

Bruce Rauner  
Governor



John Baldwin  
Acting Director

## The Illinois Department of Corrections

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1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

December 4, 2018

Elizabeth Mazur  
Uptown People's Law Center  
[liz@uplcchicago.org](mailto:liz@uplcchicago.org)

**Re: Freedom of Information Request #181129263**

Dear Ms. Mazur:

This letter is in response to your request to the Illinois Department of Corrections ("IDOC") pursuant to the Illinois Freedom of Information Act, 5 ILCS 140/1, et seq.

You have submitted the following request:

I am writing to request a copy of the 2011 contract between IDOC and Wexford Health Sources as well as all subsequent addenda and/or amendments to the contract.

Response: Responsive records are enclosed. Signatures have been redacted pursuant to Section 7(1)(b) of the Freedom of Information Act which exempts the release of "Private information, unless disclosure is required by another provision of this Act, a State or federal law or a court order."

In the event you view this letter as a denial of your request, you have the right to have the denial reviewed by the Public Access Counselor (PAC) at the Office of the Illinois Attorney General. 5 ILCS 140/9.5(a). You can file your request for review with the PAC to:

Public Access Counselor  
Office of the Attorney General  
500 South 2<sup>nd</sup> Street  
Springfield, Illinois 62706

You also have the right to seek judicial review of your denial by filing a lawsuit in the state circuit court, pursuant to 5 ILCS 140/11.

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*Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.*

[www.illinois.gov/idoc](http://www.illinois.gov/idoc)

If you choose to file a request for review with the PAC, you must do so within 60 calendar days of the date of this denial letter (5 ILCS 140/9.5(a)). Please note that you must include a copy of your original FOIA request and this denial letter when filing a request for review with the PAC.

Sincerely,  
Lisa Weitekamp  
Freedom of Information Officer

Enclosures



Liz Mazur &lt;liz@uplcchicago.org&gt;

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**FOIA request**

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**DOC.FOIARequest** <DOC.FOIARequest@illinois.gov>  
To: Liz Mazur <liz@uplcchicago.org>

Tue, Dec 4, 2018 at 11:39 AM

See attached. More to follow.

**From:** Liz Mazur <liz@uplcchicago.org>  
**Sent:** Thursday, November 29, 2018 1:40 PM  
**To:** DOC.FOIARequest <DOC.FOIARequest@illinois.gov>  
**Subject:** [External] FOIA request

Dear FOIA officer,

I am writing to request a copy of the 2011 contract between IDOC and Wexford Health Sources as well as all subsequent addenda and/or amendments to the contract.

This request is not made for a commercial purpose.

If possible, please scan and email the requested documents to this email address.

Thank you,

--

Elizabeth Mazur

Pronouns: she/her/hers

Legal Director

Uptown People's Law Center

\_\_\_\_\_  
t: (773) 769-1411

f: (773) 769-2224

4413 N. Sheridan, Chicago, IL 60640

[Website](#) | [Facebook](#) | [Twitter](#)  
[liz@uplcchicago.org](mailto:liz@uplcchicago.org)

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### 3 attachments

 **Mazur, Elizabeth grant-deny 2011 Wexford contract & amendments 7(1)(b).docx**  
176K

 **9911002\_Redacted\_Part1.pdf**  
5069K

 **9911002\_Redacted\_Part2.pdf**  
5017K



Liz Mazur &lt;liz@uplcchicago.org&gt;

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**FOIA request**

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To: Liz Mazur <liz@uplcchicago.org>

Tue, Dec 4, 2018 at 11:40 AM

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Legal Director

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**2 attachments**

 **9911002\_Redacted\_Part4.pdf**  
5096K

 **9911002\_Redacted\_Part3.pdf**  
5049K



Liz Mazur &lt;liz@uplcchicago.org&gt;

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**FOIA request**

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**DOC.FOIARequest** <DOC.FOIARequest@illinois.gov>  
To: Liz Mazur <liz@uplcchicago.org>

Tue, Dec 4, 2018 at 11:42 AM

Final email. You should have received 3.

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**From:** Liz Mazur <liz@uplcchicago.org>  
**Sent:** Thursday, November 29, 2018 1:40 PM  
**To:** DOC.FOIARequest <DOC.FOIARequest@illinois.gov>  
**Subject:** [External] FOIA request

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Elizabeth Mazur

Pronouns: she/her/hers

Legal Director

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product privilege, or any other exemption from disclosure.


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**5 attachments**

 **9911002 RENEWAL May 1, 2017-April 30, 2018\_Redacted.pdf**  
2670K

 **9911002\_Redacted\_Part5.pdf**  
2277K

 **4-29-16 Renewal\_Redacted.pdf**  
2456K

 **9911002 Amend 8-2013\_Redacted.pdf**  
1314K

 **9911002 Renewal 5-2018 - 2021\_Redacted.pdf**  
3277K



CONTRACT

The Parties to this contract are the State of Illinois acting through the undersigned Agencies, Illinois Department of Healthcare and Family Services and Illinois Department of Corrections (collectively the State) and the Vendor (Wexford Health Sources, Inc.). This contract, consisting of the signature page and numbered sections listed below and any attachments referenced in this contract constitutes the entire contract between the Parties concerning the subject matter of the contract and supersedes all prior proposals, contracts and understandings between the Parties concerning the subject matter of the contract. This contract can be signed in multiple counterparts and signature may be electronic or digital upon agreement of the Parties.

- 1. TERM AND TERMINATION
- 2. DESCRIPTION OF SUPPLIES AND SERVICES
- 3. PRICING
- 4. STANDARD BUSINESS TERMS AND CONDITIONS
- 5. STANDARD CERTIFICATIONS
- 6. DISCLOSURES AND CONFLICTS OF INTEREST
- 7. SUPPLEMENTAL PROVISIONS

9911002

In consideration of the mutual covenants and agreements contained in this contract, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree to the terms and conditions set forth herein and have caused this contract to be executed by their duly authorized representatives on the dates shown below.

VENDOR  
 Wexford Health Sources, Inc. \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Printed Name Daniel Conn  
 Title EVP & COO Date 05/06/2011  
 Address 425 Holiday Dr. Foster Plaza Two  
Pittsburgh, PA 15220  
 Phone 412-937-8590 Fax 412-937-8599  
 E-mail dconn@wexfordhealth.com

STATE OF ILLINOIS  
 IL Department of Healthcare & Family Services \_\_\_\_\_  
 Official Signature \_\_\_\_\_  
 Printed Name Julie Hamos  
 Title Director Date 5/6/11  
 Designee Signature \_\_\_\_\_  
 Printed Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Address 201 S. Grand Ave. E.  
Springfield, IL 62763  
 Phone 217-782-1200 Fax 217-524-7979  
 E-mail \_\_\_\_\_

STATE OF ILLINOIS  
 IL Department of Corrections \_\_\_\_\_  
 Official Signature \_\_\_\_\_  
 Printed Name S.A. Godinez  
 Title Director Date 5/9/11  
 Designee Signature \_\_\_\_\_  
 Printed Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone 217/558-2200 Fax 217/522-7072  
 E-mail \_\_\_\_\_

## 1. TERM AND TERMINATION

**1.1 TERM OF THIS CONTRACT:** This contract has an initial term of four (4) years and eleven and one-half (11½) months. The term of the contract shall commence on May 16, 2011. The initial term will expire April 30, 2016.

In no event will the total term of the contract, including the initial term, any renewal terms and any extensions, exceed 9 years and eleven and one-half (11½) months. The State may elect to extend the contract term by renewal beyond the initial term.

Vendor shall not commence work in furtherance of the contract prior to execution of the contract.

**1.2 RENEWAL:** Subject to the maximum total term as identified above, the State has the option, after the initial term, to renew for five (5) additional years in one of the following manners:

- a) One renewal covering the entire 5-year renewal allowance,
- b) Individual one-year renewals up to and including the entire renewal allowance, or
- c) Any combination of one-year and/or multi-year renewals that do not exceed the total renewal allowance of five (5) years.

Pricing for the renewal term(s), or the formula for determining price is shown in the pricing section of this contract.

Any renewal is subject to the same terms and conditions as the original contract and any amendment(s) thereof. The State may renew this contract for any of the option periods specified above based on continuing need and favorable market conditions, when in the interest of the State. The contract may not renew automatically nor may the contract renew solely at the Vendor's option.

**1.3 TERMINATION FOR CAUSE:** The State may terminate this contract, in whole or in part, immediately upon notice to the Vendor if: (a) the State determines that the actions or inactions of the Vendor, its agents, employees or subcontractors have caused, or reasonably could cause, jeopardy to health, safety, or property, or (b) the Vendor has notified the State that it is unable or unwilling to perform the contract.

If Vendor fails to perform to the State's satisfaction any material requirement of this contract, is in violation of a material provision of this contract, or the State determines that the Vendor lacks the financial resources to perform the contract, the State shall provide written notice to the Vendor to cure the problem identified within the period of time specified in the State's written notice. If not cured by that date the State may either: (a) immediately terminate the contract without additional written notice or (b) enforce the terms and conditions of the contract.

For termination due to any of the causes contained in this section, the State retains its rights to seek any available legal or equitable remedies and damages.

**1.4 TERMINATION FOR CONVENIENCE:** The State may, for its convenience and with 30 days prior written notice to Vendor, terminate this contract in whole or in part and without payment of any penalty or incurring any further obligation to the Vendor. The Vendor shall be entitled to compensation upon submission of invoices and proof of claim for supplies and services provided in compliance with this contract up to and including the date of termination.

**1.5 TERMINATION BY VENDOR:** The Vendor may terminate this Contract with a 120 days non-revocable written notice to the Agency. Vendor must comply with the termination duties defined in Section 1.6.

**1.6 VENDOR'S TERMINATION DUTIES:** Vendor, upon receipt of notice of termination or upon request of the Agency, shall:

- a. Cease work under this Contract and take all necessary or appropriate steps to limit disbursements and minimize costs, and furnish a report within thirty (30) days of the date of notice of termination, describing the status of all work under the Contract, including, without limitation, results accomplished, conclusions resulting there from, any other matters the Agency may require;
- b. Immediately cease using and return to the Agency any personal property or materials, whether tangible or intangible, provided by the Agency to Vendor;
- c. Comply with the Agency's instructions for the timely transfer of any active files and work product produced by Vendor under this Contract;
- d. Cooperate in good faith with the Agency, its employees, agents and Vendors during the transition period between the notification of termination and the substitution of any replacement Vendor; and
- e. Immediately return to the Agency any payments made by the Agency for services that were not rendered by Vendor.

## **2. DESCRIPTION OF SUPPLIES AND SERVICES**

Vendor is to provide the medical, dental, vision, pharmaceutical and mental health services for offenders at specified State correctional centers. Under the direction of the IDOC Medical Director and the IDOC Chief of Mental Health Services and according to the program definitions and specifications as outlined in this contract, Vendor is to arrange and provide for services on-site and as necessary off-site at local hospitals, outpatient facilities and consultative physician offices. Agency recognizes that methods of delivery of these services may differ from methods used to provide services to members of the general public, but the care and services Vendor provides should be similar. It is the intent of Agency for all offenders to receive adequate and cost effective health care services regardless of place of assignment or disciplinary status.

Vendor will provide these services at the following correctional centers beginning with the effective date of this contract: Big Muddy, Danville, Decatur, Dixon, Dwight, East Moline, Graham, Hill, Illinois River, Jacksonville, Lawrence, Lincoln, Logan, Menard, Pinckneyville, Pontiac, Robinson, Shawnee, Sheridan, Stateville (including the Reception & Classification Center), Tamms (including the Minimum Security Unit), Vienna, and Western Illinois.

Vendor will provide these services at the following correctional centers beginning with the effective date of September 1, 2011: Centralia, Southwestern Illinois, Taylorville, and Vandalia.

**2.1 GOAL:** To maintain health status of offenders, establish innovative and cost effective medical and administrative programs, improve the quality of care, provide acceptable, cost effective levels of staffing, and positively impact purchasing of pharmaceutical and/or medical supplies.

### **2.2 SUPPLIES AND/OR SERVICES REQUIRED**

**2.2.1 State of Illinois Functions and Duties:** The State shall perform the following functions and duties, including but not limited to:

**2.2.1.1** Provide an IDOC Medical Director to:

- a. oversee the medical services for correctional centers;
- b. provide medical direction to Vendor and IDOC medical staff;
- c. coordinate offender behavioral/mental health services with the IDOC Chief of Mental Health Services, where applicable; and
- d. oversee the Contract.

**2.2.1.2** Provide an IDOC Chief of Mental Health Services to:

- a. oversee the behavioral/mental health services;
- b. provide behavioral/mental health direction to Vendor and IDOC mental health staff; and,
- c. coordinate offender behavioral/mental health services with the IDOC Medical Director, where applicable; and
- d. oversee the Contract.

**2.2.1.3** Provide Health Care Unit Administrators to supervise and oversee the operation and activities of the Health Care Unit at each Correctional Center.

**2.2.1.4** Provide medical support staff as detailed in Staffing Schedules, Exhibit II.

**2.2.1.5** Process and pay claims for all:

- a. inpatient hospital services;
- b. outpatient hospital services;
- c. hospital emergency room care services; and
- d. non-institutional provider services (NIPS).

**2.2.1.6** Compile reports of Eligible Hospital Claims applicable to the Annual Hospital Utilization Threshold, identify payments which occurred after the Annual Hospital Utilization Threshold was reached for the purposes of calculating a performance adjustment for overutilization of Hospital Services, share the reports with Vendor, and reconcile differences between the State's records and Vendor's records.

**2.2.1.7** Coordinate telemedicine services for offenders with HIV/AIDS and Hepatitis C as provided through University of Illinois d/b/a University of Illinois Medical Center (UIC).

**2.2.1.8** Provide IDOC security to offenders treated off-site due to medical necessity and not for Vendor convenience or lack of Vendor staffing.

**2.2.1.9** Provide and pay the cost of state-owned transportation and/or handicapped accessible vehicles, when available, for off-site medical services.

**2.2.1.10** Pay the costs of ground or air ambulance services to transport an offender from the first hospital to the second hospital when the offender has been admitted for inpatient care and must be moved to another hospital due to medical necessity or if the move has been requested by IDOC. Such transportation must occur directly from the original inpatient admission with no break in service. Payment will be made at the prevailing State rate set by HFS for Medical Assistance recipients at the time of service.

**2.2.1.11** Provide internal policies, procedures and rules and any updates that govern all operations of the IDOC Correctional Centers.

- 2.2.1.12 Maintain IDOC management informational systems (MIS) of offenders and provide Vendor access to MIS for required operational functions.
- 2.2.1.13 Establish and monitor contractual performance targets.
- 2.2.1.14 Conduct audits to confirm the validity of the performance target results reported and enforce penalties as appropriate.
- 2.2.1.15 Reconcile, adjust and pay money due to Vendor.

**2.2.2 Vendor Functions and Duties:** Vendor will be responsible for providing safe and cost effective on-site medical and mental health services. Off-site services will be reserved for specialty and emergency care that cannot be provided on site. The Vendor shall perform the following functions and duties, including, but not limited to:

- 2.2.2.1 Provide comprehensive medical and mental health services to offenders in a professional manner. These services may include but are not limited to:
  - a. The spectrum of medical subspecialties.
  - b. Consultative services in all fields of medicine.
  - c. Comprehensive dental services including oral surgery and dental prosthetics.
  - d. Optometry services including the issuance and distribution of corrective lenses.
  - e. Comprehensive and specialized mental health services.
  - f. Pharmaceutical services.
  - g. Laboratory services.
  - h. X-ray services – both on-site plain films and off-site specialized imaging.
  - i. Physical/Occupational/Speech Therapy.
  - j. Interpreter services to offenders who require communication assistance during delivery of medical and mental health services.  
These services may include the use of qualified sign language interpreters and other auxiliary aids and services that meet the effective communication needs of each individual offender.
  - k. On-site Specialty Clinics in compliance with the Staffing outlined in Exhibits I and II.
- 2.2.2.2 Operate the medical and mental health program in a cost effective manner with full reporting and accountability to Agency.
- 2.2.2.3 Operate the medical and mental health program at appropriate staffing levels using professionally trained personnel who are licensed and/or certified in compliance with Illinois statutes and/or regulations.
- 2.2.2.4 Train Vendor's staff of internal policies, procedures and rules that governs the operation of the Correctional Centers.
- 2.2.2.5 Compensate Vendor union employee salaries at an amount no less than the last agreed upon or current ratified collective bargaining agreement.
- 2.2.2.6 Maintain an open, collaborative relationship with Agency.
- 2.2.2.7 Provide comprehensive medical and mental health examination on every offender and in compliance with all applicable Administrative Directives.
- 2.2.2.8 Arrange with medical and mental health provider(s) to provide said services including, but not limited to, consultation with medical specialists at the correctional facility whenever possible, inclusive of telehealth, if approved by IDOC Medical Director.
- 2.2.2.9 Provide medical/mental health record services to each facility.
- 2.2.2.10 Provide biohazard handling.
- 2.2.2.11 Provide medical, surgical and supplies and equipment associated with Health Care Unit.
- 2.2.2.12 Provide office supplies and equipment necessary for the execution of this contract.
- 2.2.2.13 Provide pharmacy services, both prescription and over the counter, which include the following:
  - a. Ordering, Stocking, Supplying and Managing Medications;
  - b. Packaging, Labeling and Dispensing Offender Medications;
  - c. Maintaining Medication Delivery Systems;
  - d. Supplies associated with Medication; and
  - e. Clinical Pharmaceutical Support Services.
- 2.2.2.14 Maintain good working relationship with community medical and mental health providers in order to provide off-site services.
- 2.2.2.15 Aggressively manage all off-site services for appropriate utilization and cost effectiveness.
- 2.2.2.16 Provide appropriate alternative transportation to all off-site services for offenders from Correctional Centers when State-owned handicapped accessible vehicles are unavailable.

- 2.2.2.17 Provide network, administration and management of off-site services.
- 2.2.2.18 Process claims and pays for Non-Hospital Services and Tertiary Care in a timely manner.
- 2.2.2.19 Participate in physician peer review program and any audit/peer review conducted by an outside review source to ensure compliance with accepted professional standards of performance – which includes, but not limited to, chart reviews of the following:
  - a. On-site Medical Director;
  - b. Staff Physicians;
  - c. Nurse Practitioners;
  - d. Physician Assistants;
  - e. Psychiatrists.
- 2.2.2.20 Provide statewide Utilization Management/Review for medical and mental health services.
- 2.2.2.21 The On-site Medical Director shall be responsible for monitoring the performance of medical personnel rendering direct patient care. When significant deficiencies are discovered, he/she will report them to the facility CAO, HCUA, Vendor Medical Director and IDOC Medical Director.
- 2.2.2.22 The Vendor's Mental Health Director or designated psychiatrist shall monitor the performance of all mental health personnel rendering direct patient care and report the results of this performance monitoring to the IDOC Chief of Mental Health Services.
- 2.2.2.23 Participate in reconciliation of claims processed and paid by Agency for all hospital services claims.
- 2.2.2.24 Maintain complete and accurate records of care as required by Agency and collect and analyze health statistics on a regular basis, as stipulated in the Contract.
- 2.2.2.25 Maintain records in the standard format covering, and in accordance with State requirements for record retention, offender comprehensive medical and mental health services while incarcerated, payments disbursed by the Vendor, as well as any pertinent books, documents, papers, and reports related in any way to this procurement.
- 2.2.2.26 Use separate accounting and reporting systems for each Center in accordance with sound accounting practices. Vendor shall furnish the Agency with timely reports in mutually agreed upon formats for each Center in accordance with IDOC accounting practices.
- 2.2.2.27 Maintain timely, comprehensive auditing and internal quality control procedures as stipulated in the Contract.
- 2.2.2.28 Provide services in accordance with medically accepted ACA standards of care.
- 2.2.2.29 Provide, as requested, the IDOC Chief of Mental Health Services with a monthly report listing the number of AIMS tests conducted and which offenders were tested.

**2.2.3 Comprehensive Medical Program:** Vendor shall provide safe, adequate and cost-effective medical care and treatment services at the correctional centers including, but not limited to:

dental	ophthalmology	offender health education and wellness programs
vision	audiology	HIV/AIDS, except as specified in 2.2.3.8
pharmaceutical	long term care services	Hepatitis C, except as specified in 2.2.3.8
radiological	planning of restricted medical diets	Hypertension
laboratory	chronic and acute care for dialysis except as specified in 2.2.3.17	endocrine disorders
optometry	medical orthotics/prosthetics	physical/occupational/speech therapy

Vendor shall make arrangements with medical and mental health provider(s) to provide said services including, but not limited to, consultation with medical specialists at the correctional center whenever possible which may differ from methods used to provide services to members of the general public, and supplementary non-hospital and hospital services off-site at local hospitals, outpatient facilities and consultative physician offices, only when such services cannot be safely, adequately and cost-effectively delivered on-site at the correctional centers.

**2.2.3.1 Screening and Health Assessments**

**2.2.3.1.1 New Offenders:** Vendor shall provide a comprehensive health examination, consisting of an intake screening and a physical examination, for each offender newly admitted to the IDOC system. A full oral examination and eye

screening and visual acuity assessment will be part of this comprehensive health examination. This comprehensive health examination shall be in accordance with the ADs. Vendor shall record the examination results in the offender's medical record in accordance with the ADs.

If an offender is found to be chronically ill, including HIV positive, Vendor will apply diagnostic measures to determine the condition's current degree of control. Vendor will schedule a follow-up visit at an appropriate interval and enroll offender into the appropriate chronic care clinic schedule.

If the physical examination reveals the presence/suspicion of an infectious disease, Vendor will inform Center staff and report all applicable infectious diseases to public health authorities in accordance with state and federal requirements.

From the physical examination results, Vendor will generate for each offender an initial problem list, with an appropriate diagnostic and therapeutic plan for each problem. Vendor will also provide Center staff with recommendations relating to the offender's housing, job assignment, and program participation.

#### **2.2.3.1.2 Transferring/Transferred Offenders:**

- a. Offenders undergoing treatment, care or procedures including, but not limited to, surgery, prosthetics, and dental prosthetics and are scheduled to be transferred to another Center shall be placed on a "Medical Hold", if the transfer will interfere with the treatment, care, and procedures of the offender, with the exception of administrative disciplinary or mental health transfers. If an offender is transferred prior to completion of pending treatment to a state facility for which the Vendor is not providing services, Vendor will be financially responsible for the completion of the offender's current course of treatment. Vendor will not be financially responsible for future diagnostic procedures or treatments. The IDOC Medical Director must approve any transfer which takes place for medical reasons before the current course of treatment is completed. Disputes over financial responsibility for services shall be resolved by the IDOC Medical Director on a case-by-case basis.
- b. Immediately upon an offender's arrival at the Center from another facility, Vendor shall screen the offender. The findings of the preliminary screening and evaluation shall be recorded on an IDOC approved screening form and entered into the offender's medical record. The screening shall include, but not be limited to:
  - i. Inquiry into the offender's current illnesses, communicable diseases, alcohol or chemical use history, medications currently being taken, dental status, and any chronic health problems;
  - ii. Observation of the offender's state of consciousness, mental status, appearance, conduct, bodily deformities and ease of movement, and signs of trauma, bruises, lesions, jaundice, rashes and infestations, needle marks or other indications of drug abuse; and
  - iii. Classification in one of the following disposition categories:
    - (1) Immediate emergency treatment needed;
    - (2) Assignment to infirmary; or
    - (3) Assignment to the general population.

**2.2.3.1.3** Vendor shall explain to each incoming offender on a one-on-one basis the procedures provided in the screening and for receiving health and dental services as outlined in the Center's offender handbook. Vendor will provide translation, either through bilingual staff it hires or through on-demand services, to offenders who cannot read, speak, or understand English.

**2.2.3.1.4 Periodic Examinations:** Vendor will provide periodic examinations, including physicals, and tests to offenders in accordance with the ADs.

**2.2.3.2 Consultations:** Vendor's corporate office shall respond to consultation requests within a specified time period. Vendor has five (5) business days to respond to an elective consultation request and 48 hours to respond urgent and emergency consultation requests, whether such requests are for an inpatient or outpatient procedure. The response may be oral with a follow-up in writing, but the written response must be provided to the On-site Medical Director within five (5) business days after the submission of the request, if elective, or 48 hours after the submission of the request if urgent or emergency. If Vendor's corporate office wishes to deny the consultation request, it must submit a written alternative plan to the On-site Medical Director with a copy to the IDOC Medical Director. The On-site Medical Director may appeal the denial to Vendor's corporate office. Vendor shall develop an appeal/rescind process it will utilize. If Vendor's corporate office rescinds the denial, the consultation services will be provided. If Vendor's corporate office affirms the denial, Vendor will notify the On-site Medical Director in writing with a copy to the IDOC Medical Director. The On-Site Medical Director may appeal to the IDOC Medical Director, who shall make the final determination whether to proceed with the consultation. If Vendor does not respond to a consultation request within five (5) business days for elective consultation requests or 48 hours for urgent or emergency consultation requests, the On-site Medical Director may proceed with the consultation after notifying the IDOC Medical Director.

**2.2.3.3 Treatment Plans:** Vendor shall ensure that a treatment plan is developed for each offender who requires on-going care. The treatment plan shall include a written statement, which specifies the particular course of therapy and the roles of medical and non-medical personnel in carrying out the course of therapy. The plan shall be individualized and based on an assessment of

the offender's needs, short and long term goals, and the methods by which the goals shall be pursued. When clinically indicated, the treatment plan may provide the offender with access to a range of supportive and rehabilitative services (e.g., individual or group counseling, or self-help groups).

#### **2.2.3.4 On-Site Specialty Clinics & Special Medical Programs**

##### **2.2.3.4.1 On-Site Specialty Clinics**

**2.2.3.4.1.1** Vendor shall operate On-Site Specialty Clinics in compliance with the staffing outlined in Schedule E, Exhibit I. Vendor shall arrange and be reimbursed for additional On-Site Specialty Clinics to be conducted as medically necessary and based on the operational needs of the Correctional Center as determined by the CAO. With the approval of the IDOC Medical Director, the Vendor may utilize telemedicine in providing on-site specialty clinics. If these clinics cannot be conducted on-site or telemedicine cannot be utilized, the On-site Medical Director shall assess the situation and, after consultation with the CAO and, when deemed necessary by the CAO and the IDOC Medical Director, make arrangements for the transportation of offenders to health care facilities in the community, subject to IDOC approval.

**2.2.3.4.1.2** For those specialty clinics already in place at the IDOC Centers when this contract commences, Vendor will conduct a thorough analysis of the clinic's utilization and offsite referral volume to determine if changes or additions will improve cost or clinical efficiency. The analysis will be completed and a report of the findings of the analysis presented to the IDOC Medical Director no later than December 31, 2011.

For a Center which Vendor takes operational responsibility for after the commencement of this contract, Vendor will conduct a thorough analysis of the utilization and offsite referral volume of the specialty clinics in place at that Center to determine if changes or additions can improve cost or clinical efficiency. The analysis will be completed and a report of the findings of the analysis presented to the IDOC Medical Director no later than six (6) months after Vendor assumes responsibility of the Center.

**2.2.3.4.2 Special Medical Programs:** The On-site Medical Director shall develop and implement, subject to the approval of the IDOC Medical Director, special medical programs for offenders who require close medical supervision, including chronic and convalescent care. The plan of treatment shall include directions for health care staff and Center staff regarding their roles in the care and supervision of the offender. The special medical program shall service a broad range of health problems including, but not limited to, seizure disorders, diabetes, hypertension, HIV and chemical dependency and such that:

- a. All offenders at the Center who have high blood pressure have a blood pressure recorded at their last visit as within normal limits, or, for those whose pressures are not normal, there is a clear plan to achieve a normal blood pressure.
- b. All diabetic offenders at the Center have a hemoglobin A1c level within the accepted range, or a clear plan to achieve a level within the accepted range.
- c. All offenders at the Center who have AIDS and who are eligible for PCP prophylaxis receive it.
- d. All asthmatic offenders at the Center have their disease labeled on the problem list as mild, moderate, or severe.
- e. All seizure-prone offenders at the Center have documentation of seizure activity since their last clinic visit.

##### **2.2.3.5 Infirmiry Care and Referrals**

**2.2.3.5.1** Infirmiry care shall be available for offenders requiring skilled nursing care, chronic illness care, convalescent care, and those acute and chronic conditions that can be managed on-site. All infirmiry encounters shall be documented in the offender's medical record. Vendor shall provide the following when applicable:

- a. 24-hour coverage, supervised on-site by a Registered Nurse;
- b. Infirmiry rounds conducted per shift by nursing staff;
- c. 24-hour Physician on-call coverage;
- d. Manuals of nursing care procedures;
- e. A separate Infirmiry Medical Record is completed for each offender's infirmiry encounter and/or length of stay. Within 72 hours of discharge from the infirmiry it shall be filed and incorporated into the offender's complete medical record retained in the Medical Records Department;
- f. Infirmiry rounds by a physician at least 3 times per week for acute care offenders and at least once per week for chronic care offenders.
- g. Discharge plan and scheduling of a follow-up appointment with a physician.

**2.2.3.5.2** If the On-site Medical Director deems an offender cannot be properly treated in the immediate area, the On-site Medical Director shall refer the offender to a community medical facility that can provide the necessary treatment. This facility shall be approved by HFS and IDOC. Medical furloughs shall be scheduled with security prior to services being performed. Emergency referrals will be sent to the nearest hospital.

**2.2.3.5.3** Vendor shall ensure that an offender who is referred off-site for either a specialty clinic visit or emergency care is seen by an on-site physician within five business days after the return of the offender to the Center.

**2.2.3.6 Hospital Services**

**2.2.3.6.1** If an offender requires care beyond the capability of the infirmary, Vendor shall arrange for services to offenders who require off-site hospitalization for routine admissions and for emergency situations. An offender who requires care beyond the capability of the infirmary shall be hospitalized at a licensed community facility. With the exception of emergency situations, a recommendation for hospitalization shall require review and approval by the On-site Medical Director. Routine admissions from a Center shall be made to a facility approved by HFS and IDOC. The On-site Medical Director or designee shall review hospital admissions that arise from emergency situations on a daily basis.

**2.2.3.6.2** Vendor shall have active utilization review of all hospitalized offenders to achieve the return of the offender to the institution at the earliest as well as the safest time.

**2.2.3.6.3** Vendor shall not be responsible for the cost of meals at the hospital for correctional officers who are providing security for hospitalized offenders.

**2.2.3.7 University of Illinois d/b/a University of Illinois Medical Center at Chicago (UIMCC):** Agency utilizes UIMCC for specialty services as described below.

- a. Vendor may refer offenders at specified Centers to the UIMCC without prior approval only from the five specified centers:
  1. Stateville Correctional Center (includes the Reception and Classification Center)
  2. Pontiac Correctional Center
  3. Dwight Correctional Center
  4. Sheridan Correctional Center
  5. Dixon Correctional Center
- b. The number of referrals per contractual year from all of the specified Centers to the UIMCC shall not exceed 216 inpatient admissions and 2,160 outpatient visits per year unless approved in advance by UIMCC and the IDOC Medical Director. Compensation adjustment, in accordance with Section 3, will be taken if Vendor over utilizes stays/visits during a year.
- c. Cases referred to the UIMCC should be those requiring tertiary care and will be subject to review by the IDOC Medical Director for their appropriateness.
- d. Any referrals to the UIMCC from Centers other than those specified above require the prior approval of the IDOC Medical Director and will count towards the yearly limits of 216 inpatient stays and 2,160 outpatient visits.
- e. Vendor shall not be responsible for the cost of meals at the hospital for correctional officers who are providing security for hospitalized offenders.
- f. Vendor shall have active utilization review of all hospitalized offenders to achieve the return of the offender to the institution at the earliest as well as the safest time.

**2.2.3.8 Offenders with HIV/AIDS and Hepatitis C:** Vendor shall provide all health care services to HIV/AIDS and Hepatitis C positive offenders and shall continue to be responsible for Case Management and Utilization Review for their hospitalization. For non-hospitalized HIV/AIDS and Hepatitis C positive offenders, IDOC will cover all of the pharmaceutical costs of the UIMCC pharmacy related to the treatment of HIV/AIDS and Hepatitis C.

**2.2.3.9 Telemedicine for Treatment of HIV/AIDS and Hepatitis C:** Agency has entered into an Interagency Agreement with the UIMCC for the treatment of HIV/AIDS and Hepatitis C through utilization of telemedicine. All eligible offenders must receive care pursuant to this Agreement. (Eligible offenders are those that are HIV positive or qualify for the Hepatitis C program based on IDOC-established protocols.) This agreement does include pharmaceutical services. Vendor will be responsible for the cost of any procedures ordered for offenders through this service when the procedures are for and related to the treatment and/or workup of HIV/AIDS and Hepatitis C. A Summary of the Responsibilities of the Agreement is attached in Exhibit XIII.

**2.2.3.10 Follow-up to previous surgery or procedure:** If an offender requires hospitalization or other specialty care in follow-up to a previous surgery or procedure, Vendor shall refer the offender to the provider or facility that originally provided the services, when possible. With the exception of state-owned transportation when available and security costs, Vendor shall be responsible for all costs associated with specialty care. If the costs are Hospital Services, the costs will accrue to the Annual Hospital Utilization Threshold.

**2.2.3.11 Coordination of Referrals:** Vendor shall meet, as required, with representatives from hospital and other providers to coordinate the referral of offenders. Policies and procedures shall be developed regarding referral methods, scheduling, transportation, reporting of test results, medical records, acute care hospitalization and offender follow-up, subject to approval by HFS and IDOC. Vendor shall inform the CAO of such meetings and the CAO may attend.

**2.2.3.12 On-site Emergency Care**

**2.2.3.12.1** Vendor shall have emergency treatment procedures, including, but not limited to, the following:

- a. In-service education on first aid and emergency procedures;
- b. Written policies and procedures concerning emergency transfer and transportation of offenders;



- c. Emergency 24 hour on-call physician coverage;
  - d. Emergency 24 hour on-call psychiatrist coverage;
  - e. Arranging with the Center's security if the immediate transfer of an offender is indicated; and
  - f. CPR-AED and first-aid and emergency medical response.
- 2.2.3.12.2** Vendor shall provide on-site emergency medical treatment for IDOC employees, visitors, and Vendor employees who are injured or who become ill while working at a Center. On-site emergency care shall consist of stabilization and referral to the individual's personal physician or a local hospital.
- 2.2.3.12.3** If an offender or an IDOC or Vendor employee or subcontractor is exposed to an offender with active tuberculosis, Vendor shall test the individual exposed, including, but not limited to, tuberculin skin testing. If an offender or an IDOC or Vendor employee or subcontractor, requires testing as the result of an occupational exposure such as a needle stick or bite, Vendor shall provide such testing, including, but not limited to, testing for HIV, Hepatitis B and Hepatitis C.
- 2.2.3.13 Medical Records:** Vendor shall keep complete and accurate medical records for all offenders.
- 2.2.3.13.1** Vendor shall ensure that the medical and mental health staff documents all medical and mental health related encounters in the offender's medical record in the problem-oriented medical record format. IDOC shall provide Vendor with required medical forms and jackets.
- 2.2.3.13.2** Vendor shall ensure that medical records are complete and filed promptly and contain accurate legible entries per IDOC Administrative Directives.
- 2.2.3.13.3** Vendor shall be responsible for all dictation services, including transcribing dictation into medical reports and records. Dictation services must be kept current and completed within 10 days after the medical service.
- 2.2.3.13.4** Vendor shall obtain signed consent forms from offenders when necessary. The form shall be placed in the offender's medical record.
- 2.2.3.13.5** All medical records shall meet IDOC Standards and, at a minimum, contain the following information:
- a. The completed receiving screening form;
  - b. Health appraisal data forms;
  - c. All findings, diagnoses, treatments, dispositions;
  - d. Prescribed medications and their administration;
  - e. Laboratory, x-ray and diagnostic studies;
  - f. Signature and title of each documenter;
  - g. Consent and refusal forms;
  - h. Release of information forms;
  - i. Place, date, and time of health encounters;
  - j. Discharge summary of hospitalizations;
  - k. Health service reports, e.g. dental, psychiatric and other consultations; and
  - l. Problem list.
- 2.2.3.13.6** If an offender's medical record is lost and is not discovered within 48 hours of the discovered lost, Vendor will verbally notify the facility HCUA and appropriate IDOC staff and will arrange for a second medical record to be immediately generated. Vendor will repeat medical clearance testing for results that cannot be confirmed. If the medical record is found after the second one has been generated, the two will be joined into a single file.
- 2.2.3.13.7** If an offender transfers to another correctional jurisdiction, Vendor will prepare a health care transfer summary within 24 hours of receiving the request and forward it in a confidential manner to the receiving facility. The offender's medical record will be retained in the IDOC archives as an inactive record.
- 2.2.3.14 Sick Call:** Vendor shall conduct sick call in compliance with Administrative Directives and each Center's own procedures. Vendor's nursing staff will review and triage all non-emergency requests within 24 hours of receipt. For offenders in segregation, Vendor will ensure nursing staff conduct daily rounds on the segregation units and a physician, physician's assistant, or a nurse practitioner will, at a minimum, conduct weekly rounds on such units.
- 2.2.3.15 Laboratory Services**
- 2.2.3.15.1 Routine Laboratory Services:** Vendor shall arrange for routine laboratory services and shall notify and consult with the IDOC Medical Director prior to changing laboratory providers. Vendor shall ensure that all subcontracted laboratory services meet state licensure requirements. The laboratory service shall provide documentation of routine quality control activities when requested by the IDOC Medical Director. Routine laboratory services shall include:
- a. Laboratory supplies;
  - b. Pick-up and delivery on a daily basis, Monday through Friday, excepting state holidays;
  - c. A printer connected to the laboratory for test results to be received at each Center;

- d. Reporting capability within 24 hours; and
  - e. Phlebotomy services at each Center, as appropriate.
- 2.2.3.15.2 Emergency Laboratory Services:** Vendor shall arrange for all emergency laboratory work to be performed at the hospital or qualified laboratory that is nearest to the Center, and for results to be telephoned immediately to the requesting physician, with a written report to follow.
- 2.2.3.15.3 Physician Review:** Vendor shall ensure that a physician or designee reviews, initials, and dates all laboratory results to assess the follow-up care indicated and to screen for discrepancies between the clinical observations and the laboratory results. This review shall be performed within 72 hours. In the event the laboratory report and the clinical condition of the offender do not correlate, the physician shall re-order the lab test or determine the next appropriate diagnostic step. If a laboratory test is determined to be needed stat, the results shall be reviewed within 24 hours.
- 2.2.3.16 EKG Services:** Vendor shall arrange for EKG Services, and shall notify and consult with the IDOC Medical Director prior to changing EKG providers. EKG services arranged by Vendor shall include all equipment and supplies with on-site orientation, a computer over-read with immediate response, a printed report of the EKG with a strip within 10 minutes, and follow-up cardiologist review. Cardiologist over-read will take place within 1 hour on STAT requests and within 24 hours on routine requests. Equipment maintenance and service will occur within 24 hours after such is requested by the Center.
- 2.2.3.17 Dialysis:** Dialysis services may be provided on-site or off-site. Chronic care dialysis will be performed on-site.
- 2.2.3.17.1 IDOC Responsibilities:** In accordance with 2.2.1.6, IDOC shall be responsible for the actual costs associated with the physical act of dialyzing offenders with chronic renal failure or End Stage Renal Disease, in both outpatient and inpatient settings. Chronic/end stage renal dialysis is performed for renal failure occurring over an extended period of time, potentially a person's lifetime. IDOC shall pay for:
- a. A monthly consultation of a nephrologist per chronic dialysis offender or more frequently if indicated.
  - b. Commodities specific to the dialysis process and used only for dialysis.
  - c. Medications specific to the dialysis treatment, including blood cell stimulating agents.
  - d. On-site water treatment and testing, maintenance of dialysis equipment, repair and replacement of dialysis equipment.
- 2.2.3.17.2 Vendor Responsibilities**
- a. **Acute Dialysis:** Vendor shall be responsible for acute, short-term dialysis of an offender when the need results from an insult or injury to the kidney with eventual functional return.
  - b. **Chronic Renal Failure:** Other than those services listed in 2.2.3.17.1 as the responsibility of IDOC, Vendor shall be responsible for all treatment, routine medication and hospitalization of chronic dialysis offenders, whether related or unrelated to chronic renal failure or End Stage Renal Disease including, but not limited to, embolectomy and surgical insertion of fistula/graft.
  - c. **Nephrologist:** Vendor shall be responsible for nephrologist charges during inpatient hospitalization, such as daily visits, surgery or other fees.
  - d. **Commodities:** Vendor shall provide dialysis products and commodities which may be used for other purposes, even if they are used by the dialysis staff in the dialysis process, including, but not limited to, gloves, gauze, needles, intravenous sets, and sterile barriers. Commodities that are specific to the dialysis process (used only for dialysis) are the responsibility of IDOC. Dialysis specific products are defined as those commodities which are purchased exclusively for the dialysis unit and are not identical products used elsewhere in the medical unit, e.g. dialysate and blood products.
- 2.2.3.17.3 Disputes:** The IDOC Medical Director shall be the final authority regarding any disputed costs or charges by Vendor regarding chronic dialysis.
- 2.2.3.18 Radiological Services:** Vendor shall arrange for Radiological Services, both routine and emergency, to be provided at each Center.
- 2.2.3.18.1** Vendor shall provide and be reimbursed for a radiology technician who shall provide routine x-rays, fluoroscopies, and special studies at the Center. If an offender requires a procedure that is beyond the capability of the on-site equipment, Vendor shall refer the offender to an off-site health care facility.
- 2.2.3.18.2** Vendor shall provide a radiologist, who must be approved by the IDOC. Vendor shall ensure that x-ray films are read by the radiologist as is medically necessary, but no later than 72 hours after exposure. This schedule may be modified with advance approval of the IDOC Medical Director. The radiologist shall call the On-site Medical Director with any report that requires immediate intervention. The radiologist shall forward a written report to the Center within one (1) business day after interpretation of the films. All emergency x-rays that are required outside normal business hours shall be performed at a local facility. A physician shall review, initial and date all x-ray reports within 72 hours of receipt of report.

### 2.2.3.19 Transportation

**2.2.3.19.1** Vendor shall be responsible for emergency transportation of inmates for medical and mental health care. If an inmate must be transported by air, Vendor shall arrange for use of a helicopter. If an inmate must be transported by ambulance, Vendor shall ensure that the ambulance utilized is equipped with life support systems and operated by personnel who are trained in life support and are certified by the State of Illinois.

**2.2.3.19.2** Vendor shall arrange and pay for initial ambulance transportation of inmates when such services are clinically necessary. In accordance with 2.2.1.10, Vendor shall arrange and pay for initial ambulance transportation of inmates when such services are clinically necessary. In accordance with 2.2.1.10, the State shall pay the costs of ground or air ambulance services utilized to transport an inmate from the first hospital to the second hospital when the offender has been admitted for inpatient care and must be moved to another hospital due to medical necessity or if the move has been requested by IDOC. Such transportation service must occur directly from the original inpatient admission with no break in service. Claims from the service provider need to be submitted directly to HFS. Payment by the State will be at the prevailing State rate set by HFS for Medical Assistance recipients at the time of service. Transportation cost will not be held against the Vendor's Hospital Utilization Threshold.

**2.2.3.19.3** In the event state-owned handicapped-equipped transportation is unavailable, the vendor shall assume responsibility and cost of alternative transportation to ensure scheduled care occurs.

**2.2.3.20 Health Education/Wellness Programs:** Vendor shall assist the HCUA in developing and implementing Health Education/Wellness Programs for offenders, that, at a minimum, utilizes posters and pamphlets. With the approval of IDOC, Vendor shall make formal sessions available to offenders based on their assessed health needs. Selected topics for these sessions may include:

- a. Personal and oral hygiene;
- b. Nutrition;
- c. Physical fitness;
- d. Stress management;
- e. Sexually transmitted diseases;
- f. Chemical dependency;
- g. Tuberculosis and other communicable diseases;
- h. Effects of smoking;
- i. AIDS (Acquired Immune Deficiency Syndrome);
- j. Hypertension/Cardiac;
- k. Epilepsy;
- l. Diabetes;
- m. Dermatology; and
- n. Rehabilitation.

**2.2.4 Comprehensive Mental Health Program:** Vendor shall deliver effective and efficient mental health services on-site to offenders determined to be mentally or emotionally disturbed, due to a chronic mental illness or situational stress. Vendor shall ensure the services are delivered in a safe, adequate, and cost-effective manner and in compliance with all mental health and healthcare related federal and state statutes, federal and state regulations, ADs, and the IDOC Office of Mental Health Management Procedure Manual. The services the Vendor provides shall include, but not be limited to, mental health screening, assessment, and evaluation by licensed mental health professionals, mental health treatment in accordance with the mental health treatment plan, monitoring of the offender's mental health status on a regular basis as needed, psychotropic medication, screening for Tardive Dyskinesia, emergency and routine referrals, and ensuring that offenders identified as being developmentally disabled are assessed by a licensed mental health professional and provided treatment and monitoring in accordance with their needs. See Exhibit XV for medical/legal matters pertaining to the comprehensive mental health program.

**2.2.4.1** For those Centers whose staffing is consistent with the Office of Mental Health Management's recommendations for licensed mental health professionals:

- a. Vendor may also provide telepsychiatry service to an offender. The hours provided through the telepsychiatry service will be considered as part of the time required through the ADs.
- b. Vendor shall ensure that all offenders are screened by a licensed mental health professional within one business day upon entry into a Center.
- c. Vendor shall ensure that those offenders determined to be mentally or emotionally disturbed, due to a chronic mental illness or situational stress, shall have access to the following services recommended by a licensed mental health professional: a mental health screening and, where applicable, a mental health assessment and evaluation by mental health staff; mental health treatment in accordance with the mental health treatment plan; and monitoring of the offender's mental health status on a regular basis as needed.
- d. Vendor shall ensure that offenders identified as being Developmentally Disabled are assessed by a licensed mental health professional and provided treatment and monitoring in accordance with their needs.

#### 2.2.4.2 Mental Health Screening & Appraisal

2.2.4.2.1 To identify those individuals with mental disorders or suicidal tendencies, licensed mental health professionals will use a standardized, uniform screening instrument to evaluate the mental status of each new or transferred offender upon the individual's arrival at an IDOC correctional center. Offenders with a positive mental health screening or appraisal will receive further mental health assessment by a licensed mental health professional, along with appropriate care and treatment.

2.2.4.2.2 The Vendor shall utilize effective, gender-sensitive screening instruments developed by the National Institute of Justice (NIJ) - the Correctional Mental Health Screen for Males (CMHS-M) and the Correctional Mental Health Screen for Females (CMHS-F). Along with physical observation of the offender's physical and mental states, the Vendor will also assess depression and suicidal risk through use of the IDOC-approved edition of the Beck Depression Inventory (BDI). These instruments will be administered by licensed mental health professionals.

2.2.4.3 **Routine Care:** Vendor shall respond to routine mental health referrals in accordance with IDOC ADs.

2.2.4.4 **Emergency Care:** Vendor shall respond to emergency mental health referrals the same day and in a manner clinically appropriate to the emergency. For those centers without a State Mental Health Administrator, Vendor shall provide 24-hour on-call mental health services in accordance with the voluntary response protocol.

2.2.4.5 **General Mental Health Services:** The Vendor shall provide mental health care to offenders and services shall include, but are not limited to, individualized service planning, proactive case management, group and/or individual counseling, periodic psychiatric monitoring and/or treatment, and psychotropic medication management, as determined necessary.

2.2.4.6 **Individualized Treatment Plans:** For each offender identified as requiring mental health services, an individualized treatment plan will be developed upon a mental health case being opened. The plan will be developed by a multidisciplinary treatment team and team membership and goals must be consistent with that identified in the IDOC ADs and the Office of Mental Health Management Procedure Manual. A psychiatric treatment plan shall be developed by the psychiatrist for each offender prescribed psychotropic medication. Treatment plans for those offenders prescribed anti-psychotic medications shall include the time table for AIMS testing. Such psychiatric treatment plans shall be incorporated into the offender's individualized treatment plan.

2.2.4.7 **Group Therapy:** The Vendor will provide a comprehensive group therapy program as the primary mode of treatment when that modality is deemed clinically appropriate. Group therapy assignment criteria will be consistent with those identified in IDOC ADs and the Office of Mental Health Management Procedure Manual.

2.2.4.8 **Psychiatric Services:** The Vendor shall ensure that licensed psychiatrists are available to provide a full range of evidence-based, culturally sensitive and gender-specific psychiatric services. Psychiatrists will provide consultation via face-to-face or telepsychiatric interview for offenders in need of psychiatric evaluation (i.e., exhibiting unusual or bizarre behavior), to establish a diagnosis and to plan for the individual's care and treatment.

2.2.4.9 **Psychotropic Medication:** The Vendor shall ensure that psychotropic medications or other forms of pharmacotherapy are prescribed only by a psychiatrist (or psychiatric nurse practitioner, if applicable) and only after the provider has conducted a thorough examination, evaluated the patient (including, in the case of females, possible pregnancy), and determined that psychotropic medication is appropriate. Vendor shall ensure that all psychotropic medication is distributed on a unit dose basis and that the offender is observed taking the medication at the time of distribution by Vendor or State staff. Vendor psychiatrist or psychiatric nurse practitioner will evaluate all offenders within 72 hours after being placed on psychotropic medication. All offenders receiving psychotropic medication shall be seen by the psychiatrist at least monthly, unless the offender is determined to be chronically mentally ill and stable according to IDOC ADs, in which case psychiatric monitoring and psychotropic renewals shall occur at the clinical discretion of the psychiatrist every 60, 90 or 120 days. Vendor shall not prohibit its psychiatrists from prescribing psychotropic medications listed on the approved IDOC statewide formulary or impose any requirements that would impede the prescription of such psychotropic medications. The Vendor's psychotropic program and timeframes to guide triage and follow-up of mental health diagnoses shall operate in accordance with that identified in the IDOC ADs and in the Office of Mental Health Management Procedure Manual.

2.2.4.10 **Tardive Dyskinesia:** Vendor psychiatrists shall screen offenders who are on anti-psychotic medications for Tardive Dyskinesia once every six months. Vendor shall utilize a screening instrument authorized by the IDOC Office of Mental Health Management.

2.2.4.11 **Telepsychiatry:** Telepsychiatry may be implemented and utilized upon agreement by both Agency and Vendor if, prior to telepsychiatry services being performed, written approval is obtained pursuant to Section 2.4.2. The following are the minimal conditions/stipulations:

- a. Psychiatrist may perform telepsychiatry services to more than one center.
- b. Psychiatrist may perform telepsychiatry services from a correctional center or an off-site location.
- c. The use of hours for telepsychiatry between centers shall be reviewed by Agency monthly. After these reviews, the use of telepsychiatry hours shall be adjusted to fit the needs of IDOC pursuant to the mutual agreement of the parties.

- d. Vendor is responsible for all cost and communication line charges associated with telepsychiatry services conducted from a location that is not an IDOC facility.
- e. Vendor is responsible for supplying at each IDOC center, at no additional cost, all telepsychiatry equipment that must meet the approval of the IDOC MIS manager. This equipment shall become the property of IDOC upon the termination of the Contract. It is the State's responsibility to provide all network and/or Ethernet connections as required to operate this equipment at each IDOC correctional center.
- f. Offenders being seen via telepsychiatry will be seen for up to 15 minutes for standard medication reviews. This time includes charting. New patients and those requiring a change in drug classification will be seen for up to 45 minutes. This time includes charting.

#### **2.2.4.12 Crisis Management Services**

- 2.2.4.12.1 The Vendor shall provide crisis management of behavioral and/or psychiatric emergencies, such as management of the suicidal, self-mutilating, or decompensating offender.
- 2.2.4.12.2 The Vendor shall ensure that licensed mental health professionals are available to provide crisis management 24 hours per day, seven days per week. In the event of a mental health emergency when mental health personnel are not on grounds (at the center), the on-call licensed mental health professional will be contacted telephonically in accordance with the voluntary response protocol. Crisis management services are to be provided in a manner consistent with that identified in the IDOC ADs and in the Office of Mental Health Management Procedure Manual.
- 2.2.4.12.3 The Vendor shall assist IDOC's Office of Mental Health Management in developing and implementing a suicide prevention program with related policies and procedures. The essential elements of the program shall include, at a minimum, the following:
  - i. appropriate and timely intake screening and assessment of suicidal ideation/intent of any offender who enters a facility or moves between facilities;
  - ii. adequate referral and evaluation of potentially suicidal offenders;
  - iii. staff training and responsibility for the recognition and immediate reporting of warning signs for self-injurious behavior and suicidal ideations or gestures;
  - iv. final responsibility and authority for the clinical management of offenders assessed as at-risk for serious self-injurious behavior or suicide;
  - v. requirements for, and assignment (ordering) of, suicide observation status;
  - vi. orders for suicide observation status to address observation frequency;
  - vii. housing (crisis care cells);
  - viii. diet and eating utensils;
  - ix. approved mattresses, blankets, and privacy apparel;
  - x. standard issue apparel and supplies;
  - xi. re-ordering of crisis watch status;
  - xii. and psychological autopsy and mortality review.

#### **2.2.4.13 Developmentally Disabled Offenders**

- 2.2.4.13.1 The Vendor's mental health staff will evaluate and assess any offender identified as being developmentally disabled to ensure that the offender receives the programming he or she needs, including but not limited to:
  - i. IDOC mental health unit;
  - ii. referral to resources congruent with assessed needs;
  - iii. monitoring of the patient's behavior and adaptation to the correctional environment;
  - iv. participation in programs designed to meet special needs, in accordance with the patient's assessment;
  - v. special education services; and
  - vi. review of any protective custody needs, along with communication of those needs to appropriate facility staff.
- 2.2.4.13.2 The Vendor will train staff in the recognition of offenders who may fall into the special needs category, and appropriate mental health staff will conduct a comprehensive mental health assessment to identify the special needs offender and then develop a treatment plan and individualized treatment services to meet the patient's needs. The Vendor will ensure that discharge planning commences as early as possible in the assessment and treatment process, involving community providers to aid the offender in transition to community care.

**2.2.4.14 Behavioral Health Grand Rounds:** The Vendor shall implement Behavioral Health Grand Rounds as a collaborative, educational, problem solving process in which an individual case that has posed a significant treatment challenge (as identified by the treatment team) is presented to the panel for analysis, discussion, and treatment recommendations in order to improve treatment interventions and deliver the highest quality of care to the patient. Behavioral Health Grand Rounds shall be implemented in accordance with the IDOC Office of Mental Health Management Procedure Manual.

- 2.2.5 Pharmaceutical Program:** Vendor shall provide a 24 hour/7 day a week comprehensive pharmaceutical program in compliance with all current and future court orders, laws, regulations and provisions of the Illinois Pharmacy Practice Act, including, but not limited to, prescription drugs and over-the-counter medications utilized to treat all medical and mental health conditions and emergency needs.
- 2.2.5.1 Licensure:** Vendor shall ensure that the pharmacy is licensed to provide all pharmacy services for medication distribution at the Center.
- 2.2.5.2 Staffing:** Vendor shall arrange for an on-call pharmacist to be available 24 hours a day, for each day of the year, to cover all the centers covered in this contract.
- 2.2.5.3 Duties:** Vendor shall provide a Chief Pharmacist to serve as chairman of the Pharmacy and Therapeutics Committee. The Chief Pharmacist shall consult on-site and by telephone with the On-site Medical Director and staff. Vendor shall arrange for a licensed pharmacist, who shall participate every other month with the Quality Improvement Committee, perform third party drug utilization review as requested by the Quality Improvement Committee, and conduct monthly inspections to include, but not limited to, the expiration dates, security, storage and a periodic review of medication records at all of the Centers' areas where medications are maintained.
- 2.2.5.4 Packaging:** Vendor must package all medications in light-resistant and humidity-resistant containers, as appropriate, and furnish and supply pharmaceuticals and drugs utilizing a unit of use method of packaging. If each dose is individually labeled and packaged, the label shall include, at a minimum, the drug name, strength, lot number, expiration date and manufacturer. If a modified unit of use system, such as a card or blister pack, is utilized, each card or pack must be labeled as a prescription as required by law. The pharmacy shall label each prescription container, including the offender name, number, location, date, medication name, strength, instructions, prescription number, warnings, prescribing physician, quantity given and pharmacist's initials as required by law. The pharmacy shall package non-controlled, non-abusable medications in no more than a month's supply as allowed by the On-site Medical Director.
- 2.2.5.5 Liquid and Injectable Medications:** Vendor shall provide the following:
- liquid psychotropic medications in unit of use, individually labeled and packaged, as specified by the On-site Medical Director or psychiatrist;
  - other medications in liquid unit of use as specified by the On-site Medical Director;
  - injectable medications as requested by the On-site Medical Director; and
  - hypodermic supplies, including needles, syringes and disposal containers that are tamper proof and puncture resistant, and appropriately dispose of or destroy needles, syringes and medically-related infectious or hazardous waste.
- 2.2.5.6 Emergency Stock:** Vendor shall provide on-site emergency dose capability for emergency stock of drugs in unit of use packages to be used in emergency situations or until regular delivery of medications. The IDOC Medical Director shall determine the specific drugs and quantities. Vendor shall provide emergency drugs in sealed emergency kits as requested by the On-site Medical Director.
- 2.2.5.7 Discharge:** Vendor shall have the pharmacy fill all prescriptions for a period of two weeks, or in a sufficient quantity to complete the current prescription, whichever is less, when offenders leave the Center on writ or discharge. In addition for those who are discharged, Vendor shall provide a 2-week prescription. Vendor shall provide a 2-week supply of prescription medications for work release or Adult Transition Center transfers in accordance with the ADs.
- 2.2.5.8 Formulary:** Vendor shall use the approved formulary issued and distributed by the IDOC Medical Director. The Vendor shall adhere to all procedures that accompany implementation of the IDOC formulary, such as non-formulary requests. Non-formulary requests from site providers will require Vendor approval. Denied non-formulary requests that remain in dispute will be decided by the IDOC Medical Director.
- 2.2.5.9 Records**
- 2.2.5.9.1 General:** Vendor shall maintain copies of all prescriptions issued to offenders in a permanent file for a period of five (5) years, and provide copies to the Center within 24 hours after the Center's request. Vendor shall maintain appropriate documentation including, but not limited to, inventory records, controlled drug perpetual inventory, and offender profiles. All documentation shall be open for review by the CAO.
- 2.2.5.9.2 Psychotropic Medications:** Vendor shall maintain records on each offender who is treated with psychotropic medications, whether on a voluntary or involuntary basis, including the diagnosis and types of drugs used. This information shall be maintained in the offender's medical chart and transferred with the offender.
- 2.2.5.10 Medication Administration Record**
- 2.2.5.10.1** Vendor shall provide a pre-printed monthly computerized Medication Administration Record (MAR), which shall include all information contained on the prescription label and the name of the practitioner who prescribed the medication. The MAR shall be provided to the HCUA on a monthly basis and as otherwise indicated. The initial MAR must be computer generated with only add-on prescriptions during the month being added to the MAR with a printed label being affixed to the MAR.

**2.2.5.10.2** Vendor shall have the pharmacy provide all medications upon receipt of a facsimile of a written order or a call-in order from the Center's registered nurse, physician or dentist.

**2.2.5.11 Ordering and Delivering:** Subject to the approval of the IDOC Medical Director and HCUA, Vendor shall establish a system of ordering and delivering medications, and of verifying the delivery of the original order.

**2.2.5.11.1 On-site**

- a. Vendor shall provide all medications upon a written order or a call-in order from the Center's registered nurse, physician or dentist. The written order may be in the form of a facsimile with the original prescription to be maintained on-site.
- b. Vendor shall provide a facsimile (FAX) machine for transmission of the hard copy of orders, or a commercial courier or delivery system, if the pharmacy is local for off-site services.
- c. Vendor shall have the pharmacy supply all medications within 24 hours of the order submission, Monday through Saturday excepting holidays, and be able to have the pharmacy deliver all emergency orders within four (4) hours after the called-in order.
- d. Vendor shall have the pharmacy arrange for Sunday and holiday delivery within a specified time to be established by each Center.
- e. When making deliveries, Vendor must ensure that the pharmacy's staff complies with all sign-in and sign-out procedures, rules and regulations of the Center.
- f. The Center's nursing staff, pharmacy technicians and medical technicians may distribute all medications. The Center's nursing staff shall administer medications.

**2.2.5.11.2 Off-site**

- a. For off-site services, Vendor shall provide a pharmacy technician to deliver and verify orders per delivery, 6 days per week, at agreed upon days and time or times. In the absence of a pharmacy technician, a certified medical technician or a nurse may deliver and verify orders.
- b. Vendor shall provide a facsimile (FAX) machine for transmission of the hard copy of orders, or a commercial courier or delivery system, if the pharmacy is local.
- c. The pharmacy shall provide a computer-generated packing slip with each delivery of medication from an off-site pharmacy. The packing slip shall provide detail of doses by offender name, number, date, medication, number of doses, prescription number, and stop date to be verified by the medical and mental health staff assigned to the pharmacy. The packing slip shall also itemize what items were sent, any items that are missing, and an explanation of why the missing items were not included.
- d. When making deliveries, the pharmacy's staff shall comply with all sign-in and sign-out procedures, rules and regulations of the Center.

**2.2.5.12 Forms:** Vendor shall provide all forms necessary for ordering, controlled drug log or inventory, offender profiles, prescriptions and other pharmacy forms identified by the HCUA.

**2.2.5.13 Over-the-Counter Products:** Vendor shall not be responsible for providing any products to the commissaries. Vendor shall supply all over-the-counter products that are utilized in the health care unit. Vendor shall provide an item that is requested for an offender by a physician, physician assistant, nurse, dentist or medical technician, even if that product is available to the offender from the commissary.

**2.2.5.14 Back-up Plan:** Vendor shall maintain a system for ensuring the retention of all computer-stored data and a backup system for the delivery of services during computer "down time", including, but not limited to, accepting call-in orders from a registered nurse, physician or dentist to a pharmacist.

**2.2.6 Dental Program:** All dental services must be provided under the direction of licensed dentists and in accordance with IDOC ADs on dental care. Vendor shall provide dentists that are licensed in the State of Illinois.

**2.2.6.1 Routine Services:** Vendor shall provide dental checkups to offenders every two years, or more often if clinically indicated, and evaluations must be provided within 14 days after the offender's request for routine care treatment.

**2.2.6.2 Emergency Services:** Vendor shall respond to dental emergencies within 24 hours after occurrence with a dentist or suitable healthcare staff. Urgent-painful cavities hindering an offender's ability to eat must be treated within three (3) business days.

**2.2.6.3 Dental Prosthetics:** Vendor shall provide dental prosthetics to offenders when the dentist and On-site Medical Director determine that the offender's health would be adversely affected if a dental prosthesis was not provided. The IDOC Medical Director, in consultation with the IDOC-designated dental consultant, shall resolve disputed cases. Replacement of dental prosthetics that were lost or damaged through the offenders' negligence or abuse is at the discretion of the dentist based on priority of need, and may be charged to the offender.

**2.2.6.4 Dental Laboratory Services:** Vendor shall provide dental laboratory services to the Centers under a subcontract. The dental laboratory subcontractor shall not be changed without the consent of the IDOC Medical Director.

- 2.2.6.5 **Extractions:** If a front tooth or a series of front teeth are extracted while the individual is in IDOC custody, or a prosthetic that was made before entering IDOC custody is broken or lost through no fault of the offender, Vendor shall supply the dental prosthesis at Vendor's expense. If the missing tooth is non-visible, the prosthesis need not be made, unless there are three or more missing teeth needed for mastication in the judgment of the dentist.
- 2.2.6.6 **Edentulous:** If the offender was edentulous before entering the custody of IDOC, then the dentist shall determine whether the offender requires dentures or dental prosthetics for this condition.
- 2.2.6.7 **Oral Surgery:** Vendor shall provide oral surgery services on an as-needed basis. Vendor may provide such services on-site or with an off-site oral surgeon.

## 2.2.7 Vision Program

- 2.2.7.1 **Services:** Vendor shall provide optical services from a qualified optometrist who shall examine offenders who present with a complaint. Vendor shall arrange for the provision of eye examinations, which shall be performed in accordance with ACA Standards and IDOC performance-based audit standards. Vendor shall secure any necessary ancillary site-specific licenses required by law for the optometrist to provide on-site services.
- 2.2.7.2 **Eyeglasses/Prosthetics:** Vendor shall provide eyeglasses through Illinois Correctional Industries and must provide other prosthetics when an Ophthalmologist clinically indicates such.

## 2.2.8 Implementation and Administration

- 2.2.8.1 Vendor will provide a detailed implementation timetable which identifies the Contract implementation work plan, appropriate staffing with required licenses and/or certificates, functions, responsible parties, and beginning and completion dates. Certain administrative and systems functions must be completed prior to the effective date of the Contract. The timetable should serve as an actual work plan and should include, but not be limited to: initial planning meetings, implementation/development of on-site/off-site comprehensive medical and mental health services for offenders, appropriate staffing for account administration including on-going staffing to maintain required service levels, coordination with Agency staff, periodic update meetings, communications development, contract development and execution, transition of active cases, coordination with the current Vendor, systems development, and staff training schedule. The Vendor's timetable is attached to this contract as Exhibit XII.
  - 2.2.8.2 By June 1, 2011, Vendor will submit a detailed implementation work plan for the four (4) Centers it will begin to deliver services on September 1, 2011 (see Section 2). This work plan will identify the tasks to be completed, responsible parties, and beginning and completion dates and serve the same purpose and contain the same information as the implementation work plan identified in 2.2.8.1.
  - 2.2.8.3 Vendor will ensure that there will be no interruption in offender health services when the Contract commences.
- 2.2.9 **Additional Facilities:** Should additional IDOC Center(s) be opened during the term of the contract, Vendor agrees to provide the identified medical and mental health services to the additional IDOC Center(s) at the rates in accordance with the contract and any amendment(s) thereto in effect at the time medical and mental health services are needed. This provision of additional services is subject to the review and approval of HFS and IDOC.
- 2.2.10 **Effective Communications with Offenders:** Vendor is financially and procedurally responsible for providing effective communications during the delivery of medical and mental health services to an offender, including the use of qualified sign language interpreters, foreign language translation services, and other auxiliary aids and services that meet the effective communication needs of each individual offender.

## 2.3 MILESTONES AND DELIVERABLES

- 2.3.1 Unless otherwise specified, beginning May 16, 2011 Vendor shall perform all functions and services described in Sections 2 and 7, which includes fulfilling any deadlines and time parameters set forth in said sections.
- 2.3.2 **On-Site Specialty Clinics:** For all specialty clinics in place when this contract commences, Vendor will conduct a thorough analysis of the clinic's utilization and off-site referral volume to determine if changes will improve cost or clinical efficiency. A report of the analysis will be given to the IDOC Medical Director no later than December 31, 2011. For those Centers which come under this contract on September 1, 2011, the Vendor will perform the same analysis of the specialty clinics at those Centers and provide the IDOC Medical Director with a report by February 29, 2012. See Section 2.2.3.4.1.2.
- 2.3.3 **Subcontracts:** Within 20 days after the effective date of this contract or within 20 days of the execution of a subcontract, whichever is later, Vendor shall provide IDOC and HFS with copies of all its executed subcontractors including, but not limited to, those with hospitals, physicians, and dentists. See Sections 2.5.3.1 and 2.5.4.



- 2.3.4 Quality Improvement Committee Annual Report:** The Quality Improvement Committee shall present an annual report to the IDOC Medical Director that is based on the data it gathers and monitors throughout the year. See Section 7.1.2.1.1.
- 2.3.5 Management Information System:** Vendor shall provide the appropriate level of computers, printers and fax machines to the Health Care Unit of each Center within 90 days after the effective date of this Contract. See Section 7.3.1. For those centers which become a part of this contract on September 1, 2011, the Vendor shall have until November 29, 2011 to provide the appropriate level of computers, printers and fax machines to the Health Care Unit of each Center.
- 2.3.6 Disaster Recovery Plan:** Vendor shall submit a Disaster Recovery Plan prior to the effective date of this Contract and annually thereafter. See Section 7.3.2.
- 2.3.7 Emergency Procedure Orientation:** Vendor shall orient all State and Vendor employees to the emergency procedures of the Center within 120 days of the effective date of the contract or 120 days from assuming responsibility for a Center under this contract, whichever is applicable. See Section 7.5.2.

**2.4 VENDOR / STAFF SPECIFICATIONS:**

**2.4.1 Personnel:** Vendor shall recruit and interview only candidates who have provided documentation of healthcare qualifications, experience and letters of recommendation and/or positive references. Vendor shall interview each candidate with special focus on technical expertise, emotional stability, and motivation. The final selection of all employees and subcontractors shall be subject to approval by IDOC, with HFS involvement as requested by IDOC. Vendor shall engage Illinois licensed and qualified personnel to provide professional coverage for the Centers according to the Staff Positions Required and Job Descriptions in Exhibit III. Documentation of licensing and accreditation for all hospitals, clinics and providers utilized must be made available to the Center and to HFS upon request. Vendor shall ensure that all staff members comply with the Contract specifications, and that the employees and subcontractors who provide services under this Contract are skilled in the profession for which they will be used. In the event that HFS or IDOC determines that any individual performing services for Vendor hereunder is not providing such skilled services, HFS and IDOC shall promptly so notify Vendor, and Vendor shall replace that individual. All screened candidates shall make an on-site visit to the Center prior to beginning employment. Vendor shall provide pager service to its physicians, psychiatrists and licensed mental health professionals, so that they may be contacted while off-site.

**2.4.1.1 Background Checks:**

**2.4.1.1.1** The Vendor and its personnel, including volunteers, and sub-contractors shall be subject to a complete background investigation of the IDOC prior to providing services for the IDOC and at periodic times during this contract as determined by the IDOC and pursuant to its ADs.

Vendor shall screen all prospective employees, contractors and sub-contractors, and any parties directly or indirectly affiliated with this Contract, prior to engaging their services under this Contract. All employees, contractors, and subcontractors and any parties directly or indirectly affiliated with this Contract shall be screened at least annually by:

- a. requiring that current or prospective employees, contractors or sub-contractors and any parties directly or indirectly affiliated with this Contract, to disclose whether they are Excluded Individuals/Entities; and
- b. reviewing the list of sanctioned persons maintained by the HFS' Office of Inspector General (OIG) (available at <http://www.state.il.us/agency/oig>), and the List of Excluded Individuals/Entities maintained by the U.S. Department of Health and Human Services OIG (HHS/OIG) (available at <http://www.dhhs.gov/oig>). For purposes of section (a) and (b), "Excluded Individual/Entity" shall mean a person or entity which:
  - i. under Section 1128 of the Social Security Act, is or has been terminated, barred, suspended or otherwise excluded from participation in, or as the result of a settlement agreement has voluntarily withdrawn from participation in, any program under federal law, including any program under Titles XVIII, XIX, XX or XXI of the Social Security Act;
  - ii. has not been reinstated in the program after a period of exclusion, suspension, debarment, or ineligibility; or
  - iii. has been convicted of a criminal offense related to the provision of health care items or services in the last ten (10) years.

Vendor shall terminate its relations with any employee, contractor or sub-contractor immediately upon learning that such employee, contractor or sub-contractor meets the definition of an Excluded Individual/Entity, and shall notify the OIG of the termination.

**2.4.1.1.2** The requestor shall complete in its entirety the appropriate Request for Background Investigation Information as determined by the Central Screening Unit of IDOC. The request for information includes, but is not limited to, the disclosure of the name, date of birth, and social security number of Contractor and Contractor's employees, volunteers, and on-site sub-contractors to facilitate background checks of individuals before any service by that

individual is rendered to the IDOC. IDOC shall provide the requestor with the appropriate background investigation packet for completion.

- 2.4.1.1.3** Vendor's personnel and those of its subcontractors may be required to undergo a urinalysis or blood test if there is reasonable suspicion to believe they are under the influence of or using alcohol, controlled substances, including marijuana, and shall be subject to random drug testing.
- 2.4.1.2 Compliance with Law:** All Vendor personnel shall comply with all current and future State, Federal and local laws and regulations, court orders, Executive Orders, Administrative Directives, center directives, professional licensing standard, and the policies and procedures of IDOC, the Center, and HFS as necessary.
- 2.4.1.3 Personnel Files:** Vendor shall maintain personnel files on all contract employees at the Health Care Unit of the appropriate Center, and shall make these records available to the Center's CAO. The files shall include, but not be limited to, copies of current Illinois licenses and privileges or proof of professional certification, evaluations, and salary and payroll records.
- 2.4.1.4 Evaluations:** Vendor shall properly complete employee evaluations for its employees, in accordance with applicable state rules and all Vendor policies and procedures. Vendor's staff shall participate in disciplinary hearings of IDOC and Vendor employees conducted by IDOC or Vendor. The HCUA and/or psychology administrator, where applicable, whether employed by Vendor or the IDOC, shall participate in or conduct evaluations of appropriate Vendor or IDOC employees.
- 2.4.1.5 Medical Examinations:** Vendor shall provide pre-assignment medical examinations of new employees, of employees returning to work when requested by the CAO, and of all staff working in food services. Vendor shall provide a psychological/psychiatric evaluation for any employee when requested by the CAO with the approval of the respective IDOC Deputy Director and the IDOC Chief of Mental Health Services. Employees examined may be the Vendor's or IDOC's.
- 2.4.1.6 Administrative Issues:** If there is an urgent administrative issue, IDOC shall contact Vendor and Vendor shall respond within 15 minutes to these requests. Vendor shall ensure that its contact person is equipped with appropriate electronic equipment for notification for this purpose. If there is a non-urgent administrative issue, IDOC shall contact Vendor, and Vendor shall respond within 48 hours.
- 2.4.1.7 Security:** Vendor and its personnel shall be subject to and shall comply with all security regulations and procedures of IDOC and the Centers. Violation of regulations may result in the employee being denied access to the Center. The Vendor will be notified of any such action. In such an event, and subject to IDOC approval, Vendor shall provide alternate personnel to supply services under this Contract.
- 2.4.1.8 Work Schedule and Additional Duties:**
- a. Work schedule hours may be adjusted by agreement between the Center CAO and Vendor.
  - b. All temporary or permanent work schedule hour adjustments shall be pre-approved, and shall be recorded on the monthly schedule, an "Adjusted Service Request for Temporary/Permanent Changes" (ASR) form (Exhibit V), or a "Temporary Staff Schedule Change Request" (TCR) form (Exhibit XVI), as appropriate. All ASR and TCR forms shall be signed by the Facility CAO or designee, Vendor representative, IDOC Medical Director and/or the IDOC Chief of Mental Health Services, and IDOC Budget Manager, as required.
  - c. Subject to the approval of the IDOC Medical Director, Vendor's staff shall assist the HCUA in designing and implementing policies, procedures and protocols for the health care unit and medical staff, which shall become the property of the Center.
  - d. Subject to the approval of the IDOC Chief of Mental Health Services, Vendor's staff shall assist the psychology administrator in designing and implementing policies, procedures and protocols for the mental health department and mental health staff, which shall become the property of the Center.
  - e. Vendor shall ensure that its staff promptly reports any problems or unusual incidents to the CAO.
  - f. Vendor's personnel shall participate in on-site or off-site functions during working hours as approved by the CAO, including, but not limited to, Vendor reviews, budget meetings, and conferences. If attendance at these functions is requested by IDOC, the Vendor shall be reimbursed accordingly.
- 2.4.1.9 Termination of Employment:** Vendor shall notify and consult with the CAO and IDOC Medical Director and/or the IDOC Chief of Mental Health Services as soon as possible prior to discharging, removing or failing to renew the contracts of professional staff and subcontractors, including, but not limited to, laboratory, EKG, pharmacy, dental laboratory and hospitals. To the extent the termination affects 2.5.1 by assigning or transferring this contract in whole or in part, by the Vendor, then approval from the State must be obtained pursuant to 2.5.1, with appropriate notice.
- 2.4.1.10 Job Descriptions:**
- a. Vendor shall give each member of the medical staff a written job description, approved by the HCUA or IDOC Medical Director, which clearly delineates the staff member's assigned responsibilities. Vendor and IDOC shall monitor performance of medical staff to ensure adequate job performance in accordance with the job descriptions and other provisions of this Contract. HFS will have input into determination of the assigned responsibilities and monitoring of performance.
  - b. Vendor shall give each member of the mental health department staff a written job description, approved by the psychology administrator or IDOC Chief of Mental Health Services, which clearly delineates the staff member's assigned

responsibilities. Vendor and IDOC shall monitor performance of mental health staff to ensure adequate job performance in accordance with the job descriptions and other provisions of this Contract. HFS will have input into determination of the assigned responsibilities and monitoring of performance.

- c. Only functions related to this Contract shall be delegated to Vendor's employees or independent contractors as delineated in the job descriptions approved by IDOC and HFS. Corporate functions and tasks of Vendor, such as submission of processing payroll or other non-site specific activities, shall be considered Vendor corporate functions and will not be performed at IDOC expense or during IDOC business hours.
- d. All positions identified in this Contract have direct and sole responsibility to perform direct service to the IDOC and each position, including clerical, is essential to the operation of the Health Care Unit and/or mental health department and the provision of health and mental health services to offenders.

**2.4.1.11 Key Personnel:** The IDOC Medical Director shall be involved in the interviewing process for the On-site Medical Director. The IDOC chief of Mental Health Services shall approve the qualifications for the facility licensed mental health professionals and psychiatrists.

**2.4.1.12 On-site Medical Director:** The On-site Medical Director at the Center shall serve as the medical authority and shall coordinate with the HCUA in the execution of the duties under this Contract. The On-site Medical Director shall operate the medical and mental health program in accordance with State Regulations and statutes, and in accordance with accepted standards of medical practice. The On-site Medical Director shall plan, implement, direct and control all clinical aspects of the medical and mental health program. In addition to administrative responsibilities, the On-site Medical Director shall also provide primary healthcare services on a routine basis.

**2.4.1.13 Non-Competition Clauses:** Vendor is prohibited from entering into covenants "Not To Compete" or Non-Competition Clauses with employees, subcontractors or independent contractors, or any party specifically related to the performance of any obligation required under this Contract, including, but not limited to, hospitals, which would prohibit said employee, subcontractor or independent contractor from competing, directly or indirectly, with Vendor. For the purpose of this paragraph, the term "competing, directly or indirectly, with Vendor" shall mean entering into, or attempting to enter into, business with any individual, partnership, corporation or association that was or is in the same or related business as is Vendor, with the intention of conducting any business, or component of business, that is similar to that carried on by Vendor.

#### **2.4.1.14 Employee Training and Orientation**

**2.4.1.14.1** Vendor shall provide all new medical and mental health personnel with orientation regarding medical and/or mental health practices, protocols, policies and procedures at the Center. Vendor staff shall not be reimbursed for additional hours over the standard shift during the orientation period. Orientation regarding other Center operations will be the responsibility of the Center. Vendor shall ensure that all full-time medical and mental health staff, except psychiatrists, physicians, and dentists, are scheduled and available to receive 40 hours of pre-service training at the IDOC Training Academy within the first 60 days of employment or next available date as determined by IDOC. Such hours will count as hours worked and will not be adjusted out of the Vendor's monthly payment. Vendor's staff may utilize the IDOC campus dormitory rooms and dining room during pre-service training free of charge, contingent on the availability of the rooms and the operational status of the kitchen. IDOC will not reimburse Vendor for travel expenses, off-campus meals, hotel accommodations, or for any staff hours beyond the standard shift.

**2.4.1.14.2** Vendor shall establish a medical library on-site at the Center for use by the medical and/or mental health staff. The library shall include, at a minimum, a current medical dictionary, Physician's Desk Reference, pharmacology reference, Diagnostic and Statistical Manual of Mental Disorders (DSM), ACA standards manual and other books and periodicals recommended by the Quality Improvement Committee. It shall also include electronic access to periodicals as approved by the Center's CAO. At the termination of this Contract this library shall become the property of IDOC.

**2.4.1.14.3** Vendor shall provide appropriate in-service education programs. All full-time medical and mental health staff, except for dentists, psychiatrists, and physicians, shall receive 40 hours of in-service training per contract year. Training topics shall include at least the following:

- a. CPR-AED;
- b. First Aid;
- c. Response to medical emergency or disaster;
- d. Recognizing signs and symptoms of mental disorders or chemical dependency;
- e. AIDS;
- f. Additional topics as requested and agreed upon by the Center's CAO, IDOC Medical Director, IDOC Chief of Mental Health Services, HFS and Vendor's staff.

## 2.4.2 Staffing and Schedules

- 2.4.2.1 Staffing Schedules:** Pursuant to Exhibit II, Staffing Schedules, all hours shall be spent on-site at the Centers except as otherwise expressly agreed to by the HCUA and/or IDOC Medical Director or IDOC Chief of Mental Health Services and CAO. Vendor shall arrange for one nurse per shift to arrive 15 minutes before the regular shift begins in order to perform the end-of-shift medicine and instrument count with a nurse from the previous shift. This will be considered overtime and reimbursement for this time shall be performed during the monthly reconciliation.
- 2.4.2.2 Schedule E Changes:** A Center's Schedule Es, as set forth in Exhibit I, may be modified without requiring an amendment to this Contract, provided that any modification of a Schedule E does not cause the estimated obligation of the Agency under this Contract to increase. If modification of a Schedule E will cause the estimated obligation of the Agency under this Contract to increase, the change will be subject to a fully executed contract amendment. To modify a Schedule E, IDOC and Vendor shall complete an "Adjusted Services Request for Temporary/Permanent Changes" (ASR) form (Exhibit V), which shall be signed by representatives, authorized to bind the IDOC and Vendor. The completed and signed Request and the revised Schedule E shall be promptly forwarded to the HFS Contract Monitor.
- 2.4.2.2.1** Hours allocated for psychiatrist on the Schedule Es that cannot be filled on-site at the Center may be converted to telepsychiatry hours if approved by the IDOC Chief of Mental Health Services and CAO prior to the telepsychiatry service being provided. Representatives authorized to bind both IDOC and the Vendor prior to the telepsychiatry hours being worked shall sign an ASR form.
- 2.4.2.2.2** Excess psychiatry hours allocated on the Schedule Es for a Center may be transferred to another Center to be used for telepsychiatry services if there is a need of additional hours. In order to accomplish this transfer, Vendor shall complete an ASR, which shall be signed by representatives authorized to bind the IDOC and Vendor, prior to the hours being transferred and services being provided.
- 2.4.2.2.3** Permanent changes in psychiatry hours shall be reflected in the Schedule Es. Hours on the Schedule Es and the Staffing Schedules may be modified if telepsychiatry services are to be utilized. The modification of hours shall not require an amendment to this Contract provided that any modification of a Schedule E does not cause the estimated obligation of IDOC under this Contract to increase.
- 2.4.2.2.4** When conducting telepsychiatry from a location that is not at an IDOC facility, the combined total for both off-camera and on-camera hours shall not exceed 15 or 45 minute increments per offender per the increment guidelines defined in the following bullet points. Psychiatrist shall be compensated at the hourly psychiatrist rate established in Schedule E pursuant to the following defined time increments:
- 15 minute increment for each routine medical review, including charting.
  - 45-minute increment for initial contact medical review or a medical review with complications, including charting. Vendor shall document all medical reviews that require this extended review with complications.
- 2.4.2.2.5** Telepsychiatry hours shall be documented and submitted in writing by the Vendor for payment. Telepsychiatry hours that were previously scheduled and approved may be utilized for other psychiatry related administrative duties during a lockdown period or operational delay. Telepsychiatry hours exceeding the approved Staffing Schedule shall not be paid unless approved in advance by the CAO, according to the procedures outlined by the CAO and psychology administrator and/or IDOC Chief of Mental Health Services. Telepsychiatry hours shall not be paid in the absence of a report detailing offenders served and level of review as outlined in the section above. Said report shall be submitted monthly and verified by the HCUA. Verified reports will be provided to the Business Administrator for use during monthly reconciliations.
- 2.4.2.3 Full-time staff:** Full-time Vendor staff shall be on-site for 40 hours per week, comprising a 37½-hour work schedule, plus a 30-minute, on-site meal period for each shift. Required breaks and 30-minute meals shall be counted as hours worked. Vendor may grant compensatory time to its employees, in lieu of cash overtime, in accordance with Vendor's personnel policies, provided that the grant of compensatory time does not interfere with the operations of the health care unit and/or the mental health department.
- 2.4.2.3.1** All of Vendor's employees, subcontractors and independent contractors shall comply with the Center's sign-in and sign-out procedures.
- 2.4.2.3.2** Vendor shall provide staff during all hours scheduled in staffing schedules. If the individual normally assigned by Vendor to provide services according to that schedule is not available, Vendor shall provide an appropriate replacement to cover the services as scheduled. All replacements shall require advance written approval of the CAO, with the exception of PRN and agency workers who have been approved through the IDOC clearance process.
- 2.4.2.3.3** Vendor's employees or independent vendors may be required to work overtime to meet IDOC operational needs.

**2.4.2.3.4** A full-time On-site Medical Director performing physician services at an IDOC facility that does not have a Physician rate listed on the Schedule Es, shall be compensated for physician services at a rate as determined by Agency through comparison of rate on Schedule E at a similar facility. In any instance where a Physician is filling a position at a facility that is described on a Schedule E and that physician is also providing services at a higher rate at another facility, the physician shall be reimbursed at the rate assigned by the Schedule E to the facility where that physician is filling the position.

**2.4.2.3.5** In the event any staff fills in under a title that is at a different and lower rate, Vendor will be compensated at the lower rate.

**2.4.2.4 Collective Bargaining Employees:** The previous vendor's employees who performed the services under the previous contract were covered by a collective bargaining contract. In accordance with Illinois law (30 ILCS 500/25-80) and where applicable, Vendor must (a) offer to assume the collective bargaining obligations of the prior employer, including any existing collective bargaining agreement with the bargaining representative of any existing collective bargaining unit or units performing substantially similar work to the services covered by the contract subject to its bid or Offer, and (b) offer employment to all employees currently employed in any existing bargaining unit performing substantially similar work that will be performed under this contract. The salary/fringe rates paid to union employees by Vendor may be no less than the ratified collective bargaining agreement. Vendor shall comply with any applicable successorship requirements without challenge.

## 2.5 ASSIGNMENT AND SUBCONTRACTING

**2.5.1** This contract may not be assigned or transferred in whole or in part by the Vendor without the prior written consent of the State.

**2.5.2** For purposes of this section, subcontractors are those specifically hired to perform all or part of the work covered by this contract and meet the following criteria:

- 1) there is a contractual agreement between Vendor and subcontractor, and
- 2) the estimated annual value of the subcontract is more than \$25,000.

Will subcontractors be utilized?  Yes  No

**2.5.3** Vendor shall provide a list of the names and addresses of all authorized subcontractors to be utilized by Vendor in the performance of this contract, together with a description of the work to be performed by the subcontractor and the anticipated amount of money that each subcontractor is expected to receive pursuant to this contract. Agency reserves the right to request this list at any time. See Exhibit VI for a list of Vendor's subcontractors. This list may be updated by Vendor without a contract amendment.

**2.5.3.1** Within 20 days after the effective date of this Contract or within 20 days of the execution of the subcontract, whichever is later, Vendor shall provide Agency with copies of all its subcontracts. These subcontracts shall be attached to and incorporated into this Contract as if fully set forth therein. These subcontracts shall identify the names and addresses of all subcontractors utilized by Vendor in the performance of this Contract, together with the anticipated amount of money that each subcontractor is expected to receive pursuant to this Contract. Vendor shall be responsible for all dealings with its subcontractors, and shall answer any question posed by Agency regarding them or their work within 15 days after receipt of the question. Failure to submit contracts within the 20 day deadline, or failure to respond to inquiries to HFS and IDOC in a timely manner, may be the grounds for adjusted compensation. The Agency may request updated information at any time. For purposes of this section, subcontractors are those specifically hired to perform all or part of the work of this Contract or to provide the supplies requested by the Agency.

**2.5.3.2** Vendor shall provide independent contractors and subcontractors with a utilization management protocol as a component of the subcontract. This protocol shall delineate utilization review non-payment criteria.

**2.5.3.3** Vendor shall reimburse all subcontractors within 60 days after the date of billing. Any disputed charges or non-payment, in whole or in part, to independent contractors or subcontractors, including service or hospital providers, shall be explained in writing with a copy to the HCUA and Chief of Administration, within 60 days after the date of billing.

**2.5.4** The Vendor shall notify the Agency of any additional or substitute subcontractors hired during the term of this contract. In conformance with Section 2.5.3.1, Vendor shall provide Agency a copy of all such subcontracts within 20 days of execution of the subcontract.

**2.5.5** All subcontracts must include the same certifications that Vendor must make as a condition of this contract. Vendor shall include in each subcontract the subcontractor certifications as shown on the Standard Subcontractor Certification form available from the State.

**2.5.6** The Business Enterprise Program Act for Minorities, Females and Persons with Disabilities (BEP) (30 ILCS 575) establishes a goal for contracting with businesses that have been certified as owned and controlled by persons who are minority, female or who have disabilities. Vendor is required to make a good faith effort to meet a Business Enterprise Program goal of 15% during the term of this contract. This

goal is also applicable to change orders and allowances within the scope of work provided by the certified vendor. See Exhibit VII for a list of BEP subcontractors and Vendor's utilization plan.

2.5.7 Vendor agrees to assume all risk of loss and to indemnify and hold the Agency and its officers, agents, and employees harmless from and against any and all liabilities, demands, claims, suits, losses, damages, causes of action, fines or judgments, including costs, attorneys' and witnesses' fees, and expenses incident thereto, for Vendor's failure to pay any subcontractor, either timely or at all, regardless of the reason.

2.6 **WHERE SERVICES ARE TO BE PERFORMED:** Unless otherwise specified in this section all services shall be performed in the United States. If the Vendor manufactures the supplies or performs the services purchased hereunder in another country in violation of this provision, such action may be deemed by the State as a breach of the contract by Vendor. Vendor shall disclose the locations where the services required shall be performed and the known or anticipated value of the services to be performed at each location. If the Vendor received additional consideration in the evaluation based on work being performed in the United States, it shall be a breach of contract if the Vendor shifts any such work outside the United States.

The Vendor shall commit to maintaining an Illinois presence for the duration of the Contract, defined at a minimum, as a Regional Vice President of Operations, five (5) Regional Managers / Administrators, two (2) Statewide Medical Directors, a Statewide Mental Health Director, and sufficient clerical and/or administrative staff to support the operation of an Illinois regional office. The staff will be placed throughout the state, geographically located to best serve the needs of IDOC. Vendor may make changes to this with the State's approval, which the State will not unduly withhold.

Location where services will be performed	<u>Various Illinois locations</u>
Value of services performed at this location	<u>\$595,120,948</u>

Location where services will be performed	<u>Pittsburgh, PA</u>
Value of services performed at this location	<u>\$28,871,636</u>

2.7 **SCHEDULE OF WORK:** Any work performed on State premises shall be done during the hours designated by the State and performed in a manner that does not interfere with the State and its personnel.

## 2.8 WARRANTIES FOR SUPPLIES AND SERVICES

2.8.1 Vendor warrants that the supplies furnished under this contract will: (a) conform to the standards, specifications, drawing, samples or descriptions furnished by the State or furnished by the Vendor and agreed to by the State, including but not limited to all specifications attached as Exhibits hereto; (b) be merchantable, of good quality and workmanship, and free from defects for a period of twelve months or longer if so specified in writing, and fit and sufficient for the intended use; (c) comply with all federal and state laws, regulations and ordinances pertaining to the manufacturing, packing, labeling, sale and delivery of the supplies; (d) be of good title and be free and clear of all liens and encumbrances and; (e) not infringe any patent, copyright or other intellectual property rights of any third party. Vendor agrees to reimburse the State for any losses, costs, damages or expenses, including without limitations, reasonable attorney's fees and expenses, arising from failure of the supplies to meet such warranties.

2.8.2 Vendor shall insure that all manufacturers' warranties are transferred to the State and shall provide a copy of the warranty. These warranties shall be in addition to all other warranties, express, implied or statutory, and shall survive the State's payment, acceptance, inspection or failure to inspect the supplies.

2.8.3 Vendor warrants that all services will be performed to meet the requirements of the contract in an efficient and effective manner by trained and competent personnel. Vendor shall monitor performances of each individual and shall reassign immediately any individual who is not performing in accordance with the contract, who is disruptive or not respectful of others in the workplace, or who in any way violates the contract or State policies.

## 2.9 REPORTING, STATUS AND MONITORING SPECIFICATIONS

2.9.1 Vendor shall immediately notify the State of any event that may have a material impact on Vendor's ability to perform the contract. Vendor shall notify Agency immediately when possible, but in no event later than seven calendar days, after any significant changes in administrative or operational structure (e.g. key administrative staff, changes in staffing levels, or change of ownership). The Vendor shall notify the Agency immediately when possible, but in no event later than one business day, when there are problems with operations or systems, (problems with telephones or communication services, relocation etc.). Any change that may affect the proper delivery of services must be reported to the Agency.

2.9.2 By August 31 of each year, Vendor shall report the number of qualified veterans and certain ex-offenders hired during Vendor's last completed fiscal year. Vendor may be entitled to employment tax credit for hiring individuals in those groups (35 ILCS 5/216, 5/217).

2.9.3 Agency and Vendor will work together to monitor performance during the contract and any subsequent reconciliation. This may include use of performance standards, milestones, requirements, or timetables that must be met before additional steps may be taken or payment is due.

2.9.3.1 **Monitoring:** Vendor shall cooperate with the Agency in monitoring activities, which may require that Vendor report progress (with proposed resolutions), provide records of its performance, allow random inspections of its facilities, participate in scheduled meetings and provide management reports as requested by the Agency.

2.9.3.2 **Reporting:** When requested by Agency, Vendor shall submit the reports specified below. Agency will inform Vendor as to whom it should distribute any requested reports. Vendor shall submit additional reports or make revisions in the data elements or format of a report upon the request of Agency without additional charge and without requiring a Contract amendment. Agency may remove reports to be supplied during the term of the Contract without requiring a Contract amendment. Agency will put all report requests, distribution instructions or changes, and report cancellations to Vendor in writing. Vendor shall maintain trend analysis charts on key statistical data taken from the monthly reports. If Vendor detects an unusual trend, Vendor shall share the information with Agency. Upon request from Agency, Vendor shall share any available information from its Management Information System. Monthly reports shall be due no later than the 20<sup>th</sup> day of the month following the report month. Quarterly reports shall be due no later than the 30<sup>th</sup> day after the end of each calendar quarter. Failure to meet the timeliness standard set forth for a report, or failure to submit an accurate report, may result in adjusted compensation.

2.9.3.2.1 **Monthly Utilization Reports:** At the request of Agency, Vendor shall submit a monthly utilization information report for each facility. Vendor will submit an aggregated report for all of IDOC when requested. Listed below are the items which may be included in the reports, but the lists below are not intended to define all required data elements Agency may request.

2.9.3.2.1.1 All inpatient hospitalization referrals, including:

- i. Hospital name;
- ii. Offender name;
- iii. Birth date;
- iv. Offender IDOC number;
- v. Diagnosis with Primary Diagnosis Code;
- vi. Admitting physician;
- vii. Admission date;
- viii. Discharge date;
- ix. Significant Complications;
- x. Vendor's Utilization Review records.

2.9.3.2.1.2 All outpatient referrals, including:

- i. Offender name;
- ii. Birth date;
- iii. Offender IDOC number;
- iv. Facility name;
- v. Diagnosis with Primary Diagnosis Code;
- vi. Treatment received;
- vii. Referring physician;
- viii. Referral physician;
- ix. Hospital or non-hospital based.

2.9.3.2.1.3 All referrals to Emergency Services, including:

- i. Offender name;
- ii. Birth date;
- iii. Offender IDOC number;
- iv. Facility name;
- v. Diagnosis with Primary Diagnosis Code;
- vi. Treatment received;
- vii. Treating physician.

2.9.3.2.1.4 All primary medical services utilization data, including, but not limited to, encounters and costs, where applicable, for the following:

- i. Laboratory services;
- ii. Radiology services;
- iii. Other ancillary services (i.e. physical therapy, eye clinics, oxygen therapy, tank rental);
- iv. Sick call services;

- v. Specialty services;
- vi. Dental care;
- vii. Infirmary care;
- viii. Pharmaceuticals;
- ix. Medical supplies.

**2.9.3.2.1.5** All chronic care clinics, as required by the ADs, and formal wellness program sessions including, but not limited to:

- i. Type of clinic or type of wellness program session
- ii. Date held
- iii. Number of offenders served/attended

**2.9.3.2.1.6** All mental health services, including:

- i. Number of psychiatric contacts
- ii. Psychiatric backlog
- iii. Number of MHP contacts
- iv. Number of each of the following diagnoses: psychotic disorder, affective disorder, and developmental disorder
- v. Number of offenders identified as Seriously Mentally Ill (SMI) [defined as a substantial disorder of thought or mood (i.e. an Axis I disorder, exclusive of Substance Abuse/Dependency or Paraphilia) which significantly impairs judgment, behavior, and capacity to recognize reality, or cope with the ordinary demands of life within the prison environment. The illness must also be manifested by substantial disability and a GAF score of 40 or below.]
- vi. Number of offenders identified as Guilty but Mentally Ill (GMI)
- vii. Number of offenders on each level of crisis watch status: observation, close supervision, suicide watch
- viii. Number of completed suicides

**2.9.3.2.2 Monthly Pharmaceutical Report:** This computer-generated report shall include statistical information by drug, type of drug, provider, number of prescriptions, and doses dispensed. Pharmacy costs shall be tracked on a net cost basis by script, by Center. These costs shall also be presented with the monthly reconciliation in a format approved by HFS and IDOC.



3. **PRICING**

3.1 **METHOD AND RATE OF COMPENSATION:** The State will compensate Vendor for the initial term as follows:

- Hourly \_\_\_\_\_
- Monthly see below for details
- Annually \_\_\_\_\_
- Project \_\_\_\_\_
- Item (show unit of measure and rate) \_\_\_\_\_

3.1.1 **Schedule E Monthly Payments and Adjustments**

3.1.1.1 **Monthly Payments:** Except for the month of June and the first year of the contract, Vendor shall be made a monthly advance payment of one-twelfth (1/12) of the total annual contract amount, as set forth in Schedule E in Exhibit I, subject to reconciliation of the previous month's adjustments. During the first year of the contract (CY1), it will be one-twelfth (1/12) of the Schedule E (see Exhibit I) amount only for those Centers where the Vendor is providing services (see Section 2 where it states which Center are included in this contract when the contract commences and which Centers enter the contract on September 1, 2011), except for the period of May 16 – May 31, 2011. For the period of May 16 – May 31, 2011, the advance payment will be a prorated share, based on the number of days in the month of May, of one-twelfth (1/12) of the total annual contract amount set forth in Exhibit I. Adjustments will be debited or credited to the first advance monthly payment of the subsequent month or as soon as possible after reconciliation between the Center and Vendor. The June payment will be made after reconciliation of all adjustments of the fiscal year. Agency shall provide Vendor monthly documentation from IDOC identifying each approved invoice amount and dates submitted to the State Comptroller's office. The estimated annual amounts are given below.

CY1: \$113,209,327  
CY2: \$121,254,395  
CY3: \$126,104,570  
CY4: \$128,626,661  
CY5: \$133,771,727

3.1.1.2 **Quarterly Adjustments:** Quarterly adjustments shall be made for actual staffing provided, average daily population, performance level adjustments and other adjustments, such as inventory transfers or equipment or services purchased by Vendor on behalf of IDOC. Adjustments will be debited or credited to the first advance monthly payment of the subsequent month or as soon as possible after reconciliation between the Center and Vendor. Each Center shall prepare an analysis of all quarterly adjustments which identifies each adjustment made.

Quarterly adjustments shall be finalized no later than 60 days after the end of the previous quarter (i.e. July – September quarterly adjustments shall be completed no later than November 30<sup>th</sup>). Future monthly payments may be withheld if the quarterly reconciliations are not completed in the timeline as stated above due to reasons within the Vendor's control.

For the purposes of this section, quarters will correspond to normal calendar quarters (January – March, April – June, etc.). During the first year of the contract, the period of May 16, 2011 through June 30, 2011 will constitute a quarter.

Vendor shall not submit adjustments or claims that were not included in the agreed upon quarterly reconciliations to the Illinois Court of Claims for reimbursement (i.e. previously denied claims or adjustments). Attempting to gain reimbursement for non-agreed upon claims through this avenue may be subject to performance adjustments.

3.1.1.2.1 **Staffing:** Staffing hour and rate adjustments for all on-site positions shall be determined by agreement as reflected on the Schedule E in Exhibit I. Actual approved hours provided on-site during the month shall be determined by using the Center's sign-in/sign-out log. The Center's sign-in/sign-out log shall take precedence over any vendor timekeeping system. If the Vendor has adequate documentation of hours greater than the Center's sign-in/sign-out log, the Vendor shall be given due consideration if accurately documented. Actual hours on-site are the basis for payment or adjustment. All time shall be rounded to the nearest quarter hour. No time in excess of the hours required in the agreed upon Staffing Schedule (Exhibit II) shall be paid unless approved in advance by the CAO according to the procedures outlined by the CAO and HCUA. Adjustments may be made if Vendor is unable to provide the required on-site specialty clinic in compliance with the staffing outlined in Schedule E in Exhibit I.

3.1.1.2.2 **Temporary Staffing:** Vendor may be required to hire replacement personnel on a temporary basis to fill vacancies in the Health Care Unit. Requests for such temporary services shall be made by the CAO on a Temporary Staff Schedule Change Request form (see Exhibit XVI). The replacement personnel must be approved by the IDOC Medical Director, the IDOC Chief of Mental Health Services, Chief of Administration, and the CAO. Such requests

shall include at least the title and hourly rate of the position, and the expected duration of the temporary replacement. Compensation for temporary replacement personnel shall be calculated by using the approved hourly rate multiplied by the number of on-site hours provided and paid on the next scheduled monthly adjustment.

- 3.1.1.2.3 **Unfilled Positions:** Reductions shall be made for each unfilled position at the "Combined Salary/Fringe Rate" as reflected in the Schedule E in Exhibit I during each monthly reconciliation period. For the purpose of this section, unfilled positions shall mean a regular scheduled on-site position for which no IDOC approved candidate exists.
- 3.1.1.2.4 **Combined Salary/Fringe Rate:** All positions shall be reimbursed at the "Combined Salary/Fringe Rate" as reflected in each Center's Schedule E in Exhibit I. Reimbursement at this rate shall be based solely on the on-site hours worked. There will be no Fringe Benefit adjustments. All financial adjustments for staffing shall be based on the applicable "Combined Salary/Fringe" amount only.
- 3.1.1.2.5 **Average Daily Population:** See definition in Exhibit I. The average daily population shall be based on the average daily population report from the IDOC Information Services Division (IDOC REPORT OERPC101). Other Budget categories compensation shall be based on the average daily population for each month, multiplied by the per capita rate as reflected on Schedule E.
- 3.1.1.2.6 **Non-payment of subcontractors:** Failure to pay bills within 60 days after receipt, or failure to abide by a written payment schedule agreed to with the subcontractor will result in a financial adjustment in accordance with Section 3.9 and Exhibit IV, Performance Targets.
- 3.1.1.2.7 **Compensation for Court Testimony:** Vendor staff shall be reimbursed at the applicable combined Salary/Fringe Schedule E rate plus mileage if required to provide court testimony in defense of IDOC as requested by the Agency. If Vendor's staff is testifying in defense of and at the direction of the Vendor, the Vendor shall be responsible for paying the employee's costs, including Salary/Fringe and mileage.

**3.1.2 Hospital Utilization Adjustment:** An adjustment will be made when overutilization of Hospital Services is the result of Billed Charges (the amount on a claim form received by the State) exceeding the Annual Hospital Utilization Threshold established for the contract year as set forth in 3.1.2.1. The Vendor's monthly payments (see Section 3.1.1.1) will be reduced by an amount equal to what the State pays out for Hospital Services once Billed Charges exceed the Annual Hospital Utilization Threshold.

**3.1.2.1 Annual Hospital Utilization Threshold:** The Annual Hospital Utilization Threshold amounts by contract year are:

CY1:	\$5,855,442
CY2:	\$6,463,584
CY3:	\$6,590,509
CY4:	\$6,719,972
CY5:	\$6,852,023

**3.1.2.2 Hospital Claims Report:** Every three months, in conformance to the contract year, Agency shall tabulate the Eligible Hospital Claims submitted against the Annual Hospital Utilization Threshold. This report will be a cumulative report for each contract year (e.g., the 3<sup>rd</sup> quarter report will aggregate all 3 quarters for the contract year). HFS will submit a Hospital Claims Report to Vendor within 30 days after the end of a quarter. If an extension is necessary, HFS will notify IDOC and Vendor in writing and indicate the date that the report shall be submitted to Vendor. Adjustments will be taken by IDOC from the first advance monthly payment of the subsequent month or as soon as possible after the report is made final if the Vendor exceeds the Annual Hospital Utilization Threshold.

In contract year 1 (CY1), the period May 16, 2011 through July 31, 2011 will be considered the first quarter of CY1.

**3.1.2.3 Vendor Written Dispute of Hospital Claims Report:** Vendor has the right to dispute the Hospital Claims Report. Any dispute must be submitted to HFS in writing within 30 days from the date HFS submitted the Report to Vendor. If Vendor does not dispute the Hospital Claims Report within 30 days, Vendor shall have waived its right to dispute the Hospital Claims Report, the Hospital Claims Report shall remain final, and the Vendor shall be deemed to have accepted the Hospital Claims Report.

**3.1.2.4 Resolution of Dispute of Quarterly Report:** If Vendor disputes the Hospital Claims Report, Agency and Vendor shall resolve the dispute no later than 30 days from the date Vendor submitted its written dispute. In the event that Agency and Vendor cannot agree on a resolution within 30 days of the Vendor's submission of its dispute, the Agency shall determine the resolution of the dispute, the Agency's determination shall be final, and shall prevail over any and all of Vendor's suggested resolutions.

**3.1.2.5 Monthly Reports and Disputes:** Nothing in this section shall prevent Agency from submitting the Hospital Claims Report on a monthly basis to Vendor. Additionally, nothing in this section shall prevent Vendor from submitting to Agency written disputes of the monthly submissions. However, these monthly submissions and disputes shall exist solely for the purpose of ongoing review and shall not serve as a substitute for the Hospital Claims Report that is submitted quarterly, any quarterly written disputes, and the resolution of any disputes as described in this elsewhere in 3.1.2.

**3.1.2.6 Final Contract Year Hospital Claims Adjustments:** In the final contract year, if eligible hospital claims received and processed within one year after the contract has ended cause the Vendor to exceed the Annual Hospital Utilization Threshold for the final contract year, adjustments due from the Vendor may be reimbursed to the IDOC through the performance bond or irrevocable letter of credit.

**3.1.3 Intake Adjustment Rate:** For the Centers listed below, Vendor will be compensated for each intake of an offender above the Monthly Intake Base at a "Per Intake Adjustment Rate". Vendor shall credit IDOC for each intake below the Monthly Intake Base at the "Per Intake Adjustment Rate". Intake Adjustments shall be made on a monthly basis after reconciliation between the Center and Vendor:

<u>Center</u>	<u>Per Intake Adjustment Rate</u>	<u>Monthly Intake Base (Offenders)</u>
Stateville CC	\$0.01/offender/month	2,311
Dwight CC	\$0.01/offender/month	276
Graham CC	\$0.01/offender/month	314
Menard CC	\$0.01/offender/month	123

**3.1.4 Electronic Medical Records (EMR):** Agency will pay vendor the amounts stated below for the EMR system implementation. Agency reserves the right to implement this initiative at any point during the contract. Thus, the annual amounts below may not correspond with the contract years.

- Year 1: \$194,003
- Year 2: \$197,882
- Year 3: \$205,797
- Year 4: \$209,913
- Year 5: \$218,309

**3.2 TYPE OF PRICING:** Pricing under this contract is

- Firm \_\_\_\_\_
- Estimated \$1,363,436,031

**3.3 RENEWAL COMPENSATION:** If this contract is renewed, the price shall be at rates set forth below:

**Estimated Schedule E Rates (applies to Section 3.1.1.1):**

- CY6: \$133,771,727
- CY7: \$133,771,727
- CY8: \$133,771,727
- CY9: \$133,771,727
- CY10: \$134,440,586

**Annual Hospital Utilization Threshold (applies to Section 3.1.2.1):**

- CY6: \$6,986,717
- CY7: \$7,124,103
- CY8: \$7,264,237
- CY9: \$7,407,175
- CY10: \$7,552,971

**Intake Adjustment Rate (applies to Section 3.1.3)**

<u>Center</u>	<u>Per Intake Adjustment Rate</u>	<u>Monthly Intake Base (Offenders)</u>
Stateville CC	\$0.01/offender/month	2,311
Dwight CC	\$0.01/offender/month	276
Graham CC	\$0.01/offender/month	314
Menard CC	\$0.01/offender/month	123

**Electronic Medical Records (applies to Section 3.1.4)**

- Year 6: \$218,309
- Year 7: \$218,309
- Year 8: \$219,401
- Year 9: \$220,498
- Year 10: \$222,703

Since Agency has the right to implement this initiative at any point in the contract and the yearly amounts correspond with the beginning of the initiative not the beginning of the contract term, then the renewal rates will begin at the corresponding point in the initiative when the renewal is made. For example, if the initiative begins at the beginning of contract year three (3), and a five-year renewal is executed after the initial term, then annual amounts for the Electronic Medical Records initiative for the renewal period will be years 4-8 of the pricing for Electronic Medical Records, since the initiative will be entering year 4 when the renewal term starts.

- 3.4 EXPENSES:** Unless otherwise specified, this contract does not allow for reimbursement of any expense incurred by Vendor, including but not limited to telephone or other communications device, postage, copying, travel, transportation, lodging, food and per diem.
- 3.5 DISCOUNT:** N/A % discount for payment within \_\_\_ days of receipt of invoice
- 3.6 TAX:** Vendor shall not bill for any taxes unless accompanied by proof the State is subject to the tax. If necessary, Vendor may request the applicable agency's Illinois tax exemption number and federal tax exemption information.
- 3.7 INVOICING:** Vendor shall submit "Schedule E" invoices to the Business Administrator at each Center (names of the centers are identified on each Schedule E) with the detail required by the Agency. Vendor shall submit invoices for intake to the Business Administrator at each Center where intake takes place with the detailed required by the Agency. Invoices for the Electronic Medical Record project should be sent to the IDOC Chief Fiscal Officer (1301 Concordia Court, P.O. Box 19277, Springfield, IL 62794-9277) with the detailed required by the Agency.

The amount of the invoice shall be in accordance with the rates established in this Contract.

Each invoice shall be signed by Vendor and shall contain the Vendor's taxpayer identification number.

Agency reserves the right to correct any mathematical or computational errors it finds in the invoices. Agency will notify Vendor of any such corrections.

### **3.8 PAYMENT TERMS AND CONDITIONS**

- 3.8.1** By submitting an invoice, Vendor certifies that the supplies or services provided meet all requirements of the contract, and the amount billed and expenses incurred are as allowed in the contract. Invoices for equipment, supplies purchased, services performed and expenses incurred through June 30 of any year must be submitted to the State no later than July 31 of that year; otherwise Vendor may have to seek payment through the Illinois Court of Claims (30 ILCS 105/25). Agency shall provide notification if any Vendor's invoices are at risk to be sent to the Illinois Court of Claims. All invoices are subject to statutory offset (30 ILCS 210).

The approved invoice amount will be paid less any retainage and previous partial payments. Final payment shall be made upon determination by the Agency that all requirements under this Contract have been completed; such determination shall not be unreasonably withheld. The final payment will be made subject to adjustment after completion of an audit of Vendor's records as provided for in this Contract.

