

YADKIN COUNTY
NORTH CAROLINA

AGREEMENT FOR SERVICES

(Munis Contract Number) _____

This Agreement is made and entered into this 1st day of July, 2020
("Effective Date") between Yadkin County, North Carolina ("County") and
Dr. James McGrath ("Provider").

WHEREAS, the County and the Provider wish to enter into a contract under which the Provider will provide certain specified services and/or materials to the County in exchange for payment. NOW, THEREFORE, in consideration of the mutual covenants, promises, terms, conditions, and agreements herein, the County and the Provider agree as follows:

1. **Services To Be Performed.** The Provider agrees to perform the services and to provide the materials (all collectively called the "Services") for the County as authorized by the County Manager. Provider acknowledges that this Agreement does not guarantee that the County will assign the Provider any work; however, that the County from time to time may request the Provider to perform services for Yadkin County.

The Provider warrants that all materials it provides shall be of good quality and shall meet industry standards and the County's expectations and approval, and the Provider warrants that it shall perform all Services in a good and workmanlike manner, in accordance with industry standards and the County's expectations, and to the County's full satisfaction.

See "Exhibit A" attached hereto and incorporated as if fully setout herein. "Exhibit A" lists in detail the scope of services to be provided under this contract. Any changes to "Exhibit A" must be approved by the County Manager, in writing, prior to the service being provided.

2. **Term of the Agreement.** (Check the one provision that applies.)

☒ This Agreement shall end on June 30, 2025.

☐ This Agreement shall continue until the Provider has completed the Services to the County's satisfaction.

☐ This Agreement shall continue until terminated in accordance with Section 8 of the Agreement.

3. **Payment to the Provider.**

- ☐ The County shall pay the Provider \$ _____ every _____.
- ☒ The County shall pay the Provider a total not to exceed the amount of \$ \$ 6,540.00 for all Services performed under this Agreement. The Provider will invoice the County for Services as they are performed, but no more frequently than monthly.

In accordance with Item 3, Payment to the Provider, the County agrees to pay the Provider for Services satisfactorily performed in accordance with this Agreement. The County shall pay each properly submitted invoice within thirty (30) days of its submission. Each invoice shall document, to the County's satisfaction, the work performed and the basis for the amount of payment sought. If the Provider fails to perform in accordance with this Agreement, the County may, without penalty, withhold any payment(s) associated with Services not properly performed until and unless the Provider completes or corrects its performance, as applicable. The County's remedies under this Agreement are not exclusive and are in addition to all other rights and remedies provided by law.

4. **E-Verify.** North Carolina General Statutes prohibit counties from entering into contracts with contractors and subcontractors under the formal bid process and/or proposals who have not complied with the requirement of Article 2 of Chapter 64 of the NC General Statutes. Said Article 2 of Chapter 64 states *The prohibition applies to all contracts subject to G.S. 143-129, which are purchase contracts with an estimated cost of \$90,000 or more, and construction or repair contracts with an estimated cost of \$500,000 or more. GS 143-129 applies to virtually all public entities, including cities, counties, local school boards, water and sewer authorities, and other special purpose local government districts and authorities.* The Contractor must submit the E-Verify Affidavit with bid proposals and/or contracts as required by NC General Statutes.

5. **Non-waiver.** If the County at any time does not require the Provider to satisfy any of the Provider's obligations under this Agreement, or if the County fails at any time to exercise any right or privilege granted to it by this Agreement, that shall not waive or limit the County's ability to require the Provider to satisfy those obligations in the future or the County's ability to enforce its rights or privileges in the future. If the County waives any breach of this Agreement by the Provider that shall not be deemed a waiver of any later breach by the Provider, nor shall it be deemed a waiver of this section of the Agreement.

6. **Independent Contractor.** For purposes of this Agreement, the Provider at all times shall be considered an independent contractor, and the County shall not be deemed the employer of the Provider or of any of the Provider's agents or employees, nor shall the County be responsible for the actions or omissions of the Provider or its agents and employees. For purposes of this Agreement, the Provider and its agents and employees shall not be deemed an employee of the County for any purpose, including (by example only and not for purposes of limitation) federal or state income taxation, unemployment benefits, or worker's compensation benefits.

