

## Grants & Contracts - Transmittal Memo

DATE: September 27, 2018

FROM: Purchasing Division, Contracts

TO: Cathie Whitney

CONTRACT #: 10782

VENDOR: Meridian Healthcare, Inc.

DESCRIPTION: #10782 1st Amendment Meridian Healthcare, Inc. to extend term to 9/30/2019

APPROVED BY: Board of County Commissioners

APPROVAL DATE: 9/26/2018

RECEIVED ON: September 27, 2018

TERM START: 10/1/2018

TERM END: 9/30/2019

AMOUNT: NTE \$49,000.00

RFP/BID #:

POR #  
(ENCUMBERANCE):

ACTIONS REQUIRED: Please forward a copy to the vendor & retain a copy for your files.

**FIRST AMENDMENT TO AGREEMENT #10782  
BETWEEN ALACHUA COUNTY AND MERIDIAN BEHAVIORAL HEALTHCARE INC.,  
FOR HEALTH CARE SERVICES.**

THIS FIRST AMENDMENT TO AGREEMENT, made and entered into this 25<sup>th</sup> day of September A.D. 2018, by and between Alachua County, a charter county and political subdivision of the State of Florida, by and through its Board of County Commissioners, hereinafter referred to as "County", and **Meridian Behavioral Healthcare Inc.**, hereinafter referred to as "Contractor". Collectively, hereinafter, the County and Contractor are referred to as the "Parties":

**WITNESSETH:**

**WHEREAS**, the parties hereto previously entered into the *Agreement for Contractual Service*, dated October 1, 2017 (the "Agreement"), for the provision of Behavioral **Healthcare Services**; and,

**WHEREAS**, the Parties wish to further amend the agreement.

**NOW, THEREFORE**, in consideration of the mutual promises and covenants contained herein, and other good and valuable consideration, the receipt and sufficiency of which is acknowledged by the Parties, the parties hereby agree to amend the Agreement, as amended by the First Amendment, as follows:

A. SECTION # 1 of the Agreement, **Term**, is amended and replaced in its entirety to read:

This Agreement shall be effective October 1, 2018 and continue through September 30, 2019, unless terminated earlier as provided herein.

B. This First Amendment shall take effect October 1, 2018

C. Section # 5.1 of the Agreement, **Method of Payment**, is amended and replaced in its entirety to read:


The Professional shall be paid for those services required by this Agreement not to exceed the sum of \$49,000.00 allocated in accordance with **Attachment C**:

SAVE and EXCEPT as expressly amended herein, all other terms and provisions of the original Agreement, as amended by the First Amendment, shall be and remain in full force and effect.

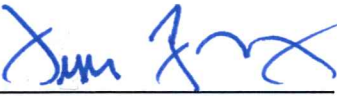
REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

IN WITNESS WHEREOF, the Parties have caused this **First Amendment** to Agreement to be executed for the uses and purposes therein expressed on the day and year first above-written.

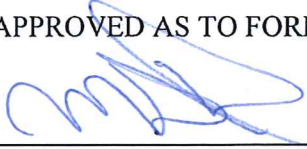
ALACHUA COUNTY, FLORIDA

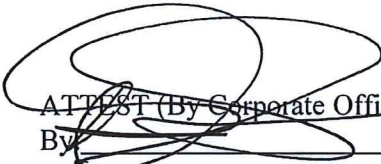
By:   
Lee Pinkoson, Chair  
Board of County Commissioners  
Date: \_\_\_\_\_


ATTEST:

  
Jesse K. Irby II, Clerk

APPROVED AS TO FORM

  
Alachua County Attorney's Office

  
ATTEST (By Corporate Officer)  
By: \_\_\_\_\_  
Print: Donald P. Sandlot  
Title: EXECUTIVE VP

Contractor/Assignee  
By:   
Print: Margarita Labarta, Ph.D.  
Title: President/CEO  
Date: 8/24/2018





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/05/2018

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 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).

<b>PRODUCER</b> Willis of Florida, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 1-877-945-7378      FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
<b>INSURED</b> Meridian Behavioral Healthcare, Inc. Attn: Accts. Pay. 4300 SW 13th Street PO Box 141750 Gainesville, FL 326141750	<b>INSURER A:</b> Mental Health Risk Retention Group      44237	
	<b>INSURER B:</b> Florida Insurance Trust      C7604	
	<b>INSURER C:</b> Scottsdale Insurance Company      41297	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** W6855945      **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	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			COP0001789	07/01/2018	07/01/2019	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							PRODUCTS - COMP/OP AGG	\$ 3,000,000
B	AUTOMOBILE LIABILITY			FITAU-33773-2018	07/01/2018	06/01/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY		<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY		<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY				BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
C	UMBRELLA LIAB			XLS0102031	07/01/2018	07/01/2019	EACH OCCURRENCE	\$ 2,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB		<input checked="" type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$ 2,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			FITWC-33773-2018	06/01/2018	06/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$ 2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 2,000,000
A	Professional Liability			COP0001789	07/01/2018	07/01/2019	Each Claim	1,000,000
	Claims Made						Aggregate	3,000,000
	Retro Active Date: 7/1/1986							

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

### CERTIFICATE HOLDER

### CANCELLATION

Alachua County Board of County Commissioners 12 SE 1 Street Gainesville, FL 32601-0000	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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# Agenda

**ALACHUA COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**Jack Durrance Auditorium  
Second Floor  
12 SE 1st Street**

**September 25, 2018 BoCC Regular Meeting 9:00AM**

**Agenda Item #35.**

**Agenda Item Name:**

First Amendment to Agreement # 10782 between Meridian Behavioral Healthcare Inc., and Alachua County for Health Care Services

**Presenter:**

Ron Akins, 337-6248

**Item Description:**

First Amendment to Agreement # 10782 between Meridian Behavioral Healthcare Inc., and Alachua County for Health Care Services

**Recommended Action:**

Board approve and sign First Amendment to Agreement # 10782 between Meridian Behavioral Healthcare Inc., and Alachua County for Health Care Services.

**Prior Board Motions**

Board approved and signed Agreement on 1/9/2018

**Fiscal Consideration:**

Funds are budgeted in FY19

001.36.3600.622.34.00 \$40,000

001.36.3640.622.34.00 \$9,000

**Background:**

Meridian has been providing behavioral health care services to the Alachua County Court Service Programs since 1999. In order to be successful at treating the substance abuse and mental health conditions of the clients referred to Court Services, it is essential to have a complete continuum of care available to the participants. The continuum begins with the least restrictive mode of treatment (outpatient) and moves through intensive outpatient and eventually residential treatment if needed. This agreement provides for the middle spectrum of the continuum through the provision of intensive outpatient treatment along with mental health and methadone evaluations.