CJ 2019-000633

Coos County Filing Cover Sheet

06/28/2019 4:05:00 PM

TO:

Coos County Clerk's Office

FROM:

Sheriff's Office

Please file the attached document in the selected category indicated in the box below using the following information:

¥ .	<u>Comm</u>	issioner Journal Filings
**********	Affidavit of Publication	Orders and/or Resolutions
adicto com	Board of Commissioners	Payroll Resolutions
	ВоРТА	Registry of Offices
X	Contracts & Agreements	Special District Budget
	County Budget	Special District Formations, Annexations, Dissoultions, Election Results
	County Code	Vacation Proceedings
N 5 H2	Minutes - BOC	

INDEXING INFORMATION

Affected Parties Names: Wellpath

Subject of Document : Jail Medical Services

Resolution or Order #:

Document Remarks:

Renewal Jail Medical services \$671,860.08 FY 19-20

Date of Meeting or of Document:

June 18, 2019

CONTRACT / GRANT SUMMARY FORM Clerk's CJ No .: Contract/Agreement/Grant No.: (complete after filed with Clerk) Name/Agency Name and Address: Wellpath; 1283 Murfreesboro Road Suite 500, Nashville TN 37217 Contact Person: John Roth Phone No. 541-733-7124 Amount of Contract/Grant Award: \$ 671,860.08 Payment Terms: Billed Monthly (state lump sum or amount and time of payments) Start Date: 07/01/19 End Date: 06/30/20 County Department and Employee Responsible for Performance: Sheriff's Corrections-Darius Mede: Description: \$631,120.20 plus 2.4% CPI increase of \$15,146.88 and Additional Nurse Hours \$25,593.00 FINANCIAL INFORMATION STATE % OTHER % FEDERAL % Catalog of Federal Domestic Asst. (CFDA # Required) *(CFDA) Number *CFDA is a five digit number in the following format: xx.xxx. The first two digits designate the federal agency and the last three the grant description. The following is a partial listing of the two digit agency identifier: 10.xxx USDA 14.xxx HUD 20.xxx USDOT 66.xxx EPA 84.xxx Dept. of Education 11.xxx Dept. of Commerce 16.xxx USDOJ 39.xxx General Svs. Admin. 93.xxx USDHHS 83.xxx FEMA NOTE: If the contract/grant is associated with more than one CDFA number, each segment must have it's own summary form. New Renewal Modification Previous Amount: \$ Original Amount: \$ Previous Date: Original Date: Automatic Renewal? ☐Yes ☐No Staff Requirements: New Existing Subcontract Will unemployment cost be incurred? ☐Yes ☐No PUBLIC CONTRACTING INFORMATION Method of Selection: Type of Contract: ☐ Bid ☐ None New (complete sections below) ☐ Quote ☐ Other Renewal (no need to complete sections below) Modification (no need to complete sections below) ☐ Proposal Type of Contract: Goods and Services - If Not Using Bid or Proposal, Mark Exemption: Under \$10,000 **Equipment Maintenance** Under \$50,000 for Quotes Office Supplies Under \$150,000 & Approval from Board for Quotes **Used Vehicles** Sole Source State Purchasing Contract with Public Agency Other Public Improvement - If Not Using Bid, Mark Exemption: Under \$5,000 Alternative Contracting Method Approved by Board Under \$50,000 for Quotes Other Under \$100,000 & Not a Transportation Project for Quotes Personal Services Contract – If Not Using Proposal, Mark Exemption: Under \$50,000 ☐ Under \$150,000 & Approval from Board Will project be reported to Bureau of Labor for Prevailing Wages under ORS 279C.800? ☐Yes ☒No Form of contract: Oral Written (attach the written contract) Date Approved by BOC: 6/18/19 Reviewed by Counsel:



February 28, 2019

Captain Darius Mede Coos County Jail 200 E. 2nd Street Coquille, OR 97423

RE: 2019-2020 Contract Renewal for Jail Medical Services and Staffing Enhancement

Dear Captain Mede:

I hope this letter finds you well. Wellpath LLC fka Correct Care Solutions, LLC ("CCS") is proud to partner with Coos County Jail, and we are excited to renew our commitment to provide your detainees with quality healthcare in the upcoming year!

The current term of our Agreement ends June 30, 2019. Pursuant to Agreement Section 9.0, our agreement shall automatically renew for a one-year period, with an increase consistent with the Consumer Price Index ("CPI") for Urban Consumers — US City Average, Medical Care Services Component, not to exceed 4%. This number stands at 2.4% for the month of January 2019.

Additionally, please find our price quote to increase RN hours. Application of these increases are as follows:

2019-2020 Contract Year	Monthly	Annually
Base Compensation	\$52,593.35	\$631,120.20
2.4% Annual Increase	\$1,262.24	\$15,146.88
Staffing - RN 8 hours (0.2 FTE) per week	\$2,132.75	\$25,593.00

The state of the s	A STATE OF THE PARTY OF THE PAR	A STATE OF THE PARTY OF THE PAR	Charles and the second	THE RESERVE AND ASSESSMENT OF THE PERSON NAMED IN COLUMN TWO PERSON NAMED I	THE RESERVE OF THE PARTY OF THE	THE PERSON NAMED IN COLUMN
	Requester	Compensation	07/01/19	06/30/20	\$55,988.34	\$671,860.08
A CONTRACTOR OF THE PARTY OF TH	Medacotco	Compensation		00/00/20	700,500.54	70, 1,000,00

If above terms are acceptable to the County, please acknowledge your acceptance of the compensation increase by returning a signed copy to Stephanie Parkinson, Partner Services Specialist, at sdparkinson@wellpath.us. All other terms of the current Agreement shall remain in full force and effect through the end of the contract period.

We thank you for the opportunity to present this proposal. Should you have any questions or concerns,





please do not hesitate to contact Rachel Petchell, Regional Director of Operations, at 541-733-7124 or you can contact John Roth, Director of Partner Services, at 817-996-2663.

	Sincerely,
1	then Wall
	Andrew Walter
	Regional Vice President

cc:

Rachel Petchell, Regional Director of Opera	tions
John Roth, Director of Partner Services	15
Adolfo Cisnero, Senior Director of Partner	Service

The undersigned is authorized by Coos County to a	ccept the above terms	
		* * * * * * * * * * * * * * * * * * * *
Idaia Tam	06/24/19	x
Authorized Coos County/Representative	Date Signed	
CRAY ZANNI.	SHERIFF	
Print Name	Title	

PLEASE NOTE: Final delivery of the contract amendment will be via email. If hard copies with original signatures are required, please indicate the number of copies needed: _____.