7. **Insurance.** During this Agreement's term, the Provider shall maintain at its sole expense all insurances as set out in this section. All insurance policies shall be issued by a company authorized to issue insurance in the State of North Carolina. Before beginning to perform under this Agreement, the Provider shall provide the County with a certificate of insurance showing that all insurance required by this Agreement is in effect, and the Provider shall keep that certificate current by submitting to the County updated certificates as the Provider's insurance policies are renewed or otherwise modified. The Provider shall notify the County immediately if any insurance required by this Agreement will be or has been cancelled or not renewed or if the amount of coverage of any such insurance will be or has been reduced.

The Provider shall maintain worker's compensation insurance as required by North Carolina law to cover all of the Provider's employees engaged in any work under the Agreement.

The Provider shall also maintain the following insurance to cover its performance under this Agreement during the Agreement's term:

- General commercial liability in the amount of \$1,000,000 per occurrence/\$2,000,000 aggregate.
- Workers' Compensation in the amount of \$500,000 employer's liability.
- Automobile liability covering all owned, hired, and non-owned vehicles used in connection with this Agreement. The minimum combined single limit shall be \$1,000,000 for bodily injury and property damage; and \$1,000,000 uninsured/underinsured motorist coverage.

8. **Indemnity.** The Provider agrees that it shall defend, indemnify, and hold harmless the County and its officials, employees, and agents from and against any and all losses, liabilities, claims, demands, suits, costs, damages, or expenses (including reasonable attorneys' fees) arising from or related to this Agreement and/or the Services, including (by example only and not for purposes of limitation) those for bodily injury, death, or property damage. The Provider's obligations under this section shall survive termination of this Agreement.

9. **Termination.** Notwithstanding any other provision of this Agreement, this Agreement may be terminated at any time by mutual written agreement of the County and the Provider, or it may be terminated by the County upon ten (10) days' written notice to the Provider. Ten days' written notice for termination by the County is not required if the County is terminating because the Provider has breached the Agreement.

10. **Entire Agreement.** This Agreement (including any attached Exhibits) constitute the complete and entire Agreement between the County and the Provider concerning the subject matter of the Agreement and supersedes any and all prior agreements, discussions, understandings, promises, or representations concerning that subject matter. This Agreement may be modified only by a writing signed by both the County and the Provider.

11. **Governing Law and Forum for Disputes.** This Agreement shall be governed by the laws of the State of North Carolina without regard to North Carolina's choice of law provisions. Any lawsuit or other legal proceeding concerning this Agreement and/or the Services must be filed in Yadkin County, North Carolina, unless it is properly filed in Federal Court, in which case it must be filed in the Federal District Court for the Middle District of North Carolina.

12. **Severance Clause.** If any part of this Agreement is deemed unenforceable by a court of competent jurisdiction, then that part shall be enforced to the greatest extent legally possible, and the rest of this Agreement will remain in full force and effect.

13. **Compliance With Laws.** The Provider acknowledges and agrees that it will perform all Services and will satisfy all of its obligations under this Agreement in full compliance with all applicable federal, state, and local laws and regulations.

14. **Repair of Damages.** The Provider shall promptly and fully repair any damages that it or its employees or agents cause to the County's property. Alternatively, the County may choose in its discretion to require the Provider to fully compensate the County for any such damages rather than have the Provider repair them.

15. **Titles and Headings.** Titles and headings used in this Agreement are for convenience only and do not limit or modify the language within each section of this Agreement.

16. **Non-Assignment.** The Provider may not assign its rights or obligations under this Agreement, nor may it sub-contract any part of this Agreement, without written approval from the County.

17. **Notices.** Any notice or communication to the County or the Provider for purposes of this Agreement shall be delivered or shall be deposited in the United States Mail, first class, addressed to the addressee below:

THE COUNTY

Yadkin County Human Services Agency
Kim Harrell, Director
P.O. Box 548
Yadkinville, NC 27055
336-849-7910

THE PROVIDER

Dr. James McGrath
Medical Director
P.O. Box 189
624 West Main Street
Yadkinville, NC 27055
336-677-1100

18. **Number and gender.** This Agreement's use of singular, plural, masculine, feminine, and neuter pronouns shall include the others as the context may require.

