

Walton County Department Agenda Request

Department Name: **Walton County Sheriff's Office**

Department Head/Representative: **Tammy Kirk**

Meeting Date Request: **07/11/23**

Has this topic been discussed at past meetings?

If so, When?

TOPIC: **Inmate Medical agreement**

Wording For Agenda: **Correct Health Agreement for Inmate medical**

This Request: **Informational Purposes Only** Needs Action by Commissioners* **yes**

*What action are you seeking from the Commissioners? **Acceptance**

Department Comments/Recommendation:

Additional Documentation Attached? **Copy of agreement**

Is review of this request or accompanying documentation by the County Attorney required? **yes**

If so, has a copy of the documentation been forwarded to County Attorney? **yes**

Date forwarded to County Attorney: **06/06/23**

Has the County Attorney review been completed? **No, pending language changes**

If this request involves the expenditure of county funds, please answer the following:

Approved in current budget?

Budget information attached?

Comments:

Purchasing Department Comments:

County Attorney Comments:

Chairman's Comments:

AMENDMENT
HEALTH SERVICES AGREEMENT

The HEALTH SERVICES AGREEMENT between Walton County, a political subdivision of the State of Georgia (hereinafter referred to as "COUNTY") and CorrectHealth Walton, LLC (hereinafter referred to as "COMPANY") f/k/a Georgia Correctional Health, LLC, originally entered into on July 1, 2004, as subsequently amended, is hereby amended effective July 1, 2023. The compensation paid and other terms of the contract are modified as referenced herein. All other contract provisions, as set forth in the Original Health Services Agreement and prior Amendments, will remain the same.

ARTICLE II: PERSONNEL

2.1 Staffing. COMPANY will provide medical, mental health and dental personnel necessary for the rendering of health care services to inmates at the JAIL, as set forth on Exhibit A. During the contract term, should the JAIL inmate population increase, adjustments to the staffing and contract will be required, and the COUNTY and COMPANY will negotiate the additional compensation needed to support the increased staff and services.

ARTICLE VII: TERM AND TERMINATION OF AGREEMENT

7.1 Contract Term. This Agreement will be effective as of **July 1, 2023 through June 30, 2024** for a term of one (1) year. This Agreement is renewable under like terms subject to negotiation of service component and compensation adjustments, unless either party delivers written notice of non-renewal to the other party at least ninety (90) days prior to the expiration of the then-existing term.

ARTICLE VIII: COMPENSATION.

8.1 Base Compensation. COUNTY will pay COMPANY the annual sum of **\$2,156,893.90** for services provided by COMPANY during the term of this Amendment, which includes the **\$40,000** Annual Aggregate Cap. Payments will be **\$179,741.16** per month.

8.3 Per Diem. COUNTY agrees to compensate COMPANY **\$2.95** per inmate per day when the daily census is greater than **425**. Said amount shall be paid for each inmate in excess of **425** inmates.

IN WITNESS WHEREOF, the parties have set their hands hereto as of the day and year first above written.

WALTON COUNTY ("COUNTY")

By: _____
Title: _____
Print Name: _____
Date: _____

CORRECTHEALTH WALTON, LLC ("COMPANY")

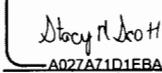
By:  _____
Title: **Chief Legal Officer**
Print Name: **Stacy M. Scott**
Date: **5/24/2023**

Exhibit A – Staffing

POSITION / STAFF	FTE
Medical Director	0.20
Midlevel Provider	0.20
Health Services Administrator (RN)	1.00
LPN (AM-PM)	4.20
LPN (PM-AM)	4.20
Health Information Tech	1.00
Psychiatrist / CNS	0.10
Mental Health Professional	0.30
Dentist	0.10
Total FTE	11.30