



State of New Mexico General Services Department

Contract

Awarded Vendor
 0000010730
 Corizon Health Inc.
 105 Westpark Dr. Ste 200
 Brentwood, TN 37027

Telephone No. (615) 373-3100

Contract Number: 20-770-00-02011

Payment Terms: See Contract

F.O.B.: See Contract

Delivery: See Contract

Ship To:
 New Mexico Corrections Department
 4337 State Rd 14
 PO Box 27116
 Santa Fe, NM 87502

Procurement Specialist: Gerrie Becker

Telephone No.: (505) 476-3121

Invoice:
 Same as Ship To

For questions regarding this contract please contact:
 Albert Montano (505) 827-8673

Title: **Inmate Medical Services**

Term: **June 1, 2012 thru May 31, 2016**

This Contract is made subject to the "terms and conditions" shown on the reverse side of this page, and as indicated in this Contract.

Accepted for the State of New Mexico

 New Mexico State Purchasing Agent

Date: 5/30/2012

Purchasing Division, 1100 St. Francis Drive, PO Box 6850, Santa Fe, NM 87502-6850 (505) 827-0472

VL

STATE OF NEW MEXICO

NEW MEXICO CORRECTIONS DEPARTMENT
PROFESSIONAL SERVICES AGREEMENT # 20-770-00-02011

THIS AGREEMENT is made and entered into by and between the State of New Mexico, **CORRECTIONS DEPARTMENT**, hereinafter referred to as the "Agency," and **CORIZON INC.**, hereinafter referred to as the "Contractor," and is effective as of the date set forth below upon which it is executed by the **NEW MEXICO STATE PURCHASING DIVISION**.

IT IS AGREED BETWEEN THE PARTIES:

1. **Scope of Work.**

A. The Contractor shall perform the following work: As referenced in Attachment 1, See Below

2. **Compensation.**

A. The Agency shall pay to the Contractor in full payment for services satisfactorily performed pursuant to the Scope of Work at the rate of thirty seven million, five hundred thousand dollars (\$37,500,000.00) for the first year of this agreement, inclusive of gross receipts tax, but NOT INCLUDING PHARMACEUTICALS. **The total amount payable to the Contractor under this Agreement, including gross receipts tax, pharmaceuticals and expenses, shall not exceed (\$177,650,000) for the four year term of this agreement.**

B. **Base compensation for full service facilities.** For the period of June 1, 2012, to May 31, 2013, base compensation will be \$3,125,000 per month, (which is \$37,500,000 annualized per year (excluding costs for pharmaceuticals)), paid on a semi-monthly basis. This amount will be for primary, secondary and tertiary medical care provided by Contractor for Agency inmates assigned to housing in facilities at the Penitentiary of New Mexico, Central New Mexico Correctional Facility, Southern New Mexico Correctional Facility, Western New Mexico Correctional Facility, Roswell Correctional Center, Springer Correctional Center, Lea County Correctional Facility, Guadalupe County Correctional Facility, New Mexico Women's Correctional Facility in Grants and the Northeast Correctional Facility in Clayton, (Union County). This amount is based on the total average monthly Agency inmate population assigned to the above-referenced facilities not exceeding 6700 inmates.

C. For the second, third and fourth years of this agreement, the annual base compensation shall be adjusted to reflect an increase based upon the Contractor meeting certain annual performance benchmarks in the prior contract term. For each benchmark achieved, the Contractor's base compensation for the following term shall be increased by 0.75% from the base compensation of the prior term. Contractor shall provide the Agency with reports detailing achievement of these performance benchmarks on a quarterly basis. Overall achievement of the performance benchmarks shall be based on an average of the results for the entire contract year.

The performance benchmarks are as follows:

- 1) Maintain staffing levels (reflecting hours paid as a percentage of the minimum staffing plan per Exhibit 1) aggregated across all facilities at 90% on an annual basis.
- 2) Achieve ACA reaccreditation for those facilities where reaccreditation was sought by Agency and completed and confirmed during the contract term. In the event that reaccreditation is not obtained due to factors beyond the medical services component of accreditation, the benchmark will be considered met by the Contractor.
- 3) Maintain HgA1c percentage levels of eight or less for no less than 63.7% of diabetic patients. The foregoing benchmark reflects the national average as reported by the Centers for Medicare and Medicaid. Corizon reports will be provided to the Agency on a quarterly basis, and measured on average for the entire contract year.
- 4) Maintain INR levels at a therapeutic range of 1.8 to 3.7 for 68% or more of the patients in treatment. The foregoing benchmark reflects the national average as reported in the 2008 Journal of Thrombosis and Hemostasis.

3. Additional Compensation for Excess Population.

For the period June 1, 2012 to May 31, 2013, if the average monthly Agency inmate population at the Facilities exceeds 6,700, then Agency will compensate the Contractor a per diem of \$5.80 plus applicable gross receipts tax for each inmate in excess of 6,700 for that month.

4. Compensation for Pharmaceuticals.

The Agency will pay Contractor for all pharmaceuticals including prescription and over-the-counter (OTC) at actual cost in accordance with the "Pharmacy Services" section in the scope of work. These costs are not subject to gross receipts taxes.

5. Payment Reimbursement.

A. Payment for the term of this agreement is subject to availability of funds pursuant to the Appropriations Paragraph set forth below and to any negotiations between the parties from year to year pursuant to Attachment 1, Scope of Work, and to approval by the New Mexico State Purchasing Agent.

B. Contractor must submit a detailed statement accounting for all services performed and expenses incurred. If the Agency finds that the services are not acceptable, within thirty days after the date of receipt of written notice from the Contractor that payment is requested, it shall provide the Contractor a letter of exception explaining the defect or objection to the services, and outlining steps the Contractor may take to provide remedial action. Upon certification by the Agency that the services have been received and accepted, payment shall be tendered to the Contractor within thirty days after the date of acceptance. If payment is made by mail, the payment shall be deemed tendered on the date it is postmarked. However, the agency shall not incur late charges, interest, or penalties for failure to make payment within the time specified herein.

C. Compensation for equipment. Pursuant to Attachment 1 "Equipment", Agency will pay Contractor for all equipment purchased for the full service facilities and Agency will have and retain title to all such equipment. These purchases are not subject to gross receipts taxes. For the period of June 1, 2012, through May 31, 2013 the total amount of equipment purchases under this Agreement shall not exceed \$250,000 over the year.

D. Contractor shall submit invoices to Agency on a semi-monthly basis (i.e., two times per month), for goods and services rendered from the 1st day of the month through the 15th day of the month, and for goods and services rendered from the 16th day of the month through the last day of the month. In accordance with Section 13-1-158 NMSA 1978, Agency shall determine if the services and tangible goods provided meet specifications. No payment shall be made for any services or tangible items until accepted in writing by Agency. If Agency does not dispute Contractor's invoice at the time, Agency will make electronic payment and Contractor will receive payment within 30 days of receipt of Contractor's invoice.

If Agency disputes Contractor's invoice at the time, Agency shall, within three (3) business days from the date Agency receives Contractor's written invoice, notify Contractor in writing of complete or partial rejection of the services or tangible goods and the specific reason therefore. The parties will confer within five (5) business days and attempt to resolve the matter. If the matter is resolved, Contractor shall, if necessary, submit an amended invoice to Agency and Agency will make electronic payment and Contractor will receive payment within 30 days of receipt of Contractor's amended invoice. If the matter is resolved and an amended written invoice is not necessary, Agency will make electronic payment and Contractor will receive payment within 30 days of the date that the parties resolve the matter.

If Agency fails to timely make payment within 50 days of receipt of a proper invoice, Agency shall be liable to Contractor for interest at the rate of one percent (1%) per month, prorated for each day payment is late.

E. Payment of Taxes - The Contractor shall be reimbursed by the Department for applicable New Mexico gross receipts taxes or local option taxes for services rendered. Such taxes must be itemized separately on the invoice. The payment of taxes for any

money received under this Agreement shall be the Contractor's sole responsibility and should be reported under the Contractor's Federal and State tax identification number(s).

F. Invoices - Invoices shall be submitted to the Department's Medical Director or designee.

6. **Term.**

THIS AGREEMENT SHALL NOT BECOME EFFECTIVE UNTIL APPROVED BY THE NEW MEXICO STATE PURCHASING AGENT. This Agreement shall terminate on May 31, 2016 unless terminated pursuant to paragraph 7 (Termination), or paragraph 9 (Appropriations). In accordance with Section 13-1-150 NMSA 1978, no contract term for a professional services contract, including extensions and renewals, shall exceed four years, except as set forth in Section 13-1-150 NMSA 1978.

7. **Termination.**

A. Termination. This Agreement may be terminated by either of the parties hereto upon written notice delivered to the other party at least thirty (30) days prior to the intended date of termination. Except as otherwise allowed or provided under this Agreement, the Agency's sole liability upon such termination shall be to pay for acceptable work performed prior to the Contractor's receipt of the notice of termination, if the Agency is the terminating party, or the Contractor's sending of the notice of termination, if the Contractor is the terminating party; provided, however, that a notice of termination shall not nullify or otherwise affect either party's liability for pre-termination defaults under or breaches of this Agreement. The Contractor shall submit an invoice for such work within thirty (30) days of receiving or sending the notice of termination. Notwithstanding the foregoing, this Agreement may be terminated immediately upon written notice to the Contractor if the Contractor becomes unable to perform the services contracted for, as determined by the Agency or if, during the term of this Agreement, the Contractor or any of its officers, employees or agents is indicted for fraud, embezzlement or other crime due to misuse of state funds or due to the Appropriations paragraph herein. THIS PROVISION IS NOT EXCLUSIVE AND DOES NOT WAIVE THE STATE'S OTHER LEGAL RIGHTS AND REMEDIES CAUSED BY THE CONTRACTOR'S DEFAULT/BREACH OF THIS AGREEMENT.

B. Termination Management. Immediately upon receipt by either the Agency or the Contractor of notice of termination of this Agreement, the Contractor shall: 1) not incur any further obligations for salaries, services or any other expenditure of funds under this Agreement without written approval of the Agency; 2) comply with all directives issued by the Agency in the notice of termination as to the performance of work under this Agreement; and 3) take such action as the Agency shall direct for the protection, preservation, retention or transfer of all property titled to the Agency and records generated under this Agreement.

8. **Changes to Scope of Work.**

Notwithstanding anything herein to the contrary, if:

- (i) there are any changes to any applicable law, statute, regulation, ordinance, standard, rule, court order or decree, policy, practice, or procedure of any applicable governmental unit, agency, or office (including, but not limited to, the federal, state or local courts, legislative bodies, and agencies, including Agency), or the mission of specific Agency facilities; or
- (ii) any standard of care or treatment protocol changes or evolves in any material respect, or if any new medication or therapy is introduced to treat any illness, disease or condition; or
- (iii) any addition or deletion of facilities;

and if, as a result of any such changes in (i), (ii), and (iii) Contractor experiences any cost decreases associated with the performance of this Agreement, or Contractor experiences any cost increases associated with the performance of this Agreement, then Contractor and Agency will meet to negotiate compensation or service requirement changes. The parties agree to meet and negotiate in good faith within fifteen (15) days following the giving of notice by one party to the other party of such a change (whether such change is anticipated or implemented). If the parties are unable to resolve the issue within this fifteen day period, either party may request that the matter be submitted to non-binding arbitration, whereupon the parties will engage the services of the American Arbitration Association. Each party will bear its own costs and attorneys' fees in the arbitration and the parties will share equally the costs of the arbitrator.

9. Appropriations.

The terms of this Agreement are contingent upon sufficient appropriations and authorization being made by the Legislature of New Mexico for the performance of this Agreement. If sufficient appropriations and authorization are not made by the Legislature, this Agreement shall terminate immediately upon written notice being given by the Agency to the Contractor. The Agency's decision as to whether sufficient appropriations are available shall be accepted by the Contractor and shall be final. If the Agency proposes an amendment to the Agreement to unilaterally reduce funding, the Contractor shall have the option to terminate the Agreement or to agree to the reduced funding, within thirty (30) days of receipt of the proposed amendment.

10. Status of Contractor.

The Contractor and its agents and employees are independent contractors performing professional services for the Agency and are not employees of the State of New Mexico. The Contractor and its agents and employees shall not accrue leave, retirement, insurance, bonding, use of state vehicles, or any other benefits afforded to employees of the State of New Mexico as a result of this Agreement. The Contractor acknowledges that all sums received hereunder are reportable by the Contractor for tax purposes, including without limitation, self-employment and business income tax. The Contractor agrees not to purport to bind the State of New Mexico unless the Contractor has express written authority to do so, and then only within the strict limits of that authority.

11. Assignment.

The Contractor shall not assign or transfer any interest in this Agreement or assign any claims for money due or to become due under this Agreement without the prior written approval of the Agency.

12. Subcontracting.

The Contractor may subcontract portions of the services to be performed under this Agreement as addressed in Attachment 1 "Scope of Work". No such subcontract shall relieve the primary Contractor from its obligations and liabilities under this Agreement, nor shall any subcontract obligate direct payment from the Procuring Agency.

13. Release.

Final payment of the amounts due under this Agreement shall operate as a release of the Agency, its officers and employees, and the State of New Mexico from all liabilities, claims and obligations whatsoever arising from or under this Agreement.

14. Confidentiality.

Any confidential information provided to or developed by the Contractor in the performance of this Agreement shall be kept confidential and shall not be made available to any individual or organization by the Contractor without the prior written approval of the Agency.

15. Product of Service -- Copyright.

All materials developed or acquired by the Contractor under this Agreement shall become the property of the State of New Mexico and shall be delivered to the Agency no later than the termination date of this Agreement. Nothing developed or produced, in whole or in part, by the Contractor under this Agreement shall be the subject of an application for copyright or other claim of ownership by or on behalf of the Contractor.

16. Conflict of Interest; Governmental Conduct Act.

A. The Contractor represents and warrants that it presently has no interest and, during the term of this Agreement, shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance or services required under the Agreement.

B. The Contractor further represents and warrants that it has complied with, and, during the term of this Agreement, will continue to comply with, and that this Agreement complies with all applicable provisions of the Governmental Conduct Act, Chapter 10, Article 16 NMSA 1978. Without in anyway limiting the generality of the foregoing, the Contractor specifically represents and warrants that:

- 1) in accordance with Section 10-16-4.3 NMSA 1978, the Contractor does not employ, has not employed, and will not employ during the term of this Agreement any Agency employee while such employee was or is employed by the Agency and participating directly or indirectly in the Agency's contracting process;
- 2) this Agreement complies with Section 10-16-7(A) NMSA 1978 because (i) the Contractor is not a public officer or employee of the State; (ii) the

Contractor is not a member of the family of a public officer or employee of the State; (iii) the Contractor is not a business in which a public officer or employee or the family of a public officer or employee has a substantial interest; or (iv) if the Contractor is a public officer or employee of the State, a member of the family of a public officer or employee of the State, or a business in which a public officer or employee of the State or the family of a public officer or employee of the State has a substantial interest, public notice was given as required by Section 10-16-7(A) NMSA 1978 and this Agreement was awarded pursuant to a competitive process;

- 3) in accordance with Section 10-16-8(A) NMSA 1978, (i) the Contractor is not, and has not been represented by, a person who has been a public officer or employee of the State within the preceding year and whose official act directly resulted in this Agreement and (ii) the Contractor is not, and has not been assisted in any way regarding this transaction by, a former public officer or employee of the State whose official act, while in State employment, directly resulted in the Agency's making this Agreement;
- 4) this Agreement complies with Section 10-16-9(A) NMSA 1978 because (i) the Contractor is not a legislator; (ii) the Contractor is not a member of a legislator's family; (iii) the Contractor is not a business in which a legislator or a legislator's family has a substantial interest; or (iv) if the Contractor is a legislator, a member of a legislator's family, or a business in which a legislator or a legislator's family has a substantial interest, disclosure has been made as required by Section 10-16-9(A) NMSA 1978, this Agreement is not a sole source or small purchase contract, and this Agreement was awarded in accordance with the provisions of the Procurement Code;
- 5) in accordance with Section 10-16-13 NMSA 1978, the Contractor has not directly participated in the preparation of specifications, qualifications or evaluation criteria for this Agreement or any procurement related to this Agreement; and
- 6) in accordance with Section 10-16-3 and Section 10-16-13.3 NMSA 1978, the Contractor has not contributed, and during the term of this Agreement shall not contribute, anything of value to a public officer or employee of the Agency.

C. Contractor's representations and warranties in Paragraphs A and B of this Paragraph 16 are material representations of fact upon which the Agency relied when this Agreement was entered into by the parties. Contractor shall provide immediate written notice to the Agency if, at any time during the term of this Agreement, Contractor learns that Contractor's representations and warranties in Paragraphs A and B of this Paragraph 16 were erroneous on the effective date of this Agreement or have become erroneous by reason of new or changed circumstances. If it is later determined that Contractor's representations and warranties in Paragraphs A and B of this Paragraph 16 were erroneous on the effective date of this Agreement or have become erroneous by reason of

new or changed circumstances, in addition to other remedies available to the Agency and notwithstanding anything in the Agreement to the contrary, the Agency may immediately terminate the Agreement.

D. All terms defined in the Governmental Conduct Act have the same meaning in this Paragraph 16(B).

17. Amendment.

A. This Agreement shall not be altered, changed or amended except by instrument in writing executed by the parties hereto and all other required signatories.

B. If the Agency proposes an amendment to the Agreement to unilaterally reduce funding due to budget or other considerations, the Contractor shall, within thirty (30) days of receipt of the proposed Amendment, have the option to terminate the Agreement, pursuant to the termination provisions as set forth in Paragraph 7 herein, or to agree to the reduced funding.

18. Merger.

This Agreement constitutes the entire agreement of the Parties and is intended as a complete and exclusive statement of the promises, representations, negotiations, discussions and agreements that have been made in connection with the subject matter hereof. No prior Agreement or understanding, oral or otherwise, of the parties or their agents shall be valid or enforceable unless embodied in this Agreement.

19. Penalties for violation of law.

The Procurement Code, Sections 13-1-28 through 13-1-199, NMSA 1978, imposes civil and criminal penalties for its violation. In addition, the New Mexico criminal statutes impose felony penalties for illegal bribes, gratuities and kickbacks.

20. Equal Opportunity Compliance.

The Contractor agrees to abide by all federal and state laws and rules and regulations, and executive orders of the Governor of the State of New Mexico, pertaining to equal employment opportunity. In accordance with all such laws of the State of New Mexico, the Contractor assures that no person in the United States shall, on the grounds of race, religion, color, national origin, ancestry, sex, age, physical or mental handicap, or serious medical condition, spousal affiliation, sexual orientation or gender identity, be excluded from employment with or participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity performed under this Agreement. If Contractor is found not to be in compliance with these requirements during the life of this Agreement, Contractor agrees to take appropriate steps to correct these deficiencies.

21. Applicable Law.

The laws of the State of New Mexico shall govern this Agreement, without giving effect to its choice of law provisions. Venue shall be proper only in a New Mexico court of competent jurisdiction in accordance with Section 38-3-1 (G) NMSA 1978. By execution of this

Agreement, Contractor acknowledges and agrees to the jurisdiction of the courts of the State of New Mexico over any and all lawsuits arising under or out of any term of this Agreement.

22. Workers Compensation.

The Contractor agrees to comply with state laws and rules applicable to workers compensation benefits for its employees. If the Contractor fails to comply with the Workers Compensation Act and applicable rules when required to do so, this Agreement may be terminated by the Agency.

23. Records and Financial Audit.

The Contractor shall maintain detailed time and expenditure records that indicate the date; time, nature and cost of services rendered during the Agreement's term and effect and retain them for a period of three (3) years from the date of final payment under this Agreement. The records shall be subject to inspection by the Agency, the Department of Finance and Administration and the State Auditor. The Agency shall have the right to audit billings both before and after payment. Payment under this Agreement shall not foreclose the right of the Agency to recover excessive or illegal payments

24. Indemnification.

The Contractor shall defend, indemnify and hold harmless the Agency, the Agency's state owned and operated correctional facilities, and the State of New Mexico from all actions, proceeding, claims, demands, costs, damages, attorneys' fees and all other liabilities and expenses of any kind from any source which may arise out of the performance of this Agreement, caused by the negligent act or failure to act of the Contractor, its officers, employees, servants, subcontractors or agents, or if caused by the actions of any client of the Contractor resulting in injury or damage to persons or property during the time when the Contractor or any officer, agent, employee, servant or subcontractor thereof has or is performing services pursuant to this Agreement. In the event that any action, suit or proceeding related to the services performed by the Contractor or any officer, agent, employee, servant or subcontractor under this Agreement is brought against the Contractor, the Contractor shall, as soon as practicable after it receives notice thereof, notify the legal counsel of the Agency and the Risk Management Division of the New Mexico General Services Department by certified mail.

The Agency agrees to notify Contractor's Legal Department in writing within 30 days after Agency has received written notice of a claim. Contractor's indemnification and defense obligations hereunder will not apply for expenses incurred or settlements offered or effected prior to notice to Contractor. Contractor shall have the right to control the defense and/or settlement of the claim.

25. Force Majeure.

Contractor shall not be deemed in violation of this Agreement if it is prevented from performing any of its obligations hereunder for any reason beyond its control, including, without limitation, strikes or labor disputes, labor shortages, inmate disturbances, lack of the Agency's financial or physical resources, failure of the Agency to provide proper security services, acts of God, civil or military authority, acts of public enemy, war, accidents, fires, explosions, earthquakes, floods, failure of transportation, or any similar cause beyond the reasonable control

of one or both of the parties. No compensation shall be due or payable for any period of time that Contractor is prevented from performing any of its obligations as contemplated in this paragraph.

26. New Mexico Employees Health Coverage.

A. If Contractor has, or grows to, six (6) or more employees who work, or who are expected to work, an average of at least 20 hours per week over a six (6) month period during the term of the contract, Contractor certifies, by signing this agreement, to have in place, and agree to maintain for the term of the contract, health insurance for those employees and offer that health insurance to those employees if the expected annual value in the aggregate of any and all contracts between Contractor and the State exceed \$250,000 dollars.

B. Contractor agrees to maintain a record of the number of employees who have (a) accepted health insurance; (b) declined health insurance due to other health insurance coverage already in place; or (c) declined health insurance for other reasons. These records are subject to review and audit by a representative of the state.

C. Contractor agrees to advise all employees of the availability of State publicly financed health care coverage programs by providing each employee with, as a minimum, the following web site link to additional information:
<http://insurenwemexico.state.nm.us/>.

27. Employee Pay Equity Reporting.

Contractor agrees if it has ten (10) or more New Mexico employees OR eight (8) or more employees in the same job classification, at any time during the term of this contract, to complete and submit the PE10-249 form on the annual anniversary of the initial report submittal for contracts up to one (1) year in duration. If contractor has (250) or more employees contractor must complete and submit the PE250 form on the annual anniversary of the initial report submittal for contracts up to one (1) year in duration. For contracts that extend beyond one (1) calendar year, or are extended beyond one (1) calendar year, contractor also agrees to complete and submit the PE10-249 or PE250 form, whichever is applicable, within thirty (30) days of the annual contract anniversary date of the initial submittal date or, if more than 180 days has elapsed since submittal of the last report, at the completion of the contract, whichever comes first. Should contractor not meet the size requirement for reporting at contract award but subsequently grows such that they meet or exceed the size requirement for reporting, contractor agrees to provide the required report within ninety (90 days) of meeting or exceeding the size requirement. That submittal date shall serve as the basis for submittals required thereafter. Contractor also agrees to levy this requirement on any subcontractor(s) performing more than 10% of the dollar value of this contract if said subcontractor(s) meets, or grows to meet, the stated employee size thresholds during the term of the contract. Contractor further agrees that, should one or more subcontractor not meet the size requirement for reporting at contract award but subsequently grows such that they meet or exceed the size requirement for reporting, contractor will submit the required report, for each such subcontractor, within ninety (90 days) of that subcontractor meeting or exceeding the size requirement. Subsequent report submittals, on behalf of each such subcontractor, shall be due on the annual anniversary of the initial report submittal. Contractor shall submit the required form(s) to the State Purchasing Division of the

General Services Department, and other departments as may be determined, on behalf of the applicable subcontractor(s) in accordance with the schedule contained in this paragraph. Contractor acknowledges that this subcontractor requirement applies even though contractor itself may not meet the size requirement for reporting and be required to report itself.

Notwithstanding the foregoing, if this Contract was procured pursuant to a solicitation, and if Contractor has already submitted the required report accompanying their response to such solicitation, the report does not need to be re-submitted with this Agreement.

28. Invalid Term or Condition.

If any term or condition of this Agreement shall be held invalid or unenforceable, the remainder of this Agreement shall not be affected and shall be valid and enforceable.

29. Enforcement of Agreement.

A party's failure to require strict performance of any provision of this Agreement shall not waive or diminish that party's right thereafter to demand strict compliance with that or any other provision. No waiver by a party of any of its rights under this Agreement shall be effective unless express and in writing, and no effective waiver by a party of any of its rights shall be effective to waive any other rights.

30. Notices.

Any notice required to be given to either party by this Agreement shall be in writing and shall be delivered in person, by courier service or by U.S. mail, either first class or certified, return receipt requested, postage prepaid, as follows:

To the Agency:

New Mexico Corrections Department
Central Administration
4337 NM 14
Santa Fe, NM 87508
ATTN: Chief Medical Administrator

With a Copy to:

Secretary of Corrections
New Mexico Corrections Department
Central Administration
4337 NM 14
Santa Fe, NM 87508

Contract ID# _____

To the Contractor:

Corizon, Inc.
12647 Olive Blvd.
St. Louis, MO 63141
ATTN: Stuart Campbell, President & COO

31. Authority.

If Contractor is other than a natural person, the individual(s) signing this Agreement on behalf of Contractor represents and warrants that he or she has the power and authority to bind Contractor, and that no further action, resolution, or approval from Contractor is necessary to enter into a binding contract.

Contract ID# _____

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date of signature by the New Mexico State Purchasing Agent below.

By: [Signature]
Agency

Date: 5/29/2012

By: Jim Brewster
Agency's Legal Counsel -Certifying legal sufficiency

Date: 5-29-12

By: Shawn K. Campbell
Contractor

Date: 5/24/12

The records of the Taxation and Revenue Department reflect that the Contractor is registered with the Taxation and Revenue Department of the State of New Mexico to pay gross receipts and compensating taxes.

ID Number: 02-128836-004

By: [Signature]
Taxation and Revenue Department

Date: 5/30/12

This Agreement has been approved by the New Mexico State Purchasing Agent:

By: Genie J. Becke for
New Mexico State Purchasing Agent

Date: 5/30/12

Attachment 1

Scope of Work

THIS Professional Services Agreement is made and entered into by and between the State of New Mexico, New Mexico Corrections Department, hereafter referred to as "The Agency" or "Department" or the "Procuring Agency", acting through Gregg Marcantel, Secretary of Corrections ("Secretary") and Corizon, Inc., hereafter referred to as the "Contractor", specifies the terms and conditions under which the Contractor will provide a comprehensive, coordinated, and continuous health-care program for male and female inmates in New Mexico correctional facilities. Collectively the AGENCY and Contractor are known as "parties".

WHEREAS The Agency and the State of New Mexico lack the direct capacity to provide medical and other health services independently to its incarcerated population without engaging in a Professional Services Agreement for Inmate Medical Services;

and WHEREAS Corizon, Inc has the expertise to provide inmate medical and other health services;

and WHEREAS the Agency and Corizon, Inc. desire to enter into a professional relationship for medical and health services.

NOW THEREFORE for and in consideration of the promises and mutual covenants contained in this professional services Agreement, and subject to the conditions set forth in the Agreement, the Parties do hereto covenant, agree, and bind themselves to Contract.

The goal and requirement of this Agreement is to provide comprehensive health care services, within a secure environment, within available funds, and in accordance with the standards of care and the American Correctional Association (ACA), current community standards of care, specified psychiatric standards, and Agency procedures contained herein.

