

Res. 264
Significant

Contract Cover Sheet

Note: Shaded areas are for County Executive review.

Department – Sheriff's Office		Contract/Addendum #: 11323 B	
1. This contract, grant or addendum: <input checked="" type="checkbox"/> AWARDS <input type="checkbox"/> ACCEPTS		Contract Addendum	
2. This contract is discretionary <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If Addendum, please include original contract number	
3. Term of Contract or Addendum: 1/1/2017 – 12/31/2017		<input type="checkbox"/> POS <input checked="" type="checkbox"/>	
4. Amount of Contract or Addendum: \$5,067,158.16		<input type="checkbox"/> Grant <input type="checkbox"/>	
5. Purpose: one-year contract term extension to provide correctional health care service to Dane County Jail facilities.		<input type="checkbox"/> Co Lease <input type="checkbox"/>	
		<input type="checkbox"/> Co Lessor <input type="checkbox"/>	
		<input type="checkbox"/> Intergovernmental <input type="checkbox"/>	
		<input type="checkbox"/> Purchase of Property <input type="checkbox"/>	
		<input type="checkbox"/> Property Sale <input type="checkbox"/>	
		<input type="checkbox"/> Other <input type="checkbox"/>	
6. Vendor or Funding Source: Correct Care Solutions. LLC			
7. MUNIS Vendor Code: 10622			
8. Bid/RFP Number: RFP Bid Number			
9. Requisition Number:			
10. If grant: Funds Positions? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Will require on-going or matching funds? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
11. Are funds included in the budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
12. Account No. & Amount, Org & Obj. SHRSEC 31560		Amount \$5,067,158.16	
Account No. & Amount, Org & Obj. _____		Amount _____	
Account No. & Amount, Org & Obj. _____		Amount _____	
13. If this contract awards funds, a purchase requisition is necessary. Enter requisition # & year			
14. Is a resolution needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy of the Resolution. If Resolution has already been approved by the County Board, Resolution No. & date of adoption			
15. Does Domestic Partner equal benefits requirement apply? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
16. Director's Approval: <i>Jessie G. Hod</i>			

Contract Review/Approvals				Vendor	
Initials	Ftnt	Date In	Date Out	Vendor Name	
<i>Mg</i> Received	_____	10-17-16	_____	Correct Care Solutions, LLC	
<i>CG</i> Controller	_____	_____	10/18/16	1283 Murfreesboro Pike, Suite 500	
<i>CG</i> Corp Counsel	_____	10-18-16	10-18-16	Nashville, TN, 37217	
<i>RM</i> Risk Mgt.	_____	10/18/16	10/18/16	Contact Person	
<i>AW</i> Purchasing	_____	10/18/16	10/18/16	Alicia Vallarta	
_____ County Exe.	_____	_____	_____	Phone No.	
				615.844.5540	
				E-mail Address	
				avallarta@correctcaresolutions.com	

Footnotes:

1.

Return to: Name/Title: Lillian Radiojevich	Phone: 608.284.4801 Email: radiojevich@danesherriff.com	Dept.: Sheriff's Office Mail Address: PSB, 115 W. Doty Street, Madison, WI, 53703
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Certification

The attached contract: *[check as many as apply]*

- conforms to Dane County's standard Purchase of Services Agreement form in all respects
- conforms to Dane County's standard Purchase of Services Agreement form with modifications and is accompanied by a revision copy¹
- is a non-standard contract which has been reviewed or developed by corporation counsel and which has not been changed since that review/development
- is a non-standard contract previously review or developed by corporation counsel which has been changed since that review/development; it is accompanied by a revision copy¹
- is a non-standard contract not previously reviewed by corporation counsel; it is accompanied by a revision copy
- contains non-standard/indemnification language which has been reviewed or developed by risk management and which has not been changed since that review/development
- contains non-standard insurance/indemnification language which has been changed since review/development or which has not been previously seen by risk management; it is accompanied by a revision copy
- contains non-standard affirmative action/equal opportunity language which has been reviewed or developed by contract compliance and which has not been changed since that review/development
- contains non-standard affirmative action/equal opportunity language which has been changed since the earlier review/development by contract compliance or which has not been previously seen by contract compliance; it is accompanied by a revision copy¹

Date: 10-17-16

Signed: 

Telephone Number (608) 284-6167

Print Name: Jeff Hook, Chief Deputy

Major Contracts Review (DCO Sect. 25.20) This review applies only to contracts which both exceed \$100,000 in disbursements or receipts and which require county board review and approval.

Executive Summary (attach additional pages, if needed).

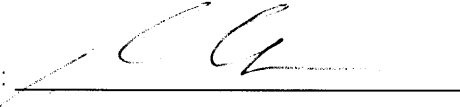
1. **Department Head** Contract is in the best interest of the County.
Describe any deviations from the standard contracting process and any changes to the standard Purchase of Services Form Agreement.

Date: 10-17-16

Signature: 

2. **Director of Administration** Contract is in the best interest of the County.
Comments:

Date: 10/18/16

Signature: 

3. **Corporation Counsel** Contract is in the best interest of the County.
Comments:

¹ A revision copy is a copy of the contract which shows the changes from the standard contract or previously revised/developed contract by means of overstrikes (indicating deletions from the standard language) and underlining (showing additions to the standard language).

ADDENDUM OF AGREEMENT

THIS ADDENDUM, made and entered into effective as of the date by which both parties hereto have executed this document, by and between the County of Dane (hereinafter referred to as "County") and Correct Care Solutions, LLC (hereinafter referred to as "Provider").

