical Assessments within 14 days	398	319	593	483	488	473	404	569	478	549	463	525
Physical Assessment > than 14 days	0	0	0	0	0	0	0	4	3	5	9	6
Annual Physical Assessments (>1yr)	0	6	7	9	6	0	12	2	0	11	10	5
Annual Physical Assessment	0	6	7	9	6	0	12	2	3	11	10	5
IntraSystem Screenings (CT's only)												
Periodic Physical Assessments (CT's only)												
<b>Health Service Requests</b>												
Dental	51	41	80	79	63	81	80	94	96	95	87	98
Medical	240	206	301	279	245	280	292	305	382	329	294	319
MH	51	56	72	66	49	61	66	58	80	84	69	65
Sick Call Request Submitted	342	303	453	424	357	422	438	457	556	508	450	482
<b>Medical Encounters (Sick Call Only)</b>												
MD	0	0	0	0	0	8	19	0	0	0	0	0
MLP	432	282	510	385	424	284	393	471	417	439	375	410
Nurse	11	34	34	43	40	53	41	33	54	45	40	19
Nurse Productivity												
Total Medical Encounters	443	316	544	428	464	345	453	504	471	484	415	429
<b>Isolation Segregation (Iso-Seg)</b>												
Nurse rounds	405	248	337	225	215	309	487	648	307	573	597	638
MH rounds	146	477	656	436	607	403	675	676	592	569	518	505
<b>Grievances</b>												
Total Inmate Grievances	16	18	7	18	16	16	15	12	12	16	16	15
Total Substantiated Grievances	1	0	0	0	0	0	0	0	0	1	0	0
<b>Unscheduled Contacts</b>												
Mandown Events	0	7	8	4	5	3	0	2	3	8	6	4
Pre-Incarceration Diversion	4	6	4	16	4	3	14	1	4	12	11	5
<b>Chronic Care</b>												
Total CCC Patients in Facility	160	160	175	162	184	190	186	190	185	186	180	254
Total CCC Midlevel Visits	0	0	0	0	0	0	0	0	0	0	0	0
Total CCC Physician Visits	25	16	28	15	32	23	33	30	36	50	34	37
<b>OB/GYN</b>												
Pregnant Patients	4	4	5	4	1	4	2	1	1	4	3	3
Birth while in custody	1	1	1	0	0	1	0	1	0	0	0	0
<b>INFIRMARY/NUMEDICAL OBSERVATION</b>												
Total Number of Admissions	115	65	71	93	96	86	82	68	83	73	75	66
Medical		31	36	48	50	46	38	30	37	33	27	34
Mental Health		30	35	45	46	40	56	37	46	40	47	31
Security		4	0	0	0	0	2	1	0	0	1	1
<b>Number of Patient Contacts (Infirmary)</b>												
Medical MD	197	222	88	93	124	99	79	94	81	197	165	131
Medical Provider	38	75	109	134	168	146	144	195	176	148	143	131
Mental Health MD	2	2	28	0	3	15	39	7	12	16	30	20
Mental Health Provider	84	89	90	65	68	75	142	73	99	91	78	99
<b>Pharmaceuticals</b>												
Patients on Medications	860	896	924	877	891	850	884	874	851	910	857	839
Number of Medications	3126	3097	3269	3095	3146	3157	3380	3632	3280	3366	3045	3261
<b>Mental Health</b>												
Total Clinical Encounters	286	652	812	627	226	175	772	740	727	293	285	195
Mental Health MD	59	88	45	83	93	59	110	68	57	81	69	25
Mental Health Provider	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health Professional (LCSW/LPC)	227	564	767	544	133	116	662	672	670	212	216	170
CH Initiated Psych Commitment Eval (1013)	0	0	0	0	0	0	0	0	0	0	0	1
Group Sessions by CH Staff	0	0	0	0	0	0	0	0	0	0	0	0
Group Participants	0	0	0	0	0	0	0	0	0	0	0	0
<b>Dental (Dental Only)</b>												
Dental Exams Performed (Total)	62	52	52	54	72	48	74	62	67	64	61	85
Extractions	23	25	13	16	14	23	25	17	28	17	18	31
Permanent Fillings	0	0	0	0	0	0	0	0	0	0	0	0
Temporary Fillings	1	0	0	0	0	0	0	1	0	0	0	0
X-rays	67	25	31	22	36	29	39	41	32	39	32	40
Annual Dental Exams	2	0	0	15	12	2	0	1	1	1	0	1
<b>Specialty Care</b>												
Emergency Room Visits	25	19	32	17	26	21	20	21	7	5	11	8
EMS/911 Calls	11	5	17	7	9	8	7	4	9	2	8	7
Hospital Admissions	10	8	11	8	4	4	10	12	7	8	9	10
Hospital Days	37	39	54	29	8	16	58	46	21	31	32	53

