

AMENDMENT TO AGREEMENT
Health Care Services for Adult Detention Facility
Bid No. 10-173
Lancaster County
Extension
Correct Care Solutions, LLC

This Amendment is hereby entered into by and between Correct Care Solutions, LLC, 1283 Murfreesboro Pike, Suite 500, Nashville, TN 37217 (hereinafter "Contractor") and Lancaster County (hereinafter "County"), for the purpose of amending the Agreement dated May 10, 2011, executed under County Contract No. C-11-0252, for Health Care Services for Adult Detention Facility, Bid No. 10-173, which is made a part hereof by this reference.

WHEREAS, the original term of the Agreement is June 2, 2011 through May 31, 2014, with the option to renew for an additional thirty-six (36) month term upon written mutual consent of both parties; and

WHEREAS, the Agreement was amended by County Contract C-14-0267, executed by the County Board on May 27, 2014 to renew the Agreement for the additional thirty-six (36) term period from June 1, 2014 through May 31, 2017;

WHEREAS, the Agreement was amended by County Contract C-16-0248, executed by the County Board on May 24, 2016 to extend the Agreement for an additional one (1) month term from June 1, 2017 through June 30, 2017;

WHEREAS, the parties hereby extend the Agreement for an additional five (5) month term beginning July 1, 2017 through November 30, 2017; and

WHEREAS, the expenditures for Lancaster County Corrections Department for the term of this extension shall not exceed \$819,299.00 without prior approval by the Lancaster County Board of Commissioners, per Exhibit 1; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Agreement, under County Contract C-11-0252, and stated herein the parties agree as follows:

- 1) The parties hereby extend the Agreement for an additional five (5) month term beginning July 1, 2017 through November 30, 2017.
- 2) The expenditures for Lancaster County Corrections Department for the term of this extension shall not exceed \$819,299.00 without prior approval by the Lancaster County Board or Commissioners, per Exhibit 1.
- 3) All other terms of the Contract, not in conflict with this Amendment, shall remain in full force and effect.

The Parties do hereby agree to all the terms and conditions of this Amendment. This Amendment shall be binding upon the parties, their heirs, administrators, executors, legal and personal representatives, successors, and assigns.

IN WITNESS WHEREOF, the Parties do hereby execute this Amendment upon completion of signatures on:

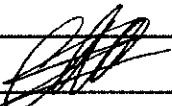
Vendor Signature Page
Lancaster County Signature Page

Vendor Signature Page

**AMENDMENT TO AGREEMENT
Health Care Services for Adult Detention Facility
Bid No. 10-173
Lancaster County
Extension
Correct Care Solutions, LLC**

Please sign, date and return within 5 days of receipt.

Mail to : City/County Purchasing
Attn: Brianne Crooks
440 So. 8th St., Suite 200
Lincoln, NE 68508
Or email to: bcrooks@lincoln.ne.gov

Company Name:	Correct Care Solutions, LLC
By: (Please Sign)	
By: (Please Print)	Chris Bove
Title:	President, Local Detention Division
Company Address:	1283 Murfreesboro Pk, Nashville, TN 37217
Company Phone & Fax:	615-324-5712
E-Mail Address:	CBove@correctcaresolutions.com
Date:	June 1, 2017
Contact Person for: Orders or Service	Omar Mossallati, Contracts Attorney
Contact Phone Number:	615-312-7257

Lancaster County Signature Page

**AMENDMENT TO AGREEMENT
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Lancaster County
Extension
Correct Care Solutions, LLC**

EXECUTION BY LANCASTER COUNTY, NEBRASKA

Agreement Approved as to Form:

The Board of County Commissioners of
Lancaster, Nebraska

Deputy Lancaster County Attorney

dated _____

Exhibit 1

CCS Budget Cost Worksheet 7/1/17 - 11/30/17

	<u>Extension Period Year 6 Costs</u>	<u>%</u>	<u>Monthly Increase from 2017 Budget</u>
Personnel Costs			
Salaries & Wages	\$509,424		\$ 2,832.66
Contract Labor (Subcontractors)	\$5,685		
Benefits	\$106,324		\$ 592.56
Total Personnel Costs	\$621,433	75.8%	
Total Off-site Services (Per RFP)	\$0	0.0%	
Total Pharmacy Costs	\$79,167	9.7%	\$ 0.00
On-site Variable Costs			
On-site Labs	\$6,707		
Medical & Dental Supplies	\$126		
Total On-site Variable Costs	\$6,792	0.8%	\$ 0.00
On-site Administrative Expenses			
Recruitment	\$922		
Travel	\$2,054		
Insurance - General & Med Mal	\$29,175		
Insurance - Workers Comp	\$10,228		
Performance Bond	\$300		
Other Misc. Expenses	\$4,351		
Depreciation	\$1,048		
Total On-site Administrative	\$47,617	5.8%	\$ 0.00
Total Costs:	\$755,008	92.2%	\$ 3,425.22
Management Fee:	\$64,291	7.8%	\$ -
Total Extension Period Costs:	\$819,299	100.0%	\$3,425.22