WITNESSETH:

WHEREAS Provider and County, by a separate document (hereinafter, the "Master Agreement"), Purchase of Services Agreement No. 11328, have previously entered into a contractual relationship pursuant to the Master Agreement to provide correctional health care services; and

WHEREAS County and Provider wish to amend the Master Agreement in order to extend the term of the contract.

NOW, THEREFORE, in consideration of the above premises and the mutual covenants of the parties hereinafter set forth, the receipt and sufficiency of which is hereby acknowledged by each party for itself, the parties do agree as follows:

1. The Master Agreement shall remain in full force and effect unchanged in any manner by this addendum except as changes are expressly set forth herein. This addendum shall control only to the extent of any conflict between the terms of the Master Agreement and this addendum.
2. The term of the contract is extended to continue for an additional year January 1, 2017 through December 31, 2017; this is the second of two, 1-year, contract renewal options.
3. The amount of the contract for renewal year January 1, 2017 through December 31, 2017 is \$5,067,158.16. The compensation adjustment requested is in accordance with the Consumer Price Index ("CPI") for Urban Consumers – US City Average for Medical Care Component. The CPI rate currently stands at 3.65%; Provider agrees to an increase of 3.25% for renewal year 2017 as follows:

	# of Inmates	Per Diem	Variable Per Diem	# Days	Total Monthly Reimbursement
January	784	\$17.71	\$1.50	31	\$ 430,361.38
February	784	\$17.71	\$1.50	28	\$ 388,713.50
March	784	\$17.71	\$1.50	31	\$ 430,361.38
April	784	\$17.71	\$1.50	30	\$ 416,478.75
May	784	\$17.71	\$1.50	31	\$ 430,361.38
June	784	\$17.71	\$1.50	30	\$ 416,478.75
July	784	\$17.71	\$1.50	31	\$ 430,361.38
August	784	\$17.71	\$1.50	31	\$ 430,361.38
September	784	\$17.71	\$1.50	30	\$ 416,478.75
October	784	\$17.71	\$1.50	31	\$ 430,361.38
November	784	\$17.71	\$1.50	30	\$ 416,478.75
December	784	\$17.71	\$1.50	31	\$ 430,361.38
Total					\$ 5,067,158.16

4. Provider will implement the below referenced Staffing Plan Matrix to ensure the proper mix of staffing for the scope of the project.

Dane County Jail

Correct Care Solutions

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/WK	FTE
ADMINISTRATIVE									
HSA (Contract Administrator)	8	8	8	8	8			40	1.00
Director of Nursing	8	8	8	8	8			40	1.00
Medical Director	10	10	10	10				40	1.00
Administrative Assistant	4	4	4	4	4			20	0.50
Mental Health Director	8	8	8	8	8			40	1.00
Dental Assistant			8	8	8			24	0.60
Dentist			8	8				16	0.40
Psychiatrist	8	8						16	0.40
TOTAL HOURS/FTE per week								236	5.90
PSB									
Day Shift									
RN	8	8	8	8	8	8	8	56	1.40
Psych LPN	8	8	8	8	8			40	1.00
LPN	8	8	8	8	8	8	8	56	1.40
C.M.A/C.N.A	8	8	8	8	8			40	1.00
Medical Records Clerk	8	4	4	4	8			28	0.70
MHP	16	16	16	16	16	16	16	112	2.80
Discharge Planner	8	8	8	8	8			40	1.00
TOTAL HOURS/FTE-Day								372	9.30
EVENING SHIFT									
RN	8	8	8	8	8	8	8	56	1.40
LPN	8	8	8	8	8	8	8	56	1.40
Medical Records Clerk	8	8	8	8	4			36	0.90
MHP	16	16	16	16	16	16	16	112	2.80
TOTAL HOURS/FTE-Evening								260	6.50
NIGHT SHIFT									
RN	8	8	8	8	8	8	8	56	1.40
LPN								0	0.00
MHP	8	8	8	8	8	8	8	56	1.40
TOTAL HOURS/FTE-Night								112	2.80
TOTAL HOURS/FTE per week								744	18.60

CCB									
DAY SHIFT									
RN	8	8	8	8	8	8	8	56	1.40
LPN	8	8	8	8	8	8	8	56	1.40
Medical Records Clerk	12							12	0.30
TOTAL HOURS/FTE-Day								124	3.10
EVENING SHIFT									
RN	8	8	8	8	8	8	8	56	1.40
LPN	8	8	8	8	8	8	8	56	1.40
TOTAL HOURS/FTE-Evening								112	2.80
NIGHT SHIFT									
LPN	8	8	8	8	8	8	8	56	1.40
TOTAL HOURS/FTE-Night								56	1.40
TOTAL HOURS/FTE per week									
							292	7.30	
FERRIS CENTER									
DAY SHIFT/EVENING									
RN	5		5		8			18	0.45
TOTAL HOURS/FTE-Day								18	0.45
BOOKING									
RN DAY	12							12	0.30
LPN DAY		12	12	12	12	12	12	72	1.80
RN NOC				12	12	12	12	48	1.20
LPN NOC	12	12	12					36	0.90
TOTAL HOURS/FTE per week								168	4.20
TOTAL HOURS/FTE per week									
							186	4.65	

Contract Total: 1,458 36.45

**May substitute (1) hour of physician time for (2) hours of mid-level practitioner time, as necessary with client approval*

5. Provider will invoice County a maximum of once per month after the month of service, within the first ten (10) days of the subsequent month. County shall pay Provider within thirty (30) days of date of receipt of invoice. Adjustments to billing and to payment may be made based on the purchase of approved equipment or other items approved by County.

IN WITNESS WHEEROF, the parties, by their respective authorized representatives, have set their hands and seals as of the dates set forth below.

FOR COUNTY:

Date Signed _____

Date Signed _____

FOR PROVIDER:

Date Signed 10/13/2016