<b>Out-Patient Visits</b>												
OP-OB/GYN	10	6	7	3	3	2	2	1	1	0	1	5
OP-Eye	1	2	1	5	1	3	2	0	3	1	1	4
OP-Ortho/Neuro	9	4	14	13	10	9	3	7	8	16	6	12
OP-Cardiovascular	4	4	1	2	2	2	2	1	1	2	2	2
OP-Surgical	4	9	4	5	8	3	12	14	12	13	7	7
OP-GI	5	1	0	1	0	0	1	1	0	2	0	0
OP-Dialysis Treatments	13	12	13	23	27	26	29	0	14	16	13	13
OP-Dialysis Patients	1	1	1	2	3	2	3	0	2	2	1	1
OP-Xray	0	0	0	0	0	0	0	0	0	0	0	0
OP-Diagnostic Imaging	1	1	1	1	2	1	5	3	2	4	2	1
OP-Other	16	15	16	5	9	19	11	16	15	20	67	19
Dental/OMFS	4	5	3	7	2	1	4	0	8	1	1	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0
Out Patient Visits (Total)	68	61	61	67	66	68	74	43	66	77	101	64
<b>Onsite Specialty Care</b>												
OS-OB	1	0	0	0	0	0	0	0	0	0	0	0
OS-Chest XR	27	24	24	26	15	31	14	38	14	17	14	43
OS-Other XR	25	30	33	28	15	33	14	32	21	22	28	51
OS-Dialysis Treatment	0	0	0	0	0	0	0	0	0	0	0	0
OS-Dialysis Patients	0	0	0	0	0	0	0	0	0	0	0	0
OS-Ortho	0	0	0	0	0	0	3	0	0	0	0	0
OS-U/S	0	0	0	2	0	3	3	0	0	0	0	0
OS-Other	0	0	0	0	0	0	0	0	0	0	0	0
Specialty Visits - Onsite (Total)	53	54	57	56	30	67	31	73	35	39	42	94
<b>Inmate Deaths</b>												
Suicides	0	0	0	0	0	0	0	0	0	0	0	0
Hospital Deaths	0	0	1	1	0	0	0	0	1	0	0	1
Other	0	0	0	0	0	0	0	0	0	0	0	0
Total Facility Deaths	0	0	1	1	0	0	0	0	1	0	0	1
<b>TUBERCULOSIS</b>												
PPD's Planted	372	304	559	463	494	454	392	527	445	532	406	460
PPD's Read	293	235	383	329	372	365	369	446	344	382	354	386
Positive PPD's	0	6	6	0	0	3	2	10	4	5	10	18
Previous/ New PPD Chest XR	26	11	6	8	0	0	10	22	15	11	12	11
Previous Positive PPD's	26	9	12	44	32	15	5	12	11	6	5	7
Active TB Cases (Confirmed)	0	1	0	0	0	0	0	0	0	0	0	0
INH Initiated	0	1	0	0	0	0	0	4	4	0	0	0
Public Health notified per case	0	1	0	0	0	0	0	0	0	0	0	0
<b>Contact Investigation per case</b>												
HIV	0	1	0	0	0	0	0	0	0	0	0	0
HIV Screening (Serum)	0	15	16	21	0	0	5	12	7	10	0	12
Total of HIV Positive Patients	16	19	14	9	11	12	12	18	19	19	16	19
Newly Dx HIV Patients	0	0	0	0	0	0	0	0	0	0	0	0
Patients Receiving ART	12	9	10	6	6	6	8	10	12	10	8	11
Public Health notified per case	0	6	0	0	0	0	0	0	0	0	0	0
Contact Investigation per case	0	0	0	0	0	0	0	0	0	0	0	0
<b>Hepatitis</b>												
Hepatitis patients in CCC	33	39	29	11	16	13	9	17	34	33	32	33
New Dx HBV	0	0	7	9	2	0	4	0	0	0	0	0
New Dx HCV	0	2	2	8	2	0	0	0	0	0	0	0
Public Health notified per case	0	0	0	0	0	0	0	0	0	0	0	0
Contact Investigation per case	0	0	0	0	0	0	0	0	0	0	0	0
<b>STD</b>												
Total RPR's done	1	6	7	11	0	11	1	4	6	5	7	8
New Dx Syphilis	1	1	0	0	0	0	0	0	0	0	0	0
Total Latent Syphilis Requiring Tx	0	1	1	0	0	0	2	0	0	0	0	1
Confirmed Gonorrhea	0	0	6	0	0	0	0	0	0	0	0	0
Confirmed Chlamydia	1	0	0	0	0	0	1	1	1	0	0	0
Public Health notified per case	0	10	0	0	0	0	1	1	0	0	0	0
Contact Investigation per case	0	0	0	0	0	0	0	0	0	0	0	0
Patients with Skin Infections cases	0	0	15	15	7	9	5	16	21	10	6	6
Confirmed MRSA	0	0	0	0	0	0	0	0	0	0	0	0
Public Health notified per case	0	0	0	0	0	0	0	0	0	0	0	0
Contact Investigation per case	0	0	0	0	0	0	0	0	0	0	0	0
<b>Immunizations</b>												
Influenza Vaccine Administered	1	0	0	0	0	0	0	0	0	6	15	1
Other	0	0	0	0	0	0	0	0	0	0	0	0