- 3.8.2** Payments, including late payment charges, will be paid in accordance with the State Prompt Payment Act (30 ILCS 540) and rules (74 Ill. Adm. Code 900) when applicable. This shall be Vendor's sole remedy for late payments by the State. Payment terms contained on Vendor's invoices shall have no force and effect.
- 3.8.3** The State will not pay for supplies provided or services rendered, including related expenses, incurred prior to the execution of this contract by the Parties even if the effective date of the contract is prior to execution.
- 3.8.4** As a condition of receiving payment Vendor must (i) be in compliance with the contract, (ii) pay its employees prevailing wages when required by law (Examples of prevailing wage categories include public works, printing, janitorial, window washing, building and grounds services, site technician services, natural resource services, Correctional Officers and food services. Vendor is responsible for contacting the Illinois Dept. of Labor 217-782-6206; <http://www.state.il.us/agency/idol/index.htm> to ensure understanding of prevailing wage requirements), (iii) pay its suppliers and subcontractors according to the terms of their respective contracts, and (iv) provide lien waivers to the State upon request. Any stipulation made by Vendor to pay prevailing wages shall be deemed to be incorporated in the project specifications as if specifically set forth therein (**820 ILCS 130/4(a)**).
- 3.8.5** Vendor shall have a program in place to prevent and detect internal and external fraud and fraudulent practices. The program must have the ability to screen for potential fraud and systematically review provider claims. The Vendor will report its fraud findings to the Agency and any corrective measures, when necessary.
- 3.8.6** In the event that the Contract is terminated, Agency shall promptly process outstanding Vendor invoices and submit them to the State Comptroller's office following verification and reconciliation of same, as allowable, under Sections 1.3 and 1.4. Reconciliation shall be

pursuant to Section 3.1. The Agency shall make every effort to verify and reconcile invoices submitted within ten business days from the date of termination, as allowable, and shall make every effort to ensure that said invoices are not sent to the Illinois Court of Claims. However, Agency can make no guarantee as to the payment timelines from the State Comptroller's Office nor can the Agency guarantee that said invoices shall not be sent to the Illinois Court of Claims.

- 3.8.7 If the Agency in good faith determines that Vendor has failed to perform or deliver any service or product as required by this Contract, Vendor shall not be entitled to any compensation under this Contract until such service or product is performed or delivered. In this event, the Agency may withhold that portion of Vendor's compensation that represents payment for service or product that was not performed or delivered.
- 3.8.8 In addition to compensation adjustment, pursuit of actual damages, or termination of this Contract:
- a. Pursuant to 44 Ill. Admin. Code 1.5530, the Agency may deduct from whatever is owed Vendor on this or any other contract an amount sufficient to compensate the State of Illinois for any damages suffered by it because of Vendor's breach of contract or other unlawful act on Vendor's part on which the cancellation is based, including, but not limited to:
    - i. The additional cost of supplies or services bought elsewhere;
    - ii. The cost of repeating the procurement procedure;
    - iii. Any expenses incurred because of delay in receipt of supplies or services; and
    - iv. Any other damages caused by Vendor's breach of contract or unlawful act.
  - b. If any failure of Vendor to meet any requirement of this Contract results in the withholding of federal funds from the State, the Agency may withhold and retain an equivalent amount from payments to Vendor until such federal funds are released to the State, at which time the Agency will release to Vendor the equivalent withheld funds.
- 3.8.9 Any payment to Vendor may be reduced or suspended when a provision of this Contract requires a payment or refund to the Agency or an adjustment to payment to Vendor.
- 3.9 **PERFORMANCE TARGETS:** Vendor agrees to provide services at targeted performance levels as specified in Exhibit IV. Because performance failures (a pattern of non-compliance) by Vendor may cause Agency to incur additional administrative costs that are difficult to compute, Agency may adjust Vendor's compensation pursuant to this section and in accordance with Exhibit IV, Performance Targets, and deduct the amount of the adjustment from any payments due Vendor. Performance adjustments may be assessed for a pattern of non-compliance with performance targets, even if Vendor's overall performance is outstanding.
- 3.9.1 The determination of the amount of the adjustment shall be at the sole discretion of Agency, within the range set forth below in section 3.9.3. If the adjustment indicates it may be made according to the applicable Schedule E category, the Agency may make an adjustment using the calculation of the program adjustment amount, multiplied by the daily population for each day the service remains unsatisfactory. Self-reporting by Vendor will be taken into consideration in determining the amount to be adjusted.
- 3.9.2 Should IDOC identify a pattern of non-compliance with the Performance Targets, set forth in Exhibit IV, the State reserves the right to provide notice to the Vendor to correct the identified issue. Unless specified otherwise, Agency will give written notice to Vendor of the failure that may result in a performance adjustment and the amount of the adjustment. Upon receipt of Agency written notice, Vendor shall have 30 days to correct the issue identified in the notice before any performance adjustment is made to Vendor's payment. Vendor shall have 30 days from the date of the notice in which to dispute IDOC's determination.
- 3.9.3 If an issue identified in Exhibit IV, Performance Targets, goes unresolved, a performance adjustment may be implemented in the following amount:
- |   |   |
|---|---|
| a. Timely payment to subcontractors   | \$1,000 per offender/service, per bill/invoice each month   |
| b. Court finding of Act of deliberate indifference or act of discrimination | \$10,000 per final court judgment and any and all fines or costs levied against the State of Illinois for the act   |
| c. Information Misrepresentation/Falsification                              | \$10,000 per occurrence   |
| d. Staffing, Schedules and On-Site Specialty Clinics                        | Applicable Schedule E Salary and Fringe categories per Section 3.1.1.2  |
| e. Annual Reconciliation of Hospital Utilization                            | Amount equal to the amount the State pays for Hospital Services once the Annual Hospital Utilization Threshold has been reached.                                  |
| f. Monthly and Quarterly Reports  | \$1,000 per day, per report for missed submission   |
| g. Referrals to UIMCC   | \$5,000 per occurrence when referrals are made from non-authorized Correctional Center or for each occurrence beyond the predetermined average limits for visits. |
- 3.9.4 Adjustments provided for in this Contract shall not be construed as liquidated damages, nor shall the provisions of these adjustments or the terms of this Contract be construed to limit or otherwise affect the Parties' remedies for failure of a Party to comply with any of the terms of the Contract.

- 3.9.5** Performance adjustments may be imposed for deficiencies in performance based on failure to maintain the expected program Performance Target set forth in Exhibit IV. The IDOC may waive the imposition of a performance adjustment or extend the cure period of a previously imposed Performance Target adjustment during any period when payment of Vendor's invoices are delayed or remain unpaid. Such decisions will be made by IDOC independently based upon specific circumstances.
- 3.9.6** IDOC and the Vendor agree that, due to the nature of the services to be provided by the Vendor and the secure nature of the environment in which the Vendor's services are to be provided, the potential exists that performance targets may not be achieved on account of causes beyond the control of the Vendor, i.e., security lock-down at facilities, failures attributable to the performance of other vendors or State personnel, acts of God, etc. The parties agree that no performance adjustments will be taken from the Vendor due to the failure to achieve the performance targets due to causes beyond the Vendor's control.

#### 4. **STANDARD BUSINESS TERMS AND CONDITIONS**

- 4.1 **AVAILABILITY OF APPROPRIATION/SUFFICIENCY OF FUNDS:** This contract/grant is contingent upon and subject to the availability of funds. The State, at its sole option, may terminate or suspend this contract/grant, in whole or in part, without penalty or further payment being required, if (1) the Illinois General Assembly or the federal funding source fails to make an appropriation sufficient to pay such obligation, or if funds needed are insufficient for any reason, (2) the Governor decreases the Department's funding by reserving some or all of the Department's appropriation(s) pursuant to power delegated to the Governor by the Illinois General Assembly; or (3) the Department determines, in its sole discretion or as directed by the Office of the Governor, that a reduction is necessary or advisable based upon actual or projected budgetary considerations. Contractor/Grantee will be notified in writing of the failure of appropriation or of a reduction or decrease.
- 4.2 **AUDIT/RETENTION OF RECORDS (30 ILCS 500/20-65):** Vendor and its subcontractors shall maintain books and records relating to the performance of the contract or subcontract and necessary to support amounts charged to the State under the contract or subcontract. Books and records, including information stored in databases or other computer systems, shall be maintained by the Vendor for a period of three years from the later of the date of final payment under the contract or completion of the contract, and by the subcontractor for a period of three years from the later of final payment under the term or completion of the subcontract. If federal funds are used to pay contract costs, the Vendor and its subcontractors must retain its records for five years. Books and records required to be maintained under this section shall be available for review or audit by representatives of: the procuring Agency, the Auditor General, the Executive Inspector General, HFS Inspector General, the Chief Procurement Officer, State of Illinois internal auditors or other governmental entities with monitoring authority, upon reasonable notice and during normal business hours. Vendor and its subcontractors shall cooperate fully with any such audit and with any investigation conducted by any of these entities and any costs incurred by the Vendor during such audit or investigation shall be borne by the Vendor. Failure to maintain books and records required by this section shall establish a presumption in favor of the State for the recovery of any funds paid by the State under the contract for which adequate books and records are not available to support the purported disbursement. The Vendor or subcontractors shall not impose a charge for audit or examination of the Vendor's books and records. Failure to provide requested books and records will result in Vendor paying the cost of an independent auditor selected by the Agency to obtain such information or in the alternative shall be treated as a material breach of the Contract.
- 4.3 **TIME IS OF THE ESSENCE:** Time is of the essence with respect to Vendor's performance of this contract. Vendor shall continue to perform its obligations while any dispute concerning the contract is being resolved unless otherwise directed by the State.
- 4.4 **NO WAIVER OF RIGHTS:** Except as specifically waived in writing, failure by a Party to exercise or enforce a right does not waive that Party's right to exercise or enforce that or other rights in the future.
- 4.5 **FORCE MAJEURE:** Failure by either Party to perform its duties and obligations will be excused by unforeseeable circumstances beyond its reasonable control and not due to its negligence including acts of nature, acts of terrorism, riots, labor disputes, fire, flood, explosion, and governmental prohibition. The non-declaring Party may cancel the contract without penalty if performance does not resume within 30 days of the declaration.
- 4.6 **CONFIDENTIAL INFORMATION:** Each Party, including its agents and subcontractors, to this contract may have or gain access to confidential data or information owned or maintained by the other Party in the course of carrying out its responsibilities under this contract. Vendor shall presume all information received from the State or to which it gains access pursuant to this contract is confidential. Vendor information, unless clearly marked as confidential and exempt from disclosure under the Illinois Freedom of Information Act, shall be considered public. No confidential data collected, maintained, or used in the course of performance of the contract shall be disseminated except as authorized by law and with the written consent of the disclosing Party, either during the period of the contract or thereafter. The receiving Party must return any and all data collected, maintained, created or used in the course of the performance of the contract, in whatever form it is maintained, promptly at the end of the contract, or earlier at the request of the disclosing Party, or notify the disclosing Party in writing of its destruction. The foregoing obligations shall not apply to confidential data or information lawfully in the receiving Party's possession prior to its acquisition from the disclosing Party; received in good faith from a third-party not subject to any confidentiality obligation to the disclosing Party; now is or later becomes publicly known through no breach of confidentiality obligation by the receiving Party; or is independently developed by the receiving Party without the use or benefit of the disclosing Party's confidential information.

Any material, data, or information disclosed by any Party to the other that, pursuant to agreement of the Parties or the State's grant of a proper request for confidentiality, is not generally known by or disclosed to the public or to Third Parties including, without limitation: (a) all materials, know-how, processes, trade secrets, manuals, confidential reports, services rendered by State, financial, technical and operational information, and other matters relating to the operation of a Party's business; (b) all information and materials relating to Third Party Vendors of State that have provided any part of State's information or communications infrastructure to State; (c) software; and (d) any other information that the Parties agree to keep confidential should be kept confidential.

A request for confidential treatment will not supersede the Department's legal obligations under Illinois Freedom of Information Act (FOIA) (5 ILCS 140).

**4.7 USE AND OWNERSHIP:** All work performed or supplies created by Vendor under this contract, whether written documents or data, goods or deliverables of any kind, shall be deemed work-for-hire under copyright law and all intellectual property and other laws, and the State of Illinois is granted sole and exclusive ownership to all such work, unless otherwise agreed in writing. Vendor hereby assigns to the State all right, title, and interest in and to such work including any related intellectual property rights, and/or waives any and all claims that Vendor may have to such work including any so-called "moral rights" in connection with the work. Vendor acknowledges the State may use the work product for any purpose. Confidential data or information contained in such work shall be subject to confidentiality provisions of this contract.

**4.8 INDEMNIFICATION AND LIABILITY:** The Vendor shall indemnify and hold harmless the State of Illinois, its agencies, officers, employees, agents and volunteers from any and all costs, demands, expenses, losses, claims, damages, liabilities, settlements and judgments, including in-house and contracted attorneys' fees and expenses, arising out of: (a) any breach or violation by Vendor of any of its certifications, representations, warranties, covenants or agreements; (b) any actual or alleged death or injury to any person, damage to any property or any other damage or loss claimed to result in whole or in part from Vendor's negligent performance; or (c) any act, activity or omission of Vendor or any of its employees, representatives, subcontractors or agents. Neither Party shall be liable for incidental, special, consequential or punitive damages.

**4.9 INSURANCE:** Vendor shall, at all times during the term and any renewals maintain and provide a Certificate of Insurance naming the State as additional insured for all required bonds and insurance. Certificates may not be modified or canceled until at least 30 days notice has been provided to the State. Vendor shall provide: (a) General Commercial Liability-occurrence form in amount of \$1,000,000 per occurrence (Combined Single Limit Bodily Injury and Property Damage) and \$2,000,000 Annual Aggregate; (b) Auto Liability, including Hired Auto and Non-owned Auto, (Combined Single Limit Bodily Injury and Property Damage) in amount of \$1,000,000 per occurrence; and (c) Worker's Compensation Insurance in amount required by law. Insurance shall not limit Vendor's obligation to indemnify, defend, or settle any claims.

Vendor, all Vendor employees, and all physicians and dentists assigned by Vendor to the Center(s), whether employed by the Vendor or subcontracted by the Vendor, will be covered under Vendor's Professional Liability Insurance with limits of \$1,000,000 per occurrence/\$10,000,000 annual aggregate.

The limits set forth above shall include both "per occurrence" and "annual aggregate." The "per occurrence" coverage provides coverage at the time of the encounter and ad infinitum and there will be no residual risk to the State.

**4.10 INDEPENDENT CONTRACTOR:** Vendor shall act as an independent contractor and not an agent or employee of, or joint venture with the State. All payments by the State shall be made on that basis.

**4.11 SOLICITATION AND EMPLOYMENT:** Vendor shall not employ any person employed by the State during the term of this contract to perform any work under this contract. Vendor shall give notice immediately to the Agency's director if Vendor solicits or intends to solicit State employees to perform any work under this contract.

Vendor shall give notice to the Agency's Ethics Officer, or such other person as the Agency may designate, if Vendor solicits or intends to solicit for employment any Agency employee during any part of the term of this Contract and for one (1) year after its termination or expiration. This notice shall be given in writing at the earliest possible time. Vendor shall not employ any person or persons employed by the Agency at any time during the term of this Contract for any work required by the terms of this Contract.

**4.12 COMPLIANCE WITH THE LAW:** The Vendor, its employees, agents, and subcontractors shall comply with all applicable federal, state, and local laws, rules, ordinances, regulations, orders, federal circulars and all license and permit requirements in the performance of this contract. Vendor shall be in compliance with applicable tax requirements and shall be current in payment of such taxes. Vendor shall obtain at its own expense, all licenses and permissions necessary for the performance of this contract.

**4.13 BACKGROUND CHECK:** Whenever the State deems it reasonably necessary for security reasons, the State may conduct, at its expense, criminal and driver history background checks of Vendor's and subcontractors officers, employees or agents. Vendor or subcontractor shall immediately remove any such individual who, in the opinion of the State, does not pass the background checks.

**4.14 APPLICABLE LAW:** This contract shall be construed in accordance with and is subject to the laws and rules of the State of Illinois. The Department of Human Rights' Equal Opportunity requirements (44 Ill. Adm. Code 750) are incorporated by reference. Any claim against the State arising out of this contract must be filed exclusively with the Illinois Court of Claims (705 ILCS 505/1). The State shall not enter into binding arbitration to resolve any contract dispute. The State of Illinois does not waive sovereign immunity by entering into this contract. The official text of cited statutes is incorporated by reference (An unofficial version can be viewed at



<http://www.iga.gov/legislation/ilcs/ilcs.asp>). In compliance with the Illinois and federal Constitutions, the Illinois Human Rights Act, the U. S. Civil Rights Act, and Section 504 of the federal Rehabilitation Act and other applicable laws and rules the State does not unlawfully discriminate in employment, contracts, or any other activity.

**4.15 ANTI-TRUST ASSIGNMENT:** If Vendor does not pursue any claim or cause of action it has arising under federal or state antitrust laws relating to the subject matter of the contract, then upon request of the Illinois Attorney General, Vendor shall assign to the State rights, title and interest in and to the claim or cause of action.

**4.16 CONTRACTUAL AUTHORITY:** The Agency that signs for the State of Illinois shall be the only State entity responsible for performance and payment under the contract. When the Chief Procurement Officer or authorized designee signs in addition to an Agency, they do so as approving officer and shall have no liability to Vendor. When the Chief Procurement officer or authorized designee signs a master contract on behalf of State agencies, only the Agency that places an order with the Vendor shall have any liability to Vendor for that order.

**4.17 NOTICES:** Notices and other communications provided for herein shall be given in writing by registered or certified mail, return receipt requested, by receipted hand delivery, by courier (UPS, Federal Express or other similar and reliable carrier), by e-mail, or by fax showing the date and time of successful receipt. Notices shall be sent to the individuals who signed the contract using the contact information following the signatures. Each such notice shall be deemed to have been provided at the time it is actually received. By giving notice, either Party may change the contact information.

#### **4.18 MODIFICATIONS AND SURVIVAL**

**4.18.1** Amendments, modifications and waivers must be in writing and signed by authorized representatives of the Parties. Any provision of this contract officially declared void, unenforceable, or against public policy, shall be ignored and the remaining provisions shall be interpreted, as far as possible, to give effect to the Parties' intent. All provisions that by their nature would be expected to survive, shall survive termination. In the event of a conflict between the State's and the Vendor's terms, conditions and attachments, the State's terms, conditions and attachments shall prevail.

**4.18.2** Vendor shall, upon request by the Agency and receipt of a proposed amendment to this Contract, negotiate in good faith with the Agency to amend the Contract if and when required, in the opinion of the Agency, to comply with federal or State laws or regulations. If the parties are unable to agree upon an amendment within sixty (60) days, or such shorter time required by federal or State law or regulation, the Agency may terminate this Contract.

The Agency agrees that open dialogue with Vendor shall occur prior to any change, interpretation or compliance with any law, governmental rule, regulation, protocol, guideline, request or directive from the Agency or any other Governmental Authority that may impact the contractual agreement currently in place. Said dialogue does not guarantee the Vendor increased compensation.

**4.19 PERFORMANCE RECORD / SUSPENSION:** Upon request of the State, Vendor shall meet to discuss performance or provide contract performance updates to help ensure proper performance of the contract. The State may consider Vendor's performance under this contract and compliance with law and rule to determine whether to continue the contract, suspend Vendor from doing future business with the State for a specified period of time, or to determine whether Vendor can be considered responsible on specific future contract opportunities.

**4.20 FREEDOM OF INFORMATION ACT:** This contract and all related public records maintained by, provided to or required to be provided to the State are subject to the Illinois Freedom of Information Act notwithstanding any provision to the contrary that may be found in this contract.

#### **4.21 VENDOR PERFORMANCE AND RESPONSIBILITIES**

**4.21.1 CONSULTATION:** Vendor shall keep the Agency fully informed as to the progress of matters covered by this Contract. Where time permits and Vendor is not otherwise prohibited from so doing, Vendor shall offer the Agency the opportunity to review relevant documents prior to filing with any public body or adversarial party.

#### **4.21.2 PERFORMANCE REVIEWS**

**4.21.2.1** The State or Agency may conduct a post performance review of Vendor's performance under the Contract. Vendor shall cooperate with the State or Agency in this review, which may require that Vendor provide records of its performance and billing. Vendor shall provide any required information within 30 days of the Agency's request. This post performance review may be used by any State agency in determining whether to enter into other contractual relationships with Vendor.

**4.21.2.2** Vendor shall have and maintain, during the term of this contract, internal procedures and processes to monitor performance to ensure full compliance with the contract. Vendor shall disclose such procedures and processes to the State upon request.

**4.21.2.3** At the direction of the State, Vendor and State shall work together to develop a performance scorecard to record relevant facts related to performance as well as establishing conditions, milestones, requirements or timetables that must be met before additional steps may be taken or payment is due.

**4.21.2.4** Agency, in cooperation with the IDOC Medical Director, may review services under the Contract for potential restructuring.

**4.21.3 RESPONSIBILITY FOR AGENTS AND EMPLOYEES:** Vendor shall be responsible for the negligent acts and omissions of its agents, employees and subcontractors in their performance of Vendor's duties under this contract.

**4.21.4 PERFORMANCE RESPONSIBILITY:** If Vendor is unable to secure or maintain key personnel named in the Contract to render the services, Vendor shall not be relieved of its obligations to complete performance. Agency shall have the option to accept a substitute or to terminate the Contract.

**4.22 REQUESTS FOR REPRESENTATION:** In the event that any civil proceeding is commenced against Vendor or any physician or employee contracted through Vendor to provide services under this agreement, alleging death or bodily injury or other injury to the person of the complainant, resulting from or arising out of any act or omission in connection with services provided under this agreement, said defendants may elect to make a timely written request to seek representation and/or indemnification from the Office to the Attorney General under the provisions of the State Employee Indemnification Act of the State of Illinois. IDOC cannot control the amendments and/or interpretation of the State Employee Indemnification Act given to it by the Office of the Office of the Attorney General, legislature, and/or the courts. IDOC does not guarantee such representation and/or indemnification will be provided by the Office of the Attorney General and/or IDOC. Vendor may not rely on representations of anyone that the Office of the Attorney General and/or IDOC will represent and/or indemnify Vendor unless Vendor has received written commitment from the Attorney General and/or the Director of IDOC, respectively.

#### **4.23 DISPUTES**

**4.23.1 OVER INTERPRETATION OF FEDERAL REGULATIONS:** In the event that the Agency and Contactor have a dispute as to the meaning of a requirement solely included as a result of a Federal regulation applicable to or referred to in this Contract, the Agency will request an interpretation from the appropriate Federal agency or agencies and that interpretation, if received, will be adopted by the Agency and Vendor.

**4.23.2 BETWEEN VENDOR AND OTHER PARTIES:** Any dispute between Vendor and any affiliated or unaffiliated provider, or between Vendor and any subcontractor, shall be solely between such provider or subcontractor and Vendor, and the Agency shall be held harmless by Vendor.

**4.24 NO THIRD PARTY BENEFICIARY RIGHTS:** The Parties do not intend to create in any other individual or entity, offender or patient, the status of third party beneficiary, and this Contract shall not be construed as to create such status. The rights, duties and obligations contained in this Contract shall operate only between the Parties to this Contract, and shall inure solely to the benefit of such Parties. The provisions of this Contract are intended only to assist the Parties in determining and performing their obligations hereunder. The Parties intend and expressly agree that only Parties signatory to this Contract shall have any legal or equitable right to seek to enforce this Contract, to seek any remedy arising out of a Party's performance or failure to perform any term or condition of this Contract, or to bring an action for the breach of or for damages or relief under this Contract.

## **5. STANDARD CERTIFICATIONS**

Vendor acknowledges and agrees that compliance with this section and each subsection for the term of the contract and any renewals is a material requirement and condition of this contract. By executing this contract Vendor certifies compliance with this section and each subsection and is under a continuing obligation to remain in compliance and report any non-compliance.

This section and each subsection apply to subcontractors used on this contract. Vendor shall include these Standard Certifications in any subcontract used in the performance of the contract using the Standard Subcontractor Certification form provided by the State.

If this contract extends over multiple fiscal years including the initial term and all renewals, Vendor and its subcontractors shall confirm compliance with this section in the manner and format determined by the State by the date specified by the State and in no event later than July 1 of each year that this contract remains in effect.

If the Parties determine that any certification in this section is not applicable to this contract it may be stricken without affecting the remaining subsections.

**5.1** As part of each certification, Vendor acknowledges and agrees that should Vendor or its subcontractors provide false information, or fail to be or remain in compliance with the Standard Certification requirements, one or more of the following sanctions will apply:

- the contract may be void by operation of law,
- the State may void the contract, and
- the Vendor and its subcontractors may be subject to one or more of the following: suspension, debarment, denial of payment, civil fine, or criminal penalty.

Identifying a sanction or failing to identify a sanction in relation to any of the specific certifications does not waive imposition of other sanctions or preclude application of sanctions not specifically identified.

**5.2** Vendor certifies it and its employees will comply with applicable provisions of the U.S. Civil Rights Act, Section 504 of the Federal Rehabilitation Act, the Americans with Disabilities Act (42 U.S.C. § 12101 et seq.) and applicable rules in performance under this contract.

**5.3** Vendor certifies it is not in default on an educational loan (5 ILCS 385/3). This applies to individuals, sole proprietorships, partnerships and individuals as members of LLCs.

**5.4** Vendor (if an individual, sole proprietor, partner or an individual as member of a LLC) certifies it has not received an (i) an early retirement incentive prior to 1993 under Section 14-108.3 or 16-133.3 of the Illinois Pension Code, 40 ILCS 5/14-108.3 and 40 ILCS 5/16-133.3, or (ii) an early retirement incentive on or after 2002 under Section 14-108.3 or 16-133.3 of the Illinois Pension Code, 40 ILCS 5/14-108.3 and 40 ILCS 5/16-133, (30 ILCS 105/15a).

**5.5** Vendor certifies it is a properly formed and existing legal entity (30 ILCS 500/1.15.80, 20-43); and as applicable has obtained an assumed name certificate from the appropriate authority, or has registered to conduct business in Illinois and is in good standing with the Illinois Secretary of State.

**5.6** To the extent there was an incumbent Vendor providing the services covered by this contract and the employees of that Vendor that provide those services are covered by a collective bargaining agreement, Vendor certifies (i) that it will offer to assume the collective bargaining obligations of the prior employer, including any existing collective bargaining agreement with the bargaining representative of any existing collective bargaining unit or units performing substantially similar work to the services covered by the contract subject to its bid or offer; and (ii) that it shall offer employment to all employees currently employed in any existing bargaining unit performing substantially similar work that will be performed under this contract (30 ILCS 500/25-80). This does not apply to heating, air conditioning, plumbing and electrical service contracts.

**5.7** Vendor certifies it has not been convicted of bribing or attempting to bribe an officer or employee of the State of Illinois or any other State, nor has Vendor made an admission of guilt of such conduct that is a matter of record (30 ILCS 500/50-5).

**5.8** If Vendor has been convicted of a felony, Vendor certifies at least five years have passed after the date of completion of the sentence for such felony, unless no person held responsible by a prosecutor's office for the facts upon which the conviction was based continues to have any involvement with the business (30 ILCS 500/50-10).

**5.9** If Vendor, or any officer, director, partner, or other managerial agent of Vendor, has been convicted of a felony under the Sarbanes-Oxley Act of 2002, or a Class 3 or Class 2 felony under the Illinois Securities Law of 1953, Vendor certifies at least five years have passed since the date of the conviction. Vendor further certifies that it is not barred from being awarded a contract and acknowledges that the State shall declare the contract void if this certification is false (30 ILCS 500/50-10.5).

- 5.10** Vendor certifies it is not barred from having a contract with the State based on violating the prohibition on providing assistance to the state in identifying a need for a contract (except as part of a public request for information process) or by reviewing, drafting or preparing solicitation or similar documents for the State (30 ILCS 500/50-10.5e).
- 5.11** Vendor certifies that it and its affiliates are not delinquent in the payment of any debt to the State (or if delinquent has entered into a deferred payment plan to pay the debt), and Vendor and its affiliates acknowledge the State may declare the contract void if this certification is false (30 ILCS 500/50-11) or if Vendor or an affiliate later becomes delinquent and has not entered into a deferred payment plan to pay off the debt (30 ILCS 500/50-60).
- 5.12** Vendor certifies that it and all affiliates shall collect and remit Illinois Use Tax on all sales of tangible personal property into the State of Illinois in accordance with provisions of the Illinois Use Tax Act (30 ILCS 500/50-12) and acknowledges that failure to comply can result in the contract being declared void.
- 5.13** Vendor certifies that it has not been found by a court or the Pollution Control Board to have committed a willful or knowing violation of the Environmental Protection Act within the last five years, and is therefore not barred from being awarded a contract (30 ILCS 500/50-14).
- 5.14** Vendor certifies it has not paid any money or valuable thing to induce any person to refrain from bidding on a State contract, nor has Vendor accepted any money or other valuable thing, or acted upon the promise of same, for not bidding on a State contract (30 ILCS 500/50-25).
- 5.15** Vendor certifies it is not in violation of the "Revolving Door" section of the Illinois Procurement Code (30 ILCS 500/50-30).
- 5.16** Vendor certifies that it has not retained a person or entity to attempt to influence the outcome of a procurement decision for compensation contingent in whole or in part upon the decision or procurement (30 ILCS 500/50-38).
- 5.17** Vendor certifies it will report to the Illinois Attorney General and the Chief Procurement Officer any suspected collusion or other anti-competitive practice among any bidders, offerors, contractors, proposers or employees of the State (30 ILCS 500/50-40, 50-45, 50-50).
- 5.18** In accordance with the Steel Products Procurement Act, Vendor certifies steel products used or supplied in the performance of a contract for public works shall be manufactured or produced in the United States, unless the executive head of the procuring agency grants an exception (30 ILCS 565).
- 5.19** a) If Vendor employs 25 or more employees and this contract is worth more than \$5000, Vendor certifies it will provide a drug free workplace pursuant to the Drug Free Workplace Act.  
b) If Vendor is an individual and this contract is worth more than \$5000, Vendor shall not engage in the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance during the performance of the contract (30 ILCS 580).
- 5.20** Vendor certifies that neither Vendor nor any substantially owned affiliate is participating or shall participate in an international boycott in violation of the U.S. Export Administration Act of 1979 or the applicable regulations of the U.S. Department of Commerce. This applies to contracts that exceed \$10,000 (30 ILCS 582).
- 5.21** Vendor certifies it has not been convicted of the offense of bid rigging or bid rotating or any similar offense of any state or of the United States (720 ILCS 5/33 E-3, E-4).
- 5.22** Vendor certifies it complies with the Illinois Department of Human Rights Act and rules applicable to public contracts, including equal employment opportunity, refraining from unlawful discrimination, and having written sexual harassment policies (775 ILCS 5/2-105).
- 5.23** Vendor certifies it does not pay dues to or reimburse or subsidize payments by its employees for any dues or fees to any "discriminatory club" (775 ILCS 25/2).
- 5.24** Vendor certifies it complies with the State Prohibition of Goods from Forced Labor Act, and certifies that no foreign-made equipment, materials, or supplies furnished to the State under the contract have been or will be produced in whole or in part by forced labor, or indentured labor under penal sanction (30 ILCS 583).
- 5.25** Vendor certifies that no foreign-made equipment, materials, or supplies furnished to the State under the contract have been produced in whole or in part by the labor or any child under the age of 12 (30 ILCS 584).
- 5.26** Vendor certifies that it is not in violation of Section 50-14.5 of the Illinois Procurement Code (30 ILCS 500/50-14.5) that states: "Owners of residential buildings who have committed a willful or knowing violation of the Lead Poisoning Prevention Act (410 ILCS 45) are prohibited from doing business with the State until the violation is mitigated".

5.27 Vendor warrants and certifies that it and, to the best of its knowledge, its subcontractors have and will comply with Executive Order No. 1 (2007). The Order generally prohibits Vendors and subcontractors from hiring the then-serving Governor's family members to lobby procurement activities of the State, or any other unit of government in Illinois including local governments if that procurement may result in a contract valued at over \$25,000. This prohibition also applies to hiring for that same purpose any former State employee who had procurement authority at any time during the one-year period preceding the procurement lobbying activity.

5.28 Vendor certifies that information technology, including electronic information, software, systems and equipment, developed or provided under this contract will comply with the applicable requirements of the Illinois Information Technology Accessibility Act Standards as published at [www.dhs.state.il.us/iitaa](http://www.dhs.state.il.us/iitaa). (30 ILCS 587)

5.29 Vendor certifies that it has read, understands, and is in compliance with the registration requirements of the Elections Code (10 ILCS 5/9-35) and the restrictions on making political contributions and related requirements of the Illinois Procurement Code (30 ILCS 500/20-160 and 50-37). Vendor will not make a political contribution that will violate these requirements. These requirements are effective for the duration of the term of office of the incumbent Governor or for a period of 2 years after the end of the contract term, whichever is longer.

In accordance with Section 20-160 of the Illinois Procurement Code, Vendor certifies as applicable:

Vendor is not required to register as a business entity with the State Board of Elections.

Or

Vendor has registered **and has attached a copy (following page)** of the official certificate of registration as issued by the State Board of Elections. As a registered business entity, Vendor acknowledges a continuing duty to update the registration as required by the Act.

# Certificate of Registration

STATE BOARD OF ELECTIONS

Registration No. 15528

## Wexford Health Sources, Inc.

425 Holiday Drive  
Foster Plaza Two  
Pittsburgh PA 15220

Information for this business last updated on:

Friday, September 25, 2009

Certificate produced on Wednesday, August 18, 2010 at 1:20 PM



**6.0 DISCLOSURES AND CONFLICTS OF INTEREST**

On the following pages are the forms completed by the Vendor.

**DISCLOSURES AND CONFLICTS OF INTEREST**

**Instructions:** Vendor shall disclose financial interests, potential conflicts of interest and contract information identified in Sections 1, 2 and 3 below as a condition of receiving an award or contract (30 ILCS 500/50-13 and 50-35). Failure to fully disclose shall render the contract, bid, proposal, subcontract, or relationship voidable by the chief procurement officer if s/he deems it in the best interest of the State of Illinois and may be cause for barring from future contracts, bids, proposals, subcontracts, or relationships with the State.

- There are five sections to this form and each must be completed to meet full disclosure requirements.
- Note: The requested disclosures are a continuing obligation and must be promptly supplemented for accuracy throughout the process and throughout the term of the resultant contract if the bid/offer is awarded. As required by 30 ILCS 500/50-2, for multi-year contracts Vendors must submit these disclosures on an annual basis.

A publicly traded entity may submit its 10K disclosure in satisfaction of the disclosure requirements set forth in Section 1 below. HOWEVER, if a Vendor submits a 10K, they must still must complete Sections 2, 3, 4 and 5 and submit the disclosure form.

If the Vendor is a wholly owned subsidiary of a parent organization, separate disclosures must be made by the Vendor and the parent. For purposes of this form, a parent organization is any entity that owns 100% of the Vendor.

This disclosure information is submitted on behalf of (show official name of Vendor, and if applicable, D/B/A and parent):

Name of Vendor: Wexford Health Sources, Inc.

D/B/A (if used): \_\_\_\_\_

Name of any Parent Organization: Bantry Group Corporation

**Section 1: Section 50-35 Disclosure of Financial Interest in the Vendor. (All Vendors must complete this section)**

Vendors must complete subsection (a), (b) or (c) below. Please read the following subsections and complete the information requested.

- A. If Vendor is a Publicly traded corporation subject to SEC reporting requirements
- i. Vendor shall submit their 10K disclosure (include proxy if referenced in 10k) in satisfaction of the financial and conflict of interest disclosure requirements set forth in subsections 50-35 (a) and (b) of the Procurement Code. The SEC 20f or 40f, supplemented with the names of those owning in excess of 5% and up to the ownership percentages disclosed in those submissions, may be accepted as being substantially equivalent to 10K.

Check here if submitting a 10k , 20f , or 40f .

OR

- B. If Vendor is a privately held corporation with more than 400 shareholders
- i. These Vendors may submit the information identified in 17 CFR 229.401 and list the names of any person or entity holding any ownership share in excess of 5% in satisfaction of the financial and conflict of interest disclosure requirements set forth in subsections 50-35 a and b of the Illinois Procurement Code.

OR

- C. If Vendor is an individual, sole proprietorship, partnership or any other not qualified to use subsections (A) or (B), complete (i) and (ii) below as appropriate.
- i. For each individual having any of the following financial interests in the Vendor (or its parent), please mark each that apply and show the applicable name and address. Use a separate form for each individual. **See Attached Schedules with respect to disclosures for individual Shareholders of Bantry Group Corporation, the parent organization of the Vendor. No conflicts of interest exist as defined by Section 1, 2 and 3 hereof with respect to the Vendor.**



G. Norman McCann  
2116 Crown Drive  
St. Augustine, FL 32092

1. Do you have an ownership share of greater than 5% of the offering entity or parent entity?  
 Yes  No
2. Do you have an ownership share of less than 5%, but which has a value greater than \$106,447.20?  
 Yes  No
3. Do you receive more than \$106,447.20 of the offering entity's or parent entity's distributive income? (Note: Distributive income is, for these purposes, any type of distribution of profits. An annual salary is not distributive income.)  
 Yes  No
4. Do you receive greater than 5% of the offering entity's or parent entity's total distributive income, but which is less than \$106,447.20?  
 Yes  No
5. If you responded yes to any of questions 1 - 4 above, please provide either the percentage or dollar amount of your ownership or distributive share of income: 76.094081. For partnerships with more than 50 partners, the percentage share of ownership of each individual identified above may be shown in the following ranges (dollar value fields must also be completed when applicable):  
0.5% or less \_\_\_\_\_ >0.5 to 1.0% \_\_\_\_\_ >1.0 to 2.0% \_\_\_\_\_ >2.0 to 3.0 % \_\_\_\_\_ > 3.0 to 4.0% \_\_\_\_\_ %  
>4.0 to 5.0% \_\_\_\_\_ and in additional 1% increments as appropriate \_\_\_\_\_ %

6. If you responded yes to any of the questions 1-4 above, please check the appropriate type of ownership/distributable income share:

Sole Proprietorship  Stock  Partnership  Other (explain) \_\_\_\_\_

Name:	<u>Bantry Group Corporation</u>	<u>G. Norman McCann</u>
Address:	<u>425 Holiday Drive</u>	<u>2116 Crown Drive</u>
	<u>Pittsburgh, PA 15220</u>	<u>St. Augustine, FL 32092</u>

i. In relation to individuals identified above, indicate whether any of the following potential conflict of interest relationships apply. If "Yes," please describe each situation (label with appropriate letter) using the space at the end of this section (attach additional pages as necessary). If no individual has been identified above, mark not applicable (N/A) here \_\_\_\_\_

- (a) State employment, currently or in the previous 3 years, including contractual employment of services directly with the individuals identified in Section 1 in their individual capacity unrelated to the Vendor's contract. Yes  No
- (b) State employment of spouse, father, mother, son, or daughter, including contractual employment for services in the previous 2 years. Yes  No
- (c) Elective status; the holding of elective office of the State of Illinois, the government of the United States, any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois currently or in the previous 3 years. Yes  No
- (d) Relationship to anyone holding elective office currently or in the previous 2 years; spouse, father, mother, son, or daughter. Yes  No

- (e) Appointive office; the holding of any appointive government office of the State of Illinois, the United States of America, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois, which office entitles the holder to compensation in excess of expenses incurred in the discharge of that office currently or in the previous 3 years. Yes  No
- (f) Relationship to anyone holding appointive office currently or in the previous 2 years; spouse, father, mother, son, or daughter. Yes  No
- (g) Employment, currently or in the previous 3 years, as or by any registered lobbyist of the State government. Yes  No
- (h) Relationship to anyone who is or was a registered lobbyist in the previous 2 years; spouse, father, mother, son, or daughter. Yes  No
- (i) Compensated employment, currently or in the previous 3 years, by any registered election or re-election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections. Yes  No
- (j) Relationship to anyone; spouse, father, mother, son, or daughter; who is or was a compensated employee in the last 2 years of any registered election or reelection committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections. Yes  No

**Section 2: Section 50-13 Conflicts of Interest** *(All Vendors must complete this section)*

- (a) Prohibition. It is unlawful for any person holding an elective office in this State, holding a seat in the General Assembly, or appointed to or employed in any of the offices or agencies of State government and who receives compensation for such employment in excess of 60% of the salary of the Governor of the State of Illinois [\$106,447.20], or who is an officer or employee of the Capital Development Board or the Illinois Toll Highway Authority, or who is the spouse or minor child of any such person to have or acquire any contract; or any direct pecuniary interest in any contract therein, whether for stationery, printing, paper, or any services, materials, or supplies, that will be wholly or partially satisfied by the payment of funds appropriated by the General Assembly of the State of Illinois or in any contract of the Capital Development Board or the Illinois Toll Highway Authority.
- (b) Interests. It is unlawful for any firm, partnership, association, or corporation, in which any person listed in subsection (a) is entitled to receive (i) more than 7 1/2% of the total distributable income or (ii) an amount in excess of the salary of the Governor (\$177,412.00), to have or acquire any such contract or direct pecuniary interest therein.
- (c) Combined interests. It is unlawful for any firm, partnership, association, or corporation, in which any person listed in subsection (a) together with his or her spouse or minor children is entitled to receive (i) more than 15%, in the aggregate, of the total distributable income or (ii) an amount in excess of 2 times the salary of the Governor [\$354,824.00], to have or acquire any such contract or direct pecuniary interest therein.

Check One:  No Conflicts Of Interest  
 Potential Conflict of Interest (If checked, name each conflicted individual, the nature of the conflict, and the name of the State agency that is associated directly or indirectly with the conflicted individual.)

**Section 3: Debarment/Legal Proceeding Disclosure** *(All Vendors must complete this section).*

Each of the persons identified in Sections 1, 2 and 3 must each identify any of the following that occurred within the previous 10 years:

- Debarment from contracting with any governmental entity Yes  No
- Professional licensure discipline Yes  No
- Bankruptcies Yes  No
- Adverse civil judgments and administrative findings Yes  No
- Criminal felony convictions Yes  No

If any of the above is checked yes, please identify with descriptive information the nature of the debarment and legal proceeding. The State reserves the right to request more information, should the information need further clarification.

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Kevin C. Halloran  
113 Fan Court  
Sewickley, PA 15143

1. Do you have an ownership share of greater than 5% of the offering entity or parent entity?  
 Yes  No
2. Do you have an ownership share of less than 5%, but which has a value greater than \$106,447.20?  
 Yes  No
3. Do you receive more than \$106,447.20 of the offering entity's or parent entity's distributive income? (Note: Distributive income is, for these purposes, any type of distribution of profits. An annual salary is not distributive income.)  
 Yes  No
4. Do you receive greater than 5% of the offering entity's or parent entity's total distributive income, but which is less than \$106,447.20?  
 Yes  No
5. If you responded yes to any of questions 1 - 4 above, please provide either the percentage or dollar amount of your ownership or distributive share of income: 12.635622. For partnerships with more than 50 partners, the percentage share of ownership of each individual identified above may be shown in the following ranges (dollar value fields must also be completed when applicable):  
0.5% or less \_\_\_\_\_ >0.5 to 1.0% \_\_\_\_\_ >1.0 to 2.0% \_\_\_\_\_ >2.0 to 3.0 % \_\_\_\_\_ > 3.0 to 4.0% \_\_\_\_\_ %  
>4.0 to 5.0% \_\_\_\_\_ and in additional 1% increments as appropriate \_\_\_\_\_ %

6. If you responded yes to any of the questions 1-4 above, please check the appropriate type of ownership/distributable income share:

Sole Proprietorship  Stock  Partnership  Other (explain) \_\_\_\_\_

Name:	<u>Bantry Group Corporation</u>	<u>Kevin C. Halloran</u>
Address:	<u>425 Holiday Drive</u>	<u>113 Fan Court</u>
	<u>Pittsburgh, PA 15220</u>	<u>Sewickley, PA 15143</u>

- i. In relation to individuals identified above, indicate whether any of the following potential conflict of interest relationships apply. If "Yes," please describe each situation (label with appropriate letter) using the space at the end of this section (attach additional pages as necessary). If no individual has been identified above, mark not applicable (N/A) here \_\_\_\_\_

- (a) State employment, currently or in the previous 3 years, including contractual employment of services directly with the individuals identified in Section 1 in their individual capacity unrelated to the Vendor's contract. Yes  No
- (b) State employment of spouse, father, mother, son, or daughter, including contractual employment for services in the previous 2 years. Yes  No
- (c) Elective status; the holding of elective office of the State of Illinois, the government of the United States, any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois currently or in the previous 3 years. Yes  No
- (d) Relationship to anyone holding elective office currently or in the previous 2 years; spouse, father, mother, son, or daughter. Yes  No

- (e) Appointive office; the holding of any appointive government office of the State of Illinois, the United States of America, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois, which office entitles the holder to compensation in excess of expenses incurred in the discharge of that office currently or in the previous 3 years. Yes  No
- (f) Relationship to anyone holding appointive office currently or in the previous 2 years; spouse, father, mother, son, or daughter. Yes  No
- (g) Employment, currently or in the previous 3 years, as or by any registered lobbyist of the State government. Yes  No
- (h) Relationship to anyone who is or was a registered lobbyist in the previous 2 years; spouse, father, mother, son, or daughter. Yes  No
- (i) Compensated employment, currently or in the previous 3 years, by any registered election or re-election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections. Yes  No
- (j) Relationship to anyone; spouse, father, mother, son, or daughter; who is or was a compensated employee in the last 2 years of any registered election or reelection committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections. Yes  No

**Section 2: Section 50-13 Conflicts of Interest** (All Vendors must complete this section)

(a) Prohibition. It is unlawful for any person holding an elective office in this State, holding a seat in the General Assembly, or appointed to or employed in any of the offices or agencies of State government and who receives compensation for such employment in excess of 60% of the salary of the Governor of the State of Illinois [\$106,447.20], or who is an officer or employee of the Capital Development Board or the Illinois Toll Highway Authority, or who is the spouse or minor child of any such person to have or acquire any contract, or any direct pecuniary interest in any contract therein, whether for stationery, printing, paper, or any services, materials, or supplies, that will be wholly or partially satisfied by the payment of funds appropriated by the General Assembly of the State of Illinois or in any contract of the Capital Development Board or the Illinois Toll Highway Authority.

(b) Interests. It is unlawful for any firm, partnership, association, or corporation, in which any person listed in subsection (a) is entitled to receive (i) more than 7 1/2% of the total distributable income or (ii) an amount in excess of the salary of the Governor [\$177,412.00], to have or acquire any such contract or direct pecuniary interest therein.

(c) Combined interests. It is unlawful for any firm, partnership, association, or corporation, in which any person listed in subsection (a) together with his or her spouse or minor children is entitled to receive (i) more than 15%, in the aggregate, of the total distributable income or (ii) an amount in excess of 2 times the salary of the Governor [\$354,824.00], to have or acquire any such contract or direct pecuniary interest therein.

Check One:  No Conflicts Of Interest  
 Potential Conflict of Interest (If checked, name each conflicted individual, the nature of the conflict, and the name of the State agency that is associated directly or indirectly with the conflicted individual.)

**Section 3: Debarment/Legal Proceeding Disclosure** (All Vendors must complete this section).

Each of the persons identified in Sections 1, 2 and 3 must each identify any of the following that occurred within the previous 10 years:

Debarment from contracting with any governmental entity	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Professional licensure discipline	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Bankruptcies	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Adverse civil judgments and administrative findings	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Criminal felony convictions	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

If any of the above is checked yes, please identify with descriptive information the nature of the debarment and legal proceeding. The State reserves the right to request more information, should the information need further clarification.

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Mark W. Hale  
4924 Wexford Run Road  
Bradford Woods, PA 15015

1. Do you have an ownership share of greater than 5% of the offering entity or parent entity?  
 Yes  No
2. Do you have an ownership share of less than 5%, but which has a value greater than \$106,447.20?  
 Yes  No
3. Do you receive more than \$106,447.20 of the offering entity's or parent entity's distributive income? (Note: Distributive income is, for these purposes, any type of distribution of profits. An annual salary is not distributive income.)  
 Yes  No
4. Do you receive greater than 5% of the offering entity's or parent entity's total distributive income, but which is less than \$106,447.20?  
 Yes  No
5. If you responded yes to any of questions 1 - 4 above, please provide either the percentage or dollar amount of your ownership or distributive share of income: 5.353892. For partnerships with more than 50 partners, the percentage share of ownership of each individual identified above may be shown in the following ranges (dollar value fields must also be completed when applicable):  
0.5% or less \_\_\_\_\_ >0.5 to 1.0% \_\_\_\_\_ >1.0 to 2.0% \_\_\_\_\_ >2.0 to 3.0 % \_\_\_\_\_ > 3.0 to 4.0% \_\_\_\_\_ %  
>4.0 to 5.0% \_\_\_\_\_ and in additional 1% increments as appropriate \_\_\_\_\_ %
6. If you responded yes to any of the questions 1-4 above, please check the appropriate type of ownership/distributable income share:

Sole Proprietorship  Stock  Partnership  Other (explain) \_\_\_\_\_

Name:	<u>Bantry Group Corporation</u>	<u>Mark W. Hale</u>
Address:	<u>425 Holiday Drive</u>	<u>4924 Wexford Run Road</u>
	<u>Pittsburgh, PA 15220</u>	<u>Bradford Woods, PA 15015</u>

ii. In relation to individuals identified above, indicate whether any of the following potential conflict of interest relationships apply. If "Yes," please describe each situation (label with appropriate letter) using the space at the end of this section (attach additional pages as necessary). If no individual has been identified above, mark not applicable (N/A) here \_\_\_\_\_

- (a) State employment, currently or in the previous 3 years, including contractual employment of services directly with the individuals identified in Section 1 in their individual capacity unrelated to the Vendor's contract. Yes  No
- (b) State employment of spouse, father, mother, son, or daughter, including contractual employment for services in the previous 2 years. Yes  No
- (c) Elective status; the holding of elective office of the State of Illinois, the government of the United States, any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois currently or in the previous 3 years. Yes  No
- (d) Relationship to anyone holding elective office currently or in the previous 2 years; spouse, father, mother, son, or daughter. Yes  No

- (e) Appointive office; the holding of any appointive government office of the State of Illinois, the United States of America, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois, which office entitles the holder to compensation in excess of expenses incurred in the discharge of that office currently or in the previous 3 years. Yes  No
- (f) Relationship to anyone holding appointive office currently or in the previous 2 years; spouse, father, mother, son, or daughter. Yes  No
- (g) Employment, currently or in the previous 3 years, as or by any registered lobbyist of the State government. Yes  No
- (h) Relationship to anyone who is or was a registered lobbyist in the previous 2 years; spouse, father, mother, son, or daughter. Yes  No
- (i) Compensated employment, currently or in the previous 3 years, by any registered election or re-election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections. Yes  No
- (j) Relationship to anyone; spouse, father, mother, son, or daughter; who is or was a compensated employee in the last 2 years of any registered election or reelection committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections. Yes  No

**Section 2: Section 50-13 Conflicts of Interest** (All Vendors must complete this section)

(a) Prohibition. It is unlawful for any person holding an elective office in this State, holding a seat in the General Assembly, or appointed to or employed in any of the offices or agencies of State government and who receives compensation for such employment in excess of 60% of the salary of the Governor of the State of Illinois [\$106,447.20], or who is an officer or employee of the Capital Development Board or the Illinois Toll Highway Authority, or who is the spouse or minor child of any such person to have or acquire any contract, or any direct pecuniary interest in any contract therein, whether for stationery, printing, paper, or any services, materials, or supplies, that will be wholly or partially satisfied by the payment of funds appropriated by the General Assembly of the State of Illinois or in any contract of the Capital Development Board or the Illinois Toll Highway Authority.

(b) Interests. It is unlawful for any firm, partnership, association, or corporation, in which any person listed in subsection (a) is entitled to receive (i) more than 7 1/2% of the total distributable income or (ii) an amount in excess of the salary of the Governor (\$177,412.00), to have or acquire any such contract or direct pecuniary interest therein.

(c) Combined interests. It is unlawful for any firm, partnership, association, or corporation, in which any person listed in subsection (a) together with his or her spouse or minor children is entitled to receive (i) more than 15%, in the aggregate, of the total distributable income or (ii) an amount in excess of 2 times the salary of the Governor [\$354,824.00], to have or acquire any such contract or direct pecuniary interest therein.

Check One:  No Conflicts Of Interest  
 Potential Conflict of Interest (If checked, name each conflicted individual, the nature of the conflict, and the name of the State agency that is associated directly or indirectly with the conflicted individual.)

**Section 3: Debarment/Legal Proceeding Disclosure** (All Vendors must complete this section).

Each of the persons identified in Sections 1, 2 and 3 must each identify any of the following that occurred within the previous 10 years:

- |   |                              |  |
|---|------------------------------|--|
| Debarment from contracting with any governmental entity | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Professional licensure discipline                       | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Bankruptcies  | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Adverse civil judgments and administrative findings     | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Criminal felony convictions                             | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |



If any of the above is checked yes, please identify with descriptive information the nature of the debarment and legal proceeding. The State reserves the right to request more information, should the information need further clarification.

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Daniel L. Conn  
5107 Dog Leg Drive  
Presto, PA 15142

1. Do you have an ownership share of greater than 5% of the offering entity or parent entity?  
 Yes  No
2. Do you have an ownership share of less than 5%, but which has a value greater than \$106,447.20?  
 Yes  No
3. Do you receive more than \$106,447.20 of the offering entity's or parent entity's distributive income? (Note: Distributive income is, for these purposes, any type of distribution of profits. An annual salary is not distributive income.)  
 Yes  No
4. Do you receive greater than 5% of the offering entity's or parent entity's total distributive income, but which is less than \$106,447.20?  
 Yes  No
5. If you responded yes to any of questions 1 - 4 above, please provide either the percentage or dollar amount of your ownership or distributive share of income: 2,814,844. For partnerships with more than 50 partners, the percentage share of ownership of each individual identified above may be shown in the following ranges (dollar value fields must also be completed when applicable):  
0.5% or less \_\_\_\_\_ >0.5 to 1.0% \_\_\_\_\_ >1.0 to 2.0% \_\_\_\_\_ >2.0 to 3.0 % \_\_\_\_\_ > 3.0 to 4.0% \_\_\_\_\_ %  
>4.0 to 5.0% \_\_\_\_\_ and in additional 1% increments as appropriate \_\_\_\_\_ %

6. If you responded yes to any of the questions 1-4 above, please check the appropriate type of ownership/distributable income share:

Sole Proprietorship  Stock  Partnership  Other (explain) \_\_\_\_\_

Name: Bantry Group Corporation Daniel L. Conn  
Address: 425 Holiday Drive 5107 Dog Leg Drive  
Pittsburgh, PA 15220 Presto, PA 15142

- I. In relation to individuals identified above, indicate whether any of the following potential conflict of interest relationships apply. If "Yes," please describe each situation (label with appropriate letter) using the space at the end of this section (attach additional pages as necessary). If no individual has been identified above, mark not applicable (N/A) here \_\_\_\_\_

- (a) State employment, currently or in the previous 3 years, including contractual employment of services directly with the individuals identified in Section 1 in their individual capacity unrelated to the Vendor's contract. Yes  No
- (b) State employment of spouse, father, mother, son, or daughter, including contractual employment for services in the previous 2 years. Yes  No
- (c) Elective status; the holding of elective office of the State of Illinois, the government of the United States, any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois currently or in the previous 3 years. Yes  No
- (d) Relationship to anyone holding elective office currently or in the previous 2 years; spouse, father, mother, son, or daughter. Yes  No

(e) Appointive office; the holding of any appointive government office of the State of Illinois, the United States of America, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois, which office entitles the holder to compensation in excess of expenses incurred in the discharge of that office currently or in the previous 3 years. Yes  No

(f) Relationship to anyone holding appointive office currently or in the previous 2 years; spouse, father, mother, son, or daughter. Yes  No

(g) Employment, currently or in the previous 3 years, as or by any registered lobbyist of the State government. Yes  No

(h) Relationship to anyone who is or was a registered lobbyist in the previous 2 years; spouse, father, mother, son, or daughter. Yes  No

(i) Compensated employment, currently or in the previous 3 years, by any registered election or reelection committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections. Yes  No

(j) Relationship to anyone; spouse, father, mother, son, or daughter; who is or was a compensated employee in the last 2 years of any registered election or reelection committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections. Yes  No

**Section 2: Section 50-13 Conflicts of Interest (All Vendors must complete this section)**

(a) Prohibition. It is unlawful for any person holding an elective office in this State, holding a seat in the General Assembly, or appointed to or employed in any of the offices or agencies of State government and who receives compensation for such employment in excess of 60% of the salary of the Governor of the State of Illinois [\$106,447.20], or who is an officer or employee of the Capital Development Board or the Illinois Toll Highway Authority, or who is the spouse or minor child of any such person to have or acquire any contract, or any direct pecuniary interest in any contract therein, whether for stationery, printing, paper, or any services, materials, or supplies, that will be wholly or partially satisfied by the payment of funds appropriated by the General Assembly of the State of Illinois or in any contract of the Capital Development Board or the Illinois Toll Highway Authority.

(b) Interests. It is unlawful for any firm, partnership, association, or corporation, in which any person listed in subsection (a) is entitled to receive (i) more than 7 1/2% of the total distributable income or (ii) an amount in excess of the salary of the Governor [\$177,412.00], to have or acquire any such contract or direct pecuniary interest therein.

(c) Combined interests. It is unlawful for any firm, partnership, association, or corporation, in which any person listed in subsection (a) together with his or her spouse or minor children is entitled to receive (i) more than 15%, in the aggregate, of the total distributable income or (ii) an amount in excess of 2 times the salary of the Governor [\$354,824.00], to have or acquire any such contract or direct pecuniary interest therein.

Check One:  No Conflicts Of Interest  
 Potential Conflict of Interest (If checked, name each conflicted individual, the nature of the conflict, and the name of the State agency that is associated directly or indirectly with the conflicted individual.)

**Section 3: Debarment/Legal Proceeding Disclosure (All Vendors must complete this section).**

Each of the persons identified in Sections 1, 2 and 3 must each identify any of the following that occurred within the previous 10 years:

Debarment from contracting with any governmental entity	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Professional licensure discipline	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Bankruptcies	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Adverse civil judgments and administrative findings	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Criminal felony convictions	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

If any of the above is checked yes, please identify with descriptive information the nature of the debarment and legal proceeding. The State reserves the right to request more information, should the information need further clarification.

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Robert J. Matonte  
12547 Imperial Isles, #205  
Boynton Beach, FL 33437

1. Do you have an ownership share of greater than 5% of the offering entity or parent entity?  
 Yes  No
2. Do you have an ownership share of less than 5%, but which has a value greater than \$106,447.20?  
 Yes  No
3. Do you receive more than \$106,447.20 of the offering entity's or parent entity's distributive income? (Note: Distributive income is, for these purposes, any type of distribution of profits. An annual salary is not distributive income.)  
 Yes  No
4. Do you receive greater than 5% of the offering entity's or parent entity's total distributive income, but which is less than \$106,447.20?  
 Yes  No
5. If you responded yes to any of questions 1 - 4 above, please provide either the percentage or dollar amount of your ownership or distributive share of income: 2.039642. For partnerships with more than 50 partners, the percentage share of ownership of each individual identified above may be shown in the following ranges (dollar value fields must also be completed when applicable):  
0.5% or less \_\_\_\_\_ >0.5 to 1.0% \_\_\_\_\_ >1.0 to 2.0% \_\_\_\_\_ >2.0 to 3.0 % \_\_\_\_\_ > 3.0 to 4.0% \_\_\_\_\_ %  
>4.0 to 5.0% \_\_\_\_\_ and in additional 1% increments as appropriate \_\_\_\_\_ %
6. If you responded yes to any of the questions 1-4 above, please check the appropriate type of ownership/distributable income share:

Sole Proprietorship  Stock  Partnership  Other (explain) \_\_\_\_\_

Name: Bantry Group Corporation Robert J. Matonte  
Address: 425 Holiday Drive 12547 Imperial Isles, #205  
Pittsburgh, PA 15220 Boynton Beach, FL 33437

II. In relation to individuals identified above, indicate whether any of the following potential conflict of interest relationships apply. If "Yes," please describe each situation (label with appropriate letter) using the space at the end of this section (attach additional pages as necessary). If no individual has been identified above, mark not applicable (N/A) here \_\_\_\_\_

- (a) State employment, currently or in the previous 3 years, including contractual employment of services directly with the individuals identified in Section 1 in their individual capacity unrelated to the Vendor's contract. Yes  No
- (b) State employment of spouse, father, mother, son, or daughter, including contractual employment for services in the previous 2 years. Yes  No
- (c) Elective status; the holding of elective office of the State of Illinois, the government of the United States, any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois currently or in the previous 3 years. Yes  No
- (d) Relationship to anyone holding elective office currently or in the previous 2 years; spouse, father, mother, son, or daughter. Yes  No

- (e) Appointive office; the holding of any appointive government office of the State of Illinois, the United States of America, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois, which office entitles the holder to compensation in excess of expenses incurred in the discharge of that office currently or in the previous 3 years. Yes  No
- (f) Relationship to anyone holding appointive office currently or in the previous 2 years; spouse, father, mother, son, or daughter. Yes  No
- (g) Employment, currently or in the previous 3 years, as or by any registered lobbyist of the State government. Yes  No
- (h) Relationship to anyone who is or was a registered lobbyist in the previous 2 years; spouse, father, mother, son, or daughter. Yes  No
- (i) Compensated employment, currently or in the previous 3 years, by any registered election or re-election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections. Yes  No
- (j) Relationship to anyone; spouse, father, mother, son, or daughter; who is or was a compensated employee in the last 2 years of any registered election or reelection committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections. Yes  No

**Section 2: Section 50-13 Conflicts of Interest** (All Vendors must complete this section)

(a) Prohibition. It is unlawful for any person holding an elective office in this State, holding a seat in the General Assembly, or appointed to or employed in any of the offices or agencies of State government and who receives compensation for such employment in excess of 60% of the salary of the Governor of the State of Illinois [\$106,447.20], or who is an officer or employee of the Capital Development Board or the Illinois Toll Highway Authority, or who is the spouse or minor child of any such person to have or acquire any contract, or any direct pecuniary interest in any contract therein, whether for stationery, printing, paper, or any services, materials, or supplies, that will be wholly or partially satisfied by the payment of funds appropriated by the General Assembly of the State of Illinois or in any contract of the Capital Development Board or the Illinois Toll Highway Authority.

(b) Interests. It is unlawful for any firm, partnership, association, or corporation, in which any person listed in subsection (a) is entitled to receive (i) more than 7 1/2% of the total distributable income or (ii) an amount in excess of the salary of the Governor [\$177,412.00], to have or acquire any such contract or direct pecuniary interest therein.

(c) Combined interests. It is unlawful for any firm, partnership, association, or corporation, in which any person listed in subsection (a) together with his or her spouse or minor children is entitled to receive (i) more than 15%, in the aggregate, of the total distributable income or (ii) an amount in excess of 2 times the salary of the Governor [\$354,824.00], to have or acquire any such contract or direct pecuniary interest therein.

Check One:  No Conflicts Of Interest  
 Potential Conflict of Interest (If checked, name each conflicted individual, the nature of the conflict, and the name of the State agency that is associated directly or indirectly with the conflicted individual.)

**Section 3: Debarment/Legal Proceeding Disclosure** (All Vendors must complete this section).

Each of the persons identified in Sections 1, 2 and 3 must each identify any of the following that occurred within the previous 10 years:

- |   |                              |  |
|---|------------------------------|--|
| Debarment from contracting with any governmental entity | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Professional licensure discipline                       | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Bankruptcies  | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Adverse civil judgments and administrative findings     | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Criminal felony convictions                             | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

If any of the above is checked yes, please identify with descriptive information the nature of the debarment and legal proceeding. The State reserves the right to request more information, should the information need further clarification.

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N. Jeffrey McCann  
3718C Alliance Drive  
Greensboro, NC 27407

1. Do you have an ownership share of greater than 5% of the offering entity or parent entity?  
 Yes  No
2. Do you have an ownership share of less than 5%, but which has a value greater than \$106,447.20?  
 Yes  No
3. Do you receive more than \$106,447.20 of the offering entity's or parent entity's distributive income? (Note: Distributive income is, for these purposes, any type of distribution of profits. An annual salary is not distributive income.)  
 Yes  No
4. Do you receive greater than 5% of the offering entity's or parent entity's total distributive income, but which is less than \$106,447.20?  
 Yes  No
5. If you responded yes to any of questions 1 – 4 above, please provide either the percentage or dollar amount of your ownership or distributive share of income: 0.364086. For partnerships with more than 50 partners, the percentage share of ownership of each individual identified above may be shown in the following ranges (dollar value fields must also be completed when applicable):  
0.5% or less \_\_\_\_\_ >0.5 to 1.0% \_\_\_\_\_ >1.0 to 2.0% \_\_\_\_\_ >2.0 to 3.0 % \_\_\_\_\_ > 3.0 to 4.0% \_\_\_\_\_ %  
>4.0 to 5.0% \_\_\_\_\_ and in additional 1% increments as appropriate \_\_\_\_\_ %

6. If you responded yes to any of the questions 1-4 above, please check the appropriate type of ownership/distributable income share:

Sole Proprietorship  Stock  Partnership  Other (explain) \_\_\_\_\_

Name:	<u>Bantry Group Corporation</u>	<u>N. Jeffrey McCann</u>
Address:	<u>425 Holiday Drive</u>	<u>3718C Alliance Drive</u>
	<u>Pittsburgh, PA 15220</u>	<u>Greensboro, NC 27407</u>

- II. In relation to individuals identified above, indicate whether any of the following potential conflict of interest relationships apply. If "Yes," please describe each situation (label with appropriate letter) using the space at the end of this section (attach additional pages as necessary). If no individual has been identified above, mark not applicable (N/A) here \_\_\_\_\_

- (a) State employment, currently or in the previous 3 years, including contractual employment of services directly with the individuals identified in Section 1 in their individual capacity unrelated to the Vendor's contract. Yes  No
- (b) State employment of spouse, father, mother, son, or daughter, including contractual employment for services in the previous 2 years. Yes  No
- (c) Elective status; the holding of elective office of the State of Illinois, the government of the United States, any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois currently or in the previous 3 years. Yes  No
- (d) Relationship to anyone holding elective office currently or in the previous 2 years; spouse, father, mother, son, or daughter. Yes  No



- (e) Appointive office; the holding of any appointive government office of the State of Illinois, the United States of America, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois, which office entitles the holder to compensation in excess of expenses incurred in the discharge of that office currently or in the previous 3 years. Yes  No
- (f) Relationship to anyone holding appointive office currently or in the previous 2 years; spouse, father, mother, son, or daughter. Yes  No
- (g) Employment, currently or in the previous 3 years, as or by any registered lobbyist of the State government. Yes  No
- (h) Relationship to anyone who is or was a registered lobbyist in the previous 2 years; spouse, father, mother, son, or daughter. Yes  No
- (i) Compensated employment, currently or in the previous 3 years, by any registered election or re-election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections. Yes  No
- (j) Relationship to anyone; spouse, father, mother, son, or daughter; who is or was a compensated employee in the last 2 years of any registered election or reelection committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections. Yes  No

**Section 2: Section 50-13 Conflicts of Interest** (All Vendors must complete this section)

(a) Prohibition. It is unlawful for any person holding an elective office in this State, holding a seat in the General Assembly, or appointed to or employed in any of the offices or agencies of State government and who receives compensation for such employment in excess of 60% of the salary of the Governor of the State of Illinois [\$106,447.20], or who is an officer or employee of the Capital Development Board or the Illinois Toll Highway Authority, or who is the spouse or minor child of any such person to have or acquire any contract, or any direct pecuniary interest in any contract therein, whether for stationery, printing, paper, or any services, materials, or supplies, that will be wholly or partially satisfied by the payment of funds appropriated by the General Assembly of the State of Illinois or in any contract of the Capital Development Board or the Illinois Toll Highway Authority.

(b) Interests. It is unlawful for any firm, partnership, association, or corporation, in which any person listed in subsection (a) is entitled to receive (i) more than 7 1/2% of the total distributable income or (ii) an amount in excess of the salary of the Governor (\$177,412.00), to have or acquire any such contract or direct pecuniary interest therein.

(c) Combined interests. It is unlawful for any firm, partnership, association, or corporation, in which any person listed in subsection (a) together with his or her spouse or minor children is entitled to receive (i) more than 15%, in the aggregate, of the total distributable income or (ii) an amount in excess of 2 times the salary of the Governor [\$354,824.00], to have or acquire any such contract or direct pecuniary interest therein.

Check One:  No Conflicts Of Interest  
 Potential Conflict of Interest (If checked, name each conflicted individual, the nature of the conflict, and the name of the State agency that is associated directly or indirectly with the conflicted individual.)

**Section 3: Debarment/Legal Proceeding Disclosure** (All Vendors must complete this section).

Each of the persons identified in Sections 1, 2 and 3 must each identify any of the following that occurred within the previous 10 years:

- |   |                              |  |
|---|------------------------------|--|
| Debarment from contracting with any governmental entity | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Professional licensure discipline                       | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Bankruptcies  | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Adverse civil judgments and administrative findings     | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Criminal felony convictions                             | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

If any of the above is checked yes, please identify with descriptive information the nature of the debarment and legal proceeding. The State reserves the right to request more information, should the information need further clarification.

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Darius C. Holmes  
 12758 Skyline Drive  
 Plainfield, IL 60585

1. Do you have an ownership share of greater than 5% of the offering entity or parent entity?  
 Yes  No
2. Do you have an ownership share of less than 5%, but which has a value greater than \$106,447.20?  
 Yes  No
3. Do you receive more than \$106,447.20 of the offering entity's or parent entity's distributive income? (Note: Distributive income is, for these purposes, any type of distribution of profits. An annual salary is not distributive income.)  
 Yes  No
4. Do you receive greater than 5% of the offering entity's or parent entity's total distributive income, but which is less than \$106,447.20?  
 Yes  No
5. If you responded yes to any of questions 1 – 4 above, please provide either the percentage or dollar amount of your ownership or distributive share of income: 0.242724. For partnerships with more than 50 partners, the percentage share of ownership of each individual identified above may be shown in the following ranges (dollar value fields must also be completed when applicable):  
 0.5% or less \_\_\_\_\_ >0.5 to 1.0% \_\_\_\_\_ >1.0 to 2.0% \_\_\_\_\_ >2.0 to 3.0 % \_\_\_\_\_ > 3.0 to 4.0% \_\_\_\_\_ %  
 >4.0 to 5.0% \_\_\_\_\_ and in additional 1% increments as appropriate \_\_\_\_\_ %

6. If you responded yes to any of the questions 1-4 above, please check the appropriate type of ownership/distributable income share:

Sole Proprietorship  Stock  Partnership  Other (explain) \_\_\_\_\_

Name: <u>Bantry Group Corporation</u>	<u>Darius C. Holmes</u>
Address: <u>425 Holiday Drive</u>	<u>12758 Skyline Drive</u>
<u>Pittsburgh, PA 15220</u>	<u>Plainfield, IL 60585</u>

- I. In relation to individuals identified above, indicate whether any of the following potential conflict of interest relationships apply. If "Yes," please describe each situation (label with appropriate letter) using the space at the end of this section (attach additional pages as necessary). If no individual has been identified above, mark not applicable (N/A) here \_\_\_\_\_

- (a) State employment, currently or in the previous 3 years, including contractual employment of services directly with the individuals identified in Section 1 in their individual capacity unrelated to the Vendor's contract. Yes  No
- (b) State employment of spouse, father, mother, son, or daughter, including contractual employment for services in the previous 2 years. Yes  No
- (c) Elective status; the holding of elective office of the State of Illinois, the government of the United States, any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois currently or in the previous 3 years. Yes  No
- (d) Relationship to anyone holding elective office currently or in the previous 2 years; spouse, father, mother, son, or daughter. Yes  No

- (e) Appointive office; the holding of any appointive government office of the State of Illinois, the United States of America, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois, which office entitles the holder to compensation in excess of expenses incurred in the discharge of that office currently or in the previous 3 years. Yes  No
- (f) Relationship to anyone holding appointive office currently or in the previous 2 years; spouse, father, mother, son, or daughter. Yes  No
- (g) Employment, currently or in the previous 3 years, as or by any registered lobbyist of the State government. Yes  No
- (h) Relationship to anyone who is or was a registered lobbyist in the previous 2 years; spouse, father, mother, son, or daughter. Yes  No
- (i) Compensated employment, currently or in the previous 3 years, by any registered election or re-election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections. Yes  No
- (j) Relationship to anyone; spouse, father, mother, son, or daughter; who is or was a compensated employee in the last 2 years of any registered election or reelection committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections. Yes  No

**Section 2: Section 50-13 Conflicts of Interest** (All Vendors must complete this section)

(a) Prohibition. It is unlawful for any person holding an elective office in this State, holding a seat in the General Assembly, or appointed to or employed in any of the offices or agencies of State government and who receives compensation for such employment in excess of 60% of the salary of the Governor of the State of Illinois [\$106,447.20], or who is an officer or employee of the Capital Development Board or the Illinois Toll Highway Authority, or who is the spouse or minor child of any such person to have or acquire any contract, or any direct pecuniary interest in any contract therein, whether for stationery, printing, paper, or any services, materials, or supplies, that will be wholly or partially satisfied by the payment of funds appropriated by the General Assembly of the State of Illinois or in any contract of the Capital Development Board or the Illinois Toll Highway Authority.

(b) Interests. It is unlawful for any firm, partnership, association, or corporation, in which any person listed in subsection (a) is entitled to receive (i) more than 7 1/2% of the total distributable income or (ii) an amount in excess of the salary of the Governor (\$177,412.00), to have or acquire any such contract or direct pecuniary interest therein.

(c) Combined interests. It is unlawful for any firm, partnership, association, or corporation, in which any person listed in subsection (a) together with his or her spouse or minor children is entitled to receive (i) more than 15%, in the aggregate, of the total distributable income or (ii) an amount in excess of 2 times the salary of the Governor [\$354,824.00], to have or acquire any such contract or direct pecuniary interest therein.

Check One:  No Conflicts Of Interest  
 Potential Conflict of Interest (If checked, name each conflicted individual, the nature of the conflict, and the name of the State agency that is associated directly or indirectly with the conflicted individual.)

**Section 3: Debarment/Legal Proceeding Disclosure** (All Vendors must complete this section).

Each of the persons identified in Sections 1, 2 and 3 must each identify any of the following that occurred within the previous 10 years:

Debarment from contracting with any governmental entity	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Professional licensure discipline	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Bankruptcies	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Adverse civil judgments and administrative findings	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Criminal felony convictions	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

If any of the above is checked yes, please identify with descriptive information the nature of the debarment and legal proceeding. The State reserves the right to request more information, should the information need further clarification.

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Diana L. Malloy  
4208 Cheval Blanc Court  
Allison Park, PA 15101

1. Do you have an ownership share of greater than 5% of the offering entity or parent entity?  
 Yes  No
2. Do you have an ownership share of less than 5%, but which has a value greater than \$106,447.20?  
 Yes  No
3. Do you receive more than \$106,447.20 of the offering entity's or parent entity's distributive income? (Note: Distributive income is, for these purposes, any type of distribution of profits. An annual salary is not distributive income.)  
 Yes  No
4. Do you receive greater than 5% of the offering entity's or parent entity's total distributive income, but which is less than \$106,447.20?  
 Yes  No
5. If you responded yes to any of questions 1 - 4 above, please provide either the percentage or dollar amount of your ownership or distributive share of income: 0.242724. For partnerships with more than 50 partners, the percentage share of ownership of each individual identified above may be shown in the following ranges (dollar value fields must also be completed when applicable):  
0.5% or less \_\_\_\_\_ >0.5 to 1.0% \_\_\_\_\_ >1.0 to 2.0% \_\_\_\_\_ >2.0 to 3.0 % \_\_\_\_\_ > 3.0 to 4.0% \_\_\_\_\_ %  
>4.0 to 5.0% \_\_\_\_\_ and in additional 1% increments as appropriate \_\_\_\_\_ %

6. If you responded yes to any of the questions 1-4 above, please check the appropriate type of ownership/distributable income share:

Sole Proprietorship  Stock  Partnership  Other (explain) \_\_\_\_\_

Name: Bantry Group Corporation Diana L. Malloy  
Address: 425 Holiday Drive 4208 Cheval Blanc Court  
Pittsburgh, PA 15220 Allison Park, PA 15101

- i. In relation to individuals identified above, indicate whether any of the following potential conflict of interest relationships apply. If "Yes," please describe each situation (label with appropriate letter) using the space at the end of this section (attach additional pages as necessary). If no individual has been identified above, mark not applicable (N/A) here \_\_\_\_\_

- (a) State employment, currently or in the previous 3 years, including contractual employment of services directly with the individuals identified in Section 1 in their individual capacity unrelated to the Vendor's contract. Yes  No
- (b) State employment of spouse, father, mother, son, or daughter, including contractual employment for services in the previous 2 years. Yes  No
- (c) Elective status; the holding of elective office of the State of Illinois, the government of the United States, any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois currently or in the previous 3 years. Yes  No
- (d) Relationship to anyone holding elective office currently or in the previous 2 years; spouse, father, mother, son, or daughter. Yes  No

- (e) Appointive office; the holding of any appointive government office of the State of Illinois, the United States of America, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois, which office entitles the holder to compensation in excess of expenses incurred in the discharge of that office currently or in the previous 3 years. Yes  No
- (f) Relationship to anyone holding appointive office currently or in the previous 2 years; spouse, father, mother, son, or daughter. Yes  No
- (g) Employment, currently or in the previous 3 years, as or by any registered lobbyist of the State government. Yes  No
- (h) Relationship to anyone who is or was a registered lobbyist in the previous 2 years; spouse, father, mother, son, or daughter. Yes  No
- (i) Compensated employment, currently or in the previous 3 years, by any registered election or re-election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections. Yes  No
- (j) Relationship to anyone; spouse, father, mother, son, or daughter; who is or was a compensated employee in the last 2 years of any registered election or reelection committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections. Yes  No

**Section 2: Section 50-13 Conflicts of Interest** (All Vendors must complete this section)

(a) Prohibition. It is unlawful for any person holding an elective office in this State, holding a seat in the General Assembly, or appointed to or employed in any of the offices or agencies of State government and who receives compensation for such employment in excess of 60% of the salary of the Governor of the State of Illinois [\$106,447.20], or who is an officer or employee of the Capital Development Board or the Illinois Toll Highway Authority, or who is the spouse or minor child of any such person to have or acquire any contract, or any direct pecuniary interest in any contract therein, whether for stationery, printing, paper, or any services, materials, or supplies, that will be wholly or partially satisfied by the payment of funds appropriated by the General Assembly of the State of Illinois or in any contract of the Capital Development Board or the Illinois Toll Highway Authority.

(b) Interests. It is unlawful for any firm, partnership, association, or corporation, in which any person listed in subsection (a) is entitled to receive (i) more than 7 1/2% of the total distributable income or (ii) an amount in excess of the salary of the Governor [\$177,412.00], to have or acquire any such contract or direct pecuniary interest therein.

(c) Combined interests. It is unlawful for any firm, partnership, association, or corporation, in which any person listed in subsection (a) together with his or her spouse or minor children is entitled to receive (i) more than 15%, in the aggregate, of the total distributable income or (ii) an amount in excess of 2 times the salary of the Governor [\$354,824.00], to have or acquire any such contract or direct pecuniary interest therein.

Check One:  No Conflicts Of Interest  
 Potential Conflict of Interest (If checked, name each conflicted individual, the nature of the conflict, and the name of the State agency that is associated directly or indirectly with the conflicted individual.)

**Section 3: Debarment/Legal Proceeding Disclosure** (All Vendors must complete this section).

Each of the persons identified in Sections 1, 2 and 3 must each identify any of the following that occurred within the previous 10 years:

Debarment from contracting with any governmental entity	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Professional licensure discipline	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Bankruptcies	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Adverse civil judgments and administrative findings	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Criminal felony convictions	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

If any of the above is checked yes, please identify with descriptive information the nature of the debarment and legal proceeding. The State reserves the right to request more information, should the information need further clarification.

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Elaine J. Gedman  
1428 Regency Drive  
Jefferson Hills, PA 15025

1. Do you have an ownership share of greater than 5% of the offering entity or parent entity?  
 Yes  No
2. Do you have an ownership share of less than 5%, but which has a value greater than \$106,447.20?  
 Yes  No
3. Do you receive more than \$106,447.20 of the offering entity's or parent entity's distributive income? (Note: Distributive income is, for these purposes, any type of distribution of profits. An annual salary is not distributive income.)  
 Yes  No
4. Do you receive greater than 5% of the offering entity's or parent entity's total distributive income, but which is less than \$106,447.20?  
 Yes  No
5. If you responded yes to any of questions 1 - 4 above, please provide either the percentage or dollar amount of your ownership or distributive share of income: 0.212383. For partnerships with more than 50 partners, the percentage share of ownership of each individual identified above may be shown in the following ranges (dollar value fields must also be completed when applicable):  
0.5% or less \_\_\_\_\_ >0.5 to 1.0% \_\_\_\_\_ >1.0 to 2.0% \_\_\_\_\_ >2.0 to 3.0 % \_\_\_\_\_ > 3.0 to 4.0% \_\_\_\_\_ %  
>4.0 to 5.0% \_\_\_\_\_ and in additional 1% increments as appropriate \_\_\_\_\_ %

6. If you responded yes to any of the questions 1-4 above, please check the appropriate type of ownership/distributable income share:

Sole Proprietorship  Stock  Partnership  Other (explain) \_\_\_\_\_

Name: <u>Bantry Group Corporation</u>	<u>Elaine J. Gedman</u>
Address: <u>425 Holiday Drive</u>	<u>1428 Regency Drive</u>
<u>Pittsburgh, PA 15220</u>	<u>Jefferson Hills, PA 15025</u>

- i. In relation to individuals identified above, indicate whether any of the following potential conflict of interest relationships apply. If "Yes," please describe each situation (label with appropriate letter) using the space at the end of this section (attach additional pages as necessary). If no individual has been identified above, mark not applicable (N/A) here \_\_\_\_\_

- (a) State employment, currently or in the previous 3 years, including contractual employment of services directly with the individuals identified in Section 1 in their individual capacity unrelated to the Vendor's contract. Yes  No
- (b) State employment of spouse, father, mother, son, or daughter, including contractual employment for services in the previous 2 years. Yes  No
- (c) Elective status; the holding of elective office of the State of Illinois, the government of the United States, any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois currently or in the previous 3 years. Yes  No
- (d) Relationship to anyone holding elective office currently or in the previous 2 years; spouse, father, mother, son, or daughter. Yes  No

- (e) Appointive office; the holding of any appointive government office of the State of Illinois, the United States of America, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois, which office entitles the holder to compensation in excess of expenses incurred in the discharge of that office currently or in the previous 3 years. Yes  No
- (f) Relationship to anyone holding appointive office currently or in the previous 2 years; spouse, father, mother, son, or daughter. Yes  No
- (g) Employment, currently or in the previous 3 years, as or by any registered lobbyist of the State government. Yes  No
- (h) Relationship to anyone who is or was a registered lobbyist in the previous 2 years; spouse, father, mother, son, or daughter. Yes  No
- (i) Compensated employment, currently or in the previous 3 years, by any registered election or re-election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections. Yes  No
- (j) Relationship to anyone; spouse, father, mother, son, or daughter; who is or was a compensated employee in the last 2 years of any registered election or re-election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections. Yes  No

**Section 2: Section 50-13 Conflicts of Interest** (All Vendors must complete this section)

(a) Prohibition. It is unlawful for any person holding an elective office in this State, holding a seat in the General Assembly, or appointed to or employed in any of the offices or agencies of State government and who receives compensation for such employment in excess of 60% of the salary of the Governor of the State of Illinois [\$106,447.20], or who is an officer or employee of the Capital Development Board or the Illinois Toll Highway Authority, or who is the spouse or minor child of any such person to have or acquire any contract, or any direct pecuniary interest in any contract therein, whether for stationery, printing, paper, or any services, materials, or supplies, that will be wholly or partially satisfied by the payment of funds appropriated by the General Assembly of the State of Illinois or in any contract of the Capital Development Board or the Illinois Toll Highway Authority.

(b) Interests. It is unlawful for any firm, partnership, association, or corporation, in which any person listed in subsection (a) is entitled to receive (i) more than 7 1/2% of the total distributable income or (ii) an amount in excess of the salary of the Governor (\$177,412.00), to have or acquire any such contract or direct pecuniary interest therein.

(c) Combined interests. It is unlawful for any firm, partnership, association, or corporation, in which any person listed in subsection (a) together with his or her spouse or minor children is entitled to receive (i) more than 15%, in the aggregate, of the total distributable income or (ii) an amount in excess of 2 times the salary of the Governor [\$354,824.00], to have or acquire any such contract or direct pecuniary interest therein.

Check One:  No Conflicts Of Interest  
 Potential Conflict of Interest (If checked, name each conflicted individual, the nature of the conflict, and the name of the State agency that is associated directly or indirectly with the conflicted individual.)

**Section 3: Debarment/Legal Proceeding Disclosure** (All Vendors must complete this section).

Each of the persons identified in Sections 1, 2 and 3 must each identify any of the following that occurred within the previous 10 years:

Debarment from contracting with any governmental entity	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Professional licensure discipline	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Bankruptcies	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Adverse civil judgments and administrative findings	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Criminal felony convictions	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

If any of the above is checked yes, please identify with descriptive information the nature of the debarment and legal proceeding. The State reserves the right to request more information, should the information need further clarification.

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**Section 4: Disclosure of Business Operations with Iran** *(All Vendors must complete this section).*

In accordance with 30 ILCS 500/50-36, each bid, offer, or proposal submitted for a State contract, other than a small purchase defined in Section 20-20 [of the Illinois Procurement Code], shall include a disclosure of whether or not the bidder, offeror, or proposing entity, or any of its corporate parents or subsidiaries, within the 24 months before submission of the bid, offer, or proposal had business operations that involved contracts with or provision of supplies or services to the Government of Iran, companies in which the Government of Iran has any direct or indirect equity share, consortiums or projects commissioned by the Government of Iran and:

(1) more than 10% of the company's revenues produced in or assets located in Iran involve oil-related activities or mineral-extraction activities; less than 75% of the company's revenues produced in or assets located in Iran involve contracts with or provision of oil-related or mineral – extraction products or services to the Government of Iran or a project or consortium created exclusively by that Government; and the company has failed to take substantial action; Or

(2) the company has, on or after August 5, 1996, made an investment of \$20 million or more, or any combination of investments of at least \$10 million each that in the aggregate equals or exceeds \$20 million in any 12-month period that directly or significantly contributes to the enhancement of Iran's ability to develop petroleum resources of Iran.

A bid, offer, or proposal that does not include this disclosure shall not be considered responsive. We may consider this disclosure when evaluating the bid, offer, or proposal or awarding the contract.

You must check one of the following items and if item 2 is checked you must also make the necessary disclosure:

There are no business operations that must be disclosed to comply with the above cited law.  
**This response is for both Wexford Health Sources, Inc. and The Bantry Group Corporation**

The following business operations are disclosed to comply with the above cited law:

**Section 5: Current and Pending Contracts**

Does the Vendor have any contracts pending contracts, bids, proposals or other ongoing procurement relationships with units of State of Illinois government? Yes  No

If yes, please identify each contract, pending contract, bid, proposal and other ongoing procurement relationship it has with units of State of Illinois government by showing agency name and other descriptive information such as bid number, project title, purchase order number or contract reference number.

Illinois Department of Corrections Contract #9906002 (Healthcare Services for Correctional Centers)

Illinois Department of Human Services Contract #4AA0000090 (Resident Healthcare-TDF)

Illinois Department of Corrections PBC #10-52044 (Sex Offender Evaluation Services)

**Section 6: Representative Lobbyist/Other Agent (All Vendors must complete this section).**

Is the Vendor represented by or employ a lobbyist or other agent who is not identified under Sections 1 and 2 and who has communicated, is communicating, or may communicate with any State officer or employee concerning the bid, offer or contract? Yes  No

If yes, please identify each agent / lobbyist, including name and address.

Stricklin, David (Stricklin & Associates, 20 S. Clark St., Suite 2900, Chicago, IL 60603)

Stevens, John E. (Freeborn & Peters, 217 E. Monroe Street, Suite 202, Springfield, IL 62701)

Hodge, Carolyn Brown (CBH Consulting Group, 7221 N 1800th Street, Paris, IL 61944)

Multistate Associates Inc. (515 King Street, Suite 300, Alexandria, VA 22314)

Costs/Fees/Compensation/Reimbursements related to assistance to obtain contract (describe):

None; no fees related to assistance in obtaining this contract.

Vendor certifies that none of these costs will be billed to the State in the event of contract award. Vendor must file this information with the Secretary of State.

This Disclosure is signed and made under penalty of perjury.

This Disclosure information is submitted on behalf of: Wexford Health Sources, Inc. (and its parent, The Bantry Group Corporation)  
(Vendor/Subcontractor Name)

Name of Authorized Representative: Mark W. Hale

Title of Authorized Representative: President & Chief Executive Officer (Wexford Health and The Bantry Group)

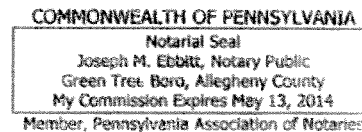
Signature of Authorized Representative: [Redacted]

Date: October 13, 2010

Subscribed and sworn before me this 13<sup>th</sup> day of October, 20 10

(seal)

[Redacted]  
Notary Public  
My Commission Expires: 5-13-14





**Lobbying Entity Search Information**

**Entity Name:** WEXFORD HEALTH SOURCES, INC  
**Entity ID:** 2089 **Status:** IN COMPLIANCE  
**Reg Year:** 2010 **Registration Date:** 03/19/2010  
**Entity Address:** FOSTER PLAZA 2  
 425 HOLIDAY DRIVE **Term. Date:** N/A  
 PITTSBURGH, PA 15220  
**Phone:** (412) 937-8590 **Fax:** (412) 937-8599

[Printable Copies of Filed Registrations](#)

[Printable Copies of Filed Expenditures](#)

**Authorized Agent**

**Name:** STRICKLIN, DAVID  
**Address:** TWO FIRST NATIONAL PLAZA  
 20 SOUTH CLARK ST., SUITE 2900  
 CHICAGO, IL 60603  
**Phone:** (312) 236-6500 **Ext:**

**Exclusive Lobbyist(s)**

Name	File Date	Termination Date
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None Filed

**Contractual Firm(s)**

Name <small>(Note: Firms not displaying a link are not registered)</small>	File Date	Termination Date
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<b><u>FREEBORN &amp; PETERS, LLP</u></b>	07/27/2010	N/A
<b><u>HODGE, CAROLYN BROWN</u></b>	07/27/2010	N/A
<b><u>MULTISTATE ASSOCIATES INC.</u></b>	07/29/2010	N/A
<b><u>STRICKLIN &amp; ASSOCIATES</u></b>	03/19/2010	N/A

**Client(s)**

Name <small>(Note: Clients not displaying a link are not registered)</small>	File Date	Termination Date
--	-----------	------------------

No Clients on record

**Lobbying Intent**

Executive  Legislative  Administrative

**Description**

Lobbying Entity Search Information

To monitor and advocate for or against legislation on behalf of client's interests.

**State Agencies Intended To Be Lobbied**

CORRECTIONS, DEPT. OF  
GOVERNOR'S OFFICE

GENERAL ASSEMBLY MEMBERS

**Subject Matter**

APPROPRIATIONS, BUDGET OR REVENUE

HEALTH CARE

**[Return to the Search Screen](#)**

[BACK TO CYBERDRIVEILLINOIS.COM HOME PAGE](#)

TAXPAYER IDENTIFICATION NUMBER

I certify that:

1. 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
2. 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
3. I am a U.S. person (including a U.S. resident alien).
  - If you are an individual, enter your name and SSN as it appears on your Social Security Card.
  - If you are a sole proprietor, enter the owner's name on the name line followed by the name of the business and the owner's SSN or EIN.
  - If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's name on the name line and the d/b/a on the business name line and enter the owner's SSN or EIN.
  - If the LLC is a corporation or partnership, enter the entity's business name and EIN and for corporations, attach IRS acceptance letter (CP261 or CP277).
  - For all other entities, enter the name of the entity as used to apply for the entity's EIN and the EIN.

Name: Mark W. Hale, President & Chief Executive Officer for

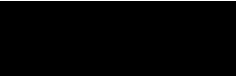
Business Name: Wexford Health Sources, Inc.

Taxpayer Identification Number:

Social Security Number \_\_\_\_\_  
Or  
Employer Identification Number 59-2363973

Legal Status (check one):

- |   |   |
|---|---|
| <input type="checkbox"/> Individual   | <input type="checkbox"/> Governmental   |
| <input type="checkbox"/> Sole Proprietor  | <input type="checkbox"/> Nonresident alien  |
| <input type="checkbox"/> Partnership  | <input type="checkbox"/> Estate or trust  |
| <input type="checkbox"/> Legal Services Corporation   | <input type="checkbox"/> Pharmacy (Non-Corp.)   |
| <input type="checkbox"/> Tax-exempt   | <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corp.)                           |
| <input checked="" type="checkbox"/> Corporation providing or billing medical and/or healthcare services | <input type="checkbox"/> Limited Liability Company (select applicable tax classification) |
| <input type="checkbox"/> Corporation NOT providing or billing medical and/or healthcare services        | <input type="checkbox"/> D = disregarded entity   |
|   | <input type="checkbox"/> C = corporation  |
|   | <input type="checkbox"/> P = partnership  |

Signature: 

Date: October 13, 2010



7. **SUPPLEMENTAL PROVISIONS**

- Definitions
- Required Federal Clauses, Certifications and Assurances
- ARRA Requirements (American Recovery and Reinvestment Act of 2009)
- Public Works Requirements (construction and maintenance of a public work) (820 ILCS 130/4)
- Prevailing Wage (janitorial cleaning, window cleaning, building and grounds, site technician, natural resources, food services, and security services, if valued at more than \$200 per month or \$2000 per year) (30 ILCS 500/25-60)
- Prevailing Wage (all printing contracts) (30 ILCS 500/25-60)
- BEP Subcontracting Requirements (Utilization Plan and Letter of Intent) (See Section 2.5.6 and Exhibit VII)
- Other (describe)
  - 7.1 Quality Improvement
  - 7.2 Performance Bond/Performance Guarantee
  - 7.3 Management Information System
  - 7.4 Space, Equipment, Supplies and Sanitation
  - 7.5 Medical Disaster Plan
  - 7.6 Transplants and Organ Donations
  - 7.7 Agency Initiatives
  - 7.8 Supplemental Terms and Conditions

## SUPPLEMENTAL PROVISIONS -- DEFINITIONS

Whenever used in this contract, the following terms will have the meanings defined below.

**ACA:** American Correctional Association

**ASR:** Adjusted Service Request Form (Exhibit V). Agency reserves the right to revise this form without amending the contract.

**Acceptance:** the point in time when the product or equipment has been fully installed and operates in compliance with the Agency's order and the Contract, or the State otherwise indicates acceptance in writing.

**Administrative Directives or ADs:** the IDOC internal policies and procedures that govern the operation of the IDOC facilities.

**Affiliates:** any person, firm, corporation (including, without limitation, service corporation and professional corporation), partnership (including, without limitation, general partnership, limited partnership and limited liability partnership), limited liability company, joint venture, business trust, association or other entity that now or in the future directly or indirectly controls, is controlled by, or is under common control with Vendor.

**Agency:** Illinois Department of Healthcare and Family Services and Illinois Department of Corrections as the agencies of State government responsible for entering into the Contract, monitoring performance, receiving the benefits derived from the Contract or making payments under the Contract.

**Ancillary:** any supplemental / supportive documents, services and/or staff.

**Annual Hospital Utilization Threshold:** the maximum amount, as measured by Billed Charges, for which the State is liable for Eligible Hospital Claims. Once the Threshold has been exceeded, adjustments will be made to Vendor's future payments based on what the State pays on those claims above the Threshold. Claims for hospital services provided at the University of Illinois and claims for transportation from hospital to hospital inpatient stays WILL NOT be charged against the Annual Hospital Utilization Threshold.

**Billed Charges:** the amount on a claim form as billed by a hospital provider to HFS for eligible Hospital Services provided to IDOC offenders.

**CAO:** the Chief Administrative Officer, Warden or Warden's designee who is employed by IDOC.

**Change of Control:** any transaction or combination of transactions as a result of which (a) ownership of a Vendor changes, (b) the sale or transfer of fifty percent (50%) or more of the beneficial ownership occurs or, (c) the divestiture, in whole or in part, of the business unit or division of a party that is obligated to produce the products and services occurs.

**Chief of Administration:** the Chief of Administration of IDOC or his or her designee.

**Contract:** this contract document.

**Contract Year (CY):** Contract Year or CY shall mean each year(s), based on a 12-month period, which the Contract is in effect. The Contract Year(s) do not coincide with the State's fiscal year(s).

**Correctional Center (Center):** a correctional facility operated by the Illinois Department of Corrections to house adult offenders. Adult Transition Centers (ATCs), Work Camps, and Impact Incarceration Program (IIP) facilities are not included in this definition.

**Deputy Director:** the head of a district or division within the IDOC, or his or her designee.

**Electronic Medical Record (EMR):** an application environment composed of the clinical data repository, clinical decision support, controlled medical vocabulary, order entry, computerized provider order entry, pharmacy, and clinical documentation applications to support the offender's electronic medical records across inpatient and outpatient environments and used by medical and mental health practitioners to document, monitor, and manage medical and mental health delivery.

**Eligible Hospital Claims:** the Billed Charges submitted to HFS for Hospital Services provided to IDOC offenders in accordance with the conditions of this contract and the IDOC Administrative Directives. An Eligible Hospital Claim must be submitted to HFS within one year of the date of service. Any claim prior to the implementation of this contract will not be considered an Eligible Hospital Claim. An Eligible Hospital Claim will be calculated against the Annual Hospital Utilization Threshold in the contract year that the claim is processed by HFS for payment.

**Filing:** where applicable, an instrument or document submitted to a regulatory body for review and approval to allow the Vendor to make the Services contained therein available for consumption.

**Health Care Unit:** The health care area at an IDOC center.

**Health Care Unit Administrator:** The IDOC employee responsible for supervising the operation and activities of the health care unit at an IDOC center.

**Health Records:** any offender medical or mental health documentation.

**HFS:** the Illinois Department of Healthcare and Family Services and any successor agency.

**HIPAA:** Health Insurance Portability and Accountability Act; Public Law 104-191.

**HIPAA Privacy Officer:** the health care staff member at each Center designated by IDOC to function as the Center's Privacy Officer pursuant to HIPAA.

**Hospital Providers:** all hospitals that are actively enrolled as providers of medical services in the Illinois Medical Assistance Program.

**Hospital Services:** all hospital inpatient, hospital outpatient, and hospital emergency room care and Non Institutional Provider Service (NIPS) claims provided to an IDOC offender in a hospital setting. Claims for Hospital Services are submitted by a hospital or physician directly to HFS. Any physician office visits, procedures, lab and/or diagnostic tests, x-rays, treatments and professional fees completed in a physician office are the financial responsibility of the Vendor, and are NOT considered Hospital Services, even if the physician is a hospital salaried employee and the office is located on the grounds of the hospital.

**ICI:** Illinois Correctional Industries.

**IDOC:** the Illinois Department of Corrections.

**IDOC Chief of Mental Health Services:** the individual employed by IDOC, or his or her designee, that oversees the behavioral/mental health services for correctional centers. This individual oversees the Contract for IDOC and provides behavioral/mental health direction to Vendor and IDOC mental health staff, and will coordinate behavioral/mental health with the IDOC Medical Director.

**IDOC Medical Director:** the individual employed by IDOC, or his or her designee, that oversees the medical services for correctional centers. This individual oversees the Contract for IDOC and provides medical direction to Vendor and IDOC medical staff, and will coordinate behavioral/mental health with the IDOC Chief of Mental Health Services.

**IDOC Office of Mental Health Management Procedure Manual:** A manual developed by IDOC's Office of Mental Health Management which defines the policies and procedures which govern the delivery of mental health services within IDOC correctional facilities.

**ILCS:** Illinois Compiled Statutes. An unofficial version of the ILCS can be viewed at <http://www.ilga.gov/legislation/ilcs/ilcs.asp>.

**Medical Equipment:** equipment with a unit cost in excess of \$100.

**Non-Hospital Services:** all professional services, examinations, procedures, lab and/or diagnostic tests, x-rays, treatments, etc. completed in a physician/practitioner's office, clinic or other place of service that IS NOT a hospital setting (hospital inpatient, hospital out-patient department, or hospital emergency room), that are the financial responsibility of the Vendor, and are NOT part of the Agency's hospital services' financial responsibility, even if the physician/practitioner is a hospital salaried employee and the physician/practitioner's office is located on the grounds of the hospital.

**Non-Institutional Provider Service Claim (NIPS Claims):** all professional services, examinations, procedures, lab and/or diagnostic tests, x-rays, treatments, etc. completed in a hospital setting during a hospital inpatient admission, a hospital emergency room visit, and/or in a hospital outpatient department as the place of service, and DID NOT occur in a physician/practitioner's office are considered to be Hospital Services.. NIPS claims are submitted directly to HFS by the hospital provider and applied against the Annual Hospital Utilization Threshold.

**Offer:** consists of the Technical Proposal, Price Proposal, and all required forms and certifications—completed, signed, and returned by the Vendor.

**On-site Medical Director:** the Vendor employee at each Center who provides services as a lead worker for staff in the Center Health Care Unit.

**Order:** any written request by Agency for services and/or products and/or equipment pursuant to this Contract.

**Parties:** the State of Illinois Agency and the Vendor.

**Pattern of Non-Compliance:** A pattern of non-compliance occurs when performance is consistently at a level which negatively impacts the provision of appropriate medical care.

**PRN:** Pro Re Nata (Latin) meaning "As needed".

**State:** the State of Illinois, as represented through any agency, department, board, or commission, including HFS and IDOC. In this document the State of Illinois will be referred to as "State", "Agency", "we" or "us". "We" is used appropriate to the context.

**Tertiary Care:** Specialized consultative care, usually on referral from primary or secondary medical care personnel, by specialists working in a center that has personnel and facilities for special investigation and treatment. (Secondary medical care is the medical care provided by a physician who acts as a consultant at the request of the primary physician.) Tertiary care does not include hospital-based or provider services.

**Third Party:** any entity other than the Agency, Vendor, or any of their respective Affiliates.

**Transfer Coordinator:** the IDOC employee who coordinates offender transfers from one Center to another Center.

**Utilization Management or Review:** An assessment of the need for and economy of an admission to a health care facility or continued hospitalization. The length of the hospital stay is compared with the average length of stay for similar diagnoses.

**Vendor:** the party to this contract providing healthcare services (medical and behavioral/mental health services) to the IDOC. In this contract, the party will be referred to as "Vendor", "Contractor" or "You".

**Vendor Medical Director:** the Statewide physician employed by the Vendor to provide direction and oversight to Vendor staff and to interact directly with IDOC Medical Director to address and solve medical problems arising at the facilities.

**Vendor Mental Health Director:** the Statewide psychiatrist employed by the Vendor to provide direction to Vendor staff and provide utilization management for mental health services.

## SUPPLEMENTAL PROVISIONS -- OTHER

### 7.1 Quality Improvement

7.1.1 Vendor shall have a Quality Improvement Program – required at all Centers by the ADs --, which shall include, but not be limited to, audit and medical chart review procedures and shall also include the following:

- a. A Quality Improvement Committee that shall meet at least monthly;
- b. Policy and Procedure review;
- c. Pharmacy and Therapeutics Committee;
- d. Monthly Statistical Management Reporting;
- e. A monthly Medical and Mental Health Staff meeting;
- f. Safety, Sanitation and Infection Control.

### 7.1.2 Medical Services Quality Improvement Committee (QIC) and Office of Health Services Quarterly Meetings

7.1.2.1 **Quality Improvement Committee:** At the discretion of the CAO, the Quality Improvement Committee at each Center shall include the CAO or designee, the HCUA, the On-site Medical Director, the pharmacist, the dentist and members who represent the medical records and nursing services from the Center, and will be chaired by the Agency Medical Director or his designated staff.

7.1.2.1.1 The Quality Improvement Committee shall meet monthly and be responsible for the annual review and approval of all medical policies and procedures. Any changes that have been made during the year shall be formally incorporated into the policy and procedure manual, subject to approval of the IDOC Medical Director and On-site Medical Director. The Quality Improvement Committee shall present an annual report to the IDOC Medical Director on the cumulative data they have gathered and monitored throughout the year based on the annual schedule of the Center.

7.1.2.1.2 The Quality Improvement Committee shall review the total operation of the health care unit which shall include, but not be limited to:

- i. Conduct studies of health services
- ii. Complete an analysis of issues referred to QIC or identified through the QIC process
- iii. Identify corrective actions and following up to assess the effectiveness of the corrective actions
- iv. Utilization of Off-Site Services
- v. Utilization of Chronic Clinic
- vi. Utilization of Sick Call
- vii. Documentation of Deaths
- viii. Review Employee injuries (State and Vendor)
- ix. Report of Hepatitis C and HIV/AIDS Patient Condition
- x. Utilization of Lab and X-ray Services
- xi. Utilization of Infirmary Services
- xii. Review of Offender Grievances
- xiii. Report New and Delayed Diagnosis
- xiv. Other Ad Hoc reports as requested by the Agency

All activities shall be documented and reported in the Quality Improvement Committee meeting minutes.

7.1.2.2 **Office of Health Services (OHS) Quarterly Meeting:** The OHS will conduct a quarterly mandatory meeting in Springfield to review policies, present new initiatives and programs, and address problems and challenges that have arisen during the previous quarter. On-site Medical Directors, Healthcare Unit Administrators, Directors of Nursing Services, and Vendor representatives are required to attend.

7.1.3 **Mental Health Quality Improvement Committee (MHQIC):** At the discretion of the CAO, the Mental Health Quality Improvement Committee at each Center shall include the CAO, the Assistant Warden of Programs, the Psychology Administrator, all Qualified Mental Health Professionals, the on-site psychiatrist, and members who represent medical records from the Center and will be chaired by the IDOC Director of Mental Health or his designee.

7.1.3.1 The Mental Health Quality Improvement Committee shall meet quarterly and be responsible for the annual review and approval of all mental health policies and procedures. Any changes that have been made during the year shall be formally incorporated into the policy and procedure manual, subject to approval of the IDOC Chief of Mental Health Services and Psychology Administrator.

7.1.3.2 The Mental Health Quality Improvement Committee shall review the total operation of the mental health department, conduct studies of mental health services and review the use of all psychotropic medications. This committee shall conduct those

functions specified in the IDOC Administrative Directive for the Mental Health Quality Improvement Committee. The Mental Health Quality Improvement Committee will complete an analysis of issues referred to it or identified through the Quality Improvement process, taking corrective actions and following up to assess the effectiveness of those actions. All activities shall be documented and reported in the Mental Health Quality Improvement Committee meeting minutes.

- 7.1.4 Pharmacy and Therapeutics Committee:** Each Center shall have a Pharmacy and Therapeutics Committee that will meet on a quarterly basis. The Pharmacy and Therapeutics Committee shall consist of at least the On-site Medical Director, Director of Nursing, HCUA and pharmacist. The Pharmacy and Therapeutics Committee will report to the Quality Improvement Committee and to the Mental Health Quality Improvement Committee. Recommendations regarding additions and deletions to the formulary shall be presented to the IDOC Medical Director and the IDOC Director of Mental Health for their respective review. The Pharmacy and Therapeutics Committee shall closely monitor the usage of all pharmaceuticals, including psychotropic drugs, identify prescribing patterns, and assist with drug utilization audits.
- 7.1.5 Peer Review:** Vendor shall establish a physician peer review program subject to the approval of the IDOC Medical Director. The review program shall consist of chart reviews of the On-site Medical Director, staff physicians, nurse practitioners, physician assistants, and psychiatrists performed by physicians and/or psychiatrists. Review shall be, at a minimum, conducted by physicians/psychiatrists two times per year and should cover the following areas:
- a. Physician sick call (10 charts)
  - b. Chronic care clinics (15 charts – at least 2 from each chronic care clinic)
  - c. Lab/X-ray utilization as they relate to disease work up and monitoring (10 charts)
  - d. Infirmary Admissions (10 charts)
  - e. Case reviews shall be conducted on all unexpected deaths
- As indicated in Section 2.2.2.19, the Vendor will participate in any peer reviews conducted by an outside source.
- 7.1.6 Review and monitoring:** Vendor shall have a management information system capable of providing statistical data necessary for the Vendor's self-evaluation and monitoring of health and mental health services.
- 7.1.6.1** Vendor shall gather Information and prepare monthly reports of services for presentation at each Quality Improvement Committee meeting; reports for administrative meetings with IDOC officials; and semi-annual and annual reports for the analysis of services provided. Any significant variances in the data will be investigated and discussed during the monthly Quality Improvement Committee meeting. Data collection shall be monitored by the On-site Medical Director and/or psychiatrist and supervised by the HCUA and/or IDOC Chief of Mental Health Services. All documents pertaining to medical services and mental health services shall be forwarded to the appropriate Quality Improvement Committee for evaluation.
- 7.1.6.2** Vendor shall participate in periodic meetings at least every other month with Center staff and appropriate contractual personnel to review significant issues and changes and to provide feedback relative to the Quality Improvement Programs, so that any deficiencies or recommendations may be acted upon. When requested by the Center, Vendor shall provide appropriate personnel to participate in meetings called by the IDOC.
- 7.1.7 Offender Grievances:** Vendor shall comply with all provisions of the IDOC grievance procedure including both administrative and medical necessity issues. Any grievances filed by an offender shall be referred to the appropriate IDOC Management, who shall review the claim, gather information concerning the complaint, and take appropriate action that is consistent with the Center's grievance procedures.
- 7.2 Performance Bond/Performance Guarantee:** Vendor shall obtain a performance bond or an irrevocable letter of credit that meets the approval of HFS and IDOC on or before the effective date of the Contract. In addition, Vendor may also obtain other security that meets the approval of HFS, IDOC, and the applicable Chief Procurement Officer. Such performance bond, irrevocable letter of credit, or other security will serve as a performance guarantee. The Vendor will be required to maintain this performance guarantee for the duration of the contract and for at least one year after the expiration or termination of this Contract. The amount will equal, at a minimum, one-sixth of the average annual estimated contract amount of this Contract. The performance guarantee shall be forfeited in the event Vendor fails to perform under this Contract and such failure will result in termination of this Contract by the State under Section 1.3. Vendor's failure to maintain a performance guarantee will be deemed a breach of contract. At any point in time, Agency may review Vendor's performance guarantee to evaluate the financial stability of the issuer as determined by the bond rating agencies. Should the Agency find the performance guarantee is no longer acceptable due to the issuer's financial stability, Vendor shall obtain a new performance guarantee that meets the approval of HFS, IDOC, and the applicable Chief Procurement Officer within three months of notice from Agency.
- 7.3 Management Information System:** As required by Illinois Public Act 95-307, all information technology, including electronic information, software, systems, and equipment, developed or provided under this contract must comply with the applicable requirements of the Illinois Information Technology Accessibility Act Standards as posted at <http://www.dhs.state.il.us/itaa>.

