

**AMENDMENT NO. 1 TO FORM OF CONTRACT**

Service Provider: Grady Memorial Hospital d/b/a Grady Health System (Grady)

Contract No. 22RFP0388A-CJC (D), Fulton County Behavioral Health Network

Address: 80 Jesse Hill Drive, SE  
City, State Atlanta, GA 30303

Telephone: (404) 616-1782

E-mail: ahernandez@gmh.edu

Contact: Anne Hernandez, LCSW  
Vice President, Behavioral Health

**W I T N E S S E T H**

WHEREAS, Fulton County ("County") entered into a Contract with Grady Memorial Hospital d/b/a Grady Health System (Grady) to provide behavioral health network services, dated January 1, 2023, on behalf of the Department of Behavioral Health and Developmental Disabilities ("BHDD"); and

WHEREAS, the County established the Behavioral Health Network in order to provide highly coordinated and person-centered services across a continuum of care; to provide expanded services to help the County drive towards its purpose to increase access to behavioral health services; to establish a countywide provider network; to strengthen the experience of clients seeking behavioral health services; and

WHEREAS, the County through the Department of Behavioral Health and Developmental Disabilities is dedicated to ensuring that all county residents have access to behavioral health services and to establish a provider network that will provide various levels of behavioral services; and

WHEREAS, the County wishes to amend the existing contract with Grady Memorial Hospital d/b/a Grady Health System (Grady), hereinafter referred to as "Grady" or "Service Provider" to expand services to provide full-service operation and management of the new Fulton County Behavioral Health Crisis Center (BHCC) located at 2805 Metropolitan Parkway, Atlanta, GA 30315 in order for the County to provide expanded services to help the County drive towards its purpose to establish a countywide provider network; and

WHEREAS, the Service Provider has represented to the County that it has the experience, capacity, qualifications and local staff available to commit to the project; and

WHEREAS, Grady is a qualified Tier 2+ provider in accordance with the community behavioral health provider network structure outlined by the State of Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD); and

WHEREAS, the contract term shall be amended in order to align with the State of Georgia DBHDD grant award period for the initial award period January 1, 2024 through June 30, 2024, with eight (8) remaining renewal options in accordance with Article 9(b.) Renewal Term of the Contract Agreement.

Option Period	Option Duration	Start Date	End Date
2	12 months	July 1, 2024	June 30, 2025
3	12 months	July 1, 2025	June 30, 2026
4	12 months	July 1, 2026	June 30, 2027
5	12 months	July 1, 2027	June 30, 2028
6	12 months	July 1, 2028	June 30, 2029
7	12 months	July 1, 2029	June 30, 2030
8	12 months	July 1, 2030	June 30, 2031
9	12 months	July 1, 2031	June 30, 2032

However, no Renewal Term of this Agreement shall be authorized, nor shall any Renewal Term of this Agreement commence unless and until each Renewal Term has first been approved in writing by the County Board of Commissioners; and

WHEREAS, Grady has performed satisfactorily over the period of the contract; and

WHEREAS, this amendment was approved by the Fulton County Board of Commissioners on January 10, 2024, BOC Item 24-0016.

**NOW, THEREFORE,** the County and the Service Provider agree as follows:

This Amendment No. 1 to Form of Contract is effective as of the 1st day of January, 2024, between the County and Grady who agree that all services specified will be performed in accordance with this Amendment No. 1 to Form of Contract and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:** The County and Service Provider agree the project is to provide full-service operation and management of the new Fulton County Behavioral Health Crisis Center (BHCC) and the Service Provider agrees to provide all services, products, to perform all tasks described in Exhibit A, Scope of Work, attached herein.
2. **CONTRACT TERM:** The services shall commence on February 1, 2024 through June 30, 2024, in order to align with the State of Georgia DBHDD grant award period. Subsequent Years contract terms is provided

3. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Service Provider for a total amount not to exceed \$5,688,919.00 (Five Million Six Hundred Eighty Eight Thousand Nine Hundred Nineteen Dollars and No Cents) as described in Exhibit B, Compensation, attached herein. Compensation for subsequent years is provided in Exhibit B, Compensation, attached herein.
4. **LIABILITY OF COUNTY:** This Amendment No. 1 to Form of Contract shall not become binding on the County and the County shall incur no liability upon same until such agreement has been executed by the Chair to the Commission, attested to by the Clerk to the Commission and delivered to Contractor.
5. **EFFECT OF AMENDMENT NO. 1 TO FORM OF CONTRACT:** Except as modified by this Amendment No. 1 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

**[INTENTIONALLY LEFT BLANK]**

**IN WITNESS THEREOF**, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and their corporate seals to be hereunto affixed as of the day and year date first above written.

