Point Coupee Parish Jail P. O. Box 248 New Roads, Louisiana 70760

Modification No. 06 **IGSA A/DLS-49-90**

This modification number 06 to Intergovernmental Service Agreement A/DLS-49-90 makes the following changes, effective 10/01/96:

The Agreement number is hereby changed from A/DL\(\sqrt{-49-90}\) to ACB-7-I-0035. A.

The new Contracting Officer name and address are as follows: В.

> Roger E. Fregeau, Contracting Officer U. S. Immigration & Naturalization Service 70 Kimball Avenue South Burlington, Vermont 05403-6813 Telephone No.

The new Payment address on page 3 of the Agreement is as follows: C.

> U. S. Immigration & Naturalization Service 70 Kimball Avenue South Burlington, Vermont 05403-6813 Attn: Finance Telephone No. (802) 660-1127

For the INS:

Roger E. Fregeau Contracting Officer Immigration & Naturalization Service 70 Kimball Avenue South Burlington, VT 05403-6813

Date: 12/19/96

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IGSA-A/DLS-49-90 dated 5-8-90 is modified to cancel the two sections entitled " PURPOSE" and "SUPPORT AND MEDICAL SERVICES" and to substitute the following two sections:

PURPOSE

The purpose of this Intergovernmental Service Agreement is to establish a formal binding relationship between the United States, Immigration and Naturalization Service (hereafter referred to as the "Service") and the Point Coupee Parish Jail (hereafter referred to as the "Provider") for the long term detention and care of Mariel Cuban aliens and aliens of other nationalities (hereafter referred to as "Detainees").

SUPPORT, MEDICAL SERVICES AND GUARD SERVICES

The **Provider** agrees to accept and provide for the secure custody, care, and safekeeping of detainees in accordance with the State and local laws, standards, policies, procedures, or court orders applicable to the operations of the facility.

The **Provider** agrees to provide INS detainees with the same level of medical care and services as provided non-INS prisoners as part of the per manday per diem rate. This rate includes:

- o On-site sick call (when provided by on-site staff);
- o Medications (over the counter/non-legend and routine drugs and medical supplies);
- o Emergency ambulance service to off-site health care services; and
- Escort/security guard services for transport to/from emergency or non-emergency health care services as either an in-patient or out-patient.

The **Provider** agrees to provide stationary guard services as requested or required for detainees committed to a medical facility for inpatient medical care. Such services will be performed by qualified law enforcement or correctional officer personnel employed by the **Provider** under their policies, procedures and practices. The **Provider** agrees to augment such practices as may be requested by the **Service** to enhance specific requirements for security, detainee monitoring, visitation and contraband control. The itemized monthly invoice for such stationary guard services shall state the number of hours being billed, the duration of the billing (times and dates) and the name of the detainee(s) that was guarded. The **Service** agrees to reimburse the **Provider** for actual stationary guard services provided at the rate of $\frac{12.00}{1000}$ per hour.

When specifically requested by the **Service**, the **Provider** agrees to arrange for and/or provide non-emergency ambulance transportation service to transport detainees from one off-site medical care facility to another. The **Service** agrees to provide reimbursement, over and above the per manday per diem rate, to the **Provider** for such ambulance transportation services when the costs are included with the regular monthly billing for detention services.

The **Provider** further agrees to include all costs associated with hospital or health care services specifically provided to any detainees both inside and outside the facility, with the regular monthly billing to the **Service** for detention services. In this case, the **Provider** arranges for the health care facility, consultant health care provider, and other health care vendor/suppliers to invoice the **Provider** for services provided at rates no greater than those applicable for non-INS detainees in the custody of the **Provider**. The **Service** shall include payment for the hospital/health care services provided along with the monthly payment for detention services. The **Provider** shall submit invoices for hospital and health care services to the **Service** within sixty (60) days after the services were rendered. In addition, the following documentation must be provided in order to support INS payment of these costs:

- 1) <u>Health Care Facility</u> invoice with discharge summary attached which includes diagnosis, treatment, prognosis and follow-up needed;
- 2) <u>Health Care Provider</u> invoice with note attached which includes diagnosis, treatment and follow-up needed;
- 3) <u>Health Care Vendors/Suppliers</u> invoice with name of INS detainee(s) and list of services/supplies rendered.

The **Provider** shall also notify the designated contact person at the local **Service** office, when any reimbursable medical care is provided to a detainee inside the **Provider**'s facility or at a medical care facility outside of the **Provider**'s facility, in accordance with procedures to be established and mutually agreed upon.

As requested or required by the **Service** the **Provider** shall furnish necessary articles of clothing (1 pair jeans, 1 shirt, 1 set underwear, 1 pair socks, 1 pair shoes, and if required by weather, 1 coat or jacket) to detainees prior to their release to a half-way house or to family. The **Service** agrees to reimburse the **Provider** for all actual costs for providing such clothing. The charges for clothing costs shall be included with the regular monthly billing to the **Service** for detention services. A copy of the receipts for such clothing paid by the **Provider** shall be submitted with the detention billing to support the reimbursement.