**7.3.1** Vendor shall provide computer capabilities to the Centers as they relate to the provision of services under this contract. This shall include hardware, software, staffing, data entry and training, to be used for functions including, but not limited to, supply inventory control, appointment scheduling and health services utilization. "Supply inventory control" pertains to software that will provide IDOC and Vendor with an ongoing list of the medical supplies that Vendor has stocked and used at each center. All computer hardware and software provided by Vendor shall be compatible with IDOC's computer hardware and software systems. If IDOC allows access to the Internet to Vendor or Vendor's employees, agents or subcontractors, such access is at the discretion of the IDOC Management Information System (MIS) Manager and shall be limited to sites approved by the IDOC MIS Manager. Vendor may provide web-delivered applications hosted by the Vendor's offsite data center with IDOC approval. Vendor shall provide the appropriate level of computers, printers and fax machines to the Health Care Unit of each Center within 90 days after the effective date of this Contract. The Manager of IDOC Information Services will determine the hardware and software requirements for each Center under this Contract. Hardware and software provided by Vendor under this section must be approved by the IDOC Medical Director and the Manager of IDOC Management Information Services prior to installation. At the termination of this Contract the hardware and software, including proprietary software, shall become the property of IDOC.

**7.3.2** Vendor shall have a Disaster Recovery Plan, including off-site storage of critical data, and procedures and specific provisions for access to offender medical records and financial data. A copy of the Plan shall be submitted prior to the effective date of this Contract and annually thereafter.

#### **7.4 Space, Equipment, Supplies and Sanitation**

**7.4.1 Facility and Equipment:** Except as otherwise explicitly stated in this Contract, the Center shall provide and maintain the space, equipment, furniture, fixtures and other items required for the efficient operation of the Health Care Unit as agreed upon by the parties. Vendor shall not be responsible for housekeeping services, dietary services, building maintenance, or the provision for linen supplies or clothing items, with the exception of hospital gowns. Hospital gowns shall be purchased by the Vendor through ICI. The HCUA shall consult with Vendors' providers on the selection and furnishing of the health care units and equipment as appropriate.

If approved by the CAO, IDOC Medical Director, and Chief of Administration, Vendor may purchase medical equipment items or services incidental to this contract with the cost (including all taxes and shipping and handling costs incurred by the Vendor) to be reimbursed by the Centers. Equipment shall be defined as medical equipment with a unit cost in excess of \$100, be tangible or intangible, be used solely in Vendor's performance under this Contract, and have a useful life of two years or more. Whenever possible, Vendor shall obtain three price quotes and forward them to IDOC for review. The equipment shall become the property of IDOC at the point of reimbursement to Vendor by the Centers. The Vendor shall provide its own office supplies and office/fax equipment to perform necessary medical and mental health services at each facility. This does not include copy machines or equipment not elsewhere specified in this contract.

All medical equipment purchases shall be pre-approved and shall be recorded on an "Adjusted Service Request for Temporary/Permanent Changes" (ASR) form, Exhibit V. All ASR forms for medical equipment purchases shall be signed by the Facility CAO, Vendor representative, IDOC Medical Director or IDOC Chief of Mental Health Services and IDOC Budget Manager.

**7.4.2 Pharmaceuticals, Supplies and Prosthetics:** All pharmaceuticals and medical supplies shall be provided by Vendor. Medical supplies shall be defined as all medical equipment and commodity items with a unit cost of \$100 or less. Vendor shall supply all offender specific medical equipment and commodity items, whether rented or purchased, and prosthetic devices. Pharmaceuticals, medical supplies, commodities, and other items purchased by Vendor according to this paragraph (whether durable or expendable) shall become property of the IDOC at the termination of this contract.

**7.4.3 Safety, Sanitation and Infection Control:** Vendor shall implement an infection control program for the Center in conjunction with public health officials. Vendor shall be responsible for the disposition of medically-related infectious and hazardous waste in accordance with state and federal regulations. When communicable diseases are diagnosed, Vendor will immediately notify appropriate IDOC and Center officials.

**7.4.4 Equipment Repair and Maintenance:** Vendor shall monitor, maintain and repair all IDOC-owned medical equipment at each facility. Vendor may subcontract for these repair services and will be responsible for reimbursing the subcontractors. Upon receipt of an approved invoice for medical equipment repair services from Vendor, IDOC will reimburse the Vendor during each facility's monthly reconciliation. The Vendor shall also be responsible for maintaining and repairing all IDOC-owned on-site medical equipment at the Centers. All medical equipment maintenance or repairs shall be pre-approved and the required services shall be recorded on an "Adjusted Service Request for Temporary/Permanent Changes" (ASR) form, Exhibit V. The Facility CAO or designee and a Vendor representative shall sign all ASR forms for medical equipment maintenance or repair.

**7.4.5 Telepsychiatry and Telemedicine Equipment:** Vendor shall maintain all Telepsychiatry and Telemedicine equipment including monitors and peripherals. IDOC will be responsible for the network necessary to support the bandwidth needed to deliver services effectively. Vendor may be required to purchase replacement Telepsychiatry and Telemedicine equipment at the direction of IDOC. Vendor shall be

reimbursed during monthly reconciliation for equipment purchased. Equipment shall become property of IDOC at the point of reimbursement. The State will provide training on the use of the equipment.

## 7.5 Medical Disaster Plan

7.5.1 The On-site Medical Director shall participate in developing procedures for the delivery of medical services in the event of a disaster such as fire, tornado, earthquake, epidemic, riot, strike or mass casualty. The procedures shall be implemented by the CAO and HCUA. The Medical Disaster Plan shall be coordinated with the nearest local disaster agency, and shall include the following elements:

- a. Communications system;
- b. Recall of key staff;
- c. Assignment of medical and mental health staff;
- d. Establishment of command post;
- e. Safety and security of the offender and staff areas;
- f. Use of emergency equipment and supplies;
- g. Establishment of a triage area;
- h. Triage procedures;
- i. Medical records - identification of injured;
- j. Use of ambulance services;
- k. Transfer of injured to local hospitals;
- l. Evacuation procedures (to be coordinated with security personnel);
- m. Practice drills.

7.5.2 Within 120 days from the effective date of this Contract or 120 days from assuming responsibility for a Center under this contract, whichever is applicable, Vendor shall conduct orientation for all State and Contract employees to familiarize employees with the emergency procedures at the Centers at which the employees work.

7.5.3 Emergencies shall be handled in the following manner:

- a. All in-house measures for dealing with the emergency shall be taken;
- b. The Disaster Plan as discussed above shall be put into effect;
- c. Personnel at other Centers under this Contract shall be ready to assist the Center that is experiencing the emergency.

7.6 **Transplants and Organ Donations:** In general, transplantation is not a treatment undertaken by IDOC health services. Should an offender be a candidate for a transplant, he/she could be eligible as long as he/she undertakes all financial obligations related to the transplant including, but not limited to: lab work, x-rays, hospitalizations, all medication related to the transplant, any complication related to the transplant, transportation, and security. The same will apply for any offender wishing to be an organ donor to a family member. The IDOC Medical Director will have the authority to make exceptions to the above where he/she deems it appropriate. Vendor will not be held responsible for costs in those cases. Vendor shall be responsible for all post transplant care for those offenders who have had their transplants prior to incarceration.

7.7 **Agency Initiatives:** It is the Agency's intent to incorporate the following initiatives during the course of the contract:

7.7.1 **Centers of specialized care:** IDOC intends to reclassify offender facility assignments to include mental health and medical needs among other factors. This will allow for specialized care to be more effectively provided. When IDOC is ready to implement this initiative, the Parties to this contract agree to come together in good faith and amend this contract accordingly.

7.7.2 **Medical Audit Firm:** Agency intends to contract with a vendor to audit the activities the Vendor performs under this Contract. The IDOC Medical Director will focus his expertise on provision of medical care and may include peer review.

7.7.3 **Long-term Care Hospital Facility:** IDOC has received capital funds for the construction of a 200-bed long-term care hospital to be located on the grounds of the Stateville Correctional Center. The pricing in this contract does not include this hospital. Should this hospital open during the term of this Contract, Agency reserves the right to accordingly amend this Contract and Vendor shall negotiate a contract amendment in good faith.

7.7.4 **Electronic Medical Records (EMR):** Agency intends to modernize its medical record keeping system by designing/adapting a state of the art electronic medical record (EMR) system that supports efficient and efficacious delivery of applicable medical and mental health services provided to offenders at IDOC. Vendor shall train users, provide developers, maintain a help desk operation, recommend hardware required, host storage and data warehousing and provide a data backup

7.7.4.1 **Objectives:** The EMR system Vendor installs shall consist of a HIPAA compliant clinical information system that:

- a. Creates, stores, and retrieves patient medical records from multiple locations per nationally established privacy and security standards.



- b. Computerizes the ordering of prescription drugs, laboratory tests, and radiological images. Functionality should include tracking the order process and accessing the results of the tests.
- c. Makes electronic referrals to specialists and other care providers.
- d. Provides the capability to create patient-centered epidemiological reports.
- e. Integrates these reports with an offender's hard copy or softcopy information. Examples of Reports: Public Health Reports relating to Communicable Disease, MRSA, TB, or other Utilization Reports specific throughout this contract.

**7.7.4.2 Requirements:** The EMR system must:

- a. Be certified by the Certification Commission for Healthcare Information Technology (CCHIT) or successor organization to ensure interoperability with other EMR systems.
- b. Be in compliance with the Illinois Information Technology Accessibility Act (<http://www.dhs.state.il.us/iitaa>).
- c. Be capable of a robust interface with other electronic systems, including an automated pharmacy solution, electronic billing of medical services, case management software, risk management and quality assurance applications.
- d. Have documented interoperability with Cerner brand EMR systems.
- e. Be capable of a robust interface with other electronic systems, including an automated pharmacy solution, electronic billing of medical services, case management software, risk management and quality assurance applications.
- f. Have proven and established experience in both medical and behavioral health specialties.
- g. Have at least annual upgrades to ensure continued CCHIT certification.
- h. Be able to ensure rapid deployment and timely staff development for users and support personnel.
- i. Have user-friendly ability to develop templates without the need for vendor approval or additional costs.
- j. Meet or exceed State, Federal and industry standards specific to HIPAA and related confidentiality issues.
- k. Be scalable, flexible, portable, and able to be supported/maintained by IDOC staff.
- l. Include, but not be limited to, the following modules:
  - i. patient identification (HIM)
  - ii. patient tracking (HIM)
  - iii. medication dispensing/refusals (NURSING/Risk Management)
  - iv. chart location (HIM)
  - v. chart analysis (HIM)
  - vi. patient management/case management
  - vii. patient scheduling
  - viii. all other scheduling needs: trips, court appearances, etc.)
  - ix. tracking treatment progress
- m. Be web-based, hosted by Vendor or its agent, and accessible to users from any location where the Internet is available.
- n. Offer electronic mail that permits attachments, allowing users to communicate with any other system user or send a message to an Internet recipient.
- o. Support medical, mental health, and pharmaceutical services at each correctional center.
- p. Be available to handle transactions 24 hours per day, year-round – with the exception of scheduled down time during off-hours for routine system back-ups and upgrades.
- q. Be able to allow an unlimited number of users from an unlimited number of sites to use the system simultaneously and even access the same patient chart simultaneously.
- r. Perform real-time data access to information about customers and services.

**7.7.4.3 EMR System:** Vendor shall install the PEARL® Electronic Medical Records System by Business Computer Applications, Inc. or an EMR system approved by IDOC that meets the requirements set forth in 7.7.4.2. Agency fully expects the PEARL® Electronic Medical Records System to come with all the support, functions, features, and capabilities as described in Exhibit VIII. Exhibit VIII may be changed by mutual consent of the parties to this contract without amending the contract.

**7.7.4.4 Implementation:** Agency reserves the right to implement this initiative at any point during the contract. Vendor shall be ready to implement the initiative at any point during the contract. Vendor shall complete implementation within two (2) years from the date Agency gives Vendor the directive to implement. The implementation plan is discussed in Exhibit IX. Exhibit IX may be changed by mutual consent of the parties to this contract without amending the contract.

**7.7.4.5 Training:** Vendor shall provide training to all users. Exhibit XI contains a training plan. Exhibit XI may be changed by mutual consent of the parties to this contract without amending the contract.

**7.7.4.6 Existing Medical Records:** Agency's intention is to begin utilization of the EMR system from the point of implementation forward. As offenders return to the correctional system, previous medical records will be scanned into the EMR system. In the event that an offender has a chronic disease and historical information is required, back records will be scanned as deemed necessary into the EMR system.

**7.7.4.7 HIPAA Compliance and CCHIT Certification:** Vendor shall maintain HIPAA compliance and CCHIT certification throughout the term of this contract. Exhibit X discusses Vendor's plan for fulfilling this requirement.

**7.7.4.8 Ownership:** At the end of the contract, Vendor must agree that all licenses, equipment, hardware, software and data become the property of IDOC and the State of Illinois without cost.

**7.7.4.9 Termination:** Agency retains the option of terminating the use of Vendor-owned EMR during the course of the contract at no cost to the State in the event said EMR system does not meet the functional requirements of Agency and/or does not perform as described by Vendor.

## **7.8 Supplemental Terms and Conditions**

**7.8.1 Notice of Change in Circumstances:** In the event Vendor, Vendor's parent, or a related corporate entity becomes a party to any litigation, investigation or transaction that may reasonably be considered to have a material impact on Vendor's ability to perform under this Contract, Vendor will immediately notify the Agency in writing.

Vendor shall provide the Agency with the earliest possible advance notice of any sale or transfer of Vendor's business. The Agency has the right to terminate this Contract without cause upon notification of such sale or transfer.

**7.8.2 HIPAA Compliance Obligations:** Vendor and Agency shall comply with the terms of the HIPAA Compliance Obligations set forth in Exhibit XIV. If Vendor materially breaches the terms of the HIPAA Compliance Obligations, the Agency may require a cure or terminate this Contract, as provided herein. Additionally, a Business Associate Agreement is incorporated into this Contract through Exhibit XVII.

**7.8.3 Termination for Breach of HIPAA Compliance Obligations:** Vendor shall comply with the terms of the HIPAA Compliance Obligations set forth in Exhibit XIV. Upon the Agency's learning of a material breach of the terms of the HIPAA Compliance Obligations set forth in Exhibit XIV, the Agency shall:

- a) Provide Vendor with an opportunity to cure the breach or end the violation, and terminate this Contract if Vendor does not cure the breach or end the violation within the time specified by the Agency; or
- b) Immediately terminate this Contract if Vendor has breached a material term of the HIPAA Compliance Obligations and cure is not possible; or
- c) Report the violation to the Secretary of the United States Department of Health and Human Services, if neither termination nor cure by Vendor is feasible.

**7.8.4 Retention of HIPAA Records:** Vendor shall maintain for a minimum of six (6) years documentation of the protected health information disclosed by Vendor, and all requests from individuals for access to records or amendment of records, pursuant to Exhibit XIV, in accordance with 45 CFR 164.530(j).

## **7.8.5 Marketing**

**7.8.5.1 Definition:** Marketing is any communication by Vendor about a product or service that encourages the individual (as defined in Exhibit XIV, incorporated by reference and made a part hereof) to purchase or use the product or service, unless the communication is limited to:

- a. A description of health-related products or services (or payment for such products or services) that are provided by or included in a plan of benefits of the Agency or Vendor pursuant to this Contract, including communications regarding the entities participating in a medical and mental health provider network or health plan network, replacement of or enhancements to a health plan, and health-related products or services available only to an enrollee that add value to but are not part of the plan of benefits;
- b. Communications for treatment of the individual; or
- c. Communications for case management or care coordination for the individual or to direct or recommend alternative treatments, therapies, medical and mental health providers, or settings of care to the individual.

**7.8.5.2 Authorization:** Vendor must obtain an authorization for any use or disclosure of protected health information (as defined in Exhibit XIV) for marketing, except if the communication is in the form of: face to face communication made by Vendor to the individual, or a promotional gift of nominal value provided by Vendor. If the marketing involves direct or indirect remuneration to Vendor from a third party, the authorization shall state that such remuneration is involved.

**7.8.6 Fraud and Abuse Reporting to HFS:** Vendor shall report in writing to the Agency's Office of Inspector General (OIG) any suspected fraud, abuse or misconduct associated with any service or function provided for under this contract by any parties directly or indirectly affiliated with this Contract including but not limited to, Vendor staff, Vendor Subcontractor, Agency employee or Agency contractor. Vendor shall make this report within three days of first suspecting fraud, abuse or misconduct. Vendor shall not conduct any investigation of the suspected fraud, abuse or misconduct without the express concurrence of the OIG; the foregoing notwithstanding, the Vendor may conduct and continue investigations necessary to determine whether reporting is required under this paragraph. Vendor must report to OIG as described in the first sentence above. Vendor shall cooperate with all investigations of suspected fraud, abuse or misconduct reported pursuant to this paragraph. The Vendor shall require adherence with these requirements in any contracts it enters into with Subcontractors. Nothing in this paragraph precludes the Vendor or Subcontractors from establishing measures to maintain quality of

services and control costs that are consistent with their usual business practices, conducting themselves in accordance with their respective legal or contractual obligations or taking internal personnel-related actions.

- 7.8.7 Gifts:** Vendor and Vendor's principals, employees and subcontractors are prohibited from giving gifts to Agency employees, and from giving gifts to, or accepting gifts from, any person who has a contemporaneous contract with the Agency involving duties or obligations related to this Contract.
- 7.8.8 Media Relations and Public Information:** Subject to any disclosure obligations of Vendor under applicable law, rule, or regulation, news releases pertaining to this Contract or the services or project to which it relates shall only be made with prior approval by, and in coordination with, the Agency. Vendor shall not disseminate any publication, presentation, technical paper, or other information related to Vendor's duties and obligations under this Contract unless such dissemination has been previously approved in writing by the Agency.
- 7.8.9 Rules of Construction:** Unless the context otherwise requires or unless otherwise specified, the following rules of construction apply to this Contract:
- a. Provisions apply to successive events and transactions;
  - b. "Or" is not exclusive;
  - c. References to statutes, rules and Administrative Directives include subsequent amendments and successors thereto;
  - d. The various headings of this Contract are provided for convenience only and shall not affect the meaning or interpretation of this Contract or any provision hereof;
  - e. If any payment or delivery hereunder shall be due on any day that is not a business day, such payment or delivery shall be made on the next succeeding business day;
  - f. "Days" shall mean calendar days; "business day" shall mean a weekday (Monday through Friday), excepting State holidays, between the hours of 8:30 a.m. Central Time and 5:00 p.m. Central Time;
  - g. Use of the male gender (e.g., "he", "him", "his") shall be construed to include the female gender (e.g., "she", "her"), and vice versa;
  - h. Words in the plural which should be singular by context shall be so read, and vice versa;
  - i. References to "Illinois Department of Healthcare and Family Services" or "Illinois Department of Corrections" or "Agency" or "Department" or "HFS" or "IDOC" shall include any successor agency or agencies thereto.
- 7.8.10 General Warranties of Vendor:** For a period of ninety (90) days after completion of all services and deliverable products provided for under this Contract and any subsequent related contract, and acceptance of the same by the Agency, any defects or problems found in the work performed or submitted by Vendor will be expeditiously corrected by Vendor without additional charge to the Agency.
- 7.8.11 Child Support:** Vendor shall ensure that its employees who provide services to the Agency under this Contract are in compliance with child support payments pursuant to a court or administrative order of this or any other State. A partnership shall be deemed to be out of compliance with this requirement if any partner is in default. Vendor will not be considered out of compliance with the requirements of this Section if, upon request by the Agency, Vendor provides:
- a. Proof of payment of past due amounts in full;
  - b. Proof that the alleged obligation of past due amounts is being contested through appropriate court or administrative proceedings and Vendor provides proof of the pendency of such proceedings; or
  - c. Proof of entry into payment arrangements acceptable to the appropriate State agency.
- 7.8.12 Licenses and Certificates:** Vendor, and Vendor's principals, employees, and subcontractors possess all certificates or licenses, including professional, necessary to perform the duties and obligations under this Contract; any certificates or licenses are currently in good standing with the certifying or licensing entity or entities; any certificates or licenses will continue to be maintained in good standing. With the Agency's prior approval, Vendor may meet the license requirement through use of a subcontractor; provided however, Vendor's use of a subcontractor in that circumstance does not relieve Vendor of any obligations under the Contract.
- 7.8.13 Nonexclusion**
- 7.8.13.1** Vendor certifies that neither Vendor, Vendor's principals, shareholders or subcontractors owning at least five percent (5%) of Vendor, nor any employee of Vendor, is currently barred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal or State Agency/Buyer or agency, or is currently barred or suspended from contracting with the State under Section 50-35(f), 50-35(g) or 50-65 of the Illinois Procurement Code, 30 ILCS 500/1-1 *et seq.*
- 7.8.13.2** If Vendor knows or learns of any person who was in the past, but is not currently, or who during the term of this Contract becomes excluded from participation in this transaction, Vendor shall, within thirty (30) days after signing this Contract or within thirty (30) days after learning of such exclusion, provide to the Agency a written description of each offense causing the exclusion, including the name of the offender, the date of the offense, the action causing the offense, any penalty assessed or sentence imposed, and the date any penalty was paid or sentence completed.

- 7.8.14 Nonsolicitation of Contract:** Vendor has not employed or retained any company or person, other than a bona fide employee working solely for Vendor, to solicit or secure this Contract, and has not paid or agreed to pay any company or person, other than a bona fide employee working solely for Vendor, any fee, commission, percentage, brokerage fee, gifts or any other consideration contingent upon or resulting from the award or making of this Contract. For breach or violation of this warranty, the Agency shall have the right to annul this Contract without liability or, in its discretion, to deduct from compensation otherwise due Vendor such commission, percentage, brokerage fee, gift or contingent fee.
- 7.8.15 Best Practices:** If during the term of this contract, either Party identifies a best practice in the provision of medical and mental health services at the correctional centers that would result in greater efficiency, cost containment, and improved medical and mental health for offenders, the Parties may present these practices for review. The Parties may review those best practices or initiatives and determine whether they fall within the scope of services of this contract, or whether other contracting options need to be examined.

# EXHIBIT I

## SCHEDULE Es

### Schedule E Definitions:

**Administrative services:** Vendor costs for onsite planning, coordinating, and directing a broad range of services that allow Vendor to operate efficiently.

**Ancillary:** Vendor costs to provide supplemental supportive services/staff such as physical therapy, physical therapists, physical therapy assistants, speech therapy, oxygen therapy and oxygen equipment, and any other rehabilitative health care personnel/services as clinically indicated in accordance with IDOC policies and procedures and IDOC performance-based audit standards.

**Annual per capita:** Annual total costs per offender for that line/category of services computed as per capita daily base x number of days in the calendar year.

**Average Daily Population:** The total number of offenders each day added together and divided by the number of days in a given month.

**Dental:** Vendor costs to arrange for the provision and/or provide dentists and other staff for the treatment of dental checkups, routine care, dental emergencies, dental prosthetics and oral surgery, and required dental laboratory services provided by Vendor under a subcontract, and any other dental services shall be in accordance with IDOC policies and procedures and IDOC performance-based audit standards.

**Direct care costs:** Specific Vendor expenses related to the operations of the health care unit and the delivery of medical and mental health services to offenders. Examples:

- Allowable direct charges for medical and mental health services in the health care unit
- Costs for staff who provide medical and mental health services in the health care unit
- Evaluations of provided medical and mental health services
- Facility, medical equipment, and supply costs (with individual unit of cost less than \$100) that primarily support medical and mental health services in the health care unit

**Fringe benefits:** Annual sum of fringe benefits for that line/category of services.

**Indirect administrative costs:** General Vendor expenses related to overall administration of an organization. Examples:

- Accounting, financial, contracting or general legal services
- General liability insurance that protects the organization (not solely related to contract)
- Directors and officers insurance
- Audits

**Laboratory:** Vendor costs for the provision of onsite, offsite and/or subcontracted laboratory services that are NOT included in Agency's Hospital Services responsibilities.

**Management fee:** A fixed fee that Vendor charges IDOC for Vendor services and work with the contract.

**Mental health:** Vendor costs to provide psychiatrists and licensed mental health professionals to provide behavioral/mental health services in accordance with IDOC policies and procedures and IDOC performance-based audit standards. Services shall include, but not be limited to, evaluation and treatment, psychotropic medications, focused treatment groups, crisis watch, screening for Tardive Dyskinesia and telepsychiatry services.

**Non-capita base:** Annual sum of personnel services (salaries) and fringe benefits for that line/category of services.

**Non-Hospital Services:** Vendor costs for all professional services, examinations, procedures, diagnostic tests, and treatments, etc., with the exception of laboratory and radiology service lines, that are completed in a physician/practitioner's office and/or clinic and/or place of service that was NOT a hospital setting. Vendor has financial responsibility for payment of all Non-Hospital Services, even if the physician/practitioner is a hospital salaried employee and when the physician office is located on the grounds of a hospital.

**Off-site administrative staff:** Vendor costs for offsite Vendor staff that carry out administrative services specific to this contract.

**Optical:** Vendor costs for the provision of onsite or offsite eye examinations, which shall be performed in accordance with IDOC policies and procedures and IDOC performance-based audit standards, and include a qualified optometrist and required staff. Eyeglasses are provided through Illinois Correctional Industries and other prosthetics shall be provided when an ophthalmologist clinically indicates such.

**Per capita base:** Annual total costs for center for that line/category of services computed as per capita daily base x number of days in the calendar year x center's average daily population.

**Per capita daily:** Daily total costs per offender for that line/category of services.

**Personnel Services:** Annual sum of personnel salaries for that line/category of services.

**Pharmacy:** Vendor costs to arrange for the provision of pharmacy services that are in compliance with all court orders, laws, regulations and provisions of the Illinois Pharmacy Practice Act and includes a pharmacy licensed to provide all pharmacy services for medication distribution at the Center, a licensed pharmacist and required staff. All medications/pharmaceuticals will be supplied by Vendor except Hepatitis C and HIV/AIDS drugs/medications.

**Program adjustment:** Multiplier used to calculate performance target financial adjustment.

**Radiology:** Vendor costs for the provision of onsite, offsite and/or subcontracted radiology services that are NOT included in Agency's Hospital Services responsibilities.

**Support:** Vendor costs to provide staff assistants, medical records personnel, and an electronic medical record system for the health care unit.

**Total contract:** Sum of non-capitated base and per capita base for all lines/categories of services.

**The Schedule E's for each facility for the current contract year follow this page.**

BIG MUDDY CORRECTIONAL CENTER  
CONTRACT YEAR 1 BUDGET SCHEDULE E: 5/18/11 - 4/30/12

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	HOURLY FB	Combined Rates	ANNUAL PER CAP	PROGRAM ADJUST.	TOTAL CONTRACT
Dental Assistant	86,976	23,861	4,160	20.64	5.74	26.38			
Dental Hygienist	60,039	18,009	2,090	32.19	9.04	41.12			
Dentist	156,366	42,108	2,090	75.19	20.24	95.43			
Director of Nursing	65,641	18,322	2,090	31.70	8.91	40.61			
Licensed Practical Nurse	682,544	181,856	24,960	28.34	6.48	34.82			
On-Site Medical Director	208,492	57,374	2,090	99.27	27.58	126.85			
Medical Records Director	52,091	14,473	2,090	25.04	6.95	32.00			
Optometrist	20,962	0	302	69.18	0.00	69.18			
Pharmacy Technician	42,940	11,931	2,090	20.64	5.74	26.38			
Physical Therapist	16,107	0	104	154.98	0.00	154.98			
Physical Therapy Assistant	36,664	9,987	1,456	25.20	6.16	31.36			
Physician Assistant/Nurse Practitioner	85,968	28,673	2,090	46.15	12.82	58.97			
Psychiatrist	208,040	20,228	1,040	200.05	19.45	219.50			
Clinical Psychologist	88,211	24,506	2,090	42.41	11.78	54.19			
Qualified Mental Health Professional	164,801	48,804	8,340	26.42	7.94	34.36			
Radiology Technician	14,677	3,587	624	23.52	5.75	29.27			
Registered Nurse	608,786	141,366	16,648	39.58	6.50	46.08			
Staff Assistant I	128,781	33,860	6,240	20.31	5.42	25.73			
Staff Assistant II	42,940	11,931	2,090	20.64	5.74	26.38			
<b>TOTAL</b>	<b>\$ 2,993,178</b>	<b>\$ 665,440</b>	<b>86,489</b>						
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>	
ADMIN SVS									
OFF SITE ADM STAFF			113,048						
MGMT FEE			286,079						
INDIRECT ADMIN COSTS			378,626						
DIRECT CARE	1,458,760	405,593	1,865,353	341,809	187.93	0.5423	0.5423	378,626	2,207,181
DENTAL	308,217	84,568	393,785	181,086	84.46	0.2314	0.2314	0.7737	555,770
MENTAL HEALTH	495,111	90,541	585,651	284,749	146.45	0.4097	0.4097	0.8490	898,398
PHARMACY	42,940	11,931	54,870	531,403	277.06	0.7591	1.3014	1.3014	596,273
ANCILLARY	52,801	8,967	61,768	152,764	78.64	0.2182	0.2182	0.7605	214,523
LABORATORY	0	0	0	102,268	53.31	0.1481	0.1481	0.6884	102,268
RADIOLOGY	14,677	3,587	18,264	30,658	15.06	0.0406	0.0406	0.5961	48,922
SUPPORT	221,781	60,254	282,035	152,549	75.54	0.2178	0.2178	0.7802	434,593
OPTICAL	20,962	0	20,962	40,496	21.11	0.0576	0.0576	0.6001	61,398
NON-HOSPITAL SERVICES	0	0	0	318,346	165.98	0.4647	0.4647	0.8670	318,346
<b>TOTAL</b>	<b>2,593,178</b>	<b>665,440</b>	<b>5,629,244</b>	<b>2,117,904</b>	<b>1,102.78</b>	<b>3.024</b>			<b>5,745,247</b>
<b>POPULATION BASE</b>									<b>1,918</b>

\* This represents 12 months. Estimated total for CY11 is \$5,509,760.

5/6/2011

Centralia Correctional Center  
 CONTRACT YEAR 1 BUDGET SCHEDULE E: 9/1/11 - 4/30/12\*

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY RATE	COMBINED RATE	ANNUAL PER CAP	PROGRAM ADJUST.	TOTAL CONTRACT
On-Site Medical Director	152,784	37,337	1,539	99.27	24.28	99.27			
Physician	65,811	16,083	905	72.72	17.77	72.72			
Director of Nursing	70,977	19,721	2,080	34.12	9.48	34.12			
Registered Nurse	641,234	178,166	20,800	30.83	8.57	30.83			
Dentist	167,849	43,858	2,184	72.28	20.08	72.28			
Dental Assistant	39,662	11,020	2,080	19.07	5.30	19.07			
Dental Hygienist	30,918	7,556	1,040	29.73	7.27	29.73			
Psychiatrist	64,428	15,745	416	154.88	37.85	164.88			
Medical Records Clerk	39,662	11,020	2,080	19.07	5.30	19.07			
Pharmacy Technician	39,662	11,020	2,080	19.07	5.30	19.07			
Radiology Technician	22,009	5,378	1,040	21.16	5.17	21.16			
Staff Assistant I	39,662	11,020	2,080	19.07	5.30	19.07			
Orthopedic Clinic	-	-	-	-	-	-			
Surgery Clinic	-	-	-	-	-	-			
Optometrist	15,264	3,730	192	79.50	19.43	79.50			
TOTAL	1,370,921	371,664	38,516						
TOTAL CONTRACT BUDGET	PERS SVS	FRINGES	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PER CAP DAILY	PROGRAM ADJUST.	TOTAL CONTRACT	
ADMIN SVS									
OFF SITE ADMIN STAFF			47,721						
MGMT FEE			143,225						
INDIRECT ADMIN COSTS			190,946						
DIRECT CARE	930,806	251,307	1,180,113	187,405	123.54	0.3448	0.3448	190,946	
DENTAL	228,428	62,434	290,862	87,684	57.80	0.3385	0.6834	1,369,518	
MENTAL HEALTH	64,428	15,745	80,173	93,316	61.51	0.1564	0.5033	378,546	
PHARMACY/MEDICAL SPL	39,662	11,020	50,682	365,833	241.16	0.1665	0.5134	173,469	
ANCILLARY	22,009	5,378	27,387	124,976	82.38	0.6907	1.0058	416,515	
SUPPORT	79,324	22,040	101,364	81,049	53.43	0.2257	0.5705	152,363	
OPTICAL	15,264	3,730	18,995	21,921	14.45	0.1464	0.4913	182,413	
HOSPITALIZATION			0	226,004	148.98	0.0396	0.3845	40,916	
TOTAL	1,379,921	371,664	1,942,521	1,188,188	783.26	2.1459	0.7531	226,004	
POPULATION BASE								3,130,709	1517

\* This schedule reflects 12 months, though the center will come into the contract on 9/1/11. Estimated total for CY1 is \$2,067,139.

5/6/2011



DANVILLE CORRECTIONAL CENTER  
 CONTRACT YEAR 1 BUDGET SCHEDULE E: 5/16/11 - 4/30/12

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates		
Dental Assistant	37,374	10,384	2,080	17.97	4.90	22.96		
Dentist	147,916	39,840	2,080	71.11	19.15	90.26		
Director of Nursing	65,298	18,143	2,080	31.39	8.72	40.11		
Licensed Practical Nurse	474,931	131,959	20,800	22.83	6.34	29.17		
Medical Director	181,137	50,328	2,080	87.08	24.20	111.28		
Medical Records Director	53,874	14,913	2,080	25.81	7.17	32.98		
Optometrifist	20,871	0	280	78.50	0.00	78.50		
Pharmacy Technician	36,648	10,183	2,080	17.62	4.90	22.52		
Physician Assst/Nurse Practitioner	92,302	25,048	2,080	44.38	12.33	56.71		
Psychiatrist	92,096	22,506	624	147.56	36.07	183.66		
Radiology Technician	20,293	0	624	32.52	0.00	32.52		
Registered Nurse	500,958	138,382	18,640	30.11	8.32	38.43		
Staff Assistant I	42,940	11,931	2,080	20.84	5.74	26.36		
Staff Assistant II	30,314	22,315	4,160	19.31	5.36	24.67		
Clinical Psychologist	68,211	24,508	2,080	42.41	11.78	54.19		
TOTAL	\$ 1,624,764	\$ 521,041	61,828					
TOTAL CONTRACT BUDGET	PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PER CAP DAILY	PROGRAM ADJUST.	TOTAL CONTRACT
ADMIN SVS								
OFF SITE ADM STAFF			103,416					
MGMT FEE			214,976					
INDIRECT ADMIN COSTS			318,392		174.27	0.4776	0.4776	318,392
DIRECT CARE	1,314,628	364,458	1,679,087	280.845	153.72	0.4212	0.8987	1,959,832
DENTAL	185,290	50,229	235,519	133.746	73.21	0.2006	0.6781	369,281
MENTAL HEALTH	180,306	47,015	227,322	206.393	112.87	0.3095	0.7870	433,715
PHARMACY	36,648	10,183	46,831	409.059	223.91	0.6135	1.0610	455,819
ANCILLARY	0	0	0	122.313	66.95	0.1834	0.6608	122,313
LABORATORY	0	0	0	108.207	59.23	0.1623	0.6348	108,207
RADIOLOGY	20,293	0	20,293	51.124	27.08	0.0767	0.5542	71,417
SUPPORT	178,828	49,159	228,087	126.213	66.08	0.1893	0.6668	352,300
OPTICAL	20,671	0	20,671	33.437	18.30	0.0501	0.5276	54,107
NON-HOSPITAL SERVICES	0	0	0	387.534	212.11	0.5811	1.0686	387,534
TOTAL	1,934,764	521,041	2,774,197	1,858.990	1,017.48	2.7878		4,653,097
POPULATION BASE								1,827

\* This represents 12 months. Estimated total for CY1 is 54,443,216.

5/6/2011

DECATUR CORRECTIONAL CENTER  
 CONTRACT YEAR 1 BUDGET SCHEDULE E: 9/18/11 - 4/30/12

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	HOURLY	FB HOURLY	Combined Rates	TOTAL CONTRACT BUDGET		TOTAL CONTRACT	
								PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE
Dental Assistant	21,470	5,247	1,040	20.64	5.04	26.68					
Dental Hygienist	19,045	4,654	520	36.62	8.95	45.57					
Dentist	75,166	18,369	1,040	72.28	17.66	89.94					
Gynecologist/ Physician Specialist	33,849	0	120	282.08	0.00	282.08					
On-Site Medical Director	105,155	25,688	1,248	84.26	20.59	104.85					
Medical Records Director	57,233	15,902	2,080	27.52	7.65	35.17					
Optometrist	16,837	0	208	79.50	0.00	79.50					
Psychiatrist	71,810	17,549	416	172.62	42.18	214.80					
Qualified Mental Health Professional	95,624	26,689	2,080	45.97	12.77	58.74					
Clinical Social Worker	54,950	15,268	2,080	26.42	7.34	33.76					
Radiology Technician	4,067	994	208	19.55	4.78	24.33					
Staff Assistant	45,887	12,750	2,080	22.06	6.13	28.19					
TOTAL	\$ 600,794	\$ 142,989	13,120								
ADMIN SVS											
OFF SITE ADM STAFF											
MGMT FEE											
INDIRECT ADMIN COSTS											
DIRECT CARE	139,005	25,688	164,702	117,050	194.11	278.06	0.7618	0.7618	0.7618	1.2936	167,670
DENTAL	115,680	28,270	143,950	50,363	83.52	0.2288	0.2288	0.2288	0.2288	0.9906	281,753
MENTAL HEALTH	222,365	59,386	281,771	48,569	80.55	0.2207	0.2207	0.2207	0.2207	0.9825	194,313
PHARMACY	0	0	0	218,228	361.90	0.9915	0.9915	0.9915	0.9915	1.7533	330,340
ANCILLARY	0	0	0	168,456	262.78	0.7198	0.7198	0.7198	0.7198	1.4817	218,228
LABORATORY	0	0	0	93,226	154.60	0.4236	0.4236	0.4236	0.4236	1.1854	154,656
RADIOLOGY	4,087	994	5,061	20,821	34.53	0.0946	0.0946	0.0946	0.0946	0.8564	93,226
SUPPORT	103,121	28,652	131,772	43,110	71.48	0.1959	0.1959	0.1959	0.1959	0.8677	25,883
OPTICAL	16,537	0	16,537	12,691	20.98	0.0672	0.0672	0.0672	0.0672	0.8190	174,882
NON-HOSPITAL SERVICES	0	0	0	391,899	649.92	1.7806	1.7806	1.7806	1.7806	2.5424	29,127
TOTAL	600,794	142,989	911,463	1,154,313	1,914.28	5.2446	5.2446	5.2446	5.2446	2,066,777	391,899
POPULATION BASE											603
* This represents 12 months. Estimated total for CY1 is \$1,981,114.											

6/6/2011

DIXON CORRECTIONAL CENTER  
 CONTRACT YEAR 1 BUDGET SCHEDULE E: 01/01/11 - 4/30/12

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	HOURLY FEES	COMBINED RATES	TOTAL CONTRACT BUDGET		PER CAP		PROGRAM ADJUST.		TOTAL CONTRACT
							PER S/S	NON CAP BASE	PER CAP BASE	PER CAP DAILY	PER CAP DAILY	ADJUST.	
Certified Nurses Assistant	96,213	25,068	6,240	14.46	4.02	18.48							
Chief Dentist	160,360	45,947	2,080	79.50	22.09	101.59							
Dental Assistant	42,940	11,931	2,080	20.64	5.74	26.38							
Dentist	63,792	0	832	76.67	0.00	76.67							
Phlebotomist	19,171	4,880	1,040	18.43	4.60	22.93							
Licensed Practical Nurse	493,431	137,089	20,800	23.72	6.09	30.21							
On-Site Medical Director	196,648	54,361	2,080	94.06	26.13	120.19							
Ophthalmist	32,214	0	416	77.44	0.00	77.44							
Pharmacy Technician	126,771	34,689	6,240	20.00	6.96	26.96							
Physical Therapist	47,247	0	416	113.58	0.00	113.58							
Physical Therapist Assistant	44,743	12,432	2,080	21.51	5.98	27.49							
Physician	186,067	51,421	2,080	88.97	24.72	113.69							
Physician Asst/Nurse Practitioner	107,894	28,311	2,080	48.99	13.61	62.60							
Psychiatrist	812,115	159,810	7,332	124.40	21.80	146.20							
Psychologist Nurse	64,365	17,084	2,080	30.94	8.80	39.74							
Clinical Psychologist	1,103,824	308,697	24,960	44.22	12.29	56.51							
Qualified Mental Health Professional	54,960	15,268	2,080	26.42	7.34	33.76							
Clinical Social Worker	61,108	17,034	2,080	29.47	8.19	37.66							
Radiology Technician	47,647	13,239	2,080	22.91	6.36	29.27							
Registered Nurse	428,792	119,417	14,560	29.52	8.20	37.72							
Staff Assistant I	36,648	10,183	2,080	17.62	4.90	22.62							
Staff Assistant II	204,931	56,940	10,400	19.70	5.47	25.17							
Supervising Nurse	74,350	20,659	2,080	35.75	9.93	45.68							
TOTAL	\$ 4,295,426	\$ 1,143,040	116,136										
<b>TOTAL CONTRACT BUDGET</b>													
ADMIN SVS													
OFF SITE ADM STAFF			265,726										
AGMNT FEE			487,379										
INDIRECT ADMIN COSTS			764,039										
DIRECT CARE	1,570,394	436,333	2,066,726	644,916	290.90	0.7959						0.8006	754,029
DENTAL	272,097	57,877	359,974	305.548	137.63	0.3771						1.7265	2,851,542
MENTAL HEALTH	2,196,562	516,693	2,713,256	796.410	354.35	0.9706						1.3077	636,622
PHARMACY	124,771	34,699	169,470	1,015.766	457.63	1.2526						1.8011	3,499,680
ANGIARY	91,991	12,432	104,423	434.861	196.88	0.5367						2.1941	1,175,145
LABORATORY	18,171	4,685	22,856	211.423	95.24	0.2609						1.4873	530,284
RADIOLOGY	47,647	13,239	60,886	67.672	30.21	0.0928						1.1915	335,275
SUPPORT	241,579	87,123	328,702	269.546	150.34	0.3571						1.8134	127,967
OPTICAL	32,214	0	32,214	76.397	34.41	0.0943						1.2377	538,029
NON-HOSPITAL SERVICES		0	0	177,227	79.93	0.2167						1.8048	166,661
TOTAL	4,596,426	1,143,040	6,493,514	4,098,921	1,695,921	4.9476						1.1403	177,227
POPULATION BASE													10,502,436
													2,220

This represents 12 months. Estimated total for CY1 is \$10,072,007.

04/26/11

DUNWICH CORRECTIONAL CENTER  
CONTRACT YEAR 1 BUDGET SCHEDULE E 5/16/11 - 4/30/12

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates	
						ANNUAL PER CAP	PROGRAM TOTAL
Dental Assistant	95,470	25,525	4,162	22.95	8.39	29.33	
Dental Hygienist	39,892	9,779	1,040	38.45	9.40	47.85	
Dentist	161,272	36,967	2,060	72.73	17.77	90.50	
Director of Nursing	72,267	20,078	2,060	34.74	9.66	44.39	
Gynecological/Physician Specialist	128,856	0	416	308.75	0.00	308.75	
Licensed Practical Nurse	211,662	58,910	8,320	25.44	7.07	32.51	
Radiology Technician/Mammography	30,625	0	520	58.89	0.00	58.89	
On-Site Medical Director	202,069	56,145	2,060	97.15	28.89	124.14	
Medical Records Director	50,687	13,911	2,060	24.07	6.89	30.76	
Optometrist	29,619	7,239	416	71.20	17.40	88.60	
Pharmacy Technician	49,593	13,777	2,060	23.84	6.82	30.46	
Physical Therapist	43,345	0	520	83.36	0.00	83.36	
Physical Therapy Assistant	44,743	12,432	2,060	21.51	5.98	27.49	
Physician Asst/Nurse Practitioner	164,746	54,110	4,160	48.81	13.01	69.82	
Psychiatrist	638,556	139,905	4,160	129.45	33.56	163.02	
Clinical Social Worker	55,992	15,549	2,060	26.90	7.48	34.38	
Radiology Technician	50,732	0	1,560	32.52	0.00	32.52	
Registered Nurse	274,478	75,470	8,162	29.96	8.25	38.24	
Staff Assistant	222,991	61,927	10,400	21.43	5.95	27.38	
TOTAL	\$ 2,486,931	\$ 692,320	\$9,384				
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM TOTAL CONTRACT</b>
ADMIN SVS							
OFF SITE ADM STAFF			135,534				
MGMT FEE			277,467				
INDIRECT ADMIN COSTS			413,281				
DIRECT CARE	1,094,078	284,914	1,348,693	262,639	209.40	0.7361	1,7399 1,641,532
DENTAL	286,734	73,267	360,001	139,652	127.92	0.3509	1,3922 499,052
MENTAL HEALTH	594,518	155,154	748,672	366,909	337.54	0.9248	1,8605 1,116,981
PHARMACY	49,593	13,777	63,369	500.317	463.27	1.261	2,3027 863,677
ANCILLARY	89,093	12,432	100,525	276.779	253.71	0.6951	1,7399 379,302
LABORATORY		0	0	398.918	388.99	1.0555	2,0472 398,918
RADIOLOGY	81,359	0	81,359	79.981	73.98	0.2016	1,2433 161,339
SUPPORT	272,948	75,959	348,766	131.953	121.30	0.3323	1,3740 460,639
OPTICAL	29,619	7,239	36,857	34.763	31.68	0.8976	1,1293 71,620
NON-HOSPITAL SERVICES	0	0	0	259.719	239.17	0.647	1,6887 266,719
TOTAL	2,486,931	692,320	3,072,442	2,477,127	2,278.87	0.2453	9,379,099 1,067
POPULATION BASE							
INTAKE BASE							

\* This represents 12 months. Estimated total for CY1 is \$3,734,901.

5/6/2011

EAST MOLINE CORRECTIONAL CENTER  
 CONTRACT YEAR 1 BUDGET SCHEDULE E: 5/16/11 - 4/30/12

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates		PROGRAM ADJUST.	TOTAL CONTRACT
						ANNUAL PER CAP BASE	ANNUAL PER CAP DAILY		
Dental Assistant	42,940	11,931	2,080	20.64	5.74	26.38			
Dentist	159,588	44,341	2,080	76.73	21.32	98.05			
On-Site Medical Director / Physician	179,733	49,939	2,080	86.41	24.01	110.42			
Optometrist	15,090	0	180	79.50	0.00	79.50			
Pharmacy Technician	42,082	11,692	2,080	20.23	5.82	26.05			
Psychiatrist	33,019	8,069	260	127.00	31.04	158.04			
Radiology Technician	14,677	3,587	624	23.52	5.75	29.27			
Staff Assistant	79,588	22,113	4,160	19.13	5.32	24.45			
TOTAL	\$ 568,716	\$ 151,672	13,554						
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>	
ADMIN SVS									
OFF SITE ADM STAFF			49,139						
MGMT FEE			91,733						
INDIRECT ADMIN COSTS			140,871		124.33	0.3406	0.3406	140,871	
DIRECT CARE	179,733	49,939	229,971	124,330	109.74	0.3007	0.6413	354,001	
DENTAL	202,528	56,272	258,800	56,854	50.18	0.1375	0.4781	315,853	
MENTAL HEALTH	33,019	8,069	41,089	47,645	42.05	0.1152	0.4558	88,734	
PHARMACY	42,082	11,692	53,774	284,755	251.33	0.6886	1.0292	338,529	
ANCILLARY	0	0	0	181,710	142.73	0.391	0.7318	181,710	
LABORATORY	0	0	0	98,089	84.82	0.2324	0.5730	98,089	
RADIOLOGY	14,677	3,587	18,264	26,306	23.22	0.0636	0.4042	44,572	
SUPPORT	79,588	22,113	101,701	51,245	45.23	0.1239	0.4845	152,946	
OPTICAL	15,090	0	15,090	14,213	12.54	0.0344	0.3750	29,303	
NON-HOSPITAL SERVICES	0	0	0	254,562	224.71	0.6158	0.9562	254,562	
TOTAL	568,716	151,672	859,259	1,117,752	966.54	2.7028		1,977,011 *	
POPULATION BASE								1,133	

\* This represents 12 months. Estimated total for CY1 is \$1,895,986.

5/6/2011

GRAHAM CORRECTIONAL CENTER  
CONTRACT YEAR 1 BUDGET SCHEDULE E: 5/16/11 - 4/30/12

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates		
Dentist	240,920	64,136	3,328	72.39	19.27	91.66		
Medical Director	202,692	56,318	2,080	97.45	27.08	124.53		
Optometrist	33,073	0	416	79.50	0.00	79.50		
Pharmacy Technician	40,454	11,240	2,080	19.45	5.40	24.85		
Physician AssisNurse Practitioner	94,150	26,160	2,080	45.26	12.56	57.84		
Psychiatrist	169,649	8,394	1,248	136.94	6.73	142.67		
Clinical Psychologist	91,511	25,426	2,080	44.00	12.22	56.22		
Qualified Mental Health Professional	54,950	15,268	2,080	26.42	7.34	33.76		
Radiology Technician	19,059	4,658	832	22.91	5.60	28.51		
Registered Nurse	187,773	52,172	6,240	30.09	8.36	38.45		
Staff Assistant I	20,634	5,042	1,040	19.84	4.85	24.69		
Staff Assistant II	42,940	11,931	2,080	20.64	5.74	26.38		
<b>TOTAL</b>	<b>\$ 1,197,803</b>	<b>\$ 280,745</b>	<b>25,584</b>					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>	
ADMIN SVS								
OFF SITE ADM STAFF			85,572					
MGMT FEE			180,830					
INDIRECT ADMIN COSTS			209,402		142.39	0.3901	269,402	
DIRECT CARE	484,615	134,650	619,265	230,423	121.79	0.3337	0.7236	849,688
DENTAL	240,920	64,136	305,056	103,620	54.77	0.1501	0.5402	408,976
MENTAL HEALTH	316,110	48,088	365,198	168,723	89.18	0.2443	0.6344	533,922
PHARMACY	40,454	11,240	51,694	636,205	336.26	0.9213	1.3114	687,696
ANCILLARY	0	0	0	166,931	88.23	0.2417	0.6316	166,931
LABORATORY	0	0	0	198,212	104.76	0.287	0.6771	198,212
RADIOLOGY	19,059	4,658	23,716	32,234	17.04	0.0467	0.4368	55,961
SUPPORT	63,573	16,973	80,547	92,077	48.67	0.1333	0.5234	172,623
OPTICAL	33,073	0	33,073	25,906	13.69	0.0375	0.4276	58,978
NON-HOSPITAL SERVICES	0	0	0	494,919	261.59	0.7167	1.1068	494,919
<b>TOTAL</b>	<b>1,197,803</b>	<b>280,745</b>	<b>1,747,951</b>	<b>2,149,251</b>	<b>1,195.97</b>	<b>3.1122</b>	<b>3,697,201</b>	<b>*</b>
POPULATION BASE							1,892	
INTAKE BASE							314	

\* This represents 12 months. Estimated total for CY1 is \$3,737,480.

5/6/2011

HILL CORRECTIONAL CENTER  
 CONTRACT YEAR 1 BUDGET SCHEDULE E 5/16/11 - 4/30/12

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FR HOURLY	Combined Rates	
						ANNUAL PER CAP	PER CONTRACT
Dental Assistant	85,878	23,981	4,160	20.64	5.74	26.38	
Dentist	150,332	41,770	2,080	72.28	20.08	92.36	
Director of Nursing	72,287	20,079	2,080	34.74	9.86	44.30	
Licensed Practical Nurse	889,738	193,956	34,960	25.63	6.56	30.19	
On-Site Medical Director	203,915	69,659	2,080	98.04	27.24	125.28	
Medical Records Director	45,359	12,603	2,080	21.81	6.06	27.87	
Optometrist	33,073	0	419	79.00	0.00	79.00	
Pharmacy Technician	40,916	9,669	2,080	19.67	4.81	24.48	
Physical Therapist	16,107	0	104	154.98	0.00	154.98	
Physical Therapy Assistant	22,372	5,467	1,040	21.51	5.26	26.77	
Physician Assistant/ Nurse Practitioner	90,498	25,148	2,080	43.51	12.09	55.60	
Psychiatrist	148,587	36,311	1,040	158.75	38.76	197.54	
Clinical Psychologist	102,223	29,403	2,080	48.16	13.96	62.81	
Qualified Mental Health Professional	54,950	15,269	2,080	26.42	7.34	33.76	
Clinical Social Worker	54,950	15,269	2,080	26.42	7.34	33.76	
Radiology Technician	17,284	4,219	832	20.76	5.07	25.82	
Registered Nurse	506,506	140,495	16,840	30.06	8.44	38.00	
Staff Assistant I	46,246	11,301	2,240	20.64	5.04	25.69	
Staff Assistant II	66,879	23,961	4,160	20.64	5.74	26.38	
TOTAL	\$ 2,369,053	\$ 634,584	74,208				
TOTAL CONTRACT BUDGET	PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PER CONTRACT	TOTAL CONTRACT
ADMIN SVS							
OFF SITE ADM STAFF			127,180				
MOIST FEE			251,242				
INDIRECT ADMIN COSTS			378,426		207.24	0.6678	378,426
DIRECT CARE	1,464,815	499,232	1,871,147	369,690	199.17	0.5457	2,234,896
DENTAL	236,211	65,031	301,842	169,232	82.88	0.2538	471,075
MENTAL HEALTH	360,711	96,260	456,961	202,826	111.08	0.3043	658,788
PHARMACY	40,816	9,999	50,815	504,196	276.12	0.7660	655,111
ANCELLARY	36,476	5,407	43,945	169,279	103.66	0.284	233,225
LABORATORY	0	0	0	126,074	69.04	0.1862	126,074
RADIOLOGY	17,284	4,219	21,483	42,937	23.91	0.0644	64,419
SUPPORT	177,484	47,766	225,250	156,964	65.86	0.2355	382,202
OPTICAL	33,073	0	33,073	42,308	23.17	0.0636	75,381
NON-HOSPITAL SERVICES	0	0	0	235,162	128.79	0.3529	235,162
TOTAL	2,369,053	634,584	3,362,045	2,692,656	1,113.17	3.0498	6,414,700
POPULATION BASE							1,826

\* This represents 12 months. Estimated total for CY1 is \$5,152,785.

5/6/2011

ILLINOIS RIVER CORRECTIONAL CENTER  
 CONTRACT YEAR 1 BUDGET SCHEDULE E: 5/16/11 - 4/30/12

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates		
Dental Assistant	56,106	27,553	4,160	23.84	6.92	30.46		
Dental Hygienist	34,992	9,773	1,040	34.45	6.40	47.85		
Dentist	148,058	41,149	2,060	71.20	19.78	90.98		
Director of Nursing	67,113	18,647	2,080	32.27	9.96	41.23		
Licensed Practical Nurse	590,379	160,693	24,960	23.25	6.44	28.69		
Medical Director	183,284	53,704	2,080	92.93	25.92	118.75		
Medical Records Director	61,076	14,182	2,080	24.66	6.82	31.38		
Optometrist	35,073	0	418	79.50	0.00	79.50		
Pharmacy Technician	36,305	9,625	2,080	18.93	4.82	23.55		
Physical Therapist	16,107	0	104	154.89	0.00	154.89		
Physical Therapy Assistant	22,372	6,467	1,040	21.51	5.26	26.77		
Physician Asst/Nurse Practitioner	98,717	24,550	2,080	42.05	11.95	54.50		
Psychiatrist	83,351	0	520	179.52	0.00	179.52		
Qualified Mental Health Professional	150,574	41,837	4,160	36.20	10.06	46.26		
Clinical Social Worker	64,960	16,289	2,080	26.42	7.34	33.76		
Radiology Technician	13,205	3,227	624	21.16	5.17	26.33		
Registered Nurse	528,476	153,172	16,540	33.56	9.33	42.89		
Staff Assistant I	30,365	8,820	2,080	18.93	4.82	23.85		
Staff Assistant II	92,522	23,707	4,160	22.24	6.19	28.42		
TOTAL	\$ 2,381,188	\$ 616,249	74,464					
TOTAL CONTRACT BUDGET				PER CAP BASE	ANNUAL PER CAP	PER CAP DAILY	PROGRAM ADJUST.	TOTAL CONTRACT
ADMIN SVCS								
OFF SITE ADM STAFF			127,017					
MGMT FEE			256,328					
INDIRECT ADMIN COSTS			396,345		187.52	0.6139	0.6137	386,346
DIRECT CARE	1,487,566	412,896	1,900,804	359,848	174.52	0.4781	0.9918	2,259,453
DENTAL	267,266	78,475	365,731	170,807	83.12	0.2277	0.7414	536,539
MENTAL HEALTH	206,876	57,105	355,981	239,322	112.98	0.3071	0.8208	598,303
PHARMACY	39,355	9,920	49,985	529,109	258.01	0.7014	1.2151	676,094
ANCILLARY	38,478	5,467	43,945	153,406	94.11	0.2578	0.7716	237,352
LABORATORY	0	0	0	89,762	49.96	0.1317	0.4654	98,762
RADIOLOGY	13,205	3,227	16,432	28,145	13.70	0.0376	0.5612	44,577
SUPPORT	182,666	49,519	232,485	181,327	79.90	0.2163	0.7286	304,013
OPTICAL	33,073	0	33,073	42,702	20.78	0.0569	0.9708	73,775
NON-HOSPITAL SERVICES	0	0	0	334,190	182.91	0.4989	1.0126	374,189
TOTAL	2,381,188	616,249	3,362,793	2,184,627	1,093.08	2.8175		5,997,410
POPULATION BASE								2,065

\* This represents 12 months. Estimated total for CY1 is \$5,339,237.

5/6/2011



JACKSONVILLE CORRECTIONAL CENTER  
 CONTRACT YEAR 1 BUDGET SCHEDULE E: 5/16/11 - 4/30/12

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates		
						ANNUAL PER CAP	PROGRAM ADJUST.	
Dentist	144,533	40,159	2,080	69.49	19.31	88.80		
Licensed Practical Nurse	45,356	12,803	2,080	21.81	8.06	27.87		
On-Site Medical Director	195,002	54,181	2,080	93.75	26.06	119.80		
Optometrist	10,335	0	130	79.50	0.00	79.50		
Pharmacy Technician	19,446	4,752	1,040	18.70	4.57	23.27		
Physician Asst/Nurse Practitioner	21,476	0	416	51.63	0.00	51.63		
Psychiatrist	50,737	0	364	139.39	0.00	139.39		
Qualified Mental Health Professional	54,950	15,268	2,080	26.42	7.34	33.76		
Radiology Technician	11,004	2,669	520	21.16	5.17	26.33		
Staff Assistant	37,770	9,230	2,080	18.16	4.44	22.60		
TOTAL	\$ 590,614	\$ 138,882	12,870					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS								
OFF SITE ADM STAFF			37,771					
MGMT FEE			90,064					
INDIRECT ADMIN COSTS			127,835		81.48	0.2232	0.2232	127,835
DIRECT CARE	261,837	66,784	328,622	127,513	81.27	0.2227	0.4459	456,135
DENTAL	144,533	40,159	184,692	56,391	37.95	0.1037	0.3269	244,063
MENTAL HEALTH	105,687	15,268	120,955	60,967	38.86	0.1065	0.3267	181,922
PHARMACY	19,446	4,752	24,198	268,319	190.13	0.5209	0.7441	322,518
ANCILLARY	0	0	0	61,677	39.31	0.1077	0.3309	61,677
LABORATORY	0	0	0	111,697	71.19	0.195	0.4182	111,697
RADIOLOGY	11,004	2,669	13,694	31,015	19.77	0.0542	0.2774	44,708
SUPPORT	37,770	9,230	47,000	54,016	34.43	0.0943	0.3175	101,016
OPTICAL	10,335	0	10,335	14,848	9.46	0.0259	0.2481	25,183
NON-HOSPITAL SERVICES	0	0	0	264,253	168.42	0.4814	0.6846	264,253
TOTAL	590,614	138,882	857,331	1,083,695	690.89	1.8923		1,841,028 *
POPULATION BASE								1,569

\* This represents 12 months. Estimated total for CY1 is \$1,861,476. 5462014

LAWRENCE CORRECTIONAL CENTER  
 CONTRACT YEAR 1 BUDGET SCHEDULE E: 5/18/11 - 4/30/12

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	HOURLY RATE	FB HOURLY	Combined Rates	ANNUAL PER CAP	PROGRAM ADJUST.	TOTAL CONTRACT
Dental Assistant	76,684	21,826	4,160	18.88	18.88	5.26	24.13			
Dental Hygienist	66,839	18,589	2,080	32.19	32.19	9.44	41.12			
Dentist	238,021	65,593	3,120	76.30	76.30	20.37	96.67			
Director of Nursing	67,113	18,647	2,080	32.27	32.27	9.96	41.23			
Licensed Practical Nurse	832,328	231,282	36,360	23.54	23.54	6.54	30.08			
On-Site Medical Director	190,642	55,554	2,080	96.13	96.13	26.71	122.84			
Medical Records Director	47,195	13,110	2,080	22.69	22.69	6.30	28.99			
Optometrist	41,941	0	820	51.15	51.15	0.00	51.15			
Pharmacy Technician	41,268	11,469	2,080	19.84	19.84	5.51	25.35			
Physician Assistant	194,220	54,020	4,160	47.17	47.17	13.11	60.28			
Psychiatrist	151,418	0	1,212	124.89	124.89	0.00	124.89			
Clinical Psychologist	88,211	24,508	2,080	42.41	42.41	11.79	54.19			
Radiology Technician	32,214	0	1,040	30.98	30.98	0.00	30.98			
Registered Nurse	473,985	131,086	14,560	32.50	32.50	9.00	41.60			
Qualified Mental Health Professional	60,130	16,429	2,080	28.43	28.43	7.90	36.33			
Clinical Social Worker	115,082	31,978	4,160	27.67	27.67	7.69	35.36			
Staff Assistant I	42,940	11,931	2,080	20.64	20.64	5.74	26.38			
Staff Assistant II	85,389	23,171	4,160	20.09	20.09	5.57	25.62			
Physical Therapist	32,987	0	208	158.64	158.64	0.00	158.64			
Physical Therapist Assistant	44,743	12,432	2,080	21.51	21.51	5.98	27.48			
TOTAL	\$ 2,933,083	\$ 740,694	91,380							
TOTAL CONTRACT BUDGET	PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	ANNUAL PER CAP	PER CAP DAILY	PROGRAM ADJUST.	TOTAL CONTRACT	
ADMIN SVS										
OFF SITE ADM STAFF			131,902							
MGMT FEE			283,151							
INDIRECT ADMIN COSTS			415,822			176.42	0.4806		0.4806	416,052
DIRECT CARE	1,768,687	481,679	2,261,206	568.461	568.461	156.15	0.4278	0.9064	0.9064	2,630,727
DENTAL	385,544	103,989	487,932	177.628	177.628	75.16	0.2059	0.6865	0.6865	665,559
MENTAL HEALTH	413,681	72,817	486,768	185.000	185.000	78.91	0.2189	0.6965	0.6965	676,837
PHARMACY	41,268	11,469	52,734	578.665	578.665	244.99	0.6712	1.1518	1.1518	632,369
ANCILLARY	77,740	12,432	90,172	122.033	122.033	51.59	0.1413	0.6219	0.6219	212,205
LABORATORY	0	0	0	0	0	0	0.1183	0.5969	0.5969	192,196
RADIOLOGY	32,214	0	32,214	31.827	31.827	13.37	0.0086	0.5172	0.5172	63,841
SUPPORT	173,518	48,212	221,730	169.467	169.467	71.62	0.1962	0.6768	0.6768	391,192
OPTICAL	41,341	0	41,341	44.458	44.458	18.78	0.0515	0.5321	0.5321	85,798
NON-HOSPITAL SERVICES	0	0	0	0	0	68.28	0.3638	0.7444	0.7444	227,788
TOTAL	2,933,083	740,694	4,088,909	2,013.674	2,013.674	851.05	2.3316			6,102,933
POPULATION BASE										2,068

\* This represents 12 months. Estimated total for CY1 is \$5,652,285.

5/6/2011

LINCOLN CORRECTIONAL CENTER  
 CONTRACT YEAR 1 BUDGET SCHEDULE E: 5/16/11 - 4/30/12

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates	TOTAL CONTRACT BUDGET		PROGRAM ADJUST.		TOTAL CONTRACT
							PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	
Dentist	131,004	36,399	2,080	62.98	17.50	80.48					
Director of Nursing	87,113	18,847	2,080	32.27	8.96	41.23					
Gynecologist/Physician Specialist	45,488	11,111	312	145.73	35.81	181.54					
Licensed Practical Nurse	485,120	129,233	20,800	22.36	6.21	28.57					
On-Site Medical Director	216,822	60,244	2,080	104.24	28.96	133.20					
Medical Records Director	46,261	12,854	2,080	22.24	6.16	28.42					
Optometrist	33,073	0	416	79.50	0.00	79.50					
Pharmacy Technician	42,840	11,931	2,080	20.64	5.74	26.38					
Physician Asst/Nurse Practitioner	94,150	28,160	2,080	45.26	12.68	57.94					
Psychiatrist	139,840	8,919	884	158.30	10.09	168.39					
Qualified Mental Health Professional	48,886	11,452	1,940	45.08	11.01	56.07					
Clinical Social Worker	91,885	25,530	2,080	44.18	12.27	56.45					
Registered Nurse	404,582	112,413	12,480	32.42	9.01	41.43					
Staff Assistant	77,168	20,109	4,160	18.55	4.83	23.38					
<b>TOTAL</b>	<b>\$ 1,992,360</b>	<b>\$ 485,003</b>	<b>54,652</b>								
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL</b>			
ADMIN SVS											
OFF SITE ADM STAFF			98,821								
MGMT FEE			192,213								
INDIRECT ADMIN COSTS			290,834		298.17	0.8114		0.8114			290,834
DIRECT CARE	1,293,255	357,908	1,651,062	247,332	251.87	0.6901		1,5015			1,698,384
DENTAL	131,004	36,399	167,403	119,242	117.36	0.3215		1,1328			282,845
MENTAL HEALTH	278,860	45,902	324,593	145,639	146.27	0.4007		1,2121			468,231
PHARMACY	42,840	11,931	54,870	291,788	297.12	0.814		1,6254			346,638
ANCILLARY	0	0	0	134,779	137.25	0.376		1,1874			134,779
LABORATORY	0	0	0	127,128	129.46	0.3547		1,1691			127,128
RADIOLOGY	0	0	0	20,493	20.87	0.0572		0.8696			20,493
SUPPORT	123,429	32,963	156,392	107,325	109.28	0.2994		1,1108			263,717
OPTICAL	33,073	0	33,073	26,811	28.34	0.0804		0.8918			61,884
NON-HOSPITAL SERVICES	0	0	0	247,781	252.32	0.6913		1,5027			247,781
<b>TOTAL</b>	<b>1,992,360</b>	<b>485,003</b>	<b>2,678,228</b>	<b>1,464,298</b>	<b>1,491.14</b>	<b>4.0853</b>					<b>4,142,528*</b>
POPULATION BASE											982

\* This represents 12 months. Estimated total for CY1 is \$3,972,749.

LOGAN CORRECTIONAL CENTER  
 CONTRACT YEAR 1 BUDGET SCHEDULE E: 5/16/11 - 4/30/12

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	HOURLY FB	Combined Rates	
Dentist	152,239	41,466	2,080	73.19	19.94	93.13	
Dental Assistant	38,892	10,806	2,080	18.70	6.20	23.90	
Licensed Practical Nurse	207,263	57,588	8,320	24.91	6.92	31.83	
On-Site Medical Director	188,951	52,500	2,080	90.84	25.24	116.08	
Medical Records Director	48,395	13,724	2,080	23.75	6.60	30.35	
Optometrist	33,073	0	416	79.50	0.00	79.50	
Pharmacy Technician	42,940	11,931	2,080	20.64	5.74	26.38	
Physician Asst/Nurse Practitioner	94,150	26,160	2,080	45.26	12.56	57.84	
Qualified Mental Health Professional	32,970	8,057	1,248	26.42	6.45	32.88	
Psychiatrist	91,273	0	520	175.53	0.00	175.53	
Clinical Psychologist	91,511	25,426	2,080	44.00	12.22	56.22	
Staff Assistant	117,609	32,014	6,240	18.86	5.13	24.01	
Radiology Technician	16,270	3,976	832	19.55	4.76	24.33	
<b>TOTAL</b>	<b>\$ 1,156,735</b>	<b>\$ 283,648</b>	<b>32,136</b>				
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS							
OFF SITE ADM STAFF			75,205				
MGMT FEE			140,308				
INDIRECT ADMIN COSTS			215,563		109.26	0.2993	215,563
DIRECT CARE	490,364	136,247	626,612	199,503	100.61	0.2756	825,115
DENTAL	191,131	62,272	243,403	92,514	46.89	0.1286	395,916
MENTAL HEALTH	215,754	33,483	249,237	183,666	93.08	0.255	432,893
PHARMACY	42,940	11,931	54,871	269,334	151.72	0.4157	354,205
ANCILLARY	0	0	0	99,991	90.68	0.1388	99,991
LABORATORY	0	0	0	90,848	45.94	0.1259	90,848
RADIOLOGY	16,270	3,976	20,246	26,577	12.96	0.0356	45,822
SUPPORT	167,204	46,739	213,942	84,756	42.96	0.1177	297,696
OPTICAL	33,073	0	33,073	23,128	11.72	0.0321	56,201
NON-HOSPITAL SERVICES	0	0	0	270,909	137.31	0.3762	270,909
<b>TOTAL</b>	<b>1,156,735</b>	<b>283,648</b>	<b>1,655,946</b>	<b>1,369,015</b>	<b>693.87</b>	<b>1.901</b>	<b>3,024,902 *</b>
POPULATION BASE							1,973

\* This represents 12 months. Estimated total for CY1 is \$2,900,988

5/6/2011

MENARD CORRECTIONAL CENTER  
 CONTRACT YEAR 1 BUDGET SCHEDULE E: 5/10/11 - 4/30/12

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	HOURLY FB	Combined Rates	ANNUAL PER CAP BASE	NON CAP BASE	FRINGE BENEFITS	PER CAP	ANNUAL PER CAP	PROGRAM ADJUST.	TOTAL CONTRACT
											DAILY		
Clinical Psychologist	178,422	49,019	4,160	42.41	11.78	54.19							
Dental Assistant	83,393	23,171	4,160	20.05	5.57	25.62							
Chief Dentist	141,237	39,243	2,080	67.90	18.67	86.57							
Dentist	128,856	35,803	2,080	61.95	17.21	79.16							
On-Site Medical Director	171,901	47,735	2,080	82.60	22.95	105.55							
Optomert	107,487	0	1,352	79.50	0.00	79.50							
Pharmacy Technician	83,393	23,171	4,160	20.05	5.57	25.62							
Physical Therapist	32,214	0	208	154.88	0.00	154.88							
Physical Therapy Assistant	44,743	12,432	2,080	21.51	5.98	27.49							
Physician	287,928	80,001	4,160	69.21	19.23	88.44							
Physician Asst/Nurse Practitioner	190,259	52,863	4,160	45.74	12.71	58.45							
Psychiatrist	515,102	112,278	3,328	154.76	33.74	188.52							
Qualified Mental Health Professional	83,239	23,126	2,080	40.02	11.12	51.14							
Radiology Technician	47,847	13,239	2,080	22.91	6.39	29.27							
Registered Nurse	380,367	100,128	12,480	28.88	8.02	36.90							
Clinical Social Worker	108,945	30,242	4,160	26.16	7.27	33.43							
Staff Assistant	42,940	11,931	2,080	20.64	5.74	26.38							
TOTAL	\$ 2,605,874	\$ 684,383	56,888										
TOTAL CONTRACT BUDGET	PER SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PROGRAM ADJUST.	TOTAL CONTRACT						
ADMIN SVS													
OFF SITE ADM STAFF			128,101										
MGMT FEE			299,490										
INDIRECT ADMIN COSTS			422,871										
DIRECT CARE	1,010,355	280,726	1,201,081	383,281	109.89	0.328	422,871						
DENTAL	353,487	98,216	461,703	182,873	51.65	0.1425	182,873						
MENTAL HEALTH	883,008	214,868	1,097,876	502,254	142.69	0.3909	502,254						
PHARMACY	83,393	23,171	106,564	766,704	217.81	0.5967	766,704						
ANCILLARY	76,957	12,432	89,389	126,540	35.85	0.0965	126,540						
LABORATORY	0	0	0	195,511	55.54	0.1522	195,511						
RADIOLOGY	47,847	13,239	60,886	81,017	17.33	0.0475	81,017						
SUPPORT	42,940	11,931	54,870	171,635	48.76	0.1336	171,635						
OPTICAL	107,487	0	107,487	45,718	12.89	0.0364	45,718						
NON-HOSPITAL SERVICES	0	0	0	271,183	77.04	0.2111	271,183						
TOTAL	2,605,874	684,383	3,882,928	2,798,726	788.36	2.1087	2,798,726						
POPULATION BASE													
INTAKE BASE													

\* This represents 12 months. Estimated total for CY1 is \$6,127,783.

PRICKNEEVILLE CORRECTIONAL CENTER  
CONTRACT YEAR 1 BUDGET SCHEDULE E. 5/16/11 - 4/30/12

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	HOURLY FB	Combined Rates	ANNUAL PER CAP		PER CAP		TOTAL CONTRACT
							BASE	NON CAP	DAILY	ADJUST.	
Dental Assistant	65,879	23,961	4,160	20.64	5.74	20.38					
Dental Hygienist	33,470	8,179	1,940	32.18	7.86	40.04					
Dentist	139,664	38,786	2,080	87.11	18.65	85.78					
Director of Nursing	97,113	18,847	2,080	32.27	8.96	41.23					
Licensed Practical Nurse	842,359	234,049	35,360	23.82	6.62	30.44					
On-Site Medical Director	206,513	57,380	2,080	99.29	27.59	128.88					
Medical Records Director	62,091	14,473	2,080	29.04	6.96	32.00					
Ophthalmist	41,341	0	520	79.50	0.00	79.50					
Pharmacy Technician	40,454	11,340	2,080	19.45	5.40	24.85					
Physical Therapist	17,825	0	208	85.70	0.00	85.70					
Physical Therapy Assistant	44,743	10,304	2,080	21.51	5.26	26.77					
Physician Asst/Nurse Practitioner	92,302	25,946	2,080	44.38	12.33	56.71					
Psychiatrist	159,030	24,901	1,040	149.07	23.95	172.72					
Clinical Psychologist	88,211	24,509	2,080	42.41	11.78	54.19					
Radiology Technician	23,351	5,706	1,040	22.45	5.49	27.94					
Registered Nurse	627,110	146,457	16,640	31.69	8.90	40.48					
Clinical/Social Worker	83,639	17,882	2,080	39.90	8.50	39.10					
Staff Assistant I	79,688	22,113	4,160	19.13	5.32	24.45					
Staff Assistant II	42,940	11,931	2,080	20.64	5.74	26.38					
<b>TOTAL</b>	<b>\$ 2,843,652</b>	<b>\$ 696,196</b>	<b>84,988</b>								
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>			
ADMIN SVS											
OFF SITE ADM STAFF			119,168								
MGMT FEE			259,038								
INDIRECT ADMIN COSTS			375,206		195.39	0.4257	0.4257	378,206			
DIRECT CARE	1,745,307	482,179	2,217,976	362,114	144.86	0.3983	0.3226	2,669,690			
DENTAL	299,943	76,927	329,785	199,055	89.49	0.1903	0.6160	488,925			
MENTAL HEALTH	305,880	68,793	373,673	287,289	118.03	0.3234	0.7481	680,962			
PHARMACY	40,454	11,340	51,894	382,928	181.43	0.4423	0.6980	444,822			
ANCILLARY	62,568	10,034	73,603	129,350	53.14	0.1466	0.5713	202,693			
LABORATORY	0	0	0	90,400	37.14	0.1018	0.3275	90,400			
RADIOLOGY	23,351	5,706	29,057	22,689	9.27	0.0264	0.4811	81,678			
SUPPORT	174,918	48,517	223,435	180,633	66.95	0.1907	0.6064	393,668			
OPTICAL	41,341	0	41,341	42,294	17.26	0.0476	0.4733	83,605			
NON-HOSPITAL SERVICES	0	0	0	218,260	89.67	0.2497	0.8714	218,260			
<b>TOTAL</b>	<b>2,843,652</b>	<b>696,196</b>	<b>3,717,954</b>	<b>1,864,757</b>	<b>766.13</b>	<b>2.089</b>		<b>5,682,712</b>			
POPULATION BASE								2,434			

\* This represents 12 months. Estimated total for CY11 is \$5,553,912.

PONTIAC CORRECTIONAL CENTER  
 CONTRACT YEAR 1 BUDGET SCHEDULE E: 5/18/11 - 4/30/12

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates	
Chief Dentist	136,222	37,848	2,080	65.48	18.20	83.68	
Dentist	90,189	23,043	1,248	72.28	17.66	89.94	
Dental Assistant	65,879	23,861	4,160	20.64	5.74	26.38	
Dental Hygienist	71,887	19,968	2,080	34.55	6.80	41.35	
Director of Nursing	72,275	20,060	2,080	34.75	9.85	44.60	
Licensed Practical Nurse	54,312	15,091	2,080	26.11	7.29	33.37	
On-Site Medical Director	206,513	57,960	2,080	99.29	27.59	126.88	
Medical Records Director	44,457	12,350	2,080	21.37	5.94	27.31	
Office Coordinator	50,877	14,136	2,080	24.46	6.80	31.26	
Optometrist	33,073	0	416	79.50	0.00	79.50	
Pharmacy Technician	45,082	11,662	2,080	20.23	5.62	25.85	
Physician	195,653	54,302	2,080	94.06	26.14	120.20	
Physician Asst/Nurse Practitioner	88,717	24,850	2,080	42.65	11.85	54.50	
Psychiatrist	520,400	129,369	3,432	151.63	37.70	189.33	
Clinical Psychologist	66,211	24,509	2,080	42.41	11.78	54.19	
Clinical Social Worker	54,950	15,268	2,080	26.42	7.34	33.76	
Radiology Technician	19,326	0	624	30.98	0.00	30.98	
Registered Nurse	536,755	148,869	18,720	29.62	7.86	37.48	
Staff Assistant	152,026	42,240	8,320	18.27	5.08	23.35	
Supervising Nurse	67,113	18,047	2,080	32.27	8.86	41.23	
TOTAL	\$ 2,608,910	\$ 602,350	63,960				
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM PER CAP</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS							
OFF SITE ADM STAFF			143,729				
MGMT FEE			271,025				
INDIRECT ADMIN COSTS			414,783				
DIRECT CARE	1,220,338	339,070	1,559,408	384,951	295.72	0.7500	414,783
DENTAL	394,187	103,721	497,909	181,277	111.76	0.3062	1,0099
MENTAL HEALTH	663,581	169,147	832,728	374,022	230.66	0.6318	1,3324
PHARMACY	42,082	11,662	53,744	494,305	288.59	0.8181	1,5187
ANCILLARY	0	0	0	230,962	142.39	0.3901	1,0807
LABORATORY	0	0	0	86,898	59.09	0.1619	0.8625
RADIOLOGY	19,326	0	18,328	32,760	20.20	0.0553	0.7559
SUPPORT	247,360	69,729	316,089	170,371	105.04	0.2878	0.8884
OPTICAL	33,073	0	33,073	45,316	27.84	0.0765	0.7771
NON-HOSPITAL SERVICES	0	0	0	124,810	76.95	0.2108	0.8114
TOTAL	2,608,910	602,350	3,717,051	2,124,615	1,308.87	3.5987	5,841,666
POPULATION BASE							1,922

\* This represents 12 months. Estimated total for CY1 is \$0,002,253.

5/6/2011

ROBINSON CORRECTIONAL CENTER  
 CONTRACT YEAR 1 BUDGET SCHEDULE E: 5/16/11 - 4/30/12

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates		
						ANNUAL PER CAP	PROGRAM ADJUST.	
Dental Assistant	40,454	11,240	2,080	19.45	5.40	24.85		
Dental Hygienist	38,089	9,308	1,040	36.62	8.95	45.57		
Dentist	145,607	40,457	2,080	70.00	19.45	89.45		
Director of Nursing	67,478	18,749	2,080	32.44	9.01	41.45		
On-Site Medical Director	219,079	60,871	2,080	105.33	29.26	134.59		
Medical Records Director	45,359	12,603	2,080	21.81	6.06	27.87		
Optometrist	14,489	0	182	79.50	0.00	79.50		
Psychiatrist	38,808	4,808	312	124.39	15.41	139.80		
Qualified Mental Health Professional	90,103	25,035	2,080	43.32	12.04	55.36		
Radiology Technician	16,107	0	520	30.98	0.00	30.98		
Registered Nurse	608,941	169,184	18,720	32.53	9.04	41.57		
Staff Assistant II	85,079	23,861	4,160	20.64	5.74	26.38		
<b>TOTAL</b>	<b>\$ 1,410,374</b>	<b>\$ 376,126</b>	<b>37,414</b>					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS								
OFF SITE ADM STAFF			73,796					
MGMT FEE			150,488					
INDIRECT ADMIN COSTS			234,284		186.28	0.5104	0.5104	224,284
DIRECT CARE	895,495	248,813	1,144,312	189,958	185.25	0.4527	0.9631	1,343,270
DENTAL	224,150	61,005	285,155	92,965	77.21	0.2115	0.7219	378,121
MENTAL HEALTH	128,911	29,843	158,754	17,726	142.63	0.3908	0.9012	330,480
PHARMACY	0	0	0	234,065	194.40	0.5328	1.0430	234,065
ANCILLARY	0	0	0	91,483	75.98	0.2082	0.7186	91,483
LABORATORY	0	0	0	77,841	64.85	0.1771	0.6875	77,841
RADIOLOGY	16,107	0	16,107	32,429	26.93	0.0738	0.5842	48,536
SUPPORT	131,238	36,465	167,703	86,308	71.69	0.1984	0.7068	254,012
OPTICAL	14,469	0	14,469	23,241	19.30	0.0529	0.5633	37,711
NON-HOSPITAL SERVICES	0	0	0	223,466	185.62	0.5055	1.0189	223,466
<b>TOTAL</b>	<b>1,410,374</b>	<b>376,126</b>	<b>2,010,784</b>	<b>1,233,494</b>	<b>1,023.67</b>	<b>2.8046</b>		<b>3,243,278 *</b>
POPULATION BASE								1,204

\* This represents 12 months. Estimated total for CY1 is \$3,110,357.

5/6/2011



SHAWNEE CORRECTIONAL CENTER  
 CONTRACT YEAR 1 BUDGET SCHEDULE E: 5/16/11 - 4/30/12

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates	TOTAL CONTRACT BUDGET	
							PERS SVS	NON-CAP
Dental Assistant	42,082	11,692	2,080	20.23	6.62	26.85		
Dental Hygienist	66,939	18,566	2,080	32.16	8.54	41.12		
Dentist	154,842	43,023	2,080	74.44	20.69	95.12		
Director of Nursing	67,113	18,647	2,080	32.27	8.56	41.23		
Licensed Practical Nurse	561,666	155,779	24,960	22.52	6.24	28.76		
On-Site Medical Director	200,161	63,959	2,080	110.65	30.75	141.40		
Medical Records Director	46,479	12,359	2,080	21.38	5.84	27.32		
Optometrist	33,073	0	416	79.50	0.09	79.50		
Pharmacy Technician	36,646	10,163	2,080	17.62	4.90	22.52		
Physician Assistant	84,603	23,507	2,080	40.67	11.30	51.97		
Psychiatrist	210,708	51,482	1,404	150.06	36.68	186.76		
Qualified Mental Health Professional	54,950	15,298	2,080	26.42	7.34	33.76		
Clinical Social Worker	76,424	21,234	2,080	36.74	10.21	46.95		
Radiology Technician	16,107	0	520	30.98	0.00	30.98		
Registered Nurse	522,578	145,188	18,840	31.40	6.73	40.13		
Staff Assistant I	54,952	15,298	2,892	20.64	5.74	28.38		
Staff Assistant II	66,879	23,861	4,190	20.64	5.74	28.38		
TOTAL	\$ 2,343,037	\$ 630,061	71,562					
TOTAL CONTRACT BUDGET		PERS SVS	FRINGE BENEFITS	NON-CAP BASE	PER CAP BASE	ANNUAL PER CAP DAILY	PROGRAM ADJUST.	TOTAL CONTRACT
ADMIN SVS								
OFF SITE ADM STAFF			122,818					
MGMT FEE			236,228					
INDIRECT ADMIN COSTS			356,046		179.52	0.4916	0.4818	356,046
DIRECT CARE	1,466,493	407,081	1,873,534	376,266	186.13	0.5154	1.0072	2,249,802
DENTAL	269,663	73,314	337,177	170,346	85.17	0.2333	0.7251	507,523
MENTAL HEALTH	342,093	87,995	430,077	254,912	127.46	0.3462	0.8410	684,988
PHARMACY	36,648	10,182	46,831	337,542	168.77	0.4624	0.6542	384,373
ANCILLARY	0	0	0	128,100	64.05	0.1755	0.6673	128,100
LABORATORY	0	0	0	95,172	47.59	0.1304	0.6222	95,172
RADIOLOGY	16,107	0	16,107	19,385	8.18	0.0224	0.5142	32,472
SUPPORT	185,310	51,488	236,798	153,716	76.86	0.2106	0.7024	390,515
OPTICAL	33,073	0	33,073	42,587	21.29	0.0583	0.5501	75,660
NON-HOSPITAL SERVICES	0	0	0	163,471	81.74	0.2513	0.7431	183,471
TOTAL	2,343,537	630,061	5,332,644	1,759,476	879.24	2.4088		5,091,123
POPULATION BASE								2,000

\* This represents 12 months. Estimated total for CY 1 is \$4,892,470.

SHERIDAN CORRECTIONAL CENTER  
CONTRACT YEAR 1 BUDGET SCHEDULE E: 5/1/011 - 4/30/12

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	HOURLY F5	Combined Rates		
					HOURLY			
Dental Assistant	42,940	11,931	2,080	20.64	5.74	26.38		
Dental	124,581	34,809	2,080	59.89	16.84	76.73		
Certified Nursing Assistant	30,071	8,365	2,080	14.49	4.02	18.48		
Phlebotomist	23,005	5,922	1,248	18.43	4.90	22.93		
On-Site Medical Director	106,931	54,717	2,080	94.68	26.31	120.99		
Medical Records Director	44,457	12,352	2,080	21.37	5.94	27.31		
Optometrist	28,608	0	360	79.50	0.00	79.50		
Pharmacy Technician	42,940	11,931	2,080	20.64	5.74	26.38		
Physician Assistant/Nurse Pract	92,302	25,848	2,080	44.38	12.33	56.71		
Psychiatrist	77,314	18,894	624	123.90	30.28	154.18		
Qualified Mental Health Professional	86,434	27,364	2,080	47.35	13.16	60.51		
Clinical Social Worker	87,912	27,205	2,080	47.07	13.08	60.15		
Radiology Technician	16,107	0	520	30.96	0.00	30.96		
Staff Assistant I	37,374	10,384	2,080	17.97	4.99	22.99		
Staff Assistant II	36,648	10,183	2,080	17.62	4.90	22.52		
<b>TOTAL</b>	<b>\$ 989,954</b>	<b>\$ 259,193</b>	<b>35,932</b>					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>	
ADMIN SVS								
OFF SITE ADM STAFF			90,840					
MGMT FEE			117,782					
INDIRECT ADMIN COSTS			208,402		141.19	0.3869	209,402	
DIRECT CARE	319,304	88,718	408,022	223,233	151.24	0.4144	631,290	
DENTAL	187,500	48,840	214,040	98,489	69.73	0.1828	312,829	
MENTAL HEALTH	273,709	73,482	347,171	154,798	104.88	0.2873	601,970	
PHARMACY	42,940	11,931	54,870	241,014	193.29	0.4474	285,884	
ANCILLARY	0	0	0	91,787	62.17	0.1703	91,787	
LABORATORY	23,005	5,922	28,627	62,913	42.62	0.1188	91,640	
RADIOLOGY	16,107	0	16,107	10,135	6.87	0.0189	26,242	
SUPPORT	118,480	32,820	151,399	85,216	58.41	0.16	237,615	
OPTICAL	28,608	0	28,608	24,022	18.68	0.0457	53,230	
NON-HOSPITAL SERVICES	0	0	0	87,538	59.31	0.1925	87,538	
<b>TOTAL</b>	<b>989,954</b>	<b>259,193</b>	<b>1,487,248</b>	<b>1,080,728</b>	<b>732.20</b>	<b>2.006</b>	<b>2,637,973 *</b>	<b>1,476</b>
POPULATION BASE								

\* This represents 12 months. Estimated total for CY1 is \$2,433,958.

5/6/2011

Southwestern Illinois  
 CONTRACT YEAR 1 BUDGET SCHEDULE E 9/1/11 - 4/30/12\*

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY RATE	COMBINED RATE	PROGRAM ADJUST.	TOTAL CONTRACT
On-Site Medical Director	205,482	57,374	2,080	99.27	27.58	68.27		
Registered Nurse	577,111	160,350	18,720	30.83	8.57	30.83		
Dental Assistant	39,662	11,020	2,080	19.07	5.30	19.07		
Dental Hygienist	30,918	7,566	1,040	29.73	7.27	29.73		
Dentist	150,332	41,770	2,080	72.28	20.08	72.28		
Medical Records Director	48,131	13,373	2,080	23.14	6.43	23.14		
Psychiatrist	48,321	11,809	312	154.88	37.85	154.88		
Psychologist	94,920	26,374	2,080	45.63	12.68	45.63		
Radiology Technician	11,004	2,688	520	21.16	5.17	21.16		
Staff Assistant II	79,324	22,040	4,180	19.07	5.30	19.07		
Surgery Clinic								
Ophthalmist	13,681	3,343	168	81.43	19.90	81.43		
TOTAL	1,299,895	357,698	35,320					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGES</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS								
OFF SITE ADMIN STAFF			26,998					
MGMT FEE			106,670					
INDIRECT ADMIN COSTS			133,668					
DIRECT CARE	785,602	217,723	1,001,326	155,972	201.00	0.5507	0.5507	1,187,288
DENTAL	220,912	60,345	281,257	73,605	110.68	0.3032	0.8639	354,862
MENTAL HEALTH	143,241	38,182	181,423	66,122	98.43	0.2724	0.8231	247,545
PHARMACY/MEDICAL SPL	0	0	0	102,387	153.97	0.4216	0.9725	102,387
ANCILLARY	11,004	2,689	13,694	26,361	39.64	0.1086	0.6593	40,054
SUPPORT	127,455	35,413	162,868	68,303	104.21	0.2855	0.8362	232,171
OPTICAL	13,681	3,343	17,024	18,401	27.67	0.0758	0.6265	35,476
HOSPITALIZATION			0	28,264	42.50	0.1164	0.6671	28,264
TOTAL	1,299,895	357,698	1,791,260	540,415	812.65	2.2264		2,331,675
POPULATION BASE								665

\* This schedule reflects 12 months, though the center will come into the contract on 9/1/11. Estimated total for CY1 is \$1,554,450.

5/6/2011

STATEVILLE CORRECTIONAL CENTER  
 CONTRACT YEAR 1 BUDGET SCHEDULE E: 5/18/11 - 4/30/12

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates	ANNUAL PER CAP	ANNUAL PER CAP	PROGRAM ADJUST.	TOTAL CONTRACT
							BASE	DAILY		
Dentist	144,883	40,278	2,065	69.89	19.36	89.25				
Dental Assistant	36,648	10,183	2,060	17.82	4.90	22.72				
Dental Hygienist	57,126	15,873	2,080	27.47	7.63	35.10				
Director of Nursing	72,297	20,079	2,060	34.74	9.95	44.39				
Licensed Practical Nurse	136,078	37,909	6,240	21.81	6.06	27.87				
On-Site Medical Director	199,727	55,464	2,060	96.92	26.98	122.70				
Medical Records Director	44,457	12,352	2,060	21.37	5.94	27.31				
Ophthalmologist/Physician, Specialist	28,187	0	156	180.69	0.00	180.69				
Optometry	22,550	0	312	72.28	0.00	72.28				
Physical Therapist	24,897	0	208	119.74	0.00	119.74				
Physical Therapy Assistant	20,856	5,023	632	32.71	6.04	38.75				
Physician	139,752	38,030	2,060	67.19	18.87	86.06				
Physician Assistant Practitioner	103,917	28,973	2,060	49.96	13.99	63.94				
Psychiatrist	184,895	0	1,580	124.93	0.00	124.93				
Clinical Psychologist	100,772	27,969	2,060	48.45	13.48	61.91				
Qualified Mental Health Professional	109,921	30,536	4,160	26.42	7.34	33.76				
Clinical Social Worker	64,850	15,268	2,060	26.42	7.34	33.76				
Staff Assistant	114,584	31,932	6,240	19.36	5.10	24.49				
Supervising Nurse	134,829	37,462	4,180	32.41	9.01	41.42				
TOTAL	\$ 1,340,837	\$ 407,891	44,968							
TOTAL CONTRACT BUDGET	PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PER CAP DAILY	PROGRAM ADJUST.	TOTAL CONTRACT		
ADMIN SVS										
OFF SITE ADM STAFF			135,525							
MGMT FEE			239,629							
INDIRECT ADMIN COSTS			375,164		202.79	0.5566	0.5566	375,164		
DIRECT CARE	746,649	218,549	1,005,117	298,933	161.09	0.4427	0.8963	1,304,060		
DENTAL	298,730	66,334	365,073	137,337	74.34	0.2034	0.7590	442,408		
MENTAL HEALTH	490,517	73,903	534,320	359,577	192.74	0.5281	1.0837	890,899		
PHARMACY		0	0	924,093	263.29	0.7761	1.3317	924,093		
ANCILLARY	45,282	8,023	80,275	474,080	258.26	0.7021	1.2577	524,355		
LABORATORY		0	0	182,194	87.67	0.2402	0.7558	182,194		
RADIOLOGY		0	0	4,290	2.31	0.0065	0.0619	4,290		
SUPPORT	159,022	44,194	203,208	155,412	67.79	0.1857	0.7413	328,618		
OPTICAL	60,737	0	60,737	34,334	18.96	0.0528	0.6264	65,071		
NON-HOSPITAL SERVICES		0	0	633,299	282.86	0.776	1.3306	633,299		
TOTAL	1,740,837	407,891	2,013,862	2,640,540	1,427.32	3.9165		3,164,432		
POPULATION BASE								1,950		

\* This represents 12 months. Estimated total for CY1 is \$4,952,765.

STATEVILLE RECEPTION AND CLASSIFICATION CENTER  
 CONTRACT YEAR 1 BUDGET SCHEDULE E: 5/18/11 - 4/30/12

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates	
Dentist	148,037	40,578	2,080	70.21	18.51	88.72	
Dental Assistant	36,648	10,183	2,080	17.62	4.90	22.52	
Licensed Practical Nurse	179,633	49,911	8,320	21.59	6.00	27.59	
On-Site Medical Director	192,177	53,396	2,080	92.39	25.67	118.06	
Medical Records Director	56,622	15,732	2,080	27.22	7.56	34.78	
Qualified Mental Health Professional	54,950	15,268	2,080	26.42	7.34	33.76	
Optometrist	33,073	0	416	79.50	0.00	79.50	
Physician	173,225	48,131	2,080	83.28	23.14	106.42	
Physician Assn/Nurse Practitioner	243,451	65,584	5,200	46.82	12.61	59.43	
Psychiatrist	446,191	121,189	3,120	143.01	38.84	181.85	
Radiologist/ Physician Specialist	42,952	0	208	206.50	0.00	206.50	
Radiology Technician	44,017	12,320	2,080	21.16	5.88	27.04	
Staff Assistant	106,945	30,548	6,240	17.62	4.90	22.52	
TOTAL	\$ 1,758,923	\$ 482,709	38,064				
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS							
OFF SITE ADM STAFF			150,379				
MGMT FEE			247,887				
INDIRECT ADMIN COSTS			398,266		221.26	0.6062	398,266
DIRECT CARE	785,487	217,002	1,005,489	256,078	142.27	0.3898	1,261,567
DENTAL	182,685	50,759	233,444	120,779	67.10	0.1838	354,223
MENTAL HEALTH	501,141	136,437	637,578	263,154	146.20	0.4005	900,733
PHARMACY	0	0	0	369,665	216.46	0.5931	369,665
ANCILLARY	0	0	0	476,170	264.54	0.7246	476,170
LABORATORY	0	0	0	553,182	307.32	0.842	553,182
RADIOLOGY	66,969	12,230	99,200	16,308	9.06	0.0246	115,508
SUPPORT	166,567	46,290	212,847	112,811	62.67	0.1717	325,658
OPTICAL	33,072	0	33,072	30,195	16.77	0.0459	63,269
NON-HOSPITAL SERVICES	0	0	0	504,147	290.08	0.7673	504,147
TOTAL	1,756,923	482,709	2,619,697	2,722,469	1,512.45	4.1436	5,342,366*
POPULATION BASE							1,860
INTAKE BASE							2,311

\* This represents 12 months. Estimated total for CY1 is \$5,123,436

TAMM CORRECTIONAL CENTER  
 CONTRACT YEAR 1 BUDGET SCHEDULE E: 6/16/11 - 4/30/12

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	HOURLY FB	Combined Rates			
Activity Therapist	106,723	29,656	4,160	25.66	7.13	32.79			
Dental Assistant	8,588	2,069	416	20.64	5.04	25.69			
Dentist	32,214	7,872	416	77.44	18.92	96.36			
Director of Nursing	67,224	18,678	2,080	32.32	8.98	41.30			
Licensed Practical Nurse	335,509	93,221	14,560	23.04	6.40	29.44			
On-Site Medical Director	125,939	30,777	1,248	100.91	24.98	125.89			
Medical Records Director	47,155	13,110	2,080	22.69	6.30	28.99			
Psychiatric Nurse	72,483	20,139	2,080	34.85	9.68	44.53			
Optometrist	8,590	0	104	82.60	0.00	82.60			
Psychiatrist	85,904	20,993	416	206.50	50.46	256.96			
Clinical Psychologist	88,211	24,509	2,080	42.41	11.78	54.19			
Qualified Mental Health Professional	54,850	15,268	2,080	26.42	7.34	33.76			
Registered Nurse	600,846	166,946	18,720	32.10	8.92	41.02			
Clinical Social Worker	54,850	15,268	2,080	26.42	7.34	33.76			
Staff Assistant	42,940	11,931	2,080	20.64	5.74	26.38			
Staff Assistant - Mental Health	42,940	11,931	2,080	20.64	5.74	26.38			
TOTAL	\$ 1,775,208	\$ 482,386	66,680						
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>BASE</b>	<b>NON CAP</b>	<b>PER CAP BASE</b>	<b>PER CAP ANNUAL</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS									
OFF SITE ADM. STAFF			74,717						
TRNGT FEE			144,008						
INDIRECT ADMIN COSTS			219,725		652.91	1,7889	1.7889	1,7888	218,725
DIRECT CARE	1,129,518	308,630	1,438,139		178,130	525.76	1.4404	3,2292	1,615,269
DENTAL	40,802	9,671	90,773		96,689	268.77	0.709	2,4978	137,462
MENTAL HEALTH	508,171	137,784	943,934		84,088	251.03	0.6878	2,4706	728,030
PHARMACY	0	0	0		50,280	150.09	0.4112	2,2000	50,280
ANCILLARY	0	0	0		77,191	230.42	0.6313	2,4201	77,191
LABORATORY	0	0	0		5,505	16.43	0.045	1,6338	5,505
RADIOLOGY	0	0	0		2,033	6.07	0.0166	1,8054	2,033
SUPPORT	90,126	25,041	115,166		85,185	254.26	0.6967	2,4855	200,361
OPTICAL	8,590	0	8,590		21,672	64.69	0.1772	1,9990	30,263
NON-HOSPITAL SERVICES	0	0	0		38,506	114.94	0.3148	2,1007	38,506
TOTAL	1,775,208	482,386	2,478,227		627,280	1,872.51	5.1302		3,103,617*
POPULATION BASE									335

\* This represents 12 months. Estimated total for CY1 is \$2,976,420.

TAMMS MINIMUM SECURITY UNIT  
 CONTRACT YEAR 1 BUDGET SCHEDULE E: 5/16/11 - 4/30/12

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates	PROGRAM		TOTAL CONTRACT
							PER CAP ANNUAL	PER CAP DAILY	
TOTAL	\$	\$							
Registered Nurse	69,425	19,290	2,080	33.38	9.27	42.65			
TOTAL	\$ 69,425	\$ 19,290	2,080						
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>	
ADMIN SVS									
OFF SITE ADM STAFF			43,492						
MGMT FEE			13,168						
INDIRECT ADMIN COSTS			56,658		200.56	0.7981		56,658	
DIRECT CARE	69,425	19,290	88,714	18,996	87.43	0.2669		107,712	
DENTAL	0	0	0	6,696	44.80	0.1222		8,686	
MENTAL HEALTH	0	0	0	17,629	90.41	0.2477		17,629	
PHARMACY	0	0	0	29,268	150.09	0.4112		29,268	
ANCILLARY	0	0	0	16,991	87.13	0.2387		16,991	
LABORATORY	0	0	0	3,205	16.43	0.045		3,205	
RADIOLOGY	0	0	0	1,184	6.07	0.0166		1,184	
SUPPORT	0	0	0	7,823	40.12	0.1069		7,823	
OPTICAL	0	0	0	2,174	11.15	0.0305		2,174	
NON-HOSPITAL SERVICES	0	0	0	32,414	166.23	0.4554		32,414	
TOTAL	69,425	19,290	145,373	138,384	709.86	1.9443		283,757 *	
POPULATION BASE								198	

\* This represents 12 months. Estimated total for CY1 is \$272,128.

5/6/2011

Taylorville Correctional Center  
 CONTRACT YEAR 1 BUDGET SCHEDULE E: 9/1/11 - 4/30/12\*

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATE	ANNUAL PER CAP	PROGRAM ADJUST.	TOTAL CONTRACT
On-Site Medical Director	206,492	57,374	2,080	99.27	27.58	88.27			
Director of Nursing	67,113	18,647	2,080	32.27	8.96	32.27			
Registered Nurse	641,234	178,166	20,800	30.83	8.57	30.83			
Dental Assistant	39,662	11,020	2,080	19.07	5.30	19.07			
Dental Hygienist	15,459	3,778	520	29.73	7.27	29.73			
Dentist	150,332	41,770	2,080	72.28	20.08	72.28			
Medical Records Director	48,131	13,373	2,080	23.14	6.43	23.14			
Psychiatrist	40,422	9,878	281	154.88	37.85	154.88			
Psychologist	94,920	26,374	2,080	45.63	12.68	45.63			
Radiology Technician	11,004	2,689	520	21.16	5.17	21.16			
Pharmacy Technician	19,831	4,846	1,040	19.07	4.66	19.07			
Staff Assistant II	79,324	22,040	4,160	19.07	5.30	19.07			
Surgery Clinic	-	-	-	-	-	-			
Optomtrist	33,453	8,175	216	154.88	37.85	154.88			
TOTAL	1,447,377	398,130	39,987						
TOTAL CONTRACT BUDGET	PERS SVS	FRINGES	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PER CAP DAILY	PROGRAM ADJUST.	TOTAL CONTRACT	
ADMIN SVS									
OFF SITE ADMIN STAFF			50,732						
MGMT FEE			143,402						
INDIRECT ADMIN COSTS			194,134						
DIRECT CARE	914,638	254,187	1,169,025	184,493	162.73	0.4458	0.4458	194,134	
DENTAL	205,453	56,567	262,020	88,315	154.65	0.4237	0.8695	1,353,518	
MENTAL HEALTH	135,343	36,252	171,594	131,027	109.83	0.2028	0.6486	350,335	
PHARMACY/MEDICAL SPL	19,631	4,846	24,677	256,969	215.40	0.3009	0.7467	302,622	
ANCILLARY	11,004	2,689	13,694	81,091	67.97	0.5901	1.0359	281,646	
SUPPORT	127,455	35,413	162,868	83,738	70.19	0.1823	0.6320	94,784	
OPTICAL	33,453	8,175	41,628	22,079	18.51	0.0607	0.4965	246,606	
HOSPITALIZATION			0	247,237	207.24	0.5678	1.0136	63,707	
TOTAL	1,447,377	398,130	2,039,641	1,084,948	917.81	2.5145		247,237	
POPULATION BASE								3,134,960	
								1,193	

\* This schedule reflects 12 months, though the center will come into the contract on 9/1/11. Estimated total for CY1 is \$2,086,727.

5/6/2011



Vandalia Correctional Center  
 CONTRACT YEAR 1 BUDGET SCHEDULE E: 9/1/11 - 4/30/12\*

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY RATE	HOURLY RATE	COMBINED RATE		
Medical Director/Physician	206,492	57,374	2,080	99.27	99.27	27.58	99.27		
Dentist	150,332	41,770	2,080	72.28	72.28	20.08	72.28		
Dental Hygienist	37,101	9,067	1,248	29.73	29.73	7.27	29.73		
Psychiatrist	48,321	11,809	312	154.86	154.86	37.85	154.86		
Medical Records Director	48,131	13,373	2,080	23.14	23.14	6.43	23.14		
Radiology Technician	3,301	807	156	21.16	21.16	5.17	21.16		
Staff Assistant I	79,324	22,040	4,160	19.07	19.07	5.30	19.07		
Optometrist	16,537	4,041	208	79.50	79.50	19.43	79.50		
<b>TOTAL</b>	<b>589,539</b>	<b>160,280</b>	<b>12,324</b>						
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGES</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS									
OFF SITE ADMIN STAFF			46,568						
MGMT FEE			86,878						
INDIRECT ADMIN COSTS			133,467			90.12	0.2469	0.2469	133,467
DIRECT CARE	206,492	57,374	263,865	125,266	84.58	84.58	0.2317	0.4786	389,131
DENTAL	187,433	50,836	238,270	56,758	38.32	38.32	0.1050	0.3519	295,027
MENTAL HEALTH	48,321	11,809	60,130	69,467	46.91	46.91	0.1285	0.3754	129,597
PHARMACY/MEDICAL SPL	0	0	0	357,151	241.16	241.16	0.6607	0.9076	357,151
ANCILLARY	3,301	807	4,108	122,010	82.36	82.36	0.2257	0.4726	126,116
SUPPORT	127,456	35,413	162,868	50,280	33.95	33.95	0.0930	0.3399	213,148
OPTICAL	16,537	4,041	20,578	14,189	9.58	9.58	0.0282	0.2731	34,767
HOSPITALIZATION			0	220,641	148.98	148.98	0.4082	0.6651	220,641
<b>TOTAL</b>	<b>589,539</b>	<b>160,280</b>	<b>883,285</b>	<b>1,015,762</b>	<b>685.86</b>	<b>685.86</b>	<b>1.8791</b>		<b>1,899,047</b>
POPULATION BASE									1,481

\* This schedule reflects 12 months, though the center will come into the contract on 9/1/11. Estimated total for CY1 is \$1,266,031.

5/6/2011

VIENNA CORRECTIONAL CENTER  
 CONTRACT YEAR 1 BUDGET SCHEDULE E: 5/16/11 - 4/30/12

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates	TOTAL CONTRACT BUDGET		PROGRAM ADJUST.		TOTAL CONTRACT
							PERS SVS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP DAILY	
Dental Assistant	42,940	11,931	2,080	20.64	5.74	26.38					
Dentist	171,908	47,737	2,080	82.60	22.95	105.55					
On-Site Medical Director	223,281	62,033	2,080	107.34	29.82	137.16					
Medical Records Director	44,457	12,352	2,080	21.37	5.94	27.31					
Optometrist	20,871	5,051	280	79.50	19.43	98.93					
Pharmacy Technician	21,470	5,247	1,040	20.64	5.04	25.68					
Phlebotomist	18,171	4,885	1,040	18.43	4.50	22.93					
Psychiatrist	51,917	12,887	416	124.80	30.50	155.30					
Qualified Mental Health Professional	56,996	15,836	2,080	27.40	7.81	35.01					
Staff Assistant I	79,568	22,113	4,160	19.13	5.32	24.45					
TOTAL	\$ 732,278	\$ 199,673	17,316								
<b>TOTAL CONTRACT BUDGET</b>											
ADMIN SVS											
OFF SITE ADM STAFF			51,347								
MGMT FEE			98,910								
INDIRECT ADMIN COSTS			148,857								
DIRECT CARE	223,261	62,033	285,294	144,701	81.98	0.2246			0.2328	0.2328	148,857
DENTAL	214,748	59,667	274,415	68,600	38.67	0.1065			0.4572	0.4572	429,995
MENTAL HEALTH	108,913	28,524	137,437	64,935	36.78	0.1008			0.3391	0.3391	343,015
PHARMACY	21,470	5,247	26,717	307,587	174.27	0.4775			0.3334	0.3334	202,362
ANCILLARY	0	0	0	56,692	32.12	0.0888			0.7101	0.7101	334,303
LABORATORY	19,171	4,885	23,856	121,853	69.04	0.1892			0.3206	0.3206	56,692
RADIOLOGY	0	0	0	26,013	14.74	0.0404			0.4218	0.4218	145,709
SUPPORT	124,045	34,468	158,511	63,481	35.87	0.0885			0.2730	0.2730	26,013
OPTICAL	20,871	5,051	25,722	17,150	9.72	0.0268			0.3311	0.3311	221,992
NON-HOSPITAL SERVICES	0	0	0	170,249	96.46	0.2843			0.2582	0.2582	42,872
TOTAL	732,278	199,673	1,081,808	1,041,250	589.94	1.6163			0.4669	0.4669	170,249
POPULATION BASE											2,123,058 *
											1,765

\* This represents 12 months. Estimated total for CY1 is \$2,036,047.

WESTERN CORRECTIONAL CENTER  
 CONTRACT YEAR 1 BUDGET SCHEDULE E: 5/18/11 - 4/30/12

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	PB HOURLY	Combined Rates	ANNUAL PER CAP DAILY	PROGRAM ADJUST.	TOTAL CONTRACT
Dental Assistant	77,784	21,612	4,160	18.70	5.30	23.90			
Dentist	161,070	38,382	2,080	77.44	18.82	96.36			
Director of Nursing	87,113	18,847	2,080	32.27	8.96	41.23			
Licensed Practical Nurse	585,454	162,954	21,080	23.45	6.52	29.97			
On-Site Medical Director	196,163	54,609	2,080	94.32	23.21	120.53			
Medical Records Director	45,359	12,603	2,080	21.81	6.06	27.87			
Optometrist	41,341	-	520	79.50	0.00	79.50			
Pharmacy Technician	38,784	9,726	2,080	18.15	4.98	23.81			
Physical Therapist	32,214	-	208	154.86	0.00	154.86			
Physical Therapist Assistant	22,372	5,467	1,040	21.51	5.26	26.77			
Physician Asst/Nurse Practitioner	92,302	26,548	2,080	44.38	12.33	56.71			
Psychiatrist	138,681	33,681	1,032	127.00	31.04	158.04			
Clinical Psychologist	88,211	24,509	2,080	42.41	11.78	54.19			
Qualified Mental Health Professional	86,321	24,540	2,080	42.46	11.80	54.26			
Clinical Social Worker	54,950	16,289	2,080	26.42	7.34	33.76			
Radiology Technician	23,624	5,622	1,040	22.81	5.60	28.51			
Registered Nurse	511,821	142,209	16,840	30.76	8.25	39.31			
Staff Assistant I	42,940	11,931	2,080	20.64	8.74	26.38			
Staff Assistant II	81,062	22,523	4,160	19.49	5.41	24.90			
TOTAL	\$ 2,300,746	\$ 630,919	74,620						
TOTAL CONTRACT BUDGET	PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP DAILY	PROGRAM ADJUST.	TOTAL CONTRACT		
ADMIN SVS									
OFF SITE ADM STAFF			88,108						
MGMT FEE			234,489						
INDIRECT ADMIN COSTS			333,603						
DIRECT CARE	1,452,823	403,666	1,856,489	256,364	144.36	0.4422	335,656		
DENTAL	238,854	60,974	286,628	142,971	69.17	0.1965	442,900		
MENTAL HEALTH	370,163	98,206	468,371	129,924	62.86	0.1722	598,295		
PHARMACY	39,784	9,726	49,510	369,798	178.41	0.4889	415,266		
ANCILLARY	54,586	5,467	60,053	191,270	79.03	0.2136	221,331		
LABORATORY	0	0	0	137,790	86.96	0.1826	137,790		
RADIOLOGY	23,624	5,622	29,246	33,059	15.99	0.0438	62,705		
SUPPORT	166,361	47,057	213,417	136,623	65.66	0.1766	351,940		
OPTICAL	41,341	0	41,341	35,743	17.28	0.0474	77,084		
NON-HOSPITAL SERVICES	0	0	0	295,176	123.45	0.3382	255,176		
TOTAL	2,300,746	630,919	3,385,269	1,698,607	821.77	2.2614	5,063,966		
POPULATION BASE							2,087		

\* This represents 12 months. Estimated total for CY11 is \$4,846,740.