19. Exhibits. To the extent of a conflict between the above language of this Agreement and any attachments, the above language of this Agreement will control.

IN WITNESS WHEREOF, the County and the Provider have caused this Agreement to be executed as of the Effective Date.

THE COUNTY

BY: 

Name: Lisa Hughes

Title: County Manager

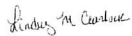
THE PROVIDER

BY: 

Name: JAMES M. SMITH, M.D.

Title: Physician

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.



Digitally signed by Lindsey Carlock
DN: cn=Lindsey Carlock, o=Yadkin County, ou=Finance Department,
email=Lcarlock@yadkincounty.gov, c=US
Date: 2020.06.04 13:13:45 -0400

Yadkin County Finance Officer

EXHIBIT A

TO AGREEMENT TO SERVICES

Below is a detailed listing of the scope of services to be provided under this contract. Any changes to "Exhibit A" must be approved by the County Manager, in writing, prior to the service being provided. (The detailed listing of the scope of services may also be described on one or more sheets attached hereto and incorporated herein, but each must be signed by the Provider and the County.)

Services as outlined in Attachment A

Contract Evaluation as outlined in Attachment B

Attachment A

Whereas, the Agency has identified a need for consultative and medical clinical services of a licensed physician to the Agency staff and patients; and

Whereas, the Physician is prepared to assume consultative and clinical services; now therefore,

It is agreed among the Agency and James McGrath, M.D (Physician) as follows:

1. The Physician will serve as Medical Director for the Agency. His duties as Medical Director will include all duties customary for that position and all duties assigned to him by the Agency, including annually and more often as indicated, reviewing and signing standing orders and clinical policies which align with nationally recognized standards of care. Specifically, it is a requirement that the Medical Director review and sign the Family Planning and Immunization program policies annually. The Physician will be responsible for providing medical guidance to the Agency during any communicable disease outbreak. In addition the Director shall be responsible to providing training to staff as indicated and participate in quality assurance/quality improvement activities as needed or requested.
2. The Physician will serve as Clinical Tuberculosis Director for the Agency. His duties as Clinical Tuberculosis Director will include all duties customary for that position and all duties assigned to him by the Agency, including, but not limited to:
 - a. Treat and monitor all active TB cases according to the policies and procedures in the NC TB Manual such that:
 - i. All orders for treatment will be signed and dated
 - ii. Patients will have a documented visit with the physician or other designated provider on at least two occasions: once at the beginning of treatment and once at the end. If the patient has another provider a visit from the provider may substitute for the visit with the contracted physician.
 - b. Consult with other community physicians who request consultation.
 - c. Counsel physicians who prescribe outside the treatment protocols recommended by the NC TB Program.
 - d. Attend at least one TB-related continuing TB medical education activity per year. This information will be shared with the TB Nurse Consultant during the annual review.
 - e. Document the annual participation in TB-related medical education.
 - f. Meet and consult with the NC TB Medical Director, TB Nurse Consultant, designated Infectious Disease Physicians or the TB Medical Advisory Committee members as deemed appropriate and necessary.