INTERGOVERNMENTAL SERVICE AGREEMENT

PURPOSE

The purpose of this Intergovernmental Service Agreement is to establish a formal binding relationship between the United States, Immigration and Naturalization Service (hereafter referred to as the "Service") and the <u>Pt. Coupee Parish Jail</u> (hereafter referred to as the "Provider") for the detention and care of aliens.

SUPPORT AND MEDICAL SERVICES

The Provider agrees to accept and provide for the secure custody, care, and safekeeping of detainees in accordance with the State and local laws, standards, policies, procedures, or court orders applicable to the operations of the facility.

The Provider agrees to provide detainees with the same level of medical care and services provided local prisoners including the transportation and security for prisoners requiring removal from the facility for emergency medical services. The Provider shall also notify the designated contact person at the local Service office, when medical care is provided to a detainee at a medical care facility outside of the Provider's facility, in accordance with procedures to be established and mutually agreed upon.

The Provider further agrees to include all costs associated with hospital or health care services provided outside the facility, with the regular monthly billing to the Service for detention services. In this case, the Provider arranges for the caring facility to invoice the Provider for services provided at rates no grater than those applicable for other individuals in the custody of the Provider. A copy of the caring facility's invoice(s) for hospital/health care services shall be submitted with the detention billing to support the Service's payment of those costs to the Provider. The Service shall include payment for the hospital/health care services provided along with the monthly payment for detention services.

MINIMUM STANDARDS

The Provider agrees to meet the following minimum standards:

1. 24 hour supervision

- 2. Full compliance with applicable fire and/or life safety codes, and has appropriate smoke/fire detection equipment installed in the facility.
- 3. A minimum of two meals in a 24 hour period for each detainee. No fewer than 1,500 calories total per 24 hours and, if detention exceeds four (4) days no fewer than 2,000 calories per day thereafter. There will also be no more than 14 hours between meals.
- 4. Appropriate 24 hour emergency medical care, and emergency evacuation procedures.
- 5. When detained overnight, each detainee will be provided a mattress, and, when appropriate, a blanket.

FACILITY LOCATION

The Provider shall provide detention services for aliens at the following institution(s):

Pt. Coupee Parish Jai1 P. O. Box 248 New Roads, LA 70760

INSPECTION

The Provider agrees to allow periodic inspections of the facility by INS jail inspectors. Findings will be shared with the facility administrator in order to promote improvements to facility operations or conditions of confinement.

FINANCIAL PROVISIONS

The per diem rate under this agreement is \$46.00 per manday. The rate covers one person per day. The Government may not be billed for two days when an alien is admitted one evening and removed the following morning. The Provider may bill for the day of arrival but not for the day of departure.

The Provider shall prepare and submit an itemized invoice for services provided each month, in arrears. The invoice is to be submitted to

Page 3

the following location:

U. S. Immigration & Naturalization Service P. O. Box 960
Oakdale, La 71463

Payments under this agreement shall be effected within thirty calendar days after receipt of a correct and proper invoice, by the following office:

Immigration & Naturalization Service 311 North Stemmons Freeway (ROBUD) Dallas, Texas 75207

Payments effected under the terms of this agreement are to be submitted to the following address:

Pt. Coupee Parish Jai1 P. o. Box 248 New Roads, LA 70760

This agreement shall be in effect upon execution by both parties, and shall remain in effect until April 24, 1993 (not to exceed three years from the date of execution), unless terminated sooner in writing, by either party. Should conditions of an unusual nature occur making it impractical or undesirable to continue to house aliens, the Provider may suspend or restrict the use of the facility by the Service by giving written notice of such intent to the Service. Such notice will be provided 30 days in advance of the effective date of a formal termination and at least two weeks in advance of suspension or restriction of use unless an emergency situation requires the immediate relocation of aliens.

The Provider may initiate a request for a rate increase or decrease by notifying the local office of the Service in writing at least 60 days prior to the desired effective date of the adjustment. Any rate increase must be justified in writing to the local Service office prior to being approved. Changes in rates or other terms and/or conditions of this agreement, shall be effected by the issuance of either an amendment to this agreement, or the execution of a new agreement.

CONTACT PERSONS

The	Provid	ler is	adv	rised	to	conta	ct the	Э	followir	ıg	representative	at	the	local
Serv	rice of	fice	for	assis	stan	ce in	matte	rs	related	to	this agreement:			

Name: Title: Chief of Detention Phone #:

The Service may contact the following representative of the Provider for assistance in matters related to this agreement:

Name: Title: Warden Phone #:

ONCURRENCE	/FUNDING	DATA:
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1251//2501/Approved:	ARC-RODDP
***********	********
SIGNATUR	ES & EXECUTION
	Pt. Coupee Parish Jail

U.S. Department of Justice P. O. Box 248 IMMIGRATION AND New Roads, Louisiana 70760 NATURALIZATION SERVICE Maurice O. Shook Name of Person Authorized to Contracting Officer Sign on Behalf of the Provider Signature 5-8-90

April 17, 1990 Date Signed

Date Signed

INTERGOVERNMENTAL SERVICE AGREEMENT

PURPOSE

The purpose of this Intergovernmental Service Agreement is to establish a formal binding relationship between the United States, Immigration and Naturalization Service (hereafter referred to as the "Service") and the Pt. Coupee Parish Jail (hereafter referred to as the "Provider") for the detention and care of aliens.

