



LEON COUNTY SHERIFF'S OFFICE

Contract Review and Approval

Tracking No.: 2019-60 Contract Period: From 10/1/2019 to End of current

Contract Name: Inmate Medical Services

Contract Type: ☐ Original ☐ Renewal ☒ Amendment

Contract Objective:

☐ Inter-local Agreement ☐ Memorandum of Understanding ☒ Other: Inmate Medical
☐ Mutual Aid Agreement ☐ Standard Procurement
☐ Task Force MWBE Vendor ☐ Yes ☒ No

Contract Submitted By:

Agency Name: Corizon Contact Person: Karen Davies
Telephone No.: (954) 649-3043 Date Submitted: 10/3/2019 Date Due: 10/1/2019

LCSO Contract Manager:

Name: N/A Initial: _____ Date: _____
Approved ☐ Disapproved ☐ Comments: _____

FISCAL Operations Review:

Name: N/A Initial: _____ Date: _____
Budgeted ☐ Not Budgeted ☐ Account Code: _____ Comments: No budget impact

Routing for Review and Approval:

Captain or Civilian Supervisor: N/A Initial: _____ Date: _____
Approved ☐ Disapproved ☐ Comments: _____

Department Chief: N/A Initial: _____ Date: _____
Approved ☐ Disapproved ☐ Comments: _____

General Counsel: James W. Pimentel Initial: jwp Date: 10/3/2019
Approved ☒ Disapproved ☐ Comments: No cost increase; our reviewer recommends approval

Undersheriff: David Folsom Initial: DF Date: 10-4-19
Approved ☒ Disapproved ☐ Comments: _____

Date Submitted to Sheriff: 10/3/19 Date Returned to Contract Manager: 10/4/19

James Pimentel

From: Danna Williams <dynamicmedicalworks@gmail.com>
Sent: Wednesday, October 02, 2019 5:51 PM
To: James Pimentel; Richard Ritter
Subject: Fwd: Signed amendment - Leon
Attachments: Leon amendment 10 1 19.pdf; Leon 10 1 19 Amendment Staffing Exhibit.xlsx

Richard and James,

As mentioned earlier here is a draft and executed copy of an amendment for the Corizon agreement effective 10/1.

There is no change to the cost for the Sheriff. They proposed some staffing changes to the matrix that are cost neutral (eliminating some medical records staff now that we are on an electronic health record and adding some CQI hours.) I support these changes.

In addition there is a second item, to allow a debit and credit of staffing penalties and additional staffing above the matrix. Instead of imposing the penalty monthly we would carry it for the contract year and debit any approved additional staff (mostly in dental) against would be penalties. At no time would we owe any additional money.

I support this as well.

These are two enhancements for the program at no additional cost to the Sheriff.

If you are OK with these, please let me know and send back fully executed agreement. If you want some language changes, please let me know.

DMW

----- Forwarded message -----

From: **Davies, Karen** <Karen.Davies@corizonhealth.com>
Date: Wed, Oct 2, 2019 at 5:38 PM
Subject: Fwd: Signed amendment - Leon
To: Danna Williams <dynamicmedicalworks@gmail.com>

Here is the signed contract. Matrix to follow.

Karen Davies, RN, BSN, CCHP

Vice President of Operations

Community Corrections: SE Region / Central Region / MI Jails

Phone: 954.649.3043

e-Fax: 615.760.8800

1528 Half Pint Loop | Fort Mill, SC 29708

www.corizonhealth.com

[Facebook](#) | [Twitter](#) | [YouTube](#) | [LinkedIn](#)

Safety, Motivation, Accountability, Respect, Teamwork

Administrative Assistant: Melissa Wardell

Phone: [941-708-6799](tel:941-708-6799)

Begin forwarded message:

From: "Pino, Joseph" <Joseph.Pino@corizonhealth.com>
Date: October 1, 2019 at 18:36:12 EDT
To: Danna Williams <dynamicmedicalworks@gmail.com>
Cc: "Davies, Karen" <Karen.Davies@corizonhealth.com>, "Mangarella, Paula" <Paula.Mangarella@corizonhealth.com>
Subject: Signed amendment - Leon

Danna,

Good to see you last week. Please see attached signed amendment and please return a copy once fully executed.

Thank you,

Joe

Joseph Pino, FACHE, CCHP

Senior Vice President, Community Operations

--

Danna M Williams

President

215-528-3005

12860 High Oak Rd Knoxville, TN 37934

dynamicmedicalworks@gmail.com

FIRST AMENDMENT TO THE INMATE HEALTH SERVICES AGREEMENT

THIS FIRST AMENDMENT TO THE INMATE HEALTH SERVICES AGREEMENT (hereinafter the "Amendment"), is effective this 1st day of October, 2019, by and between Corizon Health, Inc. (hereinafter "Corizon") and the Sheriff of Leon County, Florida (hereinafter the "Sheriff").

WHEREAS, Corizon and the Sheriff entered into an Inmate Health Services Agreement with an effective date of October 1, 2017 (hereinafter the "Agreement"), by which Corizon assumed the responsibilities for the provision of certain health care services to be delivered to individuals in the custody and control of the Sheriff; and

WHEREAS, Corizon and the Sheriff desire to amend the Agreement to effectuate the following changes:

NOW, THEREFORE, in consideration of the mutual covenants contained herein, the receipt and sufficiency of which are hereby acknowledged, it is mutually agreed upon as follows:

1. The staffing plan will be adjusted as follows: (1) reduce the medical records clerk from 3.0 FTE to 1.5 FTE; and (2) increase the Quality Improvement/Infection Control RN position from .5 FTE to 1.0 FTE. A revised staffing plan is attached as Exhibit A hereto. This staffing change does not affect the base compensation paid by the Sheriff to Corizon.
2. Beginning October 1, 2019, any extra dental hours worked, or positions that have pre-approval, will be applied towards the staffing reconciliation credit due the Sheriff. Any hours that exceed the required number of dental hours, or other pre-approved hours, for each month will be calculated and carried forward to be applied at the end of the contract year against the staffing compliance credits accumulated over the course of the contract year. The end of year true up will not result in any additional money being paid by the Sheriff.

IN WITNESS WHEREOF, the Parties hereto have executed this Amendment (First Amendment) in their official capacity and with legal authority to do so.

Signatures to follow

LEON COUNTY SHERIFF

By: _____

Title: Sheriff

Date: _____

ATTEST:

By: _____

Date: _____

CORIZON HEALTH, INC.

By: _____

Title: SVP

Date: _____

ATTEST:

By: _____

Officer of Corporation

Date: _____

* FTE represents 2,080 annually inclusive of paid leave (sick, vacation, holiday, etc.)

*** Scheduling is flexible based upon custody requirements and the needs of the population.*

Day shift 7am - 7pm; Night shift 7pm - 7am for nursing positions scheduled.

Evening shift 3pm - 11pm.