OWNER:

**FULTON COUNTY, GEORGIA**

DocuSigned by:

*Robert L. Pitts*

Robert L. Pitts, Chairman  
Fulton County Board of Commissioners

Please select Attest or Notary from checkbox ☒ Attest ☐ Notary

ATTEST:

DocuSigned by:

*Tonya R. Grier*

Tonya R. Grier  
Clerk to the Commission

(Affix County Seal)



APPROVED AS TO FORM:

DocuSigned by:

*Y Soo Jo*

Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

*LaTrina R. Foster*

LaTrina Foster, Director  
Department of Behavioral Health &  
Developmental Disabilities

SERVICE PROVIDER:

**GRADY HOSPITAL D/B/A GRADY  
HEALTH SYSTEM**

DocuSigned by:

*John M. Hauptert*

John M. Hauptert  
Chief Executive Officer

ATTEST:

Name Jeannette Dean

Secretary/  
Assistant Secretary

(Affix Corporate Seal)



ATTEST:

Name Lisa Scarbrough

Notary Public

County: Fulton County

Commission Expires: 2-8-2025

(Affix Notary Seal)



Please select RCS or RM from the checkbox

RCS

☒

RM

ITEM#: _____	RCS: _____	ITEM#: 24-0016	RM: 1/10/2024
<b>RECESS MEETING</b>		<b>REGULAR MEETING</b>	



Insurance Certificate to be attached

# **EXHIBIT A**

## **SCOPE OF WORK**

Grady Memorial Hospital Corporation, dba Grady Health System agrees to be the full-service operator for the Fulton County Behavioral Health Crisis Center. The Behavioral Health Crisis Center (BHCC) is an emergency behavioral healthcare alternative for adults that offers prompt action, gentle response, and effective support in a respectful and safe environment. The BHCC comprises of three components to mitigate an individual's crisis that will include the following service components: (1) Crisis Service Center (CSC) with a peer led "Living Room"; (2) 16 Chair Temporary Observation Unit; and (3) 24 Bed Crisis Stabilization Unit (CSU).

Grady understands Fulton County had established a completion timeline of mid-February 2024. Given the nature and complexity of project implementation, Grady anticipates an actual "go-live" of May 2024 to allow for install of all necessary IT and medical equipment, adequate testing and activation as well as hiring, training, and development of workflows for the center. Grady will utilize a phased approach for opening given the challenges of staff recruitment, training, and credentialing of personnel. Phase 1 will include the Living Room under subcontract and 8 Crisis Stabilization beds. Grady estimates approximately two months between each phase with planned increases in CSU beds and adding of Temporary Observation chairs at each phase. Additional beds/chairs will only be added as safe staffing numbers are achieved.

### **BHCC Crisis Service Center**

Grady will staff and manage the 24/7 Crisis Service Center (CSC) which provides walk-in psychiatric/substance related crisis evaluation and brief intervention services for adults in need of support for an abrupt and substantial change in behavior noted by severe impairment of functioning typically associated with a precipitating situation or a marked increase in personal distress. These services include screening and referral for appropriate outpatient services and community resources for those who are not in crisis but who are seeking access to behavioral health care. Interventions are provided by licensed and unlicensed behavioral health professionals, with supervision of the facility provided by a licensed professional and designed to prevent hospitalization. As an emergency receiving facility, staff will medically screen and identify any medical concerns/issues which require medical stabilization. Those individuals in need of medical care, including substance use detoxification, will be transferred to the nearest emergency room.

The CSC will include a Peer led living room for up to 26 adults under contract with the Georgia Mental Health Consumer Network. The "living room" will provide peer support to understand the nature of the distress or crisis and provide resources and referrals to address the needs. If further interventions are needed to deescalate a crisis, a formal assessment of crisis will be performed.

The CSC will accept and evaluate those presenting on involuntary basis (1013) and

complete a face-to face assessment to determine level of care needed to stabilize the situation. Admission to Temporary Observation or Crisis Stabilization Unit may be recommended. If a person presents with medical conditions that cannot be safely managed in the community, including need for detoxification, the individual will be transported to the nearest emergency room.

