



February 16, 2017

Doug Logan, Director
Guilford County Juvenile Detention Center
400 West Washington Street
Greensboro, NC 27401

RE: Contract Renewal for Inmate Healthcare Services 2017-2018

Dear Director Logan:

I hope this letter finds you well. Correct Care Solutions (CCS) is proud to be a partner with Guilford County and looks forward to continuing to provide medical care services to the detainees at the Guilford County Juvenile Detention Center for the upcoming year.

As per Section 6 of our Agreement, CCS respectfully requests to extend our contract for one additional year (July 1, 2017 – June 30, 2018), with an increase in the base contract amount consistent with the Consumer Price Index (“CPI”) for Urban Consumers – US City Average for Medical Care Component. This CPI rate currently stands at 3.9%; however, we are requesting an increase of 3.0% for renewal year 2017-2018.

The current monthly rate being charged to the County is **\$12,835.08**. Effective July 1, 2017 the revised amount for professional health care services rendered at the Guilford County Juvenile Detention Center will be **\$13,220.13** per month, or **\$158,641.56** annually, through June 30, 2018.

If above terms are acceptable to the County, please sign and date below and forward a signed copy to Andrea Knox, Client Services Specialist, at akknox@correctcaresolutions.com, to affirm moving forward. Upon receipt of the signed proposal, our Legal Department will provide a formal contract amendment for signature. If you have any questions, please do not hesitate to contact Tom Sybesma, Regional Manager for Guilford County, at 913-523-4777 or you can contact Gina Rose, Senior Director of Client Services, at 615-268-8881. We greatly appreciate the partnership we have established with Guilford County and look forward to another successful year working together.

Warm regards,

A handwritten signature in blue ink, appearing to read 'Bill Kissel'.

Bill Kissel
Regional Vice President, Operations

Cc: Tom Sybesma, Regional Manager
Gina Rose, Senior Director of Client Services



The undersigned is authorized by Guilford County to accept the above terms.

Authorized Guilford County Representative

Date Signed

Print Name

Title

PLEASE NOTE: Final delivery of the contract amendment will be via email. If hard copies with original signatures are required, please indicate the number of copies needed: ____.