During the term of this Agreement the Agency shall:

- a) Provide Contractor with information concerning each inmate as appropriate;
- b) Compensate the Contractor as specified in Professional Services Agreement;
- c) Provide for review and adjudication of Utilization Management decisions made by the Contractor;
- d) Provide for review and adjudication of inmate grievances;
- e) Review Contractor financial records as operationally necessary for the Agency to assure its own compliance with all applicable State and Federal laws, rules, and regulations; and
- f) Provide data elements for Contractor reporting.

The Contractor will be responsible for the delivery of a comprehensive, coordinated, and continuous health care services program at the facilities shown in the tables below.

State Owned and Operated

Penitentiary of NM	Santa Fé, NM	PNM
Western NM Correctional Facility	Grants, NM	WNMCF
Central NM Correctional Facility	Los Lunas, NM	CNMCF
Southern NM Correctional Facility	Las Cruces, NM	SNMCF
Roswell Correctional Facility	Hagerman, NM	RCC
Springer Correctional Center	Springer, NM	SCC

Private Facility

NM Women's Correctional Facility	Grants, New Mexico	NMWCF
Lea County Correctional Facility	Hobbs, New Mexico	LCCF
Northeast NM Correctional Facility	Clayton NM	NENMCF
Guadalupe County Correctional Facility	Santa Rosa, NM	GCCF

Three Agency Facilities: Northeast New Mexico Detention Facility in Clayton, the Guadalupe County Correctional Facility in Santa Rosa and Lea County Correctional Facility in Hobbs hold county inmates. County inmates at those Facilities or any other Facility holding county inmates are not eligible for medical or health care services under this Agreement.

The Contractor is responsible for the medical care of all individuals housed under the custody of the New Mexico Corrections Department in the listed facilities above.

TERMINOLOGY

The definitions of terms used throughout this Professional Services Agreement, including appropriate abbreviations shall have the following meanings unless otherwise clearly specified.

“ADMINISTRATIVE SERVICES DIVISION” is a division within the New Mexico Corrections Department responsible for Agency budget and financial management fiscal review and reporting of financial matters.

“AAC” means the wholesaler invoice price based upon the last invoice received for pharmaceuticals shipped to Agency facilities.

“ADULT PRISONS DIVISION” is a division within the New Mexico Corrections Department overseen by the Deputy Secretary of Operations and includes the Director, Director’s immediate staff and the following functional areas: Prison Operations, Classification Bureau, Central Records Unit, Safety and Food Operations, and Health Services (Health Services Bureau and Mental Health Bureau). The current Adult Prisons Division operations are directed by the Director of Adult Prisons Division. The mission of the Adult Prisons Division is: "to provide safe, secure and professionally sound correctional Facilities for staff, the public and confined adult male and female inmates. Provide academic, medical, dental and mental health services; and to ensure correctional Facilities are in compliance with ACA accreditation standards”.

“AGENCY” means the New Mexico Corrections Department.

"AMERICAN CORRECTIONAL ASSOCIATION (ACA)" means the national organization so named, which establishes standards for corrections Facilities and provides for the evaluation of the standards in member Facilities.

BEHAVIORAL HEALTH BUREAU”, formerly known as the separate “MENTAL HEALTH AND ADDICTION BUREAU,” provides mental health care and addiction services to persons incarcerated in the Agency. Services are provided in accordance with the standards, policies and

procedures of the Bureau of Mental Health Services, which includes various modes of treatment, assessment, diagnostics, crisis intervention, and residential housing for inmates who are mentally ill, chemically dependent or in need of specialized housing.

OUTPATIENT SERVICES Outpatient mental health services involve the provision of structured mental health services and crisis intervention, and training to both security and program staff. Assessment, individual and group psychotherapy, crisis intervention and substance abuse services are the major outpatient services. The Contractor's psychiatry staff will be expected to coordinate with Mental Health and Addiction Services staff in a multidisciplinary treatment team and as specified by the Agency. Outpatient mental health services involve the provision of structured mental health services and crisis intervention, and training to both security and program staff. Assessment, individual and group psychotherapy, crisis intervention and substance abuse services are the major outpatient services. The Contractor's psychiatry staff will be expected to coordinate with Mental Health staff in a multidisciplinary treatment team and as specified by the Agency.

RESIDENTIAL SERVICES

Mental health residential services and acute psychiatric inpatient hospital services consist of an acute inpatient psychiatric unit (the Acute Care Unit, ACU) and chronic and intermediate residential units (the Chronic Care Unit, CCU) at the 104 bed MHTC located at the CNMCF in Los Lunas, NM. The major services provided at the MHTC are intensive inpatient and residential mental health and psychiatry services with special focus on treating and preparing inmates to return to the general population. The Contractor's psychiatrists are expected to coordinate with the Agency mental health professional staff in a multidisciplinary treatment team to ensure coordinated and effective treatment.

ALTERNATIVE PLACEMENT AREA There also exists a chronic placement area for the mentally ill with high security ratings, i.e. the Alternate Placement Area (APA). The APA currently has 48 beds (currently 2 beds are closed and are in need renovation) the 48 bed APA and the 104 bed MHTC are located at the CNMCF in Los Lunas, NM.

"BEST AND FINAL OFFER" is a standard and ordinary element of contract negotiation. This term is often used during a bidding process to indicate that no further negotiation on the amount or terms is possible before final bid submission. A BAFO is often solicited in response to contractors or suppliers whose bids are within a close range of one another. "The best-and-final offer step in the procurement process is targeted to specific improvements in each offeror proposal. 1" (see also financialtermsdictionary.com)

"CHRONO" is a document prepared for each individual inmate by either medical professionals ("medical chrono") or mental health professionals ("mental health chrono") which lists the Facilities for which that particular inmate is eligible or not eligible for classification and transfer, based upon the inmate's medical and/or mental health needs, and the ability of that Facility to provide for the inmate's needs.

"CLASS" is a collective term that may be used for a group of categories (job titles,) such as the class of : psychiatrist", "non-psychiatrist provider," "clinical non-provider" and "non-clinical," which are defined in the sample Agreement by the existence of certain common attributes regarding the delivery of patient care services. A class is an assembly of several different job categories, all of which share a certain essential element of performance. The term is not linked to and does not derive from any other common or legal usage when used herein.

"CATEGORY" is a term used as equivalent to a titled employment position, defining individual

occupational tasks and roles, many of which involve specific licensure. Each and all job categories may be unambiguously assigned to one particular job class. The term "category" is not linked to and does not derive from any other common or legal usage when used herein.

"CLOSE OF BUSINESS" means 5:00 p.m., Mountain Standard Time or Mountain Daylight Time, whichever is in effect at the time.

"CONTINUOUS QUALITY IMPROVEMENT (CQI)" means a process modeled after traditional CQI approaches to improving quality, which assumes that opportunities for improvement are unlimited, is customer-oriented, is data driven, results in implementation of improvements, requires continual measurement of implemented improvements and modification of improvements as indicated.

"CONTRACT" means a written agreement for the procurement of items of tangible personal property or services.

"CONTRACT ADMINISTRATOR" means the individual selected by the Agency to monitor all aspects of the Agreement

"CONTRACTOR" means the successful vendor or medical services provider who enters into a binding Agreement.

"CONTRACT-COVERED SERVICES" means the services, which shall be furnished by the Contractor and for which payment is included in the proposal.

"DATA COMMUNICATIONS" is defined in this request for proposals as all systems for digital data transmission which allow for secure communication from the point-of-entry to the Agency Facility, out to access a proprietary or common carrier of digital information to central IT operations at the Agency, including software and such hardware as to access that distribution system; but only for such scope of work as defined herein. (Same comment as above)

DATA COMMUNICATIONS INCLUDES TELEMEDICINE SYSTEM

The Contractor will be billed monthly for all telecommunication circuits to private Facilities, and the ISDN (Integrated Services Digital Network) line or comparable broadband access. These communication circuits are used for the Telemedicine system.

Agency Information Technology Division (ITD) approval of devices

Any device that requires a network connection that will be placed on the Agency network must first get approval from the Agency ITD before it is placed on the Agency network.

"DATA WIRING" - all systems for digital data transmission which allow for communication from the point of entry to the Agency Facility, to other data handling locations contained within; only for such scope of work as defined herein; but not including such devices which act to switch, route, or store this data, such as servers and routers.

"DESIRABLE" The terms "may", "can", "should", "preferably", or "prefers" identify a desirable or discretionary item or factor (as opposed to "mandatory").

"DETERMINATION" means the written documentation of a decision of a procurement manager including findings of fact required to support a decision. A determination becomes part of the procurement file to which it pertains.

"DFA" means the Department of Finance and Administration for the State of New Mexico, an administrative agency granting final approval on certain State Agreements. (See also State Purchasing, SPD)

"EMERGENCY" A medical emergency condition exists when a patient manifests acute symptoms, signs, or both that, by reasonable medical judgment, represent a condition of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in death, serious impairment of bodily function or major organ system, and/or

serious jeopardy to the overall health of the patient.

"ENCOUNTER" The record of a health care service rendered by any authorized provider (s) to an inmate. Encounter includes all services for which the Contractor incurs any financial liability.

"EXPERIMENTAL TREATMENT" is generally be defined as any treatment about which the utility, benefit and risk is still being actively pursued by the research community.

"FACILITY" is a prison or other place of incarceration operated by the New Mexico Corrections Department as a single entity to confine convicted felons sentenced to the State's custody. A single Facility is overseen by a single Warden who operates all divisions of that Facility as a unit under his command.

"Flexible Staffing Structure" A payback-designed staffing arrangement whereby a contractor is permitted to staff a certain class of positions comprised of predefined categories, either Facility-by-Facility or in aggregate across the New Mexico Corrections Department, with a pre-determined threshold of flexible understaffing. Payback for understaffing is due from the contractor for positions not filled below the threshold. The Department's expired Professional Services Agreement for Medical Services used a flexible staffing structure, and the Request for Proposals that gave rise to this Agreement stipulated a flexible staffing structure in the request for a Best and Final Offer. The concept of "flexible staffing" is not linked to and does not derive from any other common or legal usage when used herein.

"FTE" or full-time equivalent is used conventionally throughout to define employment in terms of number of hours per week employed, as defined elsewhere. One FTE equals one full-time employment position delivering forty (40) hours of work per work-week. Full time equivalent (FTE) will be defined as 2,080 hours annually (2,088 hours for leap years), inclusive of PTO, if applicable. The monthly contractual hours required will be calculated by using eight hours per work day, multiplied by the number of business days in the month, inclusive of holidays.

"FRAUD" means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or to some other person, or the intentional misappropriation or taking of anything of value that belongs to another by means of fraudulent conduct, practices or representations. It includes any act that constitutes fraud under applicable federal or state law, including NMSA 1978 Section 30-16-6 as amended

"FULL RISK CONTRACTS" means Agreements that place the full responsibility for the underwriting of any and all expenses incurred in the provision of agreed services, upon the vendor for furnishing or arranging for comprehensive services, without recourse to the State for remuneration.

"FY" means the Fiscal Year of the State of New Mexico. The New Mexico State fiscal year is currently defined as July 1 through June 30, and dated by year on the closing date of that fiscal year.

"GRIEVANCE" means a verbal or written statement by an inmate that expresses dissatisfaction with some aspect of the health care received or requested and not received, for which the inmate seeks resolution. The Agency operates a grievance procedure using on-site Grievance Officers with which the inmate may file a grievance against medical or other healthcare operations.

"INSPECTOR GENERAL" is an officer of the Agency who oversees the existing Agreements of the State of New Mexico engaging the Agency. At the time of issuance, the Inspector General will not directly oversee the Agency Agreement.

"INTERNAL AUDITS AND STANDARDS COMPLIANCE BUREAU" is a Bureau of the New Mexico Corrections Department that is charged with overall responsibility for compliance

with standards, policies, procedures and selected Agreements, in collaboration with the Health Services Bureau.

“MALPRACTICE INSURANCE – OCCURRENCE-BASED” Malpractice insurance under which the coverage during the period of insurance survives for any claims made after termination of policy.

“MALPRACTICE INSURANCE – CLAIMS MADE” Malpractice insurance under which the coverage for claims against actions that occurred during the period of coverage, but claimed after the termination of policy, are no longer covered on the termination of policy.

“MALPRACTICE INSURANCE – TAIL COVERAGE” A separate policy written to complement claims-made policies, which offers coverage for incidents that occurred while the policy was still active, but were not actually reported until after the policy’s termination.

“MALPRACTICE INSURANCE – NOSE COVERAGE” An element of a new policy which covers for any claims made during the course of the policy, regardless of date of occurrence.

“MANDATORY” The terms “MUST”, “SHALL”, “WILL”, “IS REQUIRED”, or “ARE REQUIRED”, identify mandatory requirements or factors (as opposed to “desirable”). Failure to respond to a mandatory requirement or factor may result in the rejection of the Contractor's proposal.

“MANDATORY POSITION” Are those positions that are considered the highest priority for filling when vacant and will be filled with existing resources within a timely manner, are not generally available to use in covering hours elsewhere in the contract, and are not available for redirection for any purpose.

“MEDICALLY NECESSARY SERVICES” AND “MEDICAL SERVICES” Those health care services which: (a) are essential to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure inmate/client conditions that endanger life or health, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in illness or infirmity of an inmate (b) are provided at an appropriate Facility and at the appropriate level of care for the treatment of an inmate's/client’s medical condition; and (c) are provided in accordance with generally accepted standards of health care in New Mexico communities.

“MEDICAL PERSONNEL, MIDDLELEVEL” is a health care provider—e.g., nurse practitioner, physician assistant, etc., whose activities are directed, dictated, or both by a supervising physician to a manner, scope and degree as specified by State laws, regulations and other statutory and regulatory authority.

“Department of Information Technology” aka “DoIT” is a cabinet-level executive agency that manages computer system, planning, hardware, software and network services.

The “Information Technology Division” (ITD) is a division of the Agency that provides technology tools to assist Agency personnel in meeting the Department's organizational goals.

“OFFICE OF HEALTHCARE SERVICES/OFFICE OF HEALTHCARE ADMINISTRATION” (OHA) is an office within the Adult Prisons Division of the New Mexico Corrections Department currently in formation. The OHS/OHA is overseen by a position to be formally defined later, at a level of a Deputy Director, and informally referred to as the “Chief HSA.” The Chief HSA oversees the financial aspects of the Professional Services Agreement and audits the performance of the vendor and general operations through auditor(s) reporting directly to the HSA. The professional aspects of healthcare operations of the Health Services and Psychiatric Services are formally administered as an entity by a Chief Medical Administrator (CMA) informally referred to as “Medical Director,” a term often used in other states to describe the position. The Chief Medical Administrator is a licensed New Mexico physician with experience

in Internal Medicine and/or Family Practice, with familiarity with the delivery of medical services to incarcerated persons. The Health Services Bureau administers and monitors the delivery of all necessary medical, psychiatric and dental services to all adult male and female inmates committed to its custody within the state to maintain basic health. The health care services are currently being delivered through a private Contractor. Medical units at all Facilities provide outpatient services to the inmate population. The Agency has a partnership with the University of New Mexico - School of Medicine ECHO Project for the collaborative management of HCV infected inmates. Authority for administration of all medical services derives through the Health Services Bureau. Inpatient long-term care services for the Department are located at the Central New Mexico Correctional Facility (CNMCF) in Los Lunas, NM. Inmates at both male and female Facilities with medical problems that cannot be managed in general population but do not require community hospitalization are housed at this unit. Post-operative recovery and rehabilitation services available at the CNMCF inpatient infirmary allow for shorter hospital stays.

“PSYCHIATRIC SERVICES” The psychiatry program provides for all necessary prescription medication, monitoring, supervision and consultation required for appropriate management of inmates in need of outpatient and inpatient psychiatric services. Acute inpatient psychiatry and residential psychiatry services are provided at the 104 bed Mental Health Treatment Center (MHTC) located at the Central New Mexico Correctional Facility (CNMCF) in Los Lunas, NM. The Agency oversees the Department by a psychiatrist, referred to as “Chief Psychiatrist.” All health care is provided in accordance with accepted community standards for health care practice, ACA standards for health care in corrections Facilities, Commission on Accreditation of Corrections Facilities. All state and privately owned and operated Facilities have been continuously accredited by the American Correctional Association for over four (4) years. Maintenance of accreditation is a paramount priority of the Agency.

“OFFICE OF THE SECRETARY” The New Mexico Corrections Department is a cabinet-level agency statutorily defined within the Executive Branch of New Mexico State government, headed by a Cabinet Secretary who is appointed by the Governor and confirmed by the New Mexico Senate as per Statute. The Office of the (Cabinet) Secretary has traditionally consisted of two Deputy Secretaries, and five (5) divisions. At this time, several operations and divisions are condensed under a single office. Only those divisions or bureaus/sections within each division that are related to this procurement are described below. Note that the terminology used to describe positions approximates conventional and usual use. The formal terminology used by the New Mexico State Personnel Office may differ from that used in this Agreement. In such case, the formal terminology may be appended.

“NEW MEXICO CORRECTIONS DEPARTMENT” or **“Agency”** means the executive department in New Mexico responsible for the administration of adult male and female incarceration, as created under NMSA 1978, 33-1-6, as amended. The term the Agency may also indicate the Department's Procurement Manager, as applicable.

“PC” means an individual computer or terminal, with or without network capacity. It often refers to a single physical device used by a person to enter and retrieve medical information from a database

“PRIMARY CARE PROVIDER” means a licensed medical physician, nurse practitioner or similar provider who manages and delivers healthcare to inmates under the scope of practice.

“PRIMARY MEDICAL CARE SERVICES” Those services that can be provided within the institution and by providers employed by the Contractor.

“PRINCIPAL” means an officer, director, owner, partner, or a person having primary management or supervisory responsibilities within a business entity or related entities.

“PRIVATE PRISONS OR FACILITIES” means facilities that are operated by CCA, i.e., the New Mexico Women’s Correctional Facility and by GEO, Inc, e.g., the NENMDF. Lea County Correctional Facility (Hobbs.) and the GCCF have mental health services provided by GEO.

“PURCHASE ORDER” means the document that directs a Contractor to deliver items of tangible personal property or services pursuant to an existing Agreement.

“REFERRAL” Any specialty, inpatient, outpatient, or laboratory services that a physician, mid-level practitioner or dentist orders or arranges, but does not provide directly.

“RISK” A contingent potential for financial loss due to contractual obligations, e.g. that the possibility that revenues of the Contractor will not be sufficient to cover expenditures incurred in the delivery of contractual services.

“REQUEST FOR PROPOSALS” or “RFP” means a solicitation used in negotiated acquisition to communicate government requirements to prospective Contractor and to solicit proposals, pursuant to New Mexico and Federal rules. All documents, including those attached or incorporated by reference or amendments, used for soliciting proposals herein, comprise elements of the request for proposals (RFP).

“ROUTINE CARE” means all care which is not an emergency or urgent, or is directed towards the maintenance of wellness rather than the treatment of disease.

“SECONDARY MEDICAL SERVICES” means those outpatient services, excluding hospitalization that are provided by providers not obtained or employed by the Contractor pursuant to the staffing plan e.g., cardiology specialist, etc., and exclusive of tertiary medical services.

“SEXUAL ASSAULT” means any sexual contact with an imprisoned individual, including contact performed with the full and competent consent of all participating parties, is by definition a sexual assault.

“STATE” means the State of New Mexico.

“STATE OWNED AND OPERATED PRISONS OR FACILITIES” means those correctional facilities owned and operated by the Agency or the State, which are the Penitentiary of New Mexico, Western NM Correctional Facility, Central NM Correctional Facility, Southern NM Correctional Facility, Roswell Correctional Facility and the Springer Correctional Facility.

“STATE PURCHASING” is the purchasing division of the General Services Department. State Purchasing provides documentation, approval and guidance in doing business with the State of New Mexico, and oversees the formation of certain Agreements with approval authority. Further information available at <http://www.generalservices.state.nm.us/statepurchasing/>

“SUBCONTRACT” A written agreement between the Contractor and a Subcontractor, or between a Subcontractor and another Subcontractor, to provide health care services.

“SUBCONTRACTOR” A third party who contracts with the primary Contractor or primary Subcontractor for the provision of health care services that the primary Contractor has contracted with the Agency to perform.

“TELEHEALTH” is used herein conventionally and without precise definition, to encompass a broader concept of remote healthcare that does not always involve clinical services, which includes telemedicine.

“Telemedicine” herein solely means the practice of medicine when the interaction between provider and patient takes place solely by means of electronic communication, as well as the use of medical information exchanged from one site to another via electronic communications to

improve patients' health status. The term "telemedicine" or "telepsychiatry" is not linked to and does not derive from any other common or legal usage when used in this Agreement.

"Telemedicine" may, but does not necessarily, coincide with the definition of Telemedicine in other states as defined in the Medical Practice Act, Section 61-6-6, K NMSA 1978, and as revised; as defined in NMAC 16.10.2.7 DEFINITIONS and as revised. This document cites but does not instruct in the matter of compliance with New Mexico Statute and Regulation.

"TELEPSYCHIATRY" Means Psychiatric telemedicine.

"TERTIARY MEDICAL CARE SERVICES" means those services that are or must be performed in an inpatient setting.

"TRAINING ACADEMY" is a director-level position at New Mexico Corrections Department charged with the training of Agency personnel, both initial training for incoming officers and ongoing training for personnel.

"VITEK", "VITEK PROCEDURE" – issues regarding involuntary transfers of inmates to an outside psychiatric Facility in a manner compliant with and referring to controlling precedent Vitek v. Jones.

The Contractor will provide medical libraries at each facility, include at a minimum a current medical dictionary, Physician's Desk Reference (PDR) as indicated, Pharmacology Reference, ACA standards, Ambulatory Care Standards, at the female facility, a text book on OB-GYN conditions and other current (publication within the last 4 years) medical texts and books or journals as recommended by the CQI committee, and approved by the Agency Medical Director.

The Contractor will institute a program of CQI or equivalent, Quality Assurance, Professional Peer Review, Utilization Management, and Mortality Review at each Facility for medical, dental, and psychiatry services, and will include, but not be limited to, quarterly audits and medical record reviews provided to the Agency Medical Director or designee. Physician and midlevel peer review shall occur annually. Within three (3) months of the initiation of the Agreement, the Contractor must provide evidence that a CQI Program is in place to include monthly meetings of the CQI committee. The CQI program must use a multi-disciplinary committee and must involve all health care staff during the calendar year. Minutes of all CQI and peer review meetings will be sent to the Agency Health Services Administrator within fourteen (14) days following each meeting. The CQI committee shall conduct studies of health services on a monthly basis at the institutional level. This program shall also meet the Agency Psychiatry Standards of Care, Agency standards and policies, and community medical standards of care. The Contractor shall report on identified deficiencies with corrective action plans on an as needed basis to the Agency.

The Agency Health Services Administrator shall attend any CQI or other internal quality review meetings of the Contractor, if such attendance might reasonably serve to benefit the health care of the State's incarcerated population. The Health Services Administrator may request documentation from any CQI meeting.

The contractor medical staff will convene regularly with the Agency Health Services Administrator, the Agency Chief Psychiatrist and Agency staff as and if designated by the Chief Medical Administrator, to discuss issues relevant to medical, dental and psychiatric care in the system. The Agency will designate an individual to serve as the chairperson of the CQI

program. The meetings will generally occur monthly unless waived in writing by the Agency but no less than ten (10) calendar times each year. Attendees may include the regional office staff, staff physicians, site administrators, director of nursing, representatives of mid-level practitioners, medical record staff and other employees invited by the Agency Medical Director to attend. The Contractor will be responsible for all housing, costs of transportation, and other expenses associated with this meeting for the Contractor's personnel.

The Contractor shall manage a program for quality assurance that includes:

- a) Quarterly meetings shall occur at the statewide level and monthly meetings will occur at the site level. Such meetings will include updates on service delivery areas that include outbreaks, on infectious disease program initiatives and other appropriate audits that lead to improve quality of care.
- b) Site multidisciplinary meetings and reviews in each service delivery area to monitor the health services, collect, trend and disseminate data, develop and monitor corrective action plans, and facilitate communication between disciplines.

The Contractor will conduct a peer review of all practicing physicians, dentists, psychiatrists and midlevel providers annually. Summary results including action plans shall be forwarded to the Agency Medical Director within 15 days of review along with any corrective action plans. It is understood that successful Peer Review is an activity that requires full provider participation and primarily serves the purpose of furthering clinical knowledge and guiding internal quality improvement. As such, results will remain confidential to the medical staff and medical managers with summary information provided to substantiate the activities are being undertaken as required and shall not be subject to penalty and damages by the Agency. Complete Peer Review documentation is available for inspection to the Agency Medical Director.

Contractor will participate in the ISMP Medication Errors Reporting Program of the National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP). Errors that are self-reported by Contractor and not subject to disclosure elsewhere, known as "Category A-D" errors in the ISMP Medication Errors Reporting Program, shall remain confidential to the internal quality improvement mandate of the Contractor, and shall not be subject to penalty or damages by the Agency. Monthly reports shall be submitted to the Agency no later than the tenth of each month following the month the report reflects, except as otherwise approved by the Agency.

The Contractor shall maintain medical records in accordance with prevailing medical regulations for confidentiality, retention and access. Contractor shall develop and implement a policy that allows the Contractor and the Agency to comply with all Agency policies and procedures as they apply to the delivery of healthcare to the inmates in the custody of the Agency, within both state and private Facilities. This policy must also comply with all Agency policies and procedures as they apply to telemedicine and other electronic modalities used to store and/or transmit medical information. Standardized records and forms, approved by Agency are required, whether used in the medical record or for internal purposes. Any alternative must be approved by the Agency.

The Agency inmate patient medical record has been structured in a certain way, and Contractor shall be expected to become familiarized with this record.

All health care records prepared pursuant to this Agreement shall belong to the Agency, but maintained in the possession and custody of Contractor. Control of all health care records will be maintained by the Agency. Contractor shall not deny to the Agency Health Services Bureau Staff or other appropriate Agency personnel access to such records for examination and photocopying. Requests to the Contractor for medical records and/or information shall be made by the Department's representative(s), Facility heads, General Counsel for the Agency, Attorney General's office, Office of the Medical Investigator or the Department Chief Medical Administrator. Requests to the Contractor for medical records must follow confidentiality requirements. At the expiration of this Agreement or when inmates are released from institutional supervision, all such records shall be delivered to the Department. The Contractor may make copies of those records at Contractor's expense. Medical records include those recorded on paper, micro graphics, computer electronics, audiotapes, film, photographs, videotapes and any other recording medium.

ROUTINE INMATE CARE

The Contractor will provide initial health screening to an incoming male or female inmate immediately on arrival at the Reception and Diagnostic Center or the Womens' Correctional Facility, including a 60 day diagnostic and evaluations, new commitments, probation/parole violators and transfers from out-of-state facilities. The contractor shall perform an initial screening within seven (7) days of arrival and before entering the general population. On rare occasions an inmate may be sentenced as a high profile inmate needing placement. The initial health screening in such specific circumstances will occur at the New Mexico State Penitentiary (PNM) Level VI. All medical, dental, psychiatric intake procedures in place at the Reception and Diagnostic Center units shall be adhered to.

The Contractor shall perform a complete Blood Count (CBC) and UA dipstick with microscopic if abnormal, and other laboratory test as specified. All laboratory results shall be shared with the inmate at the earliest possible visit, including routine sick call or chronic care visit.

PRIMARY HEALTH CARE SERVICES

The Contractor shall provide on-site all primary health care and preventative services to include: daily triage of inmate health complaints, provision of sick call, routine non-invasive diagnostic procedures, identification and referral of conditions requiring secondary and tertiary services and medication administration and monitoring, and chronic care clinic.

Primary medical care shall include

- routine non-invasive diagnostic procedures;
- identification and referral of conditions requiring secondary and tertiary services;
- medication administration and monitoring,
- visitation of the "locked-down" areas: the responsible provider must see inmate in lock-down at least three times each week, and document those visits, as stipulated in Agency policy.

Nurses shall perform segregation rounds daily as indicated per Agency policy.

The Agency Medical Director shall approve the schedule for the provision of seven (7) days per

week, (24) hours per day outpatient and inpatient physician on-call coverage.

Sick Call shall be held at each facility according to ACA standards. If an inmate's custody status precludes attendance at sick call, arrangements shall be made to provide sick call.