### **Crisis Center Staffing**

Crisis Service Center is a facility-based service operating 24 hours a day, 7 days a week. Staff on-site always will include, at a minimum:

- One (1) fully Licensed Behavioral Health Clinician
- One (1) Certified Peer Specialist
- One (1) prescriber (physician, APRN, PA)
- One (1) Registered Nurse

### **Peer Led “Living Room”**

The Georgia Mental Health Consumer Network is the subcontractor responsible for the operation of the Living Room and will require the following staffing:

<b>Position Title</b>	<b>Total FTE</b>
Director	1
Peer Specialists (Level 1)	6
Peer Specialists (Level 2)	5
<b>TOTAL</b>	<b>12</b>

### **Activation/Go-live/Staffing**

Building and service go-live will be driven by construction completion, State certification, recruitment, and training. Based on very thorough reviews with all Grady stakeholders, the activation timeline will require 12 weeks. The longest lead time will be pharmacy implementation, which depends on certification before many of the activities can start. This time will also incorporate training, IT implementation, IT dress rehearsals and full activation planning. The team has planned for 12 weeks of recruitment starting in January. This timing will be dependent on recruiting and onboarding experienced candidates. The following outlines the major workstreams based on our current understanding of the construction schedule.

After full activation and assuming all staff have been recruited and trained, the crisis center will go live based on the following phases:

1. Phase 1: Open Living Room and 8 Crisis Stabilization beds

2. Phase 2: Increase CSU beds to 12 and open 8 Temp Obs beds
3. Phase 3: Increase CSU to 16 beds and Temp Obs to 16 beds
4. Phase 4: Increase CSU to 24 beds

Grady utilizes a staff to consumer ratio of 1:8 and would propose the same for this service center. Our staffing model and expenses are based on the full unit followed by cost based on the phasing. Additional support services are needed to ensure proper on-site treatment and discharge support. Also of note, credentialing for prescribers (physician and Advance Practice Practitioners) is a 2–4-month process.

### **Staffing Model**

The following charts outline the total staff required to operate the facility at full capacity.

Staffing Model:

<b>Position Title</b>	<b>Total FTE</b>
Ops Manager	1
Physician	3
Clinical Nurse Manager	2
BH Manager	1
RN	25
phlebotomist	5
MLS	5
MHT	29
DC Planner	3
Therapist	7
CPS	7
Prescriber (APP)	8.5
Pharmacy	1
Pharm Tech	1
SU Counselor	3
UM Reviewer	1
Data Info Assist	4.5
EVS	6.5
Van Driver	2
Patient Access Rep	7
Financial Counselor	2
Security	13
<b>TOTAL</b>	<b>137.5</b>



### **BHCC Temporary Observation Unit (16 Chair)**

Temporary observation is a facility-based program for adults that provides a physically secure and medically safe environment during which an individual in crisis is further assessed, stabilized, and referred to the next appropriate level of care (generally within 24 hours). Interventions delivered during temporary observation may include any appropriate outpatient service including but not limited to:

1. Psychiatric Treatment
2. Nursing Assessment
3. Medication Administration
4. Crisis Intervention
5. Psychosocial Rehabilitation-Individual
6. Case Management
7. Peer Support-Individual

Individuals will receive frequent observation, monitoring of objective signs and symptoms of withdrawal, symptom management, discharge and follow-up planning and referral. If at any time, individual is deemed in need of substance detoxification or at risk of substance withdrawal, they will be transferred to the nearest emergency room.

Grady will utilize the GCAL Live Crisis Board and agree to make active updates throughout the individual's stay.

### **Temporary Observation Staffing**

Temporary Observation is a facility-based service operating 24 hours a day, 7 days a week with anticipated stay of less than 24 hours. Staffing ratios for nurse and mental health technician is 1:8. At a minimum:

- One (1) fully Licensed Behavioral Health Clinician
- One (1) Certified Peer Specialist
- One (1) prescriber (physician, APRN, PA) rounding daily and on-call 24/7
- One (1) Registered Nurse per 8 beds
- One (1) Mental Health Technician per 8 beds

### **BHCC Crisis Stabilization Unit (CSU)**

The CSU is a 24-bed short-term residential service for adults that provides psychiatric and behavioral stabilization. Those in need of substance detoxification will be referred to an appropriate community provider or the nearest emergency room. The CSU is designed to serve as a first line alternative to hospitalization and is intended for individuals who are experiencing a period of acute stress that significantly impairs the capacity to cope with normal life circumstances. Clients are served in a safe, locked environment. The goal of

the CSU is to stabilize and reintegrate him or her back into the community quickly. The typical length of stay in a CSU is less than five days. Clients in CSUs receive medication, counseling, referrals, and linkage to ongoing services. The program operates under the supervision of the program director with multi-disciplinary teams of behavioral health professionals.

