

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 07/19/2022

Contract/Lease Control #: C19-2848-COR

Procurement#: RFP PS 47-19

Contract/Lease Type: CONTRACT

Award To/Lessee: CHS TX, INC. D/B/A YESCARE

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/2019

Expiration Date: 09/30/2022 W/2 1 YR RENEWALS

Description of: INMATE MEDICAL SERVICES

Department: COR

Department Monitor: NOLAN WEEKS III

Monitor's Telephone #: 850-689-5763

Monitor's FAX # or E-mail: NWEEKS@MYOKALOOSA.COM

Closed:

Cc: BCC RECORDS



**FIRST AMENDMENT TO THE AGREEMENT BETWEEN OKALOOSA
COUNTY, FLORIDA AND
CHS TX, INC. D/B/A YESCARE
CONTRACT NO. C19-2848-COR**

This First Amendment to the Agreement between Okaloosa County, a political subdivision of the State of Florida (the "County"), and CHS TX, Inc. d/b/a YesCare, executed this 19th day of July, 2022, is made a part of the original Agreement dated October 1, 2019, Contract No. C19-2848-COR (the "original Agreement"), incorporated herein by reference. The parties hereby agree as follows:

1. The party providing health care services under the original Agreement was Corizon Health, Inc. until May 5, 2022, when, as a result of certain merger transaction, the original Agreement became vested in CHS TX, Inc. d/b/a YesCare. Therefore, CHS TX, Inc. d/b/a YesCare is a successor by merger to the rights and obligations of Corizon Health, Inc. under the original Agreement.
2. **OTHER PROVISIONS REMAIN IN EFFECT.** Except as specifically modified herein, all terms and conditions of the original Agreement between the parties, dated October 1, 2019 and any amendments thereto, shall remain in full force and effect.
3. **CONFLICTING PROVISIONS.** The terms, statements, requirements, or provisions contained in this Amendment shall prevail and be given superior effect and priority over any conflicting or inconsistent terms, statements, requirements or provisions contained in any other document or attachment.

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**CONTRACT #: C19-2848-COR
CHS TX, INC. D/B/A YESCARE
INMATE MEDICAL SERVICES
EXPIRES: 09/30/2022 W/2 1 YR RENEWALS**



IN WITNESS WHEREOF, the parties hereto have executed this Amendment on the day and year first written above.

CHS TX, LLC D/B/A YESCARE

DocuSigned by:
Sholey, Jeff
8895FC96CF9264AG

Signature

Jeffrey Sholey

Print Name

DocuSigned by:
Jennifer Finger
35FE9593D3D74C6

BY:

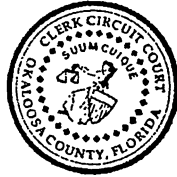
ATTEST:

OKALOOSA COUNTY, FLORIDA

For J.D. Peacock II, Clerk of Courts

BY: Mel Ponder

Mel Ponder, Chairman



**PROCUREMENT/CONTRACT/LEASE
INTERNAL COORDINATION SHEET**

Procurement/Contract/Lease Number: C19-2848-COR Tracking Number: 4634-22
Procurement/Contractor/Lessee Name: Kes Lane Grant Funded: YES ___ NO X
Purpose: name change amendmt 187
Date/Term: 9-30-22 w/renewals
1. GREATER THAN \$100,000
Department #: _____ 2. GREATER THAN \$50,000
Account #: _____ 3. \$50,000 OR LESS
Amount: _____
Department: COR Dept. Monitor Name: Esmond

Purchasing Review

Procurement or Contract/Lease requirements are met:
DeRita Mason Date: 6-10-22
Purchasing Manager or designee Jeff Hyde, DeRita Mason, Jessica Darr, Angela Etheridge

2CFR Compliance Review (if required)

Approved as written: _____ Grant Name: _____
no federal funds Date: _____
Grants Coordinator Suzanne Ulloa

Risk Management Review

Approved as written: _____ Date: _____
see mail attached Date: 6-13-22
Risk Manager or designee Kristina LoFria

County Attorney Review

Approved as written: _____ Date: _____
see mail attached Date: 6-16-22
County Attorney Lynn Hoshihara, Kerry Parsons or Designee

Department Funding Review

Approved as written: _____ Date: _____

IT Review (if applicable)

Approved as written: _____ Date: _____

DeRita Mason

From: Lynn Hoshihara
Sent: Thursday, June 16, 2022 12:43 PM
To: DeRita Mason
Cc: Kristina LoFria; Eric Esmond
Subject: Re: YesCare Invoices
Attachments: C19-2848-PS amendment 6.16.22.docx

DeRita,

With the attached changes, this is approved.

Lynn

Lynn M. Hoshihara
County Attorney
Okaloosa County, Florida

Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.