5/6/2011

## EXHIBIT II

### STAFFING SCHEDULES

The staffing schedules which follow are representative of the optimal staffing per center. However, in order to meet operational needs of the center these schedules may vary upon Agency approval. Such deviation shall be approved on a Temporary Staffing Form (an IDOC form).

Facility	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hours
<b>Big Muddy- Approx. Pop.= 1918</b>								
Dental Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dental Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dental Hygienist		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dentist		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Director of Nursing		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Licensed Practical Nurse	7a-3p	7a-3p	7a-3p	7a-3p			7a-3p	40.00
Licensed Practical Nurse	7a-3p			7a-3p	7a-3p	7a-3p	7a-3p	40.00
Licensed Practical Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Licensed Practical Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Licensed Practical Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Licensed Practical Nurse	3p-11p			3p-11p	3p-11p	3p-11p	3p-11p	40.00
Licensed Practical Nurse	3p-11p	3p-11p	3p-11p	3p-11p			3p-11p	40.00
Licensed Practical Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Licensed Practical Nurse		7a-3p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Licensed Practical Nurse	11p-7a			11p-7a	11p-7a	11p-7a	11p-7a	40.00
Licensed Practical Nurse	11p-7a	11p-7a	11p-7a	11p-7a			11p-7a	40.00
Licensed Practical Nurse		11p-7a	11p-7a	11p-7a	11p-7a	11p-7a		40.00
On-Site Medical Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Medical Records Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Optometrist			8a-1:50p					5.81
Pharmacy Technician		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Physical Therapist		8a-10a						2.00
Physical Therapy Assistant		8a-11:30a	8a-11:30a	8a-11:30a	8a-11:30a	8a-11:30a		28.00
Physician Asst/Nurse Practitioner		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Psychiatrist		8a-3p		8a-3p		9a-3p		20.00
Clinical Psychologist		8a-4p	10a-6p	8a-4p	8a-4p	8a-4p		40.00
Qualified Mental Health Professional	8a-4p	8a-4p	8a-4p	10a-6p	8a-4p	off		40.00
Qualified Mental Health Professional			7a-3p	7a-3p	10a-6p	7a-3p	7a-3p	40.00
Qualified Mental Health Professional		10a-6p	9a-5p	9a-5p	9a-5p	9a-5p		40.00
Radiology Technician		8a-12p		8a-12p		8a-12p		12.00
Registered Nurse	7a-3p			7a-3p	7a-3p	7a-3p	7a-3p	40.00
Registered Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Registered Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Registered Nurse	3p-11p	3p-11p	3p-11p	3p-11p			3p-11p	40.00
Registered Nurse	3p-11p			3p-11p	3p-11p	3p-11p	3p-11p	40.00
Registered Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Registered Nurse	11p-7a			11p-7a	11p-7a	11p-7a	11p-7a	40.00
Registered Nurse		3p-11p	11p-7a	11p-7a	11p-7a	11p-7a		40.00
Staff Assistant I		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant I		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant I		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant II		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
<b>Total Weekly Hours</b>								1547.81

Facility	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hours
<b>Centralia - Approx. Pop.= 1517</b>								
Dental Assistant		10 hrs	10 hrs	10 hrs	10 hrs			40.00
Dental Hygienist			8a-4p		8a-4p			20.00
Dentist		10.5 hrs	10.5 hrs	10.5 hrs	10.5 hrs	10.5 hrs		42.00
Director of Nursing		8 hrs	8 hrs	8 hrs	8 hrs	8 hrs		40.00
On-Site Medical Director			As Scheduled					29.60
Physician			As Scheduled					17.40
Medical Records Clerk		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Optometrist (works every other week)			8 hrs					4.00
Pharmacy Technician		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Psychiatrist		hrs. vary	hrs. vary	hrs. vary	hrs. vary	hrs. vary		8.00
Radiology Technician		hrs. vary	hrs. vary	hrs. vary	hrs. vary	hrs. vary		20.00
Registered Nurse	7a-3p			7a-3p	7a-3p	7a-3p	7a-3p	40.00
Registered Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Registered Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Registered Nurse	3p-11p	3p-11p	3p-11p	3p-11p			3p-11p	40.00
Registered Nurse	3p-11p			3p-11p	3p-11p	3p-11p	3p-11p	40.00
Registered Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Registered Nurse	11p-7a			11p-7a	11p-7a	11p-7a	11p-7a	40.00
Registered Nurse	11p-7a			11p-7a	11p-7a	11p-7a	11p-7a	40.00
Registered Nurse	11p-7a			11p-7a	11p-7a	11p-7a	11p-7a	40.00
Registered Nurse		3p-11p	11p-7a	11p-7a	11p-7a	11p-7a		40.00
Staff Assistant I		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
<b>Total Weekly Hours</b>								741.00
<b>Danville- Approx. Pop.= 1827</b>								
Dental Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dentist		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Director of Nursing		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Licensed Practical Nurse	7a-3p	7a-3p	7a-3p	7a-3p			7a-3p	40.00
Licensed Practical Nurse	7a-3p			7a-3p	7a-3p	7a-3p	7a-3p	40.00
Licensed Practical Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Licensed Practical Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Licensed Practical Nurse	3p-11p			3p-11p	3p-11p	3p-11p	3p-11p	40.00
Licensed Practical Nurse	3p-11p	3p-11p	3p-11p	3p-11p			3p-11p	40.00
Licensed Practical Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Licensed Practical Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Licensed Practical Nurse	11p-7a			11p-7a	11p-7a	11p-7a	11p-7a	40.00
Licensed Practical Nurse	11p-7a	11p-7a	11p-7a	11p-7a			11p-7a	40.00
Medical Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Medical Records Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Optometrist			8a-1p					5.00
Pharmacy Technician		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Physician Asst/Nurse Practitioner		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Psychiatrist			9a-3p		9a-3p			12.00
Radiology Technician		8a-12p		8a-12p		8a-12p		12.00
Registered Nurse	7a-3p			7a-3p	7a-3p	7a-3p	7a-3p	40.00
Registered Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Registered Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Registered Nurse	3p-11p	3p-11p	3p-11p	3p-11p			3p-11p	40.00

Facility	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hours
Registered Nurse	3p-11p			3p-11p	3p-11p	3p-11p	3p-11p	40.00
Registered Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Registered Nurse	11p-7a			11p-7a	11p-7a	11p-7a	11p-7a	40.00
Registered Nurse		11p-7a	11p-7a	11p-7a	11p-7a	11p-7a		40.00
Staff Assistant I		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant II		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant II		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Clinical Psychologist			8a-4p	10a-6p	8a-4p	8a-4p	8a-4p	40.00
<b>Total Weekly Hours</b>								1189.00
<b>Decatur- Approx. Pop.= 603</b>								
Dental Assistant		8a-12p	8a-12p	8a-12p	8a-12p	8a-12p		20.00
Dental Hygienist			8a-1p		8a-1p			10.00
Dentist		8a-12p	8a-12p	8a-12p	8a-12p	8a-12p		20.00
Gynecologist/ Physician Specialist					9a-11:30a			2.31
On-Site Medical Director		8a-4p		8a-4p		8a-4p		24.00
Medical Records Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Optometrist					8a-12p			4.00
Psychiatrist				9a-1p		1p-5p		8.00
Qualified Mental Health Professional			8a-4p	8a-4p	8a-4p	8a-4p	8a-4p	40.00
Clinical Social Worker	8a-4p	8a-4p	8a-4p	8a-4p	8a-4p			40.00
Radiology Technician		10a-12p			10a-12p			4.00
Staff Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
<b>Total Weekly Hours</b>								252.31
<b>Dixon- Approx. Pop.= 2220</b>								
Certified Nurses Assistant		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Certified Nurses Assistant		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Certified Nurses Assistant		11p-7a	11p-7a	11p-7a	11p-7a	11p-7a		40.00
Chief Dentist		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dental Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dentist			8a-4p		8a-4p			16.00
Phlebotomist		5a-9a	5a-9a	5a-9a	5a-9a	5a-9a		20.00
Licensed Practical Nurse	7a-3p	7a-3p	7a-3p	7a-3p			7a-3p	40.00
Licensed Practical Nurse	7a-3p			7a-3p	7a-3p	7a-3p	7a-3p	40.00
Licensed Practical Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Licensed Practical Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Licensed Practical Nurse	3p-11p			3p-11p	3p-11p	3p-11p	3p-11p	40.00
Licensed Practical Nurse	3p-11p	3p-11p	3p-11p	3p-11p			3p-11p	40.00
Licensed Practical Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Licensed Practical Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Licensed Practical Nurse	11p-7a			11p-7a	11p-7a	11p-7a	11p-7a	40.00
Licensed Practical Nurse	11p-7a	11p-7a	11p-7a	11p-7a			11p-7a	40.00
On-Site Medical Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Optometrist					8a-4p			8.00
Pharmacy Technician	8a-4p			8a-4p	8a-4p	8a-4p	8a-4p	40.00
Pharmacy Technician		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Pharmacy Technician		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Physical Therapist			8a-12p			8a-12p		8.00
Physical Therapist Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00

Facility	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hours
Physician		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Physician Asst/Nurse Practitioner		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Psychiatrist	9a-5p	9a-5p	9a-5p	9a-5p	9a-5p			40.00
Psychiatrist			9a-5p	9a-5p	9a-5p	9a-5p	9a-5p	40.00
Psychiatrist		9a-5p	9a-5p	9a-5p	9a-5p	9a-5p		40.00
Psychiatrist			9a-4p	9a-4p	9a-4p			21.00
Psychiatrist Nurse		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Clinical Psychologist	8a-4p	8a-4p	8a-4p	8a-4p	8a-4p			40.00
Clinical Psychologist		8a-4p	10a-6p	8a-4p	8a-4p	8a-4p		40.00
Clinical Psychologist			8a-4p	8a-4p	8a-4p	8a-4p	8a-4p	40.00
Clinical Psychologist		8a-4p	8a-4p	10a-6p	8a-4p	8a-4p		40.00
Clinical Psychologist	7a-3p	7a-3p	7a-3p	7a-3p	7a-3p			40.00
Clinical Psychologist		10a-6p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Clinical Psychologist			7a-3p	7a-3p	7a-3p	7a-3p	7a-3p	40.00
Clinical Psychologist		7a-3p	7a-3p	7a-3p	7a-3p	10a-6p		40.00
Clinical Psychologist	9a-5p	9a-5p	9a-5p	9a-5p	9a-5p			40.00
Clinical Psychologist		9a-5p	9a-5p	9a-5p	10a-6p	9a-5p		40.00
Clinical Psychologist			9a-5p	9a-5p	9a-5p	9a-5p	9a-5p	40.00
Clinical Psychologist		9a-5p	9a-5p	9a-5p	10a-6p	9a-5p		40.00
Qualified Mental Health Professional	9a-5p	9a-5p	9a-5p	9a-5p	9a-5p			40.00
Clinical Social Worker		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Radiology Technician		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Registered Nurse	7a-3p			7a-3p	7a-3p	7a-3p	7a-3p	40.00
Registered Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Registered Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Registered Nurse	3p-11p	3p-11p	3p-11p	3p-11p			3p-11p	40.00
Registered Nurse	3p-11p			3p-11p	3p-11p	3p-11p	3p-11p	40.00
Registered Nurse	11p-7a			11p-7a	11p-7a	11p-7a	11p-7a	40.00
Registered Nurse		11p-7a	11p-7a	11p-7a	11p-7a	11p-7a		40.00
Staff Assistant I		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant II		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant II		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant II		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant II		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant II		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant II		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Supervising Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
<b>Total Weekly Hours</b>								2313.00
<b>Dwight- Approx. Pop.= 1087</b>								
Dental Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dental Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dental Hygienist		8a-4p		8a-4p		8a-4p		20.00
Dentist		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Director of Nursing		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Gynecologist/ Physician Specialist			8a-4p					8.00
Licensed Practical Nurse	7a-3p	7a-3p	7a-3p	7a-3p			7a-3p	40.00
Licensed Practical Nurse	7a-3p			7a-3p	7a-3p	7a-3p	7a-3p	40.00
Licensed Practical Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Licensed Practical Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00

Facility	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hours
Radiology Technician/Mammography		8a-1p			8a-1p			10.00
On-Site Medical Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Medical Records Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Optometrist				8a-4p				8.00
Pharmacy Technician		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Physical Therapist			8a-1p			8a-1p		10.00
Physical Therapy Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Physician Asst/Nurse Practitioner		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Physician Asst/Nurse Practitioner		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Psychiatrist	8a-4p	8a-4p	8a-4p	8a-4p	8a-4p			40.00
Psychiatrist			8a-4p	8a-4p	8a-4p	8a-4p	8a-4p	40.00
Clinical Social Worker	8a-4p	8a-4p	8a-4p	8a-4p	8a-4p			40.00
Radiology Technician		8a-2p	8a-2p	8a-2p	8a-2p	8a-2p		30.00
Registered Nurse	7a-3p			7a-3p	7a-3p	7a-3p	7a-3p	40.00
Registered Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Registered Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Registered Nurse	11p-7a			11p-7a	11p-7a	11p-7a	11p-7a	40.00
Registered Nurse	7a-3p						7a-3p	16.00
<b>Total Weekly Hours</b>								1142.00
<b>East Moline- Approx. Pop.= 1133</b>								
Dental Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dentist		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
On-Site Medical Director / Physician		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Optometrist					9a-12:30p			3.65
Pharmacy Technician		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Psychiatrist						9a-2p		5.00
Radiology Technician		8a-12p		8a-12p		8a-12p		12.00
Staff Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
<b>Total Weekly Hours</b>								260.65
<b>Graham- Approx. Pop.= 1892</b>								
Dentist		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dentist		8a-4p		8a-4p		8a-4p		24.00
Medical Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Optometrist					8a-4p			8.00
Pharmacy Technician		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Physician Asst/Nurse Practitioner		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Psychiatrist		8a-4p		8a-4p		8a-4p		24.00
Clinical Psychologist		10a-6p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Qualified Mental Health Professional	9a-5p	9a-5p	9a-5p	9a-5p	9a-5p			40.00
Radiology Technician		8a-4p			8a-4p			16.00
Registered Nurse	7a-3p			7a-3p	7a-3p	7a-3p	7a-3p	40.00
Registered Nurse	3p-11p	3p-11p	3p-11p			3p-11p	3p-11p	40.00



Facility	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hours
Registered Nurse	11p-7a	11p-7a	11p-7a	11p-7a	11p-7a			40.00
Staff Assistant I		8a-12p	8a-12p	8a-12p	8a-12p	8a-12p		20.00
Staff Assistant II		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
<b>Total Weekly Hours</b>								492.00
<b>Hill- Approx. Pop.= 1826</b>								
Dental Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dental Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dentist		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Director of Nursing		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Licensed Practical Nurse	7a-3p	7a-3p	7a-3p	7a-3p			7a-3p	40.00
Licensed Practical Nurse	7a-3p			7a-3p	7a-3p	7a-3p	7a-3p	40.00
Licensed Practical Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Licensed Practical Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Licensed Practical Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Licensed Practical Nurse	3p-11p			3p-11p	3p-11p	3p-11p	3p-11p	40.00
Licensed Practical Nurse	3p-11p	3p-11p	3p-11p	3p-11p			3p-11p	40.00
Licensed Practical Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Licensed Practical Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Licensed Practical Nurse	11p-7a			11p-7a	11p-7a	11p-7a	11p-7a	40.00
Licensed Practical Nurse	11p-7a	11p-7a	11p-7a	11p-7a			11p-7a	40.00
Licensed Practical Nurse		11p-7a	11p-7a	11p-7a	11p-7a	11p-7a		40.00
On-Site Medical Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Medical Records Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Optometrist					8a-4p			8.00
Pharmacy Technician		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Physical Therapist			9a-11a					2.00
Physical Therapy Assistant			8a-1p	8a-1p	8a-1p	8a-1p		20.00
Physician Asst/Nurse Practitioner		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Psychiatrist		8a-5p		8a-5p				18.00
Clinical Psychologist		8a-4p	8a-4p	10a-6p	8a-4p	8a-4p		40.00
Qualified Mental Health Professional	8a-4p	8a-4p	8a-4p	8a-4p	8a-4p			40.00
Clinical Social Worker			9a-5p	9a-5p	9a-5p	9a-5p	9a-5p	40.00
Radiology Technician		8a-12p	8a-12p		8a-12p	8a-12p		16.00
Registered Nurse	7a-3p			7a-3p	7a-3p	7a-3p	7a-3p	40.00
Registered Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Registered Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Registered Nurse	3p-11p	3p-11p	3p-11p	3p-11p			3p-11p	40.00
Registered Nurse	3p-11p			3p-11p	3p-11p	3p-11p	3p-11p	40.00
Registered Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Registered Nurse	11p-7a			11p-7a	11p-7a	11p-7a	11p-7a	40.00
Registered Nurse		11p-7a	11p-7a	11p-7a	11p-7a	11p-7a		40.00
Staff Assistant I		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant II		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant II		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
<b>Total Weekly Hours</b>								1424.00
<b>Illinois River- Approx. Pop.= 2055</b>								
Dental Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dental Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00

Facility	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hours
Dental Hygienist		8a-4p		8a-4p		8a-12p		20.00
Dentist		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Director of Nursing		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Licensed Practical Nurse	7a-3p	7a-3p	7a-3p	7a-3p			7a-3p	40.00
Licensed Practical Nurse	7a-3p			7a-3p	7a-3p	7a-3p	7a-3p	40.00
Licensed Practical Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Licensed Practical Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Licensed Practical Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Licensed Practical Nurse	3p-11p			3p-11p	3p-11p	3p-11p	3p-11p	40.00
Licensed Practical Nurse	3p-11p	3p-11p	3p-11p	3p-11p			3p-11p	40.00
Licensed Practical Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Licensed Practical Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Licensed Practical Nurse	11p-7a			11p-7a	11p-7a	11p-7a	11p-7a	40.00
Licensed Practical Nurse	11p-7a	11p-7a	11p-7a	11p-7a			11p-7a	40.00
Licensed Practical Nurse		11p-7a	11p-7a	11p-7a	11p-7a	11p-7a		40.00
Medical Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Medical Records Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Optometrist					8a-4p			8.00
Pharmacy Technician		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Physical Therapist					9 to 11			2.00
Physical Therapy Assistant		8a-12p	8a-12p	8a-12p	8a-12p	8a-12p		20.00
Physician Asst/Nurse Practitioner		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Psychiatrist			9a-2p		9a-2p			10.00
Qualified Mental Health Professional		9a-5p	9a-5p	10a-6p	9a-5p	9a-5p		40.00
Qualified Mental Health Professional	8a-4p	8a-4p	8a-4p	8a-4p	8a-4p			40.00
Clinical Social Worker			8a-4p	8a-4p	8a-4p	8a-4p	8a-4p	40.00
Radiology Technician		8a-12p		8a-12p		8a-12p		12.00
Registered Nurse	7a-3p			7a-3p	7a-3p	7a-3p	7a-3p	40.00
Registered Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Registered Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Registered Nurse	3p-11p	3p-11p	3p-11p	3p-11p			3p-11p	40.00
Registered Nurse	3p-11p			3p-11p	3p-11p	3p-11p	3p-11p	40.00
Registered Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Registered Nurse	11p-7a			11p-7a	11p-7a	11p-7a	11p-7a	40.00
Registered Nurse		11p-7a	11p-7a	11p-7a	11p-7a	11p-7a		40.00
Staff Assistant I		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant II		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant II		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
<b>Total Weekly Hours</b>								1432.00
<b>Jacksonville- Approx. Pop.= 1569</b>								
Dentist		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Licensed Practical Nurse		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
On-Site Medical Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Optometrist					9a-11:30a			2.50
Pharmacy Technician		8a-12p	8a-12p	8a-12p	8a-12p	8a-12p		20.00
Physician Asst/Nurse Practitioner				8a-4p				8.00
Psychiatrist			9a-4p					7.00
Qualified Mental Health Professional			8a-4p	8a-4p	8a-4p	8a-4p	8a-4p	40.00
Radiology Technician		8a-1p			8a-1p			10.00

Facility	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hours
Staff Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
<b>Total Weekly Hours</b>								247.50
<b>Lawrence- Approx. Pop.= 2366</b>								
Dental Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dental Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dental Hygienist		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dentist		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dentist		8a-4p		8a-4p		8a-12p		20.00
Director of Nursing		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Licensed Practical Nurse	7a-3p	7a-3p	7a-3p	7a-3p			7a-3p	40.00
Licensed Practical Nurse	7a-3p			7a-3p	7a-3p	7a-3p	7a-3p	40.00
Licensed Practical Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Licensed Practical Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Licensed Practical Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Licensed Practical Nurse	7a-3p	7a-3p	7a-3p	7a-3p			7a-3p	40.00
Licensed Practical Nurse	7a-3p			7a-3p	7a-3p	7a-3p	7a-3p	40.00
Licensed Practical Nurse	3p-11p			3p-11p	3p-11p	3p-11p	3p-11p	40.00
Licensed Practical Nurse	3p-11p	3p-11p	3p-11p	3p-11p			3p-11p	40.00
Licensed Practical Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Licensed Practical Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Licensed Practical Nurse	3p-11p			3p-11p	3p-11p	3p-11p	3p-11p	40.00
Licensed Practical Nurse	3p-11p	3p-11p	3p-11p	3p-11p			3p-11p	40.00
Licensed Practical Nurse	11p-7a			11p-7a	11p-7a	11p-7a	11p-7a	40.00
Licensed Practical Nurse	11p-7a	11p-7a	11p-7a	11p-7a			11p-7a	40.00
Licensed Practical Nurse		11p-7a	11p-7a	11p-7a	11p-7a	11p-7a		40.00
Licensed Practical Nurse		11p-7a	11p-7a	11p-7a	11p-7a	11p-7a		40.00
On-Site Medical Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Medical Records Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Optometrist			8 to 1		8 to 1			10.00
Pharmacy Technician		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Physician Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Physician Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Psychiatrist		9a-5p		9a-5p		9a-4:20p		23.31
Clinical Psychologist		8a-4p	8a-4p	10a-6p	8a-4p	8a-4p		40.00
Radiology Technician		8a-12p	8a-12p	8a-12p	8a-12p	8a-12p		20.00
Registered Nurse	7a-3p			7a-3p	7a-3p	7a-3p	7a-3p	40.00
Registered Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Registered Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Registered Nurse	3p-11p	3p-11p	3p-11p	3p-11p			3p-11p	40.00
Registered Nurse	3p-11p			3p-11p	3p-11p	3p-11p	3p-11p	40.00
Registered Nurse	11p-7a			11p-7a	11p-7a	11p-7a	11p-7a	40.00
Registered Nurse		11p-7a	11p-7a	11p-7a	11p-7a	11p-7a		40.00
Qualified Mental Health Professional	8a-4p	8a-4p	8a-4p	8a-4p	8a-4p			40.00
Clinical Social Worker			8a-4p	8a-4p	8a-4p	8a-4p	8a-4p	40.00
Clinical Social Worker		9a-5p	9a-5p	9a-5p	10a-6p	9a-5p		40.00
Staff Assistant I		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant II		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant II		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Physical Therapist		9a-11a			9a-11a			4.00

Facility	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hours
Physical Therapist Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
<b>Total Weekly Hours</b>								1757.31
<b>Lincoln- Approx. Pop.= 982</b>								
Dentist		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Director of Nursing		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Gynecologist/ Physician Specialist				9a-3p				6.00
Licensed Practical Nurse	7a-3p	7a-3p	7a-3p	7a-3p			7a-3p	40.00
Licensed Practical Nurse	7a-3p			7a-3p	7a-3p	7a-3p	7a-3p	40.00
Licensed Practical Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Licensed Practical Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Licensed Practical Nurse	3p-11p			3p-11p	3p-11p	3p-11p	3p-11p	40.00
Licensed Practical Nurse	3p-11p	3p-11p	3p-11p	3p-11p			3p-11p	40.00
Licensed Practical Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Licensed Practical Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Licensed Practical Nurse	11p-7a			11p-7a	11p-7a	11p-7a	11p-7a	40.00
Licensed Practical Nurse	11p-7a	11p-7a	11p-7a	11p-7a			11p-7a	40.00
On-Site Medical Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Medical Records Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Optometrist					8a-4p			8.00
Pharmacy Technician		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Physician Asst/Nurse Practitioner		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Psychiatrist		8a-5p		8a-4p				17.00
Qualified Mental Health Professional	8a-6p	8a-6p						20.00
Clinical Social Worker		8a-4p	10a-6p	8a-4p	8a-4p	8a-4p		40.00
Registered Nurse	7a-3p			7a-3p	7a-3p	7a-3p	7a-3p	40.00
Registered Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Registered Nurse	3p-11p	3p-11p	3p-11p	3p-11p			3p-11p	40.00
Registered Nurse	3p-11p			3p-11p	3p-11p	3p-11p	3p-11p	40.00
Registered Nurse	11p-7a			11p-7a	11p-7a	11p-7a	11p-7a	40.00
Registered Nurse		11p-7a	11p-7a	11p-7a	11p-7a	11p-7a		40.00
Staff Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
<b>Total Weekly Hours</b>								1051.00
<b>Logan- Approx. Pop.= 1973</b>								
Dentist		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dental Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Licensed Practical Nurse	7a-3p	7a-3p	7a-3p	7a-3p			7a-3p	40.00
Licensed Practical Nurse	7a-3p			7a-3p	7a-3p	7a-3p	7a-3p	40.00
Licensed Practical Nurse	3p-11p	3p-11p	3p-11p	3p-11p			3p-11p	40.00
Licensed Practical Nurse	11p-7a			11p-7a	11p-7a	11p-7a	11p-7a	40.00
On-Site Medical Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Medical Records Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Optometrist					8a-4p			8.00
Pharmacy Technician		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Physician Asst/Nurse Practitioner		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Qualified Mental Health Professional					8a-4p	8a-4p	8a-4p	24.00
Psychiatrist			9a-2p		9a-2p			10.00
Clinical Psychologist		9a-5p	9a-5p	10a-6p	9a-5p	9a-5p		40.00

Facility	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hours
Staff Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Radiology Technician		8a-12p	8a-12p		8a-12p	8a-12p		16.00
<b>Total Weekly Hours</b>								618.00
<b>Menard- Approx. Pop.= 3520</b>								
Clinical Psychologist		8a-4p	10a-6p	8a-4p	8a-4p	8a-4p		40.00
Clinical Psychologist		10a-6p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Dental Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dental Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Chief Dentist		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dentist		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
On-Site Medical Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Optometrist		8a-12p	8a-12p	8a-12p	8a-12p	8a-12p		26.00
Pharmacy Technician		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Pharmacy Technician		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Physical Therapist		9a-11a		9a-11a				4.00
Physical Therapy Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Physician		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Physician		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Physician Asst/Nurse Practitioner		12p-8p	12p-8p	12p-8p	12p-8p	12p-8p		40.00
Physician Asst/Nurse Practitioner		12p-8p	12p-8p	12p-8p	12p-8p	12p-8p		40.00
Psychiatrist		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Psychiatrist	9a-3p						9a-3p	24.00
Qualified Mental Health Professional			9a-5p	9a-5p	9a-5p	9a-5p	9a-5p	40.00
Radiology Technician		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Registered Nurse	7a-3p			7a-3p	7a-3p	7a-3p	7a-3p	40.00
Registered Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Registered Nurse	3p-11p	3p-11p	3p-11p	3p-11p			3p-11p	40.00
Registered Nurse	3p-11p			3p-11p	3p-11p	3p-11p	3p-11p	40.00
Registered Nurse	11p-7a			11p-7a	11p-7a	11p-7a	11p-7a	40.00
Registered Nurse		11p-7a	11p-7a	11p-7a	11p-7a	11p-7a		40.00
Clinical Social Worker		8a-4p	8a-4p	10a-6p	8a-4p	8a-4p		40.00
Clinical Social Worker	9a-5p	9a-5p	9a-5p	9a-5p	9a-5p			40.00
Staff Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
<b>Total Weekly Hours</b>								1094.00
<b>Pinckneyville- Approx. Pop.= 2434</b>								
Dental Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dental Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dental Hygienist		8 to 12	8 to 12	8 to 12	8 to 12	8 to 12		20.00
Dentist		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Director of Nursing		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Licensed Practical Nurse	7a-3p	7a-3p	7a-3p	7a-3p			7a-3p	40.00
Licensed Practical Nurse	7a-3p			7a-3p	7a-3p	7a-3p	7a-3p	40.00
Licensed Practical Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Licensed Practical Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Licensed Practical Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Licensed Practical Nurse	7a-3p	7a-3p	7a-3p	7a-3p			7a-3p	40.00

Facility	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hours
Licensed Practical Nurse	7a-3p			7a-3p	7a-3p	7a-3p	7a-3p	40.00
Licensed Practical Nurse	3p-11p			3p-11p	3p-11p	3p-11p	3p-11p	40.00
Licensed Practical Nurse	3p-11p	3p-11p	3p-11p	3p-11p			3p-11p	40.00
Licensed Practical Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Licensed Practical Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Licensed Practical Nurse	3p-11p			3p-11p	3p-11p	3p-11p	3p-11p	40.00
Licensed Practical Nurse	3p-11p	3p-11p	3p-11p	3p-11p			3p-11p	40.00
Licensed Practical Nurse	11p-7a			11p-7a	11p-7a	11p-7a	11p-7a	40.00
Licensed Practical Nurse	11p-7a	11p-7a	11p-7a	11p-7a			11p-7a	40.00
Licensed Practical Nurse		11p-7a	11p-7a	11p-7a	11p-7a	11p-7a		40.00
Licensed Practical Nurse		11p-7a	11p-7a	11p-7a	11p-7a	11p-7a		40.00
On-Site Medical Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Medical Records Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Optometrist			8a-1p		8a-1p			10.00
Pharmacy Technician		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Physical Therapist			9a-11a			9a-11a		4.00
Physical Therapy Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Physician Asst/Nurse Practitioner		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Psychiatrist			8a-4p	8a-12p	8a-4p			20.00
Clinical Psychologist	8a-4p	8a-4p	8a-4p	8a-4p	8a-4p			40.00
Radiology Technician		8a-12p	8a-12p		8a-12p	8a-12p		20.00
Registered Nurse	7a-3p			7a-3p	7a-3p	7a-3p	7a-3p	40.00
Registered Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Registered Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Registered Nurse	3p-11p	3p-11p	3p-11p	3p-11p			3p-11p	40.00
Registered Nurse	3p-11p			3p-11p	3p-11p	3p-11p	3p-11p	40.00
Registered Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Registered Nurse	11p-7a			11p-7a	11p-7a	11p-7a	11p-7a	40.00
Registered Nurse		11p-7a	11p-7a	11p-7a	11p-7a	11p-7a		40.00
Clinical Social Worker			8a-4p	8a-4p	8a-4p	8a-4p	8a-4p	40.00
Staff Assistant I		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant I		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant II		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
<b>Total Weekly Hours</b>								1634.00
<b>Pontiac- Approx. Pop.= 1622</b>								
Chief Dentist		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dentist		8a-4p		8a-4p		8a-4p		24.00
Dental Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dental Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dental Hygienist		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Director of Nursing		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Licensed Practical Nurse		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
On-Site Medical Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Medical Records Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Office Coordinator		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Optometrist					8a-4p			8.00
Pharmacy Technician		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Physician		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Physician Asst/Nurse Practitioner		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00

Facility	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hours
Psychiatrist	8a-4p	8a-4p	8a-4p	8a-4p	8a-4p			40.00
Psychiatrist				8a-3p	8a-3p	9a-3p	9a-3p	26.00
Clinical Psychologist	8a-4p	8a-4p	8a-4p	8a-4p	8a-4p			40.00
Clinical Social Worker			8a-4p	8a-4p	8a-4p	8a-4p	8a-4p	40.00
Radiology Technician		8a-12p		8a-12p		8a-12p		12.00
Registered Nurse	7a-3p			7a-3p	7a-3p	7a-3p	7a-3p	40.00
Registered Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Registered Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Registered Nurse	3p-11p	3p-11p	3p-11p	3p-11p			3p-11p	40.00
Registered Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Registered Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Registered Nurse	11p-7a	11p-7a			11p-7a	11p-7a	11p-7a	40.00
Registered Nurse		11p-7a	11p-7a	11p-7a	11p-7a	11p-7a		40.00
Registered Nurse		11p-7a	11p-7a	11p-7a	11p-7a	11p-7a		40.00
Staff Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Supervising Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
<b>Total Weekly Hours</b>								1230.00
<b>Robinson- Approx. Pop.= 1204</b>								
Dental Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dental Hygienist		8a-12p	8a-12p	8a-12p	8a-12p	8a-12p		20.00
Dentist		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Director of Nursing		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
On-Site Medical Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Medical Records Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Optometrist					8a-11:30a			3.50
Psychiatrist					9a-3p			5.00
Qualified Mental Health Professional		8a-4p	8a-4p	10a-6p	8a-4p	8a-4p		40.00
Radiology Technician		8a-1p				8a-1p		10.00
Registered Nurse	7a-3p			7a-3p	7a-3p	7a-3p	7a-3p	40.00
Registered Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Registered Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Registered Nurse	3p-11p	3p-11p	3p-11p	3p-11p			3p-11p	40.00
Registered Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Registered Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Registered Nurse	11p-7a	11p-7a			11p-7a	11p-7a	11p-7a	40.00
Registered Nurse		11p-7a	11p-7a	11p-7a	11p-7a	11p-7a		40.00
Registered Nurse		11p-7a	11p-7a	11p-7a	11p-7a	11p-7a		40.00
Staff Assistant II		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant II	-	8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
<b>Total Weekly Hours</b>								724.50
<b>Shawnee- Approx. Pop.= 2000</b>								
Dental Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dental Hygienist	-	8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dentist		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Director of Nursing	-	8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00

Facility	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hours
Licensed Practical Nurse	7a-3p	7a-3p	7a-3p	7a-3p			7a-3p	40.00
Licensed Practical Nurse	7a-3p			7a-3p	7a-3p	7a-3p	7a-3p	40.00
Licensed Practical Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Licensed Practical Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Licensed Practical Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Licensed Practical Nurse	3p-11p			3p-11p	3p-11p	3p-11p	3p-11p	40.00
Licensed Practical Nurse	3p-11p	3p-11p	3p-11p	3p-11p			3p-11p	40.00
Licensed Practical Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Licensed Practical Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Licensed Practical Nurse	11p-7a			11p-7a	11p-7a	11p-7a	11p-7a	40.00
Licensed Practical Nurse	11p-7a	11p-7a	11p-7a	11p-7a			11p-7a	40.00
Licensed Practical Nurse		11p-7a	11p-7a	11p-7a	11p-7a	11p-7a		40.00
On-Site Medical Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Medical Records Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Optometrist					8a-4p			8.00
Pharmacy Technician		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Physician Asst/Nurse Practitioner		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Psychiatrist			9a-4p	9a-4p	9a-4p	9a-3p		27.00
Qualified Mental Health Professional	8a-4p	8a-4p	8a-4p	8a-4p	8a-4p			40.00
Clinical Social Worker			8a-4p	8a-4p	8a-4p	8a-4p	8a-4p	40.00
Radiology Technician		8a-1p			8a-1p			10.00
Registered Nurse	7a-3p			7a-3p	7a-3p	7a-3p	7a-3p	40.00
Registered Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Registered Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Registered Nurse	3p-11p	3p-11p	3p-11p	3p-11p			3p-11p	40.00
Registered Nurse	3p-11p			3p-11p	3p-11p	3p-11p	3p-11p	40.00
Registered Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Registered Nurse	11p-7a			11p-7a	11p-7a	11p-7a	11p-7a	40.00
Registered Nurse		11p-7a	11p-7a	11p-7a	11p-7a	11p-7a		40.00
Staff Assistant I		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant II		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant II		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
<b>Total Weekly Hours</b>								1365.00
<b>Sheridan- Approx. Pop.= 1476</b>								
Dental Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dentist		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Certified Nursing Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Phlebotomist		5a-11a	5a-11a		5a-11a	5a-11a		24.00
On-Site Medical Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Medical Records Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Optometrist					8a-2p			6.92
Pharmacy Technician		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Physician Assistant/Nurse Pract.		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Psychiatrist				9a-3p		9a-3p		12.00
Qualified Mental Health Professional	8a-4p	8a-4p	8a-4p	8a-4p	8a-4p			40.00
Clinical Social Worker			8a-4p	8a-4p	8a-4p	8a-4p	8a-4p	40.00
Radiology Technician		8a-12p		8a-12p		8a-10a		10.00
Staff Assistant I		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant II		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00



Facility	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hours
<b>Total Weekly Hours</b>								492.92
<b>Southwestern - Approx. Pop.= 665</b>								
Dental Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dental Hygienist		4. hrs	4. hrs	4. hrs	4. hrs	4. hrs		20.00
Dentist		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Medical Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Medical Records Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Optometrist			3.23					3.23
Psychiatrist			3 hrs		3 hrs			6.00
Psychologist		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Radiology Technician		hrs. vary	hrs. vary	hrs. vary	hrs. vary	hrs. vary		10.00
Registered Nurse	7a-3p			7a-3p	7a-3p	7a-3p	7a-3p	40.00
Registered Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Registered Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Registered Nurse	3p-11p	3p-11p	3p-11p	3p-11p			3p-11p	40.00
Registered Nurse	3p-11p			3p-11p	3p-11p	3p-11p	3p-11p	40.00
Registered Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Registered Nurse	11p-7a			11p-7a	11p-7a	11p-7a	11p-7a	40.00
Registered Nurse		11p-7a	11p-7a	11p-7a	11p-7a	11p-7a		40.00
Registered Nurse		11p-7a	11p-7a	11p-7a	11p-7a	11p-7a		40.00
Staff Assistant II		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant II		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
<b>Total Weekly Hours</b>								679.23
<b>Stateville CC- Approx. Pop.= 1850</b>								
Dentist		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dental Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dental Hygienist		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Director of Nursing		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Licensed Practical Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Licensed Practical Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Licensed Practical Nurse		11p-7a	11p-7a	11p-7a	11p-7a	11p-7a		40.00
On-Site Medical Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Medical Records Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Ophthalmologist/ Physician Specialist				9a-12p				3.00
Optometry					9a-3p			6.00
Physical Therapist		9a-11a			9a-11a			4.00
Physical Therapy Assistant		8a-12p	8a-12p		8a-12p	8a-12p		16.00
Physician		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Physician Asst/Nurse Practitioner		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Psychiatrist		8a-4p	8a-4p	8a-3p	8a-3p			30.00
Clinical Psychologist		8a-4p	8a-4p	8a-4p	10a-6p	8a-4p		40.00
Qualified Mental Health Professional	8a-4p	8a-4p	8a-4p	8a-4p	8a-4p			40.00
Qualified Mental Health Professional			8a-4p	8a-4p	8a-4p	8a-4p	8a-4p	40.00
Clinical Social Worker		10a-6p	9a-5p	9a-5p	9a-5p	9a-5p		40.00
Staff Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Supervising Nurse	3p-11p			3p-11p	3p-11p	3p-11p	3p-11p	40.00

Facility	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hours
Supervising Nurse	11p-7a	11p-7a	11p-7a	11p-7a	11p-7a			40.00
<b>Total Weekly Hours</b>								859.00
<b>Stateville RNC- Approx. Pop.= 1800</b>								
Dentist		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dental Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Licensed Practical Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Licensed Practical Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Licensed Practical Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Licensed Practical Nurse		11p-7a	11p-7a	11p-7a	11p-7a	11p-7a		40.00
On-Site Medical Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Medical Records Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Qualified Mental Health Professional			8a-4p	8a-4p	8a-4p	8a-4p	8a-4p	40.00
Optometrist					8a-4p			8.00
Physician		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Physician Asst/Nurse Practitioner		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Physician Asst/Nurse Practitioner		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Physician Asst/Nurse Practitioner				8a-4p	8a-4p	12p-4p		20.00
Psychiatrist		9a-5p	9a-5p	9a-5p	9a-5p	9a-5p		40.00
Psychiatrist			9a-4p	9a-3p	9a-4p			20.00
Radiologist/ Physician Specialist		10a-12p			10a-12p			4.00
Radiology Technician		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
<b>Total Weekly Hours</b>								732.00
<b>Tamms-MSU - Approx. Pop.= 195</b>								
Registered Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
<b>Total Weekly Hours</b>								40.00
<b>Tamms- Approx. Pop.= 335</b>								
Activity Therapist	8a-4p	8a-4p	8a-4p	8a-4p	8a-4p			40.00
Activity Therapist			8a-4p	8a-4p	8a-4p	8a-4p	8a-4p	40.00
Dental Assistant				8a-4p				8.00
Dentist				8a-4p				8.00
Director of Nursing		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Licensed Practical Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Licensed Practical Nurse	7a-3p			7a-3p	7a-3p	7a-3p	7a-3p	40.00
Licensed Practical Nurse	7a-3p	7a-3p	7a-3p	7a-3p			7a-3p	40.00
Licensed Practical Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Licensed Practical Nurse	3p-11p	3p-11p			3p-11p	3p-11p	3p-11p	40.00
Licensed Practical Nurse		11p-7a	11p-7a	11p-7a	11p-7a	11p-7a		40.00
Licensed Practical Nurse	11p-7a	11p-7a	11p-7a	11p-7a			11p-7a	40.00
On-Site Medical Director		8a-4p		8a-4p		8a-4p		24.00
Medical Records Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Psychiatric Nurse		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Optometrist					9a-11a			2.00
Psychiatrist				8a-4p				8.00
Clinical Psychologist		8a-4p	8a-4p	10a-6p	8a-4p	8a-4p		40.00

Facility	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hours
Qualified Mental Health Professional			8a-4p	8a-4p	8a-4p	8a-4p	8a-4p	40.00
Registered Nurse	7a-3p			7a-3p	7a-3p	7a-3p	7a-3p	40.00
Registered Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Registered Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Registered Nurse	3p-11p	3p-11p	3p-11p	3p-11p			3p-11p	40.00
Registered Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Registered Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Registered Nurse	11p-7a	11p-7a			11p-7a	11p-7a	11p-7a	40.00
Registered Nurse		11p-7a	11p-7a	11p-7a	11p-7a	11p-7a		40.00
Registered Nurse		11p-7a	11p-7a	11p-7a	11p-7a	11p-7a		40.00
Clinical Social Worker		8a-4p	10a-6p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant - Mental Health		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
<b>Total Weekly Hours</b>								1090.00
<b>Taylorville - Approx. Pop.= 1193</b>								
Dental Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dental Hygienist		2 hrs	2 hrs	2 hrs	2 hrs	2 hrs		10.00
Dentist		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Director of Nursing		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
On-Site Medical Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Medical Records Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Optometrist			4.15 hrs.					4.15
Pharmacy Technician		4 hrs	4 hrs	4 hrs	4 hrs	4 hrs		20.00
Psychiatrist		1 hr	1 hr	1 hr	1 hr	1 hr		5.00
Clinical Psychologist		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Registered Nurse	7a-3p			7a-3p	7a-3p	7a-3p	7a-3p	40.00
Registered Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Registered Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Registered Nurse	3p-11p	3p-11p	3p-11p	3p-11p			3p-11p	40.00
Registered Nurse	3p-11p			3p-11p	3p-11p	3p-11p	3p-11p	40.00
Registered Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Registered Nurse	11p-7a			11p-7a	11p-7a	11p-7a	11p-7a	40.00
Registered Nurse		3p-11p	11p-7a	11p-7a	11p-7a	11p-7a		40.00
Registered Nurse	11p-7a			11p-7a	11p-7a	11p-7a	11p-7a	40.00
Registered Nurse		3p-11p	11p-7a	11p-7a	11p-7a	11p-7a		40.00
Staff Assistant II		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant II		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Radiology Technician		2 hrs	2 hrs	2 hrs	2 hrs	2 hrs		10.00
<b>Total Weekly Hours</b>								769.15
<b>Vandalia - Approx. Pop.= 1481</b>								
Dental Hygienist		8a-4p		8a-4p		8a-4p		24.00
Dentist		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
On-Site Medical Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Medical Records Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Optometrist			4 hrs					4.00
Psychiatrist		2 hrs		2 hrs		2 hrs		6.00
Radiology Technician		1 hr		1 hr		1 hr		3.00
Staff Assistant I		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00

Facility	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hours
Staff Assistant I		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
<b>Total Weekly Hours</b>								237.00
<b>Vienna- Approx. Pop.= 1765</b>								
Dental Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dentist		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
On-Site Medical Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Medical Records Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Optometrist					8a-2p			5.00
Pharmacy Technician		10a-2p	10a-2p	10a-2p	10a-2p	10a-2p		20.00
Phlebotomist		5a-9a	5a-9a	5a-9a	5a-9a	5a-9a		20.00
Psychiatrist		8a-4p						8.00
Qualified Mental Health Professional		8a-4p	8a-4p	10a-6p	8a-4p	8a-4p		40.00
Staff Assistant I		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant I		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
<b>Total Weekly Hours</b>								333.00
<b>Western Illinois- Approx. Pop.= 2067</b>								
Dental Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dental Assistant		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Dentist		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Director of Nursing		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Licensed Practical Nurse	7a-3p	7a-3p	7a-3p	7a-3p			7a-3p	40.00
Licensed Practical Nurse	7a-3p			7a-3p	7a-3p	7a-3p	7a-3p	40.00
Licensed Practical Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Licensed Practical Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Licensed Practical Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Licensed Practical Nurse	3p-11p			3p-11p	3p-11p	3p-11p	3p-11p	40.00
Licensed Practical Nurse	3p-11p	3p-11p	3p-11p	3p-11p			3p-11p	40.00
Licensed Practical Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Licensed Practical Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Licensed Practical Nurse	11p-7a			11p-7a	11p-7a	11p-7a	11p-7a	40.00
Licensed Practical Nurse	11p-7a	11p-7a	11p-7a	11p-7a			11p-7a	40.00
Licensed Practical Nurse		11p-7a	11p-7a	11p-7a	11p-7a	11p-7a		40.00
On-Site Medical Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Medical Records Director		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Optometrist			9a-2p		9a-2p			10.00
Pharmacy Technician		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Physical Therapist		9a-11a		9a-11a				4.00
Physical Therapist Assistant		8a-12p	8a-12p	8a-12p	8a-12p	8a-12p		20.00
Physician Asst/Nurse Practitioner		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Psychiatrist		9a-4p		9a-4p	9a-4p			21.00
Clinical Psychologist		8a-4p	8a-4p	10a-6p	8a-4p	8a-4p		40.00
Qualified Mental Health Professional	8a-4p	8a-4p	8a-4p	8a-4p	8a-4p			40.00
Clinical Social Worker			8a-4p	8a-4p	8a-4p	8a-4p	8a-4p	40.00
Radiology Technician		8a-12p	8a-12p	8a-12p	8a-12p	8a-12p		20.00
Registered Nurse	7a-3p			7a-3p	7a-3p	7a-3p	7a-3p	40.00
Registered Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Registered Nurse		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40.00
Registered Nurse	3p-11p	3p-11p	3p-11p	3p-11p			3p-11p	40.00

<b>Facility</b>	<b>Sun</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>	<b>Total Hours</b>
Registered Nurse	3p-11p			3p-11p	3p-11p	3p-11p	3p-11p	40.00
Registered Nurse		3p-11p	3p-11p	3p-11p	3p-11p	3p-11p		40.00
Registered Nurse	11 to 7			11p-7a	11p-7a	11p-7a	11p-7a	40.00
Registered Nurse		11p-7a	11p-7a	11p-7a	11p-7a	11p-7a		40.00
Staff Assistant I		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant II	-	8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
Staff Assistant II		8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		40.00
<b>Total Weekly Hours</b>								1435.00

## **EXHIBIT III**

### **STAFF POSITION REQUIREMENTS and JOB DESCRIPTIONS**

#### **STAFF POSITION REQUIREMENTS**

This exhibit specifies the minimum qualifications which must be met by persons filling individual positions required by the Centers whether employee of Vendor or a person providing services as a subcontractor of the Vendor.

#### **ON-SITE MEDICAL DIRECTOR**

##### **MINIMUM REQUIREMENTS**

1. Licensed by the State of Illinois to practice medicine in all its branches
2. Current DEA number
3. CPR Certification

##### **PREFERRED EXPERIENCE**

1. Correctional Health Care
2. Completion of an accredited primary care residency training program
3. Board Certified or Eligible
4. Family Practice or Internal Medicine
5. Emergency Medicine
6. ACLS Certification
7. Management experience

#### **DIRECTOR OF NURSING**

##### **MINIMUM REQUIREMENTS**

1. Illinois licensed (RN)
2. Two years nursing experience
3. CPR certification

##### **PREFERRED EXPERIENCE:**

1. Two years administrative experience
2. Correctional nursing

#### **OFFICE COORDINATOR**

##### **Minimum requirement**

1. High School graduate
2. Two years of secretarial experience
3. Ability to multi-task
4. Proficient in the use of office equipment: computers, copy machines, telephones and dictation
5. Types 60 words per minute

#### **PHYSICIAN**

##### **MINIMUM REQUIREMENTS**

1. Licensed by the State of Illinois to practice medicine in all its branches
2. CPR certification
3. Current DEA number

##### **PREFERRED EXPERIENCE**

1. Correctional Health Care
2. Family Practice or Internal Medicine
3. Emergency Medicine

#### **REGISTERED NURSE**

##### **MINIMUM REQUIREMENTS**

1. Illinois licensed (RN)
2. CPR certification

##### **PREFERRED EXPERIENCE**

1. Correctional nursing

#### **PHYSICIAN SPECIALISTS**

##### **MINIMUM REQUIREMENTS**

1. Licensed by the State of Illinois to practice medicine in all its branches

2. Specialty Board certified or eligible
3. CPR certification

**PREFERRED EXPERIENCE**

1. Correctional health care
2. Center's health care

**PHYSICIAN ASSISTANT/ NURSE PRACTITIONER**

**MINIMUM REQUIREMENTS**

1. Illinois licensed (PA)
2. Illinois licensed (APN-NP)
2. One (1) year of working experience
3. CPR certification

**PREFERRED EXPERIENCE**

1. Correctional health care
2. Large clinic

**LICENSED PRACTICAL NURSE**

**MINIMUM REQUIREMENTS**

1. Illinois licensed (LPN)
2. CPR certified

**PREFERRED EXPERIENCE**

1. Corrections

**CERTIFIED NURSING ASSISTANT**

**MINIMUM REQUIREMENTS**

1. Meets state and federal requirements as a CNA and is listed on the Illinois Department of Public Health registry as an Illinois CNA
2. CPR certified

**PREFERRED EXPERIENCE**

1. One year hospital or nursing home direct care experience

**NURSING SUPERVISOR**

**Minimum requirements**

1. Illinois licensed (RN)
2. CPR certified
3. Two years nursing experience

**PREFERRED EXPERIENCE**

1. Two years administrative experience
2. Correctional Nursing

**PHYSICAL THERAPIST**

**MINIMUM REQUIREMENTS**

1. Illinois licensed (PT)
2. One year of professional experience as a physical therapist if Master degree held or two years experience as a physical therapist if a Bachelor's Degree held
3. CPR certification

**PREFERRED EXPERIENCE**

1. Supervisory experience
2. Correctional experience

**PHYSICAL THERAPIST ASSISTANT**

**MINIMUM REQUIREMENTS**

1. Illinois licensed (PTA)
2. CPR certification

**PREFERRED EXPERIENCE**

1. Correctional experience

**OPTOMETRIST**

**MINIMUM REQUIREMENTS**

1. Illinois licensed to practice optometry

2. CPR certification
  3. one-year clinical experience
- PREFERRED EXPERIENCE
1. Correctional experience

#### **DENTIST, CHIEF**

##### MINIMUM REQUIREMENTS

1. Illinois licensed to practice dentistry (DDS)
2. Current DEA number
3. CPR certification

##### PREFERRED EXPERIENCE

1. Corrections or Center's experience
2. Supervisor experience

#### **DENTIST**

##### MINIMUM REQUIREMENTS

1. Illinois licensed to practice dentistry (DDS)
2. CPR certification

##### PREFERRED EXPERIENCE

1. Corrections or Center's experience

#### **DENTAL HYGIENIST**

##### MINIMUM REQUIREMENTS

1. Illinois registered as dental hygienist
2. CPR certification

##### PREFERRED EXPERIENCE

1. Corrections health care
2. Center dental care
3. Dental clinic setting

#### **DENTAL ASSISTANT**

##### MINIMUM REQUIREMENTS

1. Preferably registered or certified by professional association
2. CPR certification

##### PREFERRED EXPERIENCE

1. Correctional health care
2. Center dental care
3. Dental clinic setting

#### **PSYCHIATRIST**

##### MINIMUM REQUIREMENTS

1. Licensed by the State of Illinois to practice medicine in all its branches
2. Board Eligible or Board Certified in Psychiatry
3. Current DEA number
4. CPR certification

##### PREFERRED EXPERIENCE

1. Corrections experience

#### **CLINICAL PSYCHOLOGIST**

##### MINIMUM REQUIREMENTS

1. Ph.D. or Psy.D. degree in clinical psychology
2. Illinois licensed as Clinical Psychologist
3. CPR certification

##### PREFERRED EXPERIENCE

1. Correctional experience

#### **CLINICAL SOCIAL WORKER**

##### MINIMUM REQUIREMENTS

1. Masters degree in Social Work



2. Illinois licensed as Clinical Social Worker
3. CPR certification

**PREFERRED EXPERIENCE**

1. Correctional experience
2. Two years post-degree clinical experience

**PSYCHIATRIC NURSE**

**MINIMUM REQUIREMENTS**

1. Illinois licensed (RN)
2. Masters Degree in Nursing
3. RN, C – Certified RN by a professional association
4. CPR certification

**PREFERRED EXPERIENCE**

1. Correctional Health Care
2. Adolescent Psychiatric practice or Center experience

**QUALIFIED MENTAL HEALTH PROFESSIONAL**

**MINIMUM REQUIREMENTS**

1. Masters in Clinical Psychology, Counseling Psychology, or Social Work
2. Illinois licensed as Clinical Professional Counselor or Illinois licensed as Social Worker
3. CPR certification

**PREFERRED EXPERIENCE**

1. Correctional experience
2. Two years post-degree clinical experience

**ACTIVITY THERAPIST**

**MINIMUM REQUIREMENTS**

1. Bachelor's degree in therapeutic recreation or in recreation with a concentration in therapeutic recreation
2. Certification or registration as a Recreation Therapist in the State of Illinois
4. CPR certification

**PREFERRED EXPERIENCE**

1. Correctional experience
2. Two years post-degree clinical experience
3. A graduate degree or graduate certificate in recreational therapy is preferred

**PHARMACY TECHNICIAN**

**MINIMUM REQUIREMENTS**

1. Illinois licensed as pharmacy technician
2. CPR certification

**PREFERRED EXPERIENCE**

1. Corrections health care
2. Center's or hospital pharmacy

**PHLEBOTOMIST**

**MINIMUM REQUIREMENTS**

1. Training in phlebotomy
2. CPR certification

**RADIOLOGY TECHNICIAN**

**MINIMUM REQUIREMENTS**

1. Certification by the American Registry of Radiologist Technologists
2. Two (2) years working experience as an ARRT
3. CPR certification

**RADIOLOGY TECHNICIAN/MAMMOGRAPHY**

**MINIMUM REQUIREMENTS**

1. Certification by the American Registry of Radiologist Technologists
2. Certification in CE Biennium
3. CPR certification

4. High School graduate
5. 2 years experience as an ARRT

#### **MEDICAL RECORDS DIRECTOR**

##### MINIMUM REQUIREMENTS

1. ART in Medical Records Science
2. Must pass the American Records Association examination

##### PREFERRED EXPERIENCE

1. RRA
2. Two years experience
3. Management of ambulatory care
4. Familiar with JCAHO

#### **STAFF ASSISTANT I**

##### MINIMUM REQUIREMENTS

1. High school graduation
2. Two (2) years secretarial experience
3. Proficient in the use of typewriter, dictating and copying equipment
4. Type 60 words per minute

#### **STAFF ASSISTANT II**

##### MINIMUM REQUIREMENTS

1. High school graduation
2. Two (2) years secretarial experience
3. Proficient in the use of typewriter, dictating and copying equipment
4. Type 60 words per minute

#### **STAFF ASSISTANT - MENTAL HEALTH**

##### MINIMUM REQUIREMENTS

1. High school graduation
2. Two (2) years secretarial experience
3. Proficient in the use of typewriter, dictating and copying equipment
4. A minimum of one (1) year experience working within a correctional mental health unit

## JOB DESCRIPTIONS

### ON-SITE MEDICAL DIRECTOR

The Medical Director shall provide the overall supervision for clinical services at the correctional center; shall attend offenders, provide expertise on offenders' medical and mental health related issues to staff and correctional executives, and conduct the liaison function for clinical matters with medical providers outside the correctional center.

The Medical Director shall be responsible for ensuring that services of the center/facility's Health Care Unit are conducted in accord with standards of medical care delineated by State regulations and IDOC policies and procedures.

#### **a. ADMINISTRATIVE**

- i. Medical Director shall evaluate all existing programs and assess the medical and mental health needs of the offender population, making recommendations regarding programs or services as appropriate.
- ii. Medical Director shall assist in designing and implementing policies, procedures and protocols for Health Care Unit and Medical staff.
- iii. Medical Director shall be responsible for reporting any problems and/or unusual incidents to the CAO or his designee.
- iv. Medical Director shall attend staff meetings and participate on various committees as requested by the CAO or his designee.
- v. Medical Director shall represent the Health Care Unit in discussion with local civic groups or visiting officials of the Illinois Department of Corrections as mutually agreed upon by the parties.
- vi. In the event of an emergency the Medical Director shall provide emergency care and referrals to appropriate hospitals, physicians and/or consultant specialists.

#### **b. TRAINING AND ORIENTATION**

- i. In-Service Training
  1. Medical Director shall direct the development of the Center's continuing medical education curriculum and establish a program providing in-service education.
  2. Medical Director shall be responsible for ensuring that staff receives training, as necessary to ensure proper performance of their job duties.

#### **c. STAFF RECRUITMENT AND EVALUATION**

- i. Medical Director shall conduct an interview of medical and mental health staff, as requested by the CAO or designee, or HCUA.
- ii. Medical Director shall supervise and direct the clinical activities of all medical and mental health staff, including:
  1. Supervising infirmary rounds made on offenders by other physicians.
  2. Reviewing and approving all referrals to outside hospitals or specialists.
  3. Evaluating services and treatment provided by other staff physicians, physicians' assistants, and other medical staff.
  4. Properly completing employee evaluations for those employees under Medical Director's direct supervisor, in accordance with applicable state rules.
  5. Participating in disciplinary hearings of other employees as requested by the CAO or his designee.

6. Assisting in planning schedules of medical and mental health staff to provide optimal coverage.

**d. QUALITY ASSURANCE**

Medical Director shall develop and implement a quality assurance program that may include, but is not limited to, audit and medical chart review procedures.

**e. CLINICAL DUTIES**

Medical Director shall be responsible for:

- i. Conducting offender sick call on days and at times determined by the Center.
- ii. Examining, diagnosing and treating offenders referred to Medical Director.
- iii. Reviewing and/or monitoring the staff physician review of all laboratory and X-ray and ancillary reports, and ensuring that the review is documented in the offender's chart.
- iv. Examining and rendering initial emergency medical treatment to all persons who are injured or who become ill while on the premises. These persons shall be referred to their physician for any necessary follow-up care.
- v. Providing 24-hour on call emergency care to the Center when requested by the CAO or his designee.
- vi. Performing employment, Workers Compensation or other physician examinations for the Center.
- vii. Examining employees to assess physical fitness to perform duties as required by the CAO or designee.
- viii. Periodically evaluating dietary personnel to ensure that they satisfy all health requirements applicable to dietary workers.
- ix. Providing minor surgical treatment at the Center/Facilities as deemed medically appropriate to include suturing for minor lacerations.
- x. Conducting infirmary rounds, or in his absence, ensuring that rounds are conducted by designee.
- xi. Conducting intake and annual physical examinations on offenders according to IDOC AD's or as dictated by good medical practice. These duties may be assigned to designee.
- xii. Evaluating food handler candidates prior to assignment and periodically thereafter to ensure compliance with all health regulations. These duties may be assigned to designee.

**f. REFERRALS TO OUTSIDE HOSPITALS OR SPECIALISTS**

- i. Medical Director shall make referrals and arrangements with medical specialists under contract as needed for treatment of those offenders with health care problems that may extend beyond the scope of services provided by the contract.
- ii. Medical Director shall review the health care status of offenders admitted to outside hospitals to ensure that the duration of the hospitalization is no longer than medically indicated.
- iii. Medical Director shall ensure that discharge summaries are furnished to the Center by the hospital in a timely fashion.

## **DIRECTOR OF NURSING**

Coordinate and supervise all nursing functions within the Center.

The Director of Nursing shall:

1. Manage all infirmary and clinic nursing functions.
2. Act as a consultant and/or resource within the Center to facilitate offender care.
3. Coordinate the continuity of offender care with outside health care facilities.
4. Supervise the activities of the infection control program.
5. Coordinate offender care requirements with other department heads within the Center.
6. Schedule nursing coverage for all shifts.
7. Direct the selection and evaluation of all nursing personnel.
8. Assist administrative staff in personnel functions relating to nursing staff, e.g., hiring, evaluations, etc.
9. Provide functional direction and guidance to nursing personnel in on-the-job training.
10. Where applicable, be responsible for coordinating all in-services training programs.
11. Supervise and assist the Staff Development Coordinator in developing an in-services education program.
12. Plan and conduct in-service training classes for professional and/or paraprofessional patient care personnel.
13. Supervise all assigned staff nurses and paraprofessional nursing personnel.
14. Where applicable, be responsible for orientation of nursing personnel.
15. Conducting nursing and para-professional meetings to maintain optimal levels of communication within the Health Care Unit
16. Serve as a liaison with contract services such as lab and physical therapy to maintain the coordination of such services in the Center. Formulate and execute policies, rules and regulations, which affect offender care.
17. Oversee discharge planning and coordinate the continuity of offender care with outside health care facilities.
18. Supervise the activities of the infection control program.
19. Coordinate offender care requirements with other department heads within the Center.
20. Be responsible for setting standards of nursing (offender) care that will meet ANY and IDOC policies and procedures.
21. Where applicable, assist Health Care Unit Administrator in ensuring that the contract terms of nursing coverage are met.
22. Prepare monthly statistical reports concerning nursing services.
23. Coordinate special projects as requested by the Health Care Unit Administrator; e.g., nurse audit, development of nursing policies and procedures, etc.
24. Where applicable, attend Quality Assurance and Medical Audit Committee meetings, as requested.
25. Perform other duties as required or assigned which are reasonably within the scope of the duties enumerated above and his clinical training and licensure/certification.

**OFFICE COORDINATOR**

Supervise clerical staff at the facility; provides general secretarial and receptionist services as assigned, monitor's goals of the HCU.

The Office Coordinator shall:

1. Develop and update departmental policies and procedures.
2. Coordinate the office activities of vendor office staff.
3. Submit monthly reports on department activities.
4. Schedule training for the vendor staff.
5. Responsible for orientation for new vendor personnel.
6. Organize personnel files for vendor personnel and ensures that paperwork is complete.
7. Assist vendor employees in the department with problem resolution and performance.
8. Assist the HCUA to ensure that contract obligations are met.
9. Supervise clerical staff for scheduling and furloughs.
10. Coordinate and perform special projects as assigned by the HCUA.
11. Actively participates in the QI meeting. Responsible for the meeting minutes.
12. Coordinate to ensure that payroll documents are submitted to the vendor.
13. Other duties as assigned.

## **PHYSICIAN**

Physicians shall be Health Care Unit based, but shall enter other areas, as necessary. The physician shall be responsible for inpatient admissions and rounds at local hospitals where requested.

### **a. ADMINISTRATIVE**

- i. Physician shall make recommendations regarding medical programs or services to the Medical Director.
- ii. Physician shall assist in designing and implementing policies, procedures and protocol for Health Care Unit and Medical staff, as requested by the Medical Director.
- iii. Physician shall be responsible for reporting any problems and/or unusual incidents to the Medical Director or his designee.
- iv. Physician shall attend staff meetings and participate on various committees as requested by the CAO, the Medical Director or his/her designee.
- v. As requested by the Medical Director, Physician shall perform evaluations and inspections of conditions in living units, segregation units, dietary areas and other portions of the center and review all reports pertaining to sanitation or medical services and make appropriate recommendations.
- vi. Physician shall provide emergency care and make appropriate referrals to outside hospitals and physicians specialists.

### **b. TRAINING**

#### **In-Service Training**

Physician shall provide input to the Medical Director regarding staff training needs and shall participate in training as requested by the Medical Director or designee.

### **c. STAFF EVALUATION**

- i. Physician shall supervise and direct the clinical activities of ancillary health care staff working under his/her direction or in his/her absence.
- ii. Physician shall participate in disciplinary hearings of other employees as requested by the Chief Administrative Office, the Medical Director or their designee.

### **d. QUALITY ASSURANCE**

Physician shall participate in a quality assurance program, which may include, but is not limited to, audit and medical chart review procedure, as requested by the Medical Director or designee.

### **e. CLINICAL DUTIES**

Physician shall be responsible for:

- i. Conducting offender sick call on days and at times scheduled by the Medical Director.
- ii. Examining, diagnosing and treating offenders referred to the Physician.
- iii. Reviewing all laboratory and x-ray and ancillary reports and documenting the review in the offender's chart, as requested by the Medical Director or designee.
- iv. Examining and rendering initial emergency medical treatment to persons who are injured or who become ill while on the premises. These persons shall be referred to their physician for any necessary follow-up care.
- v. Performing employment, Workers' Compensation or other physical examinations for the Center.

- vi. Examining employees to assess physical fitness to perform duties as required by the CAO or his designee.
- vii. Periodically evaluating dietary personnel to ensure that they satisfy all health requirements applicable to dietary workers.
- viii. Providing minor surgical treatment at the Center as deemed medically appropriate to include suturing for minor lacerations.
- ix. Formulating written individual treatment plans for offenders with medical problems that include directions to Health Care and other personnel regarding their roles in the care and supervision of these parties.
- x. Conducting infirmary rounds as requested by the Medical Director or his/her designee.
- xi. Conducting intake and annual physical examinations on offenders as provided for by Department of Corrections procedures or as dictated by good medical practice.
- xii. Evaluating food handler candidates prior to assignment and periodically thereafter to ensure compliance with all health regulations.

**f. REFERRALS TO OUTSIDE HOSPITALS OR SPECIALISTS**

Physician shall make recommendations to the Medical Director for non-emergency referrals to medical specialists or outside hospitals as needed for diagnosis or treatment of those offenders with health care problems that may extend beyond the scope of services provided by this contract. In the case of an emergency or as requested by the CAO or his designee, Physician shall make hospital or specialty referrals.

**g. RECORDKEEPING**

- i. Physician shall document all health care contacts in the offender's medical record in the problem oriented medical records format.
- ii. Physician shall train and assist medical staff in problem oriented medical record procedures, as necessary or as directed by the Medical Director.
- iii. Health care contacts with staff or visitors shall be documented in the manner prescribed by the CAO or his designee.



## **REGISTERED NURSE**

General assessment of health and nursing care needs of offenders. Provide general direction to other health care personnel in meeting medical needs of offenders.

The Registered Nurse shall:

1. Assess, plan, and deliver nursing care to offenders.
2. Supervise other nursing and nursing paraprofessional personnel in patient care.
3. Coordinate multiple medical services for diagnosis and treatment as directed by the physician.
4. Enter housing units to pass medications, or other sundry items and to conduct backup screening when necessary.
5. Maintain aseptic techniques and infection control precautions as required.
6. Assist physician in minor medical or surgical procedures.
7. Assist in screening of apparent emergencies for necessity and priority to be seen by the physician, and conducts daily sick call screening.
8. Check and change surgical dressings as required.
9. Maintain working knowledge of pharmacology including drug reaction/overdose.
10. Maintain working knowledge of therapeutic diets and nutrition.
11. Maintain working knowledge of social and behavioral sciences, particularly as applied to the correctional center setting.
12. Be capable of giving CPR instructions and ability to take charge in a CPR emergency.
13. Maintain the Problem Oriented Medical Record.
14. Administer medications including IV therapy and IM injections upon physician's orders.
15. Recommend improved procedures, equipment, and supplies to Supervisor.
16. Participate in periodic quality of care and chart review.
17. Notify supervisor and complete written report for any medical or security incidents.
18. Present/participate in in-service education sessions.
19. Perform other duties as required or assigned which are reasonably within the scope of the duties enumerated above and his clinical training and licensure/certification.

### **PHYSICIAN SPECIALISTS**

All physician specialists shall provide on-site and/or office specialty evaluations, diagnosis and treatment of offenders who are referred for such consultation by the Center physician.

The Specialist shall:

1. Provide on-site and/or office evaluations, diagnosis and treatment.

In addition the Surgery and Orthopedics Specialists shall:

1. Provide on-site and/or office minor surgical procedures as needed.
2. Perform inpatient surgical procedures as needed upon agreement with the Medical Director.

The Obstetrics-Gynecology Specialist shall:

1. Provide outside hospital inpatient services for obstetric or gynecological offenders.
2. Ensure admission to a community hospital for delivery of infants, and ensure inpatient services to offenders while in community hospital.
3. Provide obstetrical services to offenders upon return from community hospital for a period of six (6) weeks.
4. Ensure proper documentation of all pre and postnatal care provided to offenders.
5. Ensure proper documentation of all gynecological services provided or referred for additional tests.

**PHYSICIAN ASSISTANT/ NURSE PRACTITIONER**

The physician assistant/nurse practitioner shall perform mid-level professional medical services to the offender population consistent with a current collaborative agreement and under the supervision of the Medical Director and shall:

1. Assign, supervise, direct and train other health care personnel in their duties concerning offender care, personal hygiene, sanitation, etc. May assist in supervising the serving and proportions of special diets, ensures that proper medical practices are observed.
2. Examine for, recognize and interpret symptoms of offenders conditions; participate in and assist in remedial measures and technical decisions based upon sound medical practice and knowledge.
3. Order medications for offenders as required and with approval of physician or dentist.
4. Order supplies necessary for performance of duties.
5. Prepare offenders for and perform or assist in special treatments, procedures and examinations, may make hospital rounds, cell house rounds and staff the screening areas. Will perform historical and physical examinations.
6. Maintain clinical charts and records in P.O.M.R. format, make oral and written reports when required to do so.
7. Assist or perform with supervision, minor surgical procedures.
8. Enforce written policies and procedures of the Health Care Unit and Center.
9. Perform other procedures and duties as assigned, required or qualified.

**LICENSED PRACTICAL NURSE**

Under the supervision of a physician or registered nurse, perform non-professional nursing care duties as assigned.

1. Observe, record and report symptoms, reactions and changes in the condition of all patients.
2. Carry out designated nursing and treatment protocols.
3. Administer medications and injections.
4. Take vital signs (temperature, pulse, respiration and blood pressure).
5. Apply and change dressings per wound care orders.
6. Provide for emotional and physical comfort and safety of offenders.
7. Assist with activities of daily living with special attention to therapeutic significance.
8. Assist in maintaining working and living areas and supplies in good order.
9. Serve as a member of a nursing care and treatment team.
10. Assist with orientation of new employees.
11. Assist physician as assigned.
12. Supervise offenders in the maintenance, cleanliness and sanitation of the environment.
13. Other duties as required and/or assigned.

### **CERTIFIED NURSE ASSISTANT**

Work under the supervision of a licensed practical nurse or registered nurse. The duties include:

1. Helping offenders with meals by setting up meal trays or feeding them.
2. Total care of or assisting offenders with grooming and dressing needs.
3. Assist in changing the offender's position as necessary at least every 2 hours and assisting with range of motion exercise.
4. Assist offenders with their elimination needs for bladder and bowels.
5. Assist offenders to the bathroom and change attends as necessary to keep the perineal area clean and dry to prevent skin breakdown. Skin massage as necessary.
6. Changing the linens on the beds and straightened the bed linens. Assist in keeping the environment clean and tidy.
7. Taking vital signs of temperature, pulse, respirations, blood pressure and weights.
8. Document in the medical record progress notes using the SOAP format accurately.
9. Assist the nurse in doing treatments such as dressing changes, and wound care.
10. Assist offenders with their mobility needs such as walking, transferring to a w/c or geri-chair.
11. Report all findings to the nurse and give an accurate report about the offenders' condition and needs.
12. Provide emotional support and physical comfort of the offenders.
13. Assist in maintaining a working and living area that is clean and free from clutter.
14. Serve as a member of a nursing care and treatment team in the infirmary.
15. Assist with orientation of new CNA's to the unit.
16. Follow all policies and procedures of the unit.
17. Other duties as assigned by the charge nurse.

**NURSING SUPERVISOR**

Provide supervision to other health care personnel meeting medical needs of offenders.

The Nursing Supervisor shall:

1. Report to the Director of Nursing and provides guidance in the delivery of quality health care services.
2. Provide guidance to the nursing staff in patient care problems and delegate responsibility within the scope of the employee's abilities.
3. Ensure the practice of nursing is consistent with current care standards.
4. Conduct regular staff meeting.
5. Prepare and submit monthly reports to the Director of Nursing.
6. Respond to grievances and report findings to the Director of Nursing
7. Coordinate clinical orientation and nursing in service and continuing education training.
8. Counsel nursing personnel in following established protocols.
9. Report all communicable diseases to the local/state health departments.
10. Review documentation as it relates to discrepancies in sharps and tool counts, investigate, reconcile and forward written findings.
11. Review medication errors and report findings.
12. Chair/participate with Infection Control committee.
13. Assess established policies and review policies as needed.
14. Perform other duties as required or assigned which are reasonably within the scope of the duties enumerated above and his clinical training and licensure/certification.

## PHYSICAL THERAPIST

Under the general supervision of the Center Medical Director, provide physical rehabilitation of offenders through the application of techniques, procedures and specialized knowledge unique to physical therapy. Apply professional medical rehabilitation and therapeutic principles in the administration of treatments that are based upon a medical prescription or referral.

The Physical Therapist shall:

1. Perform tests and measurements of muscle, strength and sensory integrative function; joint range of motion; posture, and ability to perform activities of daily living.
2. Assess the functioning of offenders; administer tests to identify physical and neurological deficiencies and deviations.
3. Evaluate the functional effects of diseases and disability.
4. Supervise and/or participate in activities directed toward relieving pain, preventing disabilities, restoring function to the disabled, and retaining maximum performance within the offender's capabilities.
5. Utilize recognized professional physiotherapeutic treatment techniques to assist physically disabled offenders to achieve restored muscle function and range of motion.
6. Instruct offenders in muscle reeducation and ambulation, in the use of crutches, braces and other prosthetic or orthotic devices.
7. Provide reports and maintain records of assessment, treatment plans and progress reports.
8. Provide direction and supervision of health care staff in carrying out simple treatment regimens.
9. Instruct staff in carrying out prescribed therapeutic treatment regimens.
10. Perform other duties as required or assigned which are reasonably within the scope of the duties enumerated above and his clinical training and licensure/certification.

**PHYSICAL THERAPIST ASSISTANT**

Responsible for assisting in the delivery of physical therapy to offenders under the supervision and direction of a licensed physical therapist and the Medical Director. Under the supervision of the Physical Therapist and the Medical Director, direct and guide offender teaching and activities commensurate with his/her education and demonstrated competencies.

The Physical Therapy Aide/Assistant shall:

1. Carry out treatment regimens for individual offenders as directed and defined by the physical therapist and within his/her education and demonstrated competencies.
2. Document offender encounters, offender response, effectiveness, complications, etc. Communicate information to supervisory personnel.
3. Document and maintain appropriate in-house documentation requirement.
4. Ensure cleanliness and order of the physical therapy room. Communicate to Health Care Unit Administrator equipment in need of repair and supplies needed, as well as, deficiencies within the unit.
5. Respect dignity and confidentiality of offenders.
6. Assist physician, physical therapist, and nursing staff as assigned.
7. Other duties as required and/or assigned.



**OPTOMETRIST**

Provides on-site eye examinations to offenders at IDOC facilities.

The Optometrist shall:

1. Examine offenders who present with complaints.
2. Comply with IDOC policies and procedures and IDOC performance based audit standards.
3. Comply with established protocols, policies and procedures.
5. Maintain records in accordance with established procedures and policies, utilized by the IDOC.
6. Make recommendations to HCUA/ On-site Medical Director if referral to ophthalmologist is indicated.
7. Perform other duties as required or assigned which are reasonably within the scope of the duties enumerated above and within the scope of his clinical training and licensure/certification.

**CHIEF DENTIST**

Provide overall supervision of the dental department and provide direct dental services to offenders utilizing Department's A.P.H.A Dental Classification System.

The Chief Dentist shall:

1. Provide preventive and restorative dental services to all offenders.
2. Perform and interpret radiographic examinations as indicated.
3. Perform operative dentistry including appropriate repair of caries.
4. Repair/fit proper prosthetic devices.
5. Supervise staff in: cleaning teeth, making impressions for prosthetic devices, planning and maintaining oral hygiene program, completing appropriate records accurately, and all procedures associated with the provision of dental care.
6. Arrange proper referral for procedures that cannot be performed on-site and/or office at center.
7. Provide supervision of staff in instruction of residents in preventive practices for maintaining proper oral hygiene.
8. Submit monthly report of Dental Department activities.
9. Attend Medical Audit Committee meetings, as requested.
10. Participate in staff development program.
11. Develop and update departmental policies and procedures.
12. Supervise and evaluate all assigned dental staff.
13. Review all outside referrals of staff dentist to assure the necessity for such referrals.
14. Perform other duties as required or assigned which are reasonably within the scope of the duties enumerated above and his clinical training and licensure/certification.

**DENTIST**

Provide on-site dental care to offenders of IDOC facilities.

The Dentist shall:

1. Provide preventive and restorative dental care to all offenders.
2. Supervise while on duty all assistants involved in dental care to offenders.
3. Comply with all established policies of the dental service.
4. Work closely with Chief Dentist to comply with established protocols, policies and procedures.
5. Maintain dental records in accordance with established procedures and policies, utilized by the IDOC A.P.H.A. Dental Classification System.
6. Refer oral surgery recommendations to Chief Dentist for consultation.
7. Perform other duties as required or assigned which are reasonably within the scope of the duties enumerated above and his clinical training and licensure/certification.

### **DENTAL HYGIENIST**

Under supervision of the Dentist, perform technical and advisory service in oral or dental hygiene involving oral prophylaxis under supervision of a registered dentist; may perform educational and organizational work in promoting oral hygiene.

The Dental Hygienist shall:

1. Set up clinic as assigned by supervisor.
2. Complete oral prophylactic care including set up of instruments, equipment and supplies.
3. Ensure proper cleanup, packaging and sterilizing of instruments.
4. Assist dentist in administering fluoride treatments.
5. Assist dentist in completing dental X-rays.
6. Instruct residents in proper dental hygiene.
7. Accurately record services in the medical record of the resident and classify dental conditions utilizing APHA standards.
8. Screen for dental emergencies and sick call.
9. Check and maintain instruments, equipment, and supplies including ordering replacements and submitting work orders.
10. Maintain a clean and orderly working environment.
11. Instruct dental assistant in proper techniques and other training as directed.
12. Develop oral hygiene education program for residents.
13. Participate in in-service education.
14. Perform other duties as required or assigned which are reasonably within the scope of the duties enumerated above and his clinical training and licensure/certification.

**DENTAL ASSISTANT**

Under immediate supervision, perform nonprofessional work assisting a dentist in the routine handling of offenders, instruments, and supplies; maintain records of treatment, supplies, and materials.

The Dental Assistant shall:

1. Set up instruments, equipment, and supplies as directed by the dentist or dental hygienist.
2. Schedule appointments for offenders.
3. Assist the dentist, as directed, in providing dental care to the residents.
4. Prepare the offender for treatment.
5. Ensure proper clean up, packaging, and sterilizing of instruments.
6. Assist dentist in completing dental X-rays.
7. Assist in instruction of residents in proper dental hygiene.
8. Accurately record services in the resident's medical record, as directed by the dentist.
9. Receive instructions from the dental hygienist and provide assistance when requested.
10. Assist in screening for dental emergencies and sick call.
11. Maintain a clean and orderly work environment
12. Maintain adequate dental supplies.
13. Maintain inventory of dental supplies and equipment.
14. Perform other duties as required or assigned which are reasonably within the scope of the duties enumerated above.

## **PSYCHIATRIST**

Provide psychiatric consultation, evaluation, diagnosis, and treatment to offenders of IDOC facilities.

The Psychiatrist shall:

1. Provide on-site psychiatric assessment, diagnosis, and treatment of those offenders referred by the medical or clinical services staff.
2. Provide written summaries of history, diagnosis and treatment course.
3. In addition, duties shall include evaluation of offenders for possible transfer to the psychiatric treatment facility.
4. Provide psychiatric services for inpatient Mental Health Unit, to include assessment and diagnostic, staffing, treatment planning, and regular review of all offenders assigned.
5. Provide psychiatric services for all offenders in the general population who need regular psychiatric/mental health follow up.
6. Provide telepsychiatry services to those offenders/offenders referred by Vendor and approved by the Psychology Administrator and CAO prior to the telepsychiatry services being provided.
7. Conduct AIMS testing no less than once every 6 months for those offenders who are prescribed anti-psychotic medications.
8. Participate in Behavioral Health Ground Rounds as directed.
9. Perform other duties as required or assigned which are reasonably within the scope of the duties enumerated above and within the scope of his clinical training and/or licensure/certification.

## CLINICAL PSYCHOLOGIST

The Clinical Psychologist shall provide a broad range of services to the center including screening, assessment, evaluation and diagnosis, crisis intervention services, group and individual therapy, consultation services, and training.

The Clinical Psychologist shall:

1. Conduct psychological screening, assessment, and/or evaluations on all offenders referred for examination and/or treatment. Report of such will follow IDOC format and guidelines.
2. Prepare treatment plans on all offenders requiring specialized therapy.
3. Supervise the provision of services by all Vendor qualified mental health professionals.
4. Provide individual and group therapy for offenders identified through evaluation or referred by other qualified mental health professionals.
5. Administer, score, and interpret objective and projective psychological testing in appropriate cases.
6. Serve as member or leader of the Center Crisis Intervention Team. This may include:
  - a. Providing assessments and brief therapy to offenders identified as experiencing a psychological/emotional crisis.
  - b. 24 hour, on-call status for consultation in crisis situations.
  - c. Training of Crisis Intervention Team members.
  - d. Maintaining required crisis intervention documentation and monitoring all delivery of service to offenders on crisis status.
7. Provide consultation to center staff and administration on the treatment of specific offenders or pertaining to broader Center program issues impacting the mental health of staff and offenders.
8. Conduct staff training and development and assist in the design of treatment techniques, interventions and programs.
9. Monitor the clinical condition and treatment of special offender populations (e.g., Guilty but Mentally Ill, Developmentally Disabled, Seriously Mentally Ill) as determined necessary by the ADs or local policy (center's institutional directives).
10. Maintain required documentation on all mental health contacts to include submission of a monthly summary report to the IDOC Chief of Mental Health Services.
11. Provide mental health services in compliance with all Administrative Directives and Departmental Rules.
12. Conduct discharge planning for seriously mentally ill offenders returning to the community in the absence of a Clinical Social Worker.
13. Participate in Behavioral Health Ground Rounds as directed.
14. Perform other duties as required or assigned which are reasonably within the scope of the duties enumerated above and within the scope of his clinical training and/or licensure/certification.

### **CLINICAL SOCIAL WORKER**

The Clinical Social Worker shall provide a broad range of services to the center including screening, assessment, crisis intervention services, group and individual therapy, consultation services, re-entry psycho-education, and training.

The Clinical Social Worker shall:

1. Provide clinical screenings and assessments for treatment needs of offenders referred by medical, counseling, security, or other center staff.
2. Prepare treatment plans on all offenders requiring specialized counseling.
3. Provide individual and group counseling for offenders identified through evaluation or referred by other qualified mental health professionals.
4. Serve as a member or, in the absence of a Clinical Psychologist, the leader of the Center Crisis Intervention Team. This may include:
  - a. Providing assessments and brief therapy to offenders identified as experiencing a psychological/emotional crisis.
  - b. 24 hour, on-call status for consultation in crisis situations.
  - c. Training of Crisis Intervention Team members.
  - d. Maintaining required crisis intervention documentation and monitors monitoring all delivery of service to offenders on crisis status.
6. Provide staff training to Center personnel on mental health issues including the function of the Crisis Team and how to access its services.
7. Monitor the provisions of crisis services, in the absence of a Clinical Psychologist, to include review of documentation for accuracy, completeness, and fulfillment of Center directives and procedures.
8. Provide consultation on mental health issues to the center medical staff.
9. Provide consultation to center staff and administration on the treatment of specific offenders or pertaining to broader Center program issues impacting the mental health of staff and offenders.
10. Monitor the clinical condition and treatment needs of special offender populations (e.g. Guilty but Mentally Ill or offenders receiving anti-psychotic medication), in the absence of a Clinical Psychologist, as determined necessary by Center or agency directive or local policy.
11. Maintain required documentation on all mental health contacts to include submission of a monthly summary report to the agency Chief of Mental Health Services.
12. Provide services in compliance with all Administrative Directives and Departmental Rules.
13. Provide re-entry psycho-educational and advocacy services to mentally ill offenders returning to the community upon discharge.
14. Participate in Behavioral Health Ground Rounds as directed.
15. Perform other duties as required or assigned which are reasonably within the scope of the duties enumerated above and within the scope of his clinical training and/or licensure/certification.



**PSYCHIATRIC NURSE**

Under supervision by the psychiatrist, function as part of the Special Treatment Unit treatment team, review case records, evaluate offender needs, develop nursing plans of treatment, administer and monitor any treatment regimens as specified by the psychiatrist, monitor medication, provide instruction to offenders regarding medications, side effects and medical/psychiatric concerns, assist offenders with their daily living tasks as needed, and help them regain or improve their abilities. Take professional direction from Psychiatrist and Unit Psychology Administrator, direct psycho-educational groups and serve as center crisis team member.

The Psychiatric Nurse shall:

1. Review and monitor all offenders receiving medications, as assigned, and maintain charts and records.
2. Disperse or administer medications as necessary, and keep proper charts and records.
3. Provide therapeutic intervention and crisis care that are in need of mental health services.
4. Provide in-service training to non-professional staff.
5. Function as a group and individual therapist; manage caseload.
6. Keep and maintain records related to casework, medical and psychiatric services.
7. Work in concert with unit staff, to provide professional psychiatric and medical casework services.
8. Direct medical, educational and training services to offenders.
9. Represent the center in court, as requested.
10. Respond to emergencies involving medical and psychiatric concerns.
11. Complete diagnostic and evaluative procedures, and present recommendations and measures of progress in multi-disciplinary staffing.
12. Comply with center directives and security practices.
13. Participate in Behavioral Health Ground Rounds as directed.
14. Perform other duties as required or assigned which are reasonably within the scope of the duties enumerated above and within the scope of his clinical training and/or licensure/certification.

### **QUALIFIED MENTAL HEALTH PROFESSIONAL**

The QMHP shall:

1. Provide clinical screenings and assessments for treatment needs of offenders referred by medical, counseling, security, or other center staff.
2. In the absence of a Clinical Psychologist, provide clinical supervision of the center Crisis Team. This includes provision of quarterly Crisis Team training and consultation to team members on all crisis interventions. Such consultations may be carried out by phone during off duty hours.
3. Provide crisis intervention counseling, brief therapy, and group therapy as indicated for Center residents.
4. Provide consultation on mental health issues to the center medical staff.
5. Provide staff training to center personnel on mental health issues including the function of the Crisis Team and how to access its services.
6. Monitor the provisions of crisis services to include review of documentation for accuracy, completeness, and fulfillment of Center directives and procedures.
7. Monitor the clinical condition and treatment needs of special offender populations (e.g. Guilty but Mentally Ill or offenders receiving anti-psychotic medication) as determined necessary by Center or agency directive or local policy.
9. Maintain required documentation on all mental health contacts to include submission of a monthly summary report to the agency Chief of Mental Health Services.
10. Where applicable, provide psychological services for those offenders who need to be transferred to Mental Health facilities. Services to include work up and any court hearing testimony needed.
11. Provide services in compliance with all Administrative Directives Departmental Rules.
12. Provide staff training in areas related to mental health issues such as signs and symptoms of mental illness, management of mentally ill offenders, crisis intervention and related topics.
12. Provide re-entry psychoeducational services to mentally ill offenders returning to the community upon discharge.
13. Participate in Behavioral Health Ground Rounds as directed.
14. Perform other duties as required or assigned which are reasonably within the scope of the duties enumerated above and within the scope of his clinical training and/or licensure/certification.

### ACTIVITY THERAPIST

The Activity Therapist must work effectively with offenders, IDOC staff, and Vendor staff. Under supervision of the Psychology Administrator or supervising QMHP, provide recipients with treatment services to restore, remediate, or rehabilitate in order to improve functioning and independence as well as reduce or eliminate the effects of illness or disability. Activity therapists will provide recreation resources and opportunities in order to improve offender health and well being. Treatment services include assessment of the recipient, interpretation of assessment results, making therapeutic intervention recommendations, developing and implementing treatment or habilitation program, observing, evaluating, and reporting recipient's reactions to treatment/habilitation program and recommending continuation or change, and developing work plans and procedures with higher level activity therapy staff or mental health department supervisor.

The Activity Therapist shall:

1. Plan, develop, and apply therapeutic interventions based on clinical techniques and procedures related to recreational therapy, music therapy, art therapy, dance therapy and/or drama therapy.
2. Identify interests and evaluate needs to develop recreational interventions necessary to treat recipients with mental illness or development disability based on professional knowledge, skills, and abilities.
3. Participate in treatment/habilitation team meetings with pertinent personnel such as social workers, physicians, psychologists, nurses, vocational rehabilitation counselors, and educators regarding recipient treatment and programming.
4. Participate in the preparation of or prepare documentation relating to a recipient's treatment or habilitation plan and participate in the preparation of regular, annual, quarterly and special reports of activity therapy services.
5. Provide professional direction and counseling to students assigned for internship training and clinical practicum; provide professional direction to other staff and volunteers.
6. Develop and conduct recreational programs designed for either group or individual participation; collect and analyze data to evaluate progress toward treatment objectives; develop recommendations for the treatment/habilitation team as to the recipient's continuation or change in specific programs.
7. Based on professional training, conduct recreational therapy and/or drama therapy that meet the needs of the recipients served; participate in the development and facilitation of facility wide therapy programs.
8. Perform other duties as required or assigned which are reasonably within the scope of the duties enumerated above.

**PHARMACY TECHNICIAN**

Under the supervision of the Director of Nursing, Fax medication orders to Vendor pharmacy and prepare medications for delivery to offenders of the Correctional Center.

The Pharmacy Technician shall:

1. Check in medication received and verify the shipment with medications ordered, and notify pharmacy of any errors or discrepancies.
2. Ensure that all medications are properly packaged, labeled, and prepared for distribution.
3. Assist with the maintenance of pharmacy records.
4. Assist with the maintenance of inventory and audit procedures and records.
5. Maintain the security of all medications and supplies under their control or supervision.
6. Perform other duties as required or assigned which are reasonably within the scope of the duties enumerated above and within the scope of his clinical training and licensure/certification.

**PHLEBOTOMIST**

Draw blood at the center per physician orders.

The Phlebotomist shall:

1. Collect as necessary, prepare and protect specimens.
2. Perform all blood draws as ordered by the physician.
3. Make necessary arrangements, securing and sending specimens to outside laboratory services, as required.
4. Maintain proper records of tests, complete required reports.
5. Maintain clean and orderly working environment and follow all related infection control policies.
6. Maintain proper stocks of supplies and reagents, reordering as necessary.
7. Participate in in-services education.
8. Submit monthly report on IDOC activities.
9. Perform other duties as required or assigned which are reasonably within the scope of the duties enumerated above and within the scope of his clinical training and licensure/certification.

## **RADIOLOGY TECHNICIAN**

Supervise Radiology Services at the facility. Perform studies as ordered by a physician within the capability of the facility.

The Radiology Technician shall:

1. Maintain a working knowledge of radiation and electrical hazards to prevent exposure of residents and staff.
2. Schedule residents for X-rays ordered by physician, including outside services when required.
3. Ensure proper positioning of resident and exposure/ development of film for proper diagnosis.
4. Schedule new hires and present staff for exams as ordered by physician.
5. Assist physician in performing studies, as requested.
6. Assist staff in proper utilization of dental X-ray unit.
7. Maintain accurate identification, filing, and recording of films and reports.
8. Prepare and maintain chemicals for developing process.
9. Check and maintain equipment in clean, proper, safe working order.
10. Report any malfunction, take appropriate safety steps, and schedule outside services as required.
11. Complete required reports; requisition supplies and replacement parts; schedule routine service.
12. Develop and update departmental policies and procedures.
13. Coordinate schedule with other activities to promote efficient service.
14. Perform other duties as required or assigned which are reasonably within the scope of the duties enumerated above and within the scope of his clinical training and licensure/certification.

**RADIOLOGY TECHNICIAN/MAMMOGRAPHY**

Supervise Radiology Services at the facility. Perform mammogram studies as ordered by a physician within the capability of the facility.

The Radiology Technician shall:

1. Maintain a working knowledge of radiation and electrical hazards to prevent exposure of residents and staff.
2. Schedule residents for mammogram X-rays as ordered by the physician, including outside services when required.
3. Ensure proper positioning of resident and exposure/development of film for proper diagnosis
4. Assist physician in performing studies, as requested.
5. Maintain accurate identification, filing, and recording of films and reports
6. Prepare and maintain chemicals for developing process
7. Check and maintain equipment in clean, proper, safe working order.
8. Report any malfunction, take appropriate safety steps, and schedule outside services as required
9. Complete required reports; requisition supplies and replacement parts; schedule routine service.
10. Develop and update departmental policies and procedures and submit for approval
11. Maintain CE Biennium certification.
12. Coordinate schedule with other activities to promote efficient service.
13. Perform other duties as required or assigned which are reasonably within the scope of the duties enumerated above and within the scope of his clinical training and licensure/certification.

**MEDICAL RECORDS DIRECTOR**

Supervise and coordinate the Health Record process and personnel.

The Medical Records Director shall:

1. Develop and update departmental policies and procedures.
2. Direct on a day-to-day basis, activities of personnel engaged in analyzing, compiling, indexing, and filing medical records of offenders, and assists with duties.
3. Assist medical staff in research, prepares periodic and statistical reports; and provide information to qualified personnel as assigned.
4. Coordinate activities of Quality Assurance Program.
5. Coordinate activities of P.O.M.R. in-services of staff of Health Care Unit.
6. Arrange for training of departmental personnel.
7. Review quarterly Department of Corrections guidelines and monitor for compliance.
8. Represent Medical Records Department at all appropriate Medical Unit and the Center's meetings.
9. Actively participate in yearly goal planning and budgeting sessions.
10. Direct activities regarding information recorded in offenders' charts by correspondence or by telephone and represent the facility in cases involving subpoena of Medical Clinical records, utilizing knowledge of principles of medical jurisprudence and laws of State governing use of clinical records in court actions.
11. Maintain confidentiality of Health Records.
12. Act as a consultant to all Health Unit departments regarding their record-keeping procedures.
13. Train and supervise clerical and medical record personnel in medical record procedures and medical terminology.
14. Evaluate the performance of medical records staff.
15. Perform other related duties as assigned.



**STAFF ASSISTANT I**

Under the supervision of the Administrative Director, provides general secretarial and receptionist services as assigned.

The Staff Assistant shall:

1. Type reports and correspondence.
2. Develop and maintain filing system for all material.
3. Answer telephone.
4. Schedule appointments for Administrative Director.
5. Collect, sort and distribute daily mail.
6. Order office supplies as needed.
7. Take minutes of all meetings.
8. Maintain current personnel files for all employees.
9. Maintain physician and staff timekeeping and payroll.
10. Maintain resident correspondence file.
11. Maintain monthly billing adjustments.
12. Secure information for responses for inquiries.
13. Perform other related duties as assigned.

**STAFF ASSISTANT II**

Under the supervision of the Administrative Director, provide general secretarial and receptionist services as assigned.

The Staff Assistant shall:

1. Type reports and correspondence.
2. Develop and maintain filing system for all material.
3. Answer telephone.
4. Schedule appointments for Administrative Director.
5. Collect, sort and distribute daily mail.
6. Order office supplies as needed.
7. Take minutes of all meetings.
8. Maintain current personnel files for all employees.
9. Maintain physician and staff timekeeping and payroll.
10. Maintain resident correspondence file.
11. Maintain monthly billing adjustments.
12. Secure information for responses for inquiries.
13. Performs other related duties as assigned.

**STAFF ASSISTANT – Mental Health**

Under the supervision of the Administrative Director, provide general secretarial and receptionist services as assigned.

The Staff Assistant – Mental Health shall:

1. Type reports and correspondence.
2. Develop and maintain filing system for all material.
3. Answer telephone.
4. Schedule appointments for Mental Health Supervisor.
5. Collect, sort and distribute daily mail.
6. Order office supplies as needed.
7. Take minutes of all meetings.
8. Maintain resident correspondence file.
9. Secure information for responses for inquiries.
10. Performs other related duties as assigned.

## EXHIBIT IV

### PERFORMANCE TARGETS

In accordance to Section 3.9, the Performance Criteria listed in the table below will be monitored. In the event the performance falls below the Target, performance adjustments may be made. For a performance adjustment made according to the Applicable Schedule E category, the following calculation will be used: program adjustment amount (on Schedule E) times total population, times number of days in penalty period.

Performance Criteria	Target
<b>Administrative</b>	
Pay all subcontractor bills/invoices timely and in compliance with Section 3.1.1.2.6.	100% of acceptable bills/invoices should be paid within 60 days of receipt from subcontractor or in accordance with the written payment schedule agreed to with the subcontractor.
A final court judgment finding of an act of deliberate indifference or an act of discrimination against an IDOC offender.	0 occurrences
Misrepresentation or falsification of information furnished to the Agency.	0 occurrences
<b>Staffing and Schedules</b>	
Vendor's vacant staffing positions not filled in accordance with Exhibit II, Staffing Schedules will be considered a deviation from the Schedule E.	100% compliance with Staffing Schedules
Vendor's filled staffing positions not covered in accordance with Exhibit II, Staffing Schedules or applicable ASRs will be considered a deviation from the Schedule E.	100% compliance with Staffing Schedules
Vendor must provide On-Site Specialty Clinics in compliance with the staffing outlined in the Schedules E in Exhibit I.	100% compliance with Schedule E
<b>Reporting</b>	
<b>Annual Reconciliation of Hospital Utilization.</b> Vendor shall keep off-site hospitalization to a minimum as measured by the Annual Hospital Utilization Threshold. (Section 3.1.2)	Hospital utilization should not exceed the Annual Hospital Utilization Threshold.
<b>Monthly and Quarterly Reports.</b> Vendor shall submit all reports at the specified timeframes in accordance with Section 2.9.3.2.	Monthly reports shall be submitted no later than the 20 <sup>th</sup> day of the month following the report month.  Quarterly reports shall be due no later than the 30 <sup>th</sup> day after the end of each calendar quarter.
<b>Comprehensive Medical Programs</b>	
<b>University of Illinois Medical Center at Chicago (UIMCC).</b> Vendor must limit the referrals from the 5 specified Correctional Centers to UIMCC.	Referrals to UIMCC are limited to the 5 Correctional Centers pre-determined by the Department.  Utilization not to exceed 216 in-patient admissions and 2,160 outpatient visits per contractual year, unless prior approval is received from IDOC Medical Director.
<b>Administrative Directives (ADs).</b> Vendor shall comply with the IDOC ADs when providing services under this contract.	100% compliance with the ADs

**EXHIBIT V**

**Note: Agency reserves the right to revise this form without amending this contract and updating this exhibit.**  
**Adjusted Service Request for Temporary/Permanent Changes (ASR)**  
**Medical Services Contract**

Date: \_\_\_\_\_ Correctional Center: \_\_\_\_\_ Vendor: \_\_\_\_\_

Type of Service: \_\_\_ Staffing; \_\_\_ Services Discipline: \_\_\_ Medical \_\_\_ Mental Health

Effective Date of Adjustment: \_\_\_\_\_ Estimated Cost or Savings: \$ \_\_\_\_\_

Description of Adjusted Services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Adjusted Services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approvals:**

Correctional Center: \_\_\_\_\_ Date: \_\_\_\_\_

Vendor: \_\_\_\_\_ Date: \_\_\_\_\_

IDOC Medical Director: \_\_\_\_\_ Date: \_\_\_\_\_

IDOC Mental Health Director \_\_\_\_\_ Date: \_\_\_\_\_

IDOC Budget Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS MODIFICATION DOES NOT CAUSE THE CONTRACT TO EXCEED THE AMOUNT STATED IN ESTIMATED CONTRACT AMOUNT OF THE CONTRACT.**

**VENDOR NAME**

**ILLINOIS DEPARTMENT OF CORRECTIONS**

Signature: \_\_\_\_\_ Director Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Designee Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Director/Designee Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Director/Designee Title: \_\_\_\_\_

Date: \_\_\_\_\_

**EXHIBIT VI**

**SUBCONTRACTOR LIST**

Vendor	Address 1	City	State	Zip	Value	Comments
ADVANCE EMS OF DIXON, INC.	661 REYNOLDSWOOD RD	DIXON	IL	610219255	\$29,000	AMB
Allmed Staffing	738 West 35th Street	Chicago	IL	60616	\$250,000	Staffing
Alpha and Omega Medical, Inc	1623 2nd Avenue, Suite 300	Rock Island	IL	61201	\$217,000	Medical Supplies
America Ambulance Service, Inc	1501 South 5th Street	Springfield	IL	62703	\$55,000	Ambulance service
BLOOMINGTON RADIOLOGY, SC	PO BOX 3668	BLOOMINGTON	IL	617023668	\$392,000	Read Radiology
BOSWELL PHARMACY SERVICES	PO BOX 266	JENNERSTOWN	PA	15547	\$12,540,000	PHARMACY FL NM IL
Business Computer Applications, Inc	2002 Summit Boulevard, Suite 880	Atlanta	GA	30319	\$1,578,000	Electronic med rec
CARDINAL HEALTH	PO BOX 905867	CHARLOTTE	NC	28290-5867	\$257,000	MEDICAL SUPPLIES MS
Carepaks Health Services, Inc	209 Susan Drive	Normal	IL	61761	\$217,000	Medical Supplies
COMPUMED	5777 W CENTURY BLVD	LOS ANGELES	CA	90045-5697	\$118,000	ECG SERVICES IL NM
Ekla Corporation	1707 Quincy Avenue, Suite 127	Naperville	IL	60540	\$217,000	Medical Supplies
GALESBURG HOSPITALS' AMBULANCE SVC	PO BOX 308	ORION	IL	612730308	\$29,000	AMB
GENESIS MEDICAL, INC.	6211 COFFMAN RD	INDIANAPOLIS	IN	462682501	\$31,000	DME
Global Diagnostic Services, Inc	2066 Eastside Drive, Suite 200	Conyers	GA	30013	\$75,000	mobile x-ray
Great Paragon Health Care, Inc	1251 W. Devon Avenue	Chicago	IL	60660	\$868,000	Medical Supplies
HENRY SCHEIN INC	DEPT CH 10241	PALATINE	IL	60055-0241	\$225,000	MEDICAL SUPPLIES ALL
ILLINOIS CORRECTIONAL INDUSTRIES	1301 CONCORDIA CT ANNEX	SPRINGFIELD	IL	62794-9277	\$67,000	EYEWEAR IL
In Stock Supply	8049 Ridgeway Street	SKOKIE	IL	60076	\$217,000	Medical Supplies
JOHNSON COUNTY AMBULANCE SERVICE	814 N 1ST ST	VIENNA	IL	629951549	\$42,000	AMB
JOLIET ORAL SURGERY	1011 W JEFFERSON ST	JOLIET	IL	604356811	\$53,000	Physician Svcs
LINKIA, LLC	2196 PAYSPPHERE CIR	CHICAGO	IL	606740021	\$119,000	O&P
MAQBOOL AHMAD, MD, LTD.	PO BOX 1178	MARION	IL	629597678	\$109,000	Physician Svcs
Meadows Office Supply	1208 Remington Road	Schaumburg	IL	60173	\$82,000	Office supplies
MEDSTAR AMBULANCE, INC.	PO BOX 296	SPARTA	IL	622860296	\$65,000	Amb
Mid-Central Medical, Inc	281 East Jackson Street	Virde	IL	62690	\$217,000	Medical Supplies
MOORE MEDICAL CORP	PO BOX 99718	CHICAGO	IL	60696	\$314,000	MEDICAL SUPPLIES ALL
OBSTETRICS AND GYNECOLOGY II, LTD.	1302 FRANKLIN AVE	NORMAL	IL	617616526	\$36,000	Physician Svcs
OFFICE DEPOT	PO BOX 633211	CINCINNATI	OH	45263	\$64,000	OFFICE SUPPLIES ALL
ONCOLOGY HEMATOLOGY ASSOCIATES	8940 N WOOD SAGE RD	PEORIA	IL	616157828	\$255,000	Physician Svcs
PRAIRIE CARDIOVASCULAR CONSULTANTS	PO BOX 19257	SPRINGFIELD	IL	627949257	\$99,000	Physician Svcs
PRECISE SPECIALTIES CORPORATION	P.O. BOX 572	HILLSBORO	IL	62049	\$187,000	X RAY
SILOAM, LLC	10286 FLEMING RD	CARTERSVILLE	IL	629183351	\$83,000	OPO
SOUTHERN ORTHOPEDIC ASSOCIATES, SC	510 LINCOLN DR	HERRIN	IL	629486334	\$60,000	Physician Svcs
THE CENTER FOR JAW & FACIAL SURGERY	901 MEDICAL PARK DR	EFFINGHAM	IL	624012191	\$42,000	Physician Svcs
Trako Dental & Medical Supply, Inc	428 Signal Lane	Grayslake	IL	60030	\$217,000	Medical Supplies
UIMC REFERENCE LABORATORY	4036 PAYSPPHERE CIRCLE	CHICAGO	IL	60674	\$1,297,000	LABS IL

Vendor	Address 1	City	State	Zip	Value	Comments
VASCULAR & HAND SURGERY, LTD.	311 W LINCOLN ST	BELLEVILLE	IL	622201949	\$53,000	Physician Svcs
VILLAGE OF DWIGHT	209 S PRAIRIE AVE	DWIGHT	IL	604201323	\$51,000	AMB

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

**EXHIBIT VII**

**BEP LIST**

**MINORITY, FEMALE, PERSON WITH DISABILITY STATUS AND SUBCONTRACTING**

<b>Subcontractor Name</b>	<b>Services/Products</b>	<b>Estimated Value (%)</b>
Allmed Staffing 738 West 35th Street Chicago, IL 60616	Staffing Services	0.225%
Alpha and Omega Medical, Inc 1623 2nd Avenue, Suite 300 Rock Island, IL 61201	Medical Supplies	0.195%
American Ambulance Service, Inc 1501 South 5th Street Springfield, IL 62703	Ambulance Services	0.050%
Boswell Pharmacy Services, LLC 131 Schoolhouse Road Jennerstown, PA 15547	Pharmacy Services	13.816%
Business Computer Applications, Inc. 2002 Summit Boulevard, Suite 880 Atlanta, GA 30319	Healthcare Information Technology	1.298%
Carepaks Health Services, Inc 209 Susan Drive Normal, IL 61761	Medical Equipment Supplies & Medical Staffing	0.195%
Ekla Corporation 1707 Quincy Ave Suite 127 Naperville IL, 60540	Medical and Surgical Equipment	0.195%
Global Diagnostic Services, Inc 2066 Eastside Drive Building C, Suite 200 Conyers, GA 30013	Mobile On-Site Ultrasound Services	0.067%
Great Paragon Health Care, Inc 1251 W. Devon Avenue Chicago, IL 60660	Healthcare	0.782%
In Stock Supply 8049 Ridgeway Skokie, IL 60076	Hygiene, Janitorial, and Dental Supplies	0.195%
Meadows Office Supply 1208 Remington Road Schaumburg, IL 60173	Office Supplies, Equipment, and Furniture	0.074%
Mid-Central Medical, Inc 281 E. Jackson Street Virden, IL 62690	Medical Equipment and Supplies	0.195%
Precise Specialties Corporation 524 South Main Street Hillsboro, IL 62049	Mobile Ultrasound	0.168%
Trako Dental & Medical Supply, Inc 428 Signal Lane Grayslake, IL 60030	Dental and Medical Supplies/Equipment	0.195%
	<b>Total:</b>	<b>17.650%</b>



**SIGNATURE PAGE**

WEXFORD HEALTH SOURCES, INC.,  
FEIN #59-2363973  
SUBMITS THIS PROPOSAL IN RESPONSE TO  
#HFS 2010-05-008  
Healthcare Services for Illinois Department of Corrections

ISSUED BY  
Illinois Department of Healthcare and Family Services



October 15, 2010 at 2:00 pm CT  
Utilization Plan proposal is valid for a period of 180 days.

AUTHORIZED REPRESENTATIVE FOR WEXFORD HEALTH SOURCES, INC.  
Mark W. Hale  
President and Chief Financial Officer

[Redacted Signature]

*Authorized Signature*

**UTILIZATION PLAN**

The Utilization Plan and Letter of Intent must be sealed separately within the offer container.

**Wexford Health Sources** (The Vendor) submits the following Utilization Plan as part of our proposal in accordance with the requirements of the Minority, Female, Persons with Disability Status and Subcontracting section of the solicitation for \_\_\_\_\_. Vendor understands that compliance with this section is an essential part of this contract and that the Utilization Plan will become a part of the contract, if awarded. Vendor understands that there will not be a period after the bid or proposal is submitted to cure deficiencies in the Utilization Plan and the Letter of Intent, unless mandated by federal law or regulation (30 ILCS 575(4)(c)).

**RFP #HFS 2010-05-008**  
**Healthcare Services For the Illinois Department of Corrections**

**Wexford Health Sources** (The Vendor) makes the following assurance and agrees to include the assurance in each subcontract with a subcontractor or supplier utilized on this contract. Vendor shall not discriminate on the basis of race, color, national origin, sexual orientation or sex in the performance of this contract. Failure to carry out these requirements is a material breach of this contract, which may result in the termination of this contract or such other remedy, as the Agency deems appropriate.