Grady acknowledges the center is an emergency receiving facility and a designated Behavioral Health Crisis Center and will coordinate with both the Fulton County and Georgia Departments of Behavioral Health and Developmental Disabilities to meet all requirements.

Services may include:

- Psychiatric, diagnostic, and medical assessments
- Crisis assessment, support, and intervention
- Medication administration, management, and monitoring
- Psychiatric/Behavioral Health Treatment
- Nursing assessment and care
- Brief individual, group and/or family counseling; and
- Linkage to other services as needed and appropriate.

Grady will utilize the GCAL Live Crisis Board and agree to make active updates throughout the individual's stay.

### **Crisis Stabilization Unit Staffing**

CSU is a facility-based service operating 24 hours a day, 7 days a week with anticipated stay of five (5) days. Staffing ratios for nurse and mental health technician is 1:8. At a minimum:

- One (1) Operational Leader who is a Registered Nurse
- One (1) fully Licensed Behavioral Health Clinician
- One (1) Certified Peer Specialist
- One (1) prescriber (physician, APRN, PA) rounding daily and on-call 24/7
- One (1) Registered Nurse per 8 beds
- One (1) Mental Health Technician per 8 beds

### **Authorizations and Claims**

Grady will submit authorization requests for all services within the BHCC to Carelon and maintain an accurate bed registry through the BHL Bed Board for Temporary Observation and Crisis Stabilization.

Claims will be submitted for individual services in the Living Room and Intake area and per diem encounters (Temp Obs and CSU) to Carelon as well as other payors (Medicaid, Medicare and third party).

### **Service Exclusions**

Services will be provided to those experiencing a psychiatric or co-occurring substance related crisis following a determination of the most appropriate level of service. Exclusions from service at the BHCC are:

- Individuals under the age of 18 years
- Individuals with intellectual or developmental disability with no co-occurring psychiatric concern or substance use disorder
- Individuals at risk of withdrawal from substances
- Individuals with neurocognitive disorders without documented psychiatric or substance use disorders.
- Individuals with Traumatic Brain Injury (TBI) in the absence of mental illness diagnosed prior to the TBI.
- Individuals who are unable to complete the activities of daily living independently.

### **Key Performance Indicators (KPI)**

KPI	Source
Of the total number individuals that present to the walk- in Crisis Service Center (Living Room), at least 40% are diverted from the CSU or other inpatient bed.	Provider Report
Of the total number of individuals placed into 23-hour observation, at least 50% are diverted from the CSU or inpatient bed.	Provider Report
Denial rate for admission to the CSU should not exceed 10% from GCAL board (beds full or offline does not count)	Provider Report
Occupancy rates are 90% for adults on average for the reporting period (For data reporting purposes this is actual person in a bed).	Provider Report
Maintain an average length of stay of 7 days for an Adult CSU	Provider Report

\*Key Performance Indicators (KPI) will be based on operational capacity during the reporting period.

# **EXHIBIT B**

## **COMPENSATION**

The services described under Scope of Work herein shall be performed by Service Provider for a total amount not to exceed \$5,688,919.00 (Five Million Six Hundred Eighty Eight Thousand Nine Hundred Nineteen Dollars and No Cents for the initial term February 1, 2024 through June 30, 2024.

With the current assumptions, the following is a summary of the cost proposal to operate the Behavioral Health Crisis Center.