## ATTACHMENT G

### INVOICING EXAMPLE – AUGUST 2018

#### INVOICE #1:

CORRECTHEALTH		Invoice 12655
2384 Peachtree Rd NE, Ste 700 • Atlanta, GA 30326 Phone: 770.492.4730 • Fax: 770.492.4734		
Bill to: Jefferson Parish Community Justice Agency Attn: Ronald E. Lampard, Director 1221 Elmwood Park Blvd., Ste. 607 Jefferson, LA 70123		August 15, 2018
Description	Amount	
Monthly base rate for inmate medical services provided to Jefferson Parish Jail for the month August 1, 2018 to August 31, 2018		
1000 inmates (projected daily census) @ \$10.90 per day for 31 days	\$ 337,900.00	
<b>RECEIVED</b> AUG 17 2018 JEFFERSON PARISH COMMUNITY JUSTICE AGENCY		<i>approved</i> <i>[Signature]</i> 8/20/18 Reg # 60-624305 P.O. # 16-0021804
Please remit payment to: CorrectHealth Jefferson LLC 2384 Peachtree Road NE Suite 700 Atlanta, GA 30326		
Balance Due		<b>\$ 337,900.00</b>
<i>Beverly Hale</i> Authorized Signature		Authorized Signature
Payment is due within 30 days of invoice date.		Fed EIN 20-4004531

# INVOICE #2

**Invoice**  
**12782**



3284 Peachtree Rd NE, Ste 700 • Atlanta, GA 30328  
 Phone: 770.490.4100 • Fax: 770.490.4104

Bill to:

Jefferson Parish Community Justice Agency

Attn: Ronald E. Lampard, Director

1221 Elmwood Park Blvd., Ste. 807

Jefferson, LA 70123

September 15, 2018

APPROVED



DATE: 9/11/18

Description	Amount
Census adjustment to monthly base rate for inmate medical services provided to Jefferson Parish Correctional Center for the month August 2018	6,899.70
<p style="font-size: large; margin-top: 10px;">Reg # 40-0633192</p> <p style="font-size: large;">PO # 18-25845</p>	
<b>Balance Due</b>	<b>\$ 6,899.70</b>

**Please remit payment to:**

CorrectHealth Jefferson LLC

3284 Peachtree Road NE

Suite 700

Atlanta, GA 30328

Authorized Signature



Authorized Signature

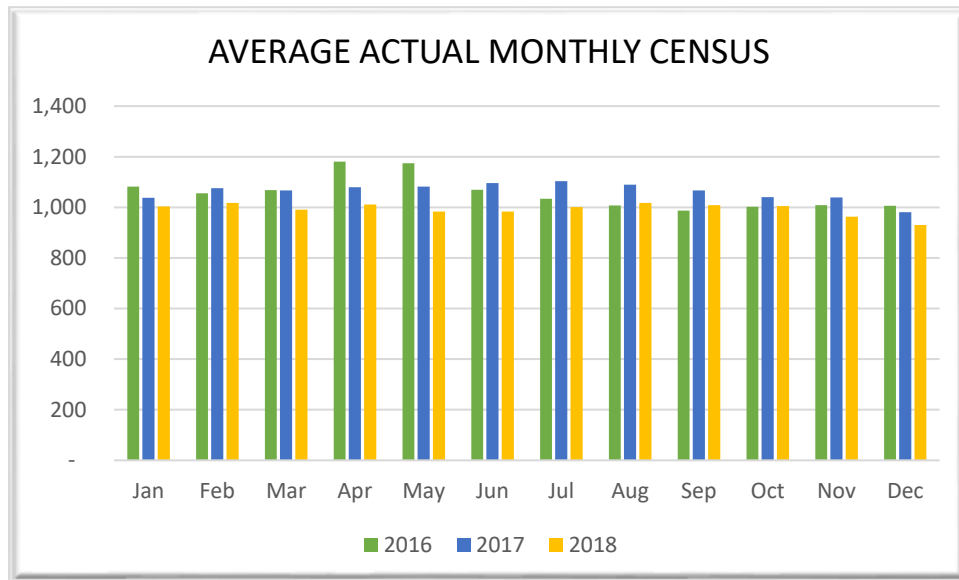
Census adjustment invoices are due upon receipt.

