

**CJ 2020-0255**

COMMISSIONERS' JOURNAL  
COOS COUNTY, OREGON

**Coos County Filing Cover Sheet**

05/05/2020 10:33:10 AM

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:

<b>Commissioner Journal Filings</b>			
<input type="checkbox"/>	Affidavit of Publication	<input type="checkbox"/>	Orders and/or Resolutions
<input type="checkbox"/>	Board of Commissioners	<input type="checkbox"/>	Payroll Resolutions
<input type="checkbox"/>	BoPTA	<input type="checkbox"/>	Registry of Offices
<input checked="" type="checkbox"/>	Contracts & Agreements	<input type="checkbox"/>	Special District Budget
<input type="checkbox"/>	County Budget	<input type="checkbox"/>	Special District <small>Formations, Annexations, Dissolutions, Election Results</small>
<input type="checkbox"/>	County Code	<input type="checkbox"/>	Vacation Proceedings
<input type="checkbox"/>	Minutes - BOC	<input type="checkbox"/>	

**INDEXING INFORMATION**

**Affected Parties Names:**

**Wellpath**

**Subject of Document :**

**Annual Renewal effective 7/1/20 through 6/30/21**

**Resolution or Order #:**

**Document Remarks:**

**12 Monthly Payments \$58,227.87 for a total of \$698,734.44**

**Date of Meeting or of Document:**

March 17, 2020

### CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.: \_\_\_\_\_ (complete after filing) Contract/Agreement/Grant No.: \_\_\_\_\_ (if applicable)

Name/Agency Name and Address: Wellpath, 1283 Murfreesboro Road, Suite 500, Nashville TN 37217

Contact Person: Cindy Watson Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Amount of Contract/Grant Award: \$ 698,734.44

Payment Terms: Invoiced Monthly (state lump sum or amount and time of payments)

Effective Date: 07/01/20 Start Date: 07/01/20 (if different from effective date, i.e. retroactive / prospective date)

End Date: 06/30/21 (if known)

County Department and Employee Responsible for Performance: Captain Darius Mede

Description: Inmate Medical Care

Staff Requirements:  New  Existing  Subcontract

Will unemployment cost be incurred?  Yes  No

#### FINANCIAL INFORMATION (Fill out this section only if the County is receiving funds)

STATE %	OTHER %	FEDERAL % (CFDA # Required)	Catalog of Federal Domestic Asst. *(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. 83.xxx FEMA 93.xxx USDHHS

NOTE: If the contract/grant is associated with more than one CDFA number, each segment must have its own summary form.

New

Renewal

Modification

Previous Amount: \$

Original Amount: \$

Previous Date:

Original Date:

#### PUBLIC CONTRACTING INFORMATION (Fill out this section only if the County is spending funds)

##### Method of Selection:

- Bid  None  
 Quote  Other \_\_\_\_\_  
 Proposal

##### Type of Contract:

- New (complete sections below)  
 Renewal (no need to complete sections below)  
 Modification (no need to complete sections below)

##### Type of Contract:

Goods and Services - If Not Using Bid or Proposal, Mark Exemption:

- Under \$10,000  
 Under \$50,000 for Quotes  
 Under \$150,000 & Approval from Board for Quotes  
 Sole Source  
 Contract with Public Agency

- Equipment Maintenance  
 Office Supplies  
 Used Vehicles  
 State Purchasing  
 Other \_\_\_\_\_

Public Improvement - If Not Using Bid, Mark Exemption:

- Under \$5,000  
 Under \$50,000 for Quotes  
 Between \$50,000 and \$100,000 for Quotes and Prevailing Wage Requirements

- Alternative Contracting Method Approved by Board  
 Other \_\_\_\_\_

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

Certificate of insurance required?  Yes  No

Date Approved by BOC: 3/17/20

Reviewed by Counsel: \_\_\_\_\_



February 7, 2020

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

**SIXTH AMENDMENT TO THE AGREEMENT FOR  
INMATE HEALTH CARE  
SERVICES AT COOS COUNTY, OREGON  
EFFECTIVE JULY 1, 2020**

RE: 2020-2021 Contract Renewal for Jail Medical Services

Dear Captain Mede:

As the proud provider of medical services for the Coos County Jail, Wellpath LLC strives to exceed your expectations regarding the level and quality of services provided.

The current term of our Agreement ends June 30, 2020. 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 5.1% as reported December 2019. Application of the 4.0% increase, revises the base compensation from \$55,988.34 monthly to \$58,227.87 monthly / \$698,734.44 annually, effective July 1, 2020 through June 30, 2021.


As such, section 8.0 shall be deleted in its entirety and replaced with the following language:

8.0 ANNUAL AMOUNT/MONTHLY PAYMENTS. The base amount to be paid by the County to Wellpath under this Agreement is \$698,734.44 for a period of 12 months, payable in equal monthly installments. Each monthly installment shall equal \$58,227.87, prorated for any partial months and subject to any reconciliations as set forth below. Each monthly installment is to be paid by COUNTY to Wellpath on or before the 1st day of the month of service.

If the County accepts, please sign this letter in the space provided on the following page and email a signed copy to Stephanie Vardell, Partner Services Specialist, at [sdvardell@wellpath.us](mailto:sdvardell@wellpath.us). This letter shall serve as the Sixth Amendment to the Agreement and shall be binding upon signature of the County and Wellpath, pursuant to Section 11.15 of the Agreement. All other terms of the current Agreement, including any changes detailed above, shall remain in full force and effect.

Should you have any questions, please do not hesitate to contact myself at 570-419-9733.

Sincerely

  
Andrew Small CCHP  
Regional Vice President



AGREED TO AND ACCEPTED AS STATED ABOVE:

Coos County, Oregon

By: 

Name: Craig Zanni

Title: Sheriff

WELLPATH LLC

By: 

Name: Cindy P. Watson

Title: President, Local Govt. Health Div