The Contractor will provide a nurse or provider that assumes the responsibility of a health educator at each Facility.

All inmates must have access to routine sick call on an appointment basis. Sick call must be conducted according to Agency policy at a time and place mutually agreed upon by the Warden, the Agency's Medical Director and the Contractor. The Contractor shall provide routine sick call Monday through Friday under the direction of a physician using nursing protocols approved by the Agency Medical Director, or by direct provider visit.

Each Facility shall have a mechanism in place that enables all inmates, including those in segregation to request health care services daily, seven days a week. Sick call shall be held daily for inmates housed in segregation units or restricted housing units.

The Contractor shall indicate its mechanism for triaging medical requests and shall establish appropriate triage mechanisms to be used for specific categories of complaints.

The Contractor shall provide triage and screening activities through direct client-patient contact with a registered nurse or mid-level provider. Emergency sick call will be available 7 days per week. Any unresolved diagnostic or therapeutic problems shall be referred to a physician. All non-scheduled walk-in visits to the medical section will be reviewed triaged by a registered nurse and by a provider on the next sick call visit. Any inmate presenting for the second time with the same unresolved complaint shall be scheduled to see physician/provider at the next sick call.

WOMEN'S HEALTHCARE

Women's healthcare is guided by and governed by the Agency policy on Women's Healthcare.

The Contractor shall screen female inmates at intake for pregnancy by history, physical exam and a pregnancy test. All confirmed pregnant inmates will be provided with prenatal care under the supervision of a Board Certified Obstetrician or Family Practice Physician according to the American Colleges of Obstetrics and Gynecology Standards. The Contractor shall provide all laboratory testing, medical examinations, and other diagnostic testing. Women over 40 years of age shall have a mammogram every other year unless clinically dictated otherwise. Women over 50 years old will have annual mammograms unless clinically dictated otherwise. All females will undergo pap smear exams.

The Contractor will provide all pregnant females counseling and assistance regarding temporary placement of the expected baby, and or adoption. As appropriate, questions from pregnant females about continuation or termination of pregnancy should be expertly addressed in accordance with all applicable laws. The Agency may offer guidance to assure that sufficient healthcare topics are covered; however, the Agency will not intrude upon the doctor-patient relationship in controlling the nature of the counseling in any way.

Obstetric and gynecological services excepting routine labor and delivery shall be provided on-site at NMWCF.

Labor and delivery services shall be provided through the same physician services that provide prenatal care.

Family planning information regarding contraception shall be provided as part of the inmate's re-entry program.

If the inmate's pregnancy is considered high risk, the Contractor shall select the most appropriate high risk service and hospital. Pregnant inmates addicted to opiates shall receive the care and services most likely to assure the safety of the woman and fetus. Notwithstanding any other representations here or elsewhere, current Federal and State Statutes, case law and regulations by Federal and State entities control as interpreted by the Agency General Counsel. Agency Policy concerning pregnancy issues will control unless it is determined to be in conflict with applicable state or federal laws or regulations noted above.

If a female inmate requests an abortion and it is not medically necessary to preserve her health, the Agency will neither provide nor pay for it, nor shall the contractor be obligated to pay for or offer such service either directly or by subcontracting. However, the Agency will reasonably facilitate access to pregnancy termination services. Such abortions will be provided at the inmate's or third party expense, at a facility that provides this service and is appropriately licensed under state law.

The Contractor shall provide 12-lead electrocardiogram (ECG) for individual inmates over 40 years of age; or for any inmate exhibiting clinical signs or symptoms consistent with heart disease, presence of hypertension, diabetes mellitus, hyperlipidemia, or a family history of cardiac disease. The Contractor shall provide tetanus anti-toxoid administered to all inmates at intake unless medically contraindicated and every 5 years thereafter, unless medically contraindicated. The Contractor shall provide pneumococcal vaccine for all inmates identified as being "high risk" for pneumonia and influenza based on current CDC criteria.

The Contractor shall test all inmates for Hepatitis B and Hepatitis C, by antibody, of HbSAb, HbCAb, HbCAG and HCVAAb (total). Any inmate found to be HCVAAb+, HbSAb- HbCAG- and HbCAb- shall be vaccinated for HBV and Hepatitis A. Any inmate found to be HbCAb+ and/or HbCAG+, and those found to be HCVAAb+ shall be referred to ID chronic clinic.

DENTAL SERVICES

The Contractor shall implement an oral health program under established Agency Health Services policies, procedures, the American Dental Association and ACA standards of care. The program shall consist of diagnostic, preventative instructions, restorative and rehabilitative services.

The program shall provide for the basic oral health needs of the inmate population through:

- 1) The diagnosis of existing oral conditions,

- 2) Services for the relief of pain and elimination of infection,
- 3) Instruction on preventive measures to maintain optimal oral health,
- 4) Services to restore adequate masticatory function.

The oral health program shall be directed by a clinical dentist, preferably with experience in a correctional setting. The Dental Director shall plan, organize, staff, direct, evaluate and represent the oral health care program throughout the system. The program shall be staffed in accordance with the site specific staffing plans attached hereto which may include dentists, registered dental hygienists, and certified dental assistants. Dental assistants shall have advanced training in their field so they can place amalgams under the supervision of the dentist.

The Contractor shall be responsible for: maintaining the existing oral health equipment in working order; providing supplies and materials to ensure a functioning operation; complying with OSHA standards; and providing quality services at a level consistent with the ADA Standards.

The Contractor shall provide oral Health history, examination, panoramic and bite wing X-rays, diagnosis and classification in accordance with the relevant standards of care.

The provision of dental services shall be prioritized in a manner that approximates the following:

- 1) Emergency services for the relief of pain, bleeding, infection, trauma, etc.
- 2) Diagnostic services and documentation;
- 3) Essential oral surgical services;
- 4) Conservative treatment of the periodontium to include oral hygiene instruction, scaling and root planing;
- 5) Conservative restorative services employing amalgam, composite and stainless steel crown procedures;
- 6) Prosthetic appliances necessary to maintain the incising and masticating functions;
- 7) Complete dental examination on all inmates every two years.

The Contractor shall implement the Agency oral health care reporting system. Oral health care team productivity standards shall be established with the concurrence of the Agency Health Services Administrator and monitored on a continuous basis. The Contractor shall use a Health Needs Request to track and record all requests for services, complaints, schedules, and services provided, as utilization data as requested by the Agency.

The Contractor shall provide dental emergency care twenty-four (24) hours per day, seven (7) days per week. Minimally, the Contractor shall ensure that inmates with an emergency dental need are seen within 24 hours.

The emergency dental care will consist of immediate assessment, treatment or both of conditions including but not limited to:

- 1) Post-operative uncontrolled bleeding;
- 2) Facial swelling that is of a life threatening nature or is causing facial deformity;

- 3) Fracture of the mandible, maxilla, or zygomatic arch
- 4) Avulsed dentition
- 5) Intraoral lacerations that require suturing to include the vermilion border of the lips.

The Contractor shall provide dental urgent care consisting of treatment that is immediately necessary under urgent conditions such as: fractured dentition with pulp exposure; acute dental abscess; oral pathological condition that may severely compromise the general health of the inmate. At minimum, the Contractor shall ensure that an inmate with urgent dental needs is seen within 72 hours.

The Contractor shall provide ongoing, routine care defined as conditions that require treatment to restore the form and function of an inmate's oral tissues and are not solely elective or cosmetic in nature such as: caries; chronic periodontal conditions; non-restorable teeth; edentulous and partially edentulous patients requiring replacement; presence of temporary, sedative, or intermediate restorations; broken or nonfunctional prosthetic appliance, if inmate qualifies; TMJ disorders; periodic examination; gingival recession or root sensitivity; and routine dental prophylaxis. At minimum, the Contractor shall ensure that an inmate with routine dental needs is seen within 30 days of receipt of a Health Needs Request for treatment.

The Contractor shall ensure compliance with the NMDC dental exempt conditions, which are those conditions that do not fall in the above categories and are not provided by the Department: fixed prosthodontics (crown and bridge); orthodontics; removal of asymptomatic third molars or impactions without pathology; treatment of discolorations, stains, cosmetic defects; ridge augmentations, and vestibular extensions/implants. The Medical and Dental program may facilitate the inmate's seeking outside care for exempt conditions, but is not required to do so. Routine dental cleanings and hygienist services may be provided, but such services are not mandatory and shall be provided only at the discretion of the agency.

The Contractor shall be responsible for arranging necessary dental services not available within the Agency services at on-site and off-site community provider facilities and specialty clinics to all inmates. The Contractor shall be responsible for coordinating security and transportation requirements with the Agency for inmates requiring off-site dental care.

The Contractor shall contract with an oral surgeon that shall provide dental services at the following facilities monthly or more often based on inmate need:

- Central New Mexico Correctional Facility (CNMCF);
- Lea County Correctional Facility (LCCF);
- Penitentiary of New Mexico (PNM);
- Southern New Mexico Correctional Facility (SNMCF);
- Western New Mexico Correctional Facility (WNMCF); and
- Northeast New Mexico Detention Facility (NENMDF).

OPTOMETRY SERVICES

The Contractor shall provide optometry services on-site at all facilities in accordance with the staffing plan and availability of space and equipment. The Contractor or its subcontractor shall coordinate with the Agency for optometry equipment at sites where there is no equipment (e.g.,

Springer Correctional Center or the maximum unit Level VI of the PNM).

The Contractor shall provide eyeglasses per community standards. The delivery of an optometric program must include all medically necessary eyeglasses. Inmates who have 20/40 vision or better and at least one eye uncorrected with neither eye being less than 20/40 corrected will not be given glasses unless they are presently wearing glasses or have worn glasses during the last two (2) years. Eyeglasses shall be provided as prescribed once every two years or as prescription changes or other medical necessity. If the Agency determines ophthalmic prostheses are needed for compassionate cosmesis, the Department will coordinate the purchase.

If medically indicated, contact lenses will be supplied by Contractor. The Agency does not allow "Contacts" (contact lenses) in its facilities unless medically indicated; however, inmates are allowed to keep their contacts until corrective lenses (regular glasses) have been made. This process shall be accomplished within 60 days. In those instances where medically necessary for reasons other refraction, the Contractor shall be responsible for providing all contacts and necessary cleaning solutions.

If a disease process such as diabetes requires additional follow-up of baseline evaluation by an optometrist, an evaluation by an ophthalmologist shall be scheduled as an off-site/on-site consultation by the Contractor. All diabetics will receive an annual dilated fundoscopic exam (DFE). A qualified optometrist shall examine clients with specific complaints.

The Contractor shall maintain a program of routine vision testing for near sighted vision as well as far sighted vision. Based upon nursing referrals at intake regarding visual acuity screening inmates shall be afforded the opportunity to receive such services at intervals of twenty-four (24) months.

The Contractor shall treat glaucoma in accordance with national guidelines.

The Contractor shall conduct all ophthalmologic and optometric exams within 60 days of referral for non-emergency care. In the case of an eye emergency, transient or other visual loss, infection or pain, the Contractor shall immediately evaluate the inmate and make a referral to the ophthalmologist within 24 hours.

The Contractor shall refer therapy such as phacoemulsification, lenticular prosthesis placement and laser treatment for cataracts to an ophthalmologist, if necessary.

AUDITORY SERVICES

The Contractor shall provide an auditory services program. When indicated by health appraisal, hearing examinations shall be performed by a licensed audiologist. Initial audiometry may be performed on-site by an appropriately trained health care worker. The auditory program shall be beyond the use of a tuning fork and shall be available at all intake facilities.

The Contractor shall provide hearing devices, treatment, or both as prescribed. If amplification is required, only one hearing aid will initially be provided at the Contractor's expense. Replacement hearing aids will be provided on an individual basis dependent upon circumstances

and need. In addition to the appliances, batteries to assure the appropriate use of hearing devices shall be paid for by the Contractor.

Excepting damage caused by clinical staff, the Contractor is not responsible for the cost of replacing any DME or physical devices damaged by the Agency or ancillary staff during the course of incarceration.

PHYSICAL THERAPY, OCCUPATIONAL THERAPY AND REHABILITATIVE MEDICINE

The Contractor shall provide physical therapy (PT) and occupational therapy (OT) services in the identified Facilities, and at a staffing level detailed in the staffing plan. The Contractor shall provide all equipment and supplies necessary for a fully functioning physical therapy delivery program.

The Contractor shall develop a centralized on-site PT schedule, and an as-needed OT schedule. The care shall be rendered on-site, but in cases requiring higher level services, appropriate referral and utilization of community-based resources may be necessary. The Contractor shall provide the necessary equipment and supplies for a fully functioning physical therapy delivery program.

If telemedicine services are developed, physical therapists shall participate in telemedicine referrals, for evaluation of inmates at sites that do not have physical therapy. The physical therapist shall also participate in the presentation of inmates for telemedicine orthopedic specialty consultations at CNMCF, NMWCF, and WNMCF.

The physical therapist, in collaboration with the Agency, shall develop guidelines and instructions for the therapeutic use of weights at all facilities. Guidelines will not include recreational (non-therapeutic) weightlifting.

SEXUAL ASSAULT

The Contractor will follow Agency directives and standards promulgated by the Prison Rape Elimination Act, Federal Register, Vol. 76 No. 3 February 3, 2011.

The Contractor shall include as part of the initial assessment of an alleged sexual assault victim determination of immediate health needs, provision of emergency care for trauma, and determination if the sexual assault was recent. If sexual assault was recent, the inmate shall be transferred to the emergency room for a rape evidence kit. Testing and prophylaxis against sexually transmitted diseases shall be initiated.

GENERAL PSYCHIATRIC SERVICES

The Contractor will provide comprehensive, coordinated, and continuous on-site statewide on-call outpatient and inpatient psychiatric care for Agency inmates at CNMCF, PNM, SNMCF, WNMCF, NMWCF, LCCF GCCF, NENMDF. Services include emergency interventions and treatment of acute and chronic mental illness. Contractor will not provide psychiatric services at any stand-alone Level I facilities which are currently the Springer Correctional Center and Roswell Correctional Center. The Contractor shall provide on-site psychiatric care and tele-

psychiatry, in accordance with Agency Psychiatry Standards of Care, the applicable community standard of care for psychiatry and all Agency policies at each institution covered by this Agreement. Contractor will provide seven (7) day per week (24) hour per day outpatient psychiatry physician and inpatient psychiatry physician on-call coverage on a schedule by the Agency Chief Psychiatrist for review on no less than a monthly basis.

The Contractor will complete all history and physical exams and mental status evaluations within 24 hours of admission to the MHTC 20 bed psychiatry inpatient ACU and the Long-Term Care Unit (LTCU).

The Contractor will comply with policies, procedures, rules, regulations, standards of care and cost-containment measures established by the Department, as well as local, state, and federal agencies. The Contractor will comply with Agency, state, and federal rules, regulations, and policies regarding patient confidentiality.

The Contractor's Regional Psychiatry Director will maintain compliance with ACA standards, Agency Policies and Agency Psychiatry Standards of Care. The Contractor's Regional Psychiatry Director must reside in the state of New Mexico, work for the Contractor full time and will be required to provide part administrative and part clinical duties combined to equal a full time equivalent status.

The Contractor will assist and support the Agency IT Staff in the development of an appropriate Forms process that will capture the Psychiatric Chronic Care clinics and the general Chronic Care clinics. Contractor will assist the Agency with clinical advice and testing to ensure that the information captured is maintained in the consolidated Criminal Management Information System medical module referred to as M-Track.

The Contractor shall maintain and keep up-to-date on a daily basis a computer database of all inmates in each Facility currently followed in the Psychiatry Chronic Care Clinics, MHTC Psychiatry Service, Reception and Diagnostic Center (RDC) Psychiatry Service and Alternate Placement Area (APA) Psychiatry Service areas. This Psychiatry Chronic Care Clinics database will include the inmate's name, Agency number, list of psychotropic medications and primary psychiatric diagnosis. An accurate, complete and updated Psychiatry Chronic Care Clinic patient database will be provided by the Contractor to each facility's Mental Health Services Manager on a daily basis for mental health coding, chrono and inmate housing purposes. The Contractor will maintain accurate and informative records on all patient encounters including completing psychiatric forms for inmates transferring to and from the MHTC. The Contractor shall use the Agency's stand-alone Chronic Care Clinic database for a variety of medical and psychiatric specialty clinics at each facility to report mental health coding, chrono and inmate housing. Data shall be entered daily and reports shall be sent to each facility's Mental Health Services Managers.

The Contractor will assist the Agency with all aspects of psychiatric and mental health services program planning, development, implementation, and evaluation.

The Contractor will provide intensive inpatient psychiatry services in the 20 bed Acute Care Unit

(ACU), and the Chronic Care Unit (CCU). Psychiatry Services will be provided in the long-term residential units at the Mental Health Treatment Center (MHTC) located at CNMCF in Los Lunas, New Mexico. The MHTC Psychiatrist shall work similar hours as other Department mental health staff, Monday to Friday, from 8:00 AM to 4:30 PM. The Contractor will provide intensive psychiatric care and residential psychiatry services with a focus on treating and returning inmates to general population. The Contractor will report to and receive clinical and administrative oversight from the Agency Chief Psychiatrist.

Operations and Management of the inpatient psychiatry Acute Care Unit (ACU) of the MHTC shall include:

- 1) Psychiatrist, on-call seven (7) days per week, 24 hours per day. The inpatient psychiatry ACU psychiatrist on call must be a board certified or board-eligible psychiatrist
- 2) Inpatient psychiatry ACU rounds and progress notes shall be performed according to the Agency MHTC Care Policy (CD-172300) Evaluation by a physician no greater than 24 hours of arrival or at the earliest practical time depending upon the inmate's clinical condition is required.
- 3) All inpatient psychiatry ACU encounters shall be documented in the inmate's medical record.
- 4) Discharge planning with discharge note and summary is required prior to discharge from the inpatient psychiatry ACU. The discharge note must include an up-to-date problem list, medication list, final diagnosis, assessment of the resolution of the problem, discharge medications and scheduled return appointment to the appropriate Psychiatrist.
- 5) Discharge should occur only after discussion with, and the agreement of, the responsible physician or mid-level practitioner at the receiving institution.

The Contractor shall provide the number of FTEs to meet the minimum number of psychiatrists, Psychiatric Nurse practitioners, MHTC nursing staff and Alternate Placement Area (APA) nursing staff as described in the staffing plans, and shall comply with the following minimal qualifications for Psychiatrists and Psychiatric Nurse Practitioners which are:

- a) Current, unrestricted license to practice medicine in New Mexico;
- b) Board eligible or board certified in psychiatry; and,
- c) Certified Psychiatric Nurse Practitioner.

The Contractor shall provide the Agency Chief Psychiatrist with a monthly report of the total number and cost of psychotropic medications for Agency inmates in custody on psychotropic medications, the prescribing patterns of each psychiatry provider and the utilization patterns of types and numbers of psychotropic medications used, and any other related reports that the Chief Psychiatrist shall find appropriate.

The Contractor shall follow current Agency policy on Therapeutic Restraints and Seclusion (CD 170700) and other policies currently in effect and modified from time to time. The use of therapeutic restraints shall be limited to the MHTC, ACU, LTCU and in Facility medical clinics in the therapeutic restraint room. The room shall be appropriately monitored by security and medical staff to prevent harm to the inmate and lessen suicidal risk.

The Contractor will provide training at least bi-annually to medical, security and mental health staff for therapeutic restraints, therapeutic seclusion and involuntary psychiatric treatment at the MHTC 20 bed ACU, LTCU and at all Facility medical units.

The Contractor will maintain psychiatric records on all psychiatric outpatient and inpatient encounters including completing admission and discharge psychiatric forms for inmates transferring to and from the Mental Health Treatment Center (MHTC).

Contractor will provide inpatient psychiatric care at the CNMCF LTCU inpatient infirmary for female or male inmates, which includes 24 hour per day on-site nursing coverage and seven (7) day per week psychiatrist rounds.

For off-site psychiatry hospitalizations of incarcerated persons, a Joint Powers Agreement exists between the Agency and Department of Health Behavioral Health Institute (BHI) in Las Vegas, NM for female or male inmates who cannot be treated adequately within the Agency facilities. All off-site psychiatry hospitalizations to the BHI must be approved by the Agency and shall be the expense of the Agency. All off-site psychiatric care will be coordinated and monitored by the Contractor's Regional Director of Psychiatry who will promptly report the status and condition of any off-site psychiatric care to the Agency Chief Psychiatrist.

The Contractor will complete evaluations and recommendations for inmate treatment guardianships in accordance with New Mexico state statutes and Agency standards, policies and procedures, which shall include court appearances for expert testimony and providing necessary documentation to the Agency Legal Services.

Involuntarily administration of psychotropic medications to an inmate by the Contractor shall be governed by applicable laws of the State of New Mexico and Agency policy (Policy CD 170900). When psychotropic medications are administered involuntarily the following conditions must be met:

- 1) Authorization by a physician that specifies the duration of therapy;
- 2) Less restrictive interventions have been exercised without success as determined by a physician or psychiatrist;
- 3) Details are specified about how, why, when, where, and how the medication is to be administered;
- 4) Monitoring occurs for adverse reactions and side effects; and,
- 5) Treatment plan goals are prepared for less restrictive treatment alternatives as soon as possible.
- 6) Involuntary treatment with psychotropic medications may be approved by a court appointed treatment guardian, subject to 7) below.
- 7) Involuntary treatment with psychotropic medications without a guardian shall only be allowed in accordance with law in certain emergency psychiatric conditions and must follow the conditions of least intrusive, least drastic and less hazardous psychiatric intervention.

TELE-PSYCHIATRY REQUIREMENTS

The Contractor shall employ a Regional Psychiatry Director to oversee and direct psychiatry

services. The Regional Psychiatry Director will manage contract psychiatry services and directly oversee all contract psychiatrists. Tele-psychiatry services will also be provided by the Contractor's regional office when needed for patient consultation, staff consultation, clinical case reviews, and psychiatry chronic care clinics.

The Contractor's Regional Psychiatry Director will oversee and direct a continuous quality improvement (CQI) program for psychiatry services to include a quality assurance program with quarterly audits, professional peer review, and utilization management plan for psychiatry services. This will include at least monthly CQI meetings with the Contractor's Regional Psychiatry Director and the Agency Chief Psychiatrist.

All care delivered by tele-psychiatry telemedicine will follow all statutory mandates in NMSA and NMAC (e.g. 2011 NMSA 61-6-11) and Agency policies, including CD-171200, use all Agency forms, review medical and mental files, maintain proper medical records, document patient signed consent for psychiatric medications and use the problem list in medical record. If additional telemedicine services are proposed by the Contractor, they will be integrated with Agency Tele-psychiatry services. Contractor will report all tele-psychiatry clinical encounters to the Agency on the Contractor Tele-psychiatry Clinic Reporting Form.

When tele-psychiatry services are used, the Contractor shall selectively use New Mexico-based psychiatrists or psychiatric midlevel providers. The Contractor may use out-of-state tele-psychiatrists only if in-state tele-psychiatrists are not available and with prior approval of the Agency Chief Psychiatrist. The Contractor's tele-psychiatrists will visit the facilities at least quarterly to conduct on-site psychiatry clinics and meet with facility staff. Tele-psychiatry services will also be provided from the Contractors Regional Office or between Agency sites when needed for patient clinics, consultation, and clinical case reviews.

The contractor will provide onsite psychiatry services at the Central New Mexico Correctional Facility in Los Lunas, the Southern New Mexico Correctional Facility in Las Cruces, the Penitentiary of New Mexico in Santa Fe, and the New Mexico Women's Correctional Facility in Grants Facility. The contractor may provide either onsite or tele-psychiatric services to the Lea County Correctional Facility in Hobbs, the Guadalupe County Correctional Facility in Santa Rosa, the Western New Mexico Correctional Facility in Grants, and the Northeastern Correctional Facility in Clayton when approved by the Agency Chief Psychiatrist. The Contractor agrees to provide on-site psychiatry services instead of tele-psychiatry services at a specific correctional Facility at any time The Agency determines this to be in the best interest of patient care or in the best interest of the Agency at no additional cost.

The Contractor's tele-psychiatrists will hold regular case staffing with mental health staff via the telemedicine monitor format. If working on-site, tele-psychiatrists will hold regular case staffing with mental health staff, on-site and face-to-face. Contractor's tele-psychiatrists will hold regular case staffing with mental health via the telemedicine monitor format.

MENTAL HEALTH

The Agency Behavioral Health Services bureau provides mental health care and addiction services to persons incarcerated in the Agency. The Contractor's psychiatry staff is expected to

coordinate with the Behavioral Services staff in a multidisciplinary treatment team fashion specified by the Agency to ensure coordinated and effective treatment. The Contractor psychiatrists will participate in treatment planning and case staffing with Agency mental health staff.

Mental health services and addiction services will be provided by and overseen by the Agency Bureau Chiefs and contract employees, and consist of various modes of mental health and addictions treatment, including mental health assessment, addictive behavior assessment, diagnostics, psychotherapy, crisis intervention, and residential treatment programs. The mental health and addiction services staff are either employees of the Corrections Department or of a private prison vendor and not the Contractor unless otherwise employed. It is the intent of the Department to keep all existing Agency Mental Health and Addiction Services protocols, practices, personnel and schedules in place. The Contractor psychiatry and medical personnel are expected to interface with other non-Contractor mental health and addiction personnel in a multidisciplinary format.

PHARMACY SERVICES

The Contractor shall provide a full-time clinical pharmacist to oversee and administer the procurement, dispensing, inventory control, disposal, and administration of pharmaceuticals throughout the system. The clinical pharmacist must reside in New Mexico. The clinical pharmacist shall visit each Facility monthly to monitor compliance with all laws, regulations, and standards related to pharmacy services, and to provide clinical pharmacy services including drug information, education, and drug regimen review. The Contractor shall provide pharmaceutical services for prescription and non-prescription medications and all intravenous solutions ordered by the Contractor's physicians, mid-level practitioners, and dentists. The Contractor shall maintain a medication administration record to include all information contained on the prescription label and the name of the practitioner who prescribed the medication. The Contractor shall provide, furnish, and supply pharmaceuticals and drugs to each facility using "a unit dose method of packaging" which is properly labeled. A plan for the maintenance of stock medication at each Facility shall be submitted to the Agency for approval. Any future proposed changes shall also be submitted to the Agency for review prior to implementation. Proof of Use forms will be used at all facilities maintaining stock medication.

Access to stock medication will be limited to selected individuals only.

The Contractor shall:

- 1) Keep up-to-date patient drug profiles,
- 2) Identify drug interactions for all ordered drugs,
- 3) Generate a list of inmates on specific drugs by prescribing provider,
- 4) Identify an inmate enrolled in a chronic care clinic, and
- 5) Generate lists of inmates whose medications are within 7 days of expiration.

The Contractor is responsible to maintain inventory, cost, ordering records for all pharmaceuticals, including over the counter medicines dispensed by the pharmacy. The Contractor shall maintain a list of the 25 most frequently prescribed legend medications and the most expensive medications prescribed within each facility on a monthly basis. The Contractor

shall make provision for on-site medications delivery seven (7) days per week, on-site stat dose capability for emergencies, and an emergency drug kit. The clinical pharmacist shall be able to advise providers on the substitution of less costly medications on individual patient/inmates. The Contractor shall establish an Agreement with local pharmacies for immediate need (Statim) medications. The Contractor's health care staff shall ensure daily reviews of emergency medications.

The Contractor shall maintain appropriate stock medications and demonstrate a method of rapidly obtaining urgent or routine prescription within 24 hours. Delay in timely medication administration is a matter of serious concern for the Agency, and is a performance indicator of the Contractor's performance. The Contractor shall a CQI Program for the pharmacy program demonstrating a knowledge and focus on outcome measures and indicators.

The Contractor shall provide routine consultations regarding all phases of the institution's pharmacy operation. The Contractor shall provide oversight of the pharmacy operation with a minimum of monthly consultant visits and written reviews by a registered pharmacist.

The Contractor shall maintain the provision of medications and assurance those medications will be continued without interruption of Reception and Diagnostic Center (RDC) Facilities until the inmate/patient is examined by a provider. Once an inmate is examined by a psychiatrist, physician or mid-level provider (MLP), medications may be modified or substituted.