3. The Physician will provide professional medical services to patients attending the Medical Clinic clinics within the policies and procedures of the Yadkin County Medical Clinic. The Physician will provide services at Medical Clinic Clinics during hours as agreed upon by Agency and Physician.
4. The Physician will provide medical back up for the physician extenders employed at the Agency as needed during normal hours of operation, as well as evening and weekend hours.
5. The Physician will provide medical consultation to Agency licensed and/or registered nurses and physician extenders for patients attending Agency clinics as needed during normal hours of operation, as well as evening and weekend hours.
6. Verbal medical orders received from the Physician are to be signed by the Physician within seven days after issuance.
7. All services provided by the Physician will be reimbursed monthly by the Agency at the rate of \$73.00 per hour, but in no event shall the amounts paid by the Agency under this Agreement exceed \$6,540.00.
8. The Physician will maintain records as required by the Agency, and in accordance with professional and industry standards, including records of physical findings, treatment rendered, and referral for follow up recommended.
9. The Physician will meet with the Yadkin County Medical Clinic Nurse Practitioners at least every 6 months in order to discuss relevant practice clinical issues and quality improvement. These meetings, and the topics discussed, will be documented. Documentation shall include clinical problems discussed, process towards outcomes, and recommendations for changes in treatment plans (if any), meeting dates and signatures of those attending. Primary care problems that are not covered in the Agency's Nurse Practitioner protocols will be countersigned on a regular basis at the discretion of the Physician. Physician agrees to be available for record review when appropriate, be available for telephone consultation during clinic hours, review mutually developed practice guidelines annually, including drugs and devices, and arrange for back-up physician coverage if not available. Documentation of how the primary or back-up supervising physician(s) and the nurse practitioner shall be continuously available to each other for consultation by direct communication or telecommunication shall be stated.
10. In the event of Dr. McGrath's absence or unavailability, Physician will arrange for other physicians to provide the services that are to be provided by Dr. McGrath under this Agreement. The Physician will provide physicians of comparable qualifications as Dr. McGrath, and any such physicians must meet the approval of the Agency. The Physician shall be responsible for ensuring that any physician providing services under this Agreement shall comply with all requirements and obligations that this Agreement imposes on Dr. McGrath. Professional services provided by these personnel will be reimbursed at \$73.00 per hour pursuant to the same terms and conditions in this Agreement governing Dr. McGrath's services, and any compensation provided to such personnel shall be included when calculating whether the \$6,540.00 limit on payments by the Agency under this Agreement, as established by Paragraph 7, has been reached. Dr. McGrath will use his best efforts to coordinate with the Agency to minimize any disruption caused by any absence or unavailability by Dr. McGrath.

11. The Physician, as a STD clinical provider with either a contract or permanent status with the LHD, will be encouraged to participate in online training sessions (Alabama/North Carolina HIV-STD Prevention Training Center), and may attend a one-day practicum when available. The provider shall provide services in accordance with current Centers for Disease Control and Prevention STD Treatment Guidelines and the DPH STD Treatment Guidelines. The Medical Director provides clinical oversight for the STD program.

12. Family Planning Title X requirements:

(a) The Medical Director will complete the checklist for "All Staff Orientation", the Clinical Staff One Time Training and the Provider Orientation outlined in the "Family Planning Staff Title X Orientation and Annual Trainings Checklists."

(b) Subsequent to the year of hire, the Medical Director will complete the "Clinical Staff Annual Trainings" checklist with each calendar year.

(c) Subsequent to the year of hire, all staff funded by or working in the Title X program (including the Medical Director) will complete the "All Title X Staff Annual Trainings" checklist and the "All Title X Staff Annual Confirmation of Understanding" with signatures/dates with each calendar year by December 31st.

(d) Subsequent to the year of hire, All Title X funded staff and staff who provide services to Title X clients will complete the following mandatory Title X trainings within 1 month of hire and annually thereafter:

- Mandatory Reporting of Child Abuse and Neglect
- Human Trafficking in the Family Planning Setting
- Title X Orientation (one time only)
- Quality Family Planning Services Guidelines, including pregnancy counseling (clinical staff one time only)

(e) The curriculum vitae of the Physician must indicate special training or experience in family planning. The Medical Director shall participate in training or continuing education related to Family Planning on an annual basis, and should maintain documentation of their participation. This may include pharmacotherapeutics specific to family planning. Staff will receive training at hire and annually for the following:

- Protecting Dignity
- HIPPA
- Confidentiality and Access to Client Records
- Language Access Rights of Families with Limited English Proficiency
- Civil Rights Training (including non-discriminatory services)

- Adolescent Services (including encouraging parental involvement and counseling minors to resist coercive attempts to engage in sexual activity)
- Voluntary Participation/Non-Coercion/Prohibition of Abortion in Title X Family Planning Program
- Cultural Competency
- Emergency Management

(f) The Medical Director shall be responsible for retaining their completion certificates for trainings and providing a copy to the Family Planning Coordinator for documentation. The Family Planning Coordinator shall meet with the Medical Director at a mutually agreed upon time to review the above sections (a) and (c).