From: DeRita Mason
Sent: Friday, June 10, 2022 4:30 PM
To: Lynn Hoshihara
Cc: Kristina LoFria; Eric Esmond
Subject: FW: YesCare Invoices

Good afternoon,
Lynn, please review the attached as per our discussion. Also, I ran their FEIN number and didn't see them registered as to do business in Florida. I will reach out to them to get that started.

Kristina,
Do we need an updated COI with the new vendor's name?

Thank you,

DeRita Mason

DeRita Mason

From: Kristina LoFria
Sent: Monday, June 13, 2022 3:34 PM
To: DeRita Mason
Subject: RE: YesCare Invoices

DeRita,

Good afternoon, yes, this would require a new COI with the name change on it.

Thank You

Kristy LoFria

Okaloosa County BOCC-Risk Management-
Safety Coordinator
302 N Wilson St Suite 301
Crestview, Florida 32536
klofria@myokaloosa.com
850-689-5979



For all things Wellness please visit:

<http://www.myokaloosa.com/wellness>

"When the winds of adversity blow against your boat, just adjust your sail."

"Don't aim for success if you want it; just do what you love and believe in, and it will come naturally." David Frost

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From: DeRita Mason <dmason@myokaloosa.com>
Sent: Friday, June 10, 2022 3:30 PM
To: Lynn Hoshihara <lhoshihara@myokaloosa.com>
Cc: Kristina LoFria <klofria@myokaloosa.com>; Eric Esmond <eesmond@myokaloosa.com>
Subject: FW: YesCare Invoices

Good afternoon,

C29-2848-COR

DeRita Mason

From: Eric Esmond
Sent: Thursday, June 2, 2022 9:58 AM
To: DeRita Mason; Jeffrey Hyde; Lynn Hoshihara NGN-Tally
Subject: FW: YesCare Invoices

Good Morning All.

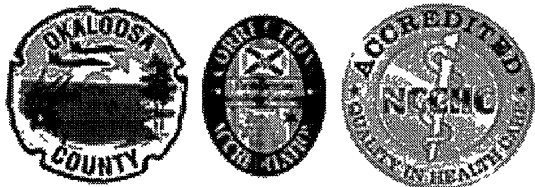
With regard to the change in our Inmate Medical Services Vendor's name, please see below.

If there is anything additional needed, please advise at your convenience(s).

Stay well.

Eric

C. Eric Esmond, MS
Corrections Director|Chief Correctional Officer
Department of Corrections (Jail)
Okaloosa Board of County Commissioners
Office: (850) 689-5685
Cellular: (850) 826-1708



Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.

From: Davies, Karen <Karen.Davies@Yescarecorp.com>
Sent: Thursday, June 2, 2022 9:27 AM
To: Eric Esmond <eesmond@myokaloosa.com>; Eric Esmond <eesmond@myokaloosa.com>
Cc: Mangarella, Paula <Paula.Mangarella@Yescarecorp.com>
Subject: YesCare Invoices

Chief Esmond,
Great to see you yesterday. So sorry I had to run. I will be back for a visit and lunch at Wild Olive soon. As a follow-up to our announcement on our name change:

- YesCare acquired all the active business of Corizon. As part of this acquisition, your contract with Corizon is now vested with CHS TX, LLC (“CHS”), and a wholly owned subsidiary of YesCare.
- There are no operational changes related to this transaction. Staff, P&P, contract structures, etc. will all remain the same.
- Under our new ownership, we are, for the first time, under the ownership of a healthcare corporation- a structure unique in the industry. This affords our re-branded organization with
 - ownership that understands the delivery of healthcare;
 - backing of a large healthcare conglomerate with multitudes of resources for us to leverage; and
 - strong financial and leadership stability.
- To ensure that payments under the contract continue without interruption, we will be providing you with CHS’ FEIN (tax id number) and a W-9 form as part of our next invoice. There will be no change in bank account information at this time, however, that may be updated in the future.
- Because CHS was split from Corizon through a merger transaction, your contract has not been assigned or transferred and no other action with respect to the contract is necessary.
- Any future contracts amendments we will want to reflect that CHS is the successor contracting entity because of the merger transaction.
- The full force of our corporate office remains at your service for any additional information or clarification that you may need.

Please forward to any one from your team that would need this information and if there are any questions, feel free to reach out to me. Many thanks.

Karen Davies, RN, BSN, CCHP

Senior Vice President, Community Operations

Phone: 954-649-3043

Karen.davies@yescarecorp.com



www.yescarecorp.com

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

Safety, Motivation, Accountability, Respect, Teamwork

Administrative Assistant: Melissa Wardell

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

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. CHS TX, Inc.</p> <p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see Instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. 205 Powell Place</p> <p>6 City, state, and ZIP code Brentwood, TN 37027</p>	<p>7 List account number(s) here (optional)</p> <p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
8	8	-	2	2	7	5	8	8	6

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ <i>Dalina Lewis</i>	Date ▶ <i>6/2/2022</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.