Medications will be administered through a pill line or cell block distribution process. Nurses or certified medical assistants will administer medications on a regular basis to inmates in segregation. The Agency has a keep-on-person (KOP) policy, which excludes psychotropic, controlled substances and medications that are at notable risk of diversion or abuse. The Agency has classified certain medications as "MRDA," or medications at risk for diversion and abuse. The Contractor shall establish a renewal procedure for inmates that have KOP medications. The Agency may direct in collaboration with Contractor additional prescribing restrictions on MRDA medications.

If the Agency elects to place a regional psychiatrist at a Bernalillo County or other facility, for the purpose of oversight of probationers and released parolees the Agency will underwrite the cost of psychiatric medication, and the contractor will coordinate the order, acquisition, filling and supply of said medication; inventory, cost, ordering records.

The Contractor shall provide the Agency Chief Psychiatrist with a monthly report of the total number and cost of Agency inmates in custody on psychotropic medications, prescribing patterns of each psychiatry provider and utilization patterns of types and numbers of psychotropic medications used.

The Contractor shall comply with all state and federal laws and national standards in the administration of prison pharmaceuticals. The Contractor shall dispense psychotropic medications in a safe and controlled fashion in accordance with Agency policies and Policy CD-171000 Administration of Psychotropic Medications. The Contractor will crush or float all psychotropic and narcotic medications in accordance with Agency policy, CD-171000

Administration of Psychotropic Medications.

The Contractor shall be responsible for the provision but not cost of all patient specific prescription pharmaceuticals related to the treatment of HIV infection and Hepatitis C and atypical psychotropic medication.

The Contractor shall research, evaluate, and if possible arrange 340B pricing.

The Agency expects the Contractor to participate in the ISMP Medication Errors Reporting Program of the National Coordinating Council for Medication Error Reporting and Prevention (NCC-MERP).

The Contractor shall conduct monthly pharmacy and therapeutic committee meetings at each facility to discuss medication administration, utilization patterns, success or corrections needed, and issues associated with the formulary. A statewide pharmacy and therapeutics committee meeting will be established and meet quarterly. The meeting will be co-chaired by the Regional Medical Director and the Agency Health Services Administrator, and shall include the regional Pharmacist and other such participants as the Agency Health Services Administrator may designate.

Psychotropic medications such as antipsychotics, antidepressants, and drugs requiring parenteral intramuscular administration are prescribed only by a physician; or authorized health provider by prior agreement with the physician.

The Contractor shall work with the Agency Health Services Administrator to develop a New Mexico-specific formulary, as described by the Agency and its needs, including a formulary regarding pain medications.

Any medications determined by the Agency Health Services Administrator to be medications at risk of diversion or abuse (MRDA) may be limited or banned from routine use within the Agency.

The Agency uses an "open" formulary model comprising all FDA Approved Drug Products. The Contractor has established a New Mexico specific "house" formulary based on the lowest cost available to the Agency for equivalent pharmaceuticals within a class.

The Agency reserves the right to use and mandate a "closed" formulary model at its sole discretion. In such instance, the "house" formulary model will become codified into an official Agency formulary. The Contractor is expected to implement such closed pharmacy to the satisfaction of the Agency. Said formulary shall be reviewed for approval by the Agency Health Services Administrator prior to implementation. Any proposed formulary changes shall also be submitted to the Agency prior to implementation. In any controversy regarding non-formulary issues, the decision of the Agency Health Services Administrator shall control.

The Contractor shall assist and support the Agency IT Staff in the development of a computerized pharmaceutical order entry (CPOE) system within the M-Track system to allow

providers to order medications electronically. Until the development of the CPOE, the providers will continue to submit pharmaceutical orders to the pharmacy via facsimile.

The Contractor shall provide inmates being released to the community with at least a four (4) week supply of medications unless at discharge it is apparent that an exception is necessary. Exceptions shall be charted.

The Contractor shall work with the Agency Health Services Administrator and Commissary to develop the list of medications which are permissible to be sold legally without a doctor's prescription (over the counter medications, OTC) in the Commissary. Information regarding availability of all Commissary medications shall be provided to all intakes and transfers. The Agency Health Services Administrator retains the final determination in collaboration with the Warden of the facility of which medications are permissible to be stocked for OTC sale.

The Contractor will continue inmate psychiatric medications upon inmate entrance to the Agency Reception and Diagnostic Center (RDC) system until reviewed and, if needed, modified by the Contractor's Reception and Diagnostic Center (RDC) psychiatrist.

Blood products (e.g., antihemophilic agents Coagulation Factor VIIa, antihemophilic Factor VIII, Factor IX Concentrates, Factor XIII, anti-inhibitor coagulant complex, von Willebrand Factor complex) for the treatment of blood disorders (e.g., hemophilia) are considered pharmaceuticals. The Contractor shall be responsible for purchasing, providing and administering these blood products.

Contractor will charge the Agency for the cost of actual pharmaceutical utilization as a separate line item on the Contractor's invoice, which will not be subject to gross receipts tax. The costs charged to the Agency will include the Actual Acquisition Cost (AAC), plus all labor, packaging, shipping and overhead required to deliver medication to the Agency whether the pharmaceuticals are purchased through the Contractor's pharmacy or through local New Mexico pharmacies.

The AAC is net of price adjustments and discounts. Manufacturer rebates earned on Agency pharmaceutical utilization will be credited to the Agency at 100%. Credits will be given to the Agency as actual rebates are received by its subsidiary pharmacy, and will be allocated based upon the Agency drug or therapeutic category utilization (net of proper actual returns) as a percentage of all the subsidiary pharmacy's utilization generating the total drug rebate for the applicable time period.

Contractor will provide the Agency with detailed billings on their semi-monthly invoices that provide drug utilization and cost information for the relevant period of time. Contractor will also summarize total pharmaceutical costs charged to Agency contract year-to-date so that Contractor and Agency can monitor the expenditures.

Contractor and its subsidiary Pharmacy will take returns from the Agency based upon Federal, State and Local laws and regulations. Credit for returned medications will be given to Agency in accordance with these guidelines, as well as the pharmacy's standards for return and reuse of medications. Contractor will credit the Agency the AAC originally billed to the Agency for

proper pharmaceuticals returned.

INMATE HEALTH EDUCATION

The Contractor shall develop and implement subject to Agency approval an inmate health education program minimally using posters and pamphlets and stressing health promotion and disease prevention. Specifically, this shall include, but not be limited to: heart healthy diets, and risk-behavior reduction for Hepatitis B and C infection, Tb, HIV infection and sexually transmitted diseases. To further this health education process, health education shall be done, but not limited to, at the initial intake screening process, annual health maintenance and at each formal medical session such as during sick call, chronic clinics, and dental clinics; and shall be made available based on the assessed educational needs of the committed persons. All health education material also shall be available in the inmate library for inmates that do not use sick call service.

The Contractor shall provide OSHA training to inmate medical unit workers and laundry workers related to the hazards and proper handling of biohazard material.

Disease or specific health education shall be documented in the inmate's medical record.

SPECIAL MEDICAL PROGRAMS – CHRONIC CARE

The contractor will establish chronic Care Clinics and other special medical programs at each site. The Policies and Procedures as well as the types of Chronic Care Clinics must be approved by the Agency Medical Director. Treatment Plans for the chronic Care Clinics and special medical program shall include directions for health care staff and correctional staff regarding their roles in the care and supervision of these inmates. The special medical program shall service a broad range of health problems for inmates requiring close medical supervision including chronic, infectious disease and convalescent care.

The chronic care provided shall entail the development of an individual treatment plan by the responsible physician specifying instructions on diet, medication, diagnostic testing and follow-up. Chronic care patients shall be provided a review by a nurse every three months and a physician review no less than annually, or sooner as clinically indicated. Chronic care conditions shall include patients with chronic medical problems such as asthma, diabetes, epilepsy, hypertension, cancer and infectious diseases conditions, mental illness, developmentally disabled, handicapped, frail elderly, terminally ill, potential suicide, depression, psychosis, chemical dependency, and geriatrics.

Care of the elder inmate, 55 years of age or older, shall be addressed in the comprehensive manner like the chronic care clinics. A protocol defining the extent of the periodic health assessment taking into consideration the age, sex, and health needs of the inmate population shall be coordinated with the Agency Medical Director.

INPATIENT INFIRMARY

The Contractor shall manage and use the Agency's Long-Term Care Unit (LTCU) to reduce off-site hospitalizations, and provide skilled nursing care to inmates that cannot be maintained in general population. When feasible by the security and administrative plans of the Facility, the

Contractor shall maintain a minimum of two rooms available in the LTCU for female inmates. The Contractor shall advise the Agency if the facilities at LTCU or elsewhere are inequitably constrained for women's care in the LTCU or elsewhere. The Contractor shall assure that the ductwork in the LTCU is cleaned at least once per year.

The Contractor shall maintain all negative-pressure three (3) isolation rooms by obtaining appropriate certification, at appropriate intervals, as dictated by Community Hospital Standards.

Contractor staff shall ensure an inmate's chart, medication administration records, medications and an intra-system transfer form accompany the inmate transferred from one facility to another. The form shall include information regarding medical dental and mental health diagnosis, medications, chronic care conditions and pending health referrals. Health professionals assigned to the receiving facility shall receive the intra-system transfer form within 12 hours of an inmate's arrival. If the inmate lacks a mental health assessment, health assessment, annual physical exam, then the receiving facility shall complete it.

For Agency inmates transferred out of state or out of system, the Agency may require Contractor to provide a complete copy of the medical records, including a summary, to the receiving institution.

MEDICAL DISASTER AND EMERGENCY CARE PROCEDURE

The Contractor shall implement procedures for the review and rehearsal of the delivery of health services in the event of a disaster such as fire, tornado, epidemic, riot, strike, or mass arrests. Emergency health services will be provided to include nurses, mid-levels, dentists and physicians on 24-hour call. The Contractor shall make provision and be responsible for all costs for 24-hour emergency medical, psychiatric and dental care, including but not limited to 24-hour medical on-call services and ambulance services when necessary. The Contractor shall ensure availability of emergency treatment through predetermined arrangements with local hospitals. Such procedures shall be developed, instituted, or both by the Contractor's Medical Director working closely with the Agency Facility administrative staff.

The Contractor will adopt the Agency disaster plan and implement procedures within 30 days from the effective date of the Agreement. The Medical Disaster Plan shall include, but not be limited to the following, and is to be coordinated with Agency Emergency Services:

- Assignment of health care staff;
 - Communications system;
 - Establishment of a triage area;
 - Establishment of command post;
 - Evacuation procedures (to be coordinated with security personnel);
 - Medical records identification of injured;
 - Practice drills.
- Personnel at the other Facilities shall be available, if necessary, to assist the institution experiencing the emergency.
- Recall of key staff;
 - Safety and security of the patient and staff areas;

Transfer of injured to local hospitals;
Triage procedures;
Use of ambulance services;
Use of emergency equipment and supplies.

The Contractor shall be responsible for emergency health care delivery on a 24-hour per day basis. In the event of an emergency, health services staff will be expected to provide on-site emergency intervention for staff, inmates and visitors when required. All ambulances utilized shall be equipped with life support systems and shall be operated by personnel trained in life support that are certified by the State of New Mexico. The Contractor shall be responsible for all emergency transportation and will coordinate all emergency transfers with security staff. In any case where the Shift Commander or designee has determined that an inmate needs medical attention and cannot travel to the institution's infirmary, a nurse, nurse practitioner or physician's assistant will render immediate health care to the inmate at his/her current location.

The Contractor will provide emergency services, supplies, or medication to Department employees, official Department guests, outside Contractor's, inmates' visitors, or other visitors to any Facility. The Contractor may elect to bill these individuals directly to recover the cost of their services. However, costs to provide these emergency services shall not be an obligation of the Agency.

Any Facility having a health care unit will have an AED (automated external defibrillator) in the health care unit to provide emergency resuscitative interventions. The Medical Director or the responsible physician must be ACLS certified and all licensed health care staff will be Basic Cardiac Life Support certified. Each institution will conduct an unannounced "mock code" with complete documentation at least quarterly.

The Agency provides an emergency services coordinator for system wide responses to occurrences in any Facility. The Contractor will develop and establish a working relationship with the chief medical administrator, the Agency emergency services leadership to prepare for combined responses to any occurrences.

The Contractor shall include the following in the operations and management of the inpatient infirmary LTCU and the inpatient psychiatry MHTC-ACU:

- 1) Physician -on-call seven (7) days per week, 24 hours per day at the Agency LTCU and MHTC-ACU.
- 2) LTCU rounds and progress notes shall be performed according to the Agency Long-Term Care Policy evaluated by a physician no greater than 24 hours of arrival or at the earliest practical time depending upon the inmate's clinical condition is required.
- 3) A complete in-patient record, using the "Problem Oriented Medical Record" format, will be opened for each patient admitted to the inpatient infirmary LTCU.
- 4) A complete physical examination (CPE) is to be completed within 24 hours of admission. At the time of admission, an admitting note must be completed. The care plan must include a working differential diagnosis, medical condition and prognosis, expected length of stay, the need for vital signs and the need for any additional diagnostic studies.

- 5) All inpatient infirmary LTCU and inpatient psychiatry ACU encounters shall be documented in the inmate's medical record.
- 6) Discharge planning with discharge note and summary is required prior to discharge from the inpatient infirmary LTCU and the MHTC-ACU. The discharge note must include an up-to-date problem list, medication list, final diagnosis, assessment of the resolution of the problem, discharge medications and scheduled return appointment to the Physician. Discharge should occur only after discussion with, and the agreement of, the responsible physician or mid-level practitioner.

SAFETY, SANITATION, AND INFECTION CONTROL

Contractor is responsible for all costs associated with safety, sanitation, and infection control including training staff, implementing the proper methods of handling, storage and disposal of biomedical hazardous waste; to include sharps, needles, syringes and other materials used in the treatment of the inmates. These procedures shall comply with OSHA standards, the Centers for Disease Control, the New Mexico Department of Health (Public Health Division) and Agency policies and procedures. One licensed nurse at each Facility and/or satellite clinic shall be designated as the infectious disease control nurse, and will be responsible to report infectious disease data as required by the Agency Health Services Bureau. Reporting shall consist of immediate and urgent reporting of "reportable conditions" as designated by the United States Health and Human Services Bureau, the New Mexico Department of Health, and other agencies. This individual shall also provide routine epidemiological and statistical reporting related to documentation of public health.

Infectious disease data and routine epidemiological and statistical reports must be received by the Agency Health Services Bureau before the last day of the month following the reporting month. The infectious disease nurse shall be responsible for generating the report of the safety and sanitation of the medical unit each month.

The Contractor shall participate in monthly safety and sanitation inspections of the institution food service, housing and work areas with designated Agency personnel at each institution. Contractor shall make appropriate recommendations for corrections of discrepancies.

The Contractor shall implement the medical care services program at each Facility in compliance with all federal, state, and local laws, rules, regulations, requirements, and policies concerned with safety, sanitation, infection control and the disposition of medically-related infectious material and hazardous waste.

The Contractor is responsible for the security of the equipment and its data. Any security measures implemented will, at a minimum, meet standards developed by the Agency and the facility.

SECONDARY HEALTH CARE SERVICES

The Contractor shall make referral arrangements with specialists for services for the treatment of those inmates with health care problems which may extend beyond the usual primary care services provided on-site.

Such services are usually provided off-site but may be provided by offsite specialists coming to the Facility, or by telemedicine or other telehealth.

The Contractor shall pay all costs of such care by licensed specialists and other licensed service providers. The Contractor shall identify in their response, a plan to arrange for appropriate specialty clinics to be conducted on-site at the various Facilities as is medically necessary and based on the operational needs of the facility. The Agency has a high interest in maximizing on-site specialty care to avoid inmate transport and off-site security costs.

The Contractor shall arrange for specialty clinics to be conducted on-site at the various Facilities as practical. The Contractor shall be responsible for all supplies used or ordered by the specialist, including recommended prosthetics, braces, special shoes, glasses, hearing aids, orthopedic devices, etc. The Contractor shall be responsible for fitting, supply, and repair or replacement of prosthetics, including those prosthetic devices currently used by inmates.

The Contractor shall endeavor to consolidate the scheduling of appointments and services for inmates with community physicians, hospitals and other health care providers and services to minimize the impact upon security staff, and available vehicles.

The Contractor will subcontract for specialty services. All subcontracts are subject to the Agency Health Services Administrator approval prior to commencements.

The Contractor will work together with the Agency Health Services Administrator to further develop and implement a Hospice Care and Palliative Medicine Program.

Consultations shall follow along conventional community practice standards. Earlier consultative or primary treatment recommendations or procedures regarding the care of an inmate which were made prior to incarceration have only informational value to the treating facility physician. They do not compel.

In the manner of conventional standards, consultations are obtained for fraternal guidance of an expert to a treating college. Impressions and suggestions of a consultant carry no compelling weight without review and assent by the facility practitioner. Consultations will be timely and condition-driven. Time-frames are discussed below.

- The findings and recommendations provided by all consultants will be promptly reviewed and handled by the facility.
- The consultant shall reply in writing with any urgent and immediate findings and recommendations. This document is to return along with the inmate patient. Instructions on urgent need for follow-up shall be included.
- All initial documentation from the consultant shall be charted within 72 hours of the consultation.
- Positive findings and immediate recommendations will be reviewed by the facility physician within five (5) working days of the consultation.

The following consultants must be available either on-site or through referral within the

indicated time frame(s), or sooner, as the condition warrants.

CONSULT	ROUTINE	URGENT
Allergy	60 Days	As dictated by condition
Cardiology	45 Days	As dictated by condition
Dermatology	60 Days	As dictated by condition
Ear-Nose-Throat	45 Days	As dictated by condition
Gastroenterology	40 Days	As dictated by condition
General Surgery	60 Days	As dictated by condition
Hematology	45 Days	As dictated by condition
Internal Medicine	60 Days	As dictated by condition
Nephrology	45 Days	As dictated by condition
Neurology	30 Days	As dictated by condition
Neurosurgery	30 Days	As dictated by condition
Oncology	30 Days	As dictated by condition
Ophthalmology	40 Days	As dictated by condition
Orthopedics	40 Days	As dictated by condition
Physical Therapy	30 Days	As dictated by condition
Plastic Surgery	45 Days	As dictated by condition
Podiatry	60 Days	As dictated by condition
Radiology	30 Days	As dictated by condition
Thoracic Surgery	30 Days	As dictated by condition
Urology	60 Days	As dictated by condition

For ancillary services, the schedule is as described below:

SUPPORT SERVICE	ROUTINE OR STAT
Audiology	As dictated by condition
Colonoscopies	As dictated by condition
CT Scans	As dictated by condition
Echocardiograms	As dictated by condition
Electromyograms	As dictated by condition
Endoscopies	As dictated by condition
Medical Prosthesis	As dictated by condition
Optometry	As dictated by condition
Sonograms	As dictated by condition

The Contractor will provide general and ordinary occupational health care services for Agency employees who work in the prisons and in probation and parole offices. The scope of the services includes those detailed below. The number of new and annual employee health services to be provided will be available to the vendor candidates upon response:

- 1) Annual tuberculin skin testing of all custody and probation and parole officers and referral for follow-up and chest X-ray as appropriate
- 2) Post-occupational hazard exposure; initial management and referral in accordance with approved protocols;

- 3) Assist in the referral for all occupationally related accidents and illnesses
- 4) Instruction on compliance with all OSHA guidelines as necessary
- 5) Emergency response, intervention, First Aid, and stabilization for transport and referral to private medical provider, urgent care center, or ER as indicated for on-site injuries
- 6) Screening physical examinations and a two-step PPD will be performed on all cadets and probation and parole applicants for the Corrections Academy
- 7) Purchase and administer Hepatitis B immunization for all custody and probation and parole officers, all three doses in the series, at the Contractor cost. HBV immunity screening may be provided by Contractor at its discretion to decrease the quantity of HBV immunizations needed.
- 8) Regular ongoing examinations as stipulated in Agency HR Agreements
- 9) Educational Services: The Contractor will be responsible for assisting in providing the following educational services as per Departmental need Correctional Staff first aid and CPR training unless otherwise arranged.

The Contractor shall provide or attend Contractor Health Services Staff Orientation as specified by the Agency.

The Contractor shall offer its employees as expert instructors for Health Information instruction for the training of Agency staff.

Contractor shall be responsible for the provision of all radiological services (to explicitly include: CAT scans, MRI, fluoroscopy, ultrasound, special studies and other x-ray services when clinically indicated) in the care of the inmate patient. Ultrasounds are currently provided on-site at most Facilities. The Contractor shall ensure all routine X-rays shall be provided on-site at the Facility by the Contractor's radiology technician.

For Facilities that do not have X-ray equipment or Facilities with high security inmates Levels V and VI, the Contractor shall provide mobile X-ray services that have the capability of providing digital X-rays. The Contractor shall make arrangements with a radiology group to provide for the "over-reading" of all on-site radiographs by a "Board Certified" radiologist.

The Agreement established must assure a turn-around time of forty-eight (48) hours for all written reports. For procedures beyond the capability of the equipment on-site, the inmate shall be referred to an off-site health care Facility. The Contractor shall be responsible to pay for off-site services.

Positive findings are to be faxed, emailed or telephoned to the prescribing provider within two (2) hours of the X-ray. The on-call physician shall be notified of positive findings if the prescribing provider is not on duty. Documentation of the results shall be recorded in the inmate's medical record.

TERTIARY HEALTH CARE SERVICES

The Contractor shall be responsible for the provision of tertiary services to include but not be limited to the provision of hospitalization as needed off-site.

The Contractor shall be responsible for the provision of tertiary medical care services to include but not be limited to the provision of hospitalization and ambulance transport (ground and air). The Contractor shall use telemedicine options before transporting an inmate to a local hospital.

The Contractor may provide emergency transportation services compatible with EMS and New Mexico statute and code regarding medical emergency vehicles, or may use contract or 9-1-1 services.

The Contractor shall negotiate with appropriate community hospitals, clinics, and consultants to provide off-site consultations and emergent and elective hospitalizations. The Contractor is responsible for off-site medical care in hospitals and clinics in close proximity to the Facilities. This is to reduce Agency correctional officer overtime and ground transportation costs. The Contractor shall specifically coordinate off-site hospital care in close proximity to the following Facilities located rural areas: LCCF (Hobbs), GCCF (Santa Rosa), NMWCF (Grants), WNMCF (Grants), SCC (Springer), and NENMCF (Clayton). Hospitals in close proximity to the facilities for specialty consultants or hospitalization in case of urgent or emergency conditions, include

University of New Mexico Hospital, Albuquerque
Lovelace Medical Center, Albuquerque
Presbyterian Hospital, Albuquerque
Heart Hospital, Albuquerque
Christus St. Vincent, Santa Fe
Cibola General, Grants
Union County Hospital, Clayton
Memorial Medical Center, Las Cruces
Chaves County Hospital, Roswell

The Contractor shall be financially responsible for the costs associated with all corneal transplants. The Agency shall also be financially responsible for solid organ transplantation costs, such as heart, liver, kidney as well as bone marrow transplant including pre-operative care, post-operative care, or both. The Contractor shall assist the vendor in third party recoupment of costs related to solid organ transplantation. The Agency does not bar inmates as a class for eligibility for solid organ transplantation.

Neither Contractor nor Department will be responsible for costs associated with live solid organ transplant donation by an incarcerated patient but the Contractor shall perform phlebotomy services and other small clinical services to further any inmate candidacy as a transplant donor. The Contractor will not be fiscally responsible for the cost associated with experimental treatments.

Experimental treatments and research shall only occur under the best accepted principles of such treatment and research upon imprisoned subjects, as discussed in Agency Policy and Procedure. Specific determination of whether a treatment is standard or experimental shall be made at the discretion of the Agency Health Services Administrator with the assistance of experts in these matters.

The Contractor shall develop and have in place protocols for the detoxification of inmates arriving at the intake facilities under the influence of alcohol, opiates, or benzodiazepine. The protocol shall include an assessment form completed by the nursing staff. The Agency does not use Suboxone® for detoxification and only uses methadone for pregnant inmate addicts who entered the system on a methadone treatment program, in strict accordance with 42 USC §8 and other Federal statute and regulation.

The Contractor and all licensed prescribing staff will be familiar with the World Health Criteria on the management of Chronic Pain, as well as New Mexico Administrative Code 16.12.9 and 16.10.14, MANAGEMENT OF CHRONIC PAIN WITH CONTROLLED SUBSTANCES, issued by the New Mexico Board of Nursing and the New Mexico Medical board, respectively.

The Contractor shall ask inmates to rate experienced pain by the degree of their pain (1-10) on all relevant nursing and provider encounters, or as specified in the NMAC. All Facilities will be appropriately handicapped accessible and will reasonably accommodate those inmates with disabilities.

The Contractor and the Agency shall maintain and regularly review guidelines for the care of the terminally ill and dying patient inmate.

The Contractor shall establish an effective infectious disease program which will meet the needs of patients with HIV/AIDS, Tb, Hepatitis, and other infectious diseases. These programs are to be consistent with the department's specific programs, procedures, and protocols for HIV/AIDS, Tb, and Hepatitis.

The Contractor shall be responsible for the provision of all on-site general medical and HIV related healthcare, including delivery of HIV related pharmaceuticals, within the facilities and in the inpatient infirmary. Additionally, the Contractor shall be responsible for the costs related to HIV ELISA testing with Western blot confirmation "equivocals" and "positives". The Agency is responsible for the costs consultation, genotype and resistance testing, and hospitalization. The Contractor is responsible for and has the oversight authority oversight over care and treatment.

The Contractor shall obtain the medications necessary, and bill the Agency in the manner similar to all other pharmaceuticals. The Contractor Regional Medical Director of Contractor and the Agency Health Services Administrator shall meet on a quarterly basis or as requested by the Agency to review the details of treatment of inmate patients infected with HIV. The Contractor Regional Medical Director shall submit an annual report to the Agency regarding the treatment of inmate patients with HIV, in a form and with content described by the Agency Health Services Administrator

The Contractor shall provide health care and treatment for Agency inmates who are infected with the Hepatitis C virus, in accordance with the Agency Hepatitis C antiviral treatment protocol. The Contractor shall be responsible for primary care physician oversight for all treatment aspects, in accordance with the Agency Hepatitis C antiviral treatment protocol; nursing care of Hepatitis C patient and as delineated in the Hepatitis C Policy, including administration of all

drugs; treatment of any and all side effects associated with Hepatitis C treatment; treatment of all conditions associated with Hepatitis C, timely referral for consideration of solid-organ liver transplantation if indicated; and any and all Hepatitis C screening and diagnostic tests as specified elsewhere in the Agency Policy and Procedures, and guidelines. The Agency Nurse Administrator shall oversee the HCV Treatment Program at all treating facilities and work in collaboration with the Agency Health Services Administrator. Contractor shall provide nursing care as generally would be expected in outpatient and infirmary level of care treatment of Hepatitis C patients and as delineated in the Agency Hepatitis C antiviral treatment protocol in effect on the date of this Agreement including administration of Hepatitis A vaccine and all other drugs. The Contractor shall provide Hepatitis A and B vaccination as indicated to all Agency inmates who are infected with the Hepatitis C virus, if not already immune. The Contractor shall be responsible for any off-site diagnostic screening recommended by the Hepatitis C Treatment Review Committee in accordance with the Agency Hepatitis C policy, if such method is continued. The Contractor shall provide to the Agency monthly HCV reports and data of inmates identified with positive Hepatitis C and those undergoing treatment. The Contractor shall also provide a list of inmates that have failed the program by either deciding not to further participate or who have become re-infected with the HCV virus. The Contractor shall be responsible for the purchase of medication to treat Hepatitis C, and billing to the Agency, in the manner similar to all other pharmaceuticals. The Contractor shall be responsible for the cost of liver biopsy, consults, excluding psychiatry required by the Hepatitis C policy, Hepatitis C viral loads, genotyping and vaccinations for Hepatitis A, vaccines as required for the antiviral treatment protocol. Provider shall purchase and deliver Hepatitis C protease inhibitor drugs if determined to be medically necessary.

