Lafayette Parish Correctional Center P. O. Box 2537 Lafayette, Louisiana 70502

Modification No. 07 IGSA A/DLS-90-62

This modification number 07 to Intergovernmental Service Agreement A/DLS-90-62 makes the following changes, effective 10/01/96:

- A. The Agreement number is hereby changed from A/DL 5-90-62 to ACB-7-I-0036.
- B. The new Contracting Officer name and address are as follows:

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

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

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: 12/16/96

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Modification No. 3 to IGSA-A/DLS-62-90

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 Lafayette Parish Correctional Center (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;
- o 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 \$ 13.00 per hour.

Modification No. 3 to IGSA-A/DLS-62-90

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. Provider arranges for the health care facility, case, the health provider, and other health care consultant 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) Health Care Facility 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.

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8. NAME AND ADDRESS OF CONTRACTOR (No.,	street, county, State and 2	ZIP Code)	(7) 9A. AMENDM	ENT OF SOLICITATION NO.
Lafayette Parish C 916 Lafayette Stre Lafayette, Louisia	orrectional C et	•	X IGSA	A-A/DLS-62-90
0022	FACILITY CODE		7-30	1-90
11. THIS ITEM	MONLY APPLIES TO	AMENDMENTS OF SC	LICITATIONS	
(a) By completing Items 8 and 15, and returning submitted; or (c) By separate letter or telegram white MENT TO BE RECEIVED AT THE PLACE DESIGN IN REJECTION OF YOUR OFFER. If by virtue of letter, provided each telegram or letter makes referen 12. ACCOUNTING AND APPROPRIATION DATA APPROVED, AR	ch includes a reference to t IATED FOR THE RECEIP this amendment you desir ce to the solicitation and the (If required)	the solicitation and amends T OF OFFERS PRIOR TO the to change an offer alread his amendment, and is rece	ment numbers, FAIL THE HOUR AND I Iv submitted, such cl	hange may be made by telegram ening hour and date specified.
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B. THE ABOVE NUMBERED CONTRACT/OF appropriation date, etc.) SET FORTH IN IT	EM 14, PORSOANT TO TE	HE AGIRONIII O. IA	0.200(-).	2 (Such as Guanges in paying offi
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D. OTHER (Specify type of modification and a	uthority)			
E. IMPORTANT: Contractor is not, 14. DESCRIPTION OF AMERICAN MODIFICAT See attached.	X is required to sign th	is document and return		s to the issuing office. subject matter where feasible.)
Except as provided herein, all terms and conditions o and effect. 15A. NAME AND TITLE OF SIGNER (Type or prin			E OF CONTRACTIN	nains unchanged and in full forc

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IGSA-A/DLS-62-90 dated 7-30-90 is modified to cancel the two sections entitled " <u>PURPOSE</u>" and "<u>SUPPORT AND MEDICAL SERVICES</u>" 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 Layfayette Parish Correctional Center (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:

- 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
- o 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 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.

RECEIVED

INTERGOVERNMENTAL SERVICE AGREEMENT

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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 Lafayette Parish Correctional Center (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):

Lafayette Parish Correctional Center 916 Lafayette Street Lafayette, Louisiana 70502

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 for Cubans, \$45.00 per manday for Non-Cubans. 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 - 207 E. 5th Ave. Oakdale, Louisiana 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:

Lafayette Parish Correctional Center 916 Lafayette Street P. O. Box 2537 Lafayette, Louisiana 70502

This agreement shall be in effect upon execution by both parties, and shall remain in effect until July 03, 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 Provider is advised to contact the following representative at the local Service office for assistance in matters related to this agreement:

Name:

b6,b7c Chief of Detention

Title: Phone #:

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

Name:

b6,b7c

Title:

Warden

Phone #:

b6

CONCURRENCE	/FUNDING	DATA:
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1251//2501/Approved:	and	2612	ARC-RODDP
APPROVED BY ROBUD: _		Vera Ralatin	

SIGNATURES & EXECUTION

U.S. Department of Justice	
IMMIGRATION AND	
	# 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1
NATURALIZATION SERVICE	

ARTHUR S. COOPER, III Contracting Officer

Name of Person Authorized to Sign on Behalf of the Provider

Signature

Signature

7-5-90

Date Signed

Date Signed