<b>Cost Category</b>	<b>Phase 1</b>
Personnel Services	\$3,904,969.00
Facility Costs	\$500,000.00
Regular Operating	\$312,360.00
One-Time Start-up Costs	\$971,590.00
<b>Total</b>	<b>\$5,688,919.00</b>

\*Please note adjustments to Cost categories are allowable with documented justification (not to exceed total budget)

### **Start-up/One-time costs**

Start-up costs are included for the following equipment or infrastructure:

- IT network infrastructure
- Medical equipment (dynamaps, scales, Pyxis, medication refrigerator, bar code scanner, AED)
- Activation expenses

### **Non-Staffing Expenses**

Non-Staffing expenses will be utilized based on patient demand, including the following categories:

- Meals – prepared at a Grady site and transported to the center.
- Patient assistance – transportation vouchers, food, toiletries
- Clinical and therapeutic materials
- Medications
- Linen – to be sub-contracted to Grady vendor
- Snacks
- Medical supplies
- Office supplies
- IT License

### **Compensation for Subsequent Years**

Compensation for work performed by Service Provider for subsequent years will be determined based on the State of Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) annual adopted budget and the Fulton County Board of Commissioners approval for the subsequent renewal terms.

<b>Year</b>	<b>Contract Period</b>	<b>Contract Term</b>	<b>Cost</b>
2	July 1, 2024 – June 30, 2025	Second Renewal Term	\$11,377,838.00
3	July 1, 2025 – June 30, 2026	Third Renewal Term	TBD*
4	July 1, 2026 – June 30, 2027	Fourth Renewal Term	TBD*
5	July 1, 2027 – June 30, 2028	Fifth Renewal Term	TBD*
6	July 1, 2028 – June 30, 2029	Sixth Renewal Term	TBD*
7	July 1, 2029 – June 30, 2030	Seventh Renewal Term	TBD*
8	July 1, 2030 – June 30, 2031	Eighth Renewal Term	TBD*
9	July 1, 2031 – June 30, 2032	Ninth Renewal Term	TBD*

TBD\* - To Be Determined based on State DBHDD annual adopted budget and FC BOC approval.

### **INVOICING AND PAYMENT**

Service Provider will be reimbursed based on the state funding model. Service Provider shall submit monthly invoices for work performed during the previous calendar month, in a form acceptable to the County and accompanied by all support documentation requested by the County, for payment and for services that were completed during the preceding phase. The County shall review for approval of said invoices. The County shall have the right not to pay any invoice or part thereof if not properly supported, or if the costs requested or a part thereof, as determined by the County, are reasonably in excess of the actual stage of completion.

Service Provider shall submit monthly invoices for work performed during the previous calendar month, in a form acceptable to the County and accompanied by all support documentation requested by the County, for payment and for services that were completed during the preceding phase. The County shall review for approval of said invoices. The County shall have the right not to pay any invoice or part thereof if not properly supported, or if the costs requested or a part thereof, as determined by the County, are reasonably in excess of the actual stage of completion.

**Time of Payment:** The County shall make payments to Service Provider within thirty (30) days after receipt of a proper invoice. Parties hereto expressly agree that the above contract term shall supersede the rates of interest, payment periods, and contract and subcontract terms provided for under the Georgia Prompt Pay Act, O.C.G.A. 13-11-1 et seq., pursuant to 13-11-7(b), and the rates of interest, payment periods, and contract and

subcontract terms provided for under the Prompt Pay Act shall have no application to this Contract; parties further agree that the County shall not be liable for any interest or penalty arising from late payments.

**Submittal of Invoices:** Invoices shall be submitted as follows:

**Via Mail:**

Fulton County Government  
141 Pryor Street, SW  
Suite 7001  
Atlanta, Georgia 30303  
Attn: Finance Department – Accounts Payable

OR

**Via Email:**

Email: [Accounts.Payable@fultoncountyga.gov](mailto:Accounts.Payable@fultoncountyga.gov)

At minimum, original invoices must reference all of the following information:

- 1) Vendor Information
  - a. Vendor Name
  - b. Vendor Address
  - c. Vendor Code
  - d. Vendor Contact Information
  - e. Remittance Address
- 2) Invoice Details
  - a. Invoice Date
  - b. Invoice Number (uniquely numbered, no duplicates)
  - c. Purchase Order Reference Number
  - d. Date(s) of Services Performed
  - e. Itemization of Services Provided/Commodity Units
- 3) Fulton County Department Information (needed for invoice approval)
  - a. Department Name
  - b. Department Representative Name

Service Provider's cumulative invoices shall not exceed the total not-to-exceed fee established for this Contract.

**County's Right to Withhold Payments:** The County may withhold payments, not to exceed the total of two months' fees of the applicable SOW, for services that involve disputed costs, involve disputed audits, or are otherwise performed in an inadequate fashion. Payments withheld by the County will be released and paid to the Service

Provider when the services are subsequently performed adequately and on a timely basis, the causes for disputes are reconciled or any other remedies or actions stipulated by the County are satisfied. If there is a good faith dispute regarding a portion of an invoice, Service Provider will notify County and detail the dispute before the invoice date. The County shall promptly pay any undisputed items contained in such invoices. Upon resolution of the dispute, any disputed amounts owed to Service Provider will be promptly paid by County.

