

Walton County Department Agenda Request

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

Department Head/Representative: **Kim McCord**

Meeting Date Request: **06/04/2024**

Has this topic been discussed at past meetings?

If so, When?

TOPIC: Inmate Medical Agreement

Wording For Agenda: **Correct Health Amendment 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: **05/23/2024**

Has the County Attorney review been completed? **Yes and approved**

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, 2024. 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 VII: TERM AND TERMINATION OF AGREEMENT

7.1 Contract Term. This Agreement will be effective as of **July 1, 2024 through June 30, 2025** 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 **\$2,211,660.17** for services provided by COMPANY during the term of this Amendment, which includes the **\$40,000** Annual Aggregate Cap. Payments will be **\$184,305.01** per month.

8.3 Per Diem. COUNTY agrees to compensate COMPANY **\$2.98** 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: Stacy M. Scott
Title: Chief Legal Officer
Print Name: Stacy M. Scott
Date: 5/22/2024