Contractor's Regional Medical Director, Psychiatry Director or designee psychiatrist, and Director of Infectious Disease Nursing, Regional Director of Nursing or both shall attend and participate in the Hepatitis C Treatment Review Committee and presentation clinics. All Facilities' designated HCV Nurse Coordinators shall participate in the HCV Treatment Review presentation clinics. The Contractor will coordinate and gather all psychiatry Hepatitis C screening information and other related Hepatitis C psychiatry screening and assessment documents to present to the Hepatitis C Treatment Review committee members.

Contractor shall directly treat all persons with co-infection under the supervision of infectious disease experts retained by Contractor.

Acute or chronic HBV infection will be treated by Contractor in ordinary and standard fashion by the Infectious Disease experts retained by Contractor.

Contractor is expected to coordinate this care in a multidisciplinary treatment team.

Parties agree that Contractor is the primary care provider and may consult with specialist including University of New Mexico as clinically indicated however, the responsibility and all authority for oversight of care and treatment remains with the Contractor who is accountable only to the Agency.

Parties agree that Contractor shall be responsible for drug inventory control, structured similarly

as that currently in place or as otherwise agreed upon by the Agency and Contractor for HIV drug inventory control;

Contractor shall be responsible for outpatient and infirmary level of care treatment of any and all side effects associated with Hepatitis C antiviral treatment.

Contractor shall be responsible for any and all Hepatitis C screening tests consented to and other laboratory tests, including CBC with Diff, Thyroid TSH, ALT/AST, Bilirubin, Uric Acid, pregnancy tests, AFP, Ferritin, Iron, TIBC, Protime, INR, BUN, Creatinine, Hepatitis A/B and HIV testing; and Contractor shall be responsible for consultant costs for psychiatry required by the Agency Hepatitis C antiviral treatment protocol in effect on the date of this Agreement.

Contractor shall maintain on-site patient dialysis at CNMCF. The Contractor shall be responsible for all equipment necessary for the provision of dialysis treatment including dialysis stations, dialysis chairs, water purification system, water filtrate, medial, and pharmaceuticals required for dialysis, including a replacement, backup or special infectious disease dialysis unit if needed.

The Contractor shall be responsible for maintaining tanks, valves, meters, filters, etc., used in the pretreatment of water. If necessary, the Contractor may subcontract these services to a board-certified nephrologist. Male inmates requiring dialysis shall be provided treatment on-site. The Contractor shall be responsible for all renal and peritoneal dialysis provision and costs including renal biopsies. Contractor may be required to refer female inmates to off-site dialysis with transport provided by the Agency. In the event of service interruption for whatever reason, the Contractor shall be responsible for providing uninterrupted dialysis treatment and shall take whatever steps necessary to ensure that services are provided. The Contractor shall identify an alternate site for dialysis for each inmate at their scheduled treatment time until the on-site services are again functional. In the event that services or equipment is non-functional for reasons within the control of the Contractor and not a Force Majeure, the Contractor shall be responsible for the cost of custody to transport the inmate to the alternate site. The cost associated with the provision of dialysis treatment at the alternate site will be the responsibility of the Contractor.

The Contractor shall provide in-service training initially, and at least quarterly, to the Facility medical staff at the Agency on pre-treatment and post-treatment needs of dialysis patients.

The Contractor shall provide an orientation packet to the inmates on renal dialysis and ongoing training to them to assist in their understanding of their treatment. Other training shall be provided as needed or requested by the Facility and/or the Agency.

The Contractor shall develop renal dialysis QI plan and renal dialysis Infection Control programs, which must to be approved by Agency within 90 days of the Agreement's effective date. For on-site renal dialysis, the Contractor shall assure that the renal dialysis provider documents all treatment in the Agency health record.

ANCILLARY SERVICES

The Contractor shall maintain a portable emergency resuscitation supply kit, referred to as a

“man-down bag” with sufficient emergency medications, supplies and equipment required for resuscitations. Medical equipment and supplies in the man-down bag shall include medications, oxygen and airway supplies, and an AED. The emergency kit shall be inspected with the results documented on a weekly basis. The Contractor shall be responsible for the immediate replacement of emergency supplies or equipment used or expired.

Routine EKG services shall be provided on-site, by the Contractor. Performance of all EKG's are restricted to licensed or certified medical personnel.

The Contractor shall provide directly or enter into a statewide subcontract for all laboratory services that cannot be provided on-site. The Contractor must assure that all clinical laboratory services provided in-facility are compliant with the Clinical Laboratory Improvement Amendment (CLIA), Federal, and New Mexico laws, rules, regulations and standards. The Contractor or its subcontracting laboratory shall comply with national and state recommended analytical methods/procedures. The Contractor shall provide the Agency Health Services Administrator the results of any laboratory report requested. Laboratory services must include a provision for Stat work and "critical level" abnormal values with results available within 4 hours after the specimen is obtained. A written report shall follow.

The following shall apply to laboratory services:

- 1) Provision of all laboratory supplies and centrifuge equipment;
- 2) Pick-up and delivery on a daily basis, Monday through Friday;
- 3) Printer or computer to provide test results installed at each clinical site and if by computer, the software necessary for the reports to be available at the central health office of the Agency.
- 4) Reporting capability within 24 hours;

Contractor or its subcontracting laboratory shall provide a copy of its/their Standard Operations Procedure Manual to the Agency. The Agency Health Services Administrator reserves the right to review and approve the laboratory subcontractor which shall not be changed without the written consent of the Agency Health Services Administrator.

The Contractor shall provide a utilization report delineating the number of laboratory services provided each month on the health services report.

The Contractor shall ensure that the contracted laboratory has a continuous quality assurance plan, which includes the calibration and check of reagents. The laboratory shall supply current benchmarks used by laboratory pathologists for comparable standards of performance in related facilities, e.g. hospitals. The following errors shall be reported monthly, by facility, to the Agency Health Services Bureau including:

- 1) The number of clotted samples
- 2) The number of contaminated specimens
- 3) The number of hemolyzed specimens
- 4) Inappropriate sample received for requested test
- 5) Lab error (lost in transport or mishandling of specimen)
- 6) No order or laboratory slip completed for sample

- 7) Discrepancy in inmate name, spelling verification required
- 8) Specimen too old for required tests
- 9) Specimen inappropriately frozen
- 10) Unable to contact Facility regarding critical laboratory test (telephone not answered on three consecutive tries one hour apart)
- 11) Duplicate order
- 12) Verification of Agency inmate number
- 13) Verification of collection date and time required.

A physician or Midlevel Provider (MLP) detailed to the facility housing and treating the inmate, shall review all laboratory results within 24-48 hours after receipt of test results to assess the follow-up care indicated and to screen for discrepancies between the clinical observations and laboratory results.

The physician on-call will be notified immediately of all Stat reports.

Laboratory services shall be available daily at intake Facilities and five days per week at other Facilities.

All abnormal laboratory services shall be brought to the attention of a medical clinician immediately (same day) upon receipt. The medical clinician shall review and make a notation regarding these abnormal results and a plan of care subsequent to the abnormal result.

The Contractor shall propose an inmate co-pay program, for consideration by the Agency, which includes:

- a) Services charged and amounts;
- b) Services excluded;
- c) How the funds shall be collected; and,
- d) How the inmates will be informed of the program.

The co-pay program shall indicate that all inmates shall be seen regardless of their ability to pay.

EQUIPMENT

The Agency Health Services Bureau will provide the equipment currently in place at each Facility.

The Agency will be responsible for reimbursement for the initial capital start up medical equipment requirements of any new Facility during the term of the Agreement. The Contractor will be responsible for purchasing any new equipment with a unit cost of less than \$500. The Contractor will set up an escrow account of \$250,000 per year for new equipment each year.

The cost of the equipment, to include medical, dental, office and telemedicine equipment, purchased, leased or rented for the facilities will be charged against the \$250,000 per year maximum. The Contractor will provide a list of requested equipment needs and proposed method of acquisition to the Agency for approval prior to the purchase, lease or rental of equipment. Any unused funds will be returned to the Agency. All equipment purchased, leased or rented for the regional office and all timeclocks purchased for the facilities will not be charged to the

equipment escrow and will remain the property of and be returned to the Contractor upon termination of the Agreement. Any other non-expendable personal property or equipment provided to or purchased by the Contractor with contract funds shall become property of the Agency upon termination and shall be submitted to the Agency as soon as practicable.

The Department will initially provide new facilities with basic medical equipment. The repair, maintenance and proper disposal of any equipment will be the sole responsibility of the Contractor. Upon termination of the Agreement, all equipment shall remain or become the property of the Department.

Contractor will establish a preventative maintenance program, acceptable to the Agency for all medical equipment. Reports required by this program will be submitted to the Agency as required. Upon termination of the Agreement, all equipment shall remain or become the property of the Agency. With respect to the telemedicine system, the Contractor will pay for maintenance agreements for all hardware/software connected with this telemedicine system.

The Contractor acknowledges that it has examined all of the health care and dental equipment and the list of said equipment which is incorporated into this Agreement and accepts this equipment as functional and in as-is condition. The Agency shall be under no obligation to provide any additional equipment except as Contractor and the Agency may agree in writing. In the event that Contractor shall provide additional equipment, said equipment shall become the sole and exclusive property of the Agency upon termination of the Agreement. Each item is to be conspicuously and indelibly identified with the Agency's I.D. # (tag). The Contractor will provide quarterly the Agency with a listing of equipment that it provides at any Facility or location. This listing is to include a sufficient description so that each item can be distinctly identified; it shall include the type of equipment, brand, model, color or style, serial number and location by room and Facility designation, as appropriate. Contractor will assist the Agency in its annual inventory of medical and non-medical equipment located within each Facility's health care areas. This inventory will be done on an annual basis. If the term of the Agreement expires or is terminated, the Contractor agrees that when the Contractor leaves, the equipment will be in as good condition/working order as when it was received. In the case of riot or natural disaster, the Agency shall replace equipment that is destroyed or becomes inoperable as a result of said riot or natural disaster. The Contractor shall be responsible for all clinical and administrative supplies necessary to carry out the performance specifications of this Agreement.

The Contractor shall establish and maintain an equipment maintenance database, which shall include an equipment inventory as well as maintenance provided.

MORTALITY REVIEW

The Contractor shall manage a formal mortality review process consistent with Agency policies and procedures. Reviews shall encompass the presumed cause of death, factors that may have contributed to the death, an assessment of treatment and care provided to the inmate in weeks leading up to the death, as well as any other pertinent information necessary to assure that all appropriate measures necessary for the care and treatment of an inmate have been taken. In the case of a death review that discloses an opportunity for improvement in the processes or delivery of care, whether the care was rendered was within community standards, a corrective action plan will be developed. The Contractor will be responsible for establishing and providing evidence of

a formal mortality review process at each Agreement site. The Contractor shall establish a mortality review process as may be stipulated in Agency Policy, and approved by the Agency medical director. The Agency Medical Director must be informed as soon as feasible of any death regardless of circumstances as instructed. A preliminary mortality review shall be submitted by the site Medical Director or Regional Medical Director to the Agency within forty-eight (48) hours of the inmate death unless otherwise stipulated by the Chief Medical Administrator. The preliminary report shall contain the apparent manner and cause of death, to such a degree known. A final mortality review will be completed and sent to the Agency, no later than thirty (30) days after the death, unless the New Mexico Office of Medical Investigator has not completed the case; in which instance, the final mortality review will be submitted no later than seven (7) days after closure of the investigation by the Office of Medical Investigator. All such reports will be treated as and considered to be confidential documents by both the Agency and the Contractor, to the extent allowed under federal and New Mexico law.

The Contractor, at no cost to the Agency, shall, if requested by Chief Medical Administrator, and in certain instances where cause of death determination requires a "toxicology" screening, the contractor shall be financially responsible for the cost of the screening to the Office of Medical Investigation (OMI) per their published fee schedules for "expedited" toxicology evaluation and report.

The Contractor will be required to consult in the development and implementation of the medical module, M-Track, of the Criminal Management Information System. On implementation, the contractor shall use it exclusively as part of the official electronic health record system for inmates. After M-Track is fully implemented the Contractor shall submit monthly reports to the Agency no later than the tenth of each month following the month the report reflects. All information acquired and data submitted to M-Track, and any software constructed to extend the scope and capacity of M-Track by the Contractor shall become the property of the Agency and the State of New Mexico.

Upon expiration or termination of this Agreement, Contractor shall transfer all inmate-related data files located at each facility to the Agency. This will include all inmate health care records, chronic care databases, and all inmate healthcare-related logs. Other data files of a proprietary nature, not consisting of inmate health care records or components of M-Track or other EMR software, remain the property of the Contractor.

The Contractor will be required to pay for any additional data wiring, that is required in locations where it is not present, that will provide connectivity to data processing equipment, that is required for medical purposes. The Contractor will be required to coordinate with Agency Information Technology Division staff to assure wiring meets Agency security standards; and with DoIT as necessary.

Contractor shall investigate, and if feasible propose a method of implementation, a feasibility study of the integration of emergency communications services such as DHS NECP Data Communications system into Agency medical and other operations.

The contractor is responsible for providing its staff with computers, secure connectivity, and teleconferencing or video conferencing capabilities that fully comply with the Agency standards,

policies and procedures, including ongoing maintenance and disposal of equipment and necessary staff training.

Contractor's providers will normally be stationed in the main exam room and will see and treat the high custody or security inmate through an intra-system telemedicine system. For example, it is envisioned that at the New Mexico Penitentiary there will be a console in the Level II exam room which can be switched to the satellite unit located in Level V or VI. As a Level VI inmate is returned to his cell, the physician can see either an inmate in the satellite unit of Level V or other Level II inmates. It generally takes about 15 minutes for custody staff to bring the high custody inmates to the satellite Facilities. If the inmate requires a more thorough exam, then the provider can either go to the satellite unit or have the inmate brought to the main clinic.

KEY PERSONNEL RESIDENCE AND RESPONSIBILITY

The Contractor shall provide the necessary corporate administrative functions such as time keeping, payroll, personnel functions, billing tasks, obligations payment, telephone and fax lines for long distance calls etc. Additionally, the Contractor(s) shall provide local administrative staff sufficient time to achieve the goal of delivering a comprehensive health care services program.

The Contractor's regional management staff responsible for this Agreement will reside in New Mexico full time to be in close proximity to the Agency Health Services Bureau Central Office and Agency facilities to provide effective administrative and quality assurance oversight. The Contractor shall have in place by the Agreement start date, the essential administrative and operational policies and procedures for compliance with Agreement specifications and administration of the health care program.

The Contractor's services shall meet the standards established by the American Correctional Association (ACA) and current community standards of care, and specified psychiatric standards, policies and procedures delineated herein, and any other policies and procedures deemed appropriate by Agency. The Contractor shall maintain the accreditation achieved for the state-owned facilities and will seek, obtain, and maintain accreditation of any additional facilities housing Agency inmates covered by this Agreement. The Contractor shall also be responsible for maintaining ACA accreditation files relating to medical standards and for ensuring that documentation is provided to the Agency ACA accreditation manager on a quarterly basis.

The Agency Health Services Administrator reserves the right to review and approve policies and procedures of the Contractor in any areas affecting the performance of its responsibilities under law.

The Contractor shall be responsible for ensuring that its staff reports any problems, unusual incidents, or such to the Agency or designee. This includes but is not limited to medical, security-related and personnel issues that might adversely impact the delivery of health care services. The Contractor's Regional Medical Director and Vice President of Operations shall be responsible for assuring the delivery of services described herein.

The Contractor shall submit for ongoing approval by the Agency's Health Services Administrator the following:

- 1) Name and titles of regional personnel,
- 2) Job description of regional personnel,
- 3) Table of organization or organization chart,
- 4) Explanations of the significant divisions, departments or sections,
- 5) Description of the Contractor's approach of all administrative and management services necessary for continuing compliance with the Agreement specifications,
- 6) Description of the Contractor's approach of all administrative management information services and management services necessary for ACA accreditation,
- 7) Description of procedures for developing, reviewing and approving all policies, procedures and job descriptions of key personnel,
- 8) Provide copy of proposed administrative and operational policies and procedures,
- 9) Provide policies and procedures for ensuring the protection of inmate rights,
- 10) Provide an understanding that the Agency has a right to review and approve policies and procedures in areas affecting the performance of responsibilities under New Mexico law,
- 11) Describe the contractors approach to attendance at departmentally mandated meetings,
- 12) Preparation and coordination with ACA accreditation.

The Contractor, whether through employee or subcontractor, shall provide at a minimum, the appropriately New Mexico licensed health care staff in terms of level of training and professional credentials and number of FTEs as identified in this Agreement or as otherwise approved by the Agency. The Contractor shall maintain current policies and procedures that define credentialing. All positions have direct and sole responsibility to perform the services specified; and each position, including clerical, is essential to the operation of the health care unit. All Contractor personnel will be required to pass a criminal background check conducted by the Agency.

The Contractor shall maintain at least the minimum complement of staff as set out in the staffing pattern. The Contractor may be required to reassign positions or position hours among the various sites throughout the system based on the Agency's determination of need and the site's mission. Any such reassignment must be accomplished by way of a written directive issued by the Agency.

Contractor shall maintain the minimum staffing pattern. The Contractor and Agency staff will meet within the first thirty days to mutually establish staffing schedules for each Facility. These staffing schedules will determine the planned working hours/days for each FTE for all positions. Thereafter, Contractor will submit a proposed staffing schedule for each Facility on a monthly basis for the Agency Medical Director's approval.

Uncovered hours are defined as that time when a person qualified to perform the ordinary and reasonable duties of that position is not present at the Facility or location, or is not otherwise available for the discharge of those duties.

Unfilled positions are those positions with uncovered hours for which no individual employed or contracted by employee of Contractor is present to discharge the duties required of that position at that Facility or location. Unfilled and uncovered hours include those hours which are not filled, due to voluntary or involuntary termination or any other reason or incident resulting in the

position being unfilled and not covered. However, unfilled or uncovered hours will not include those hours when a Contractor' employee is not present due to training, orientation and paid time off (PTO), such as illness, annual or personal leave or any other paid leave.

Exhibit 1 enumerates the entirety of all positions required in this Agreement, and the hours per week required for each position. From this Exhibit, the Department will calculate the number of hours expected per month, based upon the number of weeks and fractions thereof, in the preceding actual month.

The Contractor will report the actual hours for all unfilled positions for the preceding month. The staffing ratio is defined as the total hours representing all unfilled positions, divided by the total hours as calculated in the preceding paragraph.

For example, Exhibit 1 appears to specify 253.75 FTE equivalents. (The actual Exhibit 1 controls the contractual hours in case of discrepancy.) The month of May 2012 is 31 days, or 4 & $\frac{3}{7}$ weeks. A person employed with 1 FTE in May 2012 is assigned 40 hours/week of work, or 177.1 hours. The entire contract would then specify 44,950 hours that month, and 40,455 hours to be the 90 percent minimum aggregate for May 2012.

Contractor will not be required to make paybacks to the Agency for staffing vacancies unless the monthly staffing levels fall below 90 percent as calculated above. In the case of any monthly staffing levels falling below 90 percent the Agency will deduct from its monthly payment to Contractor the hours of shortfall, charged at \$200.00 per hour.

Contractor shall arrange for the satisfactory fulfillment by qualified personnel of the essential duties of the absent individual employee for the specified time of absence. Certain positions are considered mandatory and have been noted on the staffing plan for each facility included in Exhibit 1.

Provider hours shall be reported to the Agency monthly by Contractor, by Facility and in aggregate.

For all provider positions, unless modifications are approved by the Agency Medical Director, the providers will work within certain parameters around the approved staffing schedule, as follows:

- a) All hours will be worked between 6:00 a.m. and 6:00 p.m., unless otherwise designated on the staffing schedule. If evening hours are included within the approved staffing schedule, worked hours will be accomplished within a window starting no earlier than two hours before and finishing two hours after the scheduled start and stop times.
- b) For full time positions, some hours must be worked on each of the day(s) originally planned on the approved staffing schedule for the Facility.
- c) For part time positions, some hours must be worked on at least the same number of

- day(s) as originally planned on the approved staffing schedule for the Facility.
- d) The number of hours worked by position at the Facility will be equal to or greater than the required number of hours for the position for that week.
 - e) The psychiatric provider coverage at New Mexico Women's facility will be provided Monday through Friday of each week.

The Contractor can request modifications to the approved staffing schedule for the provider positions. Such request will be given to the Agency Medical Director in writing, for approval in writing, which shall not be unreasonably withheld.

All hours shall be reported to the Agency monthly by Contractor, by position, by Facility, and in aggregate.

For purposes of this section, a physician is qualified to perform the duties of a mid-level, RN or LPN; a mid-level is qualified to perform the duties of a RN or LPN; a RN is qualified to perform the duties of a LPN; a psychiatry RN supervisor is qualified to perform the duties of a psychiatric RN or psychiatric LPN; and a psychiatric RN is qualified to perform the duties of a psychiatric LPN, unless otherwise constrained by recognized constraints on scope of practice.

In no event will the Agency be charged any additional expense with a total net overage for hours provided. Any excess cumulative staff hours provided under the Agreement will be at the expense of Contractor.

Contractor will provide the current month and cumulative Agreement year-to-date hours and the associated cumulative payback calculation no later than 30 days after the month of service, so that the Agency may deduct any potential credit on the next payment. In the event that an amount is owed to Contractor based upon previous credits issued, the Agency will remit such additional funds on the next available payment. Because of the potential for corrections to timesheets, as well as the possibility of agency bills received later than 30 days past the month of service, adjustments to the prior month of hours paid will be processed for the next two monthly reports.

Contractor shall require all medical staff to pass a drug test, excepting for those personnel or independent contractors continuing their employment with Contractor from the end of the current Agreement to the beginning of this Agreement.

In the event that the Contractor also operates facilities elsewhere in New Mexico, the Regional Manager, Regional Medical Director and Regional Director of Psychiatry, Regional Director of Nursing, and Regional Pharmacist, shall solely be assigned to the Agency. These personnel shall be assigned administrative duties only to the Agency.

The Contractor will submit weekly tele-psychiatry clinic reports to the Agency Chief Psychiatrist for all tele-psychiatry clinics using the Tele-psychiatry Reporting Form. The Contractor shall report psychiatry physician, Alternate Placement Area (APA) nursing and the Mental Health

Treatment Center nursing and other psychiatric nursing and services, actual hours provided to the Agency Chief Psychiatrist by the 15th of each month, and will list separately the psychiatry physician hours, MHTC nursing hours and Alternate Placement Area (APA) nursing hours provided during every week for each month. The hours will be reported separately from other non-psychiatry contracted FTEs using the Contractor Psychiatry FTE Reporting Process. The Contractor reporting process for non-psychiatry services will include actual hours provided and will be reported by Facility, e.g. CNMCF, and by specialty, e.g., M.D., RN, LPN, AA etc. The RN Psychiatry Supervisor administrative hours and the Psychiatry Director administrative hours will be listed separately from the other psychiatry physician and nursing hours. This data will be reported to the Agency HSA or designee in the same manner and interval as the reporting to the Chief of Psychiatry.

The Contractor Psychiatrists and Psychiatric Nurse Practitioners shall have experience with institutionalized populations, use a multidisciplinary approach to patient care with other mental health staff.

Hospice care, end-of life care and complex chronic medical illnesses may be cared for out of the system as a direct Agency cost (aka "carveout").

The Agency Health Services Administrator and warden of the institution shall be provided with an opportunity to review the credentials and meet with the Contractor's lead staff and all medical providers assigned to a facility. The Agency Health Services Administrator and senior APD leadership shall meet with each warden of each facility and with the Contractor's lead staff and all medical providers for a facility for ongoing review of satisfaction at the facility.

The Agency will provide notice of approval or denial of Contractor candidates for Vice President of Operations or Regional Manager, Regional Medical Director, Regional Psychiatry Director, Regional Director of Nursing, Facility Medical Director, Facility Health Administrator, Facility Director of Nursing, all physicians, all psychiatrists, all dentists, all midlevel providers within three business days of receipt of request. Contractor will make the candidate and CV/resume immediately available for in-person or telephonic interview by the Agency.

Both parties agree on and emphasize the need for flexibility in strategic staffing of the facilities. The parties agree to meet every six months after the Agreement begins to discuss any need for staffing adjustments. Mutually agreed on adjustments to staffing will be processed in the form of a signed understanding by the Agency Health Services Administrator and the Contractor's Vice President of Operations subject to the approval of the Agency Cabinet Secretary. Changes involving an increase in vendor personnel shall occur only by written amendment to this Agreement. If the parties agree to any changes in the staffing requirement that result in cost increases or decreases, the parties will adjust the compensation in writing, accordingly, via an amendment to this Agreement. Staff may be re-allocated from one Facility to another based upon a change in mission or change in population of the Facility. The re-allocation will be based on the same category of provider. The Agency reserves the right to exclude staff from a facility for cause, if an individual's conduct is less than what is considered acceptable by the Agency to meet the job requirements.

The Contractor shall develop and maintain a comprehensive competency-based orientation program for new staff. The orientation shall include a review of the policies and procedures, nursing protocols and manuals for the Agency, basics of working in a prison and review of the limits of the scope of responsibility based on competence and licensure/certification requirements. The Contractor is responsible for assuring that all the required registrations, licenses and credentialing associated with the operations of health care services are active and in good standing. The Contractor shall maintain all federal, New Mexico state and local licenses, certificates, registrations, cooperative Agreements, specialty board certifications or notices of eligibility for certification that are legally required for an employee or subcontractor.

The Contractor shall have a sample set of lesson plans and orientation check list to be used to document competency based in-service and education. The Agency requires a 40-hour orientation for all employees and subcontractors, and Contractor shall submit a written version of its orientation program to the Agency for review and input prior to conducting any orientations. The Contractor will be responsible for providing educational services for all health services staff and support of Continuing Medical Education (CME) activities by direct monetary supplementation and/or providing paid "compensatory time" so that licensure requirements are met. The Contractor shall develop an in-service program whereby all staff that have clinical responsibilities receive 24 hours annually of in-service which is maintained in their personnel file. The Agency requires 16 hours of in-service annually. ACA standards require 40 hours of documented in-service annually.

The Contractor's orientation program must include a training plan covering all training requirements and must include sample training and operations manuals for all information technology training. The materials must be modifiable by the Contractor and the Contractor must be licensed to reproduce them as needed for the life of the Agreement. Materials shall include the following:

- Method of training
- Length of training
- Scope of training
- Training recipients by job category
- A list of training materials and samples

The Contractor is responsible for the routine and technical training of its employees on the "routine" operation of the equipment and on the use of commercial software programs. Contractor is responsible for the payment of employee training courses or workshops.

The Contractor shall develop a skills checklist which is site specific by discipline and is updated and completed annually by all staff.

All Contractor(s) staff shall be CPR and AED trained and First Aid Certified.

The Contractor shall install, maintain and use an electronic timekeeping system for all of its employees providing on-site services and shall make the timekeeping records available to the Agency on a bi-weekly basis. The time records submitted shall designate the name of the employee or subcontractor, the hours worked and shall be capable of sorting by institution, by

date, by hour, shift, or both and by occupation. The Agency will direct the format in which the information is conveyed. In addition to registering attendance through a computer-based system, each person employed by the Contractor and any subcontractors must sign in and out on forms provided by the Agency at our discretion whenever a person leaves a work site. No person shall sign in, sign out, clock in, or clock out for any other person. The time records reported for electronic timekeeping will be reviewed by the Agency Health Services Administrator or designee for accuracy.

The Contractor shall designate on-call physicians to deliver on-call coverage whenever a physician is not present at an institution. The on-call physician or designee shall respond telephonically to institution calls within fifteen minutes of the telephone call and provide direction to the institutional caller. The health service administrators shall be on-call 24 hours per day seven days per week. On-call providers shall respond to the Warden and senior Agency Administration as well as initiate contact with the Warden of the Facility directly if necessary. Failure to achieve effective full coverage on-call is grounds for immediate termination of this Agreement by the Agency.

The Contractor shall immediately assemble and maintain on-site the following information for review by the Agency:

- Signed application and background check;
- Verification of education, training and work history;
- Professional References;
- Malpractice Claims History;
- Current license to practice;
- Board or specialty certifications (physician)
- DEA Certification (where applicable)
- CPR/AED certification
- National Data Bank self-inquiry submission results

The Agency may contract annually with a qualified independent auditing firm to audit claims and supporting documents to ensure that claims were paid accurately according to the terms of the Agreement. The Contractor will cooperate with the Agency, any contracted audit firm, or both to provide all necessary or requested data.