**Payment of Subcontractors/Suppliers:** The Service Provider must certify in writing that all subcontractors of the Service Provider and suppliers have been promptly paid for work and materials and previous progress payments received. In the event the prime Service Provider is unable to pay subcontractors or suppliers until it has received a progress payment from Fulton County, the prime Contractor shall pay all subcontractors or supplier funds due from said progress payments within forty-eight (48) hours of receipt of payment from Fulton County and in no event later than fifteen days as provided for by State Law.

**Acceptance of Payments by Service Provider; Release.** The acceptance by the Service Provider of any payment for services under this Contract will, in each instance, operate as, and be a release to the County from, all claim and liability to the Service Provider for work performed or furnished for or relating to the service for which payment was accepted, unless the Service Provider within five (5) days of its receipt of a payment, advises the County in writing of a specific claim it contends is not released by that payment.



**EXHIBIT C**

**CERTIFICATE OF INSURANCE**



# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
11/14/2023

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 (Bermuda) Ltd. Wellesley House, 2nd Floor 90 Pitts Bay Road Pembroke, HM08 BMU	<b>CONTACT NAME:</b> Willis Towers Watson Certificate Center <b>PHONE (A/C, No, Ext):</b> 1-877-945-7378 <b>FAX (A/C, No):</b> 1-888-467-2378 <b>E-MAIL:</b> certificates@willis.com <b>ADDRESS:</b>																					
<b>INSURED</b> Grady Health System 80 Jesse Hill Jr. Dr. SE PO Box 26035 Atlanta, GA 30303	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> <tr> <td>INSURER A:</td><td>XL Bermuda Ltd</td><td>D5514</td></tr> <tr> <td>INSURER B:</td><td></td><td></td></tr> <tr> <td>INSURER C:</td><td></td><td></td></tr> <tr> <td>INSURER D:</td><td></td><td></td></tr> <tr> <td>INSURER E:</td><td></td><td></td></tr> <tr> <td>INSURER F:</td><td></td><td></td></tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	XL Bermuda Ltd	D5514	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A:	XL Bermuda Ltd	D5514																				
INSURER B:																						
INSURER C:																						
INSURER D:																						
INSURER E:																						
INSURER F:																						

## COVERAGES

CERTIFICATE NUMBER: W31082601

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
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			BM00039750LI23A	11/15/2023	11/15/2024	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A					PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Umbrella is excess of Self-Insured Retention of: \$5,000,000 Per Occurrence General Liability \$7,500,000 Per Claim  
 Professional Liability \$40,000,000 Aggregate

SEE US CERTIFICATE OF INSURANCE FOR ADDITIONAL EXCESS LAYERS

Bermuda Excess Liability Carriers:

## CERTIFICATE HOLDER

## CANCELLATION

Proof of Insurance Grady Memorial Hospital Corp. Attn: Larshell Boyd PO Box 26035 80 Jesse Hill Atlanta, GA 30303	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 
-------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

© 1988-2016 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

AGENCY Willis (Bermuda) Ltd.		NAMED INSURED Grady Health System 80 Jesse Hill Jr. Dr. SE PO Box 26035 Atlanta, GA 30303
POLICY NUMBER See Page 1		
CARRIER See Page 1	NAIC CODE See Page 1	EFFECTIVE DATE: See Page 1

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

SiriusPoint Bermuda Insurance Company Ltd (Arcadian) - 11/15/2023-11/15/2024 - ARCGL135322023

Limits: \$1,000,000 p/o \$20,000,000 Lead Excess

Allied World Assurance Company, Ltd. - 11/15/2023-11/15/2024 - C090398/001

Limits: \$5,000,000 p/o \$25,000,000 excess of \$20,000,000

Allied World Assurance Company, Ltd. - 11/15/2023-11/15/2024 - C057708/005

Limits: \$5,000,000 p/o \$10,000,000 excess of \$85,000,000

Liberty Specialty Markets Agency Limited - 11/15/2023-11/15/2024 - LSMAHC373556A

Limits: \$5,000,000 p/o \$10,000,000 excess of \$85,000,000