(g) A documented process to assure staff members have been informed that they may be subject to prosecution under Federal law if they coerce or endeavor to coerce any person to undergo an abortion or a sterilization procedure. Assurance that employees are prevented from using their positions for purposes of private gain (conflict of interest) and assurance that staff has received a copy of this policy. Employees funded by Title X funds are required to complete one training annually per the Women's Health Branch focused on health equity, health disparities or social determinants of health.

(h) The Medical Director will participate in the annual Community Participation Committee activities directed to improve the services provided by the Title X Family Planning Clinics

The Physician agrees to use his best efforts to coordinate with the Yadkin County Medical Clinic to admit Adult and Pediatric Carolina Access patients assigned to the Yadkin County Medical Clinic.

Attachment B

Yadkin County Human Services Agency Medical Director Contract Evaluation

Name: _____

Date: _____

Review Period: _____

This evaluation tool will be used to determine if the Medical Director of the Yadkin County Medical Clinic is meeting his/her contractual duties as listed in Attachment A of the service contract.

Contract Requirement	Rating	
Reviewed and signed standing orders and clinical policies including reviewing and signing the Family Planning and Immunization program policies annually.	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met
Provided medical guidance to the Agency during a communicable disease outbreak (if applicable)	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met
Treat and monitor all active TB cases according to the policies and procedures in the NC TB Manual	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met
a) All orders for treatment will be signed and dated	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met
b) Consult with other community physicians who request consultation	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met
c) Counsel physicians who prescribe outside the treatment protocols recommended by the NC TB Program	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met
d) Attend at least one TB-related continuing TB medical education activity per year (including web-based trainings).	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met
e) Meet and consult with the NC TB Medical Director, TB Nurse Consultant, designated Infectious Disease Physicians or the TB Medical Advisory Committee members as deemed appropriate and necessary.	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met
The Physician provided professional medical services to patients within the policies and procedures of the Yadkin County Medical Clinic	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met
The Physician provided medical back up for the physician extenders employed at the Agency as needed during normal hours of operation, as well as evening and weekend hours.	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met
The Physician provided medical consultation to Agency licensed and/or registered nurses and physician extenders for patients attending Agency clinics as needed during normal hours of operation, as well as evening and weekend hours.	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met
All verbal medical orders received from the Physician were signed by the Physician within seven days after issuance.	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met

The Physician maintained records as required by the Agency, and in accordance with professional and industry standards, including records of physical findings, treatment rendered, and referral for follow up recommended. The Physician participated in quality assurance/quality improvement as needed or requested.	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met
The Physician met with the Yadkin County Medical Clinic Nurse Practitioners at least every 6 months in order to discuss relevant practice clinical issues and quality improvement.	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met
The Physician, as a STD clinical provider with either a contract or permanent status with the LHD, participated in online training sessions (Alabama/North Carolina HIV-STD Prevention Training Center), and may attend a one-day practicum when available.	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met
The Physician completed the checklist for "All Staff" orientation and any applicable role-specific orientation checklist outlined in the "Family Planning Staff Title X Orientation and Annual Trainings Checklists.	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met
The Physician, Title X funded staff who provide services to Title X clients, completed the following mandatory Title X trainings within 1 month of hire and annually thereafter:	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met
a) Mandatory Reporting of Child Abuse and Neglect	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met
b) Human Trafficking in the Family Planning Setting	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met
c) Title X Orientation (one time only)	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met
d) Quality Family Planning Services Guidelines, including pregnancy counseling (clinical staff one time only)	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met
The training record of the Physician must indicate special training or experience in family planning. The Medical Director should participate in training or continuing education related to Family Planning on an annual basis, and should maintain documentation of their participation.	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met
The Physician is required to complete one training annually per the Women's Health Branch focused on health equity, health disparities or social determinants of health.	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met