SUPPORT AND MEDICAL SERVICES

The Provider agrees to accept and provide for the secure custody, care, and safekeeping of detainees in accordance with the State and local laws, standards, policies, procedures, or court orders applicable to the operations of the facility.

The Provider agrees to provide detainees with the same level of medical care and services provided local prisoners including the transportation and security for prisoners requiring removal from the facility for emergency medical services. The Provider shall also notify the designated contact person at the local Service office, when medical care is provided to a detainee at a medical care facility outside of the Provider's facility, in accordance with procedures to be established and mutually agreed upon.

The Provider further agrees to include all costs associated with hospital or health care services provided outside the facility, with the regular monthly billing to the Service for detention services. In this case, the Provider arranges for the caring facility to invoice the Provider for services provided at rates no grater than those applicable for other individuals in the custody of the Provider. A copy of the caring facility's invoice(s) for hospital/health care services shall be submitted with the detention billing to support the Service's payment of those costs to the Provider. The Service shall include payment for the hospital/health care services provided along with the monthly payment for detention services.

MINIMUM STANDARDS

The Provider agrees to meet the following minimum standards:

1. 24 hour supervision

- Full compliance with applicable fire and/or life safety codes, and has appropriate smoke/fire detection equipment installed in the facility.
- 3. A minimum of two meals in a 24 hour period for each detainee. No fewer than 1,500 calories total per 24 hours and, if detention exceeds four (4) days no fewer than 2,000 calories per day thereafter. There will also be no more than 14 hours between meals.
- 4. Appropriate 24 hour emergency medical care, and emergency evacuation procedures.
- 5. When detained overnight, each detainee will be provided a mattress, and, when appropriate, a blanket.

FACILITY LOCATION

The Provider shall provide detention services for aliens at the following institution(s):

Pt. Coupee Parish Jail P. O. Box 248 New Roads, LA 70760

INSPECTION

The Provider agrees to allow periodic inspections of the facility by INS jail inspectors. Findings will be shared with the facility administrator in order to promote improvements to facility operations or conditions of confinement.

PINANCIAL PROVISIONS

The per diem rate under this agreement is \$46.00 per manday. The rate covers one person per day. The Government may not be billed for two days when an alien is admitted one evening and removed the following morning. The Provider may bill for the day of arrival but not for the day of departure.

The Provider shall prepare and submit an itemized invoice for services provided each month, in arrears. The invoice is to be submitted to

the following location:

U. S. Immigration & Naturalization Service P. O. Box 960 Oakdale, La 71463

Payments under this agreement shall be effected within thirty calendar days after receipt of a correct and proper invoice, by the following office:

Immigration & Naturalization Service 311 North Stemmons Freeway (ROBUD) Dallas, Texas 75207

Payments effected under the terms of this agreement are to be submitted to the following address:

Pt. Coupee Parish Jail P. o. Box 248 New Roads, LA 70760

This agreement shall be in effect upon execution by both parties, and shall remain in effect until April 24, 1993 (not to exceed three years from the date of execution), unless terminated sooner in writing, by either party. Should conditions of an unusual nature occur making it impractical or undesirable to continue to house aliens, the Provider may suspend or restrict the use of the facility by the Service by giving written notice of such intent to the Service. Such notice will be provided 30 days in advance of the effective date of a formal termination and at least two weeks in advance of suspension or restriction of use unless an emergency situation requires the immediate relocation of aliens.

The Provider may initiate a request for a rate increase or decrease by notifying the local office of the Service in writing at least 60 days prior to the desired effective date of the adjustment. Any rate increase must be justified in writing to the local Service office prior to being approved. Changes in rates or other terms and/or conditions of this agreement, shall be effected by the issuance of either an amendment to this agreement, or the execution of a new agreement.

CONTACT PRESONS

The Provider is advised to contact the following representative at the local Service office for assistance in metters related to this agreement:

Name :

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Title:

Chief of Detention

Phone #1

DATE OF THE PRESE

The Service may contact the following representative of the Provider for assistance in matters related to this agreement:

Nama:

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Title;

Varden

Phone f:

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APPROVED ROBUD: Lesa Ralstin

SIGNATURES & EXECUTION

U.S. Department of Justice IHHIGRATION AND

NATURALIZATION SERVICE

Pt. Coupes Parish Jadl

F. O. BOK 846

New Roads, Learning Article

Contracting Officer

ARTHUR S. COOPER III

Signature

5-8-90

Date Stened

Name of Person Authorized to

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APRIL 17, 1990

Date Signed