Vendor's person responsible for compliance:

Name:     **K. Craig Trout**      
Title:     **Vice President & Chief Financial Officer**      
Telephone: ( )     **(412) 937-8590**     extension     **310**      
Email:     **ctrout@wexfordhealth.com**    

Vendor submits one (1) of the following statements:

- We are certified (or are eligible and have applied to be certified) with BEP and plan to fully meet the BEP utilization goal through self-performance.
- We attach Section I to demonstrate our Plan fully meets the BEP utilization goal of     **15**     % through subcontracting.
- We attach Section I to detail that we do not fully meet the BEP utilization goal. We also attach Section II, Demonstration of Good Faith Efforts.

**Section I of Utilization Plan  
Utilization of Certified Vendors**

Please submit a separate Section I for each proposed certified Vendor.

To achieve the BEP utilization goal through subcontracting, the following is proposed:

1) The proposed certified Vendor's company name, address and phone number:

Allmed Staffing  
738 West 35th Street  
Chicago, IL 60616  
(773) 254-5555

At the time of submission, the above certified Vendor is:

- Certified with the CMS Business Enterprise Program (BEP)
- Meets the criteria and has submitted an application for certification with BEP (BEP certification must be completed before contract award)
- Certified as a disadvantaged, minority, or woman business enterprise with the following governmental agency or private organization: (BEP certification must be completed before contract award)

2) A detailed description of the commercially useful work to be done by this certified vendor is as follows:

Staffing services

3) The total estimated cost to the state for this contract is \$1,215,510,716. The portion of the contract which will be subcontracted to this certified vendor is \$2,738,538 or 0.225 % of the total cost of the contract.

4) A notarized signed letter of intent between Wexford Health Sources, Inc (the Vendor) and Allmed Staffing (the certified vendor) detailing the work to be performed by the certified vendor and the agreed upon rates or prices, conforming to the Utilization Plan is included.

5) A joint venture agreement is not required, as the arrangement between Wexford Health Sources, Inc and Allmed Staffing is that of contractor/sub-contractor and not a joint venture.

Or,  
A joint venture agreement between \_\_\_\_\_ and \_\_\_\_\_ is included in lieu of the letter of intent.

6) The Vendor has not prohibited or otherwise limited Allmed Staffing (certified vendor) from providing subcontractor quotes to other potential bidders/vendors.

We understand that the Agency may require additional information to verify our compliance and we agree to cooperate immediately in submitting to interviews, allowing entry to any of our office locations, providing further documentation, or soliciting the cooperation of our proposed certified vendor. We will maintain appropriate records relating to our utilization of the certified vendor including: invoices, cancelled checks, books of account, and time records.

**Section II  
Demonstration of Good Faith Efforts to Achieve BEP Subcontracting Goal**

If the BEP subcontracting goal was not achieved, the Good Faith Efforts checklist (Section II A) and contacts log (Section II B) must be submitted with the solicitation response (or as otherwise specified by CMS). Failure to do so may render the Vendor's solicitation response non-responsive and cause it to be rejected, or render the Vendor ineligible for contract award, at CMS' sole discretion. The Vendor will promptly provide evidence in support of its Good Faith Efforts to CMS upon request.

**LETTER OF INTENT (LOI)  
Between Prime Vendor and Certified Vendor**

**Instructions:** The responsive offeror is required to submit this signed and notarized Letter of Intent from each certified vendor identified on the Utilization Plan. LOIs must be submitted with the proposal and must be notarized by both parties. Submit a separate LOI for each proposed certified vendor. The amount and scope of work indicated on each LOI shall be the actual amount indicated on the Utilization Plan submitted with the proposal and approved by the Agency.

Changes to the Utilization Plan including substitution of certified vendors are permitted only after award of the contract and only with prior written approval of the Agency. A request for changes to the Utilization Plan must be submitted on the *Request for Change of Utilization Plan Form* for all levels of subcontracting. LOIs must be submitted for all additions of certified vendors to the Utilization Plan prior to the start of work.

Project Name Healthcare Services For Illinois Dept. of Corrections Project/Solicitation Number: #HFS 2010-05-008

Name of Prime Vendor: Wexford Health Sources, Inc.  
 Address: 425 Holiday Drive, Foster Plaza Two Pittsburgh Pennsylvania 15220  
Street City State Zip Code  
 Telephone: ( ) 412-937-8590 Fax: ( ) 412-937-8599 Email: info@wexfordhealth.com

Name of Certified Vendor: Allmed Staffing  
 Address: 738 W 35th Street Chicago IL 60616-3438  
Street City State Zip Code  
 Telephone: ( ) 773-254-5555 Fax: ( ) 773-254-5025 Email: dbenardall@allmed@yahoo.com

Type of agreement:  Services  Supplies  Both Services/Supplies

Type of payment:  Lump Sum  Hourly Rate  Unit Price

Period of Performance: \_\_\_\_\_ Proposed Subcontract Amount \$ \_\_\_\_\_ or Proposed % of Contract \_\_\_\_\_

Description of work to be performed by certified vendor:  
Staffing of Medical Unit

List the governmental agency or private organization with whom the certified vendor is currently certified as a disadvantaged, minority, or woman business enterprise

The prime vendor and the certified vendor above hereby agree that upon the execution of a contract for the above-named project between the prime vendor and the State of Illinois, the certified vendor will perform the scope of work for the price as indicated above.

**Prime Vendor (Company Name and D/B/A):**  
Wexford Health Sources, Inc.  
 Signature: \_\_\_\_\_  
K. Craig Trout  
 Printed Name  
 Title: Vice President & CFO Date: 10-13-10

Subscribed and sworn before me this  
13th day of October, 2010  
 \_\_\_\_\_  
 Notary Public

**COMMONWEALTH OF PENNSYLVANIA**  
 Notarial Seal  
 Joseph M. Ebbitt, Notary Public  
 Green Tree Boro, Allegheny County  
 My Commission Expires May 13, 2014  
 Member, Pennsylvania Association of Notaries

RFP - HFS# 2010-05-008 as of 7-15-10

**Certified Vendor (Company Name and D/B/A):**  
 Signature: \_\_\_\_\_  
Ingrid Kiepster  
 Printed Name  
 Title: President Date: 08/13/10

Subscribed and sworn before me this  
 \_\_\_\_\_ day of \_\_\_\_\_, 2010  
 \_\_\_\_\_  
 Notary Public

My Commission expires: 10/2/2010

"OFFICIAL SEAL"  
 Christopher L. Ward  
 Notary Public, State of Illinois  
 Cook County  
 My Commission Expires October 2, 2010



Governor Pat Quinn

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### BEP Vendor Details

Small and Diverse Businesses > BEP Vendors Directory Search > BEP Vendor Details

Vendor Name:	ALLMED STAFFING INC
Contact Person:	INGRID RICHTER
Address:	738 W 35TH STREET CHICAGO IL 60616-3438
Gender:	Female
Ethnicity:	Non-Minority
County:	COOK
Phone:	(773)254-5555
Fax:	(773)254-5025
E-Mail:	ingridallmed@sbcglobal.net

Comm dity/Service Code	Commodity/Service Name
S300640	SERVICES, UTILIZATION MANAGEMENT
S390400	SERVICES, NURSES, REGISTERED
S390500	SERVICES, PHARMACISTS
S390550	SERVICES, PHYSICIANS
S420280	SERVICES, CLERICAL
S420340	SERVICES, DATA ENTRY
S420440	SERVICES, EMPLOYMENT RECRUITING
S420460	SERVICES, EXECUTIVE PLACING
S420660	SERVICES, TEMPORARY HELP
S420720	SERVICES, TRANSLATION

Small and Diverse Businesses > BEP Vendors Directory Search > BEP Vendor Details

**Section I of Utilization Plan  
Utilization of Certified Vendors**

Please submit a separate Section I for each proposed certified Vendor.

To achieve the BEP utilization goal through subcontracting, the following is proposed:

1) The proposed certified Vendor's company name, address and phone number:

**Alpha and Omega Medical, Inc**

**1623 2nd Avenue, Suite 300**

**Rock Island, IL 61201**

**(309) 786-8682**

At the time of submission, the above certified Vendor is:

- Certified with the CMS Business Enterprise Program (BEP)
- Meets the criteria and has submitted an application for certification with BEP (BEP certification must be completed before contract award)
- Certified as a disadvantaged, minority, or woman business enterprise with the following governmental agency or private organization:  
(BEP certification must be completed before contract award)

2) A detailed description of the commercially useful work to be done by this certified vendor is as follows:

**Medical supplies**

3) The total estimated cost to the state for this contract is **\$1,215,510,716**. The portion of the contract which will be subcontracted to this certified vendor is **\$2,374,894** or **0.195** % of the total cost of the contract.

4) A notarized signed letter of intent between **Wexford Health Sources, Inc** (the Vendor) and **Alpha and Omega Medical, Inc** (the certified vendor) detailing the work to be performed by the certified vendor and the agreed upon rates or prices, conforming to the Utilization Plan is included.

5) A joint venture agreement is not required, as the arrangement between **Wexford Health Sources, Inc** and **Alpha and Omega Medical, Inc** is that of contractor/sub-contractor and not a joint venture.

Or,

A joint venture agreement between \_\_\_\_\_ and \_\_\_\_\_ is included in lieu of the letter of intent.

6) The Vendor has not prohibited or otherwise limited **Alpha and Omega Medical, Inc** (certified vendor) from providing subcontractor quotes to other potential bidders/vendors.

We understand that the Agency may require additional information to verify our compliance and we agree to cooperate immediately in submitting to interviews, allowing entry to any of our office locations, providing further documentation, or soliciting the cooperation of our proposed certified vendor. We will maintain appropriate records relating to our utilization of the certified vendor including: invoices, cancelled checks, books of account, and time records.

**Section II  
Demonstration of Good Faith Efforts to Achieve BEP Subcontracting Goal**

If the BEP subcontracting goal was not achieved, the Good Faith Efforts checklist (Section II A) and contacts log (Section II B) must be submitted with the solicitation response (or as otherwise specified by CMS). **Failure to do so may render the Vendor's solicitation response non-responsive and cause it to be rejected, or render the Vendor ineligible for contract award, at CMS' sole discretion.** The Vendor will promptly provide evidence in support of its Good Faith Efforts to CMS upon request.

**LETTER OF INTENT (LOI)**  
**from Prime Vendor and Certified Vendor**

**Instructions:** The responsive offeror is required to submit this signed and notarized Letter of Intent from each certified vendor identified on the Utilization Plan. LOIs must be submitted with the proposal and must be notarized by both parties. Submit a separate LOI for each proposed certified vendor. The amount and scope of work indicated on each LOI shall be the actual amount indicated on the Utilization Plan submitted with the proposal and approved by the Agency.

Changes to the Utilization Plan including substitution of certified vendors are permitted only after award of the contract and only with prior written approval of the Agency. A request for changes to the Utilization Plan must be submitted on the Request for Change of Utilization Plan Form for all levels of subcontracting. LOIs must be submitted for all additions of certified vendors to the Utilization Plan prior to the start of work.

Project Name Healthcare Services For Illinois Dept. of Corrections Project/Solicitation Number: HFS 2010-05-008

Name of Prime Vendor: Wexford Health Sources, Inc.

Address: 425 Holiday Drive, Foster Plaza Two Pittsburgh Pennsylvania 15220  
Street City State Zip Code

Telephone: ( ) 412-937-8590 Fax: ( ) 412-937-8599 Email: info@wexfordhealth.com

Name of Certified Vendor: Alpha and Omega Medical Inc

Address: 1623 7th Ave Ste 300 Rock Island, IL 61201  
Street City State Zip Code

Telephone: ( ) 309-786-8682 Fax: ( ) 309-786-8682 Email: carole@alphaandomegamedical.com

Type of agreement:  Services  Supplies  Both Services/Supplies

Type of payment:  Lump Sum  Hourly Rate  Unit Price

Period of Performance: \_\_\_\_\_ Proposed Subcontract Amount \$ \_\_\_\_\_ or Proposed % of Contract \_\_\_\_\_

Description of work to be performed by certified vendor:

Provide Medical Supplies

List the governmental agency or private organization with whom the certified vendor is currently certified as a disadvantaged, minority, or woman business enterprise.

CMS - Business Enterprise Program - Illinois

The prime vendor and the certified vendor above hereby agree that upon the execution of a contract for the above-named project between the prime vendor and the State of Illinois, the certified vendor will perform the scope of work for the price as indicated above.

**Prime Vendor (Company Name and D/B/A):**

Wexford Health Sources, Inc.

Signature: \_\_\_\_\_

K. Craig Trout

Printed Name

Title: Vice President & CFO Date: 10/17/10

Subscribed and sworn before me this 17 day of October, 2010

Notary Public: \_\_\_\_\_

My Commission expires: 5/13/14  
**COMMONWEALTH OF PENNSYLVANIA**  
Notarial Seal  
Joseph M. Ebbitt, Notary Public  
Green Tree Boro, Allegheny County  
My Commission Expires May 13, 2014  
Member, Pennsylvania Association of Notaries

**Certified Vendor (Company Name and D/B/A):**

Alpha and Omega Medical, Inc.

Signature: \_\_\_\_\_

Carol Ayanebile

Printed Name

Title: Owner/President Date: 8/16/2010

Subscribed and sworn before me this 16 day of August, 2010

Notary Public: \_\_\_\_\_

My Commission expires: 02/05/12

**OFFICIAL SEAL**  
**YOLANDA RUIZ**  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES: 03/05/12



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**BEP Vendor Details**

Small and Diverse Businesses > BEP Vendors Directory Search > BEP Vendor Details

Vendor Name:	ALPHA AND OMEGA MEDICAL INCORP
Contact Person:	CAROL AYANGBILE
Address:	1623 2ND AVENUE SUITE 300 ROCK ISLAND IL 61201-8643
Gender:	Female
Ethnicity:	African-American
County:	ROCK ISLAND
Phone:	(309)786-8682
Fax:	(309)786-8682
E-Mail:	carola@alphaandomegamedical.com

Commodity/Service Code	Commodity/Service Name
2032750	NUTRITIONAL FOOD SUPPLE.: ENSURE, ETC.
2511121	MATTRESSES
2511240	MATTRESS COVERS
2841278	MANNIKINS AND MODELS, CPR TRAINING
2841477	FIRST AID SUPPLIES AND KITS
2869284	ASSAYS; CLINICAL LABORATORY REAGENTS AND
2869286	DIAGNOSTIC REAGENTS AND SUPPLIES (FOR
2869287	DRUG ASSAY AND SCREENING TEST KITS
2869288	ENZYME IMMUNOASSAY REAGENTS
2869289	HIV SCREENING: WESTERN BLOT KITS, ETC.
2869290	IMMUNOASSAY KITS FOR POST RACE URINE
2869291	IMMUNOLOGY AND SEROLOGY TEST SUPPLIES
2869292	MEDIUM: TOTAL COLIFORM AND E. COLI
2869293	MICROTITER PLATES AND SYSTEMS
2869294	NEONATAL KITS
2869295	RADIOACTIVE DIAGNOSTIC REAGENTS
2869296	RADIOIMMUNOASSAY KITS
2869297	REAGENTS AND CHEMICALS, ULTRAPURE
2869298	URINALYSIS REAGENTS AND TESTS (FOR



**Section I of Utilization Plan  
Utilization of Certified Vendors**

Please submit a separate Section I for each proposed certified Vendor.

To achieve the BEP utilization goal through subcontracting, the following is proposed:

1) The proposed certified Vendor's company name, address and phone number:

America Ambulance Service, Inc  
1501 South 5th Street  
Springfield, IL 62703  
(217) 523-3636

At the time of submission, the above certified Vendor is:

- Certified with the CMS Business Enterprise Program (BEP)
- Meets the criteria and has submitted an application for certification with BEP  
(BEP certification must be completed before contract award)
- Certified as a disadvantaged, minority, or woman business enterprise with the following governmental agency or private organization:  
(BEP certification must be completed before contract award)

2) A detailed description of the commercially useful work to be done by this certified vendor is as follows:

Ambulance Service

3) The total estimated cost to the state for this contract is \$1,215,510,716. The portion of the contract which will be subcontracted to this certified vendor is \$ 602,478, or 0.050 % of the total cost of the contract.

4) A notarized signed letter of intent between Wexford Health Sources, Inc (the Vendor) and American Ambulance Service, Inc (the certified vendor) detailing the work to be performed by the certified vendor and the agreed upon rates or prices, conforming to the Utilization Plan is included.

5) A joint venture agreement is not required, as the arrangement between Wexford Health Sources, Inc and American Ambulance Service, Inc is that of contractor/sub-contractor and not a joint venture.

Or,  
A joint venture agreement between \_\_\_\_\_ and \_\_\_\_\_ is included in lieu of the letter of intent.

6) The Vendor has not prohibited or otherwise limited American Ambulance Service, Inc (certified vendor) from providing subcontractor quotes to other potential bidders/vendors.

We understand that the Agency may require additional information to verify our compliance and we agree to cooperate immediately in submitting to interviews, allowing entry to any of our office locations, providing further documentation, or soliciting the cooperation of our proposed certified vendor. We will maintain appropriate records relating to our utilization of the certified vendor including: invoices, cancelled checks, books of account, and time records.

**Section II  
Demonstration of Good Faith Efforts to Achieve BEP Subcontracting Goal**

If the BEP subcontracting goal was not achieved, the Good Faith Efforts checklist (Section II A) and contacts log (Section II B) must be submitted with the solicitation response (or as otherwise specified by CMS). Failure to do so may render the Vendor's solicitation response non-responsive and cause it to be rejected, or render the Vendor ineligible for contract award, at CMS' sole discretion. The Vendor will promptly provide evidence in support of its Good Faith Efforts to CMS upon request.

AUG. 12. 2010 2:05PM WEXFORD HEALTH

NO. 6790 P. 2

LETTER OF INTENT (LOI)
Between Prime Vendor and Certified Vendor

Instructions: The responsive offeror is required to submit this signed and notarized Letter of Intent from each certified vendor identified on the Utilization Plan. LOIs must be submitted with the proposal and must be notarized by both parties. Submit a separate LOI for each proposed certified vendor. The amount and scope of work indicated on each LOI shall be the actual amount indicated on the Utilization Plan submitted with the proposal and approved by the Agency.

Changes to the Utilization Plan including substitution of certified vendors are permitted only after award of the contract and only with prior written approval of the Agency. A request for changes to the Utilization Plan must be submitted on the Request for Change of Utilization Plan Form for all levels of subcontracting. LOIs must be submitted for all additions of certified vendors to the Utilization Plan prior to the start of work.

Project Name: Healthcare Services For Illinois Dept. of Corrections Project/Solicitation Number: #HFS 2010-05-008

Name of Prime Vendor: Wexford Health Sources, Inc.
Address: 425 Holladay Drive, Foster Plaza Two Pittsburgh Pennsylvania 15220
Telephone: ( ) 412-937-8590 Fax: ( ) 412-937-8599 Email: info@wexfordhealth.com

Name of Certified Vendor: America Ambulance Service, Inc.
Address: 1501 S. 5th St. Springfield IL 62703
Telephone: ( ) 532-3030 Fax: ( ) 522-1404 Email: america@berge@gmail.com

Type of agreement: [X] Services [ ] Supplies [ ] Both Services/Supplies
Type of payment: [ ] Lump Sum [ ] Hourly Rate [X] Unit Price
Period of Performance: Proposed Subcontract Amount \$ or Proposed % of Contract
ALS \$ 689.00
CLS 589.00
mileage \$ 10.13 per mile
0271.50

Description of work to be performed by certified vendor:
Ambulance Service

List the governmental agency or private organization with whom the certified vendor is currently certified as a disadvantaged, minority, or woman business enterprise.
State of Illinois

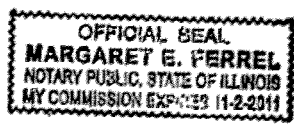
The prime vendor and the certified vendor above hereby agree that upon the execution of a contract for the above-named project between the prime vendor and the State of Illinois, the certified vendor will perform the scope of work for the price as indicated above.

Prime Vendor (Company Name and D/B/A):
Wexford Health Sources, Inc.
Signature: [Redacted]
K. Craig Trout
Printed Name
Title: Vice President & CFO Date: 10-13-10
Subscribed and sworn before me this
17 day of October, 2010
Notary Public

Certified Vendor (Company Name and D/B/A):
America Ambulance Service, Inc.
Signature: [Redacted]
Susan Zappa, RRT, BSQ
Printed Name
Title: President Date: 8-12-10
Subscribed and sworn before me this
12th day of August, 2010
Notary Public

My Commission: COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Joseph M. Ebbitt, Notary Public
Green Tree Boro, Allegheny County
My Commission Expires May 13, 2014

My Commission expires: 11-2-2011





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### BEP Vendor Details

Small and Diverse Businesses > BEP Vendors Directory Search > BEP Vendor Details

Vendor Name:	AMERICA AMBULANCE SERVICE INC
Contact Person:	SUSAN ZAPPA
Address:	1501 S FIFTH STREET SPRINGFIELD IL 62703-2894
County:	SANGAMON
Phone:	(217)523-3636
Fax:	(217)522-1404
E-Mail:	americazappa@mcleodusa.net

Commodity/Service Code	Commodity/Service Name
S390100	SERVICES, AMBULANCE
S390350	SERVICES, MEDICAL
S390375	SERVICES, MEDICAL TRANSPORTATION
S390380	MEDICAL, MISC.

Small and Diverse Businesses > BEP Vendors Directory Search > BEP Vendor Details

**Section I of Utilization Plan  
Utilization of Certified Vendors**

Please submit a separate Section I for each proposed certified Vendor.

To achieve the BEP utilization goal through subcontracting, the following is proposed:

1) The proposed certified Vendor's company name, address and phone number:

**Boswell Pharmacy Services, LLC**

**131 Schoolhouse Road**

**Jennerstown, PA 15547**

**(814) 629-1397**

At the time of submission, the above certified Vendor is:

- Certified with the CMS Business Enterprise Program (BEP)
- Meets the criteria and has submitted an application for certification with BEP (BEP certification must be completed before contract award)
- Certified as a disadvantaged, minority, or woman business enterprise with the following governmental agency or private organization:  
(BEP certification must be completed before contract award)

2) A detailed description of the commercially useful work to be done by this certified vendor is as follows:

**Pharmacy services**

3) The total estimated cost to the state for this contract is **\$1,215,510,716**. The portion of the contract which will be subcontracted to this certified vendor is ~~\$167,932,599~~ or **13.816** % of the total cost of the contract.

4) A notarized signed letter of intent between **Wexford Health Sources, Inc** (the Vendor) and **Boswell Pharmacy Services, LLC** (the certified vendor) detailing the work to be performed by the certified vendor and the agreed upon rates or prices, conforming to the Utilization Plan is included.

5) A joint venture agreement is not required, as the arrangement between **Wexford Health Sources, Inc** and **Boswell Pharmacy Services, Inc** is that of contractor/sub-contractor and not a joint venture.

Or,

A joint venture agreement between \_\_\_\_\_ and \_\_\_\_\_ is included in lieu of the letter of intent.

6) The Vendor has not prohibited or otherwise limited **Boswell Pharmacy Services, LLC** (certified vendor) from providing subcontractor quotes to other potential bidders/vendors.

We understand that the Agency may require additional information to verify our compliance and we agree to cooperate immediately in submitting to interviews, allowing entry to any of our office locations, providing further documentation, or soliciting the cooperation of our proposed certified vendor. We will maintain appropriate records relating to our utilization of the certified vendor including: invoices, cancelled checks, books of account, and time records.

**Section II  
Demonstration of Good Faith Efforts to Achieve BEP Subcontracting Goal**

If the BEP subcontracting goal was not achieved, the Good Faith Efforts checklist (Section II A) and contacts log (Section II B) must be submitted with the solicitation response (or as otherwise specified by CMS). **Failure to do so may render the Vendor's solicitation response non-responsive and cause it to be rejected, or render the Vendor ineligible for contract award, at CMS' sole discretion.** The Vendor will promptly provide evidence in support of its Good Faith Efforts to CMS upon request.

**LETTER OF INTENT (LOI)**  
**Between Prime Vendor and Certified Vendor**

**Instructions:** The responsive offeror is required to submit this signed and notarized Letter of Intent from each certified vendor identified on the Utilization Plan. LOIs must be submitted with the proposal and must be notarized by both parties. Submit a separate LOI for each proposed certified vendor. The amount and scope of work indicated on each LOI shall be the actual amount indicated on the Utilization Plan submitted with the proposal and approved by the Agency.

Changes to the Utilization Plan including substitution of certified vendors are permitted only after award of the contract and only with prior written approval of the Agency. A request for changes to the Utilization Plan must be submitted on the *Request for Change of Utilization Plan Form* for all levels of subcontracting. LOIs must be submitted for all additions of certified vendors to the Utilization Plan prior to the start of work.

Project Name Healthcare Services For Illinois Dept. of Corrections Project/Solicitation Number: #HFS 2010-05-008

Name of Prime Vendor: Wexford Health Sources, Inc.  
 Address: 425 Holiday Drive, Foster Plaza Two Pittsburgh Pennsylvania 15220  
Street City State Zip Code  
 Telephone: ( ) 412-937-8590 Fax: ( ) 412-937-8599 Email: info@wexfordhealth.com

Name of Certified Vendor: BOSWELL PHARMACY SERVICES LLC  
 Address: 131 SCHOOLHOUSE ROAD JENNERSTOWN PA 15547-0001  
Street City State Zip Code  
 Telephone: ( ) (814)629-1397 Fax: ( ) (814)629-7644 Email: kmartella@boswellpharmacy.com

Type of agreement:  Services  Supplies  Both Services/Supplies

Type of payment:  Lump Sum  Hourly Rate  Unit Price

Period of Performance: \_\_\_\_\_ Proposed Subcontract Amount \$ \_\_\_\_\_ or Proposed % of Contract \_\_\_\_\_

Description of work to be performed by certified vendor:  
Provision of pharmaceuticals and clinical and consulting pharmacist services

List the governmental agency or private organization with whom the certified vendor is currently certified as a disadvantaged, minority, or woman business enterprise.  
Illinois Department of Central Management Services, Business Enterprise Program

The prime vendor and the certified vendor above hereby agree that upon the execution of a contract for the above-named project between the prime vendor and the State of Illinois, the certified vendor will perform the scope of work for the price as indicated above.

**Prime Vendor** (Company Name and D/B/A):  
Wexford Health Sources, Inc.  
 Signature: \_\_\_\_\_  
 Printed Name: K. Craig Trout  
 Title: Vice President & CFO Date: 10-13-10  
 Subscribed and sworn before me this 13 day of October, 2010  
 \_\_\_\_\_  
 Notary Public

**Certified Vendor** (Company Name and D/B/A):  
BOSWELL PHARMACY SERVICES LLC  
 Signature: \_\_\_\_\_  
 Printed Name: JACQUILINE M. MARTELLARPHI  
 Title: PRESIDENT/CEO Date: 8/11/2010  
 Subscribed and sworn before me this 11th day of August, 2010  
 \_\_\_\_\_  
 Notary Public

COMMONWEALTH OF PENNSYLVANIA  
 Notarial Seal  
 Joseph M. Ebbitt, Notary Public  
 Green Tree Boro, Allegheny County  
 My Commission Expires May 13, 2014  
 Member, Pennsylvania Association of Notaries

COMMONWEALTH OF PENNSYLVANIA  
 Notarial Seal  
 Sue A. Rose, Notary Public  
 Jenner Twp., Somerset County  
 My Commission Expires March 19, 2014  
 Member, Pennsylvania Association of Notaries



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**BEP Vendor Details**

[Small and Diverse Businesses](#) > [BEP Vendors Directory Search](#) > [BEP Vendor Details](#)

<b>Vendor Name:</b>	BOSWELL PHARMACY SERVICES LLC
<b>Contact Person:</b>	JACQUELINE MARTELLA
<b>Address:</b>	131 SCHOOLHOUSE ROAD JENNERSTOWN PA 15547-0001
<b>County:</b>	OUT OF STATE
<b>Phone:</b>	(814)629-1397
<b>Fax:</b>	(814)629-7644
<b>E-Mail:</b>	kmartella@boswellpharmacy.com

Commodity/Service Code	Commodity/Service Name
5300690	ROAD AND HIGHWAY BUILDING MATERIALS,

[Small and Diverse Businesses](#) > [BEP Vendors Directory Search](#) > [BEP Vendor Details](#)

**Section I of Utilization Plan  
Utilization of Certified Vendors**

Please submit a separate Section I for each proposed certified Vendor.

To achieve the BEP utilization goal through subcontracting, the following is proposed:

1) The proposed certified Vendor's company name, address and phone number:

Carepaks Health Services, Inc

209 Susan Drive

Normal, IL 61761

(309) 454-1000

At the time of submission, the above certified Vendor is:

Certified with the CMS Business Enterprise Program (BEP)

Meets the criteria and has submitted an application for certification with BEP  
(BEP certification must be completed before contract award)

Certified as a disadvantaged, minority, or woman business enterprise with the following governmental agency or private organization:  
(BEP certification must be completed before contract award)

Chicago Minority Business Development Council

2) A detailed description of the commercially useful work to be done by this certified vendor is as follows:

Medical equipment supplies and medical staffing.

3) The total estimated cost to the state for this contract is \$1,215,510,716. The portion of the contract which will be subcontracted to this certified vendor is \$2,374,894 or 0.195 % of the total cost of the contract.

4) A notarized signed letter of intent between Wexford Health Sources, Inc (the Vendor) and Carepaks Health Services, Inc (the certified vendor) detailing the work to be performed by the certified vendor and the agreed upon rates or prices, conforming to the Utilization Plan is included.

5) A joint venture agreement is not required, as the arrangement between Wexford Health Sources, Inc and Carepaks Health Services, Inc is that of contractor/sub-contractor and not a joint venture.

Or,  
A joint venture agreement between \_\_\_\_\_ and \_\_\_\_\_ is included in lieu of the letter of intent.

6) The Vendor has not prohibited or otherwise limited Carepaks Health Services, Inc (certified vendor) from providing subcontractor quotes to other potential bidders/vendors.

We understand that the Agency may require additional information to verify our compliance and we agree to cooperate immediately in submitting to interviews, allowing entry to any of our office locations, providing further documentation, or soliciting the cooperation of our proposed certified vendor. We will maintain appropriate records relating to our utilization of the certified vendor including: invoices, cancelled checks, books of account, and time records.

**Section II  
Demonstration of Good Faith Efforts to Achieve BEP Subcontracting Goal**

If the BEP subcontracting goal was not achieved, the Good Faith Efforts checklist (Section II A) and contacts log (Section II B) must be submitted with the solicitation response (or as otherwise specified by CMS). Failure to do so may render the Vendor's solicitation response non-responsive and cause it to be rejected, or render the Vendor ineligible for contract award, at CMS' sole discretion. The Vendor will promptly provide evidence in support of its Good Faith Efforts to CMS upon request.

**LETTER OF INTENT (LOI)**  
**Between Prime Vendor and Certified Vendor**

**Instructions:** The responsive offeror is required to submit this signed and notarized Letter of Intent from each certified vendor identified on the Utilization Plan. LOIs must be submitted with the proposal and must be notarized by both parties. Submit a separate LOI for each proposed certified vendor. The amount and scope of work indicated on each LOI shall be the actual amount indicated on the Utilization Plan submitted with the proposal and approved by the Agency.

Changes to the Utilization Plan including substitution of certified vendors are permitted only after award of the contract and only with prior written approval of the Agency. A request for changes to the Utilization Plan must be submitted on the *Request for Change of Utilization Plan Form* for all levels of subcontracting. LOIs must be submitted for all additions of certified vendors to the Utilization Plan prior to the start of work.

Project Name Healthcare Services For Illinois Dept. of Corrections Project/Solicitation Number: #HFS 2010-05-008

Name of Prime Vendor: Wexford Health Sources, Inc.  
 Address: 425 Holiday Drive, Foster Plaza Two Pittsburgh Pennsylvania 15220  
Street City State Zip Code  
 Telephone: ( ) 412-937-8590 Fax: ( ) 412-937-8599 Email: info@wexfordhealth.com

Name of Certified Vendor: CAREPAKS HEALTH SERVICES INC  
 Address: 209 SUSAN DR NORMAL IL 61761  
Street City State Zip Code  
 Telephone: (309) 454 1000 Fax: 309 454 5000 Email: Carepak52@aol.com

Type of agreement:  Services  Supplies  Both Services/Supplies

Type of payment:  Lump Sum  Hourly Rate  Unit Price

Period of Performance: \_\_\_\_\_ Proposed Subcontract Amount \$ \_\_\_\_\_ or Proposed % of Contract \_\_\_\_\_

Description of work to be performed by certified vendor:  
- DURABLE MEDICAL EQUIPMENT SUPPLIES AND  
- MEDICAL STAFFING

List the governmental agency or private organization with whom the certified vendor is currently certified as a disadvantaged, minority, or woman business enterprise.

Central Management Services & Chicago Minority Business Development Council

The prime vendor and the certified vendor above hereby agree that upon the execution of a contract for the above-named project between the prime vendor and the State of Illinois, the certified vendor will perform the scope of work for the price as indicated above.

**Prime Vendor** (Company Name and D/B/A):

W xford Health Sources, Inc.  
 \_\_\_\_\_  
 Signature

K. Craig Trout  
 Printed Name

Title: Vice President & CFO Date: 10-17-10

Subscribed and sworn before me this  
17 day of October, 2010

\_\_\_\_\_  
 Notary Public

My Commission expires: COMMONWEALTH OF PENNSYLVANIA

Notarial Seal  
 Joseph M. Ebbitt, Notary Public  
 Green Tree Boro, Allegheny County  
 My Commission Expires May 13, 2014

RFP - HFS# 2010-05-008 Member, Pennsylvania Association of Notaries

**Certified Vendor** (Company Name and D/B/A):

Carepak's Health Services Inc  
 \_\_\_\_\_  
 Signature

CATHY EBO  
 Printed Name

Title: DIRECTOR Date: \_\_\_\_\_

Subscribed and sworn before me this  
12<sup>th</sup> day of August, 2010

\_\_\_\_\_  
 Notary Public

My Commission expires: 5/2/2011

OFFICIAL SEAL  
 GINGER REMUS  
 NOTARY PUBLIC, STATE OF ILLINOIS  
 MY COMMISSION EXPIRES 5/2/2011





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**BEP Vendor Details**

Small and Diverse Businesses > BEP Vendors Directory Search > BEP Vendor Details

<b>Vendor Name:</b>	CAREPAKS HEALTH SERVICES
<b>Contact Person:</b>	CATHY EBO
<b>Address:</b>	209 SUSAN DRIVE NORMAL IL 61761-6188
<b>Gender:</b>	Female
<b>Ethnicity:</b>	African-American
<b>County:</b>	MCLEAN
<b>Phone:</b>	(309)454- 1000
<b>Fax:</b>	(309)454- 5000
<b>E-Mail:</b>	carepaks2@aol.com

<b>C m m dity/Service Code</b>	<b>Commodity/Service Name</b>
3841276	HOSPITAL SUPPLIES (NOT ELSEWHERE LISTED)
3841280	HOSPITAL SUPPLIES, BACK SUPPORT BELTS
3841282	HOSPITAL SUPPLIES, EXAMINING APPAREL,
3841284	HOSPITAL SUPPLIES, GLOVES, DISPOSABLE,
3842479	STRETCHERS, WHEELED & AMBULANCE COTS
3842480	WALKERS
3842481	WHEELCHAIRS AND REPAIR PARTS
3842482	TUB, THERAPY & BATHING
3845447	HOSPITAL EQUIPMENT AND INSTRUMENTS (NOT
3845453	BLOOD PRESSURE AND BLOOD FLOW DETECTION
3845462	EYE, EAR, NOSE AND THROAT EQUIPMENT
3845467	PULMONARY EQUIPMENT AND SUPPLIES
3845468	SCALES, HOSPITAL, INCLUDING PHYSICIANS
3845471	VAPORIZERS, HUMIDIFIERS AND NEBULIZERS
S390380	MEDICAL, MISC.
S390400	SERVICES, NURSES, REGISTERED
S390525	SERVICES, PHYSICAL THERAPISTS
S390675	SERVICES, SPEECH THERAPY

Small and Diverse Businesses > BEP Vendors Directory Search > BEP Vendor Details

**Section I of Utilization Plan  
Utilization of Certified Vendors**

Please submit a separate Section I for each proposed certified Vendor.

To achieve the BEP utilization goal through subcontracting, the following is proposed:

1) The proposed certified Vendor's company name, address and phone number:

**Ekla Corporation**  
**1707 Quincy Avenue, Suite 127**  
**Naperville IL 60540**  
**(630) 983-3224**

At the time of submission, the above certified Vendor is:

- Certified with the CMS Business Enterprise Program (BEP)
- Meets the criteria and has submitted an application for certification with BEP  
(BEP certification must be completed before contract award)
- Certified as a disadvantaged, minority, or woman business enterprise with the following governmental agency or private organization:  
(BEP certification must be completed before contract award)

**U.S. Small Administration and Cook County**

2) A detailed description of the commercially useful work to be done by this certified vendor is as follows:

**Medical and surgical equipment**

3) The total estimated cost to the state for this contract is **\$1,215,510,716**. The portion of the contract which will be subcontracted to this certified vendor is **\$2,374,894** or **0.195** % of the total cost of the contract.

4) A notarized signed letter of intent between **Wexford Health Sources, Inc** (the Vendor) and **Ekla Corporation** (the certified vendor) detailing the work to be performed by the certified vendor and the agreed upon rates or prices, conforming to the Utilization Plan is included.

5) A joint venture agreement is not required, as the arrangement between **Wexford Health Sources, Inc** and **Ekla Corporation** is that of contractor/sub-contractor and not a joint venture.

Or,

A joint venture agreement between \_\_\_\_\_ and \_\_\_\_\_ is included in lieu of the letter of intent.

6) The Vendor has not prohibited or otherwise limited \_\_\_\_\_ (certified vendor) from providing subcontractor quotes to other potential bidders/vendors.

We understand that the Agency may require additional information to verify our compliance and we agree to cooperate immediately in submitting to interviews, allowing entry to any of our office locations, providing further documentation, or soliciting the cooperation of our proposed certified vendor. We will maintain appropriate records relating to our utilization of the certified vendor including: invoices, cancelled checks, books of account, and time records.

**Section II  
Demonstration of Good Faith Efforts to Achieve BEP Subcontracting Goal**

If the BEP subcontracting goal was not achieved, the Good Faith Efforts checklist (Section II A) and contacts log (Section II B) must be submitted with the solicitation response (or as otherwise specified by CMS). Failure to do so may render the Vendor's solicitation response non-responsive and cause it to be rejected, or render the Vendor ineligible for contract award, at CMS' sole discretion. The Vendor will promptly provide evidence in support of its Good Faith Efforts to CMS upon request.

**LETTER OF INTENT (LOI)**  
**Between Prime Vendor and Certified Vendor**

**Instructions:** The responsive offeror is required to submit this signed and notarized Letter of Intent from each certified vendor identified on the Utilization Plan. LOIs must be submitted with the proposal and must be notarized by both parties. Submit a separate LOI for each proposed certified vendor. The amount and scope of work indicated on each LOI shall be the actual amount indicated on the Utilization Plan submitted with the proposal and approved by the Agency.

Changes to the Utilization Plan including substitution of certified vendors are permitted only after award of the contract and only with prior written approval of the Agency. A request for changes to the Utilization Plan must be submitted on the Request for Change of Utilization Plan Form for all levels of subcontracting. LOIs must be submitted for all additions of certified vendors to the Utilization Plan prior to the start of work.

Project Name Healthcare Services For Illinois Dept. of Corrections Project/Solicitation Number: #HFS 2010-05-008

Name of Prime Vendor: Wexford Health Sources, Inc.  
 Address: 425 Holiday Drive, Foster Plaza Two Pittsburgh Pennsylvania 15220  
Street City State Zip Code

Telephone: ( ) 412-937-8590 Fax: ( ) 412-937-8599 Email: info@wexfordhealth.com

Name of Certified Vendor: EKUA Corporation  
 Address: 1707 Quincy Ave, Ste 1027, Naperville, IL 60560  
Street City State Zip Code

Telephone: ( ) 630-983-3224 Fax: ( ) 630-983-7133 Email: erinlu@ekua.com

Type of agreement:  Services  Supplies  Both Services/Supplies

Type of payment:  Lump Sum  Hourly Rate  Unit Price

Period of Performance: \_\_\_\_\_ Proposed Subcontract Amount \$ \_\_\_\_\_ or Proposed % of Contract \_\_\_\_\_

Description of work to be performed by certified vendor:  
Medical & surgical and equipment

List the governmental agency or private organization with whom the certified vendor is currently certified as a disadvantaged, minority, or woman business enterprise.  
U.S. Small Administration, CMS, Cook County

The prime vendor and the certified vendor above hereby agree that upon the execution of a contract for the above-named project between the prime vendor and the State of Illinois, the certified vendor will perform the scope of work for the price as indicated above.

**Prime Vendor (Company Name and D/B/A):**  
Wexford Health Sources, Inc.  
 \_\_\_\_\_  
 Signature

**K. Craig Trout**  
 Printed Name

Title: Vice President & CFO Date: 10-13-10

Subscribed and sworn before me this  
17 day of June, 2010  
 \_\_\_\_\_  
 Notary Public

My Commission expires: COMMONWEALTH OF PENNSYLVANIA  
 Notarial Seal  
 Joseph M. Ebbitt, Notary Public  
 Green Tree Boro, Allegheny County  
 My Commission Expires May 13, 2014  
 Member, Pennsylvania Association of Notaries

RFP - HFS# 2010-05-008 BS 07-15-10

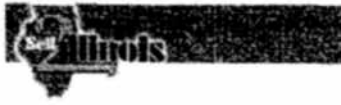
**Certified Vendor (Company Name and D/B/A):**  
EKUA Corporation  
 \_\_\_\_\_  
 Signature

**Erin Lu**  
 Printed Name

Title: president Date: 8-13-2010

Subscribed and sworn before me this  
 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 OFFICIAL SEAL  
 JAMES Q BUI  
 Notary Public - State of Illinois  
 My Commission Expires April 19, 2011

My Commission expires:  
15 day of August, 2010  
 \_\_\_\_\_



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**BEP Vendor Details**

[Small and Diverse Businesses](#) > [BEP Vendors Directory Search](#) > [BEP Vendor Details](#)

Vendor Name:	EKLA CORPORATION
Contact Person:	DUNCAN CAMPBELL
Address:	1707 QUINCY AVE SUITE 127 NAPERVILLE IL 60540-6692
County:	DUPAGE
Phone:	(630)983-3224EXT. 102
Fax:	(866)715-3652
E-Mail:	duncan@eklacorp.com

Commodity/Service Code	Commodity/Service Name
2869298	URINALYSIS REAGENTS AND TESTS (FOR
3069285	LABORATORY SUPPLIES (NOT ELSEWHERE
3263604	PLASTICWARE, POLYCARBONATE DINNERWARE
3263605	MEAL SERVERS, INSUL./NESTING COMPONENTS
3263606	PLASTICWARE, MELAMINE DINNERWARE
3263607	SILVERWARE: FLATWARE, TABLEWARE, ETC.
3841276	HOSPITAL SUPPLIES (NOT ELSEWHERE LISTED)
3841280	HOSPITAL SUPPLIES, BACK SUPPORT BELTS
3841281	HOSPITAL SUPPLIES, BLOOD COLLECTION
3841282	HOSPITAL SUPPLIES, EXAMINING APPAREL,
3841284	HOSPITAL SUPPLIES, GLOVES, DISPOSABLE,
3842474	COMMODE AND SHOWER CHAIRS
3842476	MOBIL. & SPEECH IMP.(NOT OTHER. LISTED)
3842477	LIFTING DEVICES, PATIENT
3842479	STRETCHERS, WHEELED & AMBULANCE COTS
3842480	WALKERS
3842481	WHEELCHAIRS AND REPAIR PARTS
3843255	DENTAL SUPPLIES
3845447	HOSPITAL EQUIPMENT AND INSTRUMENTS (NOT
3845450	ANESTHESIA AND RESPIRATION EQUIPMENT
3845454	CARDIOVASCULAR INSTRUMENTATION:
3845462	EYE, EAR, NOSE AND THROAT EQUIPMENT
3845463	FLOW CYTOMETERS
3845467	PULMONARY EQUIPMENT AND SUPPLIES
3845468	SCALES, HOSPITAL, INCLUDING PHYSICIANS

<http://www.sell2.illinois.gov/BEP/bepDetails.aspx?id=4695>

8/11/2010

**Section I of Utilization Plan  
Utilization of Certified Vendors**

Please submit a separate Section I for each proposed certified Vendor.

To achieve the BEP utilization goal through subcontracting, the following is proposed:

1) The proposed certified Vendor's company name, address and phone number:

**Great Paragon Health Care, Inc**  
\_\_\_\_\_  
**1251 W. Devon Avenue**  
\_\_\_\_\_  
**Chicago, IL 60660**  
\_\_\_\_\_  
**(773) 973-1753**  
\_\_\_\_\_

At the time of submission, the above certified Vendor is:

- Certified with the CMS Business Enterprise Program (BEP)
- Meets the criteria and has submitted an application for certification with BEP (BEP certification must be completed before contract award)
- Certified as a disadvantaged, minority, or woman business enterprise with the following governmental agency or private organization:  
(BEP certification must be completed before contract award)

2) A detailed description of the commercially useful work to be done by this certified vendor is as follows:

**Health care**  
\_\_\_\_\_  
\_\_\_\_\_

3) The total estimated cost to the state for this contract is **\$1,215,510,716**. The portion of the contract which will be subcontracted to this certified vendor is **\$9,499,575** or **0.782** % of the total cost of the contract.

4) A notarized signed letter of intent between **Wexford Health Sources, Inc** (the Vendor) and **Great Paragon Health Care, Inc** (the certified vendor) detailing the work to be performed by the certified vendor and the agreed upon rates or prices, conforming to the Utilization Plan is included.

5) A joint venture agreement is not required, as the arrangement between **Wexford Health Sources, Inc** and **Great Paragon Health Care, Inc** is that of contractor/sub-contractor and not a joint venture.

Or,  
A joint venture agreement between \_\_\_\_\_ and \_\_\_\_\_ is included in lieu of the letter of intent.

6) The Vendor has not prohibited or otherwise limited **Great Paragon Health Care, Inc** (certified vendor) from providing subcontractor quotes to other potential bidders/vendors.

We understand that the Agency may require additional information to verify our compliance and we agree to cooperate immediately in submitting to interviews, allowing entry to any of our office locations, providing further documentation, or soliciting the cooperation of our proposed certified vendor. We will maintain appropriate records relating to our utilization of the certified vendor including: invoices, cancelled checks, books of account, and time records.

**Section II  
Demonstration of Good Faith Efforts to Achieve BEP Subcontracting Goal**

If the BEP subcontracting goal was not achieved, the Good Faith Efforts checklist (Section II A) and contacts log (Section II B) must be submitted with the solicitation response (or as otherwise specified by CMS). **Failure to do so may render the Vendor's solicitation response non-responsive and cause it to be rejected, or render the Vendor ineligible for contract award, at CMS' sole discretion.** The Vendor will promptly provide evidence in support of its Good Faith Efforts to CMS upon request.

LETTER OF INTENT (LOI)
Between Prime Vendor and Certified Vendor

Instructions: The responsive offeror is required to submit this signed and notarized Letter of Intent from each certified vendor identified on the Utilization Plan. LOIs must be submitted with the proposal and must be notarized by both parties. Submit a separate LOI for each proposed certified vendor. The amount and scope of work indicated on each LOI shall be the actual amount indicated on the Utilization Plan submitted with the proposal and approved by the Agency.

Changes to the Utilization Plan including substitution of certified vendors are permitted only after award of the contract and only with prior written approval of the Agency. A request for changes to the Utilization Plan must be submitted on the Request for Change of Utilization Plan Form for all levels of subcontracting. LOIs must be submitted for all additions of certified vendors to the Utilization Plan prior to the start of work.

Project Name: Healthcare Services For Illinois Dept. of Corrections Project/Solicitation Number: #HFS 2010-05-008

Name of Prime Vendor: Wexford Health Sources, Inc.
Address: 425 Holiday Drive, Foster Plaza Two Pittsburgh Pennsylvania 15220
Telephone: ( ) 412-937-8590 Fax: ( ) 412-937-8599 Email: info@wexfordhealth.com

Name of Certified Vendor: Great Paragon Healthcare Inc
Address: 1251 W. Devon Chicago IL 60660
Telephone: 773-973-1764 Fax: 773-973-1935 Email: greatparagon@sbcglobal.net

Type of agreement: [X] Services [ ] Supplies [ ] Both Services/Supplies
Type of payment: [ ] Lump Sum [X] Hourly Rate [ ] Unit Price
Period of Performance: Proposed Subcontract Amount \$ or Proposed % of Contract

Description of work to be performed by certified vendor:
Healthcare:

List the governmental agency or private organization with whom the certified vendor is currently certified as a disadvantaged, minority, or women business enterprise.
CMS

The prime vendor and the certified vendor above hereby agree that upon the execution of a contract for the above-named project between the prime vendor and the State of Illinois, the certified vendor will perform the scope of work for the price as indicated above.

Prime Vendor (Company Name and D/B/A):
Wexford Health Sources, Inc.
Signature: [Redacted]
Printed Name: K. Craig Trout
Title: Vice President & CFO Date: 8/13/10

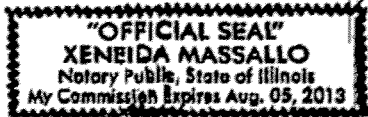
Certified Vendor (Company Name and D/B/A):
Great Paragon Healthcare Inc
Signature: [Redacted]
Printed Name: Rita Obaseki
Title: President Date: 8/17/10

Subscribed and sworn before me this
17 day of August 2010
Notary Public

Subscribed and sworn before me this
17 day of August 2010
Notary Public

My Commission expires:
Notarial Seal
Joseph M. Ebbitt, Notary Public
Green Tree Boro, Allegheny County
My Commission Expires May 13, 2014

My Commission expires: Aug 5, 2013





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BEP Vendor Details

Small and Diverse Businesses > BEP Vendors Directory Search > BEP Vendor Details

Vendor Name:	GREAT PARAGON HEALTH CARE INC
Contact Person:	RITA OBASEKI
Address:	1251 W DEVON AVENUE CHICAGO IL 60660-1400
Gender:	Female
Ethnicity:	African-American
County:	COOK
Phone:	(773)973- 1753
Fax:	(773)973- 1735
E-Mail:	greatparagon@sbcglobal.net

Comm dity/Service Code	Commodity/Service Name
2841278	MANNIKINS AND MODELS, CPR TRAINING
2841477	FIRST AID SUPPLIES AND KITS
3263604	PLASTICWARE, POLYCARBONATE DINNERWARE
3263605	MEAL SERVERS, INSUL./NESTING COMPONENTS
3263606	PLASTICWARE, MELAMINE DINNERWARE
3263607	SILVERWARE: FLATWARE, TABLEWARE, ETC.
3841276	HOSPITAL SUPPLIES (NOT ELSEWHERE LISTED)
3841280	HOSPITAL SUPPLIES, BACK SUPPORT BELTS
3841281	HOSPITAL SUPPLIES, BLOOD COLLECTION
3841282	HOSPITAL SUPPLIES, EXAMINING APPAREL,
3841283	HOSPITAL SUPPLIES, CONDOMS
3841284	HOSPITAL SUPPLIES, GLOVES, DISPOSABLE,
3842476	MOBIL. & SPEECH IMP.(NOT OTHER. LISTED)
3842481	WHEELCHAIRS AND REPAIR PARTS
3842482	TUB, THERAPY & BATHING
3845453	BLOOD PRESSURE AND BLOOD FLOW DETECTION
3845464	FREEZERS AND REFRIGERATORS (BLOOD BANK
3845465	MEDICATION CARTS
3845468	SCALES, HOSPITAL, INCLUDING PHYSICIANS

**Section I of Utilization Plan  
Utilization of Certified Vendors**

Please submit a separate Section I for each proposed certified Vendor.

To achieve the BEP utilization goal through subcontracting, the following is proposed:

1) The proposed certified Vendor's company name, address and phone number:

**In Stock Supply**  
**8049 Ridgeway Street**  
**SKOKIE IL 60076**  
**(847)677-7413**

At the time of submission, the above certified Vendor is:

- Certified with the CMS Business Enterprise Program (BEP)
- Meets the criteria and has submitted an application for certification with BEP (BEP certification must be completed before contract award)
- Certified as a disadvantaged, minority, or woman business enterprise with the following governmental agency or private organization:  
(BEP certification must be completed before contract award)

2) A detailed description of the commercially useful work to be done by this certified vendor is as follows:

**Supplying gloves, hygiene, janitorial, and dental supplies.**

3) The total estimated cost to the state for this contract is **\$1,215,510,716**. The portion of the contract which will be subcontracted to this certified vendor is **\$2,374,894** or **0.195** % of the total cost of the contract.

4) A notarized signed letter of intent between **Wexford Health Sources, Inc** (the Vendor) and **In Stock Supply** (the certified vendor) detailing the work to be performed by the certified vendor and the agreed upon rates or prices, conforming to the Utilization Plan is included.

5) A joint venture agreement is not required, as the arrangement between **Wexford Health Sources, Inc** and **In Stock Supply** is that of contractor/sub-contractor and not a joint venture.

Or,  
A joint venture agreement between \_\_\_\_\_ and \_\_\_\_\_ is included in lieu of the letter of intent.

6) The Vendor has not prohibited or otherwise limited **In Stock Supply** (certified vendor) from providing subcontractor quotes to other potential bidders/vendors.

We understand that the Agency may require additional information to verify our compliance and we agree to cooperate immediately in submitting to interviews, allowing entry to any of our office locations, providing further documentation, or soliciting the cooperation of our proposed certified vendor. We will maintain appropriate records relating to our utilization of the certified vendor including: invoices, cancelled checks, books of account, and time records.

**Section II  
Demonstration of Good Faith Efforts to Achieve BEP Subcontracting Goal**

If the BEP subcontracting goal was not achieved, the Good Faith Efforts checklist (Section II A) and contacts log (Section II B) must be submitted with the solicitation response (or as otherwise specified by CMS). **Failure to do so may render the Vendor's solicitation response non-responsive and cause it to be rejected, or render the Vendor ineligible for contract award, at CMS' sole discretion.** The Vendor will promptly provide evidence in support of its Good Faith Efforts to CMS upon request.



**LETTER OF INTENT (LOI)**  
**Between Prime Vendor and Certified Vendor**

**Instructions:** The responsive offeror is required to submit this signed and notarized Letter of Intent from each certified vendor identified on the Utilization Plan. LOIs must be submitted with the proposal and must be notarized by both parties. Submit a separate LOI for each proposed certified vendor. The amount and scope of work indicated on each LOI shall be the actual amount indicated on the Utilization Plan submitted with the proposal and approved by the Agency.

Changes to the Utilization Plan including substitution of certified vendors are permitted only after award of the contract and only with prior written approval of the Agency. A request for changes to the Utilization Plan must be submitted on the *Request for Change of Utilization Plan Form* for all levels of subcontracting. LOIs must be submitted for all additions of certified vendors to the Utilization Plan prior to the start of work.

Project Name Healthcare Services For Illinois Dept. of Corrections Project/Solicitation Number: #HFS 2010-05-008

Name of Prime Vendor: Wexford Health Sources, Inc.  
 Address: 425 Holiday Drive, Foster Plaza Two Pittsburgh Pennsylvania 15220  
Street City State Zip Code  
 Telephone: ( ) 412-937-8590 Fax: ( ) 412-937-8599 Email: info@wexfordhealth.com

Name of Certified Vendor: IN STOCK SUPPLY  
 Address: 8079 N. RIDGEBAY  
Street City State Zip Code  
 Telephone: 847-677-2113 Fax: 847-677-7428 Email: Esther@instocksupply.com

Type of agreement:  Services  Supplies  Both Services/Supplies  
 Type of payment:  Lump Sum  Hourly Rate  Unit Price

Period of Performance: \_\_\_\_\_ Proposed Subcontract Amount \$ \_\_\_\_\_ or Proposed % of Contract \_\_\_\_\_

Description of work to be performed by certified vendor:  
Supplying gloves, Hygiene, Janitorial, dental supplies

List the governmental agency or private organization with whom the certified vendor is currently certified as a disadvantaged, minority, or woman business enterprise.  
WBE SMALL BUSINESS

The prime vendor and the certified vendor above hereby agree that upon the execution of a contract for the above-named project between the prime vendor and the State of Illinois, the certified vendor will perform the scope of work for the price as indicated above.

**Prime Vendor (Company Name and D/B/A):**  
Wexford Health Sources, Inc.  
 \_\_\_\_\_  
 Signature

K. Craig Trout  
 Printed Name  
 Title: Vice President & CFO Date: 10-13-10

Subscribed and sworn before me this  
17 day of October, 2010  
 \_\_\_\_\_  
 Notary Public

My Commission expires: 5-13-11  
**COMMONWEALTH OF PENNSYLVANIA**  
 Notarial Seal  
 Joseph M. Ebbitt, Notary Public  
 Green Tree Boro, Allegheny County  
 My Commission Expires May 13, 2014  
 Member, Pennsylvania Association of Notaries

RFP - HFS# 2010-05-008 as of 7-15-10

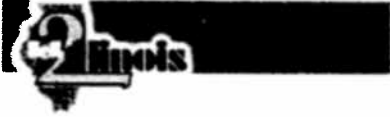
**Certified Vendor (Company Name and D/B/A):**  
IN STOCK SUPPLY  
 \_\_\_\_\_  
 Signature

Esther STRICK  
 Printed Name  
 Title: President Date: 8/13/10

Subscribed and sworn before me this  
11 day of August, 2010  
 \_\_\_\_\_  
 Notary Public

My Commission expires: 10/5/13

**"OFFICIAL SEAL"**  
 RHONDA M HUNT  
 NOTARY PUBLIC, STATE OF ILLINOIS  
 MY COMMISSION EXPIRES OCTOBER 05, 2013



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BEP Vendor Details

Small and Diverse Businesses > BEP Vendors Directory Search > BEP Vendor Details

Vendor Name:	IN STOCK SUPPLY
Contact Person:	ESTHER STRICK
Address:	8049 RIDGEWAY STREET SKOKIE IL 60076-3408
County:	COOK
Phone:	(847)677-7413
Fax:	(847)677-7428
E-Mail:	esther@instocksupplies.com

C mmodity/Service Code	Commodity/Service Name
2511120	BEDS
2511121	MATTRESSES
2511240	MATTRESS COVERS
2591134	WINDOW BLINDS AND SHADES; VENETIAN, ETC.
2647280	INCONTINENT BRIEFS AND RELATED ITEMS
2751698	SILKSCREENING PROCESS SUPPLIES
2834270	DRUGS, BRAND NAME
2834271	DRUGS, GENERIC
2834272	VACCINES AND ANTIGENS
2841278	MANNIKINS AND MODELS, CPR TRAINING
2841477	FIRST AID SUPPLIES AND KITS
2869289	HIV SCREENING: WESTERN BLOT KITS, ETC.
2869290	IMMUNOASSAY KITS FOR POST RACE URINE
2869291	IMMUNOLOGY AND SEROLOGY TEST SUPPLIES
2869298	URINALYSIS REAGENTS AND TESTS (FOR
3069289	KITS, ASSEMBLED: BLOOD/URINE TEST
3069290	DNA SUPPLIES
3161162	LUGGAGE AND BRIEFCASES
3263604	PLASTICWARE, POLYCARBONATE DINNERWARE
3263605	MEAL SERVERS, INSUL./NESTING COMPONENTS
3263606	PLASTICWARE, MELAMINE DINNERWARE

**Section I of Utilization Plan  
Utilization of Certified Vendors**

Please submit a separate Section I for each proposed certified Vendor.

To achieve the BEP utilization goal through subcontracting, the following is proposed:

1) The proposed certified Vendor's company name, address and phone number:

Meadows Office Supply  
1208 Remington Road  
Schaumburg, IL 60173  
(847) 781-8850

At the time of submission, the above certified Vendor is:

- Certified with the CMS Business Enterprise Program (BEP)
- Meets the criteria and has submitted an application for certification with BEP (BEP certification must be completed before contract award)
- Certified as a disadvantaged, minority, or woman business enterprise with the following governmental agency or private organization:  
(BEP certification must be completed before contract award)

City of Chicago, Chicago Minority Business Development Council, Cook County, and Women's Business Development Council

2) A detailed description of the commercially useful work to be done by this certified vendor is as follows:

Office supplies, equipment, and furniture

3) The total estimated cost to the state for this contract is \$1,215,510,716. The portion of the contract which will be subcontracted to this certified vendor is \$894,054, or 0.074 % of the total cost of the contract.

4) A notarized signed letter of intent between Wexford Health Sources, Inc (the Vendor) and Meadows Office Supply (the certified vendor) detailing the work to be performed by the certified vendor and the agreed upon rates or prices, conforming to the Utilization Plan is included.

5) A joint venture agreement is not required, as the arrangement between Wexford Health Sources, Inc and Meadows Office Supply is that of contractor/sub-contractor and not a joint venture.

Or,  
A joint venture agreement between \_\_\_\_\_ and \_\_\_\_\_ is included in lieu of the letter of intent.

6) The Vendor has not prohibited or otherwise limited Meadows Office Supply (certified vendor) from providing subcontractor quotes to other potential bidders/vendors.

We understand that the Agency may require additional information to verify our compliance and we agree to cooperate immediately in submitting to interviews, allowing entry to any of our office locations, providing further documentation, or soliciting the cooperation of our proposed certified vendor. We will maintain appropriate records relating to our utilization of the certified vendor including: invoices, cancelled checks, books of account, and time records.

**Section II  
Demonstration of Good Faith Efforts to Achieve BEP Subcontracting Goal**

If the BEP subcontracting goal was not achieved, the Good Faith Efforts checklist (Section II A) and contacts log (Section II B) must be submitted with the solicitation response (or as otherwise specified by CMS). **Failure to do so may render the Vendor's solicitation response non-responsive and cause it to be rejected, or render the Vendor ineligible for contract award, at CMS' sole discretion.** The Vendor will promptly provide evidence in support of its Good Faith Efforts to CMS upon request.

**LETTER OF INTENT (LOI)**  
**Between Prime Vendor and Certified Vendor**

**Instructions:** The responsive offeror is required to submit this signed and notarized Letter of Intent from each certified vendor identified on the Utilization Plan. LOIs must be submitted with the proposal and must be notarized by both parties. Submit a separate LOI for each proposed certified vendor. The amount and scope of work indicated on each LOI shall be the actual amount indicated on the Utilization Plan submitted with the proposal and approved by the Agency.

Changes to the Utilization Plan including substitution of certified vendors are permitted only after award of the contract and only with prior written approval of the Agency. A request for changes to the Utilization Plan must be submitted on the Request for Change of Utilization Plan Form for all levels of subcontracting. LOIs must be submitted for all additions of certified vendors to the Utilization Plan prior to the start of work.

Project Name Healthcare Services for Illinois Dept. of Corrections Project/Solicitation Number: #HFS 2010-05-008

Name of Prime Vendor: Wexford Health Sources, Inc.  
Address: 425 Holiday Drive, Foster Plaza Two Pittsburgh Pennsylvania 15220  
Street City State Zip Code  
Telephone: ( ) 412-937-8590 Fax: ( ) 412-937-8599 Email: info@wexfordhealth.com

Name of Certified Vendor: MEADOWS OFFICE SUPPLY  
Address: 1208 REMINGTON ROAD, SCHAUMBURG, IL 60173  
Street City State Zip Code  
Telephone: ( ) 847-781-8872 Fax: ( ) 847-781-8872 Email: cc@meadowsos.com

Type of agreement:  Services  Supplies  Both Services/Supplies

Type of payment:  Lump Sum  Hourly Rate  Unit Price

Period of Performance: \_\_\_\_\_ Proposed Subcontract Amount \$ \_\_\_\_\_ or Proposed % of Contract \_\_\_\_\_

Description of work to be performed by certified vendor:  
PROVIDE OFFICE SUPPLIES, EQUIPMENT, & FURNITURE

List the governmental agency or private organization with whom the certified vendor is currently certified as a disadvantaged, minority, or woman business enterprise.

CITY OF CHICAGO, CHICAGO MINORITY BUSINESS DEVELOPMENT COUNCIL, COOK COUNTY, ILLINOIS CMS, WOMEN'S BUSINESS DEVELOPMENT COUNCIL

The prime vendor and the certified vendor above hereby agree that upon the execution of a contract for the above-named project between the prime vendor and the State of Illinois, the certified vendor will perform the scope of work for the price as indicated above.

**Prime Vendor (Company Name and D/B/A):**  
Wexford Health Sources, Inc.

Signature: \_\_\_\_\_

**K. Craig Trout**  
Printed Name

Title: Vice President & CFO Date: 8/11/10

Subscribed and sworn before me this 13 day of October, 2010

Notary Public

My Commission expires: 1-17-11  
**COMMONWEALTH OF PENNSYLVANIA**  
**Notarial Seal**  
Joseph M. Ebbitt, Notary Public  
Green Tree Boro, Allegheny County  
My Commission Expires May 13, 2014  
Member, Pennsylvania Association of Notaries

RFP - HFS# 2010-05-008 as of 7-15-10

**Certified Vendor (Company Name and D/B/A):**

NOVA STATIONERS INC., dba MEADOWS OFFICE SUPPLY

Signature: \_\_\_\_\_

**HON WONG**  
Printed Name

Title: VICE-PRESIDENT Date: 8/11/10

Subscribed and sworn before me this 11 day of AUGUST, 2010

Notary Public

My Commission expires: 12-19-10

**OFFICIAL SEAL**  
**LEONARD A. JANKOWSKI**  
Notary Public - State of Illinois  
My Commission Expires Dec 19, 2010

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**BEP Vendor Details**

Small and Diverse Businesses > BEP Vendors Directory Search > BEP Vendor Details

<b>Vendor Name:</b>	NOVA STATIONERS INC MEADOWS OFFICE SUPPLY
<b>Contact Person:</b>	SANDRA WONG
<b>Address:</b>	1208 REMINGTON ROAD SCHAUMBURG IL 60173-4812
<b>County:</b>	COOK
<b>Phone:</b>	(847)397-8888
<b>Fax:</b>	(847)781-8872
<b>E-Mail:</b>	sandra.wong@meadowsofficesupply.com

Commodity/Service Code	Commodity/Service Name
2841477	FIRST AID SUPPLIES AND KITS
3263604	PLASTICWARE, POLYCARBONATE DINNERWARE
3691002	STATIONARY BATTERIES
3840843	SAFETY SUPPLIES AND EQUIPMENT
3861589	REPRODUCTION PAPER
5021009	FURNITURE, MAILROOM
5021045	FURNITURE, VISUAL DISPLAYS
5021371	FURNITURE, DATA PROCESSING
5021372	FOLDING TABLES AND STACKING CHAIRS
5021373	FURNITURE, DRAFTING
5021374	FURNITURE, INDUSTRIAL AND SAFETY
5021375	FURNITURE, SCHOOL
5021379	MODULAR PANELS
5021558	FURNITURE, METAL OFFICE
5021559	FURNITURE, EXECUTIVE
5021672	FURNITURE, CAFETERIA
5081003	CASH REGISTERS
5081004	TIME STAMPS
5081006	ADDING MACHINES AND CALCULATORS
5081258	DICTATION EQUIPMENT AND SUPPLIES
5081293	BINDERY EQUIPMENT
5081294	DUPLICATING EQUIPMENT AND SUPPLIES
5081295	SHREDDERS
5081568	PHOTOCOPY EQUIPMENT AND SUPPLIES
5081570	FAX SUPPLIES

**Section I of Utilization Plan  
Utilization of Certified Vendors**

Please submit a separate Section I for each proposed certified Vendor.

To achieve the BEP utilization goal through subcontracting, the following is proposed:

1) The proposed certified Vendor's company name, address and phone number:

Mid-Central Medical, Inc  
281 East Jackson Street  
Virden, IL 62690  
(217) 965-3734

At the time of submission, the above certified Vendor is:

- Certified with the CMS Business Enterprise Program (BEP)
- Meets the criteria and has submitted an application for certification with BEP  
(BEP certification must be completed before contract award)
- Certified as a disadvantaged, minority, or woman business enterprise with the following governmental agency or private organization:  
(BEP certification must be completed before contract award)

2) A detailed description of the commercially useful work to be done by this certified vendor is as follows:

Medical equipment and supplies

3) The total estimated cost to the state for this contract is \$1,215,510,716. The portion of the contract which will be subcontracted to this certified vendor is \$2,374,894 or 0.195 % of the total cost of the contract.

4) A notarized signed letter of intent between Wexford Health Sources, Inc (the Vendor) and Mid-Central Medical, Inc (the certified vendor) detailing the work to be performed by the certified vendor and the agreed upon rates or prices, conforming to the Utilization Plan is included.

5) A joint venture agreement is not required, as the arrangement between Wexford Health Sources, Inc and Mid-Central Medical, Inc is that of contractor/sub-contractor and not a joint venture.

Or,  
A joint venture agreement between \_\_\_\_\_ and \_\_\_\_\_ is included in lieu of the letter of intent.

6) The Vendor has not prohibited or otherwise limited Mid-Central Medical, Inc (certified vendor) from providing subcontractor quotes to other potential bidders/vendors.

We understand that the Agency may require additional information to verify our compliance and we agree to cooperate immediately in submitting to interviews, allowing entry to any of our office locations, providing further documentation, or soliciting the cooperation of our proposed certified vendor. We will maintain appropriate records relating to our utilization of the certified vendor including: invoices, cancelled checks, books of account, and time records.

**Section II  
Demonstration of Good Faith Efforts to Achieve BEP Subcontracting Goal**

If the BEP subcontracting goal was not achieved, the Good Faith Efforts checklist (Section II A) and contacts log (Section II B) must be submitted with the solicitation response (or as otherwise specified by CMS). Failure to do so may render the Vendor's solicitation response non-responsive and cause it to be rejected, or render the Vendor ineligible for contract award, at CMS' sole discretion. The Vendor will promptly provide evidence in support of its Good Faith Efforts to CMS upon request.

**LETTER OF INTENT (LOI)**  
**Between Prime Vendor and Certified Vendor**

**Instructions:** The responsive offeror is required to submit this signed and notarized Letter of Intent from each certified vendor identified on the Utilization Plan. LOIs must be submitted with the proposal and must be notarized by both parties. Submit a separate LOI for each proposed certified vendor. The amount and scope of work indicated on each LOI shall be the actual amount indicated on the Utilization Plan submitted with the proposal and approved by the Agency.

Changes to the Utilization Plan including substitution of certified vendors are permitted only after award of the contract and only with prior written approval of the Agency. A request for changes to the Utilization Plan must be submitted on the Request for Change of Utilization Plan Form for all levels of subcontracting. LOIs must be submitted for all additions of certified vendors to the Utilization Plan prior to the start of work.

Project Name Healthcare Services For Illinois Dept. of Corrections Project/Solicitation Number: #HFS 2010-05-008

Name of Prime Vendor: Wexford Health Sources, Inc.  
 Address: 425 Holiday Drive, Foster Plaza Two Pittsburgh Pennsylvania 15220  
Street City State Zip Code

Telephone: ( ) 412-937-8590 Fax: ( ) 412-937-8599 Email: info@wexfordhealth.com

Name of Certified Vendor: Mid-Central Medical, Inc. dba: American Medical Supply & Service  
 Address: 281 E. Jackson Street Virdein, Illinois 62690  
Street City State Zip Code

Telephone: ( ) 217-965-3734 Fax: ( ) 217-965-3371 Email: kamsc@royell.net

Type of agreement:  Services  Supplies  Both Services/Supplies

Type of payment:  Lump Sum  Hourly Rate  Unit Price

Period of Performance: \_\_\_\_\_ Proposed Subcontract Amount \$ \_\_\_\_\_ or Proposed % of Contract \_\_\_\_\_

Description of work to be performed by certified vendor: To Provide Medical Equipment and Medical Supplies

List the governmental agency or private organization with whom the certified vendor is currently certified as a disadvantaged, minority, or woman business enterprise.

Female Business Enterprise (FBE), BEP Certification Illinois  
Department of Central Management Services Enterprise Program

The prime vendor and the certified vendor above hereby agree that upon the execution of a contract for the above-named project between the prime vendor and the State of Illinois, the certified vendor will perform the scope of work for the price as indicated above.

**Prime Vendor** (Company Name and D/B/A):  
Wexford Health Sources, Inc.

**Certified Vendor** (Company Name and D/B/A):  
Mid-Central Medical, Inc. dba American  
Medical Supply and Service Company

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: K. Craig Trout

Printed Name: Karen Marie Buntle, President

Title: Vice President & CFO Date: 10-17-10

Title: President Date: 8-11-2010

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2010

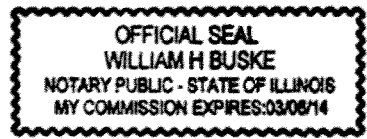
Subscribed and sworn before me this 11th day of August, 2010.

Notary Public: \_\_\_\_\_

Notary Public: \_\_\_\_\_

My Commission expires: 5-17-2014  
 COMMONWEALTH OF PENNSYLVANIA  
 Notarial Seal  
 Joseph M. Ebbitt, Notary Public  
 Green Tree Boro, Allegheny County  
 My Commission Expires May 13, 2014  
 Member, Pennsylvania Association of Notaries

My Commission expires: 3/6/14





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**BEP Vendor Details**

Small and Diverse Businesses > BEP Vendors Directory Search > BEP Vendor Details

<b>Vendor Name:</b>	MID-CENTRAL MEDICAL INC AMERICAN MEDICAL SUPPLY & SERV
<b>Contact Person:</b>	KAREN BURTLE
<b>Address:</b>	281 E JACKSON STREET VIRDEN IL 62690-1451
<b>Gender:</b>	Female
<b>Ethnicity:</b>	Non-Minority
<b>County:</b>	MACOUPIN
<b>Phone:</b>	(217)965-3734
<b>Fax:</b>	(217)965-3371
<b>E-Mail:</b>	kamsc@royell.net

Comm dity/Service Code	Commodity/Service Name
2032750	NUTRITIONAL FOOD SUPPLE.: ENSURE, ETC.
3841276	HOSPITAL SUPPLIES (NOT ELSEWHERE LISTED)
3842474	COMMODE AND SHOWER CHAIRS
3842476	MOBIL. & SPEECH IMP.(NOT OTHER. LISTED)
3842480	WALKERS
3842481	WHEELCHAIRS AND REPAIR PARTS
3845450	ANESTHESIA AND RESPIRATION EQUIPMENT
3845471	VAPORIZERS, HUMIDIFIERS AND NEBULIZERS

Small and Diverse Businesses > BEP Vendors Directory Search > BEP Vendor Details



**Section I of Utilization Plan  
Utilization of Certified Vendors**

Please submit a separate Section I for each proposed certified Vendor.

To achieve the BEP utilization goal through subcontracting, the following is proposed:

1) The proposed certified Vendor's company name, address and phone number:

Precise Specialties Corporation  
524 South Main Street  
Hillsboro, IL 62049  
(217) 532-6800

At the time of submission, the above certified Vendor is:

- Certified with the CMS Business Enterprise Program (BEP)
- Meets the criteria and has submitted an application for certification with BEP (BEP certification must be completed before contract award)
- Certified as a disadvantaged, minority, or woman business enterprise with the following governmental agency or private organization:  
(BEP certification must be completed before contract award)

2) A detailed description of the commercially useful work to be done by this certified vendor is as follows:

Mobile ultrasound service

3) The total estimated cost to the state for this contract is \$1,215,510,716. The portion of the contract which will be subcontracted to this certified vendor is \$2,040,408 or 0.168 % of the total cost of the contract.

4) A notarized signed letter of intent between Wexford Health Sources, Inc (the Vendor) and \_\_\_\_\_ (the certified vendor) detailing the work to be performed by the certified vendor and the agreed upon rates or prices, conforming to the Utilization Plan is included.

5) A joint venture agreement is not required, as the arrangement between Wexford Health Sources, Inc and Precise Specialties Corporation is that of contractor/sub-contractor and not a joint venture.

Or,  
A joint venture agreement between \_\_\_\_\_ and \_\_\_\_\_ is included in lieu of the letter of intent.

6) The Vendor has not prohibited or otherwise limited Precise Specialties Corporation (certified vendor) from providing subcontractor quotes to other potential bidders/vendors.

We understand that the Agency may require additional information to verify our compliance and we agree to cooperate immediately in submitting to interviews, allowing entry to any of our office locations, providing further documentation, or soliciting the cooperation of our proposed certified vendor. We will maintain appropriate records relating to our utilization of the certified vendor including: invoices, cancelled checks, books of account, and time records.

**Section II  
Demonstration of Good Faith Efforts to Achieve BEP Subcontracting Goal**

If the BEP subcontracting goal was not achieved, the Good Faith Efforts checklist (Section II A) and contacts log (Section II B) must be submitted with the solicitation response (or as otherwise specified by CMS). **Failure to do so may render the Vendor's solicitation response non-responsive and cause it to be rejected, or render the Vendor ineligible for contract award, at CMS' sole discretion.** The Vendor will promptly provide evidence in support of its Good Faith Efforts to CMS upon request.

AUG 13, 2010 9:29AM WEXFORD HEALTH

NO. 6806 P. 2

LETTER OF INTENT (LOI)
Between Prime Vendor and Certified Vendor

Instructions: The responsive offeror is required to submit this signed and notarized Letter of Intent from each certified vendor identified on the Utilization Plan. LOIs must be submitted with the proposal and must be notarized by both parties. Submit a separate LOI for each proposed certified vendor. The amount and scope of work indicated on each LOI shall be the actual amount indicated on the Utilization Plan submitted with the proposal and approved by the Agency.

Changes to the Utilization Plan including substitution of certified vendors are permitted only after award of the contract and only with prior written approval of the Agency. A request for changes to the Utilization Plan must be submitted on the Request for Change of Utilization Plan Form for all levels of subcontracting. LOIs must be submitted for all additions of certified vendors to the Utilization Plan prior to the start of work.

Project Name: Healthcare Services for Illinois Dept. of Corrections Project/Solicitation Number: #HFS 2010-05-002

Name of Prime Vendor: Wexford Health Sources, Inc.
Address: 425 Holladay Drive, Foster Plaza Two Pittsburgh Pennsylvania 15220
Telephone: ( ) 412-937-8599 Fax: ( ) 412-937-8599 Email: info@wexfordhealth.com

Name of Certified Vendor: PRECISE SPECIALTIES CORP
Address: 524 S MAIN HILLSBORO IL 62049
Telephone: 618 592-6800 Fax: 618 592-6808 Email: PHILDAWSON@CONSOLIDATED.NET

Type of agreement: [X] Services [ ] Supplies [ ] Both Services/Supplies
Type of payment: [ ] Lump Sum [ ] Hourly Rate [X] Unit Price 130.00 PER ULTRASOUND
Period of Performance: ON GOING Proposed Subcontract Amount \$ or Proposed % of Contract

Description of work to be performed by certified vendor:
PROVIDE MOBILE ULTRASOUND SERVICE

List the governmental agency or private organization with whom the certified vendor is currently certified as a disadvantaged, minority, or woman business enterprise:
STATE OF ILLINOIS

The prime vendor and the certified vendor above hereby agree that upon the execution of a contract for the above-named project between the prime vendor and the State of Illinois, the certified vendor will perform the scope of work for the price as indicated above.

Prime Vendor (Company Name and D/B/A):

Wexford Health Sources, Inc.
[Redacted Signature]

K. Craig Trout
Printed Name

Title: Vice President & CFO Date: 8/13/10

Subscribed and sworn before me this
13 day of August 2010

Notary Public
COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Joseph M. Ebbitt, Notary Public
Green Tree Boro, Allegheny County
My Commission Expires May 13, 2014
Member, Pennsylvania Association of Notaries

Certified Vendor (Company Name and D/B/A):

PRECISE SPECIALTIES CORP
[Redacted Signature]

JAMES J. DAWSON
Printed Name

Title: CEO Date: 8/13/10

Subscribed and sworn before me this
13 day of August 2010

My Commission expires: 5/11/2011

OFFICIAL SEAL
REBECCA S. WEDEKIND
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 5-11-2011



Governor Pat Quinn

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**BEP Vendor Details**

Small and Diverse Businesses > BEP Vendors Directory Search > BEP Vendor Details

<b>Vendor Name:</b>	PRECISE PERSONNEL SERVICES PRECISE STAFFING SERVICES
<b>Contact Person:</b>	ZAKRYSCHA V HAYES
<b>Address:</b>	500 N MICHIGAN AVE SUITE 430 CHICAGO IL 60611-3756
<b>Gender:</b>	Female
<b>Ethnicity:</b>	African-American
<b>County:</b>	COOK
<b>Phone:</b>	(312)222-5100
<b>Fax:</b>	(312)222-5100
<b>E-Mail:</b>	zak@precisehealthcare.com

<b>Commodity/Service Code</b>	<b>Commodity/Service Name</b>
E110100	EDP, CONSULTING SERVICES
E120100	EDP, DATA ENTRY SERVICES
E610100	EDP, OTHER
S210380	SERVICES, MISC.
S380100	SERVICES, CONSULTANTS
S390125	SERVICES, AUDIOLOGIST
S390400	SERVICES, NURSES, REGISTERED
S390500	SERVICES, PHARMACISTS
S390525	SERVICES, PHYSICAL THERAPISTS
S390675	SERVICES, SPEECH THERAPY
S400225	SERVICES, CONVENTION MANAGEMENT
S420280	SERVICES, CLERICAL
S420340	SERVICES, DATA ENTRY
S420440	SERVICES, EMPLOYMENT RECRUITING
S420460	SERVICES, EXECUTIVE PLACING
S420520	SERVICES, HUMAN RESOURCE
S420660	SERVICES, TEMPORARY HELP
S420720	SERVICES, TRANSLATION
S420800	SERVICES, WORD PROCESSING

**Section I of Utilization Plan  
Utilization of Certified Vendors**

Please submit a separate Section I for each proposed certified Vendor.

To achieve the BEP utilization goal through subcontracting, the following is proposed:

1) The proposed certified Vendor's company name, address and phone number:

Trako Dental & Medical Supply, Inc.  
428 Signal Lane  
Grayslake, IL 60030  
(847) 752-8193

At the time of submission, the above certified Vendor is:

- Certified with the CMS Business Enterprise Program (BEP)
- Meets the criteria and has submitted an application for certification with BEP (BEP certification must be completed before contract award)
- Certified as a disadvantaged, minority, or woman business enterprise with the following governmental agency or private organization:  
(BEP certification must be completed before contract award)  
City of Chicago and Cook County

2) A detailed description of the commercially useful work to be done by this certified vendor is as follows:

Dental and medical supplies and equipment

3) The total estimated cost to the state for this contract is \$1,215,510,716. The portion of the contract which will be subcontracted to this certified vendor is \$2,374,894 or 0.195 % of the total cost of the contract.

4) A notarized signed letter of intent between Wexford Health Sources, Inc (the Vendor) and Trako Dental & Medical Supply, Inc. (the certified vendor) detailing the work to be performed by the certified vendor and the agreed upon rates or prices, conforming to the Utilization Plan is included.

5) A joint venture agreement is not required, as the arrangement between Wexford Health Sources, Inc and Trako Dental & Medical Supply, Inc is that of contractor/sub-contractor and not a joint venture.

Or,  
A joint venture agreement between \_\_\_\_\_ and \_\_\_\_\_ is included in lieu of the letter of intent.

6) The Vendor has not prohibited or otherwise limited Trako Dental & Medical Supply, Inc. (certified vendor) from providing subcontractor quotes to other potential bidders/vendors.

We understand that the Agency may require additional information to verify our compliance and we agree to cooperate immediately in submitting to interviews, allowing entry to any of our office locations, providing further documentation, or soliciting the cooperation of our proposed certified vendor. We will maintain appropriate records relating to our utilization of the certified vendor including: invoices, cancelled checks, books of account, and time records.

**Section II  
Demonstration of Good Faith Efforts to Achieve BEP Subcontracting Goal**

If the BEP subcontracting goal was not achieved, the Good Faith Efforts checklist (Section II A) and contacts log (Section II B) must be submitted with the solicitation response (or as otherwise specified by CMS). Failure to do so may render the Vendor's solicitation response non-responsive and cause it to be rejected, or render the Vendor ineligible for contract award, at CMS' sole discretion. The Vendor will promptly provide evidence in support of its Good Faith Efforts to CMS upon request.

**LETTER OF INTENT (LOI)**  
Between Prime Vendor and Certified Vendor

**Instructions:** The responsive offeror is required to submit this signed and notarized Letter of Intent from each certified vendor identified on the Utilization Plan. LOIs must be submitted with the proposal and must be notarized by both parties. Submit a separate LOI for each proposed certified vendor. The amount and scope of work indicated on each LOI shall be the actual amount indicated on the Utilization Plan submitted with the proposal and approved by the Agency.

Changes to the Utilization Plan including substitution of certified vendors are permitted only after award of the contract and only with prior written approval of the Agency. A request for changes to the Utilization Plan must be submitted on the Request for Change Utilization Plan Form for all levels of subcontracting. LOIs must be submitted for all additions of certified vendors to the Utilization Plan prior to the start of work.

Project Name Healthcare Services For Illinois Dept. of Corrections Project/Solicitation Number: #HFS 2010-05-008

Name of Prime Vendor: Wexford Health Sources, Inc.  
Address: 425 Holiday Drive, Foster Plaza Two Pittsburgh Pennsylvania 15220  
Street City State Zip Code

Telephone: ( ) 412-937-8590 Fax: ( ) 412-937-8599 Email: info@wexfordhealth.com

Name of Certified Vendor: TRAKO DENTAL & MEDICAL SUPPLY INC.  
Address: 428 Signal Lane Glenview Ill. 60045  
Street City State Zip Code

Telephone: ( ) 847-752-8193 Fax: ( ) 847-201-2126 Email: tluc.nesi@trakodental.com

Type of agreement:  Services  Supplies  Both Services/Supplies

Type of payment:  Lump Sum  Hourly Rate  Unit Price

Period of Performance: \_\_\_\_\_ Proposed Subcontract Amount \$ \_\_\_\_\_ or Proposed % of Contract \_\_\_\_\_

Description of work to be performed by certified vendor: supply dental & medical supplies & equipment.

List the governmental agency or private organization with whom the certified vendor is currently certified as a disadvantaged, minority, or woman business enterprise. CMS, City of Chicago, Cook County

The prime vendor and the certified vendor above hereby agree that upon the execution of a contract for the above-named project between the prime vendor and the State of Illinois, the certified vendor will perform the scope of work for the price as indicated above.

Prime Vendor (Company Name and DB/A):  
Wexford Health Sources, Inc.

Signature: \_\_\_\_\_

K. Craig Trout  
Printed Name

Title: Vice President & CFO Date: 10.13.10

Subscribed and sworn before me this 13 day of October, 2010

Notary Public

Certified Vendor (Company Name and DB/A):  
Trako Dental & Medical Supply

Signature: \_\_\_\_\_  
TRACEY LUCHESE

Printed Name  
Title: PRESIDENT Date: 8/13/10

Subscribed and sworn before me this 13 day of August, 2010

Notary Public

COMMONWEALTH OF PENNSYLVANIA  
Notarial Seal  
Joseph M. Ebbitt, Notary Public  
Green Tree Boro, Allegheny County  
My Commission Expires May 13, 2014  
Member, Pennsylvania Association of Notaries

"OFFICIAL SEAL"  
DENISE MARTINEZ  
Notary Public, State of Illinois  
My Commission Expires Oct. 22, 2013



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 your next customer*



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**BEP Vendor Details**

Small and Diverse Businesses > BEP Vendors Directory Search > BEP Vendor Details

Vendor Name:	TRAKO DENTAL & MEDICAL SUPPLY
Contact Person:	TRACEY LUCCHESI
Address:	2467 N SHEFFIELD ROUND LAKE BEAC IL 60073-4857
Gender:	Female
Ethnicity:	Non-Minority
County:	LAKE
Phone:	(847)265-2161
Fax:	(847)201-2626
E-Mail:	tlucchesi@trakodental.com

Commodity/Service Code	Commodity/Service Name
3841282	HOSPITAL SUPPLIES, EXAMINING APPAREL,
3841284	HOSPITAL SUPPLIES, GLOVES, DISPOSABLE,
3843255	DENTAL SUPPLIES
3843256	DENTAL EQUIPMENT
3845469	STERILIZING EQUIPMENT, HOSPITAL AND
3845470	SURGICAL INSTRUMENTS
3862861	FILM, MEDICAL X-RAY AND CHEMICALS
3862862	X-RAY AND OTHER RADIOLOGICAL EQUIPMENT
5087453	DISINFECTANTS, INSTITUTIONAL
5122113	TOOTHPASTE AND TOOTHBRUSHES
5137842	PROTECTIVE WEARING APPAREL

Small and Diverse Businesses > BEP Vendors Directory Search > BEP Vendor Details

**Section I of Utilization Plan  
Utilization of Certified Vendors**

Please submit a separate Section I for each proposed certified Vendor.

To achieve the BEP utilization goal through subcontracting, the following is proposed:

1) The proposed certified Vendor's company name, address and phone number:

Global Diagnostic Services, Inc  
2066 Eastside Drive, Suite 200  
Conyers, GA 30013  
(770) 602-0502

At the time of submission, the above certified Vendor is:

- Certified with the CMS Business Enterprise Program (BEP)
- Meets the criteria and has submitted an application for certification with BEP  
(BEP certification must be completed before contract award)
- Certified as a disadvantaged, minority, or woman business enterprise with the following governmental agency or private organization:  
(BEP certification must be completed before contract award)

Georgia D.O.T, North Carolina H.U.B., Missouri D.B.E, and Tennessee Office of Minority Affairs

2) A detailed description of the commercially useful work to be done by this certified vendor is as follows:

Mobile on-site ultrasound services

3) The total estimated cost to the state for this contract is \$1,215,510,716. The portion of the contract which will be subcontracted to this certified vendor is \$817,340, or 0.067 % of the total cost of the contract.

4) A notarized signed letter of intent between Wexford Health Sources, Inc (the Vendor) and \_\_\_\_\_ (the certified vendor) detailing the work to be performed by the certified vendor and the agreed upon rates or prices, conforming to the Utilization Plan is included.

5) A joint venture agreement is not required, as the arrangement between Wexford Health Sources, Inc and Global Diagnostic Services, Inc is that of contractor/sub-contractor and not a joint venture.

Or,

A joint venture agreement between \_\_\_\_\_ and \_\_\_\_\_ is included in lieu of the letter of intent.

6) The Vendor has not prohibited or otherwise limited \_\_\_\_\_ (certified vendor) from providing subcontractor quotes to other potential bidders/vendors.

We understand that the Agency may require additional information to verify our compliance and we agree to cooperate immediately in submitting to interviews, allowing entry to any of our office locations, providing further documentation, or soliciting the cooperation of our proposed certified vendor. We will maintain appropriate records relating to our utilization of the certified vendor including: invoices, cancelled checks, books of account, and time records.

**Section II**

**Demonstration of Good Faith Efforts to Achieve BEP Subcontracting Goal**

If the BEP subcontracting goal was not achieved, the Good Faith Efforts checklist (Section II A) and contacts log (Section II B) must be submitted with the solicitation response (or as otherwise specified by CMS). Failure to do so may render the Vendor's solicitation response non-responsive and cause it to be rejected, or render the Vendor ineligible for contract award, at CMS' sole discretion. The Vendor will promptly provide evidence in support of its Good Faith Efforts to CMS upon request.



August 16, 2010

Marc Upshaw  
Chief Executive Officer  
Global Diagnostic Services, Inc.  
2056 Eastside Drive  
Building C, Suite 200  
Conyers, GA 30013

Subject: Letter of intent to provide on-site Ultrasound services

Dear Mr. Upshaw:

This letter serves as a statement of the intent of both Global Diagnostic Services, Inc. ("Provider") and Wexford Health Sources, Inc. ("Wexford Health") to make reasonable good faith efforts to negotiate and enter into a Provider Participation Agreement ("Agreement"), on or by January 1, 2011 in the event that the Illinois Department of Corrections (IDOC) awards Wexford Health a health services contract for the provision of offender health care.

In the course of the performance of this Letter of Intent, each party's personnel may acquire information (the "Recipient Party") from the other party (the "Disclosing Party") which such party deems confidential, including financial information, business methods and practices, marketing plans, contract and pricing data, and patient demographic information (to the extent permissible pursuant to federal or state law). Each Recipient Party agrees that such information shall be retained in strictest confidence and shall not be used for the benefit of the Recipient Party or others, or disclosed, or otherwise communicated to others, without the Disclosing Party's prior written agreement.

In the event the parties are unable to enter into an Agreement by January 1, 2011, this Letter of Intent shall automatically expire. At such time, all rights and obligations between the parties shall terminate, except for all obligations of confidentiality provided herein. Neither party shall incur any liability whatsoever to the other if the Agreement described herein shall fail to be entered into.

If Provider is in accordance with these terms, please execute where indicate below, retain one copy of this letter for your files and return a copy to my attention.

Sincerely,  
[Redacted Signature]

Kathy Ohleger  
Manager, Provider Network Development, Credentialing and Claims

Acknowledged and approved:  
Wexford Health Sources, Inc.

[Redacted Signature]

Signature  
K. Craig Trout, CFO

8/17/10  
Date

Global Diagnostic Services, Inc.

[Redacted Signature]

Signature  
Marc Upshaw, Chief Executive Officer

8/17/10  
Date



**LETTER OF INTENT (LOI)**  
**Between Prime Vendor and Certified Vendor**

**Instructions:** The responsive offeror is required to submit this signed and notarized Letter of Intent from each certified vendor identified on the Utilization Plan. LOIs must be submitted with the proposal and must be notarized by both parties. Submit a separate LOI for each proposed certified vendor. The amount and scope of work indicated on each LOI shall be the actual amount indicated on the Utilization Plan submitted with the proposal and approved by the Agency.

Changes to the Utilization Plan including substitution of certified vendors are permitted only after award of the contract and only with prior written approval of the Agency. A request for changes to the Utilization Plan must be submitted on the Request for Change of Utilization Plan Form for all levels of subcontracting. LOIs must be submitted for all additions of certified vendors to the Utilization Plan prior to the start of work.

Project Name Healthcare Services For Illinois Dept. of Corrections Project/Solicitation Number: #HFS 2010-05-008

Name of Prime Vendor: Wexford Health Sources, Inc.  
 Address: 425 Holiday Drive, Foster Plaza Two Pittsburgh Pennsylvania 15220  
Street City State Zip Code  
 Telephone: ( ) 412-937-8590 Fax: ( ) 412-937-8599 Email: info@wexfordhealth.com

Name of Certified Vendor: Global Diagnostic Services, Inc. / DBA Global Diagnostic Services One Inc.  
 Address: 2014 Eastside Drive, Suite 200 Conyers GA 30013  
Street City State Zip Code  
 Telephone: ( ) 602-0502 Fax: ( ) 602-4773 Email: Ralphmatthews@globaldiagnostic.net

Type of agreement:  Services  Supplies  Both Services/Supplies  
 Type of payment:  Lump Sum  Hourly Rate  Unit Price

Period of Performance: \_\_\_\_\_ Proposed Subcontract Amount \$ \_\_\_\_\_ or Proposed % of Contract \_\_\_\_\_

Description of work to be performed by certified vendor:  
Medical Services

List the governmental agency or private organization with whom the certified vendor is currently certified as a disadvantaged, minority, or woman business enterprise.  
Georgia D.O.T. North Carolina H.U.B. Missouri D.B.E.  
Tennessee Office of Minority Affairs

The prime vendor and the certified vendor above hereby agree that upon the execution of a contract for the above-named project between the prime vendor and the State of Illinois, the certified vendor will perform the scope of work for the price as indicated above.

Prime Vendor (Company Name and D/B/A):  
Wexford Health Sources, Inc.  
 Signature: \_\_\_\_\_  
 Printed Name: K. Craig Trout  
 Title: Vice President & CFO Date: 10.17.10

Certified Vendor (Company Name and D/B/A): (processing)  
Global Diagnostic Services Inc / DBA Global Diagnostic Services One  
 Signature: \_\_\_\_\_  
 Printed Name: MARC C. UPSHAW  
 Title: CEO/owner Date: 9/3/10

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2010.  
 Notary Public: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of September, 2010.  
 Notary Public: \_\_\_\_\_

My Commission expires: \_\_\_\_\_  
 COMMONWEALTH OF PENNSYLVANIA  
 Notarial Seal  
 Joseph M. Ebbitt, Notary Public  
 Green Tree Boro, Allegheny County  
 My Commission Expires May 13, 2014  
 Member, Pennsylvania Association of Notaries

My Commission expires: April 17, 2014  
 NOTARY PUBLIC  
 KARA L. CRAWFORD  
 NEWTON COUNTY, GEORGIA  
 APRIL 17, 2014

RFP - HFS# 2010-05-008 as of 7-15-10

**Section I of Utilization Plan  
Utilization of Certified Vendors**

Please submit a separate Section I for each proposed certified Vendor.

To achieve the BEP utilization goal through subcontracting, the following is proposed:

1) The proposed certified Vendor's company name, address and phone number:

**Business Computer Applications, Inc**  
**2002 Summit Boulevard, Suite 880**  
**Atlanta, GA 30319**  
**(877) 853-2342**

At the time of submission, the above certified Vendor is:

- Certified with the CMS Business Enterprise Program (BEP)
- Meets the criteria and has submitted an application for certification with BEP (BEP certification must be completed before contract award)
- Certified as a disadvantaged, minority, or woman business enterprise with the following governmental agency or private organization:  
(BEP certification must be completed before contract award)

2) A detailed description of the commercially useful work to be done by this certified vendor is as follows:

**Healthcare information technology**

3) The total estimated cost to the state for this contract is **\$1,215,510,716**. The portion of the contract which will be subcontracted to this certified vendor is **\$15,776,009** or **1.298** % of the total cost of the contract.

4) A notarized signed letter of intent between **Wexford Health Sources, Inc** (the Vendor) and \_\_\_\_\_ (the certified vendor) detailing the work to be performed by the certified vendor and the agreed upon rates or prices, conforming to the Utilization Plan is included.

5) A joint venture agreement is not required, as the arrangement between **Wexford Health Sources, Inc** and **Business Computer Applications, Inc** is that of contractor/sub-contractor and not a joint venture.

Or,

A joint venture agreement between \_\_\_\_\_ and \_\_\_\_\_ is included in lieu of the letter of intent.

6) The Vendor has not prohibited or otherwise limited \_\_\_\_\_ (certified vendor) from providing subcontractor quotes to other potential bidders/vendors.

We understand that the Agency may require additional information to verify our compliance and we agree to cooperate immediately in submitting to interviews, allowing entry to any of our office locations, providing further documentation, or soliciting the cooperation of our proposed certified vendor. We will maintain appropriate records relating to our utilization of the certified vendor including: invoices, cancelled checks, books of account, and time records.

**Section II  
Demonstration of Good Faith Efforts to Achieve BEP Subcontracting Goal**

If the BEP subcontracting goal was not achieved, the Good Faith Efforts checklist (Section II A) and contacts log (Section II B) must be submitted with the solicitation response (or as otherwise specified by CMS). **Failure to do so may render the Vendor's solicitation response non-responsive and cause it to be rejected, or render the Vendor ineligible for contract award, at CMS' sole discretion.** The Vendor will promptly provide evidence in support of its Good Faith Efforts to CMS upon request.

**LETTER OF INTENT (LOI)**  
**Between Prime Vendor and Certified Vendor**

**Instructions:** The responsive offeror is required to submit this signed and notarized Letter of Intent from each certified vendor identified on the Utilization Plan. LOIs must be submitted with the proposal and must be notarized by both parties. Submit a separate LOI for each proposed certified vendor. The amount and scope of work indicated on each LOI shall be the actual amount indicated on the Utilization Plan submitted with the proposal and approved by the Agency.

Changes to the Utilization Plan including substitution of certified vendors are permitted only after award of the contract and only with prior written approval of the Agency. A request for changes to the Utilization Plan must be submitted on the Request for Change of Utilization Plan Form for all levels of subcontracting. LOIs must be submitted for all additions of certified vendors to the Utilization Plan prior to the start of work.

Project Name Healthcare Services For Illinois Dept. of Corrections Project/Solicitation Number: #HFS 2010-05-008

Name of Prime Vendor: Wexford Health Sources, Inc.  
 Address: 425 Holiday Drive, Foster Plaza Two Pittsburgh Pennsylvania 15220  
Street City State Zip Code  
 Telephone: ( ) 412-937-8590 Fax: ( ) 412-937-8599 Email: info@wexfordhealth.com

Name of Certified Vendor: Business Computer Applications  
 Address: 2002 Summit Boulevard, Suite 880 Atlanta, GA 30317 GA  
Street City State Zip Code  
 Telephone: ( ) (877)853-2342 Fax: ( ) 478-365-3594 Email: RMills@bca.us

Type of agreement:  Services  Supplies  Both Services/Supplies

Type of payment:  Lump Sum  Hourly Rate  Unit Price

Period of Performance: \_\_\_\_\_ Proposed Subcontract Amount \$ \_\_\_\_\_ or Proposed % of Contract \_\_\_\_\_

Description of work to be performed by certified vendor:  
Healthcare information technology

List the governmental agency or private organization with whom the certified vendor is currently certified as a disadvantaged, minority, or woman business enterprise.  
State of Georgia

The prime vendor and the certified vendor above hereby agree that upon the execution of a contract for the above named project between the prime vendor and the State of Illinois, the certified vendor will perform the scope of work for the price as indicated above.

Prime Vendor (Company Name and D/B/A):  
Wexford Health Sources, Inc.

Signature: \_\_\_\_\_  
Signature

K. Craig Trout  
Printed Name

Title: Vice President & CFO Date: 10-17-10

Subscribed and sworn before me this  
17 day of October 2010

Notary Public

My Commission expires: \_\_\_\_\_

Certified Vendor (Company Name and D/B/A):  
Business Computer Applications, Inc. (BCA)

Signature: \_\_\_\_\_  
Signature

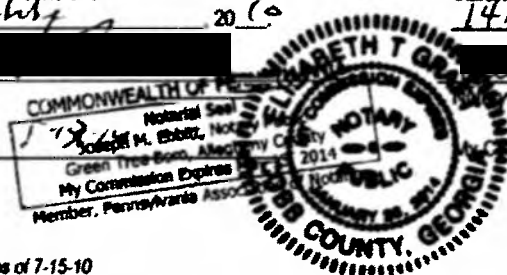
Ramona L. Mills  
Printed Name

Title: Director Bus Dept Date: 10-14-10

Subscribed and sworn before me this  
14th day of October 2010

Notary Public

My Commission expires: 1/26/2014





August 13, 2010

Albert Woodard  
President and Chief Executive Officer  
Business Computer Applications, Inc.  
2002 Summit Boulevard, Suite 880  
Atlanta, GA 30319

Subject: Letter of Intent to partner for the provision of EMR services in response to  
State of Illinois RFP # HFS 2010-05-008

Dear Mr. Woodard:

This letter serves as a statement of the intent of both Business Computer Applications, Inc. ("BCA") and Wexford Health Sources, Inc. ("Wexford Health") to make reasonable good faith efforts to negotiate and enter into an Agreement to partner for the provision of EMR services, on or by February 1, 2011 in the event that the Illinois Department of Corrections (IDOC) awards Wexford Health a health services contract for the provision of offender health care.

In the course of the performance of this Letter of Intent, each party's personnel may acquire information (the "Recipient Party") from the other party (the "Disclosing Party") which such party deems confidential, including financial information, business methods and practices, marketing plans, contract and pricing data, and patient demographic information (to the extent permissible pursuant to federal or state law). Each Recipient Party agrees that such information shall be retained in strictest confidence and shall not be used for the benefit of the Recipient Party or others, or disclosed, or otherwise communicated to others, without the Disclosing Party's prior written agreement.

In the event the parties are unable to enter into an Agreement by February 1, 2011, this Letter of Intent shall automatically expire. At such time, all rights and obligations between the parties shall terminate, except for all obligations of confidentiality provided herein. Neither party shall incur any liability whatsoever to the other if the Agreement described herein shall fail to be entered into.

If BCA is in accordance with these terms, please execute where indicate below, retain one copy of this letter for your files and return a copy to my attention.

Sincerely,

[Redacted signature]

Kathy Ohleger  
Manager, Provider Network Development

Acknowledged and approved:

[Redacted signature]

Signature

K. Craig Trout, CFO

Date

8/13/10

Business Computer Applications, Inc.

[Redacted signature]

Signature

Albert Woodard, President and CEO

Date

8/13/10

## EXHIBIT VIII

### ELECTRONIC MEDICAL RECORDS SYSTEM

The following is taken from Attachment 11 of Vendor's technical proposal it submitted under transmittal letter dated October 13, 2010 in response to the State's request for proposals which led to this contract.

---

#### 1.0 Introduction

Vendor has proposed to partner with Business Computer Applications, Inc. (BCA) to provide the IDOC with the PEARL® Electronic Medical Records System.

#### 2.0 Project Objectives

Vendor's proposed EMR solution is a HIPAA-compliant clinical information system that enables physicians and other healthcare professionals to perform the following tasks.

##### 2.1 Creation, Storage & Retrieval of Records

BCA developed the Pearl® EMR Solution as a comprehensive tool to meet the needs of a vast array of healthcare providers. Pearl® was designed to automate and streamline the management of health care services, and is flexible enough to adapt to any environment, including IDOC. Pearl® can be as paperless as IDOC desires – and a phased in approach to a paperless system is easily achieved. Pearl®'s integrated design includes a master patient index, appointment scheduling, CPOE, medications, allergies, laboratory, diagnoses, reminders, notes, transcription, vitals, reports, e-mail (clinical messaging), decision support and an electronic chart. Of particular note is Pearl®'s document system, which allows virtually any paper form to be duplicated in the system and stored in the patient's chart. Bar coded "intelligent documents" are automatically indexed to the chart when scanned, which virtually eliminates indexing errors in the chart.

##### **Features**

- Utilizes high-powered scanners for scanning large amounts of documents combined with an indexing system that places bar-coded information in the right patient chart and place in the chart with no effort on the part of the user thereby decreasing error and time spent by staff;
- Displays system generated notes, scanned documents, digital images of all types, mug shots, and Dicom images;
- Updates from Offender Management Systems are made available in real-time (i.e., updates for changes/releases/bookings) without duplicating demographic information;
- Escalates notification reminders for mandatory deadlines;
- Documents communications between providers about patient needs/concerns through internal Email. Correspondence can be attached directly to the related patient chart;
- Separates administrative Emails to allow for general interoffice communication between staff not involved directly with patient records;
- Associates the cost of clinical encounters with medical records, patient, arrest, and social security numbers, or other unique identifiers;
- Alerts providers with overdue Clinical Notes based upon user-defined time increments;
- Tracks infectious disease movement to rapidly identify who may have been exposed through proximity reporting by: facility location, those close in proximity, movement, and those who were exposed in other areas;
- Tracks and alerts providers of immunization schedules
- Analyzes the cost of care by disease to justify funding, cost controls, and level of care being provided;
- Accommodates special order instructions specific to an offender's needs (e.g., dietary needs, mental health status, allergies, special handling, etc.);
- MAR Module and Nurse Tasks allow Nurses to print out and act on all MAR related issues;
- Ability to create Task "things-to-do" List by location.

##### **Multi-Specialty Design**

- Applicable across all medical, dental, and mental health disciplines including correctional health settings and private and public healthcare practices;
- Customizable to individual sites or specialty areas based on their practice patterns, workflows, and alerts;
- Facilitates improved workflow design to realize greater efficiencies.

##### **Benchmarks**

BCA benchmarks its products through several means:

- Observing Federal and State regulatory requirements such as HIPAA
- Observing/adhering to industry-best practices (e.g., SEI, PMI, ISO9000, NCCHC, ACA, MGMA, AMA, HIMSS, PHIN);

- Attending industry conferences;
- Achieving industry-relevant certifications;
- User's group conferences;
- Bi-annual customer feedback surveys;
- Independent assessment firms;
- Assisting in the design and development of industry-best practices and standards-- CCHIT used Pearl® as one reference for developing their certification standards.

## 2.2 Computerized Ordering of Drugs, Labs, & Diagnostics

Pearl®'s functional components are supported by several key system features that differentiate it from other electronic medical record systems. Its normalized database feature ensures centrally stored and totally integrated clinical and patient data. This allows for the use of a unique indexing strategy that stores and maintains patient data from multiple facilities for an indefinite period of time, a feature necessary to perform clinical analyses such as epidemiology studies and drug efficacy. It also allows patient files to be created, stored, and retrieved from secure multiple locations on the network, allowing real-time access to information about patients and services.

Further, BCA utilizes First DataBank, which provides BCA with regular updates to clinical data profiles such as drug to drug interactions, drug to disease contraindications and drug to food interactions. Pearl® also incorporates First DataBank supplied Indications, precautions and patient education modules. In addition, the national drug data file, min/max module and duration of therapy module are also an integral part of Pearl®.

- **E-Prescribing** – Pearl®'s integrated ePrescribing module enables providers to securely send prescriptions and receive refill request via the Pharmacy Health Information Exchange operated by Surescripts. E-Prescribing helps providers streamline prescribing related tasks to improve quality of care, reduce risk, cut costs, and increase revenues.

- **Order Entry and Results Reporting** - Pearl® features a complete order-entry module. Users can access relevant modules (such as medications, order history, problems and supplies) directly from the order-entry screen. Features include:

- Tests and procedures can be selected from user-defined databases of CPT codes and order codes.
- Physicians can specify a standard set of Tests/Procedures or an "at random" selection.
- Order tracking and results reporting for prescription drugs, laboratory tests, and radiological imaging.
- Pearl® handles lab results in any or all of the following three ways:
  - automatically route all lab results to the physician's inbox for review and electronic signature,
  - highlight abnormal lab results in red on the lab results matrix, or
  - alert a specific end-user of an abnormal lab result.

- **Medications/Allergies** - Pearl®'s Medications/Allergies Module uses the First DataBank Drug database for formularies and monographs. Drugs may be chosen from 1) a patient's prescription history, 2) a list of the physician's most frequently prescribed drugs, or 3) a long list of all available drugs. Coupled with the ability to e-mail or fax prescriptions with electronic signature, Pearl®'s prescription process is one of the easiest and most intuitively appealing on the market.

- **E-MAR** – The Pearl® Electronic Medication Administration Record utilizes bar code technology to monitor the administration of medications through the use of laptop computers or other hand-held devices. The application synchronizes with Pearl® and downloads the records required to perform medication administration. It allows for search by name or other user defined parameters and will present the medications to be administered. Upon completion of medication administration sessions, the application will provide the ability to synchronize with Pearl® for online retrieval and display. Benefits of the eMar application include; standardized reporting, reduction in transcription and medication errors and ensures secure recording of date, time and other facility required variables.

## 2.3 Electronic Referrals

Pearl® has a unique feature of tracking both incoming and outgoing referrals. Referrals can be selected by subspecialty or care provider. Pearl® captures a record of every referral from your facility, including urgency status and the diagnoses and procedure(s) to be performed. Further, Pearl's® Clinical Summary section creates a paper summary of data in the offender chart, which is perfect for referrals or any situation where a portable, paper summary is desirable.

## 2.4 Patient-Centered Epidemiological Reports

Pearl® comes equipped with hundreds of standard reports. However, to support the need for customized reports such as patient centered epidemiological reports, Pearl® interfaces with the Crystal Report Writer. The Crystal Report Writer allows users to view, print and report with minimum effort. It is the world standard for enterprise reporting and allows users to access the Pearl® database to design customer reports to their unique and specific requirements.