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/7/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER DENISE D. BARNES USI SOUTHWEST, INC. DBA HEALTHCARE LIABILITY SOLUTIONS 820 GESSNER, SUITE 1825 HOUSTON, TX 77024 PH: 800-732-8619 FAX: 713-343-5025	CONTACT NAME: DEBBIE HOLSTINE	
	PHONE (A/C, No, Ext): 713-490-4679	FAX (A/C, No): 713-343-5025
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: PROASSURANCE SPECIALTY INS. CO, INC		10179
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		


INSURED
 CORRECT CARE SOLUTIONS, LLC
 1283 MURFREESBORO RD
 SUITE 500
 NASHVILLE, TN 37217

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY			ES1866	12/15/16	12/15/17	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ N/A
							PERSONAL & ADV INJURY	\$2,000,000
							GENERAL AGGREGATE	\$3,000,000
							PRODUCTS - COMP/OP AGG	\$6,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					EMPLOYEE BENEFITS	\$ N/A	
<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC				COMBINED SINGLE LIMIT (Ea accident)	\$ N/A	
	AUTOMOBILE LIABILITY			N/A	N/A	N/A	BODILY INJURY (Per person)	\$ N/A
	<input type="checkbox"/> ANY AUTO	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$ N/A
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$ N/A
	<input type="checkbox"/> HIRED AUTOS							
	UMBRELLA LIAB			N/A	N/A	N/A	EACH OCCURRENCE	\$ N/A
	EXCESS LIAB						AGGREGATE	\$ N/A
	DED		RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			N/A	N/A	N/A	WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$ N/A
	If yes, describe under Y/N						E.L. DISEASE - EA EMPLOYEE	\$ N/A
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ N/A
A	MEDICAL PROFESSIONAL LIABILITY - CLAIMS MADE			ES1866	12/15/16	12/15/17	\$1,000,000 PER LOSS EVENT	\$3,000,000 AGGREGATE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 LIMITS INCLUDE ALL SELF-INSURED PORTIONS OF THE LIMITS OF LIABILITY
 LANCASTER COUNTY IS INCLUDED AS ADDITIONAL INSURED AS RESPECTS TO GENERAL LIABILITY AND MEDICAL PROFESSIONAL LIABILITY COVERAGE WHERE REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER LANCASTER COUNTY OFFICE OF RISK MANAGEMENT 555 SOUTH 9TH STREET LINCOLN, NE 68508	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/07/2017

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis of Tennessee, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: PHONE (A/C, No. Ext): 1-877-945-7378	FAX (A/C, No): 1-888-467-2378
	E-MAIL ADDRESS: certificates@willis.com	
INSURED Correct Care Solutions 1283 Murfreesboro Rd Suite 500 Nashville, TN 37217	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Zurich American Insurance Company	NAIC # 16535
	INSURER B: American Zurich Insurance Company	40142
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

CERTIFICATE NUMBER: W2595327

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	BAP 5252136-02	10/01/2016	10/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N No	N/A	WC5252134-02	10/01/2016	10/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Workers Compensation and Employer's Liability Per Statute	N	N	WC5252135-02	10/01/2016	10/01/2017	EL Each Accident \$1,000,000 E.L. Disease-EA EMPL \$1,000,000 E.L. Disease-POL LIM \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Lancaster County
 Office of Risk Management
 555 South 9th Street
 Lincoln, NE 68508

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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**HEALTH CARE FACILITY LIABILITY POLICY
REIMBURSEMENT FORM
LIMITED COMPANY AUTHORIZED AMENDATORY ENDORSEMENT**

POLICYHOLDER: Correct Care Solutions Group Holdings, LLC.

**ENDORSEMENT
EFFECTIVE DATE:** 12/15/16

POLICY NUMBER: ES1866

THIS ENDORSEMENT PRODUCED BY THE BROKER AND SENT TO **US** IS CONSIDERED A PART OF THE **POLICY** AND MODIFIES THE GENERAL LIABILITY COVERAGE PART OF THE **POLICY** AS FOLLOWS:

Additional Insured

Each entity shown in the Schedule below is included as an additional insured under the above-described Coverage Part(s) of the **policy**, but only with respect to vicarious liability arising solely and entirely out of the operations of the **policyholder**.

SCHEDULE OF ADDITIONAL INSUREDS:

Lancaster County
Office of Risk Management
555 South 9th Street
Lincoln, NE 68508