The Agency shall audit and review the expenses relating to the purchase of medications and compare the costs with other data obtained for comparison, on an annual basis. The Agency reserves the right to change its pharmacy vendor at any time with thirty days notice.

The Contractor shall retain and keep accessible all such fiscal records, books, documents, papers, plans, and writings for a minimum of five (5) years after cessation of the full term of contact, or such longer period as may be required by applicable law. Fiscal records shall include, but are not limited to, all records necessary to verify the amount paid for any and all claims. These records shall include agreements between Contractor and all subcontractors providing medical services.

For auditing purposes, the contractor shall ensure that on each invoice submitted to the agency for payment, contains sufficient detail to thoroughly and clearly justify all invoiced amounts.

Should the Agency require any additional information on invoices, the Contractor must have the ability to include the respective information with each invoice.

The Contractor shall maintain a formalized process for self-auditing which examines claim denials, automatic recoupment, suspended for review, or specific pricing. Contractor shall submit the results of audit findings to the Agency ten (10) days after the audit is complete.

The Contractor shall submit a written action plan to correct all deficiencies as reported in internal or external audits, including a time frame for completion of the action plan. The Contractor shall submit the action plan to the Agency no later than thirty (30) calendar days after receipt of the audit results.

The Contractor shall monitor provider claims and protect the Agency from fraud and abuse by notifying the Agency of all providers suspected of fraudulent and abusive billing practices.

Contractor shall obtain from inmate any third party health insurance information available upon intake and provide such information to off-site providers in order for the provider to seek and obtain reimbursement for medical services provided. Furthermore, in the event that the Patient Protection and Affordable Care Act (Public Law 111 – 148) becomes final federal legislation, providing expanded inmate health care coverage, the Parties agree meet and mutually agree on a process for pursuing and obtaining expanded coverage payments.

ENFORCEMENT: AGENCY SANCTIONS FOR BREACH BY CONTRACTOR

If the Agency determines that the Contractor or any agent or employee of the Contractor, or any persons with an ownership interest in the Contractor, or related party of the Contractor has failed to comply with any applicable law, regulation, term of the Agreement, policy, standard, rule, or for other good cause, the Agency may impose any or all of the following:

- 1.) Directed Plans of Correction. Contractor shall be required to abide by a plan of correction as directed by the Agency;
- 2) Contractor's Plans of Correction. Contractor shall be required to provide to the Agency within a reasonable time as determined by the Agency, a Contractor's plan of correction to remedy any defect in its performance;
- 3) Civil monetary penalties may be imposed in accordance with Federal or State law. See NMSA (1978) Sections 30-44-1 *et. seq.*;
- 4) Appointment of a State monitor to provide oversight of Contractor's operations and performance. Should the Agency be required to appoint a State monitor to assure Contractor's performance, the Contractor shall bear the cost of the State intervention;
- 5) Assessment of actual damages to the Agency resulting from the Contractor's nonperformance of its obligations;

- 6) Assessment of liquidated damages in an amount equal to the reasonable excess costs of obtaining alternative health care services in the event of Contractor's non-performance. The Agency may withhold payment to the Contractor for liquidated damages until such damages are paid in full;
- 7) Suspension of the Agreement; and/or
- 8) Termination of the Agreement.

INFORMATION TECHNOLOGY

The Contractor in providing medical services to the Department will use a variety of electronic methods for managing information about the health and medical care of offenders. The Contractor will be involved with the development, implementation, and maintenance of computer hardware and software systems to organize and communicate information electronically. On implementation of the Criminal Management Information System medical module referred to as M-Track, the contractor shall use it exclusively as part of the official electronic health record system for inmates.

The Contractor or its Subcontractor shall assist with the gap analysis, customization, and implementation of the agency-selected electronic medical record system. The costs related to third party consulting for the gap analysis, customization, Quality Assurance testing and post go-live support shall not exceed \$800,000. This cap shall only include the hourly labor component of the third party consulting firm and shall not include travel and expenses.

Proprietary Information not Transferred

Other data files of a proprietary nature, not consisting of inmate health care records or components of M-Track or other EMR software, remain the property of Contractor. Contractor is responsible for entering all medical data, including that required by the Agency, into the proper system.

Responsibility for Maintenance

The Contractor will be required to pay for any additional data wiring, that is required in locations where it is not present, that will provide connectivity to data processing equipment, that is required for medical purposes. The Contractor will be required to coordinate with the Agency Information Technology Division (ITD) staff to assure wiring meets Agency security standards; and with DoIT as necessary.

Data Communications Includes TELEMEDICINE SYSTEM

The Contractor will be billed monthly for all telecommunication circuits to private Facilities, and the ISDN (Integrated Services Digital Network) line or comparable broadband access. These communication circuits are used for the Telemedicine system.

Agency ITD Approval of Devices

Any device that requires a network connection that will be placed on the Agency network must first get approval from the Agency ITD before it is placed on the Agency network.

Hardware and PC'S

The Contractor will be required to provide all PC's to medical personnel that will be used for medical purposes. These PCs must conform to the State of New Mexico Standards.

Dedicated Connectivity

These PCs must not contain any modems or means of establishing independent connectivity which bypasses the State servers or firewalls. These PCs must be turned over to the Agency ITD staff to configure before being placed on the Agency network. All required software for the PCs must be purchased by the medical Contractor to include Department standards for anti-virus, and office automation.

Disposition of Obsolete Computer Equipment

Any old, outdated PC that is currently being used by medical personnel that needs to be replaced must be replaced by the medical Contractor. The Contractor is responsible to provide maintenance agreements for all the above mentioned PCs. The contractor shall follow Agency policies and procedures for the offsite removal and transportation of in-Facility equipment, which shall be strictly followed.

Video Conferencing Equipment

1. The Contractor will be required to provide maintenance agreements for all video conferencing equipment being used for Telemedicine patient encounters.
2. The Contractor will be required to replace any old outdated video conferencing equipment being used for medical purposes.
3. The Contractor will be responsible to pay for any new video equipment required for medical purposes.
4. Any new video conferencing equipment purchased by the Contractor will become the property of the Agency at the end of the Agreement period. The contractor is responsible for providing its staff with computers, secure connectivity, and teleconferencing or video conferencing capabilities that fully comply with Agency standards, policies and procedures, including ongoing maintenance and disposal of equipment and necessary staff training.

Training

The Contractor's proposal must include a training plan covering all training requirements and must include sample training and operations manuals for all information technology training. The materials must be modifiable by the Contractor and the Contractor must be licensed to reproduce them as needed for the life of the Agreement. Materials shall include the following:

- Method of training
- Length of training
- Scope of training
- Training recipients by job category
- A list of training materials and samples

The Contractor is responsible for the routine and technical training of its employees on the "routine" operation of the equipment and on the use of commercial software programs. The Agency will train a selected number of users, one from each facility, in the operation of M-Track. Those users are then expected to train the appropriate personnel in their respective facilities. Contractor is responsible for the payment of employee training courses or

Contract ID# _____

workshops, e.g., fee-paid courses, registration, tuition, travel expenses, lodging, and/or commercial technical support and supplemental reference books for the Contractor's employees.

Telemedicine-Current Services

Contractor will be expected to maintain the existing telemedicine programs at all Agency and private sites. The telemedicine program shall allow for telemedicine consultations to take place with specialists while they remain in their own offices or hospitals (via computer) and those who travel to a New Mexico Correctional Facility or the Contractor's regional office. Upon termination of this Agreement, title to all telemedicine equipment shall pass to the Agency.

EXHIBIT #1: STAFFING PLAN

Central New Mexico Correctional Facility, Los Lunas

Position	Hours per Week	Contracted FTEs
Medical Director*	40	1.00
Staff Physician	40	1.00
Administrator**	40	1.00
DON**	80	2.00
Nurse Practitioner / PA	100	2.50
RN	560	14.00
LPN	480	12.00
Certified Medical Assistant/Phlebotomist/Pharm Tech***	480	12.00
Nursing Assistant	184	4.60
Physical Therapist	40	1.00
X Ray Tech	20	0.50
Pharmacy Tech	80	2.00
Administrative Assistant	80	2.00
Med Records Clerk	200	5.00
Scheduler	40	1.00
Clerk	120	3.00
Dental Director	40	1.00
Dentist*	30	0.75
Dental Assistant	80	2.00
Psychiatrist*	110	2.75
Psychiatric Nurse Practitioner*	28	0.70
Psychiatric Nurse Supervisor*	40	1.00
Psychiatric RN	160	4.00
Psychiatric LPN	136	3.40
Facility Total	3208	80.20

*Mandatory Position

**One of multiple positions is a Mandatory Position meaning both positions cannot be unfilled at the same time.

***Certified Medical Assistant/Phlebotomist/Pharm Tech and LPN positions may be re-allocated statewide based upon need at the mutual agreement of the Agency and the Contractor. However, this re-allocation will not affect the total number of FTEs as identified in this Exhibit 1.

Guadalupe County Correctional Facility

Position	Hours per Week	Contracted FTEs
Medical Director*	16	0.40
Psychiatrist*	4	0.10
Administrator*	40	1.00
Nurse Practitioner / PA	40	1.00
RN	72	1.80
LPN	320	8.00
X Ray Tech	4	0.10
Administrative Assistant	40	1.00
Med Records Clerk	40	1.00
Clerk	40	1.00
Dentist*	20	0.50
Dental Assistant	20	0.50
Psychiatric Nurse Practitioner*	8	0.20
Facility Total	664	16.60

*Mandatory Position

Lea County Correctional Facility

Position	Hours per Week	Contracted FTEs
Medical Director*	40	1.00
Administrator**	40	1.00
DON**	40	1.00
Nurse Practitioner / PA	40	1.00
RN	144	3.60
LPN	360	9.00
X Ray Tech	10	0.25
Pharmacy Tech	40	1.00
Administrative Assistant	40	1.00
Med Records Clerk	120	3.00
Clerk	40	1.00
Dentist*	40	1.00
Dental Assistant	40	1.00
Psychiatrist*	20	0.50
Facility Total	1014	25.35
*Mandatory Position		
** One of multiple positions is a Mandatory Position meaning both positions cannot be unfilled at the same time.		

Penitentiary of New Mexico

Position	Hours per Week	Contracted FTEs
Medical Director*	40	1.00
Administrator**	40	1.00
DON**	40	1.00
Nurse Practitioner / PA	80	2.00
RN	320	8.00
LPN	424	10.60
X Ray Tech	8	0.20
Pharmacy Tech	80	2.00
Administrative Assistant	40	1.00
Med Records Clerk	120	3.00
Dentist	40	1.00
Dental Assistant	40	1.00
Psychiatrist*	30	0.75
Facility Total	1302	32.55

*Mandatory Position

** One of multiple positions is a Mandatory Position meaning both positions cannot be unfilled at the same time.

Roswell Correctional Facility

Position	Hours per Week	Contracted FTEs
Medical Director*	10	0.25
Administrator**	40	1.00
RN **	40	1.00
LPN	40	1.00
Administrative Assistant	40	1.00
Dentist	8	0.20
Dental Assistant	8	0.20
Facility Total	186	4.65

*Mandatory Position

** One of multiple positions is a Mandatory Position meaning both positions cannot be unfilled at the same time.

Southern Mexico Correctional Facility

Position	Hours per Week	Contracted FTEs
Medical Director*	40	1.00
Psychiatrist*	20	.50
Administrator**	40	1.00
DON**	40	1.00
Nurse Practitioner / PA	80	2.00
RN	144	3.60
LPN	280	7.00
Physical Therapist	10	0.25
X Ray Tech	8	0.20
Administrative Assistant	40	1.00
Med Records Clerk	80	2.00
Dentist*	40	1.00
Dental Assistant	40	1.00
Facility Total	862	21.55

*Mandatory Position

** One of multiple positions is a Mandatory Position meaning both positions cannot be unfilled at the same time.

Western Mexico Correctional Facility

Position	Hours per Week	Contracted FTEs
Medical Director*	40	1.00
Psychiatrist*	4	0.10
Administrator**	40	1.00
DON**	40	1.00
Nurse Practitioner / PA	40	1.00
RN	144	3.60
LPN	280	7.00
X Ray Tech	8	0.20
Administrative Assistant	40	1.00
Med Records Clerk	40	1.00
Dental Director*	24	0.60
Dental Assistant	24	0.60
Psychiatric Nurse Practitioner*	8	0.20
Facility Total	732	18.30

*Mandatory Position

** One of multiple positions is a Mandatory Position meaning both positions cannot be unfilled at the same time.

New Mexico Women's Correctional Facility

Position	Hours per Week	Contracted FTEs
Medical Director*	40	1.00
Psychiatrist *	32	0.80
Administrator**	40	1.00
DON**	40	1.00
Nurse Practitioner / PA	40	1.00
RN	112	2.80
LPN	360	9.00
Nursing Assistant	56	1.40
Administrative Assistant	40	1.00
Med Records Clerk	80	2.00
Dentist*	24	0.60
Dental Assistant	24	0.60
Psychiatric Nurse Practitioner*	8	0.20
Psychiatric RN	40	1.00
Facility Total	936	23.40

*Mandatory Position
 ** One of multiple positions is a Mandatory Position meaning both positions cannot be unfilled at the same time.

Contract ID# _____

Springer Correctional Facility

Position	Hours per Week	Contracted FTEs
Medical Director*	10	0.25
Administrator	40	1.00
RN	40	1.00
LPN	40	1.00
Administrative Assistant	40	1.00
Dentist*	10	0.25
Dental Assistant	10	0.25
Facility Total	190	4.75

*Mandatory Position

New Mexico Regional Office

Position	Hours per Week	Contracted FTEs
Vice President of Operations**	40	1.00
Regional Manager**	40	1.00
Regional Medical Director*	40	1.00
Regional Director of Nursing	40	1.00
Infection Control RN / Hep C Coordinator	40	1.00
Pharmacist*	40	1.00
Administrative Assistant	40	1.00
Data Specialist	40	1.00
Telehealth Coordinator	40	1.00
Regional Psychiatrist Director*	32	0.80
Facility Total	392	9.80

*Mandatory Position

** One of multiple positions is a Mandatory Position meaning both positions cannot be unfilled at the same time.

Northeast New Mexico Correctional Facility – Clayton

Position	Hours per Week	FTEs
Medical Director*	16	.40
Psychiatrist*	12	.30
Administrator*	40	1.00
Nurse Practitioner	40	1.00
RN	72	1.80
LPN	320	8.00
X-Ray Technician	4	.10
Administrative Assistant	40	1.00
Medical Records Clerk	40	1.00
Clerk	40	1.00
Dentist*	20	.50
Dental Assistant	20	.50
Facility Total	664	16.60

*Mandatory Position

Contract ID# _____

EXHIBIT 2
CURRENT MEDICAL EQUIPMENT

Fixed Asset Inventory APRIL 2012

Cost Center # 6381
Central New Mexico
 Name of Facility: Correctional Facility
 Administrator: Mark Delgado

ALTERNATIVE PLACEMENT AREA (APA)						
SRNO	ECN	QTY	Equipment Description	Model	Serial #	Agency #
		1	AED, Lifepak CR plus	3200731-003	34651185	5949
340030		1	Refrigerator		340030	

DENTAL CLINIC (MAIN MEDICAL CLINIC)						
SRNO	ECN	QTY	Equipment Description	Model	Serial #	Agency #
112153909 30		1	Air & Water QDs, chair mounted		101215390930	
	304886	1	Autoclave, M9 ultraClave			5104
1014323		1	Autoclave, M11 UltraClave	M11	V1014323	
2286		1	Chair, Dental, Pelton	1700 Wide Back Chair	2286	7082
218142	304934	1	Chair, Dental, Adec	C6-22	61-1287-00	
217516	304936	1	Electrocautery Unit, Dentsply International	3000	110-06125	
350-4706		1	Film Cassette, Panorex			
217515	304930	1	Heating Unit, Hot Pack, Ritter-Midwest	MP 8	25967	
N1489		1	Light, On curved post	LF3S	N1489	
218141	304933	1	Light, Other, Henry Schein Inc	CU-80	AB08515	
218147	304940	1	Light, Other, Henry Schein Inc	250	2710895	
218155	304949	1	Light, Spore - Ultraviolet, Germicidal	SLO26B4	994000937	
		1	Panoramic Orthoralix 8500			5961
218149	304942	1	Rad Unit, Diagnostic Dental	X70	20002117	
218151	304944	1	Rad Unit, Diagnostic General	PA812	1H-040	
01215E+1 1		1	Rear Swing Mount w/Vac kit			
218140	304932	1	Shaker, Laboratory	UM-B	31728	
218146	304939	1	Shaker, Laboratory, Crescent Dental Mfg Co	Wig-L-Bug	40-10018	

218136	304927	1	Spore Count Incubator, Tabletop, 3M Health Care	116	65379	
218137	304928	1	Sterilizer, Steam, Tabletop, Tuttnauer USA Co	1730	2007987	
218138	304929	1	Ultrasonic Cleaner	PA4H	01019-361429	
2170		1	Unit, Dental w/Hanging Hoses	E1720	2170	
218152	304945	1	Vibrator, Buffalo9 Medical Specialties	N01A	114262	
218139	304931	1	View Box	DE100BG	99109880	
218145	304938	1	View Box	Desk	B0934823	
218148	304941	1	View Box, Henry Schein Inc	DE100BG		
218143	304935	1	X-Ray Film Processor, Air Techniques Inc	PERI PRO II		
218153	304947	1	X-Ray Film Processor, Air Techniques Inc	PERI PRO III		
		1	X-ray Film Processor, Air Techniques	AT 2000	483993	
218154	304958	1	X-Ray Film Processor, Air Techniques Inc	AT 2000	474870	
		1	X-Ray Intra Oral - Planmeca	Dental - Main	1XRF073352	
		1	X-Ray Unit Panoramic		IH-040	2065

VEL I						
SRNO	ECN	QTY	Equipment Description	Model	Serial #	Agency #
		1	AED, Lifepak CR Plus		34650955	5955
		1	Autoclave	Pelton Crane	Dental - Level I	7620
217527	314401	1	Centrifuge, Tabletop, Hamilton Cell Co Inc	V6500	124728	
218207	314398	1	Chair, Dental, Adec			
218194	314384	1	Chair, Examination/Treatment, Ritter Tycos Div	8525	12931	
	314398	1	Dental Chair	Adec	Dental - Level I	5149
	304935	1	Developer	Peri-Pro	Dental - Level I	7091
217524	304997	1	EKG, Multi-channel, Mortara Instrument Inc	507	98390115123	
217525	314394	1	Electrocautery Unit, Dentsply International Inc	2002	103-02459	
		1	Exam Table - Ritter			7601
218200	314390	1	Incubator, Test Tube, Stationa, 3M Health Care	116	114332	
218193	304999	1	Light, Exam, Ceiling, Burton Medical Products Co	113040	419	

218195	314385	1	Light, Ultraviolet, Germicidal, Spectramed	Q-22		
218198	314388	1	Nebulizer, Nonheated	3002	183185	
218192	304998	1	Otoscope, Welch Allyn Inc	74110		
217523	304995	1	Oximeter, Pulse	3000	17026817 9	
218204	314395	1	Rad Unit, Diagnostic Dental	X-70t	2372A1	
		1	Refrigerator - Haler HSW02C		E2004601 085	
		1	Refrigerator - Summit		IE051802 3	
218197	314387	1	Refrigerator, Summit Industries Inc			
217526	314400	1	Scale, Floor	Beam	400	
218206	314397	1	Shaker, Laboratory, Crescent Dental Mfg Co	Wig-L-Bug	40-13365	
218188	304992	1	Sphygmomanometer, Aneroid, Mabis Healthcare	Hand	311474	
218187	304989	1	Sphygmomanometer, Aneroid, Medline Industries	Hand	411380	
218189	304993	1	Sphygmomanometer, Aneroid, Medline Industries	Hand	617654	
218190	304994	1	Sphygmomanometer, Aneroid, Omron Healthcare	Hand	078048	
218201	314391	1	Sterilizer, Steam, Tabletop, Pelton & Crame Co	OmniClava	A3-64697	
218202	314393	1	Thermometer, Infrared (Tympanic), Henry Schein	250	2710889	
218191	304996	1	Thermometer, Infrared (Tympanic), Sherwood Med	3000A	30236710	
218196	314386	1	Thermometer, Infrared, Sherwood Medical Co	F 1500	L9413254	
218199	314389	1	Ultrasonic Cleaner, Henry Schein Inc	Henry Schein	02277389 728	
218208	314399	1	Vibrator, Buffalo Medical Specialities	N01A	057354	
218205	314396	1	View Box	DE100		
		1	Xray	Intraoral	Dental - Level I	5150

VEL II

SRNO	ECN	QTY	Equipment Description	Model	Serial #	Agency #
		1	AED, LifePak CR Plus	3200731-	34650988	5957
218210	314405	1	Aspirator, Low Volume, Precision Medical Inc	PM60	15161	
		1	Autoclave - Tuttnauer			2539
217528	314402	1	Centrifuge, Tabletop, Hamilton Bell Co Inc	V6500	147684	

Contract ID# _____

		1	Defibrillator		314404	
217529	314404	1	Defibrillator/Monitor, Battery, Hewlett-Packard	43100 A	3020A117 83	
217530	314407	1	EKG, Multi-Channel, Mortara Instrument Inc	507	99400431 123	
		1	Exam Table		314406	
		1	Exam Table		314409	
218212	314408	1	Light, Examination, Graham- Field Inc	Flex		
218215	314411	1	Light, Examination, Graham- Field Inc	Flex		
218209	314403	1	Nebulizer, Nonheated	3002	176391	
218214	314410	1	Otoscope, Welch Allyn Inc	767		
218220	314417	1	Otoscope, Welch Allyn Inc	74710		
217531	314412	1	Oximeter, Pulse	3300	17026803 7	
		1	Refrigerator - Magic Chef			
		1	Refrigerator - Summit			
218219	314416	1	Sphygmomanometer, Aneroid, Marshall Products	Hand	040091	
218217	314414	1	Sphygmomanometer, Aneroid, Medline Industries	Hand	409388	
218218	314415	1	Sphygmomanometer, Aneroid, Medline Industries	Hand	411380	
218211	314406	1	Table, Examination/Treatment, ENOCHS Inc			
218213	314409	1	Table, Examination/Treatment, ENOCHS Inc			
218216	314413	1	Thermometer, Infrared (Tympanic), Sherwood Med Co	3000A	J0142426	
		1	X-Ray Dental		2372A1	5635

LONG TERM CARE UNIT

SRNO	ECN	QTY	Equipment Description	Model	Serial #	Agency #
		1	AED, LifePak Cr Plus	3200731	3460965	5953
		1	Armstrong Med A smart Cart (old Crash Cart)			002608
218103	304712	1	Aspirator, Low Vol, Schuco Div American Caduc	130	11950001 7229	
		1	Autoclave - Tuttnauer		2007936	2543
		1	Backboard - Pro-Lite			
		5	Bed EZE Lok 80" Hi Lo Manual w/Pan Deck	UL 2601-1		
		1	Bed Restraint room 102?		307516RR	1927
		1	Bed, Electric Hospital		49097E78	5171

Contract ID# _____

					574	
		4	Bed, Electric Hospital			
		1	Bed, Electric room 205?		49097E78 576	5170

LONG TERM CARE UNIT

SRNO	ECN	QTY	Equipment Description	Model	Serial #	Agency #
	304717	1	BP Cuff on Wall (Not all there)			
217497	304884	1	Centrifuge, Tabletop, Hamilton Bell Co Inc	V6500	147916	
		1	Chart Cart - Beam			5132
		1	Chart Cart - Beam			5133
		2	Chart Racks - portable			
		1	Crash Cart		9702211A	2608
		1	Defibrillator		60000572 4	2609
		1	Defibrillator		32265	5134
217493	304711	1	Defib/Monitor, Battery, Hewlett-Packard	43100	3132A141 60	
		1	Dryer, Laundry			5962
217494	304714	1	EKG, Interpretive, CompuMed Inc	507	11001307 77123	
		1	Exam Table - Enochs	XL71		
		1	Feeding Pump - Braun	637-202	27049	
		1	Feeding Pump - Braun	637-202	26860	
		1	Film Processor - Konica SRX - 101		10526558	304905
		1	Hospital Bed Electric		49097E78 576	16110
		1	Hospital Bed Electric		49097E78 574	5171
		1	Hydro Massage		1133	4286
		1	Ice Cart with coder		10001315 90	
		1	Ice Machine - Franklin	FIM200A	80041000 66	
		1	Invacare Envoy Junior	IRC1001	00478680 2	
		4	IV Poles			
	357502	1	Lamp			
		1	Lift, Hoyer	HR75451C	000? 3256	
A1107030 7		1	Lift, Hoyer 450 lb Capacity			
218130	304909	1	Light, Examination, S & S X-Ray Products Inc	138	D071721	
218108	304718	1	Light, Other, Burton Medical	1620	HC62766	

Contract ID# _____

		Products C			
	304718	1	Magnifier		
		1	Mattress, Overlay Air	16834544	2075
		1	Mattress, Overlay Air	16834543	2076
		1	Med Cart - PCI Trans Aid	22174	
		1	Med Cart - Specialty	11913	
		1	Nebulizer	314403	
218104	304713	1	Nebulizer, Nonheated, Invacare Corp	90300735 440	
218106	304716	1	Otoscope, Welch Allyn Inc	767	
217495	304720	1	Oximeter, Pulse, Smith & Nephew Medical	Digit 0473	

LONG TERM CARE UNIT

SRNO	ECN	QTY	Equipment Description	Model	Serial #	Agency #
		1	Padded Cell (100)			1928
832142		8	Pads, Alternating Pressure (Mattress)			
832143		2	Pads, Alternating Pressure (Mattress)			
		1	Patient Lift		CAA1020 0011	5451
		1	Patient Lift		EL00076	5741
		1	Patient Lift M-071		2068	2068
		1	Plaster Dispenser		STRYKER	7215
		1	Portable File Cabinet		000034	
		1	Privacy Screen			
DJO4331		1	Pump, Compression 3 Chamber		DJO4331	
		2	Pump, Infusion Braun	Vista Basic		
218113	304887	1	Refrigerator - Haier	HSP030WN AWW	1C200466 0042	
218114	304888	1	Refrigerator			300
	304883	1	Refrigerator - Kenmore			
218221	304883	1	Refrigerator, Kenmore (Sears)	584.89715 1	88031271 5	
		1	Scale, Chair - Detecto			1062
818344		1	Scale, Digital In-bed			
217496	304722	1	Scale, Floor, Seca Corp	750	27501130 2454	
		2	Scale, Portable - Detecto			
		1	Shelving (LTCU)			2069
		1	Shower Bed - Care Products			
		3	Shower Chair - Fierns		I44366	
11100012		1	Shower Chair, Bariatric Commode	S990		
		1	Shower Commode			

Contract ID# _____

		1	Shower Stool			
		1	Space Saver Cabinet			5343
218107	304717	1	Sphygmomanometer, Aneroid	Wall		
218110	304721	1	Sphygmomanometer, Aneroid, Medline Ind	Gauge	406380	
		1	Stanley Work Center (Man Down Bag)			
218111	304885	1	Sterilizer, Steam, Tabletop, 3M Health Care	116	130857	
218112	304886	1	Sterilizer, Steam, Tabletop, Ritter Tycos Dv Sybron	M 9	OMO126 87	
		1	Storage Liquid Oxygen		8605	2070
		1	Stored Liquid O2		8604	2070
		1	Table Procedure		LS001126	2064
218105	304715	1	Table, Exam/Tx, Ritter tycos Div Sybron C	304	JE001328	
218109	304719	1	Thermometer, Infrared, Genius	3000A	56322	