## 2.5 Integration with Hard Copy Records

The Pearl® EMR:

- Utilizes the ORACLE database management system, the world's leading database management system for large scalable databases;
- Utilizes IBM, HP, and Windows database servers to support the system's scalability, portability, and adaptability to accommodate a variety of environments;
- Utilizes CISCO communication devices and protocols to insure maximum performance and interoperability;
- Supports standard and customizable interfaces using HL7 and direct connectivity to insure maximum interoperability with multiple generations of technology, including both state-of-the art and older systems (e.g., Legacy);
- Certified by the Certification Commission for Health Information Technology (CCHIT), whose standards were designed to promote industry best practices, security, and interoperability;
- Supports over 35 different file types and extensions (e.g. .doc, .jpg, .xls, .gif, .ppt, .wav, etc.).

## **3.0 Functional Requirements**

### 3.1 CCHIT Certification

Security, privacy and confidentiality are among BCA's chief priorities for product development. BCA is aware that the changes and regulations within the industry will occur consistently over the coming years as national EMR adoption takes a priority seat. BCA will maintain its vigilance and continue to commit to active participation and maintenance of current information. Through ongoing development, product enhancements and upgrades, BCA will ensure that regulations are met first and foremost and that its clients receive timely service and support for product updates that ensure regulatory compliance.

As a certified member of CCHIT, BCA is able to stay abreast of regulatory requirements that impact HIPAA and of timelines for implementation of all requirements of the American Recovery and Reinvestment Act of 2009 (ARRA) as it relates to information technology. The Pearl® EMR application is CCHIT certified, and meets the newest privacy requirements set forth by ARRA that address privacy and security associated with the electronic transmission of health information. Through continued membership in CCHIT, BCA is committed to remaining certified and compliant with all meaningful use criteria as currently published and as additional changes to the criteria occur in the future.

### 3.2 Illinois Information Technology Accessibility Act

The BCA Pearl® EMR application utilizes third party software to maintain compliance with federal and state laws governing information technology accessibility. The system is compliant with the Illinois Information Technology Act through its compatibility with third party assistive technology such as ZoomText, JAWS, and Dragon. BCA subscribes to and utilizes third party assistive technology software as a means of ensuring that new or revised rules or regulations regarding information technology accessibility are thoroughly tested in the marketplace for design and ease of use before being made available to commercial software developers who rely on such technology to maintain their product's compliance. Security, privacy and confidentiality are among BCA's chief priorities for product development. BCA is aware that the changes and regulations within the industry will occur consistently over the coming years as national EMR adoption takes a priority seat. BCA will maintain its vigilance and continue to commit to active participation and maintenance of current information. Through ongoing development, product enhancements and upgrades, BCA will ensure that regulations are met first and foremost and that its clients receive timely service and support for product updates that ensure regulatory compliance.

### 3.3 Interface with Other Electronic Systems

BCA's solution for IDOC will utilize the Pearl® EMR and other recommended third party software to support the system. Product integration and interoperability of these system components will ensure an application based solution that meets the functional requirements identified by IDOC and integrates into existing or new healthcare information systems with ease.

The Pearl® system is designed to allow tailoring of many functions to meet individual facility requirements, and to allow interfaces with a variety of other systems.

- Pearl® offers interfaces with existing lab, pharmacy, risk management applications, quality assurance applications, ADT, suppliers, order/entry and billing systems, inventory, G/L, and other financial sub-systems.
- Data can be exchanged with ADT, pharmacy, lab, and other information systems.
- Pearl® is HL7 compliant, and utilizes industry standard data tables to interface with other HL7 -compliant applications.
- Pearl® allows multiple data repositories to be normalized to a uniform dataset.
- Pearl® is designed to integrate with both existing networking topologies and emerging high speed data networks.

Every BCA EMR project integrates its software with other health information systems and BCA's experience and established processes will reduce this risk to an acceptable level. BCA has experience integrating Pearl® with other EMR's' and a number of pharmacy, laboratory, radiology and other ambulatory management information systems. BCA has integrated its systems with insurance companies, Medicare and

Medicaid, managed care and several other payer information systems. BCA has also integrated Pearl® with medical devices and equipment, as well as, state and local government disease registries such as immunizations, diabetes, hypertension and other public health surveillance and monitoring systems. In the past BCA has successfully integrated Pearl® with JEMS, JMS and DSI Patient Management Systems; Dentrax, Quest, Diamond, RxHub, LabCorp, Cerner, Dynacare, IDX, Orchard, Medical Manager, ProMed, IDX and Oracle Financials systems. BCA has integrated its system with the Centers for Medicare and Medicaid Services, a host of State Medicaid Programs, WellPoint and CHDP and Medi-Cal. In addition, BCA has developed EDI interfaces to med-surgical vendors including Baxter and Metro Medical. BCA has successfully connected Pearl® with Aurora MRI, Hologic Digital Mammography, GE Ultra-Sound, and Naviscan PET and PEM CT medical equipment.

Specifically, BCA's Pearl® EMR has documented interoperability with Cerner brand systems. In 1999, BCA implemented its Pearl® EMR system at UTMB's correctional managed care division which included an interface to Cerner EMR and other clinical ancillary systems. BCA worked with UTMB staff to determine the direction of desired information and the type of information to be exchanged.

BCA's interfaces are developed using one of three methods:

- Health Level 7 (HL-7)
- Interface Engine
- Point to point custom, if the source system does not support either of the previous two interface methodologies

The Pearl® EMR system supports interfaces with a wide range of medical devices. Depending upon IDOC requirements, the Pearl® system can be interfaced to devices such as: barcode technologies, signature pads, Tablet PCs, speech recognition, and high-speed scanning. Pearl® includes a full Pharmacy Management System, which offers an eMAR module that allows for the distribution of medication to patients via walk-up windows and point-of-service administration. Pearl® supports industry standards that allow ease of interoperability with a multitude of additional devices. Pearl® allows for easy integration as long as the outside devices to be integrated are also in compliance with industry standards. The key to telemedicine is simultaneous viewing of records, which Pearl® makes possible. At UTMB, telemedicine integrates several medical devices (e.g., remote stethoscope) using Pearl® EMR as its core.

### 3.4 Technical Support and Back-Up Systems

BCA's maintenance and support services for IDOC will begin immediately once the project begins, and continue after full deployment and roll out. All third party hardware and software supplier's warranties and maintenance support services will be passed directly to IDOC. After the warranty period, IDOC may continue to receive maintenance support services by entering into a standard software maintenance agreement with BCA.

As part of the Pearl® software maintenance agreement, BCA will be providing IDOC with:

- Help desk support
- Software repairs
- New releases of the Pearl® software
- Updates and patches

BCA's helpdesk offers 24x7x365 technical support to its Correctional clients. Its resources are structured to provide a high-level of customer support during standard business hours, after hours, as well as weekends and holidays. Customer support technicians' route all issues related to BCA Software to BCA's Customer Support Department in Dalton, GA, by a toll-free line, e-mail or electronically through the Mantis help-desk system software. A complete description of BCA Customer Support Policies and Procedures will be provided. For IT Infrastructure and software applications, BCA offers its Customers up to a 4 Tier Level of help desk support:

- **Level 1:** support includes accepting, answering and recording all reported incidents. BCA accepts incidents reported from its Customers via e-mail, fax, telephone, mail or via web-based tools. All incidents are recorded for tracking, reporting and capacity planning purposes.
- **Level 2:** support includes the escalation of incidents to technical subject matter experts who are responsible for reviewing recorded incidents, recreating and testing problems, developing work-around, finding solutions and continuing to escalate if needed.
- **Level 3:** support includes resolving problems that have been escalated from Level-2 with the highest level of technical support available. Level-3 support may involve senior analyst, programmers, subject matter experts and other highly technical personnel.
- **Level 4:** support includes involving executive level support when technical solutions are not achievable within a reasonable amount of time or cost as delineated in the service level agreements between BCA and its Customer.

### 3.5 Medical & Behavioral Health Experience

BCA has provided healthcare information technology solutions to correctional clients ranging from 2,000 to 150,000 patients, 1 to 130 locations and 10 to over 5,000 users. BCA implemented the only electronic medical records solution in use in a large statewide correctional system, the University of Texas Medical Branch (UTMB).



### 3.6 Annual Upgrades

Through ongoing development, product enhancements and upgrades, BCA will ensure that regulations are met first and foremost and that IDOC receives timely service and support for product updates that ensure regulatory compliance.

### 3.7 Rapid Deployment and Timely Staff Development

As part of its standard Pearl® software maintenance agreement, BCA will be providing IDOC with:

- Help desk support
- Software repairs
- New releases of the Pearl® software
- Updates and patches

BCA's helpdesk offers 24x7x365 technical support to its Correctional clients. Its resources are structured to provide a high-level of customer support during standard business hours, after hours, as well as weekends and holidays. Customer support technicians route all issues related to BCA Software to BCA's Customer Support Department in Dalton, GA, by a toll-free line, e-mail or electronically through the Mantis help-desk system software. A complete description of BCA Customer Support Policies and Procedures will be provided.

For IT Infrastructure and software applications, BCA will offer IDOC to a 4 Tier Level of help desk support:

- **Level 1:** support includes accepting, answering and recording all reported incidents. BCA will accept incidents reported from IDOC via e-mail, fax, telephone, mail or via web-based tools. All incidents are recorded for tracking, reporting and capacity planning purposes.
- **Level 2:** support includes the escalation of incidents to technical subject matter experts who are responsible for reviewing recorded incidents, recreating and testing problems, developing work-around, finding solutions and continuing to escalate if needed.
- **Level 3:** support includes resolving problems that have been escalated from Level-2 with the highest level of technical support available. Level-3 support may involve senior analyst, programmers, subject matter experts and other highly technical personnel.
- **Level 4:** support includes involving executive level support when technical solutions are not achievable within a reasonable amount of time or cost as delineated in the service level agreements between BCA and IDOC.

### 3.8 User-Friendliness & Templates

BCA will offer IDOC its Pearl® EMR system, a proven solution designed specifically for the delivery of comprehensive medical and behavioral health services in the correctional healthcare environment. Pearl® combines all EMR, management information and interoperability functionality on a single system and database technology platform. This platform technology reduces product integration time required during implementation. Pearl® is a totally integrated product that can be easily customized to support multiple correctional facilities that may provide different clinical services through the use of preferences, forms building, alerts, templates and tags, many of which are standard with the system. In Pearl®, health data is presented to the user from the perspective of the patient's chart. This allows users to easily navigate the patient clinical information from any point in the system without exiting the chart. User access and constraints are controlled by Pearl®'s internal security system, which defines navigation based upon user roles and responsibilities.

### 3.9 HIPAA and Confidentiality

Security, privacy and confidentiality are among BCA's chief priorities for product development. BCA is aware that the changes and regulations within the industry will occur consistently over the coming years as national EMR adoption takes a priority seat. BCA will maintain its vigilance and continue to commit to active participation and maintenance of current information.

As a certified member of CCHIT, BCA is able to stay abreast of regulatory requirements that impact HIPAA and of timelines for implementation of all requirements of the American Recovery and Reinvestment Act of 2009 (ARRA) as it relates to information technology. The Pearl® EMR application is CCHIT certified, and meets the newest privacy requirements set forth by ARRA that address privacy and security associated with the electronic transmission of health information. Through continued membership in CCHIT, BCA is committed to remaining certified and compliant with all meaningful use criteria as currently published and as additional changes to the criteria occur in the future.

BCA has approached its business responsibility to maintain a HIPAA compliance plan from two perspectives: 1) as a developer of healthcare information software applications used by single healthcare entities and by enterprise agencies; and 2) as an Application Service Provider offering a vendor hosted storage/data warehousing center. In both of these relationships, BCA recognizes its role as a Business Associate with responsibility for maintaining the protected health information (PHI) of customers who have implemented its product with in-house IT support facilities, as well as those who have chosen BCA's vendor hosted storage/data warehousing option. In both relationships, BCA understands its responsibility to maintain the integrity of system files, the privacy of PHI, a secure data center environment, and ongoing customer communications. BCA staff has received training in HIPAA compliance as it relates to software applications features and functions. Staff directly involved with software development, hardware operations and maintenance, and data center operations have received additional training

directed at systems integrity and security, file storage and retrieval, routine and emergency maintenance and operating procedures, and disaster / emergency back-up and recovery plans and procedures.

With respect to its software application, BCA will continue to maintain compliance with HIPAA requirements through the provision of audit trails that track user changes to patient records, sign on requirements such as user name and password, automatic user log out for inactivity, and the development of user access based on security levels to ensure that staff have access only to information required by their user responsibilities.

As an Application Service Provider, BCA will continue to maintain appropriate levels of security and access for those BCA employees whose job functions require them to perform software or hardware operations or system maintenance functions. System security and access to system databases is maintained with solid password protection for user accounts so that hosted/warehoused PHI is guarded against unauthorized access and system intrusion.

Pearl®'s security is effective, efficient and uniquely tailored to the correctional healthcare environment. Several levels of information access must be attained before any user can access data, images or records within Pearl®. During installation and configuration by the Pearl® team, each user will be identified by a unique User ID and Password. IDOC will determine which levels of access are appropriate for each system user. Pearl® tracks and logs most transactions, registering who made them and when. Data acquired through system interfaces also are logged; a separate section of the system notes all relative data, where and which systems it came from, time the data was transferred, and all-important input information. These levels of tracking and monitoring provide an extremely high level of data integrity and security. The system also contains facility-definable "time out" features, so that users are automatically logged-off from the roster screen after a predetermined time period of inactivity.

From the perspective of overall security of its physical data center BCA's hosting environment has in place a set of physical safeguards that control facility access, the addition or removal of hardware and software from the network, access to equipment, and visitor access. These controls are designed to protect against inappropriate access to the data center itself, as well as unauthorized or inappropriate access to customer PHI residing on data center servers.

BCA's Pearl® EMR application has received CCHIT 2011 certification. Prior to implementation of this initiative, BCA will have reviewed its HIPAA compliance policy and procedures to ensure that all new requirements for certification are addressed, and recommended enhancements are immediately put in place.

### 3.10 Use Capacity/Scalability and Support/Maintenance

The most distinguishing features of Pearl® include its Multi-Specialty Design, broad Scalability and Robust Technology (ORACLE, IBM servers, CISCO communication tools, etc.; internal EMR secure email; robust scanning capabilities). A summary of each of these features is presented below.

#### **Scalability**

- Ability to support an unlimited number of small, medium or large health service entities nationwide;
- Ability to support an unlimited number of users simultaneously;
- Ability to support an unlimited number of sites, specialty areas, and providers for each entity;
- Allows multiple entities to be created and managed within the same database;
- Allows for the creation of a Master Patient Index within the ORACLE database structure with an unlimited number of entries;
- Supports multiple users accessing the same patient chart simultaneously;
- Maintains longitudinal patient records indefinitely (i.e., available for data mining and research);
- Allows for networking of multiple technology components to support the system.

#### **Robust Technology**

- Utilizes the ORACLE database management system, the world's leading database management system for large scalable databases;
- Utilizes IBM, HP, and Windows database servers to support the system's scalability, portability, and adaptability to accommodate a variety of environments;
- Utilizes CISCO communication devices and protocols to insure maximum performance and interoperability;
- Supports standard and customizable interfaces using HL7 and direct connectivity to insure maximum interoperability with multiple generations of technology, including both state-of-the art and older systems (e.g., Legacy);
- Certified by the Certification Commission for Health Information Technology (CCHIT), whose standards were designed to promote industry best practices, security, and interoperability;
- Supports over 35 different file types and extensions (e.g. .doc, .jpg, .xls, .gif, .ppt, .wav, etc.);

### **Flexible Solution**

Pearl® is THE leading solution for scalability across applications. Within Pearl® there exist a functionality that is basic within the product, however, most of it will be configurable based upon IDOC requirements. Any IDOC general or specific treatment plans, care plans or protocols, as well as structured text, etc. are configurable. Further, as part of the BCA implementation methodology, there is a workflow analysis and re-engineering process that occurs to take a snapshot of where IDOC is and where it would like to go from both a clinical and business perspective. BCA will work with IDOC to adapt the system to its business processes to support the efficient and efficacious delivery of comprehensive medical and mental health services.

In addition to the architectural framework information provided under Multi-Specialty Design, Scalability and Robust Technology, BCA has outlined its nonfunctional framework in Attachment A: System Infrastructure Specifications.

BCA maintains its customer focus within the Public Health and Correctional healthcare infrastructure. Its solutions have been implemented in over 700 primary healthcare clinics and ambulatory care facilities nationwide including Federally Qualified Health Centers, County Health Departments, as well as Hospital-based, private and University-based Clinics.

As part of its services, BCA provides capacity planning, performance analysis and tuning. It will size servers and plan for resource capacity based on the number of expected solution years, the estimated expected growth for IDOC users, processes to be integrated, and offender headcount. By combining both scalable software and hardware solutions, BCA will offer a comprehensively scalable solution.

### 3.11 Software Modules

The Pearl® EMR includes all the modules, as described below.

#### **Patient Identification (HIM)**

Pearl®'s Roster module shows the offenders that are currently admitted to the facility, department, physician, etc., depending on the roster option chosen. Alternatively, it can be used to search for a particular offender. From this screen, the user can register/discharge the offender, book an appointment, assign the offender to a room, and update insurance information. Additionally, from this screen, the user can go directly to any of the clinical modules.

#### **Patient Tracking (HIM)**

With the Offender Proximity Report, within the Patient Summary module, Pearl® features the Offender Proximity Report. The purpose of this report is to provide clinics with the ability to see a list of all offenders that were near a particular offender, during a particular time frame if that offender was later found to have a contagious illness. From the "Room History" tab section, Pearl® gives the full room history of the selected offender. Also, Pearl®'s Chart Completion tool allows users to define certain events occurring within the facility and tracks them to ensure that the events are completed in the offender's chart according to the facility's protocol. An example is: An offender admission (based on Encounter Type, Admission Type, and Patient Type) is tied to a document (office visit note, release of information, etc.). The document must be sent to the chart within X hours and signed by the provider within X hours.

#### **Medication Dispensing/Refusals (NURSING/Risk Management)**

With Pearl®'s integrated ePrescribing module, providers enables providers to securely send prescriptions and receive refill request via the Pharmacy Health Information Exchange operated by Surescripts. E-Prescribing helps providers streamline prescribing related tasks to improve quality of care, reduce risk, cut costs, and increase revenues.

#### **Chart Location**

Another of Pearl's modules is Chart Lookup, which allows authorized users can view...

- Patient records
- Laboratory results
- Culture results
- Medications
- Allergies
- Problem list
- Procedures/diagnoses
- Vital signs (which can be displayed graphically)
- Referral information
- Intake/output data, including ICU-style spreadsheets
- Physician daily orders

### **Chart Analysis**

Pearl®'s Patient Summary module is another powerful organizational tool designed specifically to view an offender's clinical data from one screen. In essence, the Patient Summary tool displays the electronic chart for analysis "at a glance." The Patient Summary is designed to interface with the Clinician at the point-of-care. The Clinician can choose any clinical item for additional detail. With the Patient Summary, clinicians can optimize their time by quickly accessing and updating all relevant patient clinical data.

### **Patient/Case Management**

By using Pearl's® Registration Module, which features a complete registration module that includes room status and occupancy information, physicians can admit an offender remotely. The module monitors the exact time and location of offenders in full compliance with observation status and 23-hour admission. Pearl® can track an offender's admissions longitudinally by provider and frequency.

### **Patient Scheduling**

With Pearl's® Appointment Scheduling module, user can segregate clinical and non-clinical appointments for providers, equipment and rooms and organize them by provider or location. A scheduler can view the appointment calendar of an individual physician or department, which includes full day at a glance by physician or department in one screen, physician specialty, display of any overbooking, etc. Physician schedule templates enable a scheduler to easily create monthly master schedules.

### **All Other Scheduling**

Pearl®'s Provider Desktop module is a powerful organizational tool designed specifically for the clinician to coordinate patient care from one module. The initial screen displays lists of appointments for the selected day, patients currently waiting, documents in the providers In Box, and patient calls awaiting review. Double clicking on any patient listing will bring up the Pearl® Patient Summary, an access screen dynamically linked to the relevant data resident within the system for that particular patient. With the Provider Desktop, clinicians can optimize their time by quickly accessing and manipulating the data most relevant to their daily activities.

### **Tracking Treatment Progress**

The following Pearl® modules are highly effective for the Tracking Treatment Progress process:

- **Dialysis Module** - The Pearl® Dialysis Module was designed to integrate computerized documentation into the Dialysis setting and eliminate paper. Four dynamic features of the Dialysis Module unique to Pearl® are the: bedside module, tracking vascular and peritoneal access, dialysis alert levels (pre-determined by the Physician), and tracking of adverse events.
  - **Obstetrics Module** - The Pearl® Obstetrics Module is customized for the Obstetrics/Gynecology services. The Obstetrics Module supports links to other Pearl® modules including Registration, Vital Signs, Patient Problems and Laboratory Results.
  - **Health Maintenance** - Pearl®'s Health Maintenance module will provide data about the offender's diagnoses, procedures, medications, and lab results. Based upon these indicators, and taking into account the offender's age and sex, a list is produced showing:
    - recommended procedures,
    - the interval at which procedures should be performed,
    - the place and time of last performance, and
    - the next due date for the procedure.
- Each facility specifically establishes the rules for determining procedures to propose based on these indicators.

## **4.0 Additional Requirements**

### **4.1 Web Based System**

The database server will be installed at a central location where the database repository will reside. The application will be loaded on a Citrix server at the central location for web access to the application.

Further, the Intra-office Messaging module offers electronic mail, with which a user can communicate with any other system user or send a message to an Internet recipient. Scanned documents, images, or items from your desktop computer may be used as attachments to internal mail messages. Senders may immediately notify the recipients that a message carries an important or priority status. Users may print messages. A Message Log registers (and allows access to) all messages users have sent and received.

### **4.2 Real-Time Access**

Because Pearl® is web-based, Pearl® offers real-time access for users to communicate with any other system user or send a message to an Internet recipient. Scanned documents, images, or items from your desktop computer may be used as attachments to internal mail messages. Senders may immediately notify the recipients that a message carries an important or priority status. Users may print messages. A Message Log registers (and allows access to) all messages sent and received.

## **5.0 EMR System Description**

### **5.1 Programs & Applications**

Vendor's solution for IDOC will utilize the Pearl® EMR and other recommended third party software to support the system. Product integration and interoperability of these system components will ensure an application based solution that meets the functional requirements identified by IDOC and integrates into existing or new healthcare information systems with ease.

The Pearl® system is designed to allow tailoring of many functions to meet individual facility requirements, and to allow interfaces with a variety of other systems.

- Pearl® offers interfaces with existing lab, pharmacy, risk management applications, quality assurance applications, ADT, suppliers, order/entry and billing systems, inventory, G/L, and other financial sub-systems.
- Data can be exchanged with ADT, pharmacy, lab, and other information systems
- Pearl® is HL7 compliant, and utilizes industry standard data tables to interface with other HL7 –compliant applications
- Pearl® allows multiple data repositories to be normalized to a uniform dataset
- Pearl® is designed to integrate with both existing networking topologies and emerging high speed data networks.

Every BCA EMR project integrates its software with other health information systems and its experience and established processes will reduce this risk to an acceptable level. BCA has experience integrating Pearl® with other EMR's' and a number of pharmacy, laboratory, radiology and other ambulatory management information systems. BCA has integrated its systems with insurance companies, Medicare and Medicaid, managed care and several other payer information systems. BCA has also integrated Pearl® with medical devices and equipment, as well as, state and local government disease registries such as immunizations, diabetes, hypertension and other public health surveillance and monitoring systems. In the past BCA has successfully integrated Pearl® with JEMS, JMS and DSI Patient Management Systems; Dentrix, Quest, Diamond, RxHub, LabCorp, Cerner, Dynacare, IDX, Orchard, Medical Manager, ProMed, IDX and Oracle Financials systems. BCA has integrated its system with the Centers for Medicare and Medicaid Services, a host of State Medicaid Programs, WellPoint and CHDP and Medi-Cal. In addition, BCA has developed EDI interfaces to med-surgical vendors including Baxter and Metro Medical. BCA has successfully connected Pearl® with Aurora MRI, Hologic Digital Mammography, GE Ultra-Sound, and Naviscan PET and PEM CT medical equipment.

Specifically, BCA's Pearl® EMR has documented interoperability with Cerner brand systems. In 1999, BCA implemented its Pearl® EMR system at UTMB's correctional managed care division which included an interface to Cerner EMR and other clinical ancillary systems. BCA worked with UTMB staff to determine the direction of desired information and the type of information to be exchanged.

Interfaces are developed using one of three methods:

- Health Level 7 (HL-7)
- Interface Engine
- Point to point custom, if the source system does not support either of the previous two interface methodologies

The Pearl® EMR system supports interfaces with a wide range of medical devices. Depending upon IDOC requirements, the Pearl® system can be interfaced to devices such as: barcode technologies, signature pads, Tablet PCs, speech recognition, and high-speed scanning. Pearl® includes a full Pharmacy Management System, which offers an eMAR module that allows for the distribution of medication to patients via walk-up windows and point-of-service administration. Pearl® supports industry standards that allow ease of interoperability with a multitude of additional devices. Pearl® allows for easy integration as long as the outside devices to be integrated are also in compliance with industry standards. The key to telemedicine is simultaneous viewing of records, which Pearl® makes possible. At UTMB, telemedicine integrates several medical devices (e.g., remote stethoscope) using Pearl® EMR as its core.

### **5.2 Functional Components & Capacities**

Pearl®'s electronic medical record was created to be truly longitudinal – that is, a life-long patient record -- and was designed for universal use by any of a patient's healthcare providers through online access. Multiple system users at multiple locations can easily access a patient record simultaneously and in real-time. This design accommodates complex consultations and provides all authorized users with a patient's entire medical history.

Through the use of the intelligent document imaging and forms management features, Pearl® provides for the capture and storage of data from internal and external sources, and enhances paperwork flow and chart organization. Additionally, the Pearl® system features a full array of data collection technologies, all designed to make data automation and manipulation as effortless and intuitive as possible. Pearl® can be customized to suit the needs of IDOC by center, department, and the individual physician or user. Customizable templates can reflect the data that IDOC finds most relevant in the best possible format.

Pearl® comes with current ICD-9 and CPT-4 code lists and has the ability to also use DSM-IV, HCPCS, DRG, HCPCS, Axis and ADA codes if IDOC has the license for these code sets. Pearl® will also support ICD-10 if IDOC has access to those tables. Pearl® is a completely integrated electronic medical records product. All Pearl® modules and functional components operate on a single platform and a single database, and all components of the patient charts operate from a single master patient index. While Pearl® as an application is interfaced with other third party software systems to achieve interoperability for lab, radiology, pharmacy and other clinical orders and results, the functional components of Pearl® are not interfaced, but are totally integrated. The following list describes some of the functionality found within Pearl®:

#### **Pearl Modules**

- **Patient Reminders** - One of the many significant features of the Pearl® system is the Patient Reminder Module. Its primary function is to serve as an electronic "to-do" list. This module can store patient reminders at the facility and department level. Thus, a user in one location can enter reminders for a given patient at other locations. Interfaced data, such as lab results and x-rays, are directed to the physician's inbox for review and entry into the patient record. Reminders can be linked to procedures in a patient's chart for activation at preselected times.
- **Forms Printing** – Pearl®'s Forms Printing Module eliminates the need for preprinted forms. Standard forms can be entered into the system and stored by facility. These forms can be automatically generated upon offender registration or according to the dates/times specified within the appointment scheduling system. Forms can be bar-coded to automate indexing into the offender's record later on when they are scanned back into the system.
- **Physician Inbox** - Documents that have been scanned, transcribed, or emailed for placement in the offender's chart can be placed in a physician's inbox for review and signature. Pearl®'s maintenance function specifies which documents are to be submitted for signature. Physicians can define their own folders and can email to non-Pearl® users. The main roster screen alerts the physician when he/she has 'mail' to be reviewed and/or signed. Any offender related emails that are sent between users are automatically stored in the offender's chart.
- **Imaging** - Pearl® supports both TIFF and JPEG images. Pearl accepts DICOM compliant x-ray images as well as VHS "snapshots" and color photos from digital cameras.
- **Physician Daily Orders** - Physician Daily Orders are system-generated patient summary reports that are sent to the physician's inbox for review and signature. These reports are intended to provide a recap to the supervising physician for that day's orders by offender. Examples of this include new medication orders, changes to medication orders, dialysis order changes, etc.
- **Prompts and Alerts** - Pearl®'s Prompts and Alerts functionality start with a trigger event (ex. - the addition of a new medication to the offender's record, the addition of a new order/procedure, etc.). It then processes an algorithm that includes an analysis of the offender's diagnoses, existing medications, procedures previously performed, demographic data, vital signs, and laboratory values. Facilities are able to define these trigger events with specified details (medications, diagnosis, etc.).
- **Notebuilder** - Pearl®'s Notebuilder functionality allows users to create patient-related documents within the system. This functionality is similar to transcription – it allows the user to select from a list of a facility's predefined templates and define a document specifically for a patient. Pearl® will automatically pull predefined items into the document based on the facility's preferences (ex. – medications, problems, allergies, any registration information, etc.). Once documented, the user may "sign" the document and Pearl® will automatically attach it to the patient's chart. If the user is not a physician, the document will be forwarded to the physician's inbox for review and signature.
- **Reporting** - Pearl®'s reporting module meets meaningful use criteria and enables seamless data collection at the point of care, providing users with the ability to easily generate clinical data reports to effectively manage and track metrics by disease condition, prevention, or a defined set of measures.
  - Perform in-depth, detailed historical trending and statistical analysis in any data fields and analyze the results.
  - Ability to manage chronic care patients by searching for ICD-9 codes, lab result values, completed exams or missed appointments.
  - Capability to rank prescription trends and use patterns

Pearl®'s longitudinal record design will allow for an unlimited number of offender records. The network architectural design components can be configured to allow for an unlimited number of users, and therefore is scalable to support future growth at IDOC. For example, the UTMB system is configured to support 5000 users; the BCA internal data center is configured to support up to 2000 users simultaneously. DSI, a medical subspecialty organization with over 120 sites across the country, has a system that supports as many as 2500 users simultaneously.

While the Pearl® application requires basic computer knowledge, the functional components are aligned with user responsibilities relative to the duties and tasks of their specific job functions. Pearl functionality supports job responsibilities for users in all healthcare categories including but not limited to: System Administrators, Providers, Nurses, Healthcare Technicians, and Registration and Billing Staff.

Finally, the Pearl® application contains many qualities to assist in "userfriendliness." With the familiar Windows Graphical User Interface (GUI) screen layout, flat menu structure, and the use of mouse, or keyboard - manipulation of Pearl® is simple, fast and easy.

With the exception of users assigned to provide system administration support, users accessing the system to carry out job related duties and responsibilities will only require basic computer skills and knowledge. Users assigned to support system administration functions are able to easily redefine tables and screens using the System Administration module. While an IT background is not required for this, BCA does offer training to users who will be authorized to utilize this module.

BCA fully believes that staff training is an integral component ensuring a project's success. BCA recommends that all users are placed in a 4 hour Pearl® Basics class to orient the users to the system and its ease of navigation. BCA's understands that change can be a challenge across organizations so care is exercised to ensure during training that users become comfortable with the application particularly around the functional components that are integral to their job responsibilities.

BCA will work with IDOC to develop a final training plan that addresses any specific skill sets required for System Administrators, Administrative Personnel, Providers, Nurses, Case Managers, and end user staff to absorb and retain system knowledge.

### 5.3 Platforms & Related Applications

In support of Pearl® BCA incorporates the use of:

- Oracle database management engine
- First Databank
- Crystal Report Writer
- Right Fax Software
- Kofax Adrenaline

#### *Oracle*

Pearl® is built on the Oracle database management engine – widely regarded as the leading relational database. Many electronic medical record systems collect patient information -- but most fail to gather it in a manner conducive to clinical analysis. The Pearl® database was designed specifically to facilitate better analysis of clinical information. Pearl® uses a unique indexing strategy that stores and maintains patient data from multiple facilities for an indefinite period of time, a feature that is necessary to perform clinical analyses such as epidemiology studies and drug efficacy. The Pearl® Enterprise Hierarchy structure will allow BCA and IDOC to create databases that can accommodate nearly any organizational structure and roll up data to any level in the structure. In addition, the Enterprise Hierarchy allows centralized management of system parameters such as formularies and charge codes which are automatically propagated to the appropriate facilities.

#### *First DataBank*

First DataBank provides BCA with regular updates to clinical data profiles such as drug to drug interactions, drug to disease contraindications and drug to food interactions. Pearl® also incorporates First DataBank supplied Indications, precautions and patient education modules. In addition the national drug data file, min/max module and duration of therapy module are also an integral part of Pearl®.

#### *RightFax*

Pearl® incorporates the RightFax e-document delivery software which provides the ability to bring together fax, e-mail and Internet technologies as an efficient way to send and receive EHR documents electronically from desktops, e-mail and other similar technologies.

#### *Kofax Adrenaline*

Pearl® also incorporates the use of the Kofax Adrenaline imaging software to allow for document scanning, image processing and bar code recognition. The Kofax Adrenaline software provides an efficient and user friendly way of scanning documents into Pearl® to become an integral part of the patient's EMR.

### 5.4 Ongoing Support & Maintenance

BCA makes software repairs as problems are reported. All planned software changes will be communicated to IDOC prior to the change being put into production. Major software changes remain in a test environment and go thru several stages of testing, including unit, system and volume testing prior to deployment to the user community.

The majority of software refreshments and new release update ideas are provided to BCA by its Customers during BCA's annual users' conference. At the users' conferences BCA Customers advise BCA of the critical nature and the priority of the software changes needed. Based upon this Customer feedback, BCA provides major new release updates every 18 months and minor versions of new releases every quarter. When these releases occur, BCA announces beta versions 4 weeks prior to their availability. All customers have a chance to review the changes and get access to pre-beta programs. BCA works closely with its customers to encourage them to participate in beta testing processes. BCA provides sufficient time for customers to train staff and become familiarized with the new versions before releasing products to the customers for production use.

Upgrades are a result of changes in industry best practices (e.g. CCHIT), changes in Federal/State requirements or regulations, and in response to customer feedback and requests. In addition to its user conferences BCA continues to monitor changes in healthcare regulations and healthcare delivery best practices through an advisory board made up exclusively of leading medical practitioners from around the Country.

Through its professional services organization, BCA continually monitors changes in national healthcare regulations and standards. As part of its products and services continuous improvement program, BCA also identifies which changes in regulations and industry best practices are applicable to Pearl® and uses these requirements to help drive improvements to Pearl® and feed BCA's Research and Development program.



## EXHIBIT VIII – ATTACHMENT A SYSTEM INFRASTRUCTURE SPECIFICATIONS

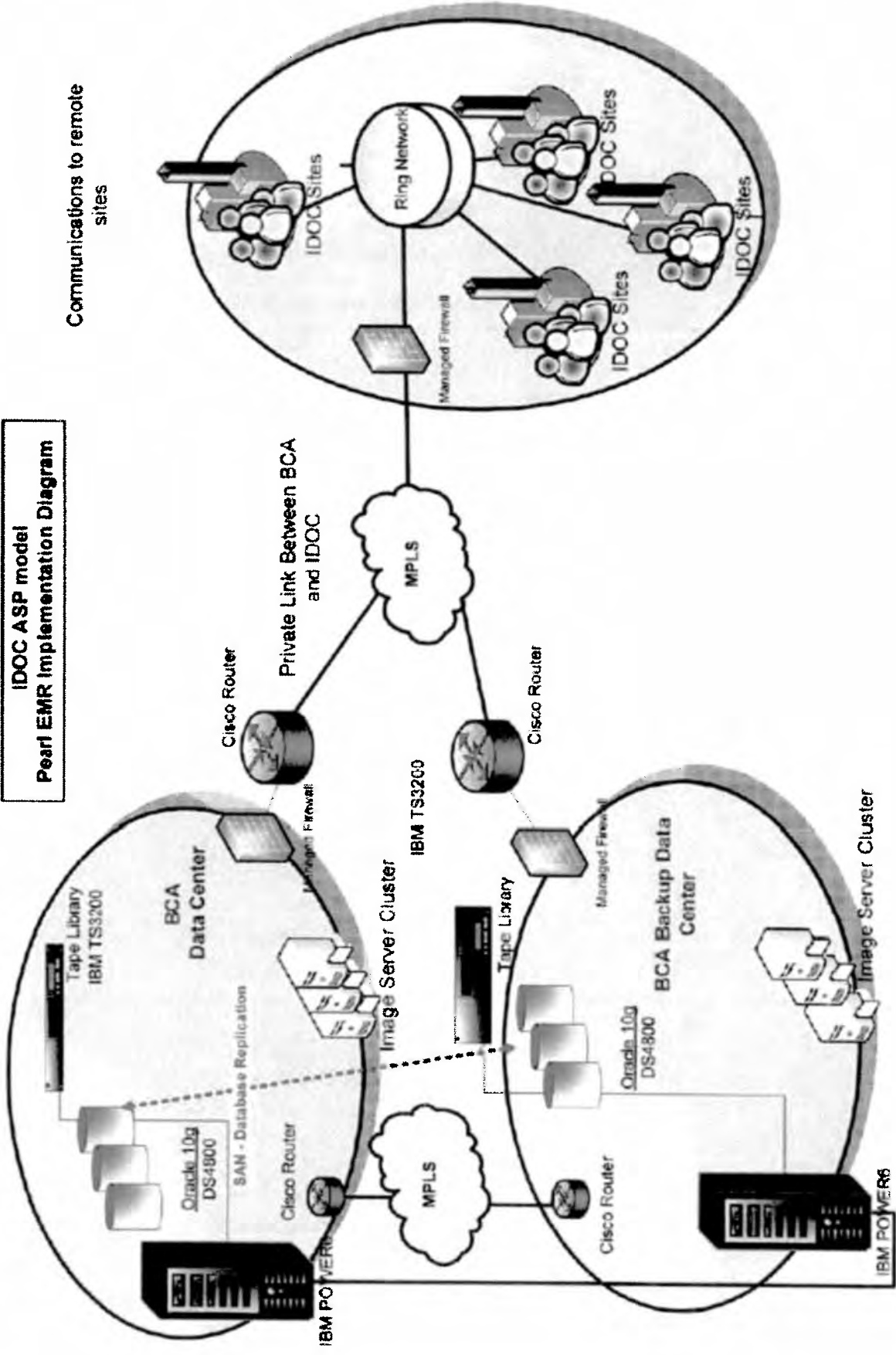
### BCA's ASP Solution

The figure at the end of this attachment is a graphical representation of what the Pearl® EMR network would look like. BCA is under the assumption that all connectivity between the IDOC datacenter and the correctional centers are already in place. BCA proposes to configure and install the required hardware to run the Pearl® EMR solution at BCA's datacenter for distribution to IDOC centers by connecting IDOC to BCA by means of a Secured Private Link between both of them. In addition, a secondary failover Datacenter is being proposed for failover purposes and it would host a redundant server to IDOC users in the event the server at their main datacenter experienced a downtime. Following is a list of hardware and software necessary to run the proposed solution:

Hardware	
2 IBM p6, 570 servers running 64-bit AIX 5L, 5.3.2 or higher (host the database)	
6 IBM xSeries 3550 server (Image server)	
1 IBM xSeries 3550 server (Right fax)	
2 DS4700 disk storage Array (1.147 TB)	
2 DS4000 EXP810 Expansion Units	
2 Cisco MDS 9124 SAN Switch	
2 TS3200 Ultrium Tape Library Express	
40 800Gb Ultrium Tape Cartridges	
2 HMC 7310-CD3 Hardware Management Console	
Dialogic® Brooktrout® Fax board (2 Channel)	
23 Fujitsu 6240 flatbed document scanners + SCSI Interface cards and cables	
2 IBM xSeries 3559 Server (Dentrix)	
14 IBM xSeries 3559 Server (Citrix)	
Software	
Pearl® EMR rel 6 ver 15m	IBM AIX 5L, 5.3.2 or higher
BCA Customer Interface Compiler for HL7 Interfaces	Integrated Topas Performance Monitor for AIX
Dentrix Dental EMR	Oracle RDMS enterprise edition 10g
Pearl® eMAR solution	Microsoft SQL server 2005 enterprise edition
Pearl® Reporting System	IBM HACMP v5.2 High Availability Software
	AIX LVM Manager
	Integrated HMC Management Software GUI
	Captaris RightFax

	Citrix OS
	MS Windows server 2003
	Apache web services 2.0.45
	Microsoft Word and Excel 2003 or newer
	Kofax Adrenaline 650i Accelerator + VRS basic
	First Data bank standard drugs & medications + updates
	American Medical Association CPT/ICD9 Electronic library + updates

**IDOC ASP model  
Pearl EMR Implementation Diagram**



Communications to remote sites

## EXHIBIT IX

### EMR SYSTEM IMPLEMENTATION PLAN

The following is taken from Attachment 11 of Vendor's technical proposal it submitted under transmittal letter dated October 13, 2010 in response to the State's request for proposals which led to this contract.

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The IDOC project will utilize a standard implementation protocol that includes a ten step process with supporting sub-tasks. A high level overview of the ten step process is presented below.

- **Project Management:** BCA's Project Manager will plan, schedule, and manage all BCA staff/personnel, teaming partners' task managers, and resources as well as change orders and acceptance. BCA's Project Manager will review the current IDOC workflow and advise the IDOC Project Director on the best practice workflow methodology.
- **Process Analysis and Re-engineering:** BCA will work with IDOC to review and document existing processes and procedures used by each of the IDOC health clinics. BCA will then compare these processes and procedures to those recommended by BCA for its electronic medical record solution and will work with IDOC staff to develop a detailed gap analysis, a plan to address all process gaps, and document the new processes and procedures.
- **Design and Develop Infrastructure:** BCA will work with IDOC staff to implement the software, and hardware network infrastructure needed to run the EMR Solution. BCA will work with IDOC to develop training, testing and production environments/facilities needed to train staff and test and operate the system.
- **Data Migration:** BCA will work with IDOC to develop a Data Migration Plan. The Data Migration Plan will address developing the data content needed to create the system's support tables, security, and control parameters; migrating existing patient data; and migrating historical appointment scheduling and clinical data. For paper records, BCA will work with IDOC to develop a data migration plan to include scanning, reviewing, and cataloguing the paper documents into the appropriate sections of the patient's electronic medical record chart.
- **Systems Integration:** BCA will develop a System Integration and Customization Plan for all software and system development activities such as Cerner brand systems and IDOC Offender Management System interfaces; BCA uses Standard Software Development Methodology, which includes Project/Task Management, Requirement Analysis and Definition, Systems Design, System Development, Documentation, Training, and Testing.
- **Systems Testing:** BCA will work with IDOC to develop a detailed user-testing plan to test all aspects of the EMR Solution based on the clinic workflows and user case scenarios. System testing tasks include comprehensive unit, system, and integrated testing.
- **Training:** BCA uses a "train the trainer" approach in which Super Users are selected to be trained and who are then considered as in-house training resources. Throughout the training process BCA will test the users to gauge the effectiveness of the training and ensure a smooth transition to the new system. Classes are designed for members of the staff that will assist in trouble shooting, make recommendations to users, and serve as the client's in-house support staff/help desk.
- **Implementation and Stabilization:** BCA will work with IDOC to develop a detailed system deployment plan, which includes beginning live operations of Pearl® in a production environment, providing onsite support, and monitoring system performance and accuracy during the Break-In period. BCA's team manager and customer support personnel will be available to assist the users, answer any questions, coordinate technical support, document issues, and plan ongoing support.
- **Post Go-Live Onsite Support:** Before Go Live BCA will provide IDOC staff/personnel with all user and technical documentation needed to operate the system, train personnel, and provide technical support. BCA will continue to work with IDOC after deployment, to manage and monitor the system Break-In Period. BCA will assist IDOC in identifying system's deficiencies and will provide the technical support needed to address them until Customer Acceptance has been achieved.
- **Achieve Customer Acceptance:** BCA will work with IDOC to ensure that all acceptance criteria is defined, documented and tested. BCA will demonstrate performance of these requirements during the Initial Test Period and Break-In Periods. BCA will provide IDOC with all system documentation deliverables, including business processes and procedures, training plans and user documentation. Once all acceptance criteria have been met, BCA will notify IDOC in writing and will work to obtain Acceptance Signoff.

BCA's plan for IDOC's EMR system implementation will utilize a 3 Phase approach over a 24 month period.

- Phase 1: BCA's implementation team will work with IDOC project resources to develop a final implementation plan. During the first 6 months BCA will develop the requirements and support IDOC in managing, re-engineering, developing system infrastructure, migrating data, and integrating systems.
- Phase 2: The BCA team will work with IDOC project resources to prepare for deployment at Decatur, Dwight and Lincoln, the 3 female correctional centers (to be known as the Beta Sites). Tasks will include: testing, training, implementation, on-site support and customer acceptance.
- Phase 3: Once the Beta sites have run successfully for two consecutive months without major disruption and IDOC provides customer acceptance, a system roll out to the remaining sites will begin. BCA's proposes a roll out plan of 4 or 5 sites per quarter for the remaining 15 months of the project. The proposed timeline for this 3 phased approach can be found in Attachment A of this Exhibit.

# EXHIBIT IX – ATTACHMENT A

## EMR SYSTEM IMPLEMENTATION PLAN

### 1 Introduction

#### 1.1 Purpose

The purpose of this attachment is to describe in detail the tasks, processes, resources, and materials necessary to fully implement BCA's Pearl® EMR solution system within the IDOC MIS environment.

#### 1.2 System Overview

BCA's Pearl® application is an electronic medical record system built on an Oracle relational database management system to support the transition of ambulatory clinician's workflow from paper to paperless data capture, storage, analysis, and reporting.

##### 1.2.1 System Description

BCA's Pearl® EMR solution is intended to support the daily operations of a medical facility electronically at the point of care increasing productivity, decreasing human error and providing analysis of patient clinical information.

Among others, Pearl® provides support for the following processes:

- Chart Lookup
- Clinical Summary
- Patient Registration
- Appointment Scheduling
- Patient Summary Information
- Physician Referral Tracking
- Inventory Management
- Health Maintenance
- Patient Reminders
- Patient Education Tools
- Document and Forms Management
- Order Entry and Results Reporting
- Medication/Allergies
- Transcription
- Provider Specialty Customization
- Interfaces to Lab, Pharmacy, ADT
- User Inbox and Electronic Signature
- Secure E-mail
- Online Faxing
- Intrinsic Document Imaging
- Robust Clinical Reporting and Graphing

##### 1.2.2 Assumptions and Constraints

In developing this implementation plan, BCA assumes:

- IDOC resources will be available for the duration of the project.
- BCA resources will be available for the duration of the project.
- Weekend work will be allowed for both BCA and IDOC resources.
- There will be no penalties that will delay project implementation.
- There will be no project creep, or delays, for any reason during project implementation.
- Any hardware, network and third party software needed will be delivered and installed according to schedule.

##### 1.2.3 System Organization

BCA's implementation consists of 2 IBM pSeries server machines, 2 IBM xSeries server machines with external disk storage attached to fiber channel storage area networks (SAN) with high-bandwidth communications lines where backup locations are needed. The Oracle 10g RDMS will be licensed by processor on the production server.

## 2 Management Overview

### 2.1 Description of Implementation

The BCA team will use a phased approach for BCA's Pearl® EMR solution system implementation. The database server will be installed at a central location where the database repository will reside. The application will be loaded on a citrix server at the central location for web access to the application.

The BCA team will work with IDOC project resources to train, configure, and set up support tables at not more than 6 beta sites, which shall include, but not be limited to the women's prisons at Decatur, Lincoln and Dwight. Once all settings are completed, medical personnel will test the solution and workflows at the beta sites with BCA's technical personnel direct guidance and support until ready for production and integration with other systems.

Each group of implementations will entail five (5) or four (4) facilities for an approximate duration of three (3) months. Each implementation will consist of a tightly scheduled, streamlined sequence of tasks that must be carefully completed according to schedule to ensure a successful and seamless implementation. In a normal implementation, the first task is to prepare training and testing facilities with all the necessary hardware and software to run the system. Once that's accomplished, BCA will train a group of selected providers, nurses, clerks, and IT personnel in the creation and use of support tables and templates providing in depth knowledge on how these settings will affect the operation, workflow, and use of the system. This group will be responsible for populating and testing the system. Once this group completes the support tables and test, and the system is approved for deployment, BCA will deploy the system throughout all the facilities selected for the phased implementation with the collaboration of IDOC personnel. While the deployment takes place, the rest of the end users will be trained in their corresponding group classes. Upon completion of end user training and system deployment BCA will work with IDOC in establishing a suitable date for go live. BCA will provide an onsite support team providing support personnel to all sites being implemented for the three (3) weeks following go live. After an implementation is successfully completed and approved by IDOC, BCA will repeat the same steps on the next set of facilities scheduled for implementation.

After running successfully at the beta sites, BCA will systematically roll out the solution to the remaining sites.

### 2.2 Points-of-Contact

BCA will identify points-of-contact for this project at the beginning of the project. If it becomes necessary to change any of the points-of-contact, BCA will notify IDOC immediately. The individuals who have been identified in the table below are subject to change.

Business Sponsor	Albert Woodard	
Project/Program Manager	Daniel Hidalgo	
Government Project Officer	TBD	
Implementation Manager	TBD	
Database Administrator	TBD	
Site Implementation Representative	TBD	

### 2.3 Major Tasks

BCA's Standard Systems Implementation Plan is described below and includes:

- Task 1 Project Management
- Task 2 Process Analysis and Re-engineering
- Task 3 Develop Infrastructure
- Task 4 Data Migration
- Task 5 Systems Integration
- Task 6 Systems Testing
- Task 7 Training Plan and Train Users
- Task 8 Implementation and Stabilization
- Task 9 Post Go-Live Onsite Support: Maintenance and Enhancements (Go-Live)
- Task 10 Achieve Customer Acceptance

1. **Project Management:** The Project Manager will be the primary point of contact for BCA with IDOC and will manage all BCA staff/personnel, team partners' task managers, and resources needed to complete the implementation. The BCA Project Manager will report to the IDOC Project Director, and will be responsible for planning, scheduling, and managing all BCA resources associated with this project. The BCA Project Manager will advise the IDOC Project Director on all aspects of implementing and successfully operating the Pearl® system once it is installed. More detailed information can be located in Task 3 below. Specifically, the BCA Project Manager will be responsible for working with the IDOC to develop a detailed project plan prior to any other work being performed. Once the IDOC has approved the project plan, it will be published and distributed to all concerned parties internally.

The BCA Project Manager will be responsible for reviewing the current IDOC workflow and advising the IDOC Project Director on the best practice workflow methodology once Pearl® is installed. The BCA Project Manager will also be responsible for implementing the system on time and within budget, managing all change orders, fulfilling all IDOC requirements and expectations and gaining your acceptance at the completion of the project. BCA will manage changes to the scope of the project in accordance with the change order management plan agreed upon by the IDOC and BCA.

2. **Process Analysis and Re-engineering:** During this phase of the project BCA will work with IDOC to review and document existing processes and procedures used by each of the IDOC health clinic sites to deliver healthcare to their offender population. BCA will then compare these processes and procedures to those recommended by BCA when implementing its electronic medical record system, Pearl®. BCA will work with the IDOC Project Director and staff to develop a detailed gap analysis and seek direction and guidance to develop a plan to address all process gaps. BCA will work with the IDOC Project Director and staff to develop and document the new processes and procedures to be used in conjunction with the BCA Pearl® electronic medical record system once deployed at each of the IDOC clinic locations. The BCA Process Analysis and Re-engineering tasks will include the analysis and recommendations for equipment, tools and communications protocols to be used with the new processes, procedures and Pearl®.
3. **Design and Develop Infrastructure:** Once the detailed project plan has been approved by IDOC, BCA will work with IDOC staff to implement the software and hardware network infrastructure needed to run Pearl®. In addition, BCA will work with IDOC to develop training, testing and production environments/facilities needed to train staff and test and operate the system. BCA will work with IDOC to develop a complete list of hardware and software needed to develop the network. BCA will assist IDOC to manage the ordering, delivery, receipt and installation of components required to support the effective operations of the new system.
4. **Data Migration:** At the onset of the project, BCA will work with IDOC to develop a comprehensive Data Migration Plan to support the implementation of Pearl®. The Data Migration Plan will address developing the data content needed to create the system's support tables and operation, security and control parameters; migrating Patient Data from existing files to the new system database structure and migrating historical Appointment Scheduling, Accounts Receivable and clinical data to the new system. The actual scanning of existing data is outside of the scope of this project, though BCA includes in the Statement of Work the development of a Data Migration Plan as a deliverable.

Establish the Database Control and Support Tables: BCA will work with IDOC to establish the content of the database tables needed to support the unique requirements. Examples of unit content needed include all IDOC facility locations, departments, financial classes, insurance companies, race, nationality, providers, services, customized alerts, operational profiles, users, user passwords, etc. BCA will assist IDOC to review the content of the tables needed, collect the data, load the data, test the content and gain acceptance prior to beginning user training and testing.

Patient Demographics: BCA will work with IDOC to establish a Patient Demographics Data Migration Plan. Patient demographics from the existing electronic systems (i.e., Laboratory, Pharmacy, Offender Management System, Radiology, etc.) will be primary sources of initially populating the patient demographics tables.

Patient Historical Data: BCA will work with IDOC to establish a patient historical data migration plan. This plan may include migrating clinical data, laboratory, pharmacy, images, A/R, billing, patient encounter, or other available data. BCA will work with IDOC to identify electronic data sources available, and will design and map these data to the new Pearl® EMR solution data formats. BCA will then design and develop data conversion programs to migrate data from the existing electronic sources to Pearl® tables. For paper records, BCA will work with IDOC to develop a data migration plan to include scanning of historical documents based upon time parameters and transaction types into the Pearl® tables. This process would include pre-scanning preparation, scanning, reviewing, and cataloguing the paper documents into the appropriate sections of the patient's electronic medical chart online.

5. **Systems Integration:** Once IDOC has approved the project plan, BCA will develop a System Integration and Customization Plan. For all software and system development activities, BCA uses Standard Software Development Methodology, which includes:
  - Project/Task Management
  - Requirement Analysis and Definition
  - Systems Design
  - System Development
  - Documentation
  - Training
  - Testing
  - System Deployments
  - Ongoing Support and Continuous Improvement



BCA uses the above methodology to develop system customizations, enhancements and updates and to integrate Pearl® with other systems. Typical systems integration services include developing laboratory, pharmacy, radiology, dental systems, electronic billing, and payment remittances from third party payer systems interfaces and integrating with Pearl®.

6. **Systems Testing:** BCA will work with IDOC to develop a detailed user-testing plan once selected. Once the test environment has been created, BCA will work with IDOC to test all aspects of Pearl® according to the detailed user testing plan. BCA will work with IDOC to identify and document all system modules and functionality to be tested as part of the metrics developed. Once testing criteria has been developed BCA will work with IDOC to perform unit, system and integrated testing for all aspects of the system. BCA will continue to work with IDOC until all technical, operational and business criteria have been met and the system is performing consistent with the performance criteria and metrics defined.
7. **Training:** BCA fully believes that staff training is an integral component ensuring a project's success; therefore, BCA includes sufficient training resources, specifically tailored to each group of users' functional needs. Throughout the training process BCA tests the users after each training class to be able to gauge both the effectiveness of the training and to spot areas that otherwise would be problematic after go-live, ensuring a smooth transition to the new system, fairness to the users being trained, and maximizes the benefits of the system for IDOC.

BCA's training approach is fully detailed below and is a key element in the successful implementation and use of Pearl®. Cutting corners in the training will result in sub-optimal use and benefit from Pearl®, so BCA is careful to build in the right amount of training to ensure a successful future for Pearl® in the IDOC clinics.

Classes are designed for members of the staff that will assist in trouble shooting for facilities, make recommendations to users, and serve as IDOC's in-house support staff/help desk. These courses are designed to provide detailed instruction for the respective user groups and teach how Pearl® will work in the respective clinical environments, across specialties. In addition to the System Administrators these resources will also have direct access to BCA customer support staff.

This method is also referred to as a "Train the Trainer" approach, in which Super Users are selected to attend and who are considered as in-house training resources. As in-house trainers, these Users would perform training to the user types listed below. These Super Users will share their acquired information during "Roll-out" after all Beta sites are completely in productive use and have achieved customer acceptance. Each type of user training is detailed below:

**Pearl® Basics:** All users are placed in a 4 hour Pearl® Basics class at the onset of training to orient the new users to the system, and to facilitate absorption. This class is taken by all users prior to more in-depth training to ease them into the transition from a paper process to an electronic one.

**Data Base Administrator Training:** Data Base Administrators will decide the best workflow and setup for the clinical environment. The users selected will be heavily involved in document creation and phase planning. Most of the decision-making and "best case" workflow discussions will occur during these classes. BCA recommends the client System Administrator team be made up of technical, clinical and non-clinical users. This class is mandatory to ensure a successful implementation. This is an intense two-week training course in a formal classroom setting. The course is provided in two one-week sessions. The session's may be concurrent or spread out based on IDOC's preference.

**Provider (Medical, Mental, Pharmacy, Mid-Levels, Nurse Practitioner) Training:** Providers will be trained in the use of the system. Each Provider should receive a minimum of 24 hours of training. This course is normally designed for three eight-hour consecutive days. The physician will perform key hands on system tasks during this class. BCA performs these training classes and a System Administrator should be in attendance to reinforce protocols set by the planning committee and bridge any terminology gaps. Due to the demanding schedule and availability of Providers, BCA will be flexible in scheduling these classes.

**Super User Training:** Super Users will be trained on the entire system application and how it will work in IDOC's clinical environment. They will assist in trouble shooting for facilities, providing recommendations to users and serve as IDOC's in-house support staff. Each user will receive a minimum of 40 training hours in a formal classroom setting.

**End User Staff Training:** End user staff will be trained on the various departments throughout the facility to help facilitate help desk support. Staff responsible for Appointment Scheduling will be trained on how to search for existing patients to schedule an appointment; schedule appointments using single or multi provider environments; print encounters; cancel appointments, and track no-shows. Staff responsible for Patient Registration will be trained on the various ways to look up existing patients, enter new patients, record basic and/or detailed demographic information. End user staff should receive a minimum of 24 training hours. This course is performed in a formal classroom setting and normally designed for three eight-hour consecutive days.

8. **Implementation and Stabilization:** Once the system has been thoroughly tested and the users trained, BCA will work with IDOC to develop a detailed system deployment plan, which will include beginning live operations of Pearl® in a production environment, providing onsite support

after the initial go live date, monitoring system performance and accuracy during the Break-In period and achieving customer acceptance. As part of the system deployment plan, the BCA team manager and customer support personnel will be available to assist the users, answer any questions that may arise, coordinate technical support, document issues that may arise, plan ongoing support and help develop the strategy and timelines needed for full system deployment.

Given the large number of IDOC sites for the Pearl® EMR solution implementation, BCA recommends identifying a few Beta sites for performing system infrastructure analysis, process re-engineering, data migration, interface development, implementation and stabilization, testing, training (including developing tailored training manuals), go-live and achievement of customer acceptance.

Beta sites will take longer than later Roll-out sites to become fully operational, but this proposed method assists to mitigate risks associated with the deployment of the system throughout the remaining sites. The first 6 months of the project will be allocated to Process Analysis and Re-engineering, System Infrastructure design and development, Data Migration, and Systems Integration. The following 3 months will be for Training, Testing, Systems Implementation and Stabilization for the Beta Sites including post Go-Live support. After that period BCA will systematically deploy and implement the application on the remaining locations for an additional 15 months to total a complete project timeline of 24 months.

9. **Post Go-Live Onsite Support:** BCA will continue to work with IDOC, after deployment, to manage and monitor the system Break-In Period. BCA will assist IDOC in identifying system deficiencies and will provide the technical support needed to address these in a timely manner, and will continue to address these deficiencies until Customer Acceptance has been achieved.
10. **Achieve Customer Acceptance:** BCA will work with IDOC to ensure that all acceptance criteria is defined, documented and tested. BCA will demonstrate performance of these requirements during the Initial Test Period and Break-In Periods. In addition, BCA will provide IDOC with all system documentation deliverables, including business processes and procedures, training plans and user documentation. During these periods, BCA will demonstrate all system integration capabilities developed, and will provide proof of accurate data processing by providing audit trails of data entered, changed or inactivated in the system.

Before Initial Go Live, BCA will provide staff/personnel with all user and technical documentation needed to properly operate the system and provide technical support. BCA's primary goal is bring all system functions live on time and within budget.

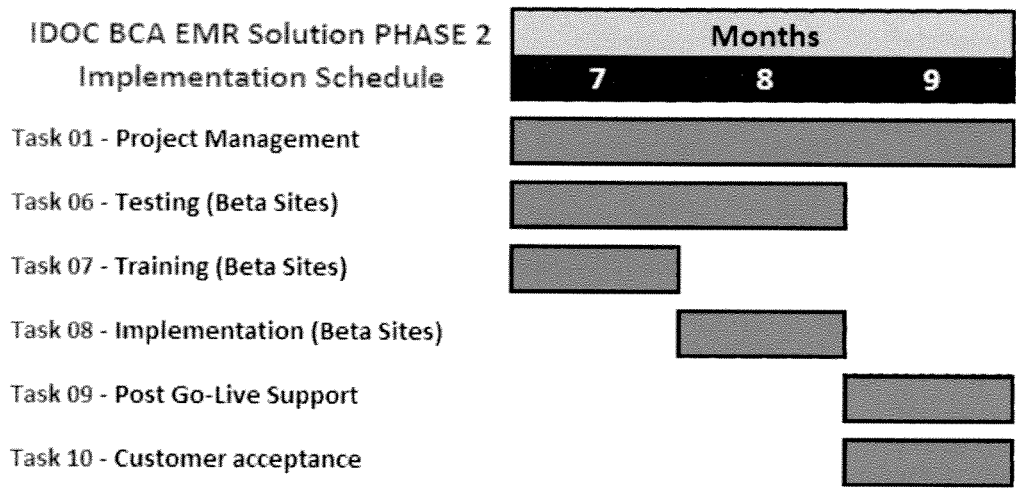
Once all acceptance criteria have been met, BCA will notify IDOC in writing and will work to obtain Acceptance Signoff and Final Payment. BCA understands that IDOC may have policies and procedures regarding managing and providing final Signoff, including its rights to accept or reject the project and return, remove or replace defective items. BCA will work with IDOC to define acceptance criteria during project initiation and will meet all acceptance criteria to achieve final Customer Acceptance.

## 2.4 Implementation Schedule

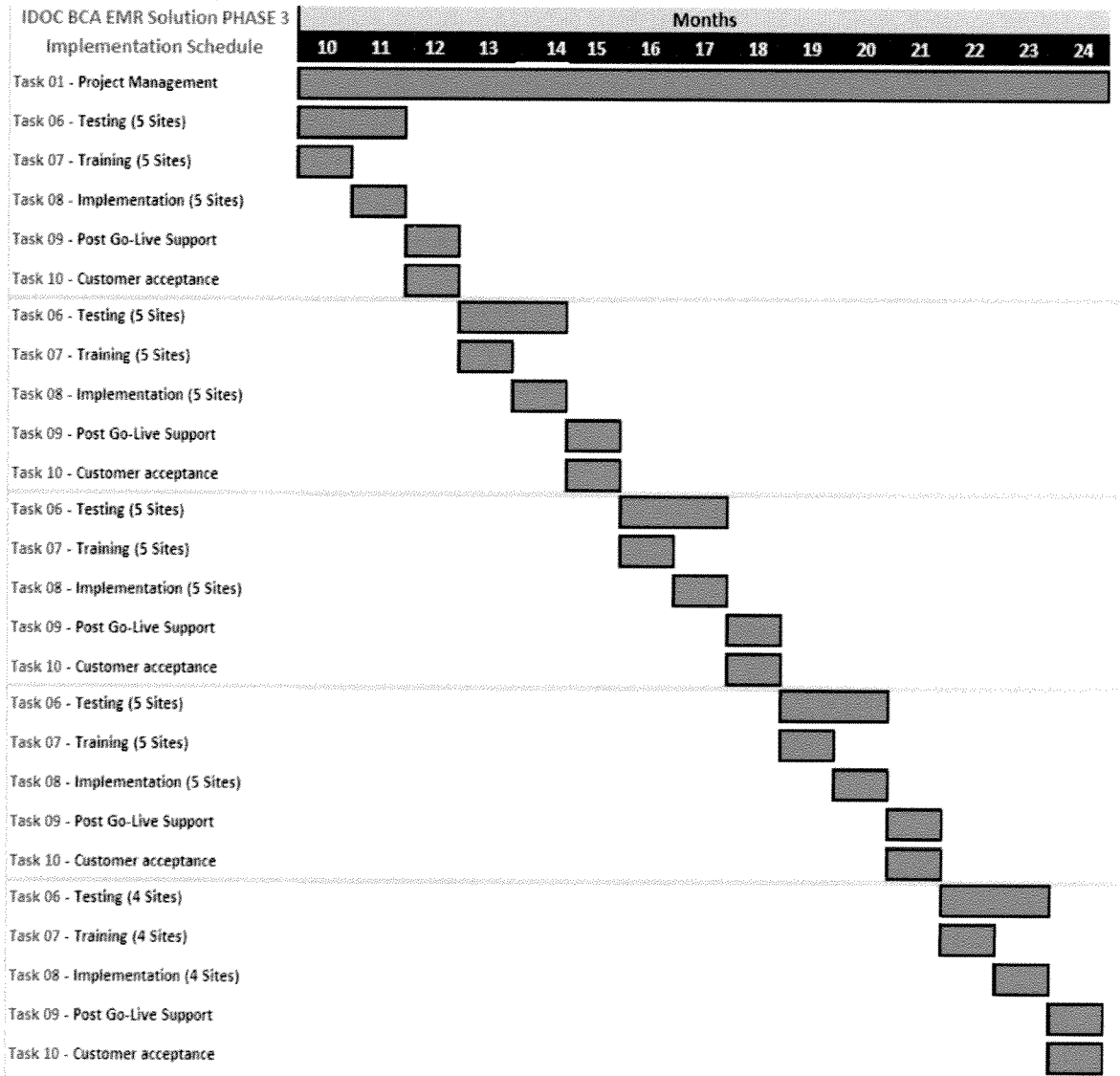
### 2.4.1 Phase 1 Schedule

IDOC BCA EMR Solution PHASE 1 Implementation Schedule	Months					
	1	2	3	4	5	6
Task 01 - Project Management	[Redacted]					
Task 02 - Process Analysis/Re-engineering	[Redacted]					
Task 03 - Design/Develop Infrastructure	[Redacted]					
Task 04 - Data Migration	[Redacted]					
Task 05 - System Integration	[Redacted]					

**2.4.2 Phase 2 Schedule**



**2.4.3 Phase 3 Schedule**



### 3 Implementation Support

#### 3.1 Hardware, Software, Facilities, and Materials

##### 3.1.1 Hardware

IDOC will be responsible for supplying communication equipment to support the connectivity to the BCA data center. BCA will be responsible for supplying the datacenter equipment and the services to support datacenter operations.

BCA Pearl® EMR Solution utilizes the following hardware:

Hardware
2 IBM p6, 570 servers running 64-bit AIX 5L, 5.3.2 or higher (host the database)
6 IBM xSeries 3550 server (Image server)
1 IBM xSeries 3550 server (Right fax)
2 DS4700 disk storage Array(1.147 TB)
2 DS4000 EXP810 Expansion Units
2 Cisco MDS 9124 SAN Switch
2 TS3200 Ultrium Tape Library Express
40 800Gb Ultrium Tape Cartridges
2 HMC 7310-CD3 Hardware Management Console
Dialogic® Brooktrout® Fax board
23 Fujitsu 6240 flatbed document scanners + SCSI Interface cards and cables
14 IBM xSeries 3559 Server(Citrix)

The front end will be installed in the citrix server farm.

TCP/IP connectivity between the citrix server and the DB server using port 1521.

##### 3.1.2 Software

BCA Solution utilizes the following Software components:

Core Solution	3rd Party Support Software
Pearl® EMR rel 6 ver 15m	IBM AIX 5L, 5.3.2 or higher
BCA Customer Interface Compiler for HL7 Interfaces	Integrated Topas Performance Monitor for AIX
Pearl® eMAR solution	Oracle RDMS enterprise edition 10g
Pearl® Reporting System	Microsoft SQL server 2005 enterprise edition
	IBM HACMP v5.2 High Availability Software
	AIX LVM Manager
	Integrated HMC Management Software GUI
	Captaris RightFax
	Citrix OS
	MS Windows server 2003
	Apache web services 2.0.45
	Microsoft Word and Excel 2003 or newer
	Kofax Adrenaline 650i Accelerator + VRS basic
	First Data bank standard drugs & medications + updates
	American Medical Association CPT/ICD9 Electronic library + updates

##### 3.1.3 Centers

BCA is responsible for making sure there is adequate rack space to accommodate the new hardware to support the IDOC project. The configuration proposed by BCA is its best effort to estimate the hardware for IDOC and its workload, if additional servers or equipment is required to manage the work load or users of the IDOC in a more efficient manner the IDOC will be responsible for that additional equipment.

BCA will provide enough power to accommodate the production and backup servers associated with the IDOC project. BCA will also provide proper climate control in the datacenter where the equipment will be placed. IDOC will provide the necessary network equipment to access BCA's datacenter and to communicate with all IDOC facilities.

##### 3.1.4 Materials

N/A

### 3.2 Documentation

N/A

### 3.3 Personnel

#### 3.3.1 Staffing Requirements

IDOC Personnel:

- Project Director
- Oracle DBA
- Unix AIX Server Administrator
- Windows Server Administrator
- Citrix Server Administrator
- Network Specialist
- Medical Director
- Nurse Manager
- Super User Team
- System Administrators
- Clinical Testing Team (Providers, Nurses, Clerks, etc.)
- Clinical Support Staff

BCA Personnel:

- Project Manager
- Implementation Manager
- Oracle DBA
- Server Administrator
- Help Desk
- Process Analysis Team
- Infrastructure Team
- Data Migration Team
- System Integration Team
- Testing Team
- Training team
- Implementation Team
- Post Go-Live support Team

#### 3.3.2 Training of Implementation Staff

System Administrator Training/DBA: The System Administrator team will decide the best workflow and setup for the clinical environment. The users selected will be heavily involved in document creation and phase planning. Most of the decision-making and "best case" workflow discussions will occur during these classes. BCA recommends the client System Administrator team be made up of technical, clinical and non-clinical users. This class is mandatory to ensure a successful implementation.

**Appendix A: IDOC EMR Approval**

The undersigned acknowledge that they have reviewed the IDOC implementation plan and agree with the information presented within this document. Changes to this document will be coordinated with, and approved by, the undersigned, or their designated representatives.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Role: Project Manager \_\_\_\_\_

## Appendix B: References

The following table summarizes the documents referenced in this document.

NO DOCUMENTS REFERENCED

## Appendix C: Key Terms

The following table provides definitions and explanations for terms and acronyms relevant to the content presented within this document.

Term	Definition
IDOC	Illinois Department of Corrections
BCA	Business Computer Applications
MIS	Medical Information System



## **EXHIBIT X**

### **EMR SYSTEM HIPAA COMPLIANCE & CCHIT CERTIFICATION**

With respect to its software application, BCA will continue to maintain compliance with HIPAA requirements through the provision of audit trails that track user changes to patient records, sign on requirements such as user name and password, automatic user log out for inactivity, and the development of user access based on security levels to ensure that staff have access only to information required by their user responsibilities.

As an Application Service Provider, BCA will continue to maintain appropriate levels of security and access for those BCA employees whose job functions require them to perform software or hardware operations or system maintenance functions. System security and access to system databases is maintained with solid password protection for user accounts so that hosted/warehoused PHI is guarded against unauthorized access and system intrusion.

From the perspective of overall security of its physical data center BCA's hosting environment has in place a set of physical safeguards that control facility access, the addition or removal of hardware and software from the network, access to equipment, and visitor access. These controls are designed to protect against inappropriate access to the data center itself, as well as unauthorized or inappropriate access to customer PHI residing on data center servers.

BCA's Pearl® EMR application is in the final stages of its CCHIT 2011 certification. In conjunction with that anticipated certification, BCA will be conducting a review of its HIPAA compliance policy and procedures to ensure that all new requirements for certification are addressed, and recommended enhancements are immediately put in place.

# EXHIBIT XI

## EMR SYSTEM TRAINING PLAN

### Introduction

#### 1. Purpose

The purpose of this document is to describe the training plan needed to train all Illinois Department of Corrections (IDOC) users of the BCA Pearl Electronic Health Records System. The training plan will include three phases;

- Phase 1 will be the training of Six (6) System Administrators, which will include a Provider, Nurse and End User.
- Phase two will include the training of Thirty-Seven (37) Providers, Forty (40) Nurses/Assistants, and Ten (10) End User Staff in the set up and operations of the PEARL® EMR system for the four IDOC beta sites.
- Phase three will include the same training as Phase two for the remaining IDOC sites, four sites at a time.

This IDOC EMR document establishes procedures to plan, schedule, design, develop, implement and maintain the IDOC EMR training program and curriculum. The following objectives have been established for this plan:

#### 2. Scope

##### 2.1 Phase 1 Training

###### 2.1.1 Personnel

Train up to 6 IDOC staff in the transition and operation of the PEARL® EMR.

- 6 Pearl Basics
- 6 Data Base Administrators

###### 2.1.2 Classes

The following classes are planned:

Overall Training by Category	Total Students	Students per Class	Classes	Class Duration	Training Days
PEARL® Basics	6	15	7	.5 days	.5
Data Base Administrators	6	10	1	10 days	10

**Note:** Some classes may be provided during nights and weekends to minimize the impact of the clinics daily operations.

##### 2.2 Phase 2 Training

###### 2.2.1 Personnel

Train up to 168 IDOC staff in the transition and operation of the PEARL® EMR

- 81 Pearl Basics
- 37 Providers
- 40 Nurses/Assistants
- 10 End User Staff (help desk)

###### 2.2.2 Classes

The following classes are planned:

Overall Training by Category	Total Students	Students per Class	Classes	Class Duration	Training Days
PEARL® Basics	87	15	7	.5 days	4
Providers Training	37	10	4	1 days	4
Nurses Training	40	10	4	1 days	4
End User Training	10	10	1	1 days	1

**Note:** Some classes may be provided during nights and weekends to minimize the impact of the clinics daily operations.

##### 2.3 Phase 3 Training

###### 2.3.1 Personnel

Train up to 168 IDOC staff in the transition and operation of the PEARL® EMR

- 81 Pearl Basics
- 37 Providers
- 40 Nurses/Assistants
- 10 End User Staff (help desk)

### 2.3.2 Classes

The following classes are planned:

Overall Training by Category	Total Students	Students per Class	Classes	Class Duration	Training Days
PEARL® Basics	87	15	7	.5 days	4
Providers Training	37	10	4	1 days	4
Nurses Training	40	10	4	1 days	4
End User Training	10	10	1	1 days	1

**Note:** Some classes may be provided during nights and weekends to minimize the impact of the clinics daily operations.

### 2.4 Classes and Personnel Groups

Classes	Personnel
PEARL® Basics	All Personnel
Data Base Admin Training	Data Base Administrators
Providers Training	Physician Staff Pharmacy Staff Nurse Practitioners Physician Assistants Ophthalmology Staff Dental Staff Women's Health Staff Radiological Staff Mental Health Staff
Nurses/Assistant Training	Registered Nurses Licensed Practical Nurses
End User Staff Training	Social Workers Medical Records Staff Staff Assistants

### 2.5 Planning Principles

The applicability of the plan is predicated on:

- Training of all the staff will be completed before the go-live. BCA will provide sign-in sheets for each class.
- Training and testing will be scheduled to minimize lag before actual use.
- Systems implementation and deployment will be planned and scheduled to maximize the potential of success and minimize the risk of failure.

### 2.6 Assumptions

The plan assumptions are:

- IDOC will provide the training facilities and equipment.
- BCA will provide qualified instructors and assistants.
- BCA will train no more than 24 students within 6 classes.
- Additional classes beyond the scope of this project will be provided by BCA subject to an approved Change Order.
- IDOC will select qualified individuals to be trained as Super Users. Super Users will be responsible for ongoing training and user support.
- Trainees will be released from normal duties and made available as required.
- All trainees will be familiar with the clinical operations and workflows in their assigned areas.
- All trainees will have adequate basic computer skills.
- All trainees will be made familiar with the project and objectives.
- IDOC will be responsible for training staff unable to attend or staff that works as a consultant for IDOC.
- Each student will be tested at the end of each class. Each student must score 85 in order to pass the class. Students who score less than 85 will be required to be retrained. Retraining shall be outside the scope of this project and will be provided by BCA subject to an approved Change Order.

### 2.7 Constraints

This section identifies any limitation that must be taken into consideration regarding the content of this plan.

- BCA will provide a maximum of 188 hours of training for the first Four (4) beta sites and a maximum of 292 hours of training for the remaining Nineteen (19) sites.
- All training will be conducted in accordance with the detailed training plan and schedule.

### 3. Training Courses

#### 3.1 PEARL® Basics

- Basic Pearl overview
- Understanding user name, password and PIN
- Understanding system navigation
- Understanding P-mail and inbox
- Understanding the chart functionality
- Identifying internal support staff
- Understanding problem escalation and resolution procedures
- Questions and answers

#### 3.2 Data Base Administrator Training

- Basic Pearl overview
- Enterprise and database infrastructure
- Sign on
- Creating and maintaining support files and tables
- Creating and maintaining forms
- Creating and maintaining templates
- Creating and maintaining decision “trees”
- Creating and maintaining user profiles
- Creating and maintaining security
- Creating and maintaining clinic preferences
- Chart completion
- Hands on exercises
- Questions and answers
- Testing

#### 3.3 Providers Training

##### 1. Patient Roster Screen: Overview

- Search Filters
- Roster Buttons and Functionality
- Registration Buttons and Functionality
- Clinical Buttons and Functionality
- Administrative Buttons and Functionality

##### 2. Patient Registration

- Patient Complaint
- Diagnosis
- Functional Status
- Injuries
- Face Sheet
- Scanning
- Forms
- Departments
- Previous Admission Information

##### 3. Patient Chart

- Chart Sections
- Viewing Dual Charts
- Email and Fax Via Patient Charts
- Reclassifying Patient Charts

##### 4. Inbox/Pmail

- Patient v. Administrative Correspondences
- Choosing Pmail Recipients
- Entering Pmail Messages
- Attachments

- e. Paste Components
- f. Sending a Message
- g. Signing a Message
- h. Template Overview

**5. Transcription**

- a. Reading Transcribed Messages
- b. Editing Messages

**6. Summary**

- a. Changing/Adding Preferences
- b. Image Sections
- c. Printing Summaries

**7. Medications**

- a. Active Medications Area
- b. Patient Allergies
- c. Order Filter of Medications
- d. Prescribing Medications

**8. Orders**

- a. Order Filters
- b. Order Details
- c. Attaching a Dx to an Order

**9. Patient Referrals**

**10. Reminders**

- a. Open Reminders
- b. Revising Reminders
- c. Deleting Reminders
- d. Completing Reminders

**11. Health and Health Maintenance**

- a. Evaluating Patient Characteristics

**12. Problems/Problem Detail and Diagnosis Maintenance**

- a. Adding/Modifying Patient Problems
- b. Deleting Problems
- c. Adding Problem Detail: First and Second Level
- d. Physical Exam

**13. Vital Signs**

- a. Entering Vital Signs
- b. Viewing Vital History
- c. Printing and Graphing Vitals

**14. Lab**

- a. Viewing Lab Results (Both Interfaced and Manual)
- b. Printing and Graphing Results

**15. Result Entry**

- a. Viewing Results
- b. Graphing Details

**16. Face Sheet**

- a. Viewing Face Sheet
- b. Printing the Face Sheet

**17. Forms**

**18. Hands on exercises**

**19. Questions and answers**

**20. Testing**

**3.4 Nurses/Assistant Training**

**1. Roster Screen Intro**

- a. Log In
- b. Title Bar
- c. Patient Lookup
- d. Roster Screen Filter
- e. Records Retrieved (Number of pts found)
- f. Clock (60 second Refresh)

- g. Print (Prints the entire Roster list – not just what's on your initial screen)
- h. Search Results from Patient Lookup (Pt Information Details)
- i. Deceased Patients on Roster Screen

**2. Roster Buttons**

- a. In house (who's admitted to the facility or dept.)
- b. Facility/dept. (allows you to view by facility or department)
- c. Physician (allows you to view by physician(s) and departments)

**3. Clinical buttons**

- a. Face sheet (allows you to view the patient's face sheet)
- b. Chart (allows you to view the patient's chart)
- c. Patient summary (view pt electronic chart – meds, labs, problems, allergies, etc.)

**4. Admin buttons**

- a. Inbox (allows you to view your p-mail messages)
- b. P-mail (allows you to create a new message/call in)

**5. Right-click on screen to**

- a. Find out who is logged in
- b. Change user (allows others to log in)
- c. lock workstation (locks screen to keep others from viewing it)

**6. Nurses functions**

- a. Vitals
- b. Orders
- c. Diagnosis (changing/adding dx to order)
- d. Delete/modify an order
- e. More detail (to change quantity, frequency, etc.)
- f. Recommended diagnosis (when they're linked to orders)
- g. Printing requisitions (default is "1" to print one copy)
- h. Order history
- i. Reminders
- j. Medications screen
- k. Notebuilder
- l. Forms

**7. Hands on exercises**

**8. Questions and answers**

**9. Testing**

**3.5 End User Staff Training**

**1. Logging On to the Application**

- a. User ID
- b. Password
- c. PIN

**2. Patient Roster Screen: Overview**

- a. Search Filters
- b. Roster Buttons and Functionality
- c. Face sheet
- d. Clinical Summary

**3. Patient Chart**

- a. Chart Sections
- b. Viewing Dual Charts
- c. P-mail and Fax Via Patient Charts
- d. Reclassifying Patient Charts

**4. Administrative Button and Tasks**

- a. Reminders
- b. Scanning

**5. Inbox/Pmail**

- a. Patient v. Administrative Correspondences
- b. Choosing Pmail Recipients
- c. Entering Pmail Messages
- d. Attachments
- e. Paste Components

f. Sending a Message

g. Signing a Message

h. Template Overview

**6. Hands on exercises**

**7. Questions and answers**

**8. Testing**

**4. Training Resources**

All the classes require a suitable classroom or workroom with at least 1 desktop PC per person configured to run PEARL®, as well as a whiteboard, a computer projector, and flip charts. The size of the classroom or workroom must be large enough to accommodate the students, at least two instructors, several visitors, and sufficient maneuvering room that the instructors can readily mingle with the students and assist them with exercises. Given the proper facilities, each class may hold as many as 20 students to be trained at one time.

**5. Appendices**

**Appendix A: Training Schedule**

<b>Class#</b>	<b>Class</b>	<b>Start Date</b>	<b>Stop Date</b>	<b>Start Time</b>	<b>Stop Time</b>	<b>Instructor</b>	<b>Status</b>
1	PEARL® Basics	TBD	TBD	TBD	TBD	TBD	0
2	PEARL® Basics	TBD	TBD	TBD	TBD	TBD	0
3	PEARL® Basics	TBD	TBD	TBD	TBD	TBD	0
4	PEARL® Basics	TBD	TBD	TBD	TBD	TBD	0
5	PEARL® Basics	TBD	TBD	TBD	TBD	TBD	0
6	PEARL® Basics	TBD	TBD	TBD	TBD	TBD	0
7	PEARL® Basics	TBD	TBD	TBD	TBD	TBD	0
8	Provider Training	TBD	TBD	TBD	TBD	TBD	0
9	Provider Training	TBD	TBD	TBD	TBD	TBD	0
10	Provider Training	TBD	TBD	TBD	TBD	TBD	0
11	Provider Training	TBD	TBD	TBD	TBD	TBD	0
12	Nurses/Assistant Training	TBD	TBD	TBD	TBD	TBD	0
13	Nurses/Assistant Training	TBD	TBD	TBD	TBD	TBD	0
14	Nurses/Assistant Training	TBD	TBD	TBD	TBD	TBD	0
15	Nurses/Assistant Training	TBD	TBD	TBD	TBD	TBD	0
16	End User Training	TBD	TBD	TBD	TBD	TBD	0



**Appendix B: Training Plan Approval**

The undersigned acknowledge they have reviewed the IDOC EMR **Training Plan &** and agree with the approach it presents. Changes to this **Training Plan** will be coordinated with and approved by the undersigned or their designated representatives.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Role: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Role: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Role: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Role: \_\_\_\_\_

**EXHIBIT XII**

**IMPLEMENTATION PLAN**

THIS PLAN IS PROPRIETARY AND CONFIDENTIAL



**Illinois Department of Corrections (IDOC)  
Implementation/Transition Timetable**

Transition Activities	Individual Responsible	Predefined Phase	Phase of Contract												Start of Contract	Final Day of Contract																											
			1	2	3	4	5	6	7	8	9	10	11	12			13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30									
<b>Contract Terms</b>																																											
Develop contract deliverables and develop monitoring methodology and tools	VP Quality Compliance and Business Affairs, N																																										
Identify reporting requirements within the contract, define accountability, who is responsible	VP Quality Compliance and Business Affairs, N																																										
Develop training materials for state and the staff in terms of contract	Director, Quality Management Improvement Operations, C. Lambert																																										
Standardize policies, procedures, and guideline protocols for applicability	Director, Quality Management Improvement Operations, C. Lambert																																										
Provide a 1/6 of contract amount in Performance Bond within 10 days of award	VP Quality Compliance and Business Affairs, N																																										
Carry out orientation regarding contract terms	VP Quality Compliance and Business Affairs, N																																										
<b>Establishing New / Modifying Current Positions as Applicable (All Days prior to commencement of contract)</b>																																											
Recruit and staff for new or modified positions established	Senior VP Human Resources & Risk Management, E. Gorman Recruitment, Training and Staffing, C. Vetter and VP of Operations, C. Lambert																																										
Train staff and provide department orientation	Senior VP of Human Resources & Risk Management, E. Gorman and Manager, Staffing, Recruitment, A. Vetter and VP of Operations, C. Lambert																																										
<b>Human Resources</b>																																											
Develop list of current vacancies, reconcile with staffing plan and provide recruitment needs	Manager, Staffing and Recruitment, A. Vetter																																										
Share recruitment plan, prioritize with statewide team	Manager, Staffing and Recruitment, A. Vetter																																										
Review current work schedules according to final proposal staffing plan	Manager, Staffing and Recruitment, A. Vetter																																										
Assess bilingual (English and Spanish) capabilities of staff	Manager, Staffing and Recruitment, A. Vetter																																										

**Illinois Department of Corrections (IDOC)  
Implementation/Transition Timetable**

Transition Activities	INDIVIDUAL RESPONSIBLE	Pre-Contract Phase	Pre-Work of Contract												Post-Work of Contract
			1	2	3	4	5	6	7	8	9	10	11	12	
<b>Budget and Financial Management</b>															
Establish Chart of Accounts for site and track reporting mechanisms	VP Quality Compliance and Business Affairs, N Jobe													◆	
Identify financial reporting requirement, including frequency and accountability	VP Quality Compliance and Business Affairs, N Jobe													◆	
Identify performance indicators that could result in fines, develop method of monitoring these indicators and assign accountability	VP Quality Compliance and Business Affairs, N Jobe													◆	
Establish billing process	VP Quality Compliance and Business Affairs, N Jobe													◆	
Establish site budget based upon proposal and negotiate contract	VP Quality Compliance and Business Affairs, N Jobe													◆	
<b>Provider Network Development and Credentialing</b>															
Identify, pursue, and finalize independent offsite and onsite contractors and begin negotiation of contracts as applicable	Manager, Provider Network, K. O'Keefe and Regional Management Administrators		◆												
Confirm hospital providers and subcontractors contact information, as applicable	Manager, Provider Network, K. O'Keefe		◆												
Collaborate to assess onsite specialty clinic needs, as applicable	Manager, Provider Network, K. O'Keefe and Regional Management Administrators		◆												
Obtain initial credentialing documentation for all contracted providers, as applicable	Manager, Provider Network, K. O'Keefe		◆												
Provide IDOC all subcontractor agreements, as applicable	Manager, Provider Network, K. O'Keefe		◆												
Provide training to staff as appropriate on all processes and expectations	Manager, Provider Network, K. O'Keefe													◆	

**Illinois Department of Corrections (IDOC)  
Implementation/Transition Timetable**

Transition Activities	Individual Responsible	Pre Start of Contract												Start of Contract	Mid-Point of Contract	End of Contract	
		1	2	3	4	5	6	7	8	9	10	11	12				
<b>Administrative Office / Equipment / Supplies</b>																	
Identify computer, printer, fax and courier needs. Develop purchase/replacement plan and arrange purchase, delivery and installation.	Director IT, Carbis, Carma and Regional Managers and Administrators																
Identify location, number and contact person at each site for computers, telephones and fax lines.	Director IT, Carbis, Carma and Regional Managers and Administrators																
Finalize personnel message communication (e.g., cell phone/pager) requirements by site.	Director IT, Carbis, Carma and Regional Managers and Administrators																
Coordinate discussion/requirements with IDOC.	Director IT, Carbis, Carma and Regional Managers and Administrators																
Provide initial plan for placement of IT hardware, as applicable.	Director IT, Carbis, Carma and Regional Managers and Administrators																
Evaluate need for additional lines and order as needed.	Director IT, Carbis, Carma and Regional Managers and Administrators																
Perform vendor requirements set up, as applicable.	Director IT, Carbis, Carma and Regional Managers and Administrators																
Order/deliver/verify/validate personnel message communications.	Director IT, Carbis, Carma and Regional Managers and Administrators																
<b>Medical Services</b>																	
Implement, subject to Department approval, an inmate health education program, as contractually required.	Director, Gandy Management & Inmate Medical Support and Corporate Medical Director T. Lawrence																
<b>Telemedicine</b>																	
Review existing Inmate and telepsych programs to explore expansion into other areas and facilities.	Director IT, Carbis, Carma and Dept of Operations, C. Leonard																
<b>Reports</b>																	
Validate report formats/layouts.	Director IT, Carbis, Carma and Dept of Operations, C. Leonard																
Identify email address to submit reports.	Director IT, Carbis, Carma and Dept of Operations, C. Leonard																

### Illinois Department of Corrections (IDOC) Implementation/Transition Timetable

Transition Activities	Individual Responsible	Period of Contract		Period of Contract	
		Start of Contract	End of Contract	Start of Contract	End of Contract
<b>Pharmacy Services</b>					
Define equipment and transition needs including computers, printers, fax machines, bar code printers, and data required, as applicable for approval programs (Mediscan, etc.)	Director, Pharmacy and Academy Services, D. Mervis and Regional Administrators				
Provide a schedule of quarterly pharmacy inspections and P&T meetings for each facility to the contracted pharmacy.	Director, Pharmacy and Academy Services, D. Mervis and Regional Administrators				
Receive approval of an internet secure web-based reporting system for Health Care Unit use.	Director, Pharmacy and Academy Services, D. Mervis and Regional Administrators				
<b>Quality Management Program</b>					
Review clinical job descriptions and revise as needed for operational compliance.	Director, Quality Management & Performance Improvement, M. Agrean				
Provide specific disaster plans for each site.	Director, Quality Management & Performance Improvement, M. Agrean and Regional Management Administrators				
Review all forms to ensure they meet expectations laid out in RFP. Revise as needed. Assemble manual with all forms and distribute. Set up tracking schedule with regards to forms.	Center, Quality and Compliance, M. Agrean and Regional Management Administrators				
Review current peer review list for consistency with contract. Develop peer review calendar by site.	Corporate Medical Center, T. Johnson and Regional Medical Centers, Dr. A. Park and Dr. J. Larson				
Meet with Department Audit Manager to review upcoming Quarterly Audit.	VP of Operations, C. Leland and Regional Management Administrators				
Establish time line for accreditation status.	Director, Quality Management & Performance Improvement, M. Agrean				

**Illinois Department of Corrections (IDOC)  
Implementation/Transition Timetable**

Transition Activities	Individual Responsible	Precedent Number	Start of Contract	Pre Start of Contract												Start of Contract	Post Start of Contract
				1	2	3	4	5	6	7	8	9	10	11	12		
<b>Utilization Management</b>																	
Compare UMP's to requirements/contract model Waste to reflect the IDOC contract, as applicable	Manager UM, P. Carey																
Train all providers on any new UM expectations and processes including ESU process, hospital tracking, and Collegial Review process	Manager UM, P. Carey																
Conduct incident daily review with hospitals	Manager UM, P. Carey / Incident UM Nurse																
Review all UM specialty referral requests	Corporate Medical Director, T. Lehman and Strategic Clinical Initiatives Director, Dr. R. Agnew																
Conduct daily review of Emergency Room incidents	Corporate Medical Director, T. Lehman and Strategic Clinical Initiatives Director, Dr. R. Agnew / Manager UM, P. Carey / UM Nurse																
Review scheduled elective surgeries via Collegial Reviews	Corporate Medical Director, T. Lehman and Strategic Clinical Initiatives Director, Dr. R. Agnew / Manager UM, P. Carey / UM Nurse																



## EXHIBIT XIII

### Summary of Responsibilities in the University of Illinois in Chicago Services for Hepatitis C, HIV and/or AIDS to IDOC Offenders through Telemedicine

#### DESCRIPTION OF SERVICES

The Illinois Department of Corrections (IDOC), the Illinois Department of Healthcare and Family Services (HFS), and the Board of Trustees of the University of Illinois on behalf of the University of Illinois at Chicago (University), the University of Illinois Medical Center at Chicago (UIMCC) and the University of Illinois College of Medicine at Chicago (COM and together with UIMCC, UIMCC-COM), entered into a Medical Program Agreement (Agreement), to delineate respective roles, responsibilities and financial obligations associated with the provision of medical care and other related medical services by UIMCC-COM for the treatment of individuals with Hepatitis C and HIV/AIDS who are patients of UIMCC and incarcerated in the IDOC, providing mutually agreed upon support functions, and maintaining clear communications between the agencies.

The Agreement established interagency procedures for the delivery of patient care through the use of telemedicine to persons diagnosed with Hepatitis C and/or HIV/AIDS who are incarcerated in the IDOC, and UIMCC is able to purchase pharmaceuticals eligible for discounts under the 340B Drug Pricing Program and provide such discounted pharmaceuticals to patients of UIMCC that are incarcerated in the IDOC.

**DEFINITIONS:** Whenever used in this Exhibit for the Agreement, the following terms will have the meanings set out below:

- a. "340B" refers to 42 USC 256 Section 340B of the Veterans Health Care Act of 1992.
- b. "Clinical companion" means a chronic illness nurse, mid-level provider, or physician as indicated.
- c. "Hepatitis C" means an infection that is caused by the hepatitis C virus (HCV).
- d. "HIV/AIDS" means infection with human immunodeficiency virus and any other identified causative agent of acquired immunodeficiency syndrome.
- e. "Medical program" means the provision of outpatient medical services via telecommunication technologies for patients diagnosed with Hepatitis C and/or HIV/AIDS and the procuring of pharmaceuticals as prescribed by UIMCC-COM physicians in connection with such health care services at 340B Drug Pricing Program discounted rates. The medical services may include consultative, diagnostic, treatment, evaluation, testing and other related medical services for Hepatitis C and/or HIV/AIDS and are provided to the extent permitted by telecommunication technologies in place at IDOC and University.
- f. "Patient" means a person who is a registered patient of UIMCC when UIMCC maintains records of such person's health care, receives medical services from UIMCC-COM personnel under the medical program, and is incarcerated in the custody of IDOC within IDOC prison facilities.
- g. "Prison facilities" refers to all IDOC correctional centers.
- h. "Release from custody" means the date an individual is released from incarceration in the IDOC either on supervised release or discharge.
- i. "Treatment Protocol" means medical protocol for treatment of Hepatitis C and HIV/AIDS for the medical program.
- j. "Fiscal year" means from July 1 of each year until June 30 of the following year.

#### MUTUAL RESPONSIBILITIES

- a. All parties shall develop interagency procedures to facilitate the necessary implementation of the Agreement and to include the procedures in their respective policy manuals and documents.
- b. All parties shall conform to all applicable federal and state statutes with respect to maintaining confidentiality of patient information and covered services. Identifying information contained in the data bases of the respective parties is subject to the confidentiality provisions of applicable federal and state statutes, rules, and regulations, including, but not limited to, 42 CFR 431.300, *et seq.*; 45 CFR 164, *et seq.* ("HIPAA"); 305 ILCS 5/11-9; 305 ILCS 5/11-12; and 740 ILCS 110. When confidential information is exchanged by the parties, the following rules shall apply: (a) the confidential nature of the information must be preserved; (b) the information furnished must be used only for the purposes for which it was made available; (c) assurance must be given that the proper steps shall be taken to safeguard the confidential nature of the information; and (d) access to such information shall be limited to personnel who require the information to perform their duties or for whom access is permitted by statute or regulation. The foregoing obligations of confidentiality shall not apply to confidential information that: (1) as evidenced by a receiving party's written records, was lawfully known to the receiving party prior to its communication by the disclosing party and was not communicated to the receiving party subject to any restrictions on disclosure or use; (2) as evidenced by a receiving party's written records, is independently developed by the receiving party without use or knowledge of the confidential information; (3) is or becomes a part of the public domain other than by a breach of the Agreement by the receiving party; (4) becomes known to the receiving party by the action of a third party not in breach of a duty of confidence; or (5) is required to be disclosed by the receiving party to a third party pursuant to any applicable law, governmental regulation, or decision of any court or tribunal of competent jurisdiction, so long as the receiving party takes reasonable steps to give the disclosing party prior notice in order for disclosing party to contest such law, governmental regulation, or decision.
- c. The parties shall coordinate and cooperate in any state and federal audit requirements applicable to the Agreement.

### **IDOC AND/OR VENDOR RESPONSIBILITIES**

- a. IDOC shall be responsible for requesting sufficient appropriations for purposes of the expenditure needed for the medical program under the Agreement. In the event the Illinois General Assembly fails to make an appropriation sufficient for the expenditures needed under the Agreement for any fiscal year, IDOC shall give the University written notice of such failure as soon as practicable. IDOC will also notify the Vendor of the change in services.
- b. IDOC/VENDOR personnel at the facilities shall be responsible for working with UIMCC-COM to coordinate scheduling initial and follow-up patient appointments.
- c. IDOC/VENDOR shall arrange for patient movement to the telemedicine site within the prison facility in a timely fashion for all scheduled appointments. It is understood by all parties that there may be occasions when patients may not be available due to security conflicts.
- d. IDOC/VENDOR will arrange to have a clinical companion available at telemedicine sessions to enable the clinical evaluation to occur expeditiously. IDOC/VENDOR will ensure that clinical companions will be available for clinical communications or evaluations as may be determined to be necessary by University treatment staff, in concurrence with the IDOC Agency Medical Director or the Director's designee.
- e. IDOC/VENDOR will conduct laboratory testing for patients as ordered by treating UIMCC-COM medical personnel.
- f. When required, UIMCC-COM medical personnel will be allowed physical access to patients in prison facilities for purposes of medical examination, consultation, or treatment, subject to IDOC operational security requirements.
- g. IDOC/VENDOR shall be responsible for the administration of pharmaceuticals to patients and the implementation of any Hepatitis C and/or HIV/AIDS treatment orders as directed by the treating UIMCC-COM medical personnel. IDOC/VENDOR shall also be responsible for complying with those guidelines and procedures set forth under the Treatment Protocol that is identified as being IDOC responsibilities. Any deviations from the Treatment Protocol or any treatment orders provided by UIMCC-COM medical personnel for the medical care of any patient by IDOC/VENDOR shall be reported to the treating UIMCC medical personnel as soon as practicable.

### **HFS RESPONSIBILITIES**

Consistent with Executive Order Number 3 (2005), HFS shall be responsible for reviews and modifications as set forth in the Agreement.

### **UNIVERSITY RESPONSIBILITIES**

- a. UIMCC-COM shall hire faculty and staff for the medical program. UIMCC-COM shall have the sole responsibility of ensuring all participating faculty and staff in this program are licensed and/or accredited for their respective areas of medical practice in accordance with UIMCC processes, policies and procedures and UIMCC Medical Staff bylaws. Upon written request of IDOC, documentation of such licensing and/or accreditation will be provided to IDOC.
- b. UIMCC-COM shall use electronic medical records to document patient encounters and shall send a paper copy of said documentation to the prison facility health care unit by way of the UIMCC electronic medical records read-only web client or electronic facsimile transmission, until or unless IDOC adopts a compatible electronic medical records system for records delivery.
- c. The University shall develop a correctional health care web-based data management system for IDOC to enable IDOC/VENDOR to electronically collect, store, and report Hepatitis C and HIV/AIDS treatment data received from UIMCC, through University's School of Public Health's Center for Advancement of Distance Education (CADE).
- d. UIMCC-COM personnel shall be responsible for working with IDOC/VENDOR to coordinate the scheduling of appointment times with the prison facility where the patient is incarcerated.
- e. UIMCC-COM personnel shall be responsible for establishing a relationship with each individual patient, including maintaining records of the patient's health care and providing health care services such that responsibility for the patient's care for Hepatitis C and/or HIV/AIDS remains with the University, in compliance with 340B. In the event UIMCC-COM medical personnel cannot provide such health care services to an individual incarcerated in the custody of IDOC within IDOC prison facilities, in compliance with 340B, for any reason, the University shall identify such individual to IDOC and a determination will be made if such individual will be deemed a patient of UIMCC for the purposes of the Agreement and compliance with 340B.
- f. UIMCC-COM shall collaborate with the IDOC Agency Medical Director in developing a Treatment Protocol including, but not limited to, treatment time lines that consider the patient's anticipated release from custody date. The Treatment Protocol must be jointly approved by the IDOC Agency Medical Director and UIMCC-COM physician responsible for the respective clinical area (Hepatitis C or HIV/AIDS), or their designees.
- g. UIMCC-COM shall designate locations within UIMCC for telemedicine equipment used for the patient consultation sessions.
- h. UIMCC, with the assistance of the University's College of Pharmacy, shall be responsible for patient prescriptions, including purchasing, packaging, shipping and maintaining an inventory of pharmaceuticals needed for the medical program. The purchasing of the pharmaceuticals needed for the medical program shall be done under the 340B Pricing Program. Prescribed pharmaceuticals for patients shall be shipped to the applicable prison facility. Pharmaceuticals that require refrigeration will be shipped via overnight delivery and all other pharmaceuticals will be shipped via a contracted delivery service. The College of Pharmacy will also be responsible for the provision of clinical pharmacy services through collaborative practice agreements with physicians in the UIMCC-COM.

- i. University shall acquire for IDOC, with funds from IDOC, the telecommunications equipment necessary for implementation of the medical program at the prison facilities. University shall arrange for transportation of such equipment to applicable IDOC prison facilities and arrange for installation of such equipment at the prison facilities.

## EXHIBIT XIV

### HIPAA COMPLIANCE OBLIGATIONS

#### A. Definitions.

1. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR section 164.501.
2. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR section 164.502(g).
3. "PHI" means Protected Health Information, which shall have the same meaning as the term "protected health information" in 45 CFR section 160.103, limited to the information created or received by Vendor from or on behalf of the Agency.
4. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and 45 CFR Part 164 subparts A and E.
5. "Required by law" shall have the same meaning as the term "required by law" in 45 CFR section 164.103.

#### B. Vendor's Permitted Uses and Disclosures.

1. Except as otherwise limited by this Contract, Vendor may use or disclose PHI to perform functions, activities, or services for, or on behalf of, the Agency as specified in this Contract, provided that such use or disclosure would not violate the Privacy Rule if done by the Agency.
2. Except as otherwise limited by this Contract, Vendor may use PHI for the proper management and administration of Vendor or to carry out the legal responsibilities of Vendor.
3. Except as otherwise limited by this Contract, Vendor may disclose PHI for the proper management and administration of Vendor, provided that the disclosures are required by law, or Vendor obtains reasonable assurances from the person to whom the PHI is disclosed that the PHI will remain confidential and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person. Vendor shall require the person to whom the PHI was disclosed to notify Vendor of any instances of which the person is aware in which the confidentiality of the PHI has been breached.
4. Except as otherwise limited by this Contract, Vendor may use PHI to provide data aggregation services to the Agency as permitted by 45 CFR section 164.504(e)(2)(i)(B).
5. Vendor may use PHI to report violations of law to appropriate federal and state authorities, consistent with 45 CFR section 164.502(j)(1).

#### C. Limitations on Vendor's Uses and Disclosures. Vendor shall:

1. Not use or further disclose PHI other than as permitted or required by the Contract or as required by law;
2. Use appropriate safeguards to prevent use or disclosure of PHI other than as provided for by this Contract;
3. Mitigate, to the extent practicable, any harmful effect that is known to Vendor of a use or disclosure of PHI by Vendor in violation of the requirements of this Contract;
4. Report to the Agency any use or disclosure of PHI not provided for by this Contract of which Vendor becomes aware;
5. Ensure that any agents, including a subcontractor, to whom Vendor provides PHI received from the Agency or created or received by Vendor on behalf of the Agency, agree to the same restrictions and conditions that apply through this Contract to Vendor with respect to such information;
6. Provide access to PHI in a Designated Record Set to the Agency or to another individual whom the Agency names, in order to meet the requirements of 45 CFR section 164.524, at the Agency's request, and in the time and manner specified by the Agency;
7. Make available PHI in a Designated Record Set for amendment and to incorporate any amendments to PHI in a Designated Record Set that the Agency directs or that Vendor agrees to pursuant to 45 CFR section 164.526 at the request of the Agency or an individual, and in a time and manner specified by the Agency;
8. Make Vendor's internal practices, books, and records, including policies and procedures and PHI, relating to the use and disclosure of PHI received from the Agency or created or received by Vendor on behalf of the Agency available to the Agency and to the Secretary of Health and Human Services for purposes of determining the Agency's compliance with the Privacy Rule;
9. Document disclosures of PHI and information related to disclosures of PHI as would be required for the Agency to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR section 164.528;
10. Provide to the Agency or to an individual, in a time and manner specified by the Agency, information collected in accordance with the terms of this Contract to permit the Agency to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR section 164.528;
11. Return or destroy all PHI received from the Agency or created or received by Vendor on behalf of the Agency that Vendor still maintains in any form, and to retain no copies of such PHI, upon termination of this Contract for any reason. If such return or destruction is not feasible, Vendor shall provide the Agency with notice of such purposes that make return or destruction infeasible, and upon the parties' written agreement that return or destruction is infeasible, Vendor shall extend the protections of the Contract to the PHI and limit further uses and disclosures to those purposes that make the return or destruction of the PHI infeasible. This provision shall apply equally to PHI that is in the possession of Vendor and to PHI that is in the possession of subcontractors or agents of Vendor.

**D. Agency Obligations.** The Agency shall:

1. Provide Vendor with the Agency's Notice of Privacy Practices and notify Vendor of any changes to said Notice;
2. Notify Vendor of any changes in or revocation of permission by an individual to use or disclose PHI, to the extent that such changes may affect Vendor's permitted or required uses and disclosures of PHI;
3. Notify Vendor of any restriction to the use or disclosure of PHI that the Agency had agreed to in accordance with 45 CFR section 164.522, to the extent that such restriction may affect Vendor's use or disclosure of PHI;
4. Not request that Vendor use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by the Agency.

**E. Breach Requirements.**

1. Sections 164.308, 164.310, 164.312 and 164.316 of title 45, Code of Federal Regulations, apply to the Vendor in the same manner that such sections apply to the Agency. The Vendor's obligations include but are not limited to the following:
  - a. Implementing administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic Protected Health Information that the Vendor creates, receives, maintains, or transmits on behalf of the covered entity as required by HIPAA;
  - b. Ensuring that any agent, including a subcontractor, to whom the Vendor provides such information agrees to implement reasonable and appropriate safeguards to protect the data; and
  - c. Reporting to the Agency any security incident of which it becomes aware.
2. Privacy Obligations. To comply with the privacy obligations imposed by HIPAA, Vendor agrees to:
  - a. Abide by any Individual's request to restrict the disclosure of Protected Health Information consistent with the requirements of Section 13405(a) of the HITECH Act;
  - b. Use appropriate safeguards to prevent use or disclosure of the information other than as provided for by the Underlying Agreement;
  - c. Report to the Agency any use or disclosure of the information not provided for by the Underlying Agreement of which the Vendors becomes aware;
  - d. Ensure that any agents, including a subcontractor, to whom the Vendor provides Protected Health Information received from the Agency or created or received by the Vendor on behalf of the Agency agrees to the same restrictions and conditions that apply to the Vendor with respect to such information;
  - e. Make available to the Agency within ten (10) calendar days Protected Health Information to comply with an Individual's right of access to their Protected Health Information in compliance with 45 C.F.R. § 164.524 and Section 13405(f) of the HITECH Act;
  - f. Make available to the Agency within fifteen (15) calendar days Protected Health Information for amendment and incorporate any amendments to Protected Health Information in accordance with 45 C.F.R. § 164.526;
  - g. Make available to the Agency within fifteen (15) calendar days the information required to provide an accounting of disclosures in accordance with 45 C.F.R. § 164.528 and Section 13405(c) of the HITECH Act;
  - h. To the extent practicable, mitigate any harmful effects that are known to the Vendor of a use or disclosure of Protected Health Information or a Breach of Unsecured Protected Health Information in violation of this agreement;
  - i. Use and disclose an Individual's Protected Health Information only if such use or disclosure is in compliance with each and every applicable requirement of 45 C.F.R. § 164.504(e);
  - j. Refrain from exchanging any Protected Health Information with any entity of which the Vendor knows of a pattern of activity or practice that constitutes a material breach or violation of HIPAA;
  - k. To comply with Section 13405(b) of the HITECH Act when using, disclosing, or requesting Protected Health Information by limiting disclosures as required by HIPAA;
  - l. Vendor shall assure that appropriate systems are in place to record what is disclosed, when and to whom. For electronic health records acquired as of January 1, 2009, the Vendor must keep an accounting of disclosures made on or after January 1, 2014. (2) In the case of electronic health records acquired after January 1, 2009, the Vendor must keep an accounting of disclosures made on or after (a) January 2, 2011; or (b) the date that it acquires the electronic health record. HHS may postpone the effective dates to be no more than 2016 for (1) above and no later than 2013 for (2) above.
3. Breach Notification. In the event that the Vendor discovers a Breach of Unsecured Protected Health Information, the Vendor agrees to take the following measures within 10 calendar days after the Vendor first becomes aware of the incident:
  - a. To notify the Agency of any incident involving the acquisition, access, use or disclosure of Unsecured Protected Health Information in a manner not permitted under 45 C.F.R. parts D and E. Such notice by the Vendor shall be provided without unreasonable delay, except where a law enforcement official determines that a notification would impede a criminal investigation or cause damage to national security. For purposes of clarity for this provision, Vendor must notify the Agency of any such incident within the above timeframe even if Vendor has not conclusively determined within that time that the incident constitutes a Breach as defined by HIPAA. The

Vendor is deemed to have become aware of the Breach as of the first day on which such Breach is known or reasonably should have been known to such entity or associate of the Vendor, including any person other than the individual committing the Breach, that is an employee, officer or other agent of the Vendor or an associate of the Vendor;

- b. To include the names of the Individuals whose Unsecured Protected Health Information has been, or is reasonably believed to have been, the subject of a Breach;
  - c. To complete and submit the Breach Notice form to the Agency (see Attachment A); and
  - d. To include for the Agency a sample copy of the notice that was used to inform individuals about the breach.
4. Notification Duty. It is Vendors duty to provide the Breach notification to the affected individuals unless Agency agrees to provide the Breach notification.
  5. Costs. Vendor assumes all costs for providing Breach notification unless Agency agrees to assume any costs.
  6. Indemnification for Breach Notification. Vendor shall indemnify the Agency for costs associated with any incident involving the acquisition, access, use or disclosure of Unsecured Protected Health Information in a manner not permitted under 45 C.F.R. parts D and E.
  7. Security Rule Compliance. Vendor shall comply with the Security Rule's administrative, physical and technical safeguard requirements. As part of compliance with the Security Rule, Vendor shall develop and implement written security policies and procedures with respect to the electronic PHI they handle. Vendor assures and acknowledges Vendor will comply or is in compliance with the requirements of HITECH including meeting the administrative, physical and technical safeguard requirements of the HIPAA Security Rule. (45 CFR Part 160, 162, 164.) Vendor also assures and acknowledges that the electronic PHI they transmit is encrypted and that it will adopt internal procedures for reporting breaches and mitigating potential damages.

