

Walton County Department Agenda Request

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

Department Head/Representative: **Tammy Kirk**

Meeting Date Request: **08/02/22**

Has this topic been discussed at past meetings?

If so, When?

TOPIC: **Correct Health Inmate Medical Renewal agreemnt**

Wording For Agenda: **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: **07/20/22**

Has the County Attorney review been completed? **no**

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, 2022. 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, 2022 through June 30, 2023** 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.

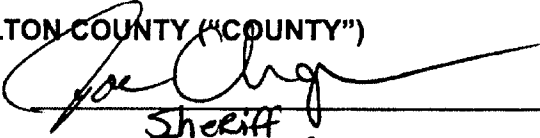
ARTICLE VIII: COMPENSATION.

8.1 Base Compensation. COUNTY will pay COMPANY the annual sum of **\$1,335,582.64** for services provided by COMPANY during the term of this Amendment, which includes the **\$40,000** Annual Aggregate Cap. Payments will be **\$111,298.55** per month. This compensation level assumes a maximum Walton County Jail Inmate population of **425**. The previously agreed upon compensation reflects budgeted healthcare labor costs. Should any shift go unworked, COMPANY will provide a credit to COUNTY. Further, in the event that healthcare labor costs increase, due to unforeseen events or circumstances, including COVID-19, COUNTY agrees to reimburse COMPANY the difference between the budgeted labor costs and the increased labor costs, not to exceed \$580,000 annually. Differences in labor costs will be reconciled on a monthly basis.

8.3 Per Diem. COUNTY agrees to compensate COMPANY **\$2.89** 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 and seals hereto as of the day and year first above written.

WALTON COUNTY ("COUNTY")

By: 
Title: Sheriff
Print Name: Joseph I. Chapman
Date: _____

CORRECTHEALTH WALTON, LLC ("COMPANY")

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