LONG TERM CARE UNIT

SRNO	ECN	QTY	Equipment Description	Model	Serial #	Agency #
		2	Transporter Mobile - Ferno (Gurney)			
		1	Transporter Mobile		L61416	2071
		1	Ultrasonography		001844	2086
		1	Ultrasound - Forte - US		5346	1844
		1	Unti Slim Chatt		5142	5142
		1	Utility Cart - Harloff		9702211A	5123
		1	Utility Cart (o2 room)			5111
		1	Vital Sign Monitor (Welsch Allyn)	300 Series 53NTO	JA078305	
		1	Vital Sign Monitor (Welsch Allyn)	300 Series 53NTO	JA073588	
		1	Vital Signs Monitor		20004168	2074
		1	Washer			5963
		1	Washer / Extractor		07029731 01	5963
	304716	1	Welsch Allyn			
		1	Whirlpool (Lumex) 04286			
	304710	1	Xray Imager (exam room)			

RAY SUITE (LONG TERM CARE UNIT)

SRNO	ECN	QTY	Equipment Description	Model	Serial #	Agency #
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		1	Film Loading bin	125	D055254	
		1	Konica Film Processor SRX-101	FSL20	10526558	5105
		1	Scanner, Lumiscan	75	133421	2067
		1	System Diagnostic	23N9080/D Z9491396		2067
217502	304906	1	Ultrasound Unit, Physical Ther, Biosound Inc	AU5	001844	
218129	304908	1	View box, Maxant Div Eleco Inc	2 Box		
218102	304710	1	View box, S & S X-Ray Products Inc	200002	D021980	
218126	304904	1	View Box, X-Ray, Trex Medical Corp	TM50-RF		
		1	Xray Equip (5 pc)		983423A/ 2090	1930
218127	304905	1	X-Ray Film Processor, Konica Medical Corp	SRX-101	10526558	
218128	304907	1	X-Ray Meter	M21L- VT501-180	0923822	

AIN MEDICAL CLINIC

SRNO	ECN	QTY	Equipment Description	Model	Serial #	Agency #
		1	4-Drawer File			7017
		1	AED, Lifepak CR Plus	3200731- 000	34653974	5950
218156	304950	1	Aspirator, Low Vol, Schuco Dv American Caduc	5711-130	0884425	
		1	Autoclave - Midmark M9		DMO126 87	5104
218164	304962	1	Continuous Positive Airway Pre, Respironics Inc	REM STAR	1282476	

AIN MEDICAL CLINIC

SRNO	ECN	QTY	Equipment Description	Model	Serial #	Agency #
217517	304951	1	Defib/Monitor, Battery, Burdick Sub Scpace labs	Medic	23597	
217519	304955	1	EKG, Multi-Channel, Mortara Instrument Inc	507	99319377 123	
		1	Exam Table			5103
		1	Exam Table		304964	5101
		1	Exam Table		304986	5999
		1	Exam Table - Ritter 104		304979	5102
		1	Eye Exam Chair	Xray - Optical	9483	780
		1	Keratonmeter - Marco	Xray - Optical	13035	2737

		1	Lathe			7240
		1	Lensometer	Xray - Optical - Main	6882	2743
218186	304987	1	Light, Ultraviolet, Germicidal, Luxo Lamp Ltd	164010		
218161	304959	1	Nebulizer, Nonheated	3655D	D105870 4	
218163	304961	1	Nebulizer, Nonheated, Invacare Corp	Envoy Jr	02A06778 6	
218162	304960	1	Nebulizer, Nonheated, Precision Medical Inc	PM7	115128	
218180	304980	1	Otoscope, Welch Allyn Inc	767		
218168	304966	1	Otoscope, Welch Allyn Inc	767		
218184	304985	1	Otoscope, Welch Allyn Inc	767		
218157	304953	1	Otoscope, Welch Allyn Inc	74710		
		1	Observation Light			7228
217522	304984	1	Oximeter, Pulse	Digit	02050391 6	
218181	304981	1	Sphygmomanometer, Aneroid, Marshall Products	Hand	077405	
218182	304982	1	Sphygmomanometer, Aneroid, Marshall Products	Hand	174557	
218173	304971	1	Sphygmomanometer, Aneroid, Marshall Products	Hand	278062	
218183	304983	1	Sphygmomanometer, Aneroid, Medline Industries	Hand	405388	
218170	304968	1	Sphygmomanometer, Aneroid, Medline Industries	Hand	312380	
218174	304972	1	Sphygmomanometer, Aneroid, Medline Industries	Hand	406380	
218165	304963	1	Sphygmomanometer, Aneroid, Medline Industries	Hand	312380	
		1	System Space Saver	Main Infirmary	Main Infirmary	5358
218160	304958	1	Table, Exam/Treatment, Amsco Healthcare	LTM-72	04306790 21	
218158	304954	1	Table, Exam/Treatment, ENOCKS Inc			
218179	304979	1	Table, Exam/Tx, Ritter Tycos Civ Sybron C	104	CD09363 5	
218166	304964	1	Table, Exam/Tx, Ritter Tycos Civ Sybron C	104		
218185	304986	1	Table, Exam/Tx, Ritter Tycos Civ Sybron C	104	CD09363 7	
218167	304965	1	Thermometer, Elect, Cont, Sherwood Medical Co	F 1500	L9816176	
218169	304967	1	Thermometer, Infrared, Sherwood Medical Co	3000A	J0220146	
218171	304969	1	Thermometer, Infrared, Sherwood Medical Co	F 1500	69413264	

MAIN MEDICAL CLINIC						
SRNO	ECN	QTY	Equipment Description	Model	Serial #	Agency #
218172	304970	1	Thermometer, Infrared, Sherwood Medical Co	3000A	96592	
218175	304973	1	Thermometer, Infrared, Sherwood Medical Co	F 1500	L9621691	
218159	304957	1	Thermometer, Infrared, Sherwood Medical Co	F 1500	L9824241 HA	
		1	Urine Analyzer, Roche	Urisys 1100	UX09629 999	
		1	Washer/Dryer			2540

LABORATORY (MAIN MEDICAL CLINIC)						
SRNO	ECN	QTY	Equipment Description	Model	Serial #	Agency #
217520	304976	1	Centrifuge, Tabletop, Hamilton Bell Co Inc	V6500	1070M	
217521	304977	1	Centrifuge, Tabletop, Hamilton Bell Co Inc	V6500	147932	
218178	304978	1	Light, Examination, Burton Medical Products C	113040	418	
217518	304952	1	Scale, Floor, Detecto Scale Co	758C	9912-036	
218177	304975	1	Steam Generator, #M Health Care	116	125207	
218176	304974	1	Sterilizer, Steam, Tabletop, Tuttnauer USA Co	1730 M	86110	

RAY SUITE (MAIN MEDICAL CLINIC)						
SRNO	ECN	QTY	Equipment Description	Model	Serial #	Agency #
		1	Lensimeter		6882	782
		1	Refrigerator (breakroom)			5345
		1	Sys Space Saver			5358
		1	X-Ray Unit	Xray - Main	R83	1438
		1	X-Ray Equipment	Xray - Main	221	1748
		1	X-Ray Machine -Del Medical	Xray - Main	CPI40KW	
		1	X-Ray Processor - Konica 101	Xray - Main		2742
		1	X-Ray Tube Head	Xray - Main	6K529	

MENTAL HEALTH TREATMENT CENTER (MHTC)						
SRNO	ECN	QTY	Equipment Description	Model	Serial #	Agency #
		1	AED Lifepack Medtronics Cr Plus	3200731-003	34650960	5956

Contract ID# _____

218115	304889	1	Aspirator, Low Volume, Precision Systems Inc	PM60	15160	
		1	Bed, Restraint			
218120	304896	1	Chair, Examination/Treatment, Midmark Corp	411	LS001126	
		1	Crash Cart			5123
		1	Defibrillator - Medic 5			5123
217498	304890	1	Defib/Monitor, Battery, Burdick Sub Space Labs	Medic 5	32265	
217500	304897	1	EKG, Multi-Channel, Mortara Instrument Inc	507	98390113 123	

MENTAL HEALTH TREATMENT CENTER (MHTC)

SRNO	ECN	QTY	Equipment Description	Model	Serial #	Agency #
		1	Exam Table - Enochs	XL71		
		1	Exam Table - Ritter 104		2701	
	357608		Light, Examination,	Flex		
218123	304900	1	Light, Examination, Graham- Field Inc	Flex		
218119	304895	1	Nebulizer, Nonheated, Medical Instrument Co	3002	183112	
218125	304903	1	Nebulizer, Nonheated, Medical Instrument Co	3002	183153	
218118	304894	1	Otoscopr, Welch Allyn Inc	7114		
218124	304901	1	Otoscope, Welch Allyn Inc	767		
217499	304891	1	Oximeter, Pulse	3300	17026826 6	
		1	Oximeter, Pulse	5500	80100622 4	
		1	Oximeter, Pulse	5500	80101722 0	
	357609	1	Refrigerator - Avanti		IE707102 06	
	357601	1	Refrigerator - Summit		IE974100 04	
		1	Restraint Bed			
217501	304902	1	Scale, Floor, Health O Meter Div Contin	Beam	DRH400	
		1	Cart, Specialty			
218117	304893	1	Sphygmomanometer, Aneroid, Medline Ind	Hand	535465	
		1	Sphygmomanometer, Aneroid, Medline Ind	Wheeled		
		1	Suction Machine - Easy Vac		15160	
218121	304898	1	Table, Exam/Tx, Ritter Tycos Div Sybron	104	CD09363 6	5102
218122	304899	1	Table, Exam/Tx, Ritter Tycos Div Sybron	104	CP093633	5103

Contract ID# _____

218116	304892	1	Thermometer, Infrared (Scanner) Exergen	3000A	J0234806	
218116	304892	1	Thermometer, Infrared (Tympanic), Sherwood Med	3000A	J0234806	
	357607	1	Xray - Wolf Trimline	7420		
	257611	1	Xray - Wolf Trimline	7420		

PHARMACY (LONG TERM CARE UNIT)						
SRNO	ECN	QTY	Equipment Description	Model	Serial #	Agency #
		1	Refrigerator - Gallery GLRT183TDW8		BA45211 815	

PHYSICAL THERAPY (LONG TERM CARE UNIT)						
SRNO	ECN	QTY	Equipment Description	Model	Serial #	Agency #
218131	304911	1	Bath, Paraffin, Hygenic Corp	24050	98-00090	
217506	304915	1	Bath, Whirlpool, Whitehall Mfg Inc	H75M	C14634	
217507	304916	1	Bath, Whirlpool, Whitehall Mfg Inc	E-45-M	C1039A	
218134	304924	1	Batteries, Mobile Radiographic	NT2000		
217514	304926	1	Biofeedback Systems	SA4000	AV2446	

PHYSICAL THERAPY (LONG TERM CARE UNIT)						
SRNO	ECN	QTY	Equipment Description	Model	Serial #	Agency #
		1	Cervical Retraction Unit - Hometrac		HT007368	5146
		1	Cervical Retraction Unit - Hometrac		HT008956	5355
218133	304923	1	Dynamometer, Other	811	111817	
217504	304913	1	EEG Monitor	260	C1083	
		1	EMG Machine - Myotrac			5147
		1	EMG Machine - Myrotrac			5353
		1	E-stim Machine BMR Neurotech		2000	5137
217508	304917	1	Heating Pad, Circulating Fluid, Chattanooga Gp Inc	E-1	63222	
217511	304920	1	Heating Pad, Circulating Fluid, Chattanooga Gp Inc	E2	15538	
217505	304914	1	Heating Unit, Hot Pack, Chattanooga Gp Inc	E-2	15673	
		1	Hydro Massage		1133	4286
		1	Hydrocollator			5143
		1	Hydrotherapy Tub H-75-M (whirlpool)		C14536Tu b/C10724	5138

Contract ID# _____

		1	Iontophoresis - Phorosor II			5145
		1	Iontophoresis - Phorosor II			5169
218135	304925	1	Iontophoresis Unit, Drug Dlvry	Phoessor	25182	
218132	304912	1	Phorometer	PMT800	24646	
		1	Ross Stationery Bike			5165
		1	Scalestair - Detecto		3P7044	1354
		1	Stationary Bike - Ross			5165
		1	Stationary Bike - Ross Futura			5140
		1	Stimulator - Forte			5167
217509	304918	1	Stimulator, Nerve Locator, Chattanooga Gp Inc	20005TOM	1573	
217513	304922	1	Stimulator, Nerve Locator, Chattanooga Gp Inc	20005TOM	1508	
		1	Traction Table - Tritton		2008	5141
		1	Trampoline - Rebounder			2533
		1	Treadmill - Landick 8700		5356	5356
217510	304919	1	Treadmill, Landice Inc	8700	7	
		1	Ultraclave	M9	DMO126 87	5104
		1	Ultrasound - Chatt			5136
		1	Ultrasound - Forte 200		1573	5142
		1	Ultrasound Forte - US		A1161A	5168
217503	304910	1	Ultrasound Unit, Physical Ther, Chattanooga Gp Inc	Forte US	1331A	5136
217512	304921	1	Ultrasound Unit, Physical Ther, Chattanooga Gp Inc	Forte	1161A	
		1	Whirl Pool- White Hall	C14064TUB	C10397H YDRO	2067

TELEMEDICINE ROOM (ECHO PROGRAM -- UNMH)						
SRNO	ECN	QTY	Equipment Description	Model	Serial #	Agency #
		1	Telemed Camera - Polycam VSX5000	Polycom VSX5000	TEDPOVX 04603A3	
		1	Telemed Camera - Sony AFCCD			2774
		1	Telemed Comp/Screen - LTV 32w6HD	LTV-32w6HD	D325665 101582	
		1	Telemed Screen - Dell 20000FP		TWoiE249 46635	
		1	Telemed Stand			2775

Fixed Asset Inventory APRIL 2012

Cost Center # 6381
 Name of Facility: Central New Mexico Correctional Facility
 Administrator: Mark Delgado

COMPUTERS, PRINTERS, FACSIMILE & OTHER EQUIPMENT

UNIT	LOCATION	COMPUTER	MODEL	SERIAL	DOC NO.	COMMENTS
COMPUTERS						
ADMIN	A.A./Purchasing	Dell	OptiPlex 745	F4JW3D1		
ADMIN	Medical Director	Dell	Dimension 2400	DC30771		
ADMIN	Off-Site	Dell	OptiPlex 745	H4JW3D1		
ADMIN	Infection Control	Dell	OptiPlex 755	B5MWRG1		
ADMIN	Medical Supply	Gateway	E4300	35570857	6000119	
APA	Clinic	Dell	OptiPlex 745	84JW3D1		
LEVEL I	Clinic	Dell	OptiPlex 760	423WNK1		
LEVEL II	Clinic	Dell	OptiPlex 760	523WNK1		
LEVEL II	Clinic	Dell	OptiPlex GX270	3T1T451		
LTCU	D.O.N. Inpatient	Dell	OptiPlex 745	75JW3D1		
LTCU	Pharmacy	Dell	OptiPlex 745	G3JW3D1		
LTCU	Nurses Station	Dell	OptiPlex 745	G4JW3D1		
MAIN	Nurses Station	Dell	OptiPlex GX520	H2J16B1		
MAIN	Providers	Dell	OptiPlex 745	D6JW3D1		
MAIN	D.O.N. Outpatient	Dell	OptiPlex 745	J6JW3D1		
MAIN	Psych Nurse	Dell	OptiPlex GX270	FS1T451		
MAIN	Dental	Dell	OptiPlex 745	96JW3D1		
MAIN	Medical Records	Dell	OptiPlex GX50	1X9Q811		
MAIN	Medical Records	Gateway	E4300	35570913	6000103	
MAIN	Intake	Dell	OptiPlex 270	3T1T451		
MAIN	Xray	Dell	Vostro 220	4HHLLG1		
MHTC	Nurses Station	Dell	OptiPlex 760	223WNK1		
MHTC	Psych Nurse Sup'r	Dell	OptiPlex760	323WNK1		
PRINTERS						
ADMIN	Infection Control	Hewlett Packard	LaserJet P2015	CNB1N20624		
ADMIN	A.A./Purchasing	Hewlett Packard	LaserJet P2015	CNB1N20616		
ADMIN	Medical Director	Hewlett Packard	LaserJet P2035	CNB9J24522		
ADMIN	Off-Site	Hewlett Packard	J4580 (CB780A)	CN962C816K		

APA	Clinic	Hewlett Packard	LaserJet P2015	CNB1P30137		
APA	Psychiatrist	Hewlett Packard	LaserJet P2015	CNB1N20636		
LEVEL I	Clinic	Hewlett Packard	LaserJet P2035	CNB9G28707		
LEVEL II	Clinic	Hewlett Packard	LaserJet P2035	CNB9G19659		
LTCU	D.O.N. Inpatient	Hewlett Packard	LaserJet P2055	CMB1B02626		
LTCU	Pharmacy	Hewlett Packard	LaserJet P2015	CNB1N20634		
LTCU	Pharmacy	Brother	MFC-8220	U60995E7J374334		
MAIN	RDC Psychiatry	Hewlett Packard	LaserJet P2035	CNB9J24522		
MAIN	Psych Nurse	Hewlett Packard	LaserJet P2015	CNB1N20628		
MAIN	Medical Records	Hewlett Packard	LaserJet P2035	CNB9H28078		
MAIN	X-Ray	Hewlett Packard	LaserJet P2035	CNB9J37186		
MAIN	Nurses Station	Hewlett Packard	LaserJet P2015	CNB1N20619		
MAIN	Dental	Hewlett Packard	LaserJet P2015	CNB1N20631		
MAIN	Providers	Hewlett Packard	LaserJet P2015	CNB1N20627		
MAIN	Intake	Hewlett Packard	LaserJet P2015	CNB2R00926		
MAIN	D.O.N. Outpatient	Brother	MFC-3240CZ	U61087F6F460753		
MHTC	Psych Nurse Sup'r	Hewlett Packard	LaserJet P2035	CNB9G28705		
MHTC	Nurses Station	Hewlett Packard	LaserJet M1522nf	CNG8B7651G		
FAX EQUIPMENT						
ADMIN	Admin Office	Brother	IntelliFAX 4750e	U60283C7J631177		
ADMIN	Admin Office	Brother	IntelliFAX 2800	U56577C2J209412		Extra
LEVEL I	Nursing Station	Brother	IntelliFAX 4750e	U60283C7J631173		
LTCU	Inpatient D.O.N.	Brother	IntelliFAX 2820	U61325D6J449771		
LTCU	Nurses Station	Brother	IntelliFAX 4750e	U60283E7J652667		
APA	Clinic	Brother	IntelliFAX 4750e	U60283E7J652689		
MHTC	Nurse Station	Brother	IntelliFAX 4750e	U60283E7J652665		
MHTC	Med Room	Hewlett Packard	HP 3180 Fax	CN94EBN17X		
MAIN	Nurses Station	Brother	IntelliFAX 4750e	U60283E7J652718		
MAIN	Outpatient D.O.N.	Brother	IntelliFAX 4750e	U60283E7J647183		
CMRU	Med Room	Brother	IntelliFAX 4750e	U60283L7J731921		
CMU	Clinic	Brother	IntelliFAX 4750e	U60283A8J762966		
OTHER EQUIPMENT						
ADMIN	Admin Office	Durabrand	DTV1307	57370712263		TV
ADMIN	Admin Office	Sony	SLV-D380P	949602		VCR/DVD
LTCU	Nurses Station	Brother	DCP7020	U61283L7J221733		Multifunction
MAIN	Medical Records	Brother EM-630	B58342259			Typewriter

Fixed Asset Inventory APRIL 2012

Cost Center # 6384 Completed 4/30/12
 Name of Facility: Penitentiary of New Mexico
 Administrator: Tisha Romero

Description	Service tag number	Location
AVALO Medication Cart (4 Drawer)	L2079803	Level II Pharmacy
PCI Transaide Medication Cart (4 Drawer)	16060	Level II Pharmacy
Avalox Medication Cart (8 drawers)	2079441	Level V Pharmacy
Medicare Systems Medication Cart (4 drw)	4566	Level V Pharmacy
Transaide Medication Cart (4 drawer)	No number on cart	Level V Pharmacy
NuStar Asepsis Narrow Back Dental Chair	10869	Dental Level V
NuStar Asepsis Narrow Back Dental Chair	10870	Dental Level V
Velopex	10871	Dental Level V
X-Ray Machine	10872	Dental Level V
Del Medical X-Ray Floor Mounted System	F573042/10901	Dental Level VI
NuStar Asepsis Narrow Back Dental Chair	10866	Dental Level VI
NuStar Asepsis Narrow Back Dental Chair	10867	Dental Level VI
Peri Pro II Intraoral Film Processor	10902	Dental Level VI
Autoclave	10868	Dental Level VI
PowerAir Oil-less Compressor 1.5 HP	No Tag per property	Dental Level VI
MaxStar Orbit Deliver System X2	No Tag per property	Dental Level VI
MaxStar Orbit Deliver System X2	No Tag per property	Dental Level V
Midmark M-9 Sterilizer	No Tag per property	Dental Level VI
Midmark M-9 Sterilizer	No Tag per property	Dental Level V
Luxstar Unit Mount Light X2	No Tag per property	Dental Level V
Luxstar Unit Mount Light X2	No Tag per property	Dental Level VI
Bobcat Pro Ultrasonic Scaler (Cavitron)	No Tag per property	Dental Level V
X-Ray Machine (Full Body)	ES73042	Level VI X-Ray Room
Stretcher (donated from Santa Fe County FD)	No Tag	Level V Exam Room
Exam Tables (3)	No Tag	Level II
Exam Tables (4)	No Tag	Level V (Exam Room and in each housing unit)
Exam Tables (4)	No Tag	Level VI (Exam Room and in each housing unit)

Cost Center
 Contract ID# # 6390
 Name of Facility: Western New Mexico
 Correctional Facility
 Administrator: Peter Laraia

ITEM DESCRIPTION	MODEL/MAKE	SERIAL NO.	FACILITY	PROPERTY LOCATION	DATE ACQUIRED	ISSUES	COST	Replace
COLLAPSIBLE STRECHER		Y000390	WESTERN NM	K SEG	7/1/1990	7T - SEGREGATION	1,100.00	2
COLLAPSIBLE STRECHER		Y000357	WESTERN NM	MED CLINIC	7/1/1990		1,100.00	2
COMPUTER	DELL DIMENSION 3000	1C5DR61	WESTERN NM	MID-LEVEL'S OFFICE				NEW
COMPUTER	DELL OPTIPLEX 755	J4MWRG1	WESTERN NM			NURSE'S OFFICE		NEW
COMPUTER	GATEWAY E SERIES	NO SERIAL #	WESTERN NM			MEDICAL RECORDS	800.00	NEW
COMPUTER	DELL OPTIPLEX 745	D5JW3D1	WESTERN NM	H.S.A. OFFICE	7/1/2007		1339.37	NEW
COMPUTER	DELL OPTIPLEX 745	55JW3D1	WESTERN NM	DON OFFICE	7/1/2007		1339.37	NEW
COMPUTER	DELL OPTIPLEX 745	D4JW3D1	WESTERN NM	AA OFFICE	7/1/2007		1339.37	NEW
COMPUTER	DELL OPTIPLEX 745	24 JW3D1	WESTERN NM	MED DIR OFFICE	7/1/2007		1339.37	NEW
COMPUTER	DELL OPTIPLEX 745	431DX41	WESTERN NM	CLINIC COORDINATORS OFF	7/1/2007	NURSE'S STATION	1339.37	NEW
X-RAY PROCESSOR	AIR-TECHNIQUES	412983	WESTERN NM	X-RAY ROOM	7/1/1990	X-RAY DARKROOM	4,000	1
X-RAY PROCESOR Dental	KONICA MINOLTA	1.1E+08	WESTERN NM			X-RAY DARKROOM		NEW
X-RAY MACH	PROGENY LINEAR	FP86006	WESTERN NM	X-RAY ROOM	7/1/1990		21,000	1
X-RAY DENT PANOREX	G.E.	Y000394	WESTERN NM	X-RAY ROOM DENTAL	7/1/1990	DENTAL STORE RM	7,000	5
DENTAL CAVITRON	DENSPLY	G005328	WESTERN NM	DENT	1/1/1995	DENTAL	1,000	3

			NM					
SURGICAL CEILING LIGHT	AMSCO 10	Y000389	WESTERN NM	ER			2,000	5
DEFIBRILATOR	BIRTCHE	Y00379	WESTERN NM	ER	7/1/1990	?	6,000	DN R
EXAM TABLE ELECTRIC	RITTER	Y005339	WESTERN NM	ER		FIXED - ER	4695	2
CHAIR DENTIST	AMSCO	Y005315	WESTERN NM	DENT			11,000	4
CHAIR DENTIST	SIGNET	Y005316	WESTERN NM	DENT			11,000	4
EXAM LIGHT WALL	AMSCO 20	YG00382	WESTERN NM	EXAM RM 1			500	5
OTH/OTOSCOPE WALL	WELCH ALLYN	YG00386	WESTERN NM	EXAM RM 2		EXAM ROOM 1	980	2
CHAIR -EYE EXAM	RELISANCE	YG005326	WESTERN NM	OTHO ROOM	6/1/2002		19,681	5
MACRO TRIAL LENS #8008		YG003934	WESTERN NM	OTHO ROOM			715	DN R
OTH/OTOSCOPE TABLE TOP	WELCH ALLYN	YG00592	WESTERN NM	MED DIR OFFICE		MID-LEVEL'S OFFICE	980	3
TELEMEDICINE TV	PANASONIC	LB03420474	WESTERN NM	TELEPSYCH ROOM				NEW
TELEMEDICINE POLYCOM	VSX 5000	P0000014	WESTERN NM	TELEPSYCH ROOM				NEW
MICROSCOPE	SEILER	Y000388	WESTERN NM	LAB	7/1/1990	OLD MEDICAL RECORDS	1,100	5
MOBILE CABINET ENDO		G000611	WESTERN NM	DENT		DENTAL	500	DN R
CRASH CART		Y000380	WESTERN NM	ER	7/1/1990	X-RAY ROOM		DN R
O2 CONCENTRATOR	NEWLIFE ECOCHECK	IE005827	WESTERN NM	ER		MEDICAL SUPPLY RM	1,000	2
SUCTION UNIT	GEN MED	YG00376	WESTERN NM	ER		MEDICAL	525	1

			NM			SUPP RM		
DENTAL X- RAY BITE WING	PROVECT A	5833	WEST ERN NM	DENT	1/17/ 2008		423 5.7	NE W
AUTO CLAVE	MIDMARK M11	5834	WEST ERN NM	DENT	1/17/ 2008		504 9.4 5	NE W
O2 CONCENTR ATOR	DEVIL BLISS	256	WEST ERN NM			MEDIC AL SUPP RM		
TELEPSYC HIATRY TV	POLYCOM	6001280	WEST ERN NM			DENTA L STORE RM	12, 000	
EXAM LIGHT WALL	AMSCO 20	384	WEST ERN NM			EXAM ROOM 2	500	
WESTINGH OUSE TV		55922W 8120338 0	WEST ERN NM			DENTA L STORE RM		
EXAM TABLE		587	WEST ERN NM			EXAM ROOM 1		
EXAM TABLE		588	WEST ERN NM			EXAM ROOM 2		
EXAM TABLE			WEST ERN NM			UNIT 8 - Y POD		

Contract ID#	Cost Center #	6391
Completed: 4/30/12	Name of Facility:	New Mexico Women's Correctional Facility
	Administrator:	Tony McCort

ITEM DESCRIPTION	MODEL/MAKE	SERIAL NO.
COLLAPSIBLE STRECHER		CCA 5777
COLLAPSIBLE STRECHER		CCA
X-RAY PROCESER Dental	AT2000	CCA
DENTAL CAVITRON		CCA
DEFIBRILATOR	PEN TURN IN	NMDOC 2602
CHAIR DENTIST		CCA 0835
CHAIR DENTIST		CCA 5749
EXAM LIGHT X-RAY		CCA 0839
EXAM LIGHT FLOOR		
OTH/OTOSCOPE WALL	WELCH ALLYN	
OTH/OTOSCOPE WALL	WELCH ALLYN	
OTH/OTOSCOPE WALL	WELCH ALLYN	
OTH/OTOSCOPE TABLE TOP	WELCH ALLYN	
TELEMEDICINE TV	W.H LTV32w6HD	NMDOC PROP
TELEMEDICINE POLYCOM	VSX 5000	NMDOC PROP
MICROSCOPE	LABOVAL	CCA 0793
MED CART	CAPSA	NMDOC PROP
MED CART	CAPSA	NMDOC PROP
MED CART		CCA
MED CART	PENDING TURN IN	CCA
MED CART	PENDING TURN IN	CCA
O2 CONCENTRATOR		
O2 CONCENTRATOR		
SUCTION UNIT		
DENTAL X-RAY	GEN DEX	CCA
DENTAL X-RAY PANO	OP 100	CCA
ULTRA SONIC		CCA 5914
LATHE		CCA 5745
AUTO CLAVE	MIDMARK M9	CCA 7329
AUTO CLAVE	MIDMARK M11	CCA
COPO LIGHT		Agency 2710
EXAM TABLE		NMDOC PROP
ER BED	Gendron 880 transport +	Agency PROP