**F. Interpretation.** Any ambiguity in this Contract shall be resolved in favor of a meaning that permits the Agency to comply with the Privacy Rule.

**ATTACHMENT A**

**NOTIFICATION TO THE AGENCY OF BREACH OF  
UNSECURED PROTECTED HEALTH INFORMATION**

**The Vendor must complete this form to notify HFS pursuant to the Vendor Agreement of any Breach of Unsecured Protected Health Information. In accordance with Vendor Agreement, notice must occur immediately or within 10 calendar days of the breach being discovered.**

Notice shall be provided to the following Contacts at HFS:

(1) Contract Administrator (insert name) \_\_\_\_\_, in compliance with the Notice Requirements of the Underlying Agreement.

HFS Privacy Officer at:  
 Illinois Department of Healthcare and Family Services  
 Attn: Privacy Officer  
 201 South Grand Avenue East  
 Springfield, Illinois 62763

**Information to be Submitted by Vendor:**

<b>Contract Information:</b>
<b>Contract Number:</b>
<b>Contract Title:</b>
<b>Contact Person for this Incident:</b>
<b>Contact Person's Title:</b>
<b>Contact's Address:</b>
<b>Contact's E-mail:</b>
<b>Contact's Telephone No.:</b>

**NOTIFICATION:**

Vendor hereby notifies the Agency that there has been a Breach of Unsecured (unencrypted) Protected Health Information that Vendor has used or has had access to under the terms of the Vendor Agreement, as described in detail below:

<b>Date of Breach Date of Discovery of Breach:</b>
<b>Detailed Description of the Breach:</b>
<b>Types of Unsecured Protected Health Information involved in the Breach (such as full name, SSN, Date of Birth, Address, Account Number, Disability Code, etc – List All).</b>

**What steps are being taken to investigate the breach, mitigate losses, and protect against any further breaches?**

**Number of Individuals Impacted. If over 500, identify whether individuals live in multiple states?**

Submitted by:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_



## EXHIBIT XV

### MENTAL HEALTH PROGRAM – MEDICAL/LEGAL MATTERS

Vendor shall comply with the provisions of this Exhibit and with all federal and state mental health and healthcare related statutes, federal and state regulations, ADs, and the IDOC Office of Mental Health Management Procedure Manual as it relates to the following.

#### *Confidentiality*

Vendor shall refer requests from outside organizations for mental health-related information about offenders to the On-site Medical Director. Vendor understands that the release of any confidential health records must be accompanied by a consent form or release of confidential information form signed by the offender.

Vendor shall consider offender disclosures made to a health care professional in the course of receiving mental health services to be confidential and privileged, with the following exceptions:

- Threats to physically harm self and/or others;
- Threats to escape or otherwise disrupt or breach the security of the institution;
- Information about an identifiable minor child or elderly/disabled person who has been the victim of physical or sexual abuse.

All other information obtained by a mental health care provider retains its confidential status unless the offender specifically consents to its disclosure.

#### *Informed Consent*

Vendor shall comply with all specifications related to informed consent as found in the ADs.

Vendor shall provide all offenders with an orientation to mental health services upon their arrival at an IDOC correctional center. Its orientation shall include not only a written, easily understood description of services and how to access them, but an oral presentation complete with instructions on accessing available mental health services, consent or refusal of mental health services, limits of confidentiality, and duty to warn.

Vendor shall provide offenders with the information necessary to determine consent or refusal for any treatment, examination, or procedure including mental health service and psychotropic medications. Vendor shall define "informed consent" as consent voluntarily given by an offender, in writing, after he or she has been provided with a conscientious and sufficient explanation of the proposed treatment. Vendor shall also advise offenders of the limits of confidentiality prior to receiving any mental health services. With the exception of mental health emergencies, Vendor shall obtain informed written consent from each offender prior to initiating psychotropic medication treatment. Consent forms will be placed in the offender's medical record.

Before initiating pharmacological intervention, Vendor shall complete at least a brief history and mental status examination to determine that the offender (a) has a basic understanding that he or she has a mental health problem, (b) understands that medication is being offered to produce relief from that problem, and (c) is able to give consent to treatment. Vendor shall also inform the offender about alternative treatments, the appropriate length of care, and the fact that he or she may withdraw consent at any time without compromising access to other health care. Vendor shall obtain informed consent from the offender each time Vendor's psychiatric staff prescribes a new psychotropic medication.

#### *Right to Refuse Treatment*

Vendor shall ensure that all offenders presenting for mental health services are informed of their right to refuse such services, unless those services are to be delivered pursuant to a court order. If an offender refuses treatment that mental health professionals deem necessary for his or her appropriate care and safety, Vendor shall provide treatment without consent only under the following circumstances:

- An emergency situation in which the offender presents an immediate danger of causing serious bodily harm to self or others and no less intrusive or restrictive intervention is available or would be effective;
- Situations involving court petitions for involuntary treatment of offender patients;
- Situations where an offender is unable to give express consent to mental health treatment and, in the professional judgment of the mental health care provider, such treatment is immediately necessary to preserve the offender's welfare.

When an offender refuses mental health care services, Vendor shall ensure that the mental health provider and another staff member who witnessed the refusal document the refusal in the offender's medical record. A refusal of care that could endanger the offender or others will be reported to the On-site Medical Director and appropriate IDOC staff.

#### *Therapeutic Restraint*

Vendor shall comply with all specifications related to therapeutic restraints as found in the ADs.

When clinically justified, Vendor shall use time-outs, seclusion, and/or therapeutic restraints to manage crises and prevent suicides. Vendor shall apply the least restrictive effective alternative, in accordance with all appropriate laws, professional standards, and IDOC Administrative Directives. Under no circumstances will Vendor use these procedures to punish an offender. Vendor shall apply the procedures only to help the offender regain self-control, to protect his or her emotional well being, and to preserve the safety of the offender and others.

For any offender placed on a mental health watch, time-out, seclusion, and/or therapeutic restraints to manage a crisis or prevent a suicide, the primary clinician (or other qualified clinician) shall — within 24 hours of the intervention — complete an initial assessment of the offender, along with a complete mental status examination and a written emergency treatment plan. In addition, the mental health team leader and/or psychiatrist shall place documentation (i.e., a consultation note) in the offender's progress notes outlining treatment options, including the use of psychotropic medications, restraint, and/or referral for consideration for civil commitment. Lastly, Vendor shall enter into the offender's medical record daily (at minimum) progress notes documenting the current mental status of the offender. An explanation for any changes (e.g., lowering the intensity of, or discontinuing, any mental health watch) will be written in the progress notes, accompanied by a concurrent evaluation of the offender's mental status.

Vendor shall not become involved in the application of security restraints or in use of force situations other than to observe; to treat individuals for incurred injuries; or to check circulation or other aspects of health status as a nursing function. Vendor shall ensure that its nursing staff is familiar with the security restraint process, and shall encourage its nurses to report any observations of improper application of security restraints.

#### *Forced Medications*

Vendor will respect an offender's rejection of proposed psychotropic medication as long as the offender understands the nature of his/her illness, the nature and expected consequences of that illness, and the nature and consequences of accepting or rejecting the proposed treatment, yet, Vendor may use emergency medication (for either medical or mental health rationale, with approval from the On-site Medical Director) in the case of a life-threatening situation where the offender's behavior is destructive to self or others. Vendor shall document in the offender's comprehensive treatment plan each less restrictive alternative it attempted and failed, or why these tactics were not considered sufficient.

Other than in such a life-threatening and emergent situation, Vendor will not permit an offender to receive involuntary medication unless the offender has an existing court order for forced mental health drugs. Vendor shall comply with applicable laws and community standards with regard to forced non-emergent psychotropic medication by involving at least two psychiatrists — one not involved in the ongoing care of the offender



## EXHIBIT XVII

### BUSINESS ASSOCIATE AGREEMENT

**THIS AGREEMENT** is entered into and between the State of Illinois, Department of Healthcare and Family Services or successor agency, hereinafter called Covered Entity and Wexford Health Sources, Inc., hereinafter called the Business Associate, (individually, a Party and collectively, the Parties).

**WHEREAS**, the Health Insurance Portability and Accountability Act (HIPAA), Pub. L. No. 104-191, gives the United States Department of Health and Human Services the authority to promulgate rules regulating the privacy and security of certain kinds of health information; and

**WHEREAS**, the United States Department of Health and Human Services has promulgated Privacy Rule and Security Rule under this authority which are contained at 45 CFR Parts 160 and 164; and

**WHEREAS**, the Privacy Rule and the Security Rule require a Covered Entity to have an Agreement with contractors that receive Protected Health Information that reflects certain requirements; and

**WHEREAS**, Title XIII of the American Recovery and Reinvestment Act of 2009 (ARRA), called the Health Information Technology for Economic and Clinical Health (HITECH) Act (Public Law 111 -5, 123 Stat. 115) introduced new requirements to protect the privacy and security of protected health information; and

**WHEREAS**, HIPPA Privacy and Security regulations (45 CFR Parts 160, 162, 164) require a Covered Entity to have an Agreement with Business Associates that receive Protected Health Information that reflects certain requirements; and

**WHEREAS**, the Business Associate has a contract (hereinafter called Contract for Services) with the Illinois Department of Corrections (hereinafter called IDOC), to which the Covered Entity is a party, to provide healthcare services at the facilities operated by IDOC; and

**WHEREAS**, the services performed by the Business Associate for the Covered Entity and IDOC pursuant to Contract for Services are services which require a Business Associate Agreement;

**NOW THEREFORE**, the Covered Entity and Business Associate agree as follows:

#### AGREEMENT

1. **DEFINITIONS.** The terms listed below shall have the following meaning for purposes of this Agreement:
  - 1.1. **Business Associate.** "Business Associate" shall mean Wexford Health Sources, Inc.
  - 1.2. **Covered Entity.** "Covered Entity" shall mean the State of Illinois, Department of Healthcare and Family Services, or successor agency.
  - 1.3. **Data Aggregation.** "Data Aggregation" shall have the same meaning as the term "Data Aggregation" as defined in 45 CFR 164.501.
  - 1.4. **Electronic Protected Health Information.** "Electronic Protected Health Information" shall have the same meaning as the term "Electronic Protected Health Information" in 45 CFR 160.103, limited to the information created or received by the Business Associate from, or on behalf of, Covered Entity that is transmitted by, or maintained in, electronic media, as defined by 45 CFR 164.103. All Electronic Protected Health Information created or received by the Business Associate pursuant to this Agreement is also defined as Protected Health Information, within the meaning of this Agreement.
  - 1.5. **Hospital Claim.** "Hospital Claim" shall mean a billing statement for hospital services provided to IDOC inmates that was submitted to the Covered Entity.
  - 1.6. **Hospital Services.** "Hospital Services" shall mean all hospital inpatient, hospital outpatient, hospital emergency room care, and Non-Institutional Provider Service claims provided to an IDOC inmate in a hospital setting.
  - 1.7. **Individual.** "Individual" shall have the same meaning as the term "Individual" in 45 CFR 160.103 and shall include a person who qualifies as a personal representative of such Individual in accordance with 45 CFR 164.502(g).
  - 1.8. **Privacy Rule.** "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, subparts A and E.
  - 1.9. **Protected Health Information.** "Protected Health Information" (hereinafter called PHI) shall have the same meaning as the term "Protected

Health Information" in 45 CFR 160.103, limited to the information created or received by Business Associate from, or on behalf of, Covered Entity.

- 1.10. Required By Law. "Required By Law" shall have the same meaning as the term "Required By Law" in 45 CFR 164.103.
- 1.11. Secretary. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his designee.
- 1.12. Security Incident. "Security Incident" shall have the same meaning as that set forth in 45 CFR 164.304.
- 1.13. Security Rule. "Security Rule" shall mean the "Security Standards for the Protection of Electronic Protected Health Information" in 45 CFR Part 160 and Part 164, subpart C.
- 1.14. Other. Terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in the Privacy Rule, the Security Rule, and the Health Insurance Portability and Accountability Act.

## 2. BACKGROUND AND PURPOSE

In carrying out the duties and tasks of Contract for Services, it may be necessary for Covered Entity to share and disclose PHI to Business Associate and for Business Associate to use and disclose PHI. This includes, but is not limited to, Covered Entity sharing Hospital Claims for inmates in the custody of IDOC, which contain PHI, with Business Associate. The sharing of Hospital Claims is necessary because Contract for Services stipulates an annual threshold for Hospital Services utilization; and, Business Associate will be held to that threshold and will receive payment adjustments if the threshold is exceeded. In order to assess whether the Business Associate has reached and exceeded the threshold, it is necessary for the State to share Hospital Claims with the Business Associate so that the Business Associate may review the claims for itself and so that all parties of the contract can come to a mutual agreement regarding the annual utilization of Hospital Services.

There may be other reasons for Covered Entity to share PHI with Business Associate for the purposes of Contract for Services and nothing in this agreement will prohibit that. Covered Entity retains the right to withhold disclosure of PHI to Business Associate.

## 3. OBLIGATIONS AND ACTIVITIES OF BUSINESS ASSOCIATE.

- 3.1 The Business Associate's obligations include, but are not limited to, the following:
  - (a) Implementing administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected health information that the Business Associate creates, receives, maintains, or transmits on behalf of the Covered Entity as required by HIPAA;
  - (b) Ensure that any agent, including a subcontractor, to whom the Business Associate provides such information, agrees to implement reasonable and appropriate safeguards to protect the data;
  - (c) Notify HFS immediately or within 10 calendar days of any security incident of which it becomes aware, including actions taken pursuant to breach notification requirements in 3.6., if applicable. Business Associate shall also provide notification to the individual as outlined in 3.6; if applicable.
  - (d) Make available to Covered Entity immediately or no later than ten (10) calendar days PHI to comply with an individual's right of access to their protected health information in compliance with 45 CFR 164.524 and Section 13405 (f) of the HITECH Act.
- 3.2. Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by this Agreement or as Required By Law.
- 3.3. Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement.
- 3.4. Business Associate agrees to implement and use administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the Electronic Protected Health information that it creates, receives, maintains, or transmits on behalf of the Covered Entity.
- 3.5. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.
- 3.6. Business Associate agrees to report to Covered Entity and individual whose unsecured protected health information has been, or is reasonably believed by the Business Associates to have been accessed, acquired or disclosed, any use or disclosure of the protected health information not provided for by this Agreement of which it becomes aware, or reasonably believes has been accessed, acquired, or disclosed during a breach.(HITECH Act, Section 13402(b)).

### 3.6.1 Requirements for Notice to Covered Entity

A Business Associate that accesses, maintains, retains, modifies, records, stores, destroys or otherwise holds, uses or discloses unsecured protected health information shall, following the discovery of the breach of such information, immediately or within 10 calendar days notify the Covered Entity of such breach.

(a) Notice shall include the names of individuals whose Unsecured Protected information has been, or is reasonably believed to have been the subject of a breach. (HITECH Act, Section 13402(b).)

(b) Business Associate shall complete and submit to the Covered Entity the Breach Notice form to the Covered Entity (see Attachment A) and shall include for the Covered Entity a sample copy of the notice that was used to inform the individuals about the breach.

(c) A breach shall be treated as discovered on the first day of which such breach is known or reasonably should have been known to have occurred to such entity or associate of the Business Associate, including any person other than the individual committing the breach that is an employee or, officer of the Business Associate. Id. at Section 13405(c).

(d) Business Associate further agrees to notify Covered Entity immediately or within 10 calendar days of any security incidents involving a breach as defined in the 42 C.F.R Part 164.400. For purposes of clarity, the Business Associate must notify the Covered Entity even if the Business Associate has not conclusively determined within that timeframe that the incident constitutes a Breach as Defined by HIPAA.

### 3.6.2 Requirements for Notice to the Individual

A Business Associate that accesses, maintains, retains, modifies, records, stores, destroys or otherwise holds, uses or discloses unsecured protected health information shall, following the discovery of the breach of such information, immediately or within 10 calendar days notify the individual about the breach, according to the requirements of the HITECH Act, Section 13402(b) and 45 CFR 164 Part D.

(a) A breach shall be treated as discovered on the first day of which such breach is known or reasonably should have been known to have occurred to such entity or associate of the Business Associate, including any person other than the individual committing the breach that is an employee, or officer of the Business Associate. Id. at Section 13405(c).

(b) Business Associate assumes the costs of breach notification unless the State agrees to assume any costs for breach notification.

3.7. Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information. Business Associate further agrees that any agent, including a subcontractor, to whom the Business Associate provides Protected Health Information that is or was Electronic Protected Health Information, will agree to implement and use reasonable and appropriate safeguards to protect the Protected Health Information.

3.8. Business Associate agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity, available to the Covered Entity, to the Secretary, or to an individual designated by the Secretary for purposes of the Secretary determining Covered Entity's compliance with HIPAA, the Privacy Rule, or the Security Rule. Business Associate will provide information to the Covered Entity within 10 business days of the receipt of the request for information, unless an alternative time is agreed upon by the Covered Entity and the Business Associate.

3.9. Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an Accounting of Disclosures of Protected Health Information in accordance with 45 CFR 164.528. Further, Business Associate agrees to supply an Accounting of Disclosures to an individual requesting such information in compliance with 45 CFR 164.528 and in accordance with the deadlines contained in the Privacy Rule. Business Associate agrees to supply an Accounting of Disclosures to all individuals whose Protected Health Information is created or received in carrying out the duties under this Agreement for a period of six (6) years after termination of this Agreement.

3.9.1 In the case the Business Associate uses or maintains an electronic health record with respect to PHI, Business Associate must provide, to the Covered Entity or to an individual upon their request, an accounting of PHI disclosures for treatment, payment, and health care operations during the previous three years if the disclosure was made through an electronic health record. Id. at 13405(c). This requirement takes effect as of the applicable compliance date set forth below in Section 3.8.2.

3.9.2 Business Associate shall assure that appropriate systems are in place to record what is disclosed, when and to whom. In the case of electronic health records, the Business Associate must keep an accounting of disclosures made. Id.

3.10. Business Associate agrees NOT to seek an Authorization to allow marketing to individuals whose Protected Health Information is created or received in carrying out the duties under this Agreement.

3.11. Business Associate agrees to act as the Privacy Officer for Covered Entity in the exercise of individual rights by individuals whose Protected Health Information is created or received in carrying out the duties under this Agreement.

3.12. Business Associate agrees to allow an individual whose Protected Health Information is created or received in carrying out the duties under this Agreement to access, copy, and request amendment of said information in compliance with the requirements of 45 CFR

164.524, 164.526, including the time limits for compliance.

- 3.13. Business Associate, if applicable, will provide a Notice of Privacy Practices as required by 45 CFR 164.520 to all individuals whose Protected Health Information is created or received in carrying out the duties under this Agreement.
- 3.14. Business Associate agrees to notify Covered Entity of any changes in, or revocation of, permission by an individual to use or disclose Protected Health Information, to the extent that such changes may affect Covered Entity's use or disclosure of Protected Health Information.
- 3.15. Business Associate shall notify Covered Entity of any restriction to the use or disclosure of Protected Health Information that Business Associate has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Covered Entity's use or disclosure of Protected Health Information.
- 3.16. Business Associate will maintain confidential addresses or other accommodations granted by the Business Associate or the Covered Entity, in response to an Individual's request for Confidential Communications in accordance with 45 CFR 164.522.
- 3.17. Business Associate will provide a name, title, or office, phone number, and address for the filing of Complaints as required by 45 CFR 164.530(a)(1)(ii) and 45 CFR 164.520(b)(1)(vi-vii). Business Associate will notify Covered Entity of any complaints filed. Complaints will be handled through the Business Associate's existing appeals process. Covered Entity has the right to intervene in the handling of any Complaint.
- 3.18. Security Rule Compliance  
Business Associate shall comply with the Security Rule's administrative, physical and technical safeguard requirements. As part of compliance with the Security Rule, Business Associate shall develop and implement written security policies and procedures with respect to the electronic PHI it handles. By signing the Contract for Services, the Business Associate assures and acknowledges compliance with the requirements of HITECH including meeting the administrative, physical and technical safeguard requirements of the HIPAA Security Rule. (45 CFR Part 160, 162, 164.) Business Associate also assures and acknowledges that the electronic PHI they transmit is encrypted and that it will adopt internal procedures for reporting breaches and mitigating potential damages.

#### 4. PERMITTED USES AND DISCLOSURES BY BUSINESS ASSOCIATE.

Except as otherwise limited in this Agreement, Business Associate may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, Covered Entity and/or IDOC as specified in the Contract for Services entitled, IDOC Healthcare Services, (the Underlying Agreement) and as hereinafter amended, provided that such use or disclosure would not violate the Privacy Rule if done by Covered Entity or the minimum necessary policies and procedures of the Covered Entity.

#### 5. SPECIFIC USE AND DISCLOSURE PROVISIONS

- 5.1. Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.
- 5.2. Except as otherwise limited in this Agreement, Business Associate may disclose Protected Health Information for the proper management and administration of the Business Associate, provided that disclosures are Required By Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.
- 5.3. Covered Entity may from time to time request Data Aggregation services from Business Associate. If so requested, Business Associate may use such Protected Health Information to provide Data Aggregation services to Covered Entity as permitted by 45 CFR 164.504(e)(2)(i)(B).
- 5.4. Business Associate may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with 45 CFR 164.502(j)(1).

#### 6. OBLIGATIONS OF COVERED ENTITY.

Covered Entity shall notify Business Associate of any limitation(s) in the Notice of Privacy Practices of Covered Entity, to the extent that such limitation may affect Business Associate's use or disclosure of Protected Health Information.

7. PERMISSIBLE REQUESTS BY COVERED ENTITY. Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by Covered Entity. Business Associate may use or disclose Protected Health Information for data aggregation or management and administrative activities of Business Associate.

8. TERM AND TERMINATION.

8.1. Term. This Agreement is incorporated into the Underlying Agreement and its term shall be effective when the Underlying Agreement becomes effective, and shall terminate in accordance with the terms of Section 8.2 or the Underlying Agreement.

8.2. Termination for Cause. Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:

8.2.1. Provide an opportunity for Business Associate to cure the breach or end the violation and terminate this Agreement and the Underlying Agreement if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity. The opportunity for cure shall be made at the sole discretion of the Covered Entity;

8.2.2. Immediately terminate this Agreement and the Underlying Agreement if Business Associate has breached a material term of this Agreement and cure is not possible; or

8.2.3. If neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

8.3. Effect of Termination. Business Associate has determined that returning or destroying the Protected Health Information at the termination of this Agreement is infeasible due to the needs of the Covered Entity to access the information. Therefore, Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

9. AGENCY. The parties are independent contractors, and no agency, partnership, joint venture or employee-employer relationship is intended or created by this Agreement, other than as may have been expressly set forth in the Underlying Agreement.

10. MISCELLANEOUS.

10.1. Regulatory References. A reference in this Agreement to a section in the Privacy Rule or the Security Rule means the section as in effect or as amended.

10.2. Amendment. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Covered Entity to comply with the requirements of the Privacy Rule, the Security Rule and the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191.

10.3. Survival. The respective rights and obligations of Business Associate under Section 8.3 of this Agreement shall survive the termination of this Agreement.

10.4. Interpretation. Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Privacy Rule and/or the Security Rule, as applicable.

10.5. Choice of Law. This Agreement will be governed by the laws of the State of Illinois.

10.6. Severability. In the event that any provision of this Agreement is held by a court of competent jurisdiction to be invalid or unenforceable, the remainder of the provisions of this Agreement will remain in full force and effect. In addition, in the event that the Covered Entity believes in good faith that any provision of this Agreement fails to comply with the then-current requirements of the Health Insurance Portability and Accountability Act, and the rules promulgated thereunder, the Covered Entity shall notify Business Associate in writing. For a period up to thirty (30) days, the parties shall address such concern in good faith and seek to amend the terms of this Agreement to bring it into compliance. If after such thirty-day period, this Agreement fails to come into compliance, then this Agreement may be terminated by the Covered Entity in accordance with the notice provisions of the Underlying Agreement.



**ATTACHMENT A  
NOTIFICATION TO THE AGENCY OF BREACH OF  
UNSECURED PROTECTED HEALTH INFORMATION**

**The Business Associate must complete this form to notify HFS pursuant to the Business Associate Agreement for any Breach of Unsecured Protected Health Information. In accordance with Business Associate Agreement, notice must occur immediately or within 10 calendar days of the breach being discovered.**

Notice shall be provided to:

(1) Contract Administrator (insert name) \_\_\_\_\_, in compliance with the Notice Requirements of the Underlying Agreement, at:

Illinois Department of Healthcare and Family Services  
Attn:  
201 South Grand Avenue East  
Springfield, Illinois 62763

(2) HFS Privacy Officer, in compliance with the Notice Requirements of the Underlying Agreement at:

Illinois Department of Healthcare and Family Services  
Attn: Privacy Officer  
201 South Grand Avenue East  
Springfield, Illinois 62763

**Information to be Submitted by Business Associate:**

<b>Contract Information:</b>
<b>Contract Number:</b>
<b>Contract Title:</b>
<b>Contact Person for this Incident:</b>
<b>Contact Person's Title:</b>
<b>Contact's Address:</b>
<b>Contact's E-mail:</b>
<b>Contact's Telephone No.:</b>

**NOTIFICATION:**

Business Associate hereby notifies the Agency that there has been a Breach of Unsecured Protected Health Information that Business Associate has used or has had access to under the terms of the Business Associate Agreement, as described in detail below:

<b>Date of Discovery of Breach:</b>
<b>Detailed Description of the Breach:</b>
<b>Types of Unsecured Protected Health Information involved in the Breach (such as full name, SSN, Date of Birth, Address, Account Number, Disability Code, etc – List All).</b>

**What steps are being/have been taken to investigate the breach, mitigate losses, and protect against any further breaches?**

**Number of Individuals Impacted. If over 500, identify whether individuals live in multiple states.**

Submitted by:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name and Title:** \_\_\_\_\_

Page 2

PUBLIC SAFETY  
SHARED SERVICES

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SOURCING/CONTRACT  
MANAGEMENT

# STATE OF ILLINOIS CONTRACT AMENDMENT

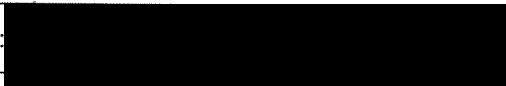
The undersigned Agency and Vendor, Wexford Health Sources, Inc., (the Parties) agree that the following shall amend the Contract referenced herein. All terms and conditions set forth in the original Contract, not amended herein, shall remain in full force and effect as written. In the event of conflict, the terms of this Amendment shall prevail.

IN WITNESS WHEREOF, the Agency and the Vendor cause this Amendment to be executed on the dates shown below by representatives authorized to bind the respective PARTIES.

**VENDOR**

Vendor Name: Wexford Health Sources, Inc.	Address: 501 Holiday Drive, Pittsburgh, PA, 15220
Signature: 	Phone: 412-937-8590
Printed Name: John M. Froehlich	Fax: 412-937-8599
Title: Vice President and CFO	Email: jfroehlich@wexfordhealth.com
Date: August 9, 2013	

**STATE OF ILLINOIS**

Procuring Agency: Illinois Department of Corrections	Phone: 217-588-2200
Street Address: 1301 Concordia Court	Fax: 217-558-2203
City, State ZIP: Springfield, Illinois 62794	
Official Signature: 	Date:
Printed Name: S.A. Godinez	
Official's Title: Director	
Legal Signature:	Date:
Legal Printed Name: Click here to enter text.	
Legal's Title: Click here to enter text.	
Fiscal Signature:	Date:
Fiscal's Printed Name: Click here to enter text.	
Fiscal's Title: Click here to enter text.	

AUG 15 2013 

**STATE USE ONLY**

**NOT PART OF CONTRACTUAL PROVISIONS**

PBC#	Project Title	
Contract #	Procurement Method (IFB, RFP, Small, etc):	
IPB Ref. #	IPB Publication Date:	Award Code:
Subcontractor Utilization? <input type="checkbox"/> Yes <input type="checkbox"/> No	Subcontractor Disclosure? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Funding Source	Obligation #	
<u>CPO 33 – General Counsel Approval:</u>		
Signature	Printed Name	Date

**1. CONTRACT DESCRIPTION** (including Original Purchase Order or Contract Number): HFS#2010-05-00, Provision of medical, dental, vision, pharmaceutical, and mental health services for offenders at specified State correctional centers.

**2. DESCRIPTION OF AMENDMENT** (Check all that apply, complete blanks and explain as necessary):

1. The completion date will be  extended,  shortened or  remain the same.

2.1.1. Original completion date: April 30, 2016.

Revised completion date: No change.

2. The method of determining compensation (e.g., hourly rate, fixed fee, etc.) will  stay the same or  change as follows: Payment for Comprehensive health care services will remain the same based on the Schedule Es for each facility, the compensation for cost of incarceration will be based on a percentage of revenue obtained by the vendor.

3. The cost will be  increased,  decreased or  remain the same.

2.3.1. Original cost: \$1,363,436,031.

2.3.2. Amount of change: [Click here to enter text..](#)

2.3.3. Revised cost: [Click here to enter text..](#)

4. The supplies or services to be provided will  stay the same or  be changed as follows: This amendment provides for adjustment of services based on the closure of Dwight and Tamms Correctional Centers; documentation of vendor responsibilities associated with the Affordable Care Act involving Medicaid enrollment, asset verification, and cost of incarceration collections. The following changes are made to the contract: .

- The Schedule Es for Tamms and Dwight Correctional Center are eliminated.
- New Schedule Es for Pontiac, Logan, and Lincoln Correctional Center are amended to reflect the changes in operations and population.
  - Pontiac Schedule E shall become effective February 1, 2013. Attached is a revised CY2 Schedule E, and revised CY3 Schedule E.
  - Lincoln Schedule E shall become effective April 1, 2013. Attached is a revised CY2 Schedule E, and revised CY3 Schedule E.
  - Logan Schedule E shall become effective April 1, 2013. Attached are a revised CY2 Schedule E and a revised CY3 Schedule E. Effective July 1, 2013, CY3 Schedule E is revised to reflect additional ASR positions to be made permanent.
- Section 3.1.2.1 is changed as follows to reflect the elimination of the UIC hospital services for

Dwight and the increase in Hospital billed charges threshold to account for the female inmates at Logan Correctional Center.

- Annual Hospital Utilization Threshold for the remaining contract years are:
  - CY3: \$11,784,422
  - CY4: \$12,017,763
  - CY5: \$12,255,770
- Annual Hospital Utilization Threshold under Section 3.3, Renewal Compensation, will be calculated based on CY5 increased at 2% per year on the contract anniversary date.
- Section 2.2.2, Vendor Functions and Duties, shall be amended to include Wexford Health's responsibility to perform Inmate Medicaid Enrollment and FFP Services:
  - Wexford Health shall develop, implement and maintain a system to screen, assess and submit inmate applications for public benefits. These services shall include asset verification. Eligible inmates shall be enrolled into the State Medicaid Medical Assistance Program so that these expenses for inpatient hospitalization will be submitted for FFP claiming by HFS. Medicaid reimbursements received by the State shall be netted against the amount paid by the state for inmate hospital services and accounted for in the hospital utilization adjustment.
  - Wexford Health shall develop, implement and maintain a system to obtain Medicaid Reimbursements for the placement of Juveniles in community programs. IDOC currently contracts with residential, placement, support services, aftercare, and other providers who are already certified by the Department of Human Services (DHS), Office of Mental health Services (OMHS), and the Department of Children and Family Services (DCFS). Wexford Health shall take the steps necessary to secure retroactive claims for services as well as current and future claims. Wexford Health shall be compensated at 20% of reimbursements received by the state. This program will provide for the following elements.
    - Eligibility for FFP for covered services provided to juvenile offenders under Title XIX and Title XXI for the maximum period of time for which recovery is possible.
    - Immediately certifying and back-claiming IDOC providers who are already certified under the Office of Mental Health (DHS) or the Department of Children and Family Services (DCFS) for Title XIX or Title XXI.
    - Provide technical assistance to currently certified providers in setting rates and preparing claims. This also includes back claiming and preparing reports on results.
    - Review contract documents for Medicaid certified providers and adjust contractual requirements and budgets to reflect Medicaid implementation.
- Section 2.2.2, Vendor Functions and Duties, shall be amended to include responsibility of Wexford Health to pursue reimbursement for cost of incarceration based on the asset

verification information generated during the Medicaid enrollment and recertification processes.

- The Contractor shall be responsible for the following:
  1. Identify inmate assets not held by or identified by the Department that would be eligible for pursuit under the cost of incarceration statute.
  2. Prepare the cost of incarceration packet for IDOC signature for assets identified pursuant to the scope of services.
  3. The cost of incarceration packet shall include:
    - a. Pro forma letter from the Department to the Attorney General requesting action on the identified asset claim
    - b. Calculation sheet of the cost of incarceration for the inmate
    - c. Documents clearly identifying applicable assets for pursuit
  4. Submit the cost of incarceration packet to the IDOC contact
  5. Provide information to the IDOC contact as needed or requested
  6. Copy the IDOC on all communication from the Attorney General to the IDOC contact; the Contractor is authorized to contact the Attorney General's Office on behalf of the IDOC and shall keep the IDOC contact informed of all cost of incarceration cases.
  
- The Contractor shall not submit cost of incarceration packets in reference to assets which would be either under the exemption limit or otherwise not collectible.
  
- The Department has the sole right to accept or deny any claim and to work with the Attorney General on such.
  
- Compensation to Wexford Health shall be 20% of the actual funds received by the Department as stated in 1 through 6.
  
- The Contractor shall pursue the Prisoner Asset Verification/Out of State Collection following steps outlined for the in-state assets as stated in this Section.
  - The Contractor shall pursue the recovery of inmate assets that are held in a state other than Illinois. Identifying the assets will involve the same steps as is currently used for in-state assets (i.e. inmate completes Offender Financial Status Report, Wexford Health reviews report, if assets are identified Wexford Health will confirm assets).
  
  - Wexford Health will undertake the following steps as part of the Prisoner Asset Verification / Out of State Collection Project:
    1. Develop procedures for collection of out of state assets;
    2. Obtain approval of procedures from DOC and the Office of the



Attorney General;

3. Develop list of attorney's in other states that APPCG can call upon to represent Illinois assets recovery proceedings;
  4. Develop an agreement with the Office of the Attorney General as to how out of state proceedings will occur and the scope of conduct for an out of state attorney;
  5. Develop out of state collection procedures;
  6. Implementation of the collection process.
- The recovery of assets will be performed at the 20% agreed upon Cost of Incarceration recovery rate plus actual costs for out of state collection not to exceed a total fee of 35%.
  - Due to regulatory change requiring HIV testing for all inmates at intake (with option to refuse), the number of lab tests for HIV has grown significantly above the bid level of HIV testing at the intake facilities. The change in legislation became effective November 2012. Based on this change, Wexford Health and the IDOC agree to establish HIV lab test caps at each of the intake facilities, effective November 2012, and reconcile quarterly the variances in tests above the cap. Wexford Health shall be reimbursed for all tests above the cap on the quarterly reconciliations as shown in the following table. The costs for tests shall be adjusted based on the annual increases built into the contract. Should the standard tests change, Wexford Health and the IDOC agree to negotiate changes based on an analysis of the cost impact.

ACCOUNT NAME	CODE	TEST NAME	Cost Per Test CY2	Monthly HIV Lab Test Cap
Stateville-NRC	509	HIV-1 & HIV-2 AB SCREEN	\$ 6.00	32
Stateville-NRC	655	HIV RNA QUANT BY PCR	\$ 80.00	14
Logan Correctional Center	509	HIV-1 & HIV-2 AB SCREEN	\$ 6.00	8
Logan Correctional Center	655	HIV RNA QUANT BY PCR	\$ 80.00	4
Graham Correctional Center	509	HIV-1 & HIV-2 AB SCREEN	\$ 6.00	59
Graham Correctional Center	655	HIV RNA QUANT BY PCR	\$ 80.00	8
Menard Correctional Center	509	HIV-1 & HIV-2 AB SCREEN	\$ 6.00	61
Menard Correctional Center	655	HIV RNA QUANT BY PCR	\$ 80.00	10
<b>Total All Intake Facilities</b>	<b>509</b>	<b>HIV-1 &amp; HIV-2 AB SCREEN</b>	<b>\$ 6.00</b>	<b>160</b>
	<b>655</b>	<b>HIV RNA QUANT BY PCR</b>	<b>\$ 80.00</b>	<b>35</b>

5. Will subcontractors be utilized?  Yes  No

- Subcontractor Name: AdminPros, LLC

Amount to be paid: Based on percentage of recovery

Address: 1212 South Naper Blvd., Suite 119, Naperville, IL, 60540-1187

Description of work: Medicaid and Third Party Reimbursement Coordination

- Subcontractor Name: [Click here to enter text.](#)

Amount to be paid: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Description of work: [Click here to enter text.](#)

**All subcontracts must include the Subcontractor Standard Certifications and the Disclosures and Conflicts of Interest, completed and signed by the subcontractor.**

3. **EFFECTIVE DATE OF AMENDMENT:** This amendment shall commence upon the last dated signature of the Parties.

4. **WHY IS CHANGE NEEDED?** (Check all that apply and explain.)

1.  The circumstances said to necessitate the change in performance were not reasonably foreseeable at the time the contract was signed.
2.  The change is germane to the original contract as signed.
3.  The change order is in the best interest of the State and authorized by law.

Explanation of why change is needed: The Department of Corrections closed two facilities and expanded services at other facilities. This required adjustment of Schedule Es, adjustment of the hospitalization threshold, and implementation of services for compliance with the Affordable Care Act. Asset verification will be required for Medicaid enrollment of inmates, this information facilitates the collection of cost of incarceration and can be accomplished at no additional cost to the Department and will generate additional reimbursements to the Department.

5. **WHAT PROVISION OF THE CONTRACT, PROCUREMENT CODE OR OTHER LAW AUTHORIZED THIS CHANGE?** Section 2.4.2.2, Schedule E changes; Section 4.18, Modifications and Survival; Section 7.8.15, Best Practices.

## 6. STANDARD CERTIFICATIONS

Vendor acknowledges and agrees that compliance with this subsection in its entirety for the term of the contract and any renewals is a material requirement and condition of this contract. By executing this contract Vendor certifies compliance with this subsection in its entirety, and is under a continuing obligation to remain in compliance and report any non-compliance.

This subsection, in its entirety, applies to subcontractors used on this contract. Vendor shall include these Standard Certifications in any subcontract used in the performance of the contract.

If this contract extends over multiple fiscal years, including the initial term and all renewals, Vendor and its subcontractors shall confirm compliance with this section in the manner and format determined by the State by the date specified by the State and in no event later than July 1 of each year that this contract remains in effect.

If the Parties determine that any certification in this section is not applicable to this contract it may be stricken without affecting the remaining subsections.

**6.1.** As part of each certification, Vendor acknowledges and agrees that should Vendor or its subcontractors provide false information, or fail to be or remain in compliance with the Standard Certification requirements, one or more of the following sanctions will apply:

- the contract may be void by operation of law,
- the State may void the contract, and
- the Vendor and its subcontractors may be subject to one or more of the following: suspension, debarment, denial of payment, civil fine, or criminal penalty.

Identifying a sanction or failing to identify a sanction in relation to any of the specific certifications does not waive imposition of other sanctions or preclude application of sanctions not specifically identified.

**6.2.** Vendor certifies it and its employees will comply with applicable provisions of the United States Civil Rights Act, Section 504 of the Federal Rehabilitation Act, the Americans with Disabilities Act, and applicable rules in performance of this contract.

**6.3.** Vendor, if an individual, sole proprietor, partner or an individual as member of a LLC, certifies he/she is not in default on an educational loan. 5 ILCS 385/3.

**6.4.** Vendor, if an individual, sole proprietor, partner or an individual as member of a LLC, certifies it he/she has not received (i) an early retirement incentive prior to 1993 under Section 14-108.3 or 16-133.3 of the Illinois Pension Code or (ii) an early retirement incentive on or after 2002 under Section 14-108.3 or 16-133.3 of the Illinois Pension Code. 30 ILCS 105/15a; 40 ILCS 5/14-108.3; 40 ILCS 5/16-133.

**6.5.** Vendor certifies that it is a legal entity authorized to do business in Illinois prior to submission of a bid, offer, or proposal. 30 ILCS 500/1-15.80, 20-43.

- 6.6.** To the extent there was a current Vendor providing the services covered by this contract and the employees of that Vendor who provided those services are covered by a collective bargaining agreement, Vendor certifies (i) that it will offer to assume the collective bargaining obligations of the prior employer, including any existing collective bargaining agreement with the bargaining representative of any existing collective bargaining unit or units performing substantially similar work to the services covered by the contract subject to its bid or offer; and (ii) that it shall offer employment to all employees currently employed in any existing bargaining unit who perform substantially similar work to the work that will be performed pursuant to this contract. This does not apply to heating, air conditioning, plumbing and electrical service contracts. 30 ILCS 500/25-80.
- 6.7.** Vendor certifies it has neither been convicted of bribing or attempting to bribe an officer or employee of the State of Illinois or any other State, nor made an admission of guilt of such conduct that is a matter of record. 30 ILCS 500/50-5.
- 6.8.** If Vendor has been convicted of a felony, Vendor certifies at least five years have passed after the date of completion of the sentence for such felony, unless no person held responsible by a prosecutor's office for the facts upon which the conviction was based continues to have any involvement with the business. 30 ILCS 500/50-10.
- 6.9.** If Vendor or any officer, director, partner, or other managerial agent of Vendor has been convicted of a felony under the Sarbanes-Oxley Act of 2002, or a Class 3 or Class 2 felony under the Illinois Securities Law of 1953, Vendor certifies at least five years have passed since the date of the conviction. Vendor further certifies that it is not barred from being awarded a contract and acknowledges that the State shall declare the contract void if this certification is false. 30 ILCS 500/50-10.5.
- 6.10.** Vendor certifies it is not barred from having a contract with the State based upon violating the prohibitions related to either submitting/writing specifications or providing assistance to an employee of the State of Illinois by reviewing, drafting, directing, or preparing any invitation for bids, a request for proposal, or request of information, or similar assistance (except as part of a public request for such information). 30 ILCS 500/50-10.5(e), amended by Pub. Act No. 97-0895 (August 3, 2012)
- 6.11.** Vendor certifies that it and its affiliates are not delinquent in the payment of any debt to the State (or if delinquent has entered into a deferred payment plan to pay the debt), and Vendor and its affiliates acknowledge the State may declare the contract void if this certification is false or if Vendor or an affiliate later becomes delinquent and has not entered into a deferred payment plan to pay off the debt. 30 ILCS 500/50-11, 50-60.
- 6.12.** Vendor certifies that it and all affiliates shall collect and remit Illinois Use Tax on all sales of tangible personal property into the State of Illinois in accordance with provisions of the Illinois Use Tax Act and acknowledges that failure to comply may result in the contract being declared void. 30 ILCS 500/50-12.
- 6.13.** Vendor certifies that it has not been found by a court or the Pollution Control Board to have committed a willful or knowing violation of the Environmental Protection Act within the last five years, and is therefore not barred from being awarded a contract. 30 ILCS 500/50-14.
- 6.14.** Vendor certifies it has neither paid any money or valuable thing to induce any person to refrain from bidding on a State contract, nor accepted any money or other valuable thing, or acted upon the promise of same, for not bidding on a State contract. 30 ILCS 500/50-25.
- 6.15.** Vendor certifies it is not in violation of the "Revolving Door" provisions of the Illinois Procurement Code. 30 ILCS 500/50-30.

- 6.16.** Vendor certifies that it has not retained a person or entity to attempt to influence the outcome of a procurement decision for compensation contingent in whole or in part upon the decision or procurement. 30 ILCS 500/50-38.
- 6.17.** Vendor certifies that if it has hired a person required to register under the Lobbyist Registration Act to assist in obtaining any State contract, that none of the lobbyist's costs, fees, compensation, reimbursements, or other remuneration were billed to the State. 30 ILCS 500\50-38.
- 6.18.** Vendor certifies it will report to the Illinois Attorney General and the Chief Procurement Officer any suspected collusion or other anti-competitive practice among any bidders, offerors, contractors, proposers, or employees of the State. 30 ILCS 500/50-40, 50-45, 50-50.
- 6.19.** Vendor certifies steel products used or supplied in the performance of a contract for public works shall be manufactured or produced in the United States, unless the executive head of the procuring Agency/University grants an exception. 30 ILCS 565.
- 6.20.** Drug Free Workplace
- 6.20.1.** If Vendor employs 25 or more employees and this contract is worth more than \$5,000, Vendor certifies it will provide a drug free workplace pursuant to the Drug Free Workplace Act.
- 6.20.2.** If Vendor is an individual and this contract is worth more than \$5000, Vendor certifies it shall not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance during the performance of the contract. 30 ILCS 580.
- 6.21.** Vendor certifies that neither Vendor nor any substantially owned affiliate is participating or shall participate in an international boycott in violation of the U.S. Export Administration Act of 1979 or the applicable regulations of the United States. Department of Commerce. 30 ILCS 582.
- 6.22.** Vendor certifies it has not been convicted of the offense of bid rigging or bid rotating or any similar offense of any state or of the United States. 720 ILCS 5/33 E-3, E-4.
- 6.23.** Vendor certifies it complies with the Illinois Department of Human Rights Act and rules applicable to public contracts, which include providing equal employment opportunity, refraining from unlawful discrimination, and having written sexual harassment policies. 775 ILCS 5/2-105.
- 6.24.** Vendor certifies it does not pay dues to or reimburse or subsidize payments by its employees for any dues or fees to any "discriminatory club." 775 ILCS 25/2.
- 6.25.** Vendor certifies that no foreign-made equipment, materials, or supplies furnished to the State under the contract have been or will be produced in whole or in part by forced labor of indentured labor under penal sanction. 30 ILCS 583.
- 6.26.** Vendor certifies that no foreign-made equipment, materials, or supplies furnished to the State under the contract have been produced in whole or in part by the labor of any child under the age of 12. 30 ILCS 584.
- 6.27.** Vendor certifies that any violation of the Lead Poisoning Prevention Act, as it applies to owners of residential buildings, has been mitigated. 410 ILCS 45.

- 6.28.** Vendor warrants and certifies that it and, to the best of its knowledge, its subcontractors have and will comply with Executive Order No. 1 (2007). The Order generally prohibits Vendors and subcontractors from hiring the then-serving Governor’s family members to lobby procurement activities of the State, or any other unit of government in Illinois including local governments if that procurement may result in a contract valued at over \$25,000. This prohibition also applies to hiring for that same purpose any former State employee who had procurement authority at any time during the one-year period preceding the procurement lobbying activity.
- 6.29.** Vendor certifies that information technology, including electronic information, software, systems and equipment, developed or provided under this contract comply with the applicable requirements of the Illinois Information Technology Accessibility Act Standards as published at ([www.dhs.state.il.us/iitaa](http://www.dhs.state.il.us/iitaa)). 30 ILCS 587.
- 6.30.** Vendor certifies that it has read, understands, and is in compliance with the registration requirements of the Elections Code (10 ILCS 5/9-35) and the restrictions on making political contributions and related requirements of the Illinois Procurement Code. 30 ILCS 500/20-160 and 50-37. Vendor will not make a political contribution that will violate these requirements.

In accordance with section 20-160 of the Illinois Procurement Code, Vendor certifies as applicable:

Vendor is not required to register as a business entity with the State Board of Elections.

or

Vendor has registered with the State Board of Elections. As a registered business entity, Vendor acknowledges a continuing duty to update the registration as required by the Act.

- 6.31.** Vendor certifies that if it is awarded a contract through the use of the preference required by the Procurement of Domestic Products Act, then it shall provide products pursuant to the contract or a subcontract that are manufactured in the United States. 30 ILCS 517.
- 6.32.** A person (other than an individual acting as a sole proprietor) must be a duly constituted legal entity and authorized to do business in Illinois prior to submitting a bid or offer. 30 ILCS 500/20-43. If you do not meet these criteria, then your bid or offer will be disqualified.

Vendor must make one of the following four certifications by checking the appropriate box. If C or D is checked, then Vendor must attach to this form the requested documentation.

A. Vendor certifies it is an individual acting as a sole proprietor and is therefore not subject to the requirements of section 20-43 of the Procurement Code.

B. Vendor certifies that it is a legal entity, and was authorized to do business in Illinois as of the date for submitting this bid or offer. The State may require Vendor to provide evidence of compliance before award.

C. Vendor certifies it is a legal entity, and is a foreign corporation performing activities that do not constitute transacting business in Illinois as defined by Illinois Business Corporations Act (805

ILCS 5/13.75). A vendor claiming exemption under the Act must include a detailed explanation of the legal basis for the claim with its bid or offer and must provide additional detail upon request. If Vendor fails to provide the mandatory documentation with the bid or offer, or does not provide additional detail upon request within the timeframe specified in said request, then the State may deem the Vendor as being non-responsive or not responsible and may disqualify the Vendor.



- D. Vendor certifies it is a legal entity, and is an entity otherwise recognized under Illinois law as eligible for a specific form of exemption similar to those found in the Illinois Business Corporation Act (805 ILCS 5/13.75). A vendor claiming exemption under a specific law must provide a detailed explanation of the legal basis for the claim with its bid or offer and must provide additional detail upon request. If Vendor fails to provide the mandatory documentation with the bid or offer, or does not provide additional detail upon request within the timeframe specified in said request, then the State may deem the Vendor as being non-responsive or not responsible and may disqualify the Vendor.



## 7. FINANCIAL DISCLOSURES AND CONFLICTS OF INTEREST

The Financial Disclosures and Conflicts of Interest form (“form”) must be accurately completed and submitted by the vendor, parent entity(ies), and subcontractors. There are **nine** steps to this form and each must be completed as instructed in the step heading and within the step. A bid, offer, or proposal that does not include this form shall be considered non-responsive. The Agency/University will consider this form when evaluating the bid, offer, or proposal or awarding the contract.

The requirement of disclosure of financial interests and conflicts of interest is a continuing obligation. If circumstances change and the disclosure is no longer accurate, then disclosing entities must provide an updated form.

Separate forms are required for the vendor, parent entity(ies), and subcontractors.

**This disclosure is submitted for:**

- Vendor
- Vendor’s Parent Entity(ies) (100% ownership)
- Subcontractor(s) >\$50,000
- Subcontractor’s Parent Entity(ies) (100% ownership) > \$50,000

Project Name	Click here to enter text.
Illinois Procurement Bulletin Number	IPB Ref # 22019869
Contract Number	Contract #HFS-2010-05-00
Vendor Name	Wexford Health Sources, Inc.
Doing Business As (DBA)	Wexford Health Sources, Inc.
Disclosing Entity	Wexford Health Sources, Inc.
Disclosing Entity’s Parent Entity	The Bantry Group Corporation
Subcontractor	Adminpros, LLC
Instrument of Ownership or Beneficial Interest	Choose an item. <input type="checkbox"/> If you selected Other, please describe: Click here to enter text.



# STEP 1

## SUPPORTING DOCUMENTATION SUBMITTAL

(All vendors complete regardless of annual bid, offer, or contract value)  
(Subcontractors with subcontract annual value of more than \$50,000 must complete)

You must select one of the six options below and select the documentation you are submitting. You must provide the documentation the applicable section requires with this form.

Option 1 – Publicly Traded Entities

- 1.A.  Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor.

OR

- 1.B.  Attach a copy of the Federal 10-K, and skip to Step 3.

Option 2 – Privately Held Entities with more than 200 Shareholders

- 2.A.  Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor.

OR

- 2.B.  Complete Step 2, Option A for each qualifying individual or entity holding any ownership share in excess of 5% and attach the information Federal 10-K reporting companies are required to report under 17 CFR 229.401.

Option 3 – All other Privately Held Entities, not including Sole Proprietorships

- 3.A.  Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor.

Option 4 – Foreign Entities

- 4.A.  Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor.

OR

- 4.B.  Attach a copy of the Securities Exchange Commission Form 20-F or 40-F and skip to Step 3.

Option 5 – Not-for-Profit Entities

- Complete Step 2, Option B.

Option 6 – Sole Proprietorships

- Skip to Step 3.

## STEP 2

### DISCLOSURE OF FINANCIAL INTEREST OR BOARD OF DIRECTORS

(All vendors, except sole proprietorships, must complete regardless of annual bid, offer, or contract value)  
 (Subcontractors with subcontract annual value of more than \$50,000 must complete)

Complete **either** Option A (for all entities other than not-for-profits) or Option B (for not-for-profits). Additional rows may be inserted into the tables or an attachment may be provided if needed.

#### OPTION A – Ownership Share and Distributive Income

**Ownership Share** – If you selected Option 1.A., 2.A., 2.B., 3.A., or 4.A. in Step 1, provide the name and address of each individual or entity and their percentage of ownership if said percentage exceeds 5%, or the dollar value of their ownership if said dollar value exceeds \$106,447.20.

Check here if including an attachment with requested information in a format substantially similar to the format below.

<b>TABLE – X</b>			
<b>Name</b>	<b>Address</b>	<b>Percentage of Ownership</b>	<b>\$ Value of Ownership</b>
The Bantry Group Corporation	501 Holiday Drive, Pittsburgh PA 15220	100%	Privately held; therefore no value determined
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

**Distributive Income** – If you selected Option 1.A., 2.A., 3.A., or 4.A. in Step 1, provide the name and address of each individual or entity and their percentage of the disclosing vendor’s total distributive income if said percentage exceeds 5% of the total distributive income of the disclosing entity, or the dollar value of their distributive income if said dollar value exceeds \$106,447.20.

Check here if including an attachment with requested information in a format substantially similar to the format below.

<b>TABLE – Y</b>			
<b>Name</b>	<b>Address</b>	<b>% of Distributive Income</b>	<b>\$ Value of Distributive Income</b>
The Bantry Group Corporation	501 Holiday Drive, Pittsburgh PA 15220	100%	Privately held; therefore no value determined
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Please certify that the following statements are true.

I have disclosed all individuals or entities that hold an ownership interest of greater than 5% or greater than \$106,447.20.

Yes  No

I have disclosed all individuals or entities that were entitled to receive distributive income in an amount greater than \$106,447.20 or greater than 5% of the total distributive income of the disclosing entity.

Yes  No

**OPTION B – Disclosure of Board of Directors (Not-for-Profits)**

If you selected Option 5 in Step 1, list members of your board of directors. Please include an attachment if necessary.

TABLE – Z	
Name	Address
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

**STEP 3**  
**DISCLOSURE OF LOBBYIST OR AGENT**  
 (Complete only if bid, offer, or contract has an annual value over \$25,000)  
 (Subcontractors with subcontract annual value of more than \$50,000 must complete)

Yes  No. Is your company represented by or do you employ a lobbyist required to register under the Lobbyist Registration Act (lobbyist must be registered pursuant to the Act with the Secretary of State) or other agent who is not identified through Step 2, Option A above and who has communicated, is communicating, or may communicate with any State/Public University officer or employee concerning the bid or offer? If yes, please identify each lobbyist and agent, including the name and address below.

If you have a lobbyist that does not meet the criteria, then you do not have to disclose the lobbyist’s information.

Name	Address	Relationship to Disclosing Entity
STRICKLIN & ASSOCIATES	20 S. CLARK ST., SUITE 2900 CHICAGO, IL 60603	REGISTERED LOBBYIST

Describe all costs/fees/compensation/reimbursements related to the assistance provided by each representative lobbyist or other agent to obtain this Agency/University contract: Wexford Health does not provide costs/fees/compensation/reimbursements to anyone to obtain Agency/University contracts.

## STEP 4

### PROHIBITED CONFLICTS OF INTEREST

(All vendors must complete regardless of annual bid, offer, or contract value)  
(Subcontractors with subcontract annual value of more than \$50,000 must complete)

Step 4 must be completed for each person disclosed in Step 2, Option A and for sole proprietors identified in Step 1, Option 6 above. Please provide the name of the person for which responses are provided: The Bantry Group Corporation

1. Do you hold or are you the spouse or minor child who holds an elective office in the State of Illinois or hold a seat in the General Assembly?  Yes  No
2. Have you, your spouse, or minor child been appointed to or employed in any offices or agencies of State government and receive compensation for such employment in excess of 60% (\$106,447.20) of the salary of the Governor?  Yes  No
3. Are you or are you the spouse or minor child of an officer or employee of the Capital Development Board or the Illinois Toll Highway Authority?  Yes  No
4. Have you, your spouse, or an immediate family member who lives in your residence currently or who lived in your residence within the last 12 months been appointed as a member of a board, commission, authority, or task force authorized or created by State law or by executive order of the Governor?  Yes  No
5. If you answered yes to any question in 1-4 above, please answer the following: Do you, your spouse, or minor child receive from the vendor more than 7.5% of the vendor's total distributable income or an amount of distributable income in excess of the salary of the Governor (\$177,412.00)?  Yes  No
6. If you answered yes to any question in 1-4 above, please answer the following: Is there a combined interest of self with spouse or minor child more than 15% (\$354,824.00) in the aggregate of the vendor's distributable income or an amount of distributable income in excess of two times the salary of the Governor?  Yes  No

## STEP 5

### POTENTIAL CONFLICTS OF INTEREST RELATING TO PERSONAL RELATIONSHIPS

(Complete only if bid, offer, or contract has an annual value over \$25,000)  
(Subcontractors with subcontract annual value of more than \$50,000 must complete)

Step 5 must be completed for each person disclosed in Step 2, Option A and for sole proprietors identified in Step 1, Option 6 above.

Please provide the name of the person for which responses are provided: The Bantry Group Corporation

1. Do you currently have, or in the previous 3 years have you had State employment, including contractual employment of services?  Yes  No
2. Has your spouse, father, mother, son, or daughter, had State employment, including contractual employment for services, in the previous 2 years?  Yes  No

3. Do you hold currently or have you held in the previous 3 years elective office of the State of Illinois, the government of the United States, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois?  Yes  No
4. Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding elective office currently or in the previous 2 years?  Yes  No
5. Do you hold or have you held in the previous 3 years any appointive government office of the State of Illinois, the United States of America, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois, which office entitles the holder to compensation in excess of expenses incurred in the discharge of that?  Yes  No
6. Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding appointive office currently or in the previous 2 years?  Yes  No
7. Do you currently have or in the previous 3 years had employment as or by any registered lobbyist of the State government?  Yes  No
8. Do you currently have or in the previous 2 years had a relationship to anyone (spouse, father, mother, son, or daughter) that is or was a registered lobbyist?  Yes  No
9. Do you currently have or in the previous 3 years had compensated employment by any registered election or re-election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?  Yes  No
10. Do you currently have or in the previous 2 years had a relationship to anyone (spouse, father, mother, son, or daughter) who is or was a compensated employee of any registered election or reelection committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?  Yes  No

## STEP 6

### EXPLANATION OF AFFIRMATIVE RESPONSES

(All vendors must complete regardless of annual bid, offer, or contract value)  
 (Subcontractors with subcontract annual value of more than \$50,000 must complete)

If you answered "Yes" in Step 4 or Step 5, please provide on an additional page a detailed explanation that includes, but is not limited to the name, salary, State agency or university, and position title of each individual.

**STEP 7**  
**POTENTIAL CONFLICTS OF INTEREST**  
**RELATING TO DEBARMENT & LEGAL PROCEEDINGS**

(Complete only if bid, offer, or contract has an annual value over \$25,000)  
(Subcontractors with subcontract annual value of more than \$50,000 must complete)

This step must be completed for each person disclosed in Step 2, Option A, Step 3, and for each entity and sole proprietor disclosed in Step 1.

Please provide the name of the person or entity for which responses are provided: Wexford Health Sources, Inc.

1. Within the previous ten years, have you had debarment from contracting with any governmental entity?  Yes  No
2. Within the previous ten years, have you had any professional licensure discipline?  Yes  No
3. Within the previous ten years, have you had any bankruptcies?  Yes  No
4. Within the previous ten years, have you had any adverse civil judgments and administrative findings?  Yes  No
5. Within the previous ten years, have you had any criminal felony convictions?  Yes  No

If you answered "Yes", please provide a detailed explanation that includes, but is not limited to the name, State agency or university, and position title of each individual. As a correctional health care company, Wexford Health often has civil litigation brought by inmates; some of these cases result in civil judgments not in our favor.

**STEP 7**  
**POTENTIAL CONFLICTS OF INTEREST**  
**RELATING TO DEBARMENT & LEGAL PROCEEDINGS**

(Complete only if bid, offer, or contract has an annual value over \$25,000)  
(Subcontractors with subcontract annual value of more than \$50,000 must complete)

This step must be completed for each person disclosed in Step 2, Option A, Step 3, and for each entity and sole proprietor disclosed in Step 1.

Please provide the name of the person or entity for which responses are provided: Stricklin and Associates

6. Within the previous ten years, have you had debarment from contracting with any governmental entity?  Yes  No
7. Within the previous ten years, have you had any professional licensure discipline?  Yes  No
8. Within the previous ten years, have you had any bankruptcies?  Yes  No
9. Within the previous ten years, have you had any adverse civil judgments and administrative findings?  Yes  No
10. Within the previous ten years, have you had any criminal felony convictions?  Yes  No

If you answered "Yes", please provide a detailed explanation that includes, but is not limited to the name, State agency or university, and position title of each individual.

## STEP 8

### DISCLOSURE OF CURRENT AND PENDING CONTRACTS

(Complete only if bid, offer, or contract has an annual value over \$25,000)

(Subcontractors with subcontract annual value of more than \$50,000 must complete)

If you selected Option 1, 2, 3, 4, or 6 in Step 1, do you have any contracts, pending contracts, bids, proposals, subcontracts, leases or other ongoing procurement relationships with units of State of Illinois government?

Yes  No.

If "Yes", please specify below. Attach an additional page in the same format as provided below, if desired.

Agency/University	Project Title	Status	Value	Contract Reference/P.O./Illinois Procurement Bulletin #
Illinois Dept. of Corrections	Healthcare Services	Current Contract	@ \$125 million annually	Contract HFS # 2010-05-008
Illinois Dept. of Human Services	Resident Healthcare-TDF	Current Contract	@\$2.5 million annually	Contract # 4AA0000090

Please explain the procurement relationship: competitively awarded contracts [Click here to enter text.](#)



**STEP 9**  
**SIGN THE DISCLOSURE**

(All vendors must complete regardless of annual bid, offer, or contract value)  
(Subcontractors with subcontract annual value of more than \$50,000 must complete)

This disclosure is signed, and made under penalty of perjury for all for-profit entities, by an authorized officer or employee on behalf of the bidder or offeror pursuant to Sections 50-13 and 50-35 of the Illinois Procurement Code. This disclosure information is submitted on behalf of:

Name of Disclosing Entity: Wexford Health Sources, Inc.

Signature: \_\_\_\_\_

Date: August 9, 2013

Printed Name: John M Froehlich

Title: Vice President & Chief Financial Officer

Phone Number: 412-937-8590

Email Address: [jfroehlich@wexfordhealth.com](mailto:jfroehlich@wexfordhealth.com)


## STATE OF ILLINOIS CONTRACT RENEWAL

Illinois Department of Corrections  
Renewal of Healthcare Services  
Contract #0911002

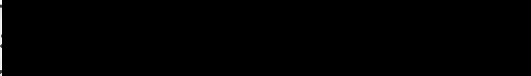
The undersigned Agency and Vendor, Wexford Health Sources, Inc., (the Parties) agree that the following shall renew the Contract referenced herein. All terms and conditions set forth in the original Contract, not amended herein, shall remain in full force and effect as written. In the event of conflict, the terms of this Renewal shall prevail.

IN WITNESS WHEREOF, the Agency and the Vendor cause this Renewal to be executed on the dates shown below by representatives authorized to bind the respective PARTIES.

**VENDOR**

Vendor Name: Wexford Health Sources, Inc.	Address: 501 Holiday Drive; Pittsburgh, PA, 15220
Signature: 	Phone: 412-937-8590
Printed Name: John M. Froehlich	Fax: 412-937-8599
Title: Vice President and CFO	Email: jfroehlich@wexfordhealth.com
Date: 4/29/16	

**STATE OF ILLINOIS**

Procuring Agency: Illinois Department of Corrections	Phone: 217-558-2200
Street Address: 1301 Concordia Court	Fax: 217-558-2203
City, State ZIP: Springfield, IL 62794	
Official Signature: 	Date: 4/29/2016
Printed Name: Jared Brunk	
Official's Title: CFO	
Legal Signature:	Date:
Legal Printed Name: LaShonda Hunt	
Legal's Title: Chief General Counsel	
Fiscal Signature:	Date:
Fiscal's Printed Name: Jared Brunk	
Fiscal's Title: Chief Financial Officer	

PBC# 16-98391

Project Title Renewal of Healthcare Services

Contract # 991102

Procurement Method (IFB, RFP, Small, etc):

IPB Ref. # 22038159

IPB Publication Date:

Award Code:

Subcontractor Utilization?  Yes  No

Subcontractor Disclosure?  Yes  No

Funding Source GRF

Obligation #

CPO 33 – General Counsel Approval:

Signature

Printed Name

Date

1. **DESCRIPTION OF CONTRACT BEING RENEWED** (include original contract number): HFS #2010-05-00, provision of medical, dental, vision, pharmaceutical, and mental health services for offenders at specified state correctional centers.
2. **TERMS AND CONDITIONS:** This Renewal is on the same terms and conditions as the Contract being renewed except as changed and described herein.
  - 2.1. Section 2.2.2 Vendor Functions and Duties shall be amended to add the following subsection:
    - 2.2.2.30 Agency/Buyer and Vendor acknowledge that the Contract for Services will involve provision of medical services and the Vendor shall not be held responsible for medical services not directly provided by the Vendor.
  - 2.2. Section 2.2.3.4 shall be amended to add the following subsection 2.2.3.4.3.
    - 2.2.3.4.3 Telehealth Services Program: The Department utilizes Telehealth services for Telemedicine, Tele-psychiatry, HIV, and Hepatitis - C treatment and wishes to expand Telehealth delivery within IDOC to other specialty areas. The services are to be used in conjunction with face-to-face encounters intended to supplement the level of care provided by the Department and vendor.
      - a) The Vendor is responsible for supplying all tele-medicine equipment at each approved IDOC Correctional Center that meets the minimal standards outlined in this contract and that of the IDOC's Chief Information Officer. This equipment shall become the property of DOC upon the termination of the Contract. It is the DOC's responsibility to provide all network and/or Ethernet connections as required to operate the equipment at each DOC facility.
      - b) All telehealth services must utilize end-to-end encryption based upon published and peer-reviewed standards and comply with HIPAA data transmission standards for healthcare information. Any service based solution must be accompanied by a privacy policy stating that data is protected and will not be shared with third parties. Such policy statements must be provided to DOC prior to the services being used.
      - c) Video transmission must have minimal video resolution of 720x480 pixels at 29.97 frames per second rate.
      - d) System shall include capacity for remote camera control on the offender end for close-ups views.
      - e) System shall include audio capacity at 7 kHz full duplex with echo cancellation (capable of eliminating room return audio echo), with easy-to-use mute function and volume adjustment.
      - f) System shall have capacity for software upgrades as improvements become available
      - g) The Vendor is responsible for all cost and communication line charges associated with Telehealth services conducted from a location that is not an IDOC Correctional Center.
  - 2.3. Section 2.2.4.11 language shall be amended as follows:
    - 2.2.4.11 Tele-psychiatry: Tele-psychiatry may be implemented and utilized upon agreement by both Agency and Vendor if, prior to Tele-psychiatry services being performed, written approval is obtained pursuant to Section 2.4.2. The following are the minimum conditions/stipulations:
      - a) The vendor shall comply with all of the Department's policies, procedures and protocols governing Tele-psychiatry services.
      - b) Tele-psychiatry services shall be provided in accordance with current guidelines and practices established by the American Psychological Association, American Psychiatric Association, and American Telemedicine Association, current correctional industry best practice standards and DOC Administrative Directives, policies and procedures.

- c) All aspects of HIPAA (and State privacy requirements) apply to the encounter and transmission of medical record information to protect offender's privacy.
- d) The service based solution is accompanied by a privacy policy stating that data is protected and will not be shared with third parties. Such policy statements must be provided to DOC prior to the services being used.
- e) Psychiatrists providing Tele-psychiatry services shall have the necessary training/orientation and ongoing continuing education/professional development to ensure they possess the competencies for the safe provision of quality mental health services. Remote site and consultant personnel are properly licensed.
- f) If the Tele-psychiatry encounter involves more than one state, psychiatric staff must be licensed both by the transmitting and the receiving [Illinois] state.
- g) Each psychiatric staff member is covered by liability and malpractice insurance for each state in which they are providing tele-psychiatry services
- h) All Tele-psychiatrists shall be expected to participate in a 30 minute Mental Health Team Meeting with a designated MHP for Tele-psychiatry when scheduled. The site Telehealth Coordinator or the involved Psychiatrist shall document this on the Tele-psychiatry Patient Log as "Mental Health Team Meeting". If for some reason a Mental Health Team Meeting does not occur for a Scheduled Tele-psychiatry Clinic due to vendor or psychiatrist cancellation, then the "Mental Health Team Meeting" shall not be documented on the Tele-psychiatry Patient Log, nor shall this time be reimbursed by IDOC.
- i) The site Telehealth Coordinator or involved Psychiatrist shall document on the Tele-psychiatry Patient Log the actual time of start and finish for any "Mental Health Team Meeting", not to exceed 30 minutes, unless clinically necessary.
- j) The Psychiatrist providing Tele-psychiatry Service shall remain directly available as required via teleconference or video to mental health staff until completion of the scheduled Tele-psychiatry Clinic. For example, if the Tele-psychiatry Clinic is scheduled to run from 7:00 a.m. to 5:00 p.m., the Psychiatrist shall be available until 5:00 p.m. The site Telehealth Coordinator or involved Psychiatrist or appropriate designee shall document these times on the Tele-psychiatry Patient Log.
- k) The Psychiatrist shall document on the Tele-psychiatry Patient Log when a Mental Health Treatment Plan is completed for each Psychiatric Evaluation or Psychiatric decompensation or diagnosis change or diagnosis addition. Also, completed AIMS shall be documented on the Tele-psychiatry Patient Log.
- l) Tele-psychiatry hours shall be documented on the Tele-psychiatry Patient Log and submitted in writing, to the IDOC Contract Monitor or designee, by the Vendor for payment. IDOC shall provide approval/denial (with explanation) of the Telepsychiatry Log within ten (10) Business Days; after ten (10) business Days the Telepsychiatry Log shall be deemed approved. This documentation shall include:
  1. The scheduled case type, whether Routine follow-up evaluation, Psychiatric Diagnostic evaluation or Complex follow-up evaluation;
  2. Scheduled appointment time;
  3. Offender's name and identification number;
  4. The actual time spent face-to-face with the scheduled offender during the evaluation;
  5. Resulting case type: whether Psychiatric Diagnostic Evaluation, routine or complex follow-up evaluation;
  6. Comments for describing operational delays;
  7. Completion of mental health treatment plan and completion of AIMS when required;
  8. Sign on and sign off monitor screen time for tele-psychiatrist for the Telepsychiatry Clinic;

9. Actual time first offender began their schedule appointment and the actual time the last scheduled offender was seen by the psychiatrist.
- m) Tele-psychiatry hours that were previously scheduled and approved may be utilized based upon the institutional needs of the IDOC tele-psychiatry Site during a lockdown period or operational delay. The psychiatrist shall document the start and stop time(s) of the Lockdown or Operational Delay in the Comment Section for Operational Delays. Lockdowns and Operational Delays are submitted to the IDOC daily for review and approval in accordance with item "l" above. If operationally feasible, during a lockdown or operational delay, the psychiatrist shall document chart reviews for the scheduled offenders utilizing form 0282. These chart reviews will be inclusive of the previous 12 months of psychiatric treatment and include but not limited to psychotropic medication trials, responses, other therapeutic interventions, metabolic monitoring reviews and data pertinent to the ongoing care of the offender. Payment to Vendor for tele-psychiatry hours during a Lockdown or Operational Delay shall be based upon the Scheduled Case Type time increments. If a lockdown is anticipated to extend past 24 hours, the vendor will be notified and the tele-psychiatry Clinic may be cancelled at the request of IDOC. Upon cancelation, psychiatric services will be assigned by the Chief of Psychiatry to another IDOC facility where psychiatric evaluation and follow-up are to be performed. If the vendor or psychiatrist refuses to provide psychiatric services at the assigned facility, the vendor shall not be reimbursed. Cancelled tele-psychiatry Clinics shall be rescheduled and the hours for the clinic are to be completed unless agreed upon by the Chief of Mental Health or the Chief of Psychiatry for IDOC. Per Contract, the Vendor shall be compensated at the hourly psychiatrist rate for the scheduled clinic period. The following defined time guidelines shall be used for scheduling tele-psychiatry clinics and for cancelled Clinic reimbursement only: Psychiatric Evaluation 60 minutes, Complex Psychiatric Follow-up Evaluation 30 minutes, Routine Psychiatric Follow-up Evaluation 20 minutes, Mental Health Team Meeting 30 minutes.
1. Offenders being evaluated via tele-psychiatry will be seen for up to 20 minutes for Routine psychiatric follow up evaluations. This time shall typically include 15 minutes of face-to-face time and 5 minutes for documentation. Offenders requiring a Psychiatric Diagnostic evaluation will be seen for up to 60 minutes. This time shall typically include 45 minutes face-to-face time with the offender and up to 15 minutes for documentation. Offenders requiring Complex follow up evaluations will be seen for up to 30 minutes. This time shall typically include 25 minutes of face-to-face time and 5 minutes for documentation. The Psychiatric Progress Note will support the need for a complex follow-up.
  2. The time guidelines shall be adjusted to accurately reflect required documentation completion times for documentation requirements established in the IDOC Mental Health Standard Operating Procedures (SOP) Psychiatric Provisions. Estimated time lines are as follows these estimates shall be adjusted based on actual performance:
    - o Psychiatric Progress Note: 15 minutes completion time;
    - o Treatment Plan Document: 15 minutes completion time;
    - o Initial Psychiatric Evaluation Report: 60 minutes completion time.
  3. Upon initial implementation of the Mental Health SOPs, the vendor shall have 90 days to implement and train psychiatrists on the new documentation requirements. During the 90 Day period, the vendor will be held to required Schedule E hours.
  4. IDOC shall not be responsible for reimbursing vendor for clerical duties associated with each scheduled tele-psychiatry clinic that could be performed by ancillary personnel. For example, printing of offender medical documentation sent from host site. Vendor will be responsible for providing all medical files necessary for the tele-psychiatrist to perform his/her duties for completion of the evaluation type.

5. All tele-psychiatry equipment is expected to be in working order at the host site and from the off-site tele-psychiatrist location at the time of the scheduled tele-psychiatry clinic. If a connection cannot be established from the tele-psychiatrist off-site to the host site or from the host site to the off-site tele-psychiatrist, the scheduled tele-psychiatry Clinic will be cancelled until such time that the tele-psychiatry connection is established. If the scheduled tele-psychiatry Clinic is cancelled due to equipment malfunction, IDOC shall not be responsible for reimbursement of vendor. If cancelled due to equipment malfunction, the tele-psychiatry clinic shall be rescheduled and the hours for the clinic are to be completed unless agreed upon by the Chief of Mental Health or the Chief of Psychiatry for IDOC.
  6. Due to the nature of psychiatric care there can be fluctuations in need based on circumstances that arise during treatment. If questions arise on the appropriateness related to tele-psychiatry sessions, the following shall be used to determine appropriateness:
    - o An overall psychiatric treatment productivity level averaging to the level of offenders per hour within the criteria and time frames guidelines out lined in item 1 and 2 above.;
    - o Comparison with on-site psychiatrist productivity;
    - o Hours provided do not exceed the scheduled hours approved by IDOC;
    - o Consultation with the onsite IDOC Mental Health Professional Consultation and review by the vendor Chief of Psychiatry
    - o A review by IDOC Chief of Psychiatry who shall provide final determination
- n) Psychiatry services are a critical component of the Mental Health Program. The Vendor and IDOC shall work together to maximize the availability of psychiatric services through face-to-face (on-site) and telehealth clinics. It is the goal of the IDOC to maintain a 55/45 Ratio of on-site psychiatry to tele-psychiatry. In order to assure psychiatric services to mental health population that do not necessitate face-to-face psychiatric care and when on-site services are not available the vendor shall provide tele-psychiatry Services to insure access to care. IDOC and the Vendor shall meet quarterly to review the delivery of psychiatry services, the use of tele-psychiatry, and on-going recruitment and hiring of on-site psychiatrists.
- o) Tele-psychiatry hours exceeding the approved Staffing Scheduled shall not be paid unless approved in advance by the CAO, according to the procedures outlined by the CAO and Psychology Administrator and/or IDOC Chief of Mental Health and/or IDOC Chief of Psychiatry. Tele-psychiatry hours shall not be paid in the absence of a report that is reflective of the criteria set out by section l) referenced above. Said report shall be submitted to the IDOC Contract Monitor or designee within 24 hour of the tele-psych clinic being provided and verified by the appropriate IDOC personnel. Verified reports will be provided to the Business Administrator for use during monthly reconciliations.

2.4. Section 2.2.4 shall be amended to add the following sub-sections:

**2.2.4.15 Mental Health Coverage:**

- a) **Work Schedules:** The Vendor shall provide staggered work schedules and schedule psychiatric assignments, to include evenings, weekends and holidays for increased offender access, as well as crisis response. Work schedules shall be subject to approval by the IDOC and shall be responsive to the evolving needs of the Facilities.

- b) Reception Centers and facilities designated as medium or maximum security shall have evening coverage until 8:00 p.m., Sunday through Saturday and holiday coverage shall be provided at all maximum and residential treatment unit facilities. Telephone on-call services and the capability for onsite response shall be available for all facilities 24 hours per day, 7 days per week. From 8:00 a.m. to 4:00 p.m. a psychiatrist must be available for onsite response to each Facility within three hours of notification.
- c) Significant absence of mental health staff to attend off site meetings/trainings should be coordinated with the IDOC Regional Deputy Chiefs and facility Chief Administrative Officer (Warden). Vendor shall maintain a per diem pool of Mental Health Professionals, including Psychiatrists whose credentials and security clearances have been properly submitted and cleared by IDOC (professional and security clearances). All per diem staff is required to complete IDOC orientation and on-site orientation prior to the commencement of duty.
- d) The vendor shall ensure that at every IDOC facility it provides onsite mental health services, 51% of the onsite contractual mental health staff (excluding psychiatrists) are licensed as a Clinical Psychologists, Licensed Clinical Social Worker (LCSW) or Licensed Clinical Professional Counselors (LCPC) which will be specified in the facility mental health staffing schedule.

#### 2.2.4.16 REPORTS

It is the Vendor's responsibility to provide current, annually reviewed manuals and guidelines to assist in the delivery of care and structure required reporting.

- a) The Vendor shall comply with all statistical, financial, and informational reporting requirements. The Department reserves the right to change the reports, report content, or frequency of reports at any time during the term of a Contract awarded.
- b) All statistical, financial, and informational data maintained and/or produced as part of reporting requirements, shall be deemed to be owned by the Department. The ownership provision is in consideration of the Vendor's use of public funds in collecting or preparing such medical records, data, information and reports. These items shall not be used by the Vendor for any independent project of the Vendor or publicized by the Vendor without the prior written permission of the Department. Subject to applicable state and Federal laws and regulations, the Department shall have full and complete rights to reproduce, duplicate, disclose and otherwise use all such information. Prior to or at the termination of the contract, the Vendor shall make available all such information as requested by the Department, including in a readable electronic format specified by the Department.
- c) Additional/Ad Hoc Reporting Requirements: The Department reserves the right to require additional reports, Ad Hoc reports, information pertaining to Contract compliance or other reports or information that may be required to respond to grievances, inquiries, complaints and other questions raised by inmates or other parties.
- d) Vendor shall submit additional reports or make revisions in the data elements or format of a report upon the request of Agency without additional charge and without requiring a Contract amendment.
- e) Agency may remove reports to be supplied during the term of the Contract without requiring a Contract amendment.



- f) Vendor shall maintain trend analysis charts on key statistical data taken from the monthly reports.
- g) Monthly reports shall be due no later than the 15th day of the month following the report month.
- h) Quarterly reports shall be due no later than the 30th day after the end of each calendar quarter.
- i) Utilization reports shall include denials and appeals in aggregate and individual reports.
- j) A report on the effectiveness of the telemedicine program goals should be submitted to the Department annually and shall include an assessment of the program's efficiency, quality, and offender satisfaction.

**2.5. Section 2.4.2.2.1 language shall be amended as follows:**

2.4.2.2.1 Hours allocated for psychiatrist on the Schedule E's can be filled by Tele-psychiatry in accordance with the IDOC required on-site psychiatric services and do not require additional written approval. If there are Schedule E psychiatrist hours that cannot be filled on-site at the Center they may be converted to tele-psychiatry hours if approved by the IDOC Chief of Mental Health Services or IDOC Chief of Psychiatry prior to the tele-psychiatry service being provided. Approval shall not be unreasonably withheld if services can appropriately be provided via Tele-psychiatry. . Representatives authorized to bind both IDOC and the Vendor prior to the tele-psychiatry hours being worked for required on-site psychiatrist hours shall sign an ASR form.

**2.6. Sections 2.4.2.2.4 and 2.4.2.2.5 shall be eliminated in their entirety.**

**2.7. Section 3.1.1.2 Quarterly Adjustments shall be amended to add the following subsection:**

3.1.1.2.8 PA/NP Salary: Vendor may utilize a PA/NP for a Psychiatrist position upon IDOC approval by the IDOC Chief of Mental Health or the IDOC Chief of Psychiatry to provide psychiatric services within their licensure authority. The PA/NP compensation shall reflect the rates listed in the appropriate Schedule E(s).

**2.8. Section 7.1.3 shall be amended to add the following sub-sections:**

7.1.3.3 The Vendor shall participate in a Continuous Quality Improvement Sub-Committee, chaired by the IDOC Office of Mental Health Management and/or the Mental Health Quality Improvement Manager. The Continuous Quality Improvement Program shall also include Continuous Quality Improvement activity, process and outcome quality improvement studies including, at minimum, risk management, policy and procedure review, pharmacy review and utilization management review, monthly statistical management reporting, and mental health care staff levels

7.1.3.4 The Continuous Quality Improvement program will be utilized to evaluate the mental health care provided to the offenders and the quality of care that the mental health staff provides in the IDOC on a continual basis to ensure quality, appropriateness, innovativeness and continuity of care. The Vendor shall have a written continuous quality improvement system, showing the continuous emphasis on quality it dedicates to all aspects of mental health services. The program shall be supported by data collection and the Vendor shall be able to provide

qualitative and quantitative analysis to the IDOC. The Vendor shall provide the additional Continuous Quality Improvement Services set forth below.

7.1.3.5 The Vendor shall develop, maintain and/or implement (once approved by IDOC Office of Mental Health Management) a performance improvement plan that is designed to consistently improve the quality of Services provided in the IDOC. The plan shall identify the framework by which processes, systems and outcomes of care within the IDOC are designed, measured and improved. The plan shall be comprehensive, organization-wide and multi-disciplinary so as to maximize the performance improvement process. The Vendor shall actively seek out opportunities for improvement for problems identified through this process or those identified through its own process or by IDOC. The Vendor shall be responsible for all costs incurred as a result of this quality improvement process

7.1.3.6 The Vendor shall submit a monthly incident review report to the Mental Health Quality Improvement Manager, with a copy to the Chief of Mental Health and Chief of Psychiatry, detailing all adverse incidents, as defined by the quality assurance corrective action plan.

2.9. Section 7.1 shall be amended to add the following sub-section 7.1.8:

**7.1.8 CONTINUOUS QUALITY IMPROVEMENT (CQI)**

7.1.8.1 The Continuous Quality Improvement program will be utilized to evaluate the mental health care provided to the offenders and the quality of care that the mental health staff provides in the IDOC on a continual basis to ensure quality, appropriateness, innovativeness and continuity of care. The Vendor shall have a written continuous quality improvement system, showing the continuous emphasis on quality it dedicates to all aspects of mental health services. The program shall be supported by data collection and the Vendor shall be able to provide qualitative and quantitative analysis to the IDOC. The Vendor shall provide the additional Continuous Quality Improvement Services set forth below.

7.1.8.2 The Vendor shall participate in a Continuous Quality Improvement Sub-Committee, chaired by the IDOC Office of Mental Health Management and/or the Mental Health Quality Improvement Manager. The Continuous Quality Improvement Program shall also include Continuous Quality Improvement activity, process and outcome quality improvement studies including, at minimum, risk management, policy and procedure review, pharmacy review and utilization management review, monthly statistical management reporting, and mental health care staff levels.

7.1.8.3 The Vendor shall develop, maintain and/or implement (once approved by IDOC Office of Mental Health Management) a performance improvement plan that is designed to consistently improve the quality of Services provided in the IDOC. The plan shall identify the framework by which processes, systems and outcomes of care within the IDOC are designed, measured and improved. The plan shall be comprehensive, organization-wide and multi-disciplinary so as to maximize the performance improvement process. The Vendor shall actively seek out opportunities for improvement for problems identified through this process or those identified through its own process or by IDOC. The Vendor shall be responsible for all costs incurred as a result of this quality improvement process, unless expansion of services or resources is required. If expansion of services is necessary requiring additional staff or other resources, the Vendor shall prepare and submit a cost impact statement. The IDOC and Vendor shall meet to review, upon approval the IDOC shall amend the contract to reflect the agreed upon changes and cost.

7.1.8.4 The Vendor shall submit a confidential, proprietary non-disclosable monthly incident review report to the Mental Health Quality Improvement Manager, with a copy to the Chief of Mental

Health and Chief of Psychiatry, detailing all adverse incidents, as defined by the quality assurance corrective action plan.

## **DATA COLLECTION**

**7.1.8.5** The Vendor shall provide all data required in a format approved by the Office of Healthcare and Mental Health Services within a reasonable time period agreed to by the Department and the vendor.

Additional/AdHoc Reporting Requirements: The Department reserves the right to require additional reports, AdHoc reports, information pertaining to Contract compliance or other reports or information that may be required to respond to grievances, inquiries, complaints and other questions raised by inmates or other parties that are within the scope of services and involves accessible data. The Vendor shall comply with all statistical, nonproprietary financial, and informational reporting requirements. The Department reserves the right to change the reports, report content, or frequency of reports at any time during the term of this contract, that can be reasonably met by the vendor.

**7.1.8.6** All statistical, nonproprietary financial, and informational data maintained and/or produced as part of reporting requirements, shall be deemed confidential to be owned by the Department and non-disclosable. The ownership provision is in consideration of the Vendor's use of public funds in collecting or preparing such medical records, data, information and reports. These items shall not be used by the Vendor for any independent project of the Vendor or publicized by the Vendor without the prior written permission of the Department. Subject to applicable state and Federal laws and regulations, the Department shall have full and complete rights to reproduce, duplicate, disclose and otherwise use all such nonproprietary information. Prior to or at the termination of the contract, the Vendor shall make available all such information as requested by the Department, including in a readable electronic format specified by the Department.

## **Mental Health Coverage**

**7.1.8.7** Work Schedules: The Vendor shall provide staggered work schedules and schedule of psychiatric assignments, including evenings, weekends and holidays for increased offender access, as well as crisis response, as medically necessary. Work schedules shall be subject to approval by the IDOC and shall be responsive to the evolving needs of the Facilities.

**7.1.8.8** Reception Centers and facilities designated as medium or maximum security shall have evening coverage until 8:00 p.m., Sunday through Saturday and holiday coverage shall be provided at all maximum and residential treatment unit facilities as medically necessary. Telephone on-call psychiatric services and the capability for onsite response shall be available for all facilities 24 hours per day, 7 days per week. From 8:00 a.m. to 4:00 p.m. a psychiatrist must be available for onsite response if emergent and medically necessary to each Facility within three hours of notification.

**7.1.8.9** Significant absence of mental health staff to attend off site meetings/trainings should be coordinated with the IDOC facility Chief Administrative Officer (Warden) at least two weeks in advance in order to obtain approval for the change to the work schedule. Vendor shall maintain a per diem pool of Mental Health Professionals, including Psychiatrists whose credentials and security clearances have been properly submitted and cleared by IDOC (professional and security clearances). All per diem staff is required to complete IDOC orientation and on-site

orientation prior to the commencement of duty working in partnership with the Vendor to modify the orientation process to reasonably accommodate PRN staff. .

7.1.8.10 With the expansion of Mental Health Services the Vendor shall hire appropriately licensed staff to meet the IDOC goal that at every IDOC facility for which the vendor provides onsite mental health services, 51% of the onsite contractual mental health staff (excluding psychiatrists) are licensed as a Clinical Psychologist, Licensed Clinical Social Worker (LCSW) or Licensed Clinical Professional Counselors (LCPC) which will be specified in the facility mental health staffing schedule. Therefore it is expected that the Vendor will employ no more than 49% of its mental health care staff (excluding psychiatrist) at the facility level licensed as either a Licensed Social Worker (LSW) or Licensed Professional Counselors (LPC). The Vendor shall have 12 months to bring staffing levels in compliance within the above stated licensure goals. The Department agrees to work with the Vendor to permit the temporary employment of non-clinically licensed staff who are pursuing clinical licensure and provide a limited amount of time to allow the employee to acquire the clinical licensure or be terminated.

3. **RENEWAL TERM:** This RENEWAL shall begin May 1, 2016 and shall run through April 30, 2017.
4. **COSTS** (describe calculation and/or cost basis, if applicable): For the aforementioned term, the estimated cost is \$145,000,000 per the attached Schedule E's. That amount is comprised of \$24,166,667 in FY16 expenses and \$120,833,333 in FY17 expenses.
5. **MAXIMUM AMOUNT:** The total payments under this contract shall not exceed N/A without a formal amendment.
6. **SUBCONTRACTORS:** Will subcontractors be utilized?  Yes  No
  - Subcontractor Name: Click here to enter text.  
Amount to be paid: Click here to enter text.  
Address: Click here to enter text.  
Description of work: Click here to enter text.
  - Subcontractor Name: Click here to enter text.  
Amount to be paid: Click here to enter text.  
Address: Click here to enter text.  
Description of work: Click here to enter text.
- 6.1. All contracts with the subcontractors identified above must include the Standard Certifications completed and signed by the subcontractor.
- 6.2. If the annual value of any the subcontracts is more than \$50,000, then the Vendor must provide to the State the Financial Disclosures and Conflicts of Interest for that subcontractor.

- 6.3. If the subcontractor is registered in the Illinois Procurement Gateway (IPG) and the Vendor is using the subcontractor's Standard Certifications or Financial Disclosures and Conflicts of Interest from the IPG, then the Vendor must also provide a completed Forms B for the subcontractor.
- 6.4. If at any time during the term of the Contract, Vendor adds or changes any subcontractors, Vendor will be required to promptly notify, in writing, the State Purchasing Officer or the Chief Procurement Officer of the names and addresses and the expected amount of money that each new or replaced subcontractor will receive pursuant to the Contract. Any subcontracts entered into prior to award of the Contract are done at the Vendor's and subcontractor's risk.

**STATE OF ILLINOIS**  
**TAXPAYER IDENTIFICATION NUMBER**

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. person (including a U.S. resident alien).

- If you are an individual, enter your name and SSN as it appears on your Social Security Card.
- If you are a sole proprietor, enter the owner's name on the name line followed by the name of the business and the owner's SSN or EIN.
- If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's name on the name line and the D/B/A on the business name line and enter the owner's SSN or EIN.
- If the LLC is a corporation or partnership, enter the entity's business name and EIN and for corporations, attach IRS acceptance letter (CP261 or CP277).
- For all other entities, enter the name of the entity as used to apply for the entity's EIN and the EIN.

Name: Click here to enter text.

Business Name: Click here to enter text.

Taxpayer Identification Number:

Social Security Number: Click here to enter text.

or

Employer Identification Number : Click here to enter text.

Legal Status (check one):

- |   |  |
|---|--|
| <input type="checkbox"/> Individual   | <input type="checkbox"/> Governmental  |
| <input type="checkbox"/> Sole Proprietor  | <input type="checkbox"/> Nonresident alien   |
| <input type="checkbox"/> Partnership  | <input type="checkbox"/> Estate or trust   |
| <input type="checkbox"/> Legal Services Corporation   | <input type="checkbox"/> Pharmacy (Non-Corp.)  |
| <input type="checkbox"/> Tax-exempt   | <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corp.)                              |
| <input checked="" type="checkbox"/> Corporation providing or billing<br>medical and/or health care services | <input type="checkbox"/> Limited Liability Company<br>(select applicable tax classification) |
| <input type="checkbox"/> Corporation NOT providing or billing<br>medical and/or health care services        | <input type="checkbox"/> C = corporation   |
|   | <input type="checkbox"/> P = partnership   |

Signature of Authorized Representative: \_\_\_\_\_

Date: Click here to enter a date

BIG MUDDY CORRECTIONAL CENTER  
BUDGET SCHEDULE E

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates		
						ANNUAL	HOURLY	
Dental Assistant	94,723	26,333	4,160	22.77	6.33	29.10		
Dental Hygienist	73,840	20,509	2,080	35.50	9.86	45.36		
Dentist	172,536	46,446	2,080	82.95	22.33	105.28		
Director of Nursing	72,738	20,218	2,080	34.97	9.72	44.69		
Licensed Practical Nurse	642,720	178,464	24,960	25.75	7.15	32.90		
On-Site Medical Director	227,802	63,294	2,080	109.52	30.43	139.95		
Medical Records Director	57,470	15,974	2,080	27.63	7.68	35.31		
Optometrist	42,892	0	562	76.32	-	76.32		
Medication Room Assistant	47,362	13,166	2,080	22.77	6.33	29.10		
Physical Therapist	17,770	0	104	170.87	-	170.87		
Physical Therapy Assistant	40,477	9,901	1,456	27.80	6.80	34.60		
Physician Assi/Nurse Practitioner	105,893	29,411	2,080	50.91	14.14	65.05		
Psychiatrist	602,933	167,615	3,120	193.25	53.72	246.97		
Qualified Mental Health Professional	201,697	56,072	6,240	32.32	8.99	41.31		
Behavioral Health Technician	50,446	14,024	2,080	24.25	6.74	31.00		
Radiology Technician	26,988	6,594	1,040	25.95	6.34	32.29		
Registered Nurse	561,434	156,083	16,640	33.74	9.38	43.12		
Staff Assistant I	139,838	37,315	6,240	22.41	5.98	28.39		
Staff Assistant II	47,362	13,166	2,080	22.77	6.33	29.10		
<b>TOTAL</b>	<b>\$ 3,226,919</b>	<b>\$ 874,586</b>	<b>83,242</b>					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS								
OFF SITE ADM STAFF			287,813					
MGMT FEE			382,263					
INDIRECT ADMIN COSTS			670,076					
DIRECT CARE	1,610,586	447,470	2,058,056	377,093	349.36	0.9572	0.9572	670,076
DENTAL	341,099	93,288	434,387	178,707	196.61	0.5387	1.4959	2,435,149
MENTAL HEALTH	855,075	237,711	1,092,786	615,880	93.17	0.2553	1.2125	613,094
PHARMACY	47,362	13,166	60,528	630,505	328.73	0.9006	1.8578	691,033
ANCILLARY	58,247	9,901	68,148	168,523	87.86	0.2407	1.1979	236,672
LABORATORY	0	0	0	118,799	61.94	0.1697	1.1269	118,799
RADIOLOGY	26,988	6,594	33,582	33,823	17.63	0.0483	1.0055	67,405
SUPPORT	244,670	66,456	311,126	168,296	87.75	0.2404	1.1976	479,423
OPTICAL	42,892	0	42,892	44,677	23.29	0.0638	1.0210	87,569
NON-HOSPITAL SERVICES	0	0	0	537,383	280.18	0.7676	1.7248	537,383
<b>TOTAL</b>	<b>3,226,919</b>	<b>874,586</b>	<b>4,771,581</b>	<b>2,873,686</b>	<b>1,498.27</b>	<b>4.1048</b>		<b>7,645,267</b>
POPULATION BASE								1,918

Centralia Correctional Center  
 Budget Schedule E  
 5/1/2016 – 4/30/2017

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	HOURLY	FB HOURLY	Combined Rates	PROGRAM ADJUST.	TOTAL CONTRACT
On-Site Medical Director	227,802	63,315	2,080	109.52	30.44		139.96		
Physician	29,204	7,134	364	80.23	19.60		99.83		
Director of Nursing	78,291	21,757	2,080	37.64	10.46		48.10		
Registered Nurse	707,408	196,560	20,800	34.01	9.45		43.46		
Dentist	174,152	48,376	2,184	79.74	22.15		101.89		
Dental Assistant	43,763	12,168	2,080	21.04	5.85		26.89		
Dental Hygienist	34,112	8,341	1,040	32.80	8.02		40.82		
Psychiatrist	401,955	111,743	2,080	193.25	53.72		246.97		
Qualified Mental Health Professional	67,232	18,691	2,080	32.32	8.99		41.31		
Staff Assistant - Mental Health	44,324	12,322	2,080	21.31	5.92		27.23		
Medical Records Clerk	-	-	-	21.04	5.85		26.89		
Medication Room Assistant	43,763	12,168	2,080	21.04	5.85		26.89		
Radiology Technician	24,274	5,928	1,040	23.34	5.70		29.04		
Staff Assistant I	87,526	24,336	4,160	21.04	5.85		26.89		
Optometrist	16,840	4,116	192	87.71	21.44		109.15		
<b>TOTAL</b>	<b>1,980,647</b>	<b>546,955</b>	<b>44,340</b>						
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>	
ADMIN SVS									
OFF SITE ADMIN STAFF			181,645						
MGMT FEE			233,985						
INDIRECT ADMIN COSTS			415,631		273.98		0.7506	0.7506	415,631
DIRECT CARE	1,042,705	288,766	1,331,471	206.751	136.29		0.3734	1.1240	1,538,222
DENTAL	252,027	68,884	320,912	96.736	63.77		0.1747	0.9253	417,648
MENTAL HEALTH	513,511	142,756	656,267	341.603	225.18		0.6169	1.3675	997,870
PHARMACY	43,763	12,168	55,931	438.592	289.12		0.7921	1.5427	494,524
ANCILLARY	0	0	0	18,983	12.51		0.0343	0.7849	18,983
LABORATORY	0	0	0	103,216	68.04		0.1864	0.9370	103,216
RADIOLOGY	24,274	5,928	30,202	20.411	13.45		0.0368	0.7874	50,613
SUPPORT	87,526	24,336	111,862	89.416	58.94		0.1615	0.9121	201,279
OPTICAL	16,840	4,116	20,957	24.184	15.94		0.0437	0.7943	45,141
NON-HOSPITAL SERVICES	0	0	0	396,584	261.43		0.7162	1.4668	396,584
<b>TOTAL</b>	<b>1,980,647</b>	<b>546,955</b>	<b>2,943,233</b>	<b>1,736,477</b>	<b>1,144.68</b>		<b>3.1361</b>		<b>4,679,709</b>
POPULATION BASE									1517



DANVILLE CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 5/1/2016 - 4/30/2017

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates		
Dental Assistant	41,236	11,451	2,080	19.83	5.51	25.33		
Dentist	163,178	43,944	2,080	78.45	21.13	99.58		
Dental Hygienist	70,587	17,272	1,664	42.42	10.38	52.80		
Director of Nursing	72,031	20,010	2,080	34.63	9.62	44.25		
Licensed Practical Nurse	450,541	125,117	17,888	25.19	6.99	32.18		
Medical Director	199,824	55,532	2,080	96.07	26.70	122.77		
Medical Records Director	59,227	16,453	2,080	28.47	7.91	36.38		
Optometrist	22,804	0	260	87.71	-	87.71		
Medication Room Assistant	40,433	11,244	2,080	19.44	5.41	24.84		
Physician Ass/Nurse Practitioner	101,840	28,294	2,080	48.96	13.60	62.56		
Psychiatrist	602,933	167,615	3,120	193.25	53.72	246.97		
Qualified Mental Health Professional	201,697	56,072	6,240	32.32	8.99	41.31		
Staff Assistant - Mental Health	44,324	12,322	2,080	21.31	5.92	27.23		
Radiology Technician	22,387	0	624	35.88	-	35.88		
Registered Nurse	621,847	171,829	18,720	33.22	9.18	42.40		
Staff Assistant I	47,363	13,172	2,080	22.77	6.33	29.10		
Staff Assistant II	88,622	24,599	4,160	21.30	5.91	27.22		
TOTAL	\$ 2,850,874	\$ 774,927	71,396					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS								
OFF SITE ADM STAFF			269,451					
MGMT FEE			339,929					
INDIRECT ADMIN COSTS			609,380		333.54	0.9138	0.9138	609,380
DIRECT CARE	1,446,084	400,782	1,846,866	309,837	169.59	0.4646	1.3784	2,156,703
DENTAL	275,001	72,667	347,668	147,553	80.76	0.2213	1.1351	495,221
MENTAL HEALTH	848,953	236,009	1,084,962	515,122	281.95	0.7725	1.6863	1,600,084
PHARMACY	40,433	11,244	51,677	493,465	270.10	0.74	1.6538	545,142
ANCILLARY	0	0	0	134,939	73.86	0.2024	1.1162	134,939
LABORATORY	0	0	0	125,077	68.46	0.1876	1.1014	125,077
RADIOLOGY	22,387	0	22,387	56,402	30.87	0.0846	0.9984	78,789
SUPPORT	195,212	54,224	249,436	139,242	76.21	0.2088	1.1226	388,679
OPTICAL	22,804	0	22,804	36,888	20.19	0.0553	0.9691	59,692
NON-HOSPITAL SERVICES	0	0	0	604,880	331.08	0.9071	1.8209	604,880
TOTAL	2,850,874	774,927	4,235,181	2,563,405	1,403.07	3.844		6,796,586
POPULATION BASE								1,827

DECATUR CORRECTIONAL CENTER  
BUDGET SCHEDULE E

5/1/2016 - 4/30/2017

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates	TOTAL CONTRACT BUDGET		PER CAP		TOTAL	
							PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PER CAP DAILY
Dental Assistant	35,522	8,674	1,560	22.77	5.56	28.33						
Dental Hygienist	21,008	5,134	520	40.40	9.87	50.27						
Dentist	124,397	30,394	1,560	79.74	19.48	99.22						
Gynecologist/ Physician Specialist	37,344	0	120	311.20	-	311.20						
On-Site Medical Director	193,353	53,714	2,080	92.96	25.82	118.78						
Medical Records Director	63,151	17,555	2,080	30.36	8.44	38.80						
Optometrist	18,243	0	208	87.71	-	87.71						
Psychiatrist	401,955	111,743	2,080	193.25	53.72	246.97						
Qualified Mental Health Professional	134,465	37,381	4,160	32.32	8.99	41.31						
Behavioral Health Technician	50,446	14,024	2,080	24.25	6.74	31.00						
Radiology Technician	4,486	1,097	208	21.57	5.27	26.84						
Staff Assistant	50,622	14,067	2,080	24.34	6.76	31.10						
<b>TOTAL</b>	<b>\$ 1,134,992</b>	<b>\$ 293,782</b>	<b>18,736</b>									
<b>ADMIN SVS</b>												
OFF SITE ADM STAFF			130,508									
MGMT FEE			157,997									
INDIRECT ADMIN COSTS			288,505									
DIRECT CARE	230,697	53,714	284,411	129,134	478.45	1.3108						288,505
DENTAL	180,927	44,202	225,129	55,562	214.15	0.5867						413,544
MENTAL HEALTH	586,865	163,149	750,014	148,447	246.18	0.6745						280,692
PHARMACY	0	0	0	254,666	422.33	1.1571						254,666
ANCILLARY	0	0	0	174,814	289.91	0.7943						174,814
LABORATORY	0	0	0	104,731	173.68	0.4758						104,731
RADIOLOGY	4,486	1,097	5,583	22,971	38.09	0.1044						28,554
SUPPORT	113,772	31,621	145,394	47,560	78.87	0.2161						192,954
OPTICAL	18,243	0	18,243	13,891	23.04	0.0631						32,134
NON-HOSPITAL SERVICES	0	0	0	490,886	814.07	2.2303						490,886
<b>TOTAL</b>	<b>1,134,992</b>	<b>293,782</b>	<b>1,717,279</b>	<b>1,442,661</b>	<b>2,392.47</b>	<b>6.5547</b>						<b>3,159,940</b>
POPULATION BASE												603

DIXON CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 5/1/2016 - 4/30/2017

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	HOURLY RATE	FB HOURLY	Combined Rates
Certified Nurses Assistant	199,090	55,349	12,480	15.95		4.43	20.39
Chief Dentist	182,430	50,690	2,080	87.71		24.37	112.08
Dental Assistant	47,363	13,172	2,080	22.77		6.33	29.10
Dentist	70,375	0	832	84.58		-	84.58
Phlebotomist	42,292	10,326	2,080	20.33		4.96	25.30
Licensed Practical Nurse	544,308	151,222	20,800	26.17		7.27	33.44
On-Site Medical Director	215,842	59,961	2,080	103.77		28.83	132.60
Optometrist	35,541	0	416	85.43		-	85.43
Medication Room Assistant	137,653	38,276	6,240	22.06		6.13	28.20
Physical Therapist	52,127	0	418	125.31		-	125.31
Physical Therapist Assistant	49,359	13,722	2,080	23.73		6.60	30.33
Physician	204,161	56,726	2,080	98.15		27.27	125.43
Physician Assis/Nurse Practitioner	224,837	62,462	4,160	54.05		15.01	69.06
Site Mental Health Services Director	121,459	33,766	2,080	58.39		16.23	74.63
Mental Health Training Director	113,742	31,620	2,080	54.68		15.20	69.89
Pre-Doc Intern	95,830	26,641	4,160	23.04		6.40	29.44
Post-Doc Intern	67,226	18,699	2,080	32.32		8.99	41.31
Mental Health Unit Director	331,303	92,102	6,240	53.09		14.76	67.85
Psychiatrist	4,019,550	1,117,435	20,800	193.25		53.72	246.97
Psychologist	530,417	147,456	10,400	51.00		14.18	65.18
OMHP	1,210,181	336,430	37,440	32.32		8.99	41.31
Behavioral Health Technician	908,025	252,431	37,440	24.25		6.74	31.00
Recreational Therapist	115,818	32,197	4,160	27.84		7.74	35.58
Director of Nursing - Mental Health	82,826	23,026	2,080	39.82		11.07	50.89
RN - Mental Health	1,648,834	459,376	47,840	34.47		9.58	44.05
Medical Records Director - MH	53,756	14,944	2,080	25.84		7.18	33.03
Office Coordinator - Mental Health	49,692	13,814	2,080	23.89		6.64	30.53
Staff Assistant - Mental Health	265,944	73,932	12,480	21.31		5.92	27.23
Radiology Technician	52,572	14,594	2,080	25.28		7.02	32.29
Registered Nurse	541,922	150,534	16,640	32.57		9.05	41.61
Staff Assistant I	40,433	11,244	2,000	19.44		5.41	24.84
Staff Assistant II	271,236	75,313	12,480	21.73		6.03	27.77
Supervising Nurse	82,036	22,787	2,080	39.44		10.96	50.40
<b>TOTAL</b>	<b>\$ 12,608,209</b>	<b>\$ 3,459,248</b>	<b>286,624</b>				
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS							
OFF SITE ADM STAFF			483,039				
MGMT FEE			1,136,839				
INDIRECT ADMIN COSTS			1,619,678		729.58	1.9988	1,619,678
DIRECT CARE	2,012,196	559,040	2,571,237	711.492	320.49	0.8781	3,282,729
DENTAL	300,168	63,862	364,030	337.090	151.84	0.416	701.121
MENTAL HEALTH	9,614,601	2,672,869	12,287,470	1,216.858	548.13	1.5017	13,504,328
PHARMACY	137,853	38,276	175,959	1,171.770	527.82	1.4461	1,347,729
ANCILLARY	101,486	13,722	115,209	479.753	216.10	0.5921	594,962
LABORATORY	42,292	10,326	52,618	240.175	108.19	0.2964	292,793
RADIOLOGY	52,572	14,594	67,167	73.996	33.33	0.0913	141,162
SUPPORT	311,669	86,557	398,226	319.227	143.80	0.394	717,453
OPTICAL	35,541	0	35,541	84.273	37.96	0.104	119,813
NON-HOSPITAL SERVICES	0	0	0	411.009	185.14	0.5072	411,009
<b>TOTAL</b>	<b>12,608,209</b>	<b>3,459,248</b>	<b>17,687,134</b>	<b>5,045,643</b>	<b>2,272.81</b>	<b>6.2269</b>	<b>22,732,777</b>
POPULATION BASE							2,220

EAST MOLINE CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 5/1/2016 - 4/30/2017

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates	PROGRAM ADJUST.	TOTAL CONTRACT
				PER CAP BASE	ANNUAL PER CAP	PER CAP DAILY		
Dental Assistant	47,363	13,172	2,080	22.77	6.33	29.10		
Dentist	176,074	48,923	2,080	84.65	23.52	108.17		
On-Site Medical Director / Physician	198,287	55,096	2,080	95.33	26.49	121.82		
Optometrist	16,647	0	190	87.71	-	87.71		
Medication Room Assistant	46,422	12,896	2,080	22.32	6.20	28.52		
Physician Asst/Nurse Practitioner	39,936	11,099	832	48.00	13.34	61.34		
Psychiatrist	401,955	111,743	2,080	193.25	53.72	246.97		
QMHP	67,232	18,691	2,080	32.32	8.99	41.31		
Staff Assistant - Mental Health	44,325	12,314	2,080	21.31	5.92	27.23		
Phlebotomist	20,738	5,065	1,040	19.94	4.87	24.81		
Radiology Technician	16,839	3,958	624	26.99	6.34	33.33		
Staff Assistant	87,796	24,416	4,160	21.10	5.87	26.97		
<b>TOTAL</b>	<b>\$ 1,163,614</b>	<b>\$ 317,373</b>	<b>21,406</b>					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS								
OFF SITE ADM STAFF			150,555					
MGMT FEE			167,504					
INDIRECT ADMIN COSTS			318,059		280.72	0.7691	0.7691	318,059
DIRECT CARE	238,223	66,195	304,418	137,165	121.06	0.3317	1.1008	441,583
DENTAL	223,437	62,095	285,532	62,723	55.36	0.1517	0.9208	348,255
MENTAL HEALTH	513,512	142,748	656,260	230,807	203.71	0.5581	1.3272	887,066
PHARMACY	46,422	12,896	59,319	340,287	300.34	0.8228	1.5919	399,606
ANCILLARY	0	0	0	178,403	157.46	0.4314	1.2005	178,403
LABORATORY	20,738	5,065	25,802	109,555	96.69	0.2649	1.0340	135,357
RADIOLOGY	16,839	3,958	20,798	29,025	25.62	0.0702	0.8393	49,822
SUPPORT	87,796	24,416	112,212	56,535	49.90	0.1367	0.9058	168,747
OPTICAL	16,647	0	16,647	15,681	13.84	0.0379	0.8070	32,327
NON-HOSPITAL SERVICES	0	0	0	390,850	344.97	0.9451	1.7142	390,850
<b>TOTAL</b>	<b>1,163,614</b>	<b>317,373</b>	<b>1,799,046</b>	<b>1,551,030</b>	<b>1,368.96</b>	<b>3.7506</b>		<b>3,350,076</b>
POPULATION BASE								<b>1,133</b>