Fed EIN 30-4004531

JEFFERSON PARISH CORRECTIONAL CENTER					
BILLING FOR CENSUS ADJUSTMENT					
August 2018					
Day	Projected Daily Census **	Projected Daily Base Rate	Reported Jefferson Daily Census	Adjusted Per Diem Rate	Adjusted Daily Base Rate
1	1000	\$ 10,900.00	1027	10.90	\$ 11,194.30
2	1000	\$ 10,900.00	1046	10.90	\$ 11,401.40
3	1000	\$ 10,900.00	1027	10.90	\$ 11,194.30
4	1000	\$ 10,900.00	1001	10.90	\$ 10,910.00
5	1000	\$ 10,900.00	1011	10.90	\$ 11,019.90
6	1000	\$ 10,900.00	1039	10.90	\$ 11,325.10
7	1000	\$ 10,900.00	1069	10.90	\$ 11,543.10
8	1000	\$ 10,900.00	1044	10.90	\$ 11,379.60
9	1000	\$ 10,900.00	1024	10.90	\$ 11,161.00
10	1000	\$ 10,900.00	1037	10.90	\$ 11,303.30
11	1000	\$ 10,900.00	1004	10.90	\$ 10,943.60
12	1000	\$ 10,900.00	996	10.90	\$ 10,896.40
13	1000	\$ 10,900.00	1021	10.90	\$ 11,178.90
14	1000	\$ 10,900.00	1013	10.90	\$ 11,041.70
15	1000	\$ 10,900.00	909	10.90	\$ 10,760.10
16	1000	\$ 10,900.00	1006	10.90	\$ 10,905.40
17	1000	\$ 10,900.00	1041	10.90	\$ 11,346.90
18	1000	\$ 10,900.00	1023	10.90	\$ 11,150.70
19	1000	\$ 10,900.00	1013	10.90	\$ 11,041.70
20	1000	\$ 10,900.00	1018	10.90	\$ 11,096.20
21	1000	\$ 10,900.00	1022	10.90	\$ 11,139.80
22	1000	\$ 10,900.00	999	10.90	\$ 10,760.10
23	1000	\$ 10,900.00	1015	10.90	\$ 11,063.50
24	1000	\$ 10,900.00	1031	10.90	\$ 11,237.90
25	1000	\$ 10,900.00	1017	10.90	\$ 11,085.30
26	1000	\$ 10,900.00	1000	10.90	\$ 10,900.00
27	1000	\$ 10,900.00	1026	10.90	\$ 11,172.90
28	1000	\$ 10,900.00	1006	10.90	\$ 10,905.40
29	1000	\$ 10,900.00	1023	10.90	\$ 11,150.70
30	1000	\$ 10,900.00	1035	10.90	\$ 11,259.70
31	1000	\$ 10,900.00	1035	10.90	\$ 11,259.70
Total	31000	\$ 337,900.00	31823		\$ 344,799.70
Average Daily Census 1020					
Projected Monthly Base Rate				\$ (337,900.00)	
Less Payment Invoice 11488					
Adjusted Monthly Base Rate				\$ 344,799.70	
Adjustment due CorrectHealth Jefferson LLC				\$ 6,899.70	

## ATTACHMENT H

### HISTORICAL MONTHLY CENSUS STATISTICS



Month	2016	2017	2018
Jan	1,082	1,038	1,003
Feb	1,055	1,075	1,018
Mar	1,068	1,067	991
Apr	1,181	1,079	1,011
May	1,174	1,082	983
Jun	1,069	1,096	983
Jul	1,034	1,104	1,001
Aug	1,007	1,089	1,017
Sep	987	1,067	1,009
Oct	1,002	1,040	1,005
Nov	1,008	1,039	963
Dec	1,006	981	930

HIGHEST CENSUS MONTH = APRIL 2016 @1,181  
LOWEST CENSUS MONTH = DECEMBER 2018 @ 930