Fixed Asset Inventory APRIL 2012

Cost Center #	<u>6387</u>
Name of Facility:	<u>Southern New Mexico Correctional Facility</u>
Administrator:	<u>Sheri Pierce</u>

ITEM	NUMBER	LOCATION
ORTHOTRON II	206	PHYSICAL THERAPY ROOM
PERI PRO X-RAY DEVELOPER	2697	DENTAL
STERILIZER	307422	DENTAL
DENTAL X-RAY MACHINE	307420	DENTAL
DENTAL CHAIR	2632	DENTAL
DENTAL CHAIR	2607	DENTAL
COMPUTER	6000282	MEDICAL RECORDS
EXAM TABLE	2633	ER
OPTOMETRY EXAM CHAIR	002506 Agency	X-RAY SUITE
X-RAY MACHINE W/TABLE	SNMCF 1854	X-RAY SUITE
EXAM TABLE	NO TAG	MEDICAL DIRECTOR'S OFFICE
EXAM TABLE	000715 Agency	POU EXAM ROOM

Fixed Asset Inventory APRIL 2012

Cost Center # 6385
 Name of Facility: Roswell Correctional Center
 Administrator: Chrystal Whitney

MFG	Equipment	Model	Serial
Air Techniques	X-Ray Film Processor	Peri Pro 3	22776
Patterson dental supply	Dental mixer	H3M3E6	9947
Patterson dental supply	Dental Curing Light	085-1121	70918157
Tuttnaur	Autoclave	2340M	2708822
Belmont	Dental Chair	aga4731000	641181906
Henry Schein	X-Ray view box	NA	NA
Belmont	Dental Xray	96	eh08a0156
Henry Schein	Ultrasonic Cleaner	741	6131522350
SPO Medical	Pulse OX	5500	801007958
Exergen	Thermometer	TAT2000C	27
BCI international	Pulse OX	71000A1	180359288
Welch Allyn	Otoscope	767	NA
Grahm Field	View Box	102D	E21343
Agilent	AED	Heart Stream	502061643
Medical Ind.	Suction Unit	Vacumax	72878
McKesson	Stretcher / Gurney		MCK#B8866329
	EXAM TABLE		
	8 FOLDING CHAIRS		
	4 FOLDING TABLES		
	3 REFRIGERATORS		
	5 OFFICE CHAIRS		
	2 DRAFTING CHAIRS		
	4 DENTAL CHAIRS		
	6 FILE CABINETS		

1459456 THERMOMETER Mf: EXERGEN Md: TAT2000C EXERGEN CORP
 TEMPORALSCANNER TAT2000C 0027

1459457 OXIMETER Mf: SPO Md: 5500 SPO MEDICAL EQUIPMENT LTD 5500 07F034943

1459460 OXIMETER Mf: SPO Md: 5500 SPO MEDICAL EQUIPMENT LTD 5500 801007658

5003067 VIEW BOX Mf: HENRY SCHIEN CARR CORP NO MODEL NUMBER 11050701B

5003068 CURING LIGHT Mf: PATTERSON Md: 0851121 PATTERSON DENTAL SUPPLY
 0851121 070918157

Contract ID# _____

5003069 MIXER Mf: PATTERSON Md: H3M3E6 PATTERSON DENTAL SUPPLY THE VIBRATOR PD9947

5003070 CHAIR, DENTAL Mf: BELMONT Md: XCALIBUR BELMONT XCALIBUR 064181906

5003071 VIEW BOX Mf: GRAHAM Md: 102D GRAHAM-FIELD INC (GF HEALTH PRODUCTS NO MODEL NUMBER

INC)

E21343

5003072 OPHTHALMOSCOPE Mf: WELCH Md: 767 WELCH ALLYN INC 767 NONE

5003073 AED Mf: PHILIPS Md: M3860A AGILENT (PHILIPS MEDICAL SYS, HEWLETT HEARTSTART FR2+ M3860A

PACKARD, HP)

5.02E+08

5003074 SUCTION PUMP Mf: MEDICAL Md: VACUMAX605 MEDICAL INDUSTRIES OF AM (EVO MEDICAL VACUMAX 605

SOLUTIONS)

72878

5003075 STERILIZER, STEAM Mf: TUTNAUR Md: 2340M TUTTNAUER USA CO LTD 2340M 2708822

5003077 STEAM INCUBATOR Mf: 3M Md: ATTEST 116 3M ATTEST 116 154705

5003078 THERMOMETER Mf: WELCH Md: 6021 WELCH ALLYN INC 6021801

11114331352

5003079 OXIMETER PULSE Mf: BCI Md: 330171000A1 BCI INTERNATIONAL (SMITHS MEDICAL PM) 3301 71000A1 180359288

5003080 OPHTHALMOSCOPE Mf: WELCH Md: 767 WELCH ALLYN INC 767 NONE

6385 ROSWELL CORRECTIONAL FACILITY UNKNOWN EQUIPMENT MFR SEE COST CENTER NONE

Fixed Asset Inventory APRIL 2012

Cost Center # 6388
 Name of Facility: Springer Correctional Center
 Administrator: Mark Martin

Manufacturer	Count	Location
White Whirlpool Refrigerator	1	Break Room
Lg Brown Table	1	Break Room
Canon Copier	1	Break Room
Black Haier mini Fridge	1	Pharmacy
Red Tool Box	2	Pharmacy
Working Desk	1	Pharmacy
Rolling Chair	1	Pharmacy
Small Table	2	Pharmacy
Standing Book Shelves	2	LPN Office
Working Desk	1	LPN Office
Rolling Chair	1	LPN Office
Standing File Cabinets	3	AA Office
ACA File Cabinets	2	AA Office
Working Desk	2	AA Office
Frigidaire Air conditioner	1	AA Office
Small File Cabinet	1	AA Office
Working Desk	1	Exam Room
Rolling Chairs	2	Exam Room
Exam Table	1	Exam Room
Dental Rolling Chair	2	Dental
Delta XL Autoclave	1	Dental
Proform Vacuum Former	1	Dental
Pelton & Crane Dental Chair	1	Dental
Progeny Dental X-Ray	1	Dental
X-Ray Processor	1	Dental
Yellow Flammable Lock Box	1	Dental
Grey File Cabinet	1	Dental
Working Desk	1	H.S.A Office

Fixed Asset Inventory APRIL 2012

Cost Center # 6392
 Name of Facility: North Eastern New Mexico Detention Facility
 Administrator: Sherry Phillips

Building	Room Description	Room Number	Asset Description	QOH	Cost	Total Cost	Serial #	Model Number	Manufacturer	Asset Number
Support	Med Store Room	#512	File Cabinet, letter size, 5-drawer, with lock	1		\$ -			HON	0675
Support	Med Store Room	#512	Exam Lamp	1						
Support	Med Store Room	#512	Oxygen Carts	2						
Support	Med. Store Room	#535	Black Wire Shelves	3		\$ -				0676
Support	Med. Store Room	#535	Autoclave to sterilize instruments	1		\$ -				0677
Support	Med. Store Room	#535	EKG Machine (lease) NOT IN ROOM	1		\$ -				0678
Support	Med. Store Room	#535	Supreme Blood Glucose Monitor	2		\$ -				0681
Support	Med. Store Room	#535	Cylinder 02 E Kit Cart Fill	2		\$ -				0097
Support	Med. Store Room	#535	Regulator 02 F/E Cyl	2		\$ -				0100
Support	Biohazard Room	#537	Biohazard Cart	1		\$ -				0041
Support	Nurses Station	#501	Battery Charger	1		\$ -				0094
Support	Nurses Station	#501	Bookcase, Wood, 5 Shelf (metal)	1		\$ -			HON	0095
Support	Nurses Station	#501	Chair, Jr. Executive, Cloth, Highback	2		\$ -			HON	0096
Support	Nurses Station	#501	Hamper 26" Lid and Casters (MD-15-03)	1		\$ -				0098
Support	Nurses	#501	Thermometer,	1		\$ -				01

rt	Station		w/ Oral Probe (SH309800)			-				01
Support	Nurses Station	#501	Utility Cart (IDEAL MC311)	3		\$ -				01 02
Support	Nurses Station	#501	Rolling Chair W/Back	2		0		339 410	H on	
Support	Medical Records	#624	Chair, Jr. Executive, Cloth, Highback	1		\$ -			H O N	
Support	Medical Records	#624	Desk/Return	1		\$ -			H O N	
Support	Medical Records	#624	White Board	1		\$ -			S P C	
Support	Med. Break Room	#534	Wheelchair w/ Elev Leg Rest (TU860E)	3		\$ -				00 44
Support	Med. Break Room	#534	Wheelchair w/ Elev Leg Rest (TU860E)	3		\$ -				00 45
Support	Med. Break Room	#534	Lateral File Cabinet	1		\$ -			H O N	00 47
Support	Med. Break Room	#534	Stretcher Mattress 2" with split (GEN 212)	4		\$ -				00 50
Support	Medical	#534	Gurney plus Mattresses no siderail's	4		\$ -				00 36
Support	Medical	#534	Gurney plus Mattresses w/ siderail's	2		\$ -				00 37
Support	Medical	#534	Blue Sebel Chairs	9		0			S e b e l	
Support	CMS Office	#515	Bookcase, Wood, 5 Shelf (metal)	1		\$ -			H O N	01 13
Support	CMS Office	#515	Chair, Side w/arms, Cloth, Sledbase	1		\$ -			H O N	01 14
Support	CMS Office	#515	Chair, Jr. Executive, Cloth, Highback	1		\$ -			H O N	01 20
Support	CMS Office	#515	File Cabinet, letter size, 5-drawer, with lock	1		\$ -			H O N	01 21
Support	Health Services Admin	#514	Desk w/ Return	1		\$ -			H O N	01 09
Support	Health Services Admin	#514	Chair, Jr. Executive, Cloth, Highback	1		\$ -			H O N	01 10
Support	Health	#514	Chair, Side	2		\$			H	01

rt	Services Admin		w/arms, Cloth, Sledbase			-			O N	11
Support	Health Services Admin	#514	Lateral File Cabinet	1		\$ -			H O N	01 12
Support	Med. Admin. Ass.	#513	Bookcase, Wood, 5 Shelf (metal)	1		\$ -			H O N	01 05
Support	Med. Admin. Ass.	#513	Chair, Jr. Executive, Cloth, Highback	1		\$ -			H O N	01 06
Support	Med. Admin. Ass.	#513	File Cabinet, letter size, 5-drawer, with lock	1		\$ -			H O N	01 07
Support	Med. Admin. Ass.	#513	Metal Office Desk/Return	1		\$ -			H O N	01 08
Support	Med. Admin. Ass.	#513	Chair, Side w/arms, Cloth, Sledbase	1		0				
Support	Med. Admin. Ass.	#513	Broke Stool	1						
Support	Dental	#510	Thermometer, w/ Oral Probe (SH309800)	1		\$ -				04 02
Support	Dental	#510	Trash Can, Step-on 24 qt. (LAG-13200)	2		\$ -				04 03
Support	Dentist	#510	Denoptix QST	1		\$ -				
Support	Dentist	#510	Dental Chairs	2		\$ -				04 04
Support	Dentist	#510	Equipment Cabinet	1		\$ -				04 05
Support	Dentist	#510	X-Ray Machine	1		\$ -				04 07
Support	Dentist	#510	X-ray Viewer	1		\$ -				04 08
Support	Dentist	#508	Ultra Clave	1		0			M i d m a r k	
Support	Med. Director	#509	Bookcase, Wood, 5 Shelf (metal)	1		\$ -			H O N	05 14
Support	Med. Director	#509	Desk w/ Return	1		\$ -			H O N	05 15
Support	Med. Director	#509	File Cabinet, letter size, 5-drawer, with lock	1		\$ -			H O N	05 16
Support	Med. Director	#509	Trash Can, Step-on 24 qt. (LAG-13200)	1		\$ -			R u b e	05 17

										r m a i d
Support	Med. Director	#509	Chair, Side w/arms, Cloth, Sledbase	1						
Support	Exam Room #3	#507	Biohazard Syringe Case	1		\$ -				0078
Support	Exam Room #3	#507	Exam Table	1		\$ -				0080
Support	Exam Room #3	#507	Examination Lamp (GF55-1697-1)	1		\$ -				0081
Support	Exam Room #3	#507	Examination Stool (CLI2101)	1		\$ -				0082
Support	Exam Room #3	#507	Norix Chairs	1	\$ 45.00	\$ 45.00				0084
Support	Exam Room #3	#507	Ophthalmoscope Head (WA-11710)	1		\$ -				0085
Support	Exam Room #3	#507	Otoscope Head (WA-76710)	1		\$ -				0086
Support	Exam Room #3	#507	Pulse Oximeter	1		\$ -				0087
Support	Exam Room #3	#507	Stool	1		\$ -				0089
Support	Exam Room #3	#507	Thermometer, w/ Oral Probe (SH309800)	1		\$ -				0090
Support	Exam Room #3	#507	Trash Can, Step-on 24 qt. (LAG-13200)	1		\$ -				0091
Support	Exam Room #3	#507	Wall Transormer (WA-76710)	1		\$ -				0093
Support	Exam Room #2	#506	Biohazard Syringe Case	1		\$ -				0065
Support	Exam Room #2	#506	Exam Table	1		\$ -				0067
Support	Exam Room #2	#506	Examination Lamp (GF55-1697-1)	1		\$ -				0068
Support	Exam Room #2	#506	Examination Stool (CLI2101)	1		\$ -				0069
Support	Exam Room #2	#506	Ophthalmoscope Head (WA-11710)	1		\$ -				0070
Support	Exam Room #2	#506	Otoscope Head (WA-76710)	1		\$ -				0071
Support	Exam Room #2	#506	Pulse Oximeter	1		\$ -				0072
Support	Exam Room #2	#506	Stool			\$ -				0073

Support	Exam Room #2	#506	Thermometer, w/ Oral Probe (SH309800)	1	\$ -				0074
Support	Exam Room #2	#506	Trash Can, Step-on 24 qt. (LAG-13200)	1	\$ -				0076
Support	Exam Room #2	#506	Wall Transformer (WA-76710)	1	\$ -				0077
Support	Exam Room #1	#504	Card X-ray ID Customer 1000/EA		\$ -				0051
Support	Exam Room #1	#504	Sphygmomanometer, Adult Large Nylon	1	\$ -				0052
Support	Exam Room #1	#504	Biohazard Syringe Case	1	\$ -				0053
Support	Exam Room #1	#504	Exam Table	1	\$ -				0055
Support	Exam Room #1	#504	Examination Lamp (GF55-1697-1)	1	\$ -				0056
Support	Exam Room #1	#504	Examination Stool (CLI2101)	1	\$ -				0057
Support	Exam Room #1	#504	Ophthalmoscope Head (WA-11710)	1	\$ -				0058
Support	Exam Room #1	#504	Otoscope Head (WA-76710)	1	\$ -				0059
Support	Exam Room #1	#504	Pulse Oximeter	1	\$ -				0060
Support	Exam Room #1	#504	Stool		\$ -				0061
Support	Exam Room #1	#504	Thermometer, w/ Oral Probe (SH309800)	1	\$ -				0062
Support	Exam Room #1	#504	Trash Can, Step-on 24 qt. (LAG-13200)	2	\$ -				0063
Support	Exam Room #1	#504	Wall Transformer (WA-76710)	1	\$ -				0064
Support	Medical	#502	Armless Norix Chairs	12	\$ -				0103
Support	Medical	#502	TV	1	\$ -				0104
Support	Emergency Room	#533	Automatic External Defibrillator	1	\$ -				0139
Support	Emergency Room	#533	Backboard, yellow (MTR LP712000)	1	\$ -				0140
Support	Emergency Room	#533	Biohazard Trash Can	2	\$ -				0141
Support	Emergency Room	#533	Emergency Equipment Boxes (large)	1	\$ -				0142

Support	Emergency Room	#533	Emergency Equipment Boxes (small)	2	\$ -				01 44
Support	Emergency Room	#533	Examination Lamp (GF55-1697-1)	1	\$ -				01 45
Support	Emergency Room	#533	Examination Stool (CLI2101)	1	\$ -				01 46
Support	Emergency Room	#533	First Aid Emergency Box (GF-45-6630)	1	\$ -				01 47
Support	Emergency Room	#533	Nebulizer Pulmo Aide (DV5650D)	1	\$ -				01 48
Support	Emergency Room	#533	Ophthalmoscope Head (WA-11710)	1	\$ -				01 50
Support	Emergency Room	#533	Otoscope Head (WA-76710)	1	\$ -				01 51
Support	Emergency Room	#533	Portable Suction Unit (MW101)	1	\$ -				01 52
Support	Emergency Room	#533	Refrigerator	1	\$ -			GE	01 53
Support	Emergency Room	#533	Thermometer, w/ Oral Probe (SH309800)	1	\$ -				01 55
Support	Emergency Room	#533	Wall Transormer (WA-76710)	1	\$ -				01 58
Support	Emergency Room	#533	Portable Suction Unit (MW101)	1	\$ -				00 38
Support	Emergency Room	#533	Fetal Monitor / Scope for heart rate	1	\$ -				06 79
Support	Emergency Room	#533	First Aid Emergency Box (GF-45-6630)NIR	1	\$ -				06 80
Support	Emergency Room	#533	Oxygen Chrome Cart (WM-PX1020)	2	\$ -				00 99
Support	Emergency Room	#533	Portable Suction Unit (MW101)	1	\$ -				00 38
Support	Emergency Room	#533	Sharps container	1	0				
Support	Emergency Room	#533	Exam Tables	2					
Support	X-Ray Room	#531	Film Processing Machine	1	\$ -				01 35
Support	X-Ray Room	#531	Stanley Fat Max		\$ -				01 36
Support	X-Ray Room	#531	Trash Can, Step-on 24 qt. (LAG-13200)		\$ -				01 37
Support	X-Ray Room	#531	X-Ray Automatic I.D. Printer		\$ -				01 38
Support	X-Ray Room	#531	X-Ray Table	1					

rt									
Support	X-Ray Room	#531	X-Ray Machine	1					
Support	X-Ray Room	#531	X-Ray Protective Apron	2					
Support	X-Ray Room	#531	X-Ray protective gloves	1					
Support	Pharmacy	#530	Expired or Disct Medication Box with a Lock	1	\$	-			01 32
Support	Pharmacy	#530	Narcotics Cabinet with Double Locks	1	\$	-			01 33
Support	Pharmacy	#530	Trash Can, Step-on 24 qt. (LAG-13200)	1	\$	-			01 34
Support	Pharmacy	#530	Refrigerator	1				H a i e r	
Support	Optometrist	#521	Trash Can, Step-on 24 qt. (LAG-13200)	1	\$	-			05 24
Support	Closet		Bed	1					
Support	Med Seg. Office	#527	Ophthalmoscope Head (WA-11710)	1	\$	-			05 21
Support	Med Seg. Office	#527	Otoscope Head (WA-76710)	1	\$	-			05 22
Support	Med Seg. Office	#527	Thermometer, w/ Oral Probe (SH309800)	1	\$	-			05 23
Support	Med Seg. Office	#527	Wall Transormer (WA-76710)	1	\$	-			05 25
Support	Med Seg. Office	#527	Exam Table	1		0			
Support	Medical Segregation	#523	Manual Hospital Bed Single-Metal	1	\$	-			01 23
Support	Medical Segregation	#523	Aluminum Bed w/ Mattress	1	\$	-			01 24
Support	Medical Segregation	#524	Restraint Bed w/ Restraints	1	\$	-			01 25
Support	Medical Segregation	#525	Restraint Bed w/ Restraints	1	\$	-			01 26
Support	Medical Segregation	#526	Black Wire Shelves	3	\$	-			01 27
Support	Medical Segregation	#526	Blue Sebel Chairs	3	\$	-		S e b e l	01 28
Support	Medical Segregation	#526	Trash Can, Step-on 24 qt. (LAG-13200)	1	\$	-		R u b b e r m	00 43

	break room
IV Pole (1)	1-emergency room
Privacy Screen (2)	1-exam room 3; 1-emergency room
Overbed Table (1)	1-medical records room
Fax machine (Brother-1)	1-nurses station
Rolling table (1)	1-nurses station
Chart carts (2)	2-nurses station
DVD Player (1)	1-employee break room
TV (1)	1-employee break room
TV cart (1)	1-employee break room

5003001 OXIMETER PULSE Mf: MINDRAY Md: PM50 MINDRAY CO., LTD. PM50 AY8107150
 5003002 CHAIR, DENTAL Mf: PELTON Md: SP15 PELTON & CRANE DIV SIEMENS MED SYS NO MODEL NUMBER 13350
 5003003 CHAIR, DENTAL Mf: PELTON Md: SP15 PELTON & CRANE DIV SIEMENS MED SYS NO MODEL NUMBER 13351
 5003004 MIXER Mf: PATTERSON Md: H3M3E6 PATTERSON DENTAL SUPPLY THE VIBRATOR PD11228
 5003005 THERMOMETER Mf: WELCH Md: 690 WELCH ALLYN INC SURETEMP 690 07502650
 5003006 CURING LIGHT Mf: PATTERSON Md: 0851121 PATTERSON DENTAL SUPPLY 0851121 100726052
 5003007 SCALER Mf: DENTSPLY Md: BOBCAT DENTSPLY INTERNATIONAL INC BOBCAT 130-20948
 5003008 ULTRASONIC CLEANER Mf: BIO Md: UC95D115 BIOSONICS UC300115 070502014
 5003009 STERILIZER Mf: MIDMARK Md: M9 MIDMARK CORP (OHIO MEDICAL INST, M9 ULTRACLAVE M9022 RITTE R) V5920 67

5003010 STEAM INCUBATOR Mf: 3M Md:
ATTEST 116 3M ATTEST 116 160753
5003011 MIXER Mf: PATTERSON Md: THE VIBRATOR
PATTERSON DENTAL SUPPLY THE VIBRATOR 0930
5003012 VACUUM MIXING DEVICE Mf: TS Md:
101 KEYSTONE VIEW CO 101 M0900012
5003013 VIEW BOX Mf: DENTSPLY Md: 670400
DENTSPLY INTERNATIONAL INC 670440 64542
5003014 OPHTHALMOSCOPE Mf: WELCH Md:
767 WELCH ALLYN INC 767 NONE
5003015 THERMOMETER Mf: WELCH Md: 690
WELCH ALLYN INC SURETEMP 690 08260587
5003016 THERMOMETER Mf: WELCH Md: 690
WELCH ALLYN INC SURETEMP 690 008260590
5003017 OPHTHALMOSCOPE Mf: WELCH Md:
767 WELCH ALLYN INC 767 NONE
5003018 THERMOMETER Mf: WELCH Md: 690
WELCH ALLYN INC SURETEMP 690 07502589
5003019 DEFIB Mf: ZOLL Md: AED PLUS ZOLL
MEDICAL CORP (ZMI) AED PLUS X08F160016
5003020 OPHTHALMOSCOPE Mf: WELCH Md:
767 WELCH ALLYN INC 767 NONE
5003021 SUCTION UNIT Mf: SUNRISE DEVILBISS
CO (SUNRISE MEDICAL) 7304A PD264007
5003022 THERMOMETER Mf: WELCH Md: 690
WELCH ALLYN INC SURETEMP 690 8260589
5003023 THERMOMETER Mf: WELCH Md: 690
WELCH ALLYN INC SURETEMP 690 07502647
5003024 OPHTHALMOSCOPE Mf: WELCH Md:
767 WELCH ALLYN INC 767 NONE
5003025 THERMOMETER Mf: WELCH Md: 690
WELCH ALLYN INC SURETEMP 690 08260591
6392 NE NEW MEXICO CORRECTIONAL FACILITY
UNKNOWN EQUIPMENT MFR SEE COST CENTER NONE

Fixed Asset Inventory APRIL 2012

Cost Center # 6382
 Name of Facility: Guadalupe County Correctional Facility
 Administrator: Kathy Armijo

Agency NO	ITEM DESCRIPTION	SERIAL NO.	MODEL	LOCATED
Agency-2522	1-COMPUTER HARDRIVE	3PV0701	Dell optiplex	M-30 STORAGE(Broken)
Agency-2523	1-COMPUTER HARDRIVE	3150455001	Dell clientpro	M-19 - STORAGE(Broken)
Agency- 2524	1-COMPUTER HARDRIVE	BBWRK01	DELL	M-30 STORAGE(Broken)
Agency-2525	1-COMPUTER HARDRIVE	3230612	Client Pro	M-30 STORAGE(Broken)
Agency-2526	1-COMPUTER HARDRIVE	11099171	Gateway	M-30 STORAGE(Broken)
Agency-2528	1-OTHOSCOPE	WALL MOUNT		M-42- EMEREGENCY ROOM
Agency- 2531	1-AUTOCLAVE	M9003-C2006598		M-10 - DENTAL
Agency-2532	1-LATHE	95128		M-10 - DENTAL
Agency-2597	1-COMPUTER HARDRIVE	JSIT451	DELL-OPTIPLEX	M-37- MEDICAL RECORDS
Agency-2598	1-LENS O METER	101		M-20 - EYE EXAM ROOM
Agency-2600	1-CURING LIGHT	AB5739	HENRY SCHEIN	M-09-DENTAL
Agency-2725	1-COMPUTER STAND	ROLLING BEIGE		M-08-DENTAL OFFICE
Agency-2727	1- SCANNER	5470H-CN27T1A1H3		M-16-HSA OFFICE

**THIS EQUIPMENT WAS TAGGED BY Agency ON 1-23-03 AND ON 4-6-05
 FOR GUADALUPE COUNTY CORRECTION FACILITY - CMS COST CENTER 6382**

Contract ID# _____ Cost Center # 6383

Name of Facility: Lea County Correctional Facility

Administrator: Don Douglas

LOCATION	EQUIPMENT	TAG #	SERIAL #	MODEL #
Optometry room	Optometry machine and chair	307388		
	Lens meter	2083		
Dental	Autoclave		V632067	M7-020
	BioSonic UC125		80328050	
	Cavitron		130-21170	
	Dental chair unit 1	307382		
	Dental x-ray unit	307379		
	Curing light	357485		
	Dental chair unit 2	307380		
	Peri Pro III x-ray developer			23117
Archive Supply closet	Autoclave		2518	
	Medication cart		8731	
Dr.'s office	Otoscope with ophthalmic scope	12322 (GEO)		
Exam Room 1	Otoscope with ophthalmic scope	357503		
Emergency Room	Stryker stretcher	307399		
	Exam table with drawers	2513		
	Otoscope with ophthalmic scope	357484		
	AED Plus Zoll	WHC15231 (GEO)	X02F001364 (GEO)	
	EKG Machine	357481		
	Nebulizer	D3278538	565OD	
X-ray Room	X-ray control		YC786-0809	F280
	X-ray view box/light	307373		
		307376		
	X-ray processor	12365		
	X-ray table	307371		

	Linear x-ray collimator	307377		
		12363		
	Chest/chin x-ray stand	(GEO)		
	X-ray protection shield/wall	12362		
Tele-medicine (Property of ECHO)	LCCF polycom	P0000160		
Pharmacy	Medi-cart		70334	
	Tele-med unit &			
Exam Room 1 Storage	Scanner	2719		
Physician assistant office	Otoscope with ophthalmic scope			
Housing 3 Satellite	Otoscope with ophthalmic scope			
Housing 4 Satellite	Otoscope with ophthalmic scope			