GRAHAM CORRECTIONAL CENTER  
BUDGET SCHEDULE E

5/1/2016 - 4/30/2017

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates	
						ANNUAL PER CAP DAILY	PROGRAM ADJUST. CONTRACT
Dentist	265,784	70,751	3,328	79.86	21.26	101.12	
Medical Director	223,621	62,141	2,080	107.51	29.88	137.39	
Optometrist	36,486	0	416	87.71	0.00	87.71	
Medication Room Assistant	44,632	12,392	2,080	21.46	5.96	27.42	
Physician Assst/Nurse Practitioner	103,859	28,868	2,080	49.93	13.88	63.81	
Psychiatrist	803,910	223,487	4,160	193.25	53.72	246.97	
Qualified Mental Health Professional	201,697	56,072	6,240	32.32	8.99	41.31	
Behavioral Health Technician	50,446	14,024	2,080	24.25	6.74	31.00	
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92	27.23	
Radiology Technician	21,029	5,140	832	25.28	6.18	31.45	
Registered Nurse	207,145	57,552	6,240	33.20	9.22	42.42	
Office Coordinator	56,139	15,600	2,080	26.99	7.50	34.49	
Staff Assistant I	22,764	5,565	1,040	21.89	5.35	27.24	
Staff Assistant II	94,726	26,343	4,160	22.77	6.33	29.10	
<b>TOTAL</b>	<b>\$ 2,176,562</b>	<b>\$ 590,256</b>	<b>38,896</b>				
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST. CONTRACT</b>
ADMIN SVS							
OFF SITE ADM STAFF			258,602				
MGMT FEE			311,968				
INDIRECT ADMIN COSTS			570,570		301.57	0.8262	0.8262
DIRECT CARE	534,624	148,560	683,185	254,210	134.36	0.3681	1.1943
DENTAL	265,784	70,751	336,535	114,317	60.42	0.1655	0.9917
MENTAL HEALTH	1,100,377	305,905	1,406,282	483,789	255.70	0.7005	1.5267
PHARMACY	44,632	12,392	57,024	745,526	394.04	1.0796	1.9058
ANCILLARY	0	0	0	184,164	97.34	0.2667	1.0929
LABORATORY	0	0	0	224,577	118.70	0.3252	1.1514
RADIOLOGY	21,029	5,140	26,169	35,562	18.80	0.0515	0.8777
SUPPORT	173,629	47,508	221,137	101,582	53.69	0.1471	0.9733
OPTICAL	36,486	0	36,486	28,579	15.11	0.0414	0.8676
NON-HOSPITAL SERVICES	0	0	0	729,660	385.66	1.0566	1.8828
<b>TOTAL</b>	<b>2,176,562</b>	<b>590,256</b>	<b>3,337,388</b>	<b>2,901,967</b>	<b>1,533.81</b>	<b>4.2022</b>	<b>6,239,355</b>
POPULATION BASE							1,892
INTAKE BASE							314

HILL CORRECTIONAL CENTER  
BUDGET SCHEDULE E

5/1/2016 - 4/30/2017

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	HOURLY	FB HOURLY	Combined Rates
Dental Assistant	94,726	26,343	4,160	22.77	6.33	29.10	
Dentist	165,863	46,078	2,080	79.74	22.15	101.89	
Director of Nursing	79,719	22,144	2,080	38.33	10.65	48.97	
Licensed Practical Nurse	650,692	180,641	24,960	26.07	7.24	33.31	
On-Site Medical Director	224,975	62,508	2,080	108.16	30.05	138.21	
Medical Records Director	50,048	13,906	2,080	24.06	6.69	30.75	
Optometrist	36,486	0	416	87.71	-	87.71	
Medication Room Assistant	45,137	11,038	2,080	21.70	5.31	27.01	
Physical Therapist	17,770	0	104	170.87	-	170.87	
Physical Therapy Assistant	24,680	6,035	1,040	23.73	5.80	29.53	
Physician Asst/Nurse Practitioner	99,843	27,743	2,080	48.00	13.34	61.34	
Psychiatrist	803,910	223,487	4,160	193.25	53.72	246.97	
Qualified Mental Health Professional	268,929	74,762	8,320	32.32	8.99	41.31	
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92	27.23	
Radiology Technician	19,046	4,654	832	22.89	5.59	28.49	
Registered Nurse	561,014	154,940	16,640	33.71	9.31	43.03	
Staff Assistant I	51,010	12,456	2,240	22.77	5.56	28.33	
Staff Assistant II	94,726	26,343	4,160	22.77	6.33	29.10	
<b>TOTAL</b>	<b>\$ 3,332,898</b>	<b>\$ 905,401</b>	<b>81,592</b>				
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS							
OFF SITE ADM STAFF			295,589				
MGMT FEE			383,616				
INDIRECT ADMIN COSTS			679,205		371.96	1.0191	679,205
DIRECT CARE	1,616,242	447,976	2,064,218	401,234	219.73	0.602	2,465,452
DENTAL	260,589	72,421	333,010	186,703	102.25	0.2801	519,713
MENTAL HEALTH	1,117,164	310,572	1,427,735	511,030	279.86	0.7667	1,938,765
PHARMACY	45,137	11,038	56,175	598,367	327.69	0.8978	654,542
ANCILLARY	42,450	6,035	48,485	208,818	114.36	0.3133	257,303
LABORATORY	0	0	0	144,785	79.29	0.2172	144,785
RADIOLOGY	19,046	4,654	23,700	47,369	25.94	0.0711	71,069
SUPPORT	195,784	52,705	248,489	173,154	94.83	0.2598	421,643
OPTICAL	36,486	0	36,486	46,676	25.56	0.07	83,162
NON-HOSPITAL SERVICES	0	0	0	436,681	239.15	0.6552	436,681
<b>TOTAL</b>	<b>3,332,898</b>	<b>905,401</b>	<b>4,917,504</b>	<b>2,754,818</b>	<b>1,508.66</b>		<b>7,672,322</b>
POPULATION BASE					4.1333		1,826

IL RIVER CORRECTIONAL CENTER  
BUDGET SCHEDULE E

5/1/2016 - 4/30/2017

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates	
Dental Assistant	109,412	30,382	4,160	26.30	7.30	33.60	
Dental Hygienist	44,116	10,785	1,040	42.42	10.37	52.79	
Dentist	163,384	45,390	2,080	78.55	21.82	100.37	
Director of Nursing	74,051	20,561	2,080	35.60	9.88	45.49	
Certified Nurses Assistant	33,176	9,214	2,080	15.95	4.43	20.38	
Licensed Practical Nurse	640,228	177,336	24,960	25.65	7.10	32.75	
Medical Director	213,249	59,250	2,080	102.52	28.49	131.01	
Medical Records Director	56,358	15,650	2,080	27.10	7.52	34.62	
Optometrist	36,486	0	416	87.71	-	87.71	
Medication Room Assistant	43,439	10,602	2,080	20.88	5.10	25.98	
Physical Therapist	0	0	0	170.87	-	170.87	
Physical Therapy Assistant	0	0	0	23.73	5.80	29.53	
Physician Asst/Nurse Practitioner	97,870	27,192	2,080	47.05	13.07	60.13	
Psychiatrist	401,955	111,743	2,080	193.25	53.72	246.97	
QMHP	336,161	93,453	10,400	32.32	8.99	41.31	
Behavioral Health Technician	201,783	56,096	8,320	24.25	6.74	31.00	
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92	27.23	
Radiology Technician	14,567	3,559	624	23.34	5.70	29.05	
Registered Nurse	616,087	171,278	16,640	37.02	10.29	47.32	
Staff Assistant I	43,439	10,602	2,080	20.88	5.10	25.98	
Staff Assistant II	102,069	28,363	4,160	24.54	6.82	31.35	
<b>TOTAL</b>	<b>\$ 3,272,156</b>	<b>\$ 893,778</b>	<b>91,520</b>				
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS							
OFF SITE ADM STAFF			314,876				
MGMT FEE			393,028				
INDIRECT ADMIN COSTS			707,905		344.48	0.9438	707,905
DIRECT CARE	1,674,660	464,832	2,139,491	395.672	192.54	0.5275	2,535,164
DENTAL	316,913	86,557	403,470	188.440	91.70	0.2512	591,909
MENTAL HEALTH	984,224	273,614	1,257,839	577.390	280.97	0.7698	1,835,229
PHARMACY	43,439	10,602	54,041	627.824	305.51	0.837	1,7808
ANCILLARY	0	0	0	213.372	103.83	0.2845	213,372
LABORATORY	0	0	0	115.369	56.14	0.1538	115,369
RADIOLOGY	14,567	3,559	18,126	31.050	15.11	0.0414	49,176
SUPPORT	201,867	54,614	256,481	178.202	86.72	0.2376	434,683
OPTICAL	36,486	0	36,486	47.110	22.92	0.0628	83,596
NON-HOSPITAL SERVICES	0	0	0	612.300	297.96	0.8163	612,300
<b>TOTAL</b>	<b>3,272,156</b>	<b>893,778</b>	<b>4,873,839</b>	<b>2,986,729</b>	<b>1,453.40</b>	<b>3.9819</b>	<b>7,860,568</b>
POPULATION BASE							<b>2,055</b>

JACKSONVILLE CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 5/1/2016 - 4/30/2017

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates	
						PER CAP DAILY	PROGRAM ADJUST.
Dentist	159,460	44,311	2,080	76.66	21.30	97.97	
Licensed Practical Nurse	50,048	13,906	2,080	24.06	6.69	30.75	
On-Site Medical Director	215,130	59,778	2,080	103.43	28.74	132.17	
Optometrist	22,014	0	251	87.71	-	87.71	
Medication Room Assistant	42,911	10,487	2,080	20.63	5.04	25.67	
Physician Assst/Nurse Practitioner	23,695	0	416	56.96	-	56.96	
Psychiatrist	301,466	83,808	1,560	193.25	53.72	246.97	
Qualified Mental Health Professional	67,232	18,691	2,080	32.32	8.99	41.31	
Radiology Technician	12,139	2,966	520	23.34	5.70	29.05	
Staff Assistant	41,672	10,189	2,080	20.03	4.90	24.93	
<b>TOTAL</b>	<b>\$ 935,769</b>	<b>\$ 244,134</b>	<b>15,227</b>				
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS							
OFF SITE ADM STAFF			175,090				
MGMT FEE			157,409				
INDIRECT ADMIN COSTS			332,500		211.92	0.5806	332,500
DIRECT CARE	288,873	73,684	362,557	140,677	89.66	0.2456	503,234
DENTAL	159,460	44,311	203,771	65,522	41.76	0.1144	269,293
MENTAL HEALTH	368,699	102,498	471,197	314,095	200.19	0.5485	785,291
PHARMACY	42,911	10,487	53,398	365,309	232.83	0.6379	418,707
ANCILLARY	-	-	0	68,044	43.37	0.1188	68,044
LABORATORY	-	-	0	128,123	81.66	0.2237	128,123
RADIOLOGY	12,139	2,966	15,105	34,216	21.81	0.0598	49,321
SUPPORT	41,672	10,189	51,861	59,592	37.98	0.1041	111,453
OPTICAL	22,014	-	22,014	16,381	10.44	0.0286	38,395
NON-HOSPITAL SERVICES	-	-	0	443,829	282.87	0.775	443,829
<b>TOTAL</b>	<b>935,769</b>	<b>244,134</b>	<b>1,512,403</b>	<b>1,635,786</b>	<b>1,042.57</b>	<b>2.8564</b>	<b>3,148,190</b>
POPULATION BASE							1,569



## LAWRENCE CORRECTIONAL CENTER

## BUDGET SCHEDULE E

5/1/2016 - 4/30/2017

STAFFING POSITION	ANNUAL SALARY		FRINGE BENEFITS		ANNUAL HOURS		HOURLY RATE		HOURLY		FB		Combined Rates	
	SALARY	BENEFITS	HOURS	RATE	HOURLY	ANNUAL HOURS	HOURLY RATE	HOURLY	ANNUAL HOURS	HOURLY	ANNUAL PER CAP	PER CAP	ANNUAL PER CAP	DAILY
Dental Assistant	86,649	24,095	4,160	20.83	20.83	4,160	20.83	5.79	26.62					
Dental Hygienist	73,844	20,515	2,080	35.50	35.50	2,080	35.50	9.86	45.36					
Dentist	262,631	70,115	3,120	84.18	84.18	3,120	84.18	22.47	106.65					
Director of Nursing	74,051	20,561	2,080	35.60	35.60	2,080	35.60	9.88	45.49					
Licensed Practical Nurse	918,302	255,127	35,360	25.97	25.97	35,360	25.97	7.22	33.19					
On-Site Medical Director	220,592	61,292	2,080	106.05	106.05	2,080	106.05	29.47	135.52					
Medical Records Director	52,067	14,457	2,080	25.03	25.03	2,080	25.03	6.95	31.98					
Optometrist	45,608	0	520	87.71	87.71	520	87.71	-	87.71					
Medication Room Assistant	45,527	12,644	2,080	21.89	21.89	2,080	21.89	6.08	27.97					
Physician Assistant	167,775	46,630	3,224	52.04	52.04	3,224	52.04	14.46	66.50					
Radiology Technician	35,545	0	1,040	34.18	34.18	1,040	34.18	-	34.18					
Registered Nurse	522,853	145,371	14,560	35.91	35.91	14,560	35.91	9.98	45.89					
Psychiatrist	1,205,865	335,230	6,240	193.25	193.25	6,240	193.25	53.72	246.97					
Qualified Mental Health Professional	537,858	149,525	16,640	32.32	32.32	16,640	32.32	8.99	41.31					
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	21.31	2,080	21.31	5.92	27.23					
Staff Assistant I	75,781	21,075	3,328	22.77	22.77	3,328	22.77	6.33	29.10					
Staff Assistant II	138,028	38,345	6,240	22.12	22.12	6,240	22.12	6.15	28.26					
Physical Therapist	36,403	0	208	175.02	175.02	208	175.02	-	175.02					
Physical Therapist Assistant	49,359	13,722	2,080	23.73	23.73	2,080	23.73	6.60	30.33					
TOTAL	\$ 4,593,063	\$ 1,241,025	109,200			109,200								
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>PER CAP</b>	<b>ANNUAL PER CAP</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>					
ADMIN SVS														
OFF SITE ADM STAFF			346,711											
MGMT FEE			477,162											
INDIRECT ADMIN COSTS			823,873							0.954	823,873			
DIRECT CARE	1,903,572	528,981	2,432,553	407,602	407,602	172,27	172,27	1.4260	2,840,154					
DENTAL	423,124	114,725	537,849	196,183	196,183	82.92	82.92	0.2272	734,032					
MENTAL HEALTH	1,788,048	497,077	2,285,125	580,805	580,805	245.48	245.48	0.6725	2,885,930					
PHARMACY	45,527	12,644	58,171	694,073	694,073	293.35	293.35	0.8037	752,244					
ANCILLARY	85,763	13,722	99,485	134,631	134,631	56.90	56.90	0.1559	234,116					
LABORATORY	-	-	-	120,127	120,127	50.77	50.77	1.0931	120,127					
RADIOLOGY	35,545	-	35,545	34,892	34,892	14.75	14.75	0.0404	70,437					
SUPPORT	265,876	73,876	339,752	186,956	186,956	79.02	79.02	0.2165	526,708					
OPTICAL	45,608	-	45,608	49,046	49,046	20.73	20.73	0.0568	94,653					
NON-HOSPITAL SERVICES	-	-	-	480,962	480,962	203.28	203.28	0.5569	480,962					
TOTAL	4,593,063	1,241,025	6,657,961	2,885,276	2,885,276	1,219.47	1,219.47	3.341	9,543,237					
POPULATION BASE									2,366					

5/2/2016

LINCOLN CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 05/01/2016-04/30/2017

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates
Dentist	144,522	40,158	2,080	69.48	19.31	88.79
Director of Nursing	74,051	20,561	2,080	35.60	9.88	45.49
Licensed Practical Nurse	513,100	142,502	20,800	24.67	6.85	31.52
On-Site Medical Director	239,202	66,455	2,080	115.00	31.95	146.95
Medical Records Director	51,035	14,181	2,080	24.54	6.82	31.35
Optometrist	36,486	0	416	87.71	-	87.71
Medication Room Assistant	47,363	13,172	2,080	22.77	6.33	29.10
Psychiatrist	200,978	55,872	1,040	193.25	53.72	246.97
Qualified Mental Health Professional	134,465	37,381	4,160	32.32	8.99	41.31
Registered Nurse	446,369	124,053	12,480	35.77	9.94	45.71
Staff Assistant	85,134	22,167	4,160	20.46	5.33	25.79
<b>TOTAL</b>	<b>\$ 1,972,704</b>	<b>\$ 536,501</b>	<b>53,456</b>			
<b>TOTAL CONTRACT BUDGET</b>						
ADMIN SVS						
OFF SITE ADM STAFF			166,473			
MGMT FEE			194,890			
INDIRECT ADMIN COSTS			361,364		367.99	1.0082
DIRECT CARE	1,272,722	353,571	1,626,293	126,972	129.30	0.3542
DENTAL	144,522	40,158	184,679	59,161	60.25	0.1651
MENTAL HEALTH	335,442	93,253	428,695	228,227	232.41	0.6367
PHARMACY	47,363	13,172	60,535	172,435	175.60	0.4811
ANCILLARY	-	-	0	69,190	70.46	0.193
LABORATORY	-	-	0	68,327	69.58	0.1906
RADIOLOGY	-	-	0	10,521	10.71	0.0293
SUPPORT	136,169	36,348	172,517	55,097	56.11	0.1537
OPTICAL	36,486	-	36,486	14,790	15.06	0.0413
NON-HOSPITAL SERVICES	-	-	0	222,520	226.60	0.6208
<b>TOTAL</b>	<b>1,972,704</b>	<b>536,501</b>	<b>2,870,569</b>	<b>1,027,240</b>	<b>1,046.08</b>	<b>2.8658</b>
POPULATION BASE						<b>3,897,809</b>
						<b>982</b>

LOGAN CORRECTIONAL CENTER  
BUDGET SCHEDULE E  
05/01/2016-04/30/2017

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates	
Dentist	335,901	91,514	4,160	80.75	22.00	102.74	
Dental Assistant	128,734	35,798	6,240	20.63	5.74	26.37	
Dental Hygienist	89,232	21,570	2,080	42.42	10.37	52.79	
Licensed Practical Nurse	1,028,908	285,831	37,440	27.48	7.63	35.12	
Licensed Physical Therapist	63,105	0	520	121.36	-	121.36	
Physical Therapist Assistant	0	0	0	23.73	6.60	30.33	
On-Site Medical Director	208,453	57,919	2,080	100.22	27.85	128.06	
Gynecological Physician Specialist	369,064	0	1,080	341.73	-	341.73	
Staff Physician	215,842	59,984	2,080	103.77	28.84	132.61	
Certified Mammogram Technician	54,054	0	832	64.97	-	64.97	
Medical Records Director	54,500	15,145	2,080	26.20	7.28	33.48	
Office Coordinator	55,037	15,288	2,080	26.46	7.35	33.81	
Optometrist	36,486	0	416	87.71	-	87.71	
Medication Room Assistant	142,089	39,515	6,240	22.77	6.33	29.10	
Physician Asst/Nurse Practitioner	311,577	86,603	6,240	49.93	13.88	63.81	
Registered Nurse	371,975	103,377	10,400	35.77	9.94	45.71	
Registered Nurse Supervisor	72,592	20,155	2,080	34.90	9.69	44.59	
Site Mental Health Services Director	121,459	33,766	2,080	58.39	16.23	74.63	
Mental Health Unit Director	331,303	92,102	6,240	53.09	14.76	67.85	
Post-Doc	134,451	37,377	4,160	32.32	8.98	41.30	
Psychiatrist	4,019,950	1,117,435	20,800	193.25	53.72	246.97	
OMHP	1,411,877	392,502	43,680	32.32	8.99	41.31	
Psychologist	424,333	117,965	8,320	51.00	14.18	65.18	
Behavioral Health Technician	706,242	196,335	29,120	24.25	6.74	31.00	
Recreational Therapist	115,818	32,197	4,160	27.84	7.74	35.58	
Director of Nursing - Mental Health	82,826	23,026	2,080	39.82	11.07	50.89	
RN - Mental Health	358,442	99,647	10,400	34.47	9.56	44.05	
Staff Assistant - Mental Health	177,296	49,288	8,320	21.31	5.92	27.23	
Staff Assistant	346,595	94,175	16,640	20.83	5.66	26.49	
Phlebotomist	50,750	12,392	2,496	20.33	4.96	25.30	
Radiology Technician	26,917	6,591	1,248	21.57	5.27	26.84	
TOTAL	\$ 11,844,408	\$ 3,137,487	245,792				
TOTAL CONTRACT BUDGET	PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PROGRAM ADJUST.	TOTAL CONTRACT
ADMIN SVS							
OFF SITE ADM STAFF			426,433				
MGMT FEE			1,076,346				
INDIRECT ADMIN COSTS			1,502,779				
DIRECT CARE	2,578,410	613,869	3,192,279	595,933	761.67	2,0868	1,502,779
DENTAL	552,868	148,882	701,749	280,545	302.04	0.8275	2,9143
MENTAL HEALTH	7,883,597	2,191,640	10,075,237	873,644	442.80	0.3896	2,4764
PHARMACY	142,089	39,515	181,604	919,367	465.97	1.2766	3,3634
ANCILLARY	63,105	-	63,105	452,939	229.57	0.629	2,7158
LABORATORY	50,750	12,392	63,142	586,506	297.27	0.8144	2,9012
RADIOLOGY	80,972	6,581	87,553	110,846	56.18	0.1539	2,2407
SUPPORT	456,131	124,609	580,740	263,869	133.74	0.3664	2,4532
OPTICAL	36,486	-	36,486	70,136	35.55	0.0974	2,1842
NON-HOSPITAL SERVICES	-	-	0	888,455	450.31	1.2337	3,3205
TOTAL POPULATION BASE	\$ 11,844,408	\$ 3,137,487	16,484,673	5,042,241	2,555.62	7,0017	21,526,914
							1,973

MENARD CORRECTIONAL CENTER  
BUDGET SCHEDULE E

5/1/2016 - 4/30/2017

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates	
Dental Assistant	92,018	25,563	4,160	22.12	6.15	28.26	
Chief Dentist	155,812	43,301	2,080	74.91	20.82	95.73	
Dentist	142,158	39,492	2,080	68.35	18.99	87.33	
On-Site Medical Director	189,544	52,664	2,080	91.13	25.32	116.45	
Optomtst	118,580	0	1,352	87.71	-	87.71	
Medication Room Assistant	92,018	25,563	4,160	22.12	6.15	28.26	
Phlebotomist	51,584	0	2,080	24.80	-	24.80	
Physical Therapist	35,541	0	208	170.87	-	170.87	
Physical Therapy Assistant	49,359	13,722	2,080	23.73	6.60	30.33	
Physician	317,635	88,255	4,160	76.35	21.22	97.57	
Physician Assi/Nurse Practitioner	209,921	58,332	4,160	50.46	14.02	64.48	
Psychiatrist	2,411,730	670,461	12,480	193.25	53.72	246.97	
Qualified Mental Health Professional	605,090	168,215	18,720	32.32	8.99	41.31	
RN - Mental Health	286,790	79,728	8,320	34.47	9.58	44.05	
Medical Records Director - MH	107,511	29,888	4,160	25.84	7.18	33.03	
Staff Assistant - Mental Health	88,650	24,645	4,160	21.31	5.92	27.23	
Behavioral Health Technician	454,012	126,215	18,720	24.25	6.74	31.00	
Clinical Psychologist	212,167	58,982	4,160	51.00	14.18	65.18	
Site Mental Health Services Director	121,459	33,766	2,080	58.39	16.23	74.63	
Radiology Technician	52,572	14,594	2,080	25.28	7.02	32.29	
Registered Nurse	397,630	110,422	12,480	31.86	8.85	40.71	
Staff Assistant	47,363	13,172	2,080	22.77	6.33	29.10	
TOTAL	\$ 6,239,146	\$ 1,676,981	118,040				
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS							
OFF SITE ADM STAFF			438,541				
MGMT FEE			648,865				
INDIRECT ADMIN COSTS			1,087,406				
DIRECT CARE	1,114,730	309,673	1,424,403	422,847	120.13	0.3291	1,087,406
DENTAL	389,988	108,357	498,345	201,751	57.32	0.157	1,1755
MENTAL HEALTH	4,287,410	1,191,900	5,479,310	1,107,867	314.73	0.8623	700,096
PHARMACY	92,018	25,563	117,582	927,051	263.37	0.7216	6,587,177
ANCILLARY	84,900	13,722	98,623	139,603	39.66	0.1087	1,044,632
LABORATORY	51,584	-	51,584	226,677	64.40	0.1764	238,226
RADIOLOGY	52,572	14,594	67,167	67,316	19.12	0.0524	278,261
SUPPORT	47,363	13,172	60,535	189,353	53.79	0.1474	134,482
OPTICAL	118,580	-	118,580	50,438	14.33	0.0393	249,888
NON-HOSPITAL SERVICES	-	-	0	640,862	182.06	0.4988	169,018
TOTAL	6,239,146	1,676,981	9,003,533	3,973,765	1,128.91	3.0929	640,862
POPULATION BASE							12,977,299
INTAKE BASE							3,520
							123

PINKNEYVILLE CORRECTIONAL CENTER  
BUDGET SCHEDULE E

5/1/2016 - 4/30/2017

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates	
Dental Assistant	94,726	26,343	4,160	22.77	6.33	29.10	
Dental Hygienist	36,922	9,018	1,040	35.50	8.67	44.17	
Dentist	169,399	47,076	2,288	74.04	20.58	94.61	
Director of Nursing	74,051	20,561	2,080	35.60	9.88	45.49	
Licensed Practical Nurse	819,904	227,866	31,200	26.28	7.30	33.58	
On-Site Medical Director	227,843	63,311	2,080	109.54	30.44	139.98	
Medical Records Director	57,460	15,971	2,080	27.62	7.68	35.30	
Optometrist	45,608	0	520	87.71	0.00	87.71	
Medication Room Assistant	44,637	12,397	2,080	21.46	5.96	27.42	
Physical Therapist	19,666	0	208	94.55	0.00	94.55	
Physical Therapy Assistant	49,359	12,070	2,080	23.73	5.80	29.53	
Physician Ass/Nurse Practitioner	101,840	28,294	2,080	48.96	13.60	62.56	
Psychiatrist	1,406,843	391,102	7,280	193.25	53.72	246.97	
Qualified Mental Health Professional	470,626	130,834	14,560	32.32	8.99	41.31	
Medical Records Director - MH	53,747	14,942	2,080	25.84	7.18	33.02	
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92	27.23	
Behavioral Health Technician	100,892	28,048	4,160	24.25	6.74	31.00	
Clinical Psychologist	106,080	29,490	2,080	51.00	14.18	65.18	
Radiology Technician	25,758	6,299	1,040	24.77	6.06	30.82	
Registered Nurse	726,968	201,936	20,800	34.95	9.71	44.66	
Staff Assistant I	87,796	24,416	4,160	21.10	5.87	26.97	
Staff Assistant II	47,363	13,172	2,080	22.77	6.33	29.10	
<b>TOTAL</b>	<b>\$ 4,811,812</b>	<b>\$ 1,315,469</b>	<b>112,216</b>				
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS							
OFF SITE ADM STAFF			338,445				
MGMT FEE			484,521				
INDIRECT ADMIN COSTS			822,966		338.11	0.9263	822,966
DIRECT CARE	1,950,606	541,968	2,492,574	388,464	159.60	0.4373	2,881,037
DENTAL	301,047	82,438	383,485	186,507	76.63	0.2099	569,992
MENTAL HEALTH	2,182,512	606,738	2,789,250	699,862	287.54	0.7878	3,489,113
PHARMACY	44,637	12,397	57,034	489,638	201.17	0.5512	546,671
ANCILLARY	69,025	12,070	81,095	142,703	58.63	0.1606	223,799
LABORATORY	0	0	0	107,327	44.09	0.1208	107,327
RADIOLOGY	25,758	6,299	32,057	24,899	10.23	0.028	56,956
SUPPORT	192,619	53,559	246,178	177,105	72.76	0.1993	423,283
OPTICAL	45,608	0	45,608	46,627	19.16	0.0525	92,234
NON-HOSPITAL SERVICES	0	0	0	477,045	195.99	0.537	477,045
<b>TOTAL</b>	<b>4,811,812</b>	<b>1,315,469</b>	<b>6,950,247</b>	<b>2,740,176</b>	<b>1,125.79</b>	<b>3.0844</b>	<b>9,690,423</b>
POPULATION BASE							2,434

PONTIAC CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 05/01/2016-04/30/2017

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates	
Activity Therapist							
Chief Dentist	150,281	41,764	2,080	72.25	20.08	92.33	
Dentist	99,518	24,315	1,248	79.74	19.48	99.22	
Dental Assistant	94,726	26,343	4,160	22.77	6.33	29.10	
Dental Hygienist	79,283	22,029	2,080	38.12	10.59	48.71	
Director of Nursing	79,742	22,144	2,080	38.34	10.65	48.98	
Licensed Practical Nurse	119,830	33,319	4,160	28.81	8.01	36.81	
On-Site Medical Director	227,843	63,311	2,080	109.54	30.44	139.98	
Medical Records Director	49,038	13,631	2,080	23.58	6.55	30.13	
Office Coordinator	56,129	15,604	2,080	26.99	7.50	34.49	
Optometrist	36,486	0	416	87.71	-	87.71	
Medication Room Assistant	92,844	25,793	4,160	22.32	6.20	28.52	
Physician	0	0	0	103.77	28.84	132.61	
Physician Ass/Nurse Practitioner	195,740	54,385	4,160	47.05	13.07	60.13	
Site Mental Health Services Director	121,459	33,766	2,080	58.39	16.23	74.63	
Mental Health Unit Director	331,303	92,102	6,240	53.09	14.76	67.85	
Psychiatrist	2,411,730	670,461	12,480	193.25	53.72	246.97	
Psychologist	318,250	88,473	6,240	51.00	14.18	65.18	
QMHP	874,019	242,977	27,040	32.32	8.99	41.31	
Behavioral Health Technician	252,229	70,120	10,400	24.25	6.74	31.00	
Medical Records Director - MH	53,747	14,942	2,080	25.84	7.18	33.02	
Recreational Therapist	57,909	16,099	2,080	27.84	7.74	35.58	
Director of Nursing - Mental Health	82,826	23,026	2,080	39.82	11.07	50.89	
RN - Mental Health	286,754	79,718	8,320	34.47	9.58	44.05	
Post - Doc	134,451	37,377	4,160	32.32	8.98	41.30	
Staff Assistant - Mental Health	88,648	24,644	4,160	21.31	5.92	27.23	
Radiology Technician	21,327	0	624	34.18	-	34.18	
Registered Nurse	985,124	273,646	31,200	31.57	8.77	40.35	
Staff Assistant	209,623	58,266	10,400	20.16	5.60	25.76	
Supervising Nurse	74,051	20,561	2,080	35.60	9.88	45.49	
<b>TOTAL</b>	<b>\$ 7,584,911</b>	<b>\$ 2,088,836</b>	<b>162,448</b>				
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS							
OFF SITE ADM STAFF			426,906				
MGMT FEE			684,517				
INDIRECT ADMIN COSTS			1,111,423				
DIRECT CARE	1,682,330	467,366	2,149,696	443,922	273.69	0.7498	2,6271
DENTAL	423,808	114,452	538,259	209,047	128.88	0.3531	2,2304
MENTAL HEALTH	5,013,325	1,393,704	6,407,030	686,491	423.24	1.1596	3,0369
PHARMACY	92,844	25,793	118,637	595,913	367.39	1.0065	2,8838
ANCILLARY	-	-	0	266,344	164.21	0.4499	2,3272
LABORATORY	-	-	0	115,578	71.26	0.1952	2,0725
RADIOLOGY	21,327	-	21,327	37,779	23.29	0.0638	1,9411
SUPPORT	314,790	87,521	402,311	196,471	121.13	0.3319	2,2092
OPTICAL	36,486	-	36,486	52,262	32.22	0.0883	1,9656
NON-HOSPITAL SERVICES	-	-	0	301,372	185.80	0.509	2,3863
<b>TOTAL</b>	<b>7,584,911</b>	<b>2,088,836</b>	<b>10,785,169</b>	<b>2,905,178</b>	<b>1,791.11</b>	<b>4.9071</b>	<b>13,690,348</b>
POPULATION BASE							1,622

ROBINSON CORRECTIONAL CENTER  
BUDGET SCHEDULE E

5/1/2016 - 4/30/2017

STAFFING POSITION	ANNUAL		FRINGE BENEFITS	ANNUAL		HOURLY RATE	FB HOURLY	Combined Rates	
	SALARY	ANNUAL HOURS		ANNUAL HOURS	RATE			HOURLY	Rates
Dental Assistant	44,632	2,080	12,392	2,080	21.46	5.96	27.42		
Dental Hygienist	42,016	1,040	10,269	1,040	40.40	9.87	50.27		
Dentist	160,631	2,080	44,632	2,080	77.23	21.46	98.68		
Director of Nursing	74,441	2,080	20,675	2,080	35.79	9.94	45.73		
On-Site Medical Director	241,703	2,080	67,144	2,080	116.20	32.28	148.48		
Medical Records Director	50,048	2,080	13,906	2,080	24.06	6.69	30.75		
Optometrist	15,963	182	0	182	87.71	-	87.71		
Psychiatrist	200,978	1,040	55,872	1,040	193.25	53.72	246.97		
Qualified Mental Health Professional	134,465	4,160	37,381	4,160	32.32	8.99	41.31		
Radiology Technician	17,773	520	0	520	34.18	-	34.18		
Registered Nurse	746,473	20,800	207,443	20,800	35.89	9.97	45.86		
Staff Assistant II	94,726	4,160	26,343	4,160	22.77	6.33	29.10		
<b>TOTAL</b>	<b>\$ 1,823,848</b>	<b>\$ 496,057</b>		<b>42,302</b>					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>	
ADMIN SVS									
OFF SITE ADM STAFF			183,796						
MGMT FEE			221,118						
INDIRECT ADMIN COSTS			404,914			336.31	0.9214	404,914	
DIRECT CARE	1,062,617	295,262	1,357,879	219,497	182.31	0.4995	1.4209	1,577,376	
DENTAL	247,279	67,293	314,572	102,562	85.18	0.2334	1.1548	417,134	
MENTAL HEALTH	335,442	93,253	428,695	378,866	314.67	0.8621	1.7835	807,561	
PHARMACY	0	0	0	285,990	237.53	0.6508	1.5722	285,990	
ANCILLARY	0	0	0	100,927	83.83	0.2297	1.1511	100,927	
LABORATORY	0	0	0	89,633	74.45	0.204	1.1254	89,633	
RADIOLOGY	17,773	0	17,773	35,777	29.71	0.0814	1.0028	53,549	
SUPPORT	144,774	40,249	185,023	95,219	79.09	0.2167	1.1381	280,243	
OPTICAL	15,963	0	15,963	25,641	21.30	0.0584	0.9798	41,603	
NON-HOSPITAL SERVICES	0	0	0	363,425	301.85	0.827	1.7484	363,425	
<b>TOTAL</b>	<b>1,823,848</b>	<b>496,057</b>	<b>2,724,819</b>	<b>1,697,537</b>	<b>1,409.91</b>	<b>3.8628</b>		<b>4,422,356</b>	
POPULATION BASE								<b>1,204</b>	

SHAWNEE CORRECTIONAL CENTER  
BUDGET SCHEDULE E

5/1/2016 - 4/30/2017

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates		
						FB	Rates	
Dental Assistant	64,991	18,055	2,912	22.32	6.20		28.52	
Dental Hygienist	103,382	28,721	2,912	35.50	9.86		45.36	
Dentist	170,819	47,455	2,080	82.12	22.81		104.94	
Director of Nursing	74,051	20,561	2,080	35.60	9.88		45.49	
Licensed Practical Nurse	671,803	186,148	27,040	24.84	6.88		31.73	
On-Site Medical Director	253,911	70,563	2,080	122.07	33.92		156.00	
Medical Records Director	49,061	13,631	2,080	23.59	6.55		30.14	
Optometrist	36,486	0	416	87.71	-		87.71	
Medication Room Assistant	40,433	11,244	2,080	19.44	5.41		24.84	
Physician Asst/Nurse Practitioner	93,326	25,930	2,080	44.87	12.47		57.33	
Psychiatrist	502,444	139,679	2,600	193.25	53.72		246.97	
Qualified Mental Health Professional	201,697	56,072	6,240	32.32	8.99		41.31	
Behavioral Health Technician	50,446	14,024	2,080	24.25	6.74		31.00	
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92		27.23	
Radiology Technician	17,773	0	520	34.18	-		34.18	
Registered Nurse	576,434	160,263	16,640	34.64	9.63		44.27	
Staff Assistant I	60,613	16,856	2,662	22.77	6.33		29.10	
Staff Assistant II	94,726	26,343	4,160	22.77	6.33		29.10	
<b>TOTAL</b>	<b>\$ 3,106,721</b>	<b>\$ 847,868</b>	<b>82,742</b>					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS								
OFF SITE ADM STAFF			305,567					
MGMT FEE			355,859					
INDIRECT ADMIN COSTS			661,425		330.71	0.9061	0.9061	661,425
DIRECT CARE	1,669,525	463,465	2,132,991	415,111	207.56	0.5687	1.4748	2,548,101
DENTAL	339,192	94,230	433,423	187,931	93.97	0.2575	1.1636	621,354
MENTAL HEALTH	798,911	222,097	1,021,008	595,866	297.93	0.8162	1.7223	1,616,874
PHARMACY	40,433	11,244	51,677	418,523	209.26	0.5733	1.4794	470,200
ANCILLARY	0	0	0	141,324	70.66	0.1936	1.0997	141,324
LABORATORY	0	0	0	111,237	55.62	0.1524	1.0585	111,237
RADIOLOGY	17,773	0	17,773	18,054	9.03	0.0247	0.9308	35,827
SUPPORT	204,400	56,831	261,231	169,584	84.79	0.2323	1.1384	430,815
OPTICAL	36,486	0	36,486	46,983	23.49	0.0644	0.9705	83,469
NON-HOSPITAL SERVICES	0	0	0	386,544	198.27	0.5432	1.4493	396,544
<b>TOTAL</b>	<b>3,106,721</b>	<b>847,868</b>	<b>4,616,013</b>	<b>2,501,157</b>	<b>1,250.58</b>	<b>3.4262</b>		<b>7,117,170</b>
POPULATION BASE								2,000



SHERIDAN CORRECTIONAL CENTER  
BUDGET SCHEDULE E

5/17/2016 - 4/30/2017

STAFFING POSITION	ANNUAL SALARY		FRINGE BENEFITS		ANNUAL HOURS		HOURLY RATE		FB HOURLY		Combined Rates	
Dental Assistant	47,363		13,172		2,080		22.77		6.33		29.10	
Dentist	206,146		57,276		3,120		66.07		18.36		84.43	
Certified Nursing Assistant	199,090		55,349		12,480		15.95		4.43		20.39	
Phlebotomist	25,375		6,196		1,248		20.33		4.96		25.30	
On-Site Medical Director	217,264		60,374		2,080		104.45		29.03		133.48	
Medical Records Director	49,038		13,631		2,080		23.58		6.55		30.13	
Office Coordinator	41,246		11,461		2,080		19.83		5.51		25.34	
Optomtrist	31,560		0		360		87.71		-		87.71	
Medication Room Assistant	75,781		21,075		3,328		22.77		6.33		29.10	
Physician Assistant/Nurse Pract.	0		0		0		48.96		13.60		62.56	
Physician	194,917		54,163		2,080		93.71		26.04		119.75	
Psychiatrist	401,955		111,743		2,080		193.25		53.72		246.97	
Qualified Mental Health Professional	201,697		56,072		6,240		32.32		8.99		41.31	
Staff Assistant - Mental Health	50,446		14,024		2,080		24.25		6.74		31.00	
Radiology Technician	17,773		0		520		34.18		-		34.18	
Staff Assistant I	82,472		22,901		4,160		19.83		5.51		25.33	
Staff Assistant II	40,433		11,244		2,080		19.44		5.41		24.84	
TOTAL	\$ 1,882,557		\$ 508,681		48,096							
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>					
ADMIN SVS												
OFF SITE ADM STAFF			225,508									
MGMT FEE			222,272									
INDIRECT ADMIN COSTS			447,780				303.37	0.8312			447,780	
DIRECT CARE	611,271	169,886	781,157	246,278	166.86		0.4572	1.2884			1,027,435	
DENTAL	253,509	70,448	323,957	108,656	73.62		0.2017	1.0329			432,614	
MENTAL HEALTH	654,098	181,839	835,937	402,982	273.02		0.748	1.5792			1,238,918	
PHARMACY	75,781	21,075	96,856	299,942	203.21		0.5567	1.3879			396,798	
ANCILLARY	0	0	0	101,241	68.59		0.1879	1.0191			101,241	
LABORATORY	25,375	6,196	31,571	74,013	50.14		0.1374	0.9686			105,563	
RADIOLOGY	17,773	0	17,773	11,181	7.58		0.0208	0.8520			28,953	
SUPPORT	213,190	59,237	272,427	95,116	64.44		0.1765	1.0077			367,543	
OPTICAL	31,560	0	31,560	27,164	18.40		0.0504	0.8816			58,725	
NON-HOSPITAL SERVICES	0	0	0	239,844	162.50		0.4452	1.2764			239,844	
TOTAL	1,882,557	508,681	2,839,018	1,606,417	1,088.36		2.9818				4,445,435	
POPULATION BASE											1,476	

Southwestern Illinois  
Budget Schedule E  
5/1/2016 - 4/30/2017

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates	
						ANNUAL PER CAP	PER CAP DAILY
TOTAL CONTRACT BUDGET	PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PROGRAM ADJUST.	TOTAL CONTRACT
On-Site Medical Director	219,036	60,854	2,080	105.31	29.26		134.56
Registered Nurse	612,228	170,185	18,720	32.70	9.09		41.80
Director of Nursing	76,173	21,157	2,080	36.62	10.17		46.79
Dental Assistant	42,077	11,694	2,080	20.23	5.62		25.85
Dental Hygienist	32,799	8,020	1,040	31.54	7.71		39.25
Dentist	159,483	44,306	2,080	76.67	21.30		97.98
Medical Records Director	51,058	14,188	2,080	24.55	6.82		31.37
Psychiatrist	100,489	27,936	520	193.25	53.72		246.97
Qualified Mental Health Professional	67,232	18,691	2,080	32.32	8.99		41.31
Radiology Technician	5,836	1,426	260	22.45	5.48		27.93
Staff Assistant II	84,155	23,389	4,160	20.23	5.62		25.85
Optometrist	14,512	3,546	168	86.38	21.11		107.49
TOTAL	1,465,077	405,392	37,348				
ADMIN SVS							
OFF SITE ADMIN STAFF			86,333				
MGMT FEE			144,169				
INDIRECT ADMIN COSTS			230,522		346.65	0.9497	230,522
DIRECT CARE	907,437	252,196	1,159,633	172,073	258.76	0.7089	1,331,706
DENTAL	234,360	64,021	298,380	81,204	122.11	0.3345	379,584
MENTAL HEALTH	167,721	46,626	214,347	177,565	267.01	0.7315	391,912
PHARMACY	0	0	0	128,297	192.93	0.5286	128,297
ANCILLARY	0	0	0	5,403	8.12	0.0222	5,403
LABORATORY	0	0	0	22,740	34.20	0.0937	22,740
RADIOLOGY	5,836	1,426	7,262	3,015	4.53	0.0124	10,277
SUPPORT	135,212	37,576	172,788	76,457	114.97	0.315	249,245
OPTICAL	14,512	3,546	18,058	20,301	30.53	0.0836	38,359
NON-HOSPITAL SERVICES	0	0	0	95,730	143.96	0.3944	95,730
TOTAL	1,465,077	405,392	2,100,991	782,785	1,177.12	3.225	2,883,776
POPULATION BASE							665

STATEVILLE CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 5/1/2015 - 4/30/2017

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates	
Dentist	159,919	44,426	2,080	76.88	21.36	98.24	
Dental Assistant	40,433	11,244	2,080	19.44	5.41	24.84	
Dental Hygienist	63,036	17,509	2,080	30.31	8.42	38.72	
Certified Nursing Assistant	189,056	55,286	12,480	15.95	4.43	20.38	
Director of Nursing	79,719	22,144	2,080	38.33	10.65	48.97	
Licensed Practical Nurse	600,575	166,872	24,960	24.06	6.69	30.75	
On-Site Medical Director	220,339	61,223	2,080	105.93	29.43	135.37	
Medical Records Director	49,038	13,631	2,080	23.58	6.55	30.13	
Medication Room Assistant	47,362	13,166	2,080	22.77	6.33	29.10	
Ophthalmologist/ Physician Specialist	0	0	0	199.34	-	199.34	
Optometry	24,879	0	312	79.74	-	79.74	
Physical Therapist	68,119	0	520	131.00	-	131.00	
Physical Therapy Assistant	22,681	5,544	832	27.26	6.66	33.92	
Physician	154,182	42,842	2,080	74.13	20.60	94.72	
Physician Asst/Nurse Practitioner	114,644	31,851	2,080	55.12	15.31	70.43	
Registered Nurse	812,698	225,888	24,960	32.56	9.05	41.61	
Site Mental Health Services Director	121,459	33,766	2,080	58.39	16.23	74.63	
Mental Health Unit Director	110,434	30,701	2,080	53.09	14.76	67.85	
Psychiatrist	1,607,820	446,974	8,320	193.25	53.72	246.97	
Qualified Mental Health Professional	470,626	130,834	14,560	32.32	8.99	41.31	
Behavioral Health Technician	201,783	56,096	8,320	24.25	6.74	31.00	
Clinical Psychologist	212,160	58,980	4,160	51.00	14.18	65.18	
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92	27.23	
RN - Mental Health	149,677	41,610	4,160	35.98	10.00	45.98	
Staff Assistant	126,393	35,109	6,240	20.26	5.63	25.88	
Supervising Nurse	148,744	41,351	4,160	35.76	9.94	45.70	
TOTAL	\$ 5,850,102	\$ 1,599,370	138,944				
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS							
OFF SITE ADM STAFF			306,830				
MGMT FEE			588,868				
INDIRECT ADMIN COSTS			895,698		484.16	1.3265	895,698
DIRECT CARE	2,329,957	647,458	2,977,415	329,793	178.27	0.4884	3,307,208
DENTAL	263,388	73,179	336,567	151,514	81.90	0.2244	488,081
MENTAL HEALTH	2,918,284	811,283	3,729,567	684,428	369.96	1.0136	4,413,996
PHARMACY	47,362	13,166	60,528	620.872	335.61	0.9185	681,400
ANCILLARY	90,800	5,544	96,344	523.021	282.71	0.7745	619,364
LABORATORY	0	0	0	184,710	99.84	0.2735	184,710
RADIOLOGY	0	0	0	4,722	2.55	0.007	4,722
SUPPORT	175,432	48,740	224,171	138.359	74.79	0.2049	362,530
OPTICAL	24,879	0	24,879	37.879	20.47	0.0561	62,758
NON-HOSPITAL SERVICES	0	0	0	756.893	409.13	1.1209	756,893
TOTAL POPULATION BASE	5,850,102	1,599,370	8,345,170	3,432,190	1,855.24	5.0828	11,777,359
							1,850

STATEVILLE RECEPTION AND CLASSIFICATION CENTER  
 BUDGET SCHEDULE E  
 5/1/2016 - 4/30/2017

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates	
Dentist	161,112	44,770	2,080	77.46	21.52	98.98	
Dental Assistant	40,433	11,244	2,080	19.44	5.41	24.84	
Licensed Practical Nurse	644,060	178,988	27,040	23.82	6.62	30.44	
On-Site Medical Director	212,009	58,906	2,080	101.93	28.32	130.25	
Medical Records Director	62,462	17,348	2,080	30.03	8.34	38.37	
Medication Room Assistant	47,362	13,166	2,080	22.77	6.33	29.10	
Optometrist	36,486	0	416	87.71	-	87.71	
Physician	191,104	53,100	2,080	91.88	25.53	117.41	
Physician Asst/Nurse Practitioner	268,597	72,341	5,200	51.65	13.91	65.57	
Registered Nurse	67,725	18,824	2,080	32.56	9.05	41.61	
Site Mental Health Services Director	121,459	33,766	2,080	58.39	16.23	74.63	
Mental Health Unit Director	110,434	30,701	2,080	53.09	14.76	67.85	
Psychiatrist	2,009,775	558,717	10,400	193.25	53.72	246.97	
Qualified Mental Health Professional	336,161	93,453	10,400	32.32	8.99	41.31	
Medical Records Director - MH	53,747	14,942	2,080	25.84	7.18	33.02	
Clinical Psychologist	0	0	0	51.00	14.18	65.18	
RN - Mental Health	149,693	41,615	4,160	35.98	10.00	45.99	
Staff Assistant - Mental Health	88,648	24,644	4,160	21.31	5.92	27.23	
Radiologist/ Physician Specialist	47,386	0	208	227.82	-	227.82	
Radiology Technician	54,626	15,180	2,340	23.34	6.49	29.83	
Staff Assistant	121,299	33,732	6,240	19.44	5.41	24.84	
<b>TOTAL</b>	<b>\$ 4,824,581</b>	<b>\$ 1,315,437</b>	<b>91,364</b>				
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS							
OFF SITE ADM STAFF			318,966				
MGMT FEE			524,608				
INDIRECT ADMIN COSTS			843,574		468.65	1.284	843,574
DIRECT CARE	1,383,496	382,159	1,765,655	282,513	156.95	0.43	2,048,168
DENTAL	201,545	56,014	257,560	133,247	74.03	0.2028	390,807
MENTAL HEALTH	2,869,918	797,937	3,667,756	573,495	318.61	0.8729	4,241,251
PHARMACY	47,362	13,166	60,528	471,412	261.90	0.7175	531,940
ANCILLARY	0	0	0	525,326	291.85	0.7996	525,326
LABORATORY	0	0	0	615,904	342.17	0.9375	615,904
RADIOLOGY	102,012	15,180	117,191	17,992	10.00	0.0274	135,184
SUPPORT	183,761	51,081	234,842	124,457	69.14	0.1894	359,299
OPTICAL	36,486	0	36,486	33,312	18.51	0.0507	69,798
NON-HOSPITAL SERVICES	0	0	0	730,911	406.06	1.1125	730,911
<b>TOTAL</b>	<b>4,824,581</b>	<b>1,315,437</b>	<b>6,983,592</b>	<b>3,508,569</b>	<b>1,949.21</b>	<b>5.3403</b>	<b>10,492,161</b>
POPULATION BASE							1,800
INTAKE BASE							2,311

Taylorville Correctional Center  
 Budget Schedule E  
 5/1/2016 - 4/30/2017

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates	PER CAP BASE	NON CAP BASE	FRINGE BENEFITS	PERS SVS	CONTRACT BUDGET	ANNUAL PER CAP DAILY	PROGRAM ADJUST.	TOTAL CONTRACT
On-Site Medical Director	227,797	63,288	2,080	109.52	30.43	139.94								
Director of Nursing	74,051	20,561	2,080	35.60	9.88	45.49								
Registered Nurse	806,508	224,190	23,712	34.01	9.45	43.47								
Dental Assistant	43,760	12,162	2,080	21.04	5.85	26.89								
Dental Hygienist	17,056	4,171	520	32.80	8.02	40.82								
Dentist	165,863	46,078	2,080	79.74	22.15	101.89								
Medical Records Director	53,100	14,755	2,080	25.53	7.09	32.62								
Psychiatrist	200,978	55,872	1,040	193.25	53.72	246.97								
Qualified Mental Health Professional	67,232	18,691	2,080	32.32	8.99	41.31								
Staff Assistant - Mental Health	22,162	6,161	1,040	21.31	5.82	27.23								
Radiology Technician	12,625	2,966	520	24.28	5.70	29.98								
Medication Room Assistant	25,709	6,282	1,222	21.04	5.14	26.18								
Staff Assistant II	87,521	24,324	4,160	21.04	5.85	26.89								
Surgery Clinic	0	0	-	-	-	-								
Optometrist	36,908	9,020	216	170.87	41.76	212.63								
TOTAL	\$ 1,841,268	\$ 508,520	44,910											
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>							
ADMIN SVS														
OFF SITE ADMIN STAFF			157,416											
MGMT FEE			213,153											
INDIRECT ADMIN COSTS			370,569		310.62	0.851						0.8510		370,569
DIRECT CARE	1,108,356	308,039	1,416,395	203.538	170.61	0.4674						1.3184		1,619,933
DENTAL	226,678	62,411	289,089	97.432	81.67	0.2238						1.0748		386,521
MENTAL HEALTH	290,372	80,723	371,096	332.236	278.49	0.763						1.6140		703,331
PHARMACY	25,709	6,282	31,992	311.017	260.70	0.7142						1.5652		343,008
ANCILLARY	0	0	0	16.096	13.49	0.037						0.8880		16,096
LABORATORY	0	0	0	58.859	49.34	0.1352						0.9862		58,859
RADIOLOGY	12,625	2,966	15,591	18.229	15.28	0.0419						0.8929		33,820
SUPPORT	140,621	39,079	179,700	92.382	77.44	0.2122						1.0632		272,082
OPTICAL	36,908	9,020	45,927	24.358	20.42	0.0559						0.9069		70,285
NON-HOSPITAL SERVICES	0	0	0	388.560	325.70	0.8923						1.7433		388,560
TOTAL	1,841,268	508,520	2,720,357	1,542,706	1,293.13	3.5428								4,263,063
POPULATION BASE														1,193

Vandalia Correctional Center  
 Budget Schedule E  
 5/1/2016 - 4/30/2017

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates	
						ANNUAL PER CAP	PER CAP DAILY
Medical Director/Physician	227,797	63,288	2,080	109.52	30.43	139.94	
Dentist	165,863	46,078	2,080	79.74	22.15	101.89	
Dental Hygienist	40,933	10,010	1,248	32.80	8.02	40.82	
Psychiatrist	200,978	55,872	1,040	193.25	53.72	246.97	
Qualified Mental Health Professional	134,465	37,381	4,160	32.32	8.99	41.31	
Medical Records Director	53,100	14,755	2,080	25.53	7.09	32.62	
Radiology Technician	3,642	890	156	23.34	5.70	29.05	
Staff Assistant I	113,777	31,621	5,408	21.04	5.85	26.89	
Optometrist	18,243	4,459	208	87.71	21.44	109.14	
<b>TOTAL</b>	<b>\$ 958,797</b>	<b>\$ 264,354</b>	<b>18,460</b>				
TOTAL CONTRACT BUDGET		FRINGE BENEFITS		PER CAP BASE	ANNUAL PER CAP	PER CAP DAILY	TOTAL CONTRACT
ADMIN SVS							
OFF SITE ADMIN STAFF			177,334				
MGMT FEE			154,560				
INDIRECT ADMIN COSTS			331,894		224.10	0.614	331,894
DIRECT CARE	227,797	63,288	291,086	138,197	93.31	0.2556	429,283
DENTAL	206,796	56,088	262,883	62,617	42.28	0.1158	325,500
MENTAL HEALTH	335,442	93,253	428,695	309,629	209.07	0.5728	738,323
PHARMACY	0	0	0	428,184	289.12	0.7921	428,184
ANCILLARY	0	0	0	18,533	12.51	0.0343	18,533
LABORATORY	0	0	0	100,766	68.04	0.1864	100,766
RADIOLOGY	3,642	890	4,532	19,927	13.45	0.0368	24,458
SUPPORT	166,877	46,376	213,253	55,471	37.45	0.1026	268,724
OPTICAL	18,243	4,459	22,702	15,654	10.57	0.029	38,356
NON-HOSPITAL SERVICES	0	0	0	387,173	261.43	0.7162	387,173
<b>TOTAL</b>	<b>958,797</b>	<b>264,354</b>	<b>1,555,044</b>	<b>1,536,150</b>	<b>1,037.24</b>	<b>2.8418</b>	<b>3,091,195</b>
POPULATION BASE							1,481

VIENNA CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 5/1/2016 - 4/30/2017

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates	TOTAL CONTRACT BUDGET		TOTAL CONTRACT	
							PERS SVS	NON CAP BASE	PROGRAM ADJUST.	TOTAL CONTRACT
Dental Assistant	47,363	13,172	2,080	22.77	6.33	29.10				
Dentist	189,544	52,664	2,080	91.13	25.32	116.45				
Licensed Practical Nurse	101,670	37,066	4,160	24.44	8.91	33.35				
On-Site Medical Director	246,316	68,429	2,080	118.42	32.90	151.32				
Medical Records Director	49,038	13,631	2,080	23.58	6.55	30.13				
Optometrist	22,804	5,573	260	87.71	21.44	109.14				
Medication Room Assistant	23,682	5,783	1,040	22.77	5.56	28.33				
Phlebotomist	21,146	5,163	1,040	20.33	4.96	25.30				
Physician Asst/Nurse Practitioner	42,365	11,764	832	50.92	14.14	65.06				
Psychiatrist	200,978	55,872	1,040	193.25	53.72	246.97				
Qualified Mental Health Professional	134,465	37,381	4,160	32.32	8.99	41.31				
Staff Assistant I	87,796	24,416	4,160	21.10	5.87	26.97				
<b>TOTAL</b>	<b>\$ 1,167,166</b>	<b>\$ 330,913</b>	<b>25,012</b>							
<b>ADMIN SVS</b>										
OFF SITE ADM STAFF			206,734							
MGMT FEE			176,251							
INDIRECT ADMIN COSTS			382,985		216.99	0.5945			0.5945	382,985
DIRECT CARE	390,351	117,259	507,610	159,638	90.45	0.2478			0.8423	667,249
DENTAL	236,907	65,836	302,743	75,681	42.88	0.1175			0.7120	378,424
MENTAL HEALTH	335,442	93,253	428,695	349,296	197.90	0.5422			1.1367	777,991
PHARMACY	23,682	5,783	29,464	380,054	215.33	0.5899			1.1844	409,518
ANCILLARY	0	0	0	62,544	35.44	0.0971			0.6916	62,544
LABORATORY	21,146	5,163	26,309	139,939	79.29	0.2172			0.8117	166,248
RADIOLOGY	0	0	0	28,699	16.26	0.0445			0.6390	28,699
SUPPORT	136,834	38,047	174,881	70,034	39.68	0.1087			0.7032	244,915
OPTICAL	22,804	5,573	28,377	18,920	10.72	0.0294			0.6239	47,297
NON-HOSPITAL SERVICES	0	0	0	359,146	203.48	0.5575			1.1520	359,146
<b>TOTAL</b>	<b>1,167,166</b>	<b>330,913</b>	<b>1,881,064</b>	<b>1,643,952</b>	<b>931.42</b>	<b>2.5518</b>				<b>3,525,016</b>
POPULATION BASE										<b>1,765</b>

WESTERN CORRECTIONAL CENTER  
BUDGET SCHEDULE E  
5/1/2016 - 4/30/2017

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates	ANNUAL PER CAP	PROGRAM ADJUST.	TOTAL CONTRACT
Dental Assistant	85,823	23,865	4,160	20.63	5.74	26.37			
Dentist	177,703	43,416	2,080	85.43	20.87	106.31			
Director of Nursing	74,051	20,561	2,080	35.60	9.88	45.49			
Licensed Practical Nurse	645,735	179,539	24,960	25.87	7.19	33.06			
On-Site Medical Director	216,438	60,145	2,080	104.06	28.92	132.97			
Medical Records Director	50,048	13,906	2,080	24.06	6.69	30.75			
Optometrist	45,608	0	520	87.71	-	87.71			
Medication Room Assistant	43,898	10,739	2,080	21.10	5.16	26.27			
Physical Therapist	0	0	-	170.87	-	170.87			
Physical Therapist Assistant	0	0	-	23.73	5.80	29.53			
Physician Ass/Nurse Practitioner	101,840	28,294	2,080	48.96	13.60	62.56			
Psychiatrist	602,933	167,615	3,120	193.25	53.72	246.97			
Qualified Mental Health Professional	201,697	56,072	6,240	32.32	8.99	41.31			
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92	27.23			
Radiology Technician	26,286	6,425	1,040	25.28	6.18	31.45			
Registered Nurse	564,665	156,959	16,640	33.94	9.43	43.37			
Staff Assistant I	47,363	13,172	2,080	22.77	6.33	29.10			
Staff Assistant II	134,172	37,243	6,240	21.50	5.97	27.47			
TOTAL	\$ 3,062,604	\$ 830,274	79,560						
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>		
ADMIN SVS									
OFF SITE ADM STAFF			285,104						
MGMT FEE			349,046						
INDIRECT ADMIN COSTS			634,150		306.80	0.8405	634,150	0.8405	634,150
DIRECT CARE	1,602,749	445,497	2,048,246	329,165	159.25	0.4363	2,377,411	1.2768	2,377,411
DENTAL	263,526	67,281	330,807	157,731	76.31	0.2091	488,538	1.0496	488,538
MENTAL HEALTH	848,954	236,009	1,084,963	468,515	226.66	0.621	1,553,479	1.4615	1,553,479
PHARMACY	43,898	10,739	54,637	454,518	219.89	0.6024	509,155	1.4429	509,155
ANCILLARY	0	0	0	177,928	86.08	0.2358	177,928	1.0763	177,928
LABORATORY	0	0	0	158,464	76.66	0.21	158,464	1.0505	158,464
RADIOLOGY	26,286	6,425	32,711	36,472	17.64	0.0483	69,183	0.8888	69,183
SUPPORT	231,583	64,321	295,904	149,513	72.33	0.1982	445,417	1.0387	445,417
OPTICAL	45,608	0	45,608	39,433	19.08	0.0523	85,040	0.8928	85,040
NON-HOSPITAL SERVICES	0	0	0	482,154	233.26	0.6391	482,154	1.4796	482,154
TOTAL	3,062,604	830,274	4,527,028	2,453,892	1,187.18	3.2525	6,980,919		6,980,919
POPULATION BASE									2,067



**LATE FILING AFFIDAVIT**

**Purchasing Agency:** ILLINOIS DEPARTMENT OF CORRECTIONS

**Division:** IDOC Facilities

**Address:** 1301 CONCORDIA COURT  
P.O. BOX 19277  
SPRINGFIELD, IL 62794-9277

**Vendor:** Wexford Health Sources, Inc.

**Address:** 501 Holiday Drive  
Pittsburgh, PA 15220

**Contract Number:** 9911002

State of Illinois )  
: SS

**County of Sangamon**

I, Jared Brunk, being duly sworn, solemnly swear that I am the Chief Financial Officer for Illinois Department of Corrections.

The attached contract renewal was not filed within 30 days of execution because the Schedule E of the contract needed to be updated and was not made available until past the 30 day period.

I am duly authorized to make this affidavit. I know and understand the contents of this affidavit, and all statements herein are true and correct. This affidavit is made pursuant to and in fulfillment of the requirements of Section 20-80(c) of the Illinois Procurement Code (30 ILCS 500).

[Redacted Signature]

Signature of person making this affidavit

Subscribed and sworn before me this 3rd day of May, 2017

(seal)

[Redacted Notary Name]

Notary Public

My Commission Expires: June 26, 2019



ILLINOIS DEPARTMENT OF CORRECTIONS  
CONTRACT AMENDMENT

ADMINISTRATIVE ORDER

IN COMPLIANCE WITH ADMINISTRATIVE ORDER NUMBER 1 (1997), THE FOLLOWING SIGNATURES ARE AFFIXED AND BECOME A PART OF THE AGREEMENT BETWEEN THE ILLINOIS DEPARTMENT OF CORRECTIONS AND

**Wexford Health Sources, Inc.**

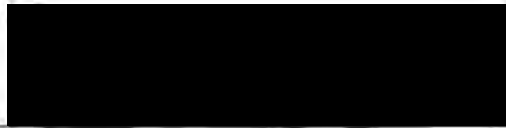
**CONTRACT SERVICES**

To provide comprehensive medical & mental services for IDOC inmates

ANNUAL CONTRACT AMOUNT: Estimated Amount for FY2016 - \$134,000,000.00  
Estimated Amount for FY2017 - \$121,000,000.00

CONTRACT NUMBER: 9911002

APPROVED



DATE

3/9/16

JARED BRUNK  
CHIEF FISCAL OFFICER

APPROVED

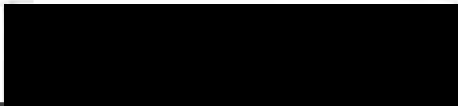


DATE

3/10/2016

LASHONDA HUNT  
CHIEF LEGAL COUNSEL

APPROVED



DATE

15 March 16

JOHN R. BALDWIN  
ACTING DIRECTOR

OCT 21 2017

SOURCING/CONTRACT  
MANAGEMENT

STATE OF ILLINOIS  
CONTRACT RENEWAL

Illinois Department of Corrections

Contract # 9911002

The undersigned Agency and Vendor, Wexford Health Sources, Inc., (the Parties) agree that the following shall renew the Contract referenced herein. All terms and conditions set forth in the original Contract, not amended herein, shall remain in full force and effect as written. In the event of conflict, the terms of this Renewal shall prevail.

IN WITNESS WHEREOF, the Agency and the Vendor cause this Renewal to be executed on the dates shown below by representatives authorized to bind the respective PARTIES.

VENDOR

Vendor Name: Wexford Health Sources, Inc.	Address: 501 Holiday Drive; Pittsburgh, PA, 15220
Signature: [Redacted]	Phone: 412-937-8590
Printed Name: John M. Froehlich	Fax: 412-937-8599
Title: Vice President and CFO	Email: jfroehlich@wexfordhealth.com
Date: 10/14/16	

STATE OF ILLINOIS

Procuring Agency: Illinois Department of Corrections	Phone: 217-558-2200
Street Address: 1301 Concordia Court	Fax: 217-558-2203
City, State ZIP: Springfield, IL 62794	
Official Signature:	Date:
Printed Name: John Baldwin	
Official's Title: Acting Director	
Official Signature: [Redacted]	Date: 21 Oct. 16
Legal Printed Name: Camile Lindsay	
Legal's Title: Chief General Counsel	
Fiscal Signature:	Date:
Fiscal's Printed Name: Jared Brunk	
Fiscal's Title: Chief Financial Officer	

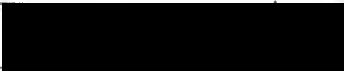
**STATE OF ILLINOIS  
CONTRACT RENEWAL**

Illinois Department of Corrections

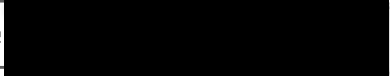
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Date: 10/14/16	

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Street Address: 1301 Concordia Court	Fax: 217-558-2203
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Printed Name: John Baldwin	
Official's Title: Acting Director	
Official Signature: 	Date: 21 Oct 16
Legal Printed Name: Camile Lindsay	
Legal's Title: Chief General Counsel	
Fiscal Signature:	Date:
Fiscal's Printed Name: Jared Brunk	
Fiscal's Title: Chief Financial Officer	

STATE OF ILLINOIS  
CONTRACT RENEWAL

Illinois Department of Corrections

21 016

Contract # 9911002

The undersigned Agency and Vendor, Wexford Health Sources, Inc., (the Parties) agree that the following shall renew the Contract referenced herein. All terms and conditions set forth in the original Contract, not amended herein, shall remain in full force and effect as written. In the event of conflict, the terms of this Renewal shall prevail.

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Printed Name: John M. Froehlich	Fax: 412-937-8599
Title: Vice President and CFO	Email: jfroehlich@wexfordhealth.com
Date:	

STATE OF ILLINOIS

Procuring Agency: Illinois Department of Corrections	Phone: 217-558-2200
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Legal Printed Name: Camile Lindsay	
Legal's Title: Chief General Counsel	
Fiscal Signature:	Date:
Fiscal's Printed Name: Jared Brunk	
Fiscal's Title: Chief Financial Officer	

**STATE OF ILLINOIS  
CONTRACT RENEWAL**


Illinois Department of Corrections  
Renewal of Healthcare Services  
Contract #9911002

OCT 21 2016

The undersigned Agency and Vendor, Wexford Health Sources, Inc., (the Parties) agree that the following shall renew the Contract referenced herein. All terms and conditions set forth in the original Contract, not amended herein, shall remain in full force and effect as written. In the event of conflict, the terms of this Renewal shall prevail.

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Legal Signature:	Date:
Legal Printed Name: Camile Lindsay	
Legal's Title: Chief General Counsel	
Fiscal Signature:	Date:
Fiscal's Printed Name: Jared Brunk	
Fiscal's Title: Chief Financial Officer	

PBC# 17-101946		Project Title Renewal of Healthcare Services	
Contract # 991102		Procurement Method (IFB, RFP, Small, etc):	
IPB Ref. #	IPB Publication Date:	Award Code:	
Subcontractor Utilization? <input type="checkbox"/> Yes <input type="checkbox"/> No		Subcontractor Disclosure? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Funding Source GRF		Obligation #	
<u>CPO 33 – General Counsel Approval:</u>			
Signature		Printed Name	Date

1. **DESCRIPTION OF CONTRACT BEING RENEWED** (include original contract number): HFS #2010-05-00, provision of medical, dental, vision, pharmaceutical, and mental health services for offenders at specified state correctional centers.

2. **TERMS AND CONDITIONS:** This Renewal is on the same terms and conditions as the Contract being renewed except as changed and described herein.

2.1. Section 2.2.2 Vendor Functions and Duties shall be amended to add the following subsection:

2.2.2.30 Agency/Buyer and Vendor acknowledge that the Contract for Services will involve provision of medical services and the Vendor shall not be held responsible for medical services not directly provided by the Vendor.

2.2. Section 2.2.3.4 shall be amended to add the following subsection 2.2.3.4.3.

2.2.3.4.3 **Telehealth Services Program:** The Department utilizes Telehealth services for Telemedicine, Tele-psychiatry, HIV, and Hepatitis - C treatment and wishes to expand Telehealth delivery within IDOC to other specialty areas. The services are to be used in conjunction with face-to-face encounters intended to supplement the level of care provided by the Department and vendor.

- a) The Vendor is responsible for supplying all tele-medicine equipment at each approved IDOC Correctional Center that meets the minimal standards outlined in this contract and that of the IDOC's Chief Information Officer. This equipment shall become the property of DOC upon the termination of the Contract. It is the DOC's responsibility to provide all network and/or Ethernet connections as required to operate the equipment at each DOC facility.
- b) All telehealth services must utilize end-to-end encryption based upon published and peer-reviewed standards and comply with HIPAA data transmission standards for healthcare information. Any service based solution must be accompanied by a privacy policy stating that data is protected and will not be shared with third parties. Such policy statements must be provided to DOC prior to the services being used.
- c) Video transmission must have minimal video resolution of 720x480 pixels at 29.97 frames per second rate.
- d) System shall include capacity for remote camera control on the offender end for close-ups views.
- e) System shall include audio capacity at 7 kHz full duplex with echo cancellation (capable of eliminating room return audio echo), with easy-to-use mute function and volume adjustment.
- f) System shall have capacity for software upgrades as improvements become available
- g) The Vendor is responsible for all cost and communication line charges associated with Telehealth services conducted from a location that is not an IDOC Correctional Center.

2.3. Section 2.2.4.11 language shall be amended as follows:

2.2.4.11 **Tele-psychiatry:** Tele-psychiatry may be implemented and utilized upon agreement by both Agency and Vendor if, prior to Tele-psychiatry services being performed, written approval is obtained pursuant to Section 2.4.2. The following are the minimum conditions/stipulations:

- a) The vendor shall comply with all of the Department's policies, procedures and protocols governing Tele-psychiatry services.
- b) Tele-psychiatry services shall be provided in accordance with current guidelines and practices established by the American Psychological Association, American Psychiatric Association, and American Telemedicine Association, current correctional industry best practice standards and DOC Administrative Directives, policies and procedures.



- c) All aspects of HIPAA (and State privacy requirements) apply to the encounter and transmission of medical record information to protect offender's privacy.
- d) The service based solution is accompanied by a privacy policy stating that data is protected and will not be shared with third parties. Such policy statements must be provided to DOC prior to the services being used.
- e) Psychiatrists providing Tele-psychiatry services shall have the necessary training/orientation and ongoing continuing education/professional development to ensure they possess the competencies for the safe provision of quality mental health services. Remote site and consultant personnel are properly licensed.
- f) If the Tele-psychiatry encounter involves more than one state, psychiatric staff must be licensed both by the transmitting and the receiving [Illinois] state.
- g) Each psychiatric staff member is covered by liability and malpractice insurance for each state in which they are providing tele-psychiatry services
- h) All Tele-psychiatrists shall be expected to participate in a 30 minute Mental Health Team Meeting with a designated MHP for Tele-psychiatry when scheduled. The site Telehealth Coordinator or the involved Psychiatrist shall document this on the Tele-psychiatry Patient Log as "Mental Health Team Meeting". If for some reason a Mental Health Team Meeting does not occur for a Scheduled Tele-psychiatry Clinic due to vendor or psychiatrist cancellation, then the "Mental Health Team Meeting" shall not be documented on the Tele-psychiatry Patient Log, nor shall this time be reimbursed by IDOC.
- i) The site Telehealth Coordinator or involved Psychiatrist shall document on the Tele-psychiatry Patient Log the actual time of start and finish for any "Mental Health Team Meeting", not to exceed 30 minutes, unless clinically necessary.
- j) The Psychiatrist providing Tele-psychiatry Service shall remain directly available as required via teleconference or video to mental health staff until completion of the scheduled Tele-psychiatry Clinic. For example, if the Tele-psychiatry Clinic is scheduled to run from 7:00 a.m. to 5:00 p.m., the Psychiatrist shall be available until 5:00 p.m. The site Telehealth Coordinator or involved Psychiatrist or appropriate designee shall document these times on the Tele-psychiatry Patient Log.
- k) The Psychiatrist shall document on the Tele-psychiatry Patient Log when a Mental Health Treatment Plan is completed for each Psychiatric Evaluation or Psychiatric decompensation or diagnosis change or diagnosis addition. Also, completed AIMS shall be documented on the Tele-psychiatry Patient Log.
- l) Tele-psychiatry hours shall be documented on the Tele-psychiatry Patient Log and submitted in writing, to the IDOC Contract Monitor or designee, by the Vendor for payment. IDOC shall provide approval/denial (with explanation) of the Telepsychiatry Log within ten (10) Business Days; after ten (10) business Days the Telepsychiatry Log shall be deemed approved. This documentation shall include:
  1. The scheduled case type, whether Routine follow-up evaluation, Psychiatric Diagnostic evaluation or Complex follow-up evaluation;
  2. Scheduled appointment time;
  3. Offender's name and identification number;
  4. The actual time spent face-to-face with the scheduled offender during the evaluation;
  5. Resulting case type: whether Psychiatric Diagnostic Evaluation, routine or complex follow-up evaluation;
  6. Comments for describing operational delays;
  7. Completion of mental health treatment plan and completion of AIMS when required;
  8. Sign on and sign off monitor screen time for tele-psychiatrist for the Telepsychiatry Clinic;

9. Actual time first offender began their schedule appointment and the actual time the last scheduled offender was seen by the psychiatrist.
- m) Tele-psychiatry hours that were previously scheduled and approved may be utilized based upon the institutional needs of the IDOC tele-psychiatry Site during a lockdown period or operational delay. The psychiatrist shall document the start and stop time(s) of the Lockdown or Operational Delay in the Comment Section for Operational Delays. Lockdowns and Operational Delays are submitted to the IDOC daily for review and approval in accordance with item "l" above. If operationally feasible, during a lockdown or operational delay, the psychiatrist shall document chart reviews for the scheduled offenders utilizing form 0282. These chart reviews will be inclusive of the previous 12 months of psychiatric treatment and include but not limited to psychotropic medication trials, responses, other therapeutic interventions, metabolic monitoring reviews and data pertinent to the ongoing care of the offender. Payment to Vendor for tele-psychiatry hours during a Lockdown or Operational Delay shall be based upon the Scheduled Case Type time increments. If a lockdown is anticipated to extend past 24 hours, the vendor will be notified and the tele-psychiatry Clinic may be cancelled at the request of IDOC. Upon cancelation, psychiatric services will be assigned by the Chief of Psychiatry to another IDOC facility where psychiatric evaluation and follow-up are to be performed. If the vendor or psychiatrist refuses to provide psychiatric services at the assigned facility, the vendor shall not be reimbursed. Cancelled tele-psychiatry Clinics shall be rescheduled and the hours for the clinic are to be completed unless agreed upon by the Chief of Mental Health or the Chief of Psychiatry for IDOC. Per Contract, the Vendor shall be compensated at the hourly psychiatrist rate for the scheduled clinic period. The following defined time guidelines shall be used for scheduling tele-psychiatry clinics and for cancelled Clinic reimbursement only: Psychiatric Evaluation 60 minutes, Complex Psychiatric Follow-up Evaluation 30 minutes, Routine Psychiatric Follow-up Evaluation 20 minutes, Mental Health Team Meeting 30 minutes.
1. Offenders being evaluated via tele-psychiatry will be seen for up to 20 minutes for Routine psychiatric follow up evaluations. This time shall typically include 15 minutes of face-to-face time and 5 minutes for documentation. Offenders requiring a Psychiatric Diagnostic evaluation will be seen for up to 60 minutes. This time shall typically include 45 minutes face-to-face time with the offender and up to 15 minutes for documentation. Offenders requiring Complex follow up evaluations will be seen for up to 30 minutes. This time shall typically include 25 minutes of face-to-face time and 5 minutes for documentation. The Psychiatric Progress Note will support the need for a complex follow-up.
  2. The time guidelines shall be adjusted to accurately reflect required documentation completion times for documentation requirements established in the IDOC Mental Health Standard Operating Procedures (SOP) Psychiatric Provisions. Estimated time lines are as follows these estimates shall be adjusted based on actual performance:
    - o Psychiatric Progress Note: 15 minutes completion time;
    - o Treatment Plan Document: 15 minutes completion time;
    - o Initial Psychiatric Evaluation Report: 60 minutes completion time.
  3. Upon initial implementation of the Mental Health SOPs, the vendor shall have 90 days to implement and train psychiatrists on the new documentation requirements. During the 90 Day period, the vendor will be held to required Schedule E hours.
  4. IDOC shall not be responsible for reimbursing vendor for clerical duties associated with each scheduled tele-psychiatry clinic that could be performed by ancillary personnel. For example, printing of offender medical documentation sent from host site. Vendor will be responsible for providing all medical files necessary for the tele-psychiatrist to perform his/her duties for completion of the evaluation type.

5. All tele-psychiatry equipment is expected to be in working order at the host site and from the off-site tele-psychiatrist location at the time of the scheduled tele-psychiatry clinic. If a connection cannot be established from the tele-psychiatrist off-site to the host site or from the host site to the off-site tele-psychiatrist, the scheduled tele-psychiatry Clinic will be cancelled until such time that the tele-psychiatry connection is established. If the scheduled tele-psychiatry Clinic is cancelled due to equipment malfunction, IDOC shall not be responsible for reimbursement of vendor. If cancelled due to equipment malfunction, the tele-psychiatry clinic shall be rescheduled and the hours for the clinic are to be completed unless agreed upon by the Chief of Mental Health or the Chief of Psychiatry for IDOC.
  6. Due to the nature of psychiatric care there can be fluctuations in need based on circumstances that arise during treatment. If questions arise on the appropriateness related to tele-psychiatry sessions, the following shall be used to determine appropriateness:
    - o An overall psychiatric treatment productivity level averaging to the level of offenders per hour within the criteria and time frames guidelines out lined in item 1 and 2 above.;
    - o Comparison with on-site psychiatrist productivity;
    - o Hours provided do not exceed the scheduled hours approved by IDOC;
    - o Consultation with the onsite IDOC Mental Health Professional Consultation and review by the vendor Chief of Psychiatry
    - o A review by IDOC Chief of Psychiatry who shall provide final determination
- n) Psychiatry services are a critical component of the Mental Health Program. The Vendor and IDOC shall work together to maximize the availability of psychiatric services through face-to-face (on-site) and telehealth clinics. It is the goal of the IDOC to maintain a 55/45 Ratio of on-site psychiatry to tele-psychiatry. In order to assure psychiatric services to mental health population that do not necessitate face-to-face psychiatric care and when on-site services are not available the vendor shall provide tele-psychiatry Services to insure access to care. IDOC and the Vendor shall meet quarterly to review the delivery of psychiatry services, the use of tele-psychiatry, and on-going recruitment and hiring of on-site psychiatrists.
- o) Tele-psychiatry hours exceeding the approved Staffing Scheduled shall not be paid unless approved in advance by the CAO, according to the procedures outlined by the CAO and Psychology Administrator and/or IDOC Chief of Mental Health and/or IDOC Chief of Psychiatry. Tele-psychiatry hours shall not be paid in the absence of a report that is reflective of the criteria set out by section l) referenced above. Said report shall be submitted to the IDOC Contract Monitor or designee within 24 hour of the tele-psych clinic being provided and verified by the appropriate IDOC personnel. Verified reports will be provided to the Business Administrator for use during monthly reconciliations.

2.4. Section 2.2.4 shall be amended to add the following sub-sections:

**2.2.4.15 Mental Health Coverage:**

- a) **Work Schedules:** The Vendor shall provide staggered work schedules and schedule psychiatric assignments, to include evenings, weekends and holidays for increased offender access, as well as crisis response. Work schedules shall be subject to approval by the IDOC and shall be responsive to the evolving needs of the Facilities.

- b) Reception Centers and facilities designated as medium or maximum security shall have evening coverage until 8:00 p.m., Sunday through Saturday and holiday coverage shall be provided at all maximum and residential treatment unit facilities. Telephone on-call services and the capability for onsite response shall be available for all facilities 24 hours per day, 7 days per week. From 8:00 a.m. to 4:00 p.m. a psychiatrist must be available for onsite response to each Facility within three hours of notification.
- c) Significant absence of mental health staff to attend off site meetings/trainings should be coordinated with the IDOC Regional Deputy Chiefs and facility Chief Administrative Officer (Warden). Vendor shall maintain a per diem pool of Mental Health Professionals, including Psychiatrists whose credentials and security clearances have been properly submitted and cleared by IDOC (professional and security clearances). All per diem staff is required to complete IDOC orientation and on-site orientation prior to the commencement of duty.
- d) The vendor shall ensure that at every IDOC facility it provides onsite mental health services, 51% of the onsite contractual mental health staff (excluding psychiatrists) are licensed as a Clinical Psychologists, Licensed Clinical Social Worker (LCSW) or Licensed Clinical Professional Counselors (LCPC) which will be specified in the facility mental health staffing schedule.

#### 2.2.4.16 REPORTS

It is the Vendor's responsibility to provide current, annually reviewed manuals and guidelines to assist in the delivery of care and structure required reporting.

- a) The Vendor shall comply with all statistical, financial, and informational reporting requirements. The Department reserves the right to change the reports, report content, or frequency of reports at any time during the term of a Contract awarded.
- b) All statistical, financial, and informational data maintained and/or produced as part of reporting requirements, shall be deemed to be owned by the Department. The ownership provision is in consideration of the Vendor's use of public funds in collecting or preparing such medical records, data, information and reports. These items shall not be used by the Vendor for any independent project of the Vendor or publicized by the Vendor without the prior written permission of the Department. Subject to applicable state and Federal laws and regulations, the Department shall have full and complete rights to reproduce, duplicate, disclose and otherwise use all such information. Prior to or at the termination of the contract, the Vendor shall make available all such information as requested by the Department, including in a readable electronic format specified by the Department.
- c) Additional/Ad Hoc Reporting Requirements: The Department reserves the right to require additional reports, Ad Hoc reports, information pertaining to Contract compliance or other reports or information that may be required to respond to grievances, inquiries, complaints and other questions raised by inmates or other parties.
- d) Vendor shall submit additional reports or make revisions in the data elements or format of a report upon the request of Agency without additional charge and without requiring a Contract amendment.
- e) Agency may remove reports to be supplied during the term of the Contract without requiring a Contract amendment.

- f) Vendor shall maintain trend analysis charts on key statistical data taken from the monthly reports.
- g) Monthly reports shall be due no later than the 15th day of the month following the report month.
- h) Quarterly reports shall be due no later than the 30th day after the end of each calendar quarter.
- i) Utilization reports shall include denials and appeals in aggregate and individual reports.
- j) A report on the effectiveness of the telemedicine program goals should be submitted to the Department annually and shall include an assessment of the program's efficiency, quality, and offender satisfaction.

2.5. Section 2.4.1.14 language shall be amended as follows:

2.4.1.14.4 Staff members who have been designated by the IDOC Office of Health Services or its designee shall complete IDOC required trainings. The trainings shall be completed in accordance with an IDOC mandated schedule. The training hours must be completed within the allotted Schedule E hours for that particular quarter. Absent prior approval, IDOC will not reimburse the vendor for this training if Schedule E hours are exceeded for the quarter. Backfill coverage for designated staff attending the trainings shall be based on operational needs and subject to the approval of IDOC Office of Health Services or its designee.

2.6. Section 2.4.2.2.1 language shall be amended as follows:

2.4.2.2.1 Hours allocated for psychiatrist on the Schedule E's can be filled by Tele-psychiatry in accordance with the IDOC required on-site psychiatric services and do not require additional written approval. If there are Schedule E psychiatrist hours that cannot be filled on-site at the Center they may be converted to tele-psychiatry hours if approved by the IDOC Chief of Mental Health Services or IDOC Chief of Psychiatry prior to the tele-psychiatry service being provided. Approval shall not be unreasonably withheld if services can appropriately be provided via Tele-psychiatry. Representatives authorized to bind both IDOC and the Vendor prior to the tele-psychiatry hours being worked for required on-site psychiatrist hours shall sign an ASR form.

2.7. Sections 2.4.2.2.4 and 2.4.2.2.5 shall be eliminated in their entirety.

2.8. Section 3.1.1.2 Quarterly Adjustments shall be amended to add the following subsection:

3.1.1.2.8 PA/NP Salary: Vendor may utilize a PA/NP for a Psychiatrist position upon IDOC approval by the IDOC Chief of Mental Health or the IDOC Chief of Psychiatry to provide psychiatric services within their licensure authority. The PA/NP compensation shall reflect the rates listed in the appropriate Schedule E(s).

2.9. Section 7.1.3 shall be amended to add the following sub-sections:

7.1.3.3 The Vendor shall participate in a Continuous Quality Improvement Sub-Committee, chaired by the IDOC Office of Mental Health Management and/or the Mental Health Quality Improvement Manager. The Continuous Quality Improvement Program shall also include Continuous Quality Improvement activity, process and outcome quality improvement studies including, at minimum, risk management, policy and procedure review, pharmacy review and utilization

management review, monthly statistical management reporting, and mental health care staff levels

- 7.1.3.4 The Continuous Quality Improvement program will be utilized to evaluate the mental health care provided to the offenders and the quality of care that the mental health staff provides in the IDOC on a continual basis to ensure quality, appropriateness, innovativeness and continuity of care. The Vendor shall have a written continuous quality improvement system, showing the continuous emphasis on quality it dedicates to all aspects of mental health services. The program shall be supported by data collection and the Vendor shall be able to provide qualitative and quantitative analysis to the IDOC. The Vendor shall provide the additional Continuous Quality Improvement Services set forth below.
- 7.1.3.5 The Vendor shall develop, maintain and/or implement (once approved by IDOC Office of Mental Health Management) a performance improvement plan that is designed to consistently improve the quality of Services provided in the IDOC. The plan shall identify the framework by which processes, systems and outcomes of care within the IDOC are designed, measured and improved. The plan shall be comprehensive, organization-wide and multi-disciplinary so as to maximize the performance improvement process. The Vendor shall actively seek out opportunities for improvement for problems identified through this process or those identified through its on process or by IDOC. The Vendor shall be responsible for all costs incurred as a result of this quality improvement process
- 7.1.3.6 The Vendor shall submit a monthly incident review report to the Mental Health Quality Improvement Manager, with a copy to the Chief of Mental Health and Chief of Psychiatry, detailing all adverse incidents, as defined by the quality assurance corrective action plan.

2.10. Section 7.1 shall be amended to add the following sub-section 7.1.8:

**7.1.8 CONTINUOUS QUALITY IMPROVEMENT (CQI)**

- 7.1.8.1 The Continuous Quality Improvement program will be utilized to evaluate the mental health care provided to the offenders and the quality of care that the mental health staff provides in the IDOC on a continual basis to ensure quality, appropriateness, innovativeness and continuity of care. The Vendor shall have a written continuous quality improvement system, showing the continuous emphasis on quality it dedicates to all aspects of mental health services. The program shall be supported by data collection and the Vendor shall be able to provide qualitative and quantitative analysis to the IDOC. The Vendor shall provide the additional Continuous Quality Improvement Services set forth below.
- 7.1.8.2 The Vendor shall participate in a Continuous Quality Improvement Sub-Committee, chaired by the IDOC Office of Mental Health Management and/or the Mental Health Quality Improvement Manager. The Continuous Quality Improvement Program shall also include Continuous Quality Improvement activity, process and outcome quality improvement studies including, at minimum, risk management, policy and procedure review, pharmacy review and utilization management review, monthly statistical management reporting, and mental health care staff levels.
- 7.1.8.3 The Vendor shall develop, maintain and/or implement (once approved by IDOC Office of Mental Health Management) a performance improvement plan that is designed to consistently improve the quality of Services provided in the IDOC. The plan shall identify the framework by which processes, systems and outcomes of care within the IDOC are designed, measured and improved. The plan shall be comprehensive, organization-wide and multi-disciplinary so as to maximize the performance improvement process. The Vendor shall actively seek out opportunities for improvement for problems identified through this process or those identified through its own process or by IDOC. The Vendor shall be responsible for all costs incurred as a

result of this quality improvement process, unless expansion of services or resources is required. If expansion of services is necessary requiring additional staff or other resources, the Vendor shall prepare and submit a cost impact statement. The IDOC and Vendor shall meet to review, upon approval the IDOC shall amend the contract to reflect the agreed upon changes and cost.

- 7.1.8.4 The Vendor shall submit a confidential, proprietary non-disclosable monthly incident review report to the Mental Health Quality Improvement Manager, with a copy to the Chief of Mental Health and Chief of Psychiatry, detailing all adverse incidents, as defined by the quality assurance corrective action plan.

#### DATA COLLECTION

- 7.1.8.5 The Vendor shall provide all data required in a format approved by the Office of Healthcare and Mental Health Services within a reasonable time period agreed to by the Department and the vendor.

Additional/AdHoc Reporting Requirements: The Department reserves the right to require additional reports, AdHoc reports, information pertaining to Contract compliance or other reports or information that may be required to respond to grievances, inquiries, complaints and other questions raised by inmates or other parties that are within the scope of services and involves accessible data. The Vendor shall comply with all statistical, nonproprietary financial, and informational reporting requirements. The Department reserves the right to change the reports, report content, or frequency of reports at any time during the term of this contract, that can be reasonably met by the vendor.

- 7.1.8.6 All statistical, nonproprietary financial, and informational data maintained and/or produced as part of reporting requirements, shall be deemed confidential to be owned by the Department and non-disclosable. The ownership provision is in consideration of the Vendor's use of public funds in collecting or preparing such medical records, data, information and reports. These items shall not be used by the Vendor for any independent project of the Vendor or publicized by the Vendor without the prior written permission of the Department. Subject to applicable state and Federal laws and regulations, the Department shall have full and complete rights to reproduce, duplicate, disclose and otherwise use all such nonproprietary information. Prior to or at the termination of the contract, the Vendor shall make available all such information as requested by the Department, including in a readable electronic format specified by the Department.

#### MENTAL HEALTH COVERAGE

- 7.1.8.7 Work Schedules: The Vendor shall provide staggered work schedules and schedule of psychiatric assignments, including evenings, weekends and holidays for increased offender access, as well as crisis response, as medically necessary. Work schedules shall be subject to approval by the IDOC and shall be responsive to the evolving needs of the Facilities.
- 7.1.8.8 Reception Centers and facilities designated as medium or maximum security shall have evening coverage until 8:00 p.m., Sunday through Saturday and holiday coverage shall be provided at all maximum and residential treatment unit facilities as medically necessary. Telephone on-call psychiatric services and the capability for onsite response shall be available for all facilities 24 hours per day, 7 days per week. From 8:00 a.m. to 4:00 p.m. a psychiatrist must be available for

onsite response if emergent and medically necessary to each Facility within three hours of notification.

7.1.8.9 Significant absence of mental health staff to attend off site meetings/trainings should be coordinated with the IDOC facility Chief Administrative Officer (Warden) at least two weeks in advance in order to obtain approval for the change to the work schedule. Vendor shall maintain a per diem pool of Mental Health Professionals, including Psychiatrists whose credentials and security clearances have been properly submitted and cleared by IDOC (professional and security clearances). All per diem staff is required to complete IDOC orientation and on-site orientation prior to the commencement of duty working in partnership with the Vendor to modify the orientation process to reasonably accommodate PRN staff. .

7.1.8.10 With the expansion of Mental Health Services the Vendor shall hire appropriately licensed staff to meet the IDOC goal that at every IDOC facility for which the vendor provides onsite mental health services, 51% of the onsite contractual mental health staff (excluding psychiatrists) are licensed as a Clinical Psychologist, Licensed Clinical Social Worker (LCSW) or Licensed Clinical Professional Counselors (LCPC) which will be specified in the facility mental health staffing schedule. Therefore it is expected that the Vendor will employ no more than 49% of its mental health care staff (excluding psychiatrist) at the facility level licensed as either a Licensed Social Worker (LSW) or Licensed Professional Counselors (LPC). The Vendor shall have 12 months to bring staffing levels in compliance within the above stated licensure goals. The Department agrees to work with the Vendor to permit the temporary employment of non-clinically licensed staff who are pursuing clinical licensure and provide a limited amount of time to allow the employee to acquire the clinical licensure or be terminated.

3. **RENEWAL TERM:** This RENEWAL shall begin May 1, 2017 and shall run through April 30, 2018.
4. **COSTS** (describe calculation and/or cost basis, if applicable): For the aforementioned term, the estimated cost is \$160,000,000 per the attached Schedule E's. That amount is comprised of \$26,666,666 in FY17 expenses and \$133,333,334 in FY18 expenses.
5. **MAXIMUM AMOUNT:** The total payments under this contract shall not exceed N/A without a formal amendment.
6. **SUBCONTRACTORS:** Will subcontractors be utilized?  Yes  No

- Subcontractor Name: Precise

Amount to be paid: As needed

Address: 524 South Main, Hillsboro, IL 62049

Description of work: Ultrasound

- Subcontractor Name: Boswell

Amount to be paid: As needed

Address: 131 Schoolhouse Road, Jennerstown, PA 15547-0001

Description of work: Pharmacy



- 6.1. All contracts with the subcontractors identified above must include the Standard Certifications completed and signed by the subcontractor.
- 6.2. If the annual value of any the subcontracts is more than \$50,000, then the Vendor must provide to the State the Financial Disclosures and Conflicts of Interest for that subcontractor.
- 6.3. If the subcontractor is registered in the Illinois Procurement Gateway (IPG) and the Vendor is using the subcontractor's Standard Certifications or Financial Disclosures and Conflicts of Interest from the IPG, then the Vendor must also provide a completed Forms B for the subcontractor.
- 6.4. If at any time during the term of the Contract, Vendor adds or changes any subcontractors, Vendor will be required to promptly notify, in writing, the State Purchasing Officer or the Chief Procurement Officer of the names and addresses and the expected amount of money that each new or replaced subcontractor will receive pursuant to the Contract. Any subcontracts entered into prior to award of the Contract are done at the Vendor's and subcontractor's risk.

**STATE OF ILLINOIS**  
**TAXPAYER IDENTIFICATION NUMBER**

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. person (including a U.S. resident alien).

- If you are an individual, enter your name and SSN as it appears on your Social Security Card.
- If you are a sole proprietor, enter the owner's name on the name line followed by the name of the business and the owner's SSN or EIN.
- If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's name on the name line and the D/B/A on the business name line and enter the owner's SSN or EIN.
- If the LLC is a corporation or partnership, enter the entity's business name and EIN and for corporations, attach IRS acceptance letter (CP261 or CP277)
- For all other entities, enter the name of the entity as used to apply for the entity's EIN and the EIN.

Name: [Click here to enter text.](#)

Business Name: W

Taxpayer Identification Number:

Social Security Number: [Click here to enter text.](#)

or

Employer Identification Number : 

Legal Status (check one):

- |   |  |
|---|--|
| <input type="checkbox"/> Individual   | <input type="checkbox"/> Governmental  |
| <input type="checkbox"/> Sole Proprietor  | <input type="checkbox"/> Nonresident alien   |
| <input type="checkbox"/> Partnership  | <input type="checkbox"/> Estate or trust   |
| <input type="checkbox"/> Legal Services Corporation   | <input type="checkbox"/> Pharmacy (Non-Corp.)  |
| <input type="checkbox"/> Tax-exempt   | <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corp.)                              |
| <input checked="" type="checkbox"/> Corporation providing or billing<br>medical and/or health care services | <input type="checkbox"/> Limited Liability Company<br>(select applicable tax classification) |
| <input type="checkbox"/> Corporation NOT providing or billing<br>medical and/or health care services        | <input type="checkbox"/> C = corporation   |
|   | <input type="checkbox"/> P = partnership   |

Signature of Authorized Representative: 

Date: Friday, October 14, 2016

BIG MUDDY CORRECTIONAL CENTER  
BUDGET SCHEDULE E

5/4/2017 - 4/30/2018

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates		
Dental Assistant	94,723	26,333	4,160	22.77	6.33	28.10		
Dental Hygienist	73,840	20,509	2,080	35.50	9.88	45.36		
Dentist	172,536	46,446	2,080	82.95	22.33	105.28		
Director of Nursing	72,738	20,218	2,080	34.97	9.72	44.69		
Licensed Practical Nurse	642,720	178,464	24,960	25.75	7.15	32.90		
On-Site Medical Director	227,802	63,294	2,080	109.52	30.43	139.95		
Medical Records Director	57,470	15,974	2,080	27.63	7.68	35.31		
Optometrist	42,892	0	562	76.32	-	76.32		
Medication Room Assistant	47,362	13,166	2,080	22.77	6.33	29.10		
Physical Therapist	17,770	0	104	170.87	-	170.87		
Physical Therapy Assistant	40,477	9,901	1,456	27.80	6.60	34.60		
Physician Ass/Nurse Practitioner	105,893	29,411	2,080	50.91	14.14	65.05		
Psychiatrist	602,933	167,615	3,120	193.25	53.72	246.87		
Qualified Mental Health Professional	201,687	56,072	6,240	32.32	8.99	41.31		
Behavioral Health Technician	50,446	14,024	2,080	24.25	6.74	31.00		
Radiology Technician	26,988	6,594	1,040	25.95	6.34	32.29		
Registered Nurse	561,434	156,083	16,640	33.74	9.38	43.12		
Staff Assistant I	139,838	37,315	6,240	22.41	5.98	28.39		
Staff Assistant II	47,362	13,166	2,080	22.77	6.33	29.10		
TOTAL	\$ 3,226,919	\$ 874,566	83,242					
TOTAL CONTRACT BUDGET	PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PER CAP DAILY	PROGRAM ADJUST.	TOTAL CONTRACT
ADMIN SVS								
OFF SITE ADM STAFF			287,813					
MGMT FEE			382,263					
INDIRECT ADMIN COSTS			670,076					
DIRECT CARE	1,610,586	447,470	2,058,056	377,093	349.36	0.9572	0.9572	670,076
DENTAL	341,099	93,288	434,387	178,707	196.81	0.5387	1.4958	2,435,149
MENTAL HEALTH	855,075	237,711	1,092,786	615,860	93.17	0.2553	1.2125	613,094
PHARMACY	47,362	13,166	60,528	630,505	321.11	0.8796	1.8370	1,708,666
ANCILLARY	58,247	9,901	68,148	188,523	326.73	0.9008	1.8578	691,033
LABORATORY	0	0	0	118,799	87.86	0.2407	1.1979	236,672
RADIOLOGY	26,988	6,594	33,582	33,823	61.94	0.1697	1.1269	118,799
SUPPORT	244,670	66,456	311,126	168,296	17.63	0.0463	1.0055	67,405
OPTICAL	42,892	0	42,892	44,677	87.75	0.2404	1.1976	479,423
NON-HOSPITAL SERVICES	0	0	0	537,393	23.29	0.0638	1.0210	87,569
TOTAL	3,226,919	874,566	4,771,581	2,873,686	280.18	0.7676	1.7248	537,363
POPULATION BASE					1,488.27	4.1048		7,645,267
								1,918

4/18/2017

Centralia Correctional Center  
 Budget Schedule E  
 5/1/2017 - 4/30/2018

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates		
On-Site Medical Director	227,802	63,315	2,080	109.52	30.44	139.96		
Physician	29,204	7,134	364	80.23	19.60	99.83		
Director of Nursing	78,291	21,757	2,080	37.64	10.46	48.10		
Registered Nurse	707,408	196,560	20,800	34.01	9.45	43.46		
Dentist	174,152	48,376	2,184	79.74	22.15	101.89		
Dental Assistant	43,763	12,168	2,080	21.04	5.85	26.89		
Dental Hygienist	34,112	8,341	1,040	32.80	8.02	40.82		
Psychiatrist	401,955	111,743	2,080	193.25	53.72	246.97		
Qualified Mental Health Professional	67,232	18,691	2,080	32.32	8.99	41.31		
Staff Assistant - Mental Health	44,324	12,322	2,080	21.31	5.92	27.23		
Medical Records Clerk	-	-	-	21.04	5.85	26.89		
Medication Room Assistant	43,763	12,168	2,080	21.04	5.85	26.89		
Radiology Technician	24,274	5,928	1,040	23.34	5.70	29.04		
Staff Assistant I	87,526	24,336	4,160	21.04	5.85	26.89		
Optometrist	16,840	4,116	192	87.71	21.44	109.15		
TOTAL	1,980,647	546,955	44,340					
TOTAL CONTRACT BUDGET	PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PROGRAM ADJUST.	TOTAL CONTRACT	
ADMIN SVS								
OFF SITE ADMIN STAFF			181,645					
MGMT FEE			233,985					
INDIRECT ADMIN COSTS			415,631		273.98	0.7506	415,631	
DIRECT CARE	1,042,705	288,766	1,331,471	206,751	136.29	1.1240	1,538,222	
DENTAL	252,027	68,884	320,912	96,736	63.77	0.9253	417,646	
MENTAL HEALTH	513,511	142,756	656,267	341,603	225.18	0.6169	997,870	
PHARMACY	43,763	12,168	55,931	438,592	289.12	0.7921	494,524	
ANCILLARY	0	0	0	18,983	12.51	0.0343	18,983	
LABORATORY	0	0	0	103,216	68.04	0.1864	103,216	
RADIOLOGY	24,274	5,928	30,202	20,411	13.45	0.0368	50,613	
SUPPORT	87,526	24,336	111,862	89,416	58.94	0.1615	201,279	
OPTICAL	16,840	4,116	20,957	24,184	15.94	0.0437	45,141	
NON-HOSPITAL SERVICES	0	0	0	396,584	261.43	1.4668	396,584	
TOTAL	1,980,647	546,955	2,943,233	1,736,477	1,144.68	3.1361	4,679,709	
POPULATION BASE							1517	

4/18/2017

DANVILLE CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 5/1/2017 - 4/30/2018

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates	TOTAL CONTRACT BUDGET		PER CAP		TOTAL CONTRACT	
							PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PROGRAM ADJUST.
Dental Assistant	41,236	11,451	2,080	19.83	5.51	25.33						
Dentist	163,178	43,944	2,080	78.45	21.13	99.58						
Dental Hygienist	70,587	17,272	1,664	42.42	10.38	52.80						
Director of Nursing	72,031	20,010	2,080	34.63	9.62	44.25						
Licensed Practical Nurse	450,541	125,117	17,888	25.19	6.99	32.18						
Medical Director	199,824	55,532	2,080	96.07	26.70	122.77						
Medical Records Director	59,227	16,453	2,080	28.47	7.91	36.38						
Optometrist	22,804	0	260	87.71	-	87.71						
Medication Room Assistant	40,433	11,244	2,080	19.44	5.41	24.84						
Physician Asst/Nurse Practitioner	101,840	28,294	2,080	48.96	13.60	62.56						
Psychiatrist	602,933	167,615	3,120	193.25	53.72	246.97						
Qualified Mental Health Professional	201,697	56,072	6,240	32.32	8.99	41.31						
Staff Assistant - Mental Health	44,324	12,322	2,080	21.31	5.92	27.23						
Radiology Technician	22,387	0	624	35.88	-	35.88						
Registered Nurse	621,847	171,829	18,720	33.22	9.18	42.40						
Staff Assistant I	47,363	13,172	2,080	22.77	6.33	29.10						
Staff Assistant II	88,622	24,599	4,160	21.30	5.91	27.22						
<b>TOTAL</b>	<b>\$ 2,850,874</b>	<b>\$ 774,927</b>	<b>71,396</b>									
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>					
ADMIN SVS												
OFF SITE ADM STAFF			269,451									
MGMT FEE			339,929									
INDIRECT ADMIN COSTS			609,380									
DIRECT CARE	1,446,084	400,782	1,846,866	309,837	169.59	0.4646	609,380	0.9138	0.9138	1.3784	2,156,703	
DENTAL	275,001	72,667	347,668	147,553	80.76	0.2213	495,221	0.2213	1.1351	1.6863	1,600,084	
MENTAL HEALTH	848,953	236,009	1,084,962	515,122	281.95	0.7725	1,600,084	0.7725	1.6863	1.6538	545,142	
PHARMACY	40,433	11,244	51,677	493,465	270.10	0.74	545,142	0.74	1.6538	1.1162	134,939	
ANCILLARY	0	0	0	134,939	73.86	0.2024	134,939	0.2024	1.1162	1.1014	125,077	
LABORATORY	0	0	0	125,077	68.46	0.1876	125,077	0.1876	1.1014	0.9984	78,789	
RADIOLOGY	22,387	0	22,387	56,402	30.87	0.0846	78,789	0.0846	0.9984	1.1226	388,679	
SUPPORT	195,212	54,224	249,436	139,242	76.21	0.2088	388,679	0.2088	1.1226	0.9691	59,692	
OPTICAL	22,804	0	22,804	36,888	20.19	0.0553	59,692	0.0553	0.9691	1.8209	604,880	
NON-HOSPITAL SERVICES	0	0	0	604,880	331.08	0.9071	604,880	0.9071	1.8209	3.844	6,798,586	
<b>TOTAL</b>	<b>2,850,874</b>	<b>774,927</b>	<b>4,235,181</b>	<b>2,563,405</b>	<b>1,403.07</b>	<b>3.844</b>	<b>6,798,586</b>	<b>3.844</b>	<b>1.827</b>	<b>1,827</b>	<b>1,827</b>	
POPULATION BASE												

4/18/2017

DECATUR CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 6/4/2017 4/30/2018

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates		
Dental Assistant	35,522	8,674	1,560	22.77	5.56	28.33		
Dental Hygienist	21,008	5,134	520	40.40	9.87	50.27		
Dentist	124,397	30,394	1,560	79.74	19.48	99.22		
Gynecologist/ Physician Specialist	37,344	0	120	311.20	-	311.20		
On-Site Medical Director	193,353	53,714	2,080	92.96	25.82	118.78		
Medical Records Director	63,151	17,555	2,080	30.36	8.44	38.80		
Optometrist	18,243	0	208	87.71	-	87.71		
Psychiatrist	401,955	111,743	2,080	193.25	53.72	246.97		
Qualified Mental Health Professional	134,465	37,381	4,160	32.32	8.99	41.31		
Behavioral Health Technician	50,446	14,024	2,080	24.25	6.74	31.00		
Radiology Technician	4,486	1,097	208	21.57	5.27	26.84		
Staff Assistant	50,622	14,067	2,080	24.34	6.76	31.10		
<b>TOTAL</b>	<b>\$ 1,134,992</b>	<b>\$ 293,782</b>	<b>18,736</b>					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS								
OFF SITE ADM STAFF			130,508					
MGMT FEE			157,997					
INDIRECT ADMIN COSTS			288,505		478.45	1.3108	1.3108	288,505
DIRECT CARE	230,697	53,714	284,411	129,134	214.15	0.5867	1.8975	413,544
DENTAL	180,927	44,202	225,129	55,562	92.14	0.2524	1.5632	280,692
MENTAL HEALTH	586,865	163,149	750,014	148,447	246.18	0.6745	1.9853	898,461
PHARMACY	0	0	0	254,666	422.33	1.1571	2.4679	254,666
ANCILLARY	0	0	0	174,814	289.91	0.7943	2.1051	174,814
LABORATORY	0	0	0	104,731	173.68	0.4758	1.7866	104,731
RADIOLOGY	4,486	1,097	5,583	22,971	38.09	0.1044	1.4152	28,554
SUPPORT	113,772	31,621	145,394	47,560	78.87	0.2161	1.5269	192,954
OPTICAL	18,243	0	18,243	13,891	23.04	0.0631	1.3739	32,134
NON-HOSPITAL SERVICES	0	0	0	490,886	814.07	2.2303	3.5411	490,886
<b>TOTAL</b>	<b>1,134,992</b>	<b>293,782</b>	<b>1,717,279</b>	<b>1,442,661</b>	<b>2,392.47</b>	<b>6.5547</b>		<b>3,159,940</b>
POPULATION BASE								603

4/18/2017

DIXON CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 5/1/2017 - 4/30/2018

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates		
Certified Nurses Assistant	168,090	55,349	12,480	15.95	4.43	20.39		
Chief Dentist	182,430	50,690	2,080	87.71	24.37	112.08		
Dental Assistant	47,363	13,172	2,080	22.77	6.33	28.10		
Dentist	70,375	0	832	84.58	-	84.58		
Phlebotomist	42,282	10,326	2,080	20.33	4.96	25.30		
Licensed Practical Nurse	544,308	151,222	20,800	26.17	7.27	33.44		
On-Site Medical Director	215,842	59,961	2,080	103.77	28.83	132.60		
Optometrist	35,541	0	416	85.43	-	85.43		
Medication Room Assistant	137,883	38,278	6,240	22.08	6.13	28.20		
Physical Therapist	82,127	0	416	125.31	-	125.31		
Physical Therapist Assistant	49,358	13,722	2,080	23.73	6.80	30.33		
Physician	204,181	56,728	2,080	98.15	27.27	125.43		
Physician Assst/Nurse Practitioner	224,837	62,482	4,160	54.05	15.01	69.06		
Site Mental Health Services Director	121,459	33,766	2,080	58.39	16.23	74.63		
Mental Health Training Director	113,742	31,620	2,080	54.68	15.20	69.88		
Pre-Doc Intern	85,830	26,641	4,160	23.04	6.40	28.44		
Post-Doc Intern	67,228	18,699	2,080	32.32	8.99	41.31		
Mental Health Unit Director	331,303	82,102	6,240	53.09	14.76	67.85		
Psychiatrist	4,019,550	1,117,435	20,900	193.25	53.72	246.97		
Psychologist	530,417	147,458	10,400	51.00	14.18	65.18		
CMHP	1,210,181	338,430	37,440	32.32	8.99	41.31		
Behavioral Health Technician	908,025	252,431	37,440	24.25	6.74	31.00		
Recreational Therapist	115,818	32,197	4,160	27.84	7.74	35.58		
Director of Nursing - Mental Health	82,828	23,028	2,080	38.82	11.07	50.89		
RN - Mental Health	1,648,834	459,376	47,840	34.47	9.58	44.05		
Medical Records Director - MH	53,758	14,944	2,080	25.84	7.18	33.03		
Office Coordinator - Mental Health	49,882	13,814	2,080	23.88	6.64	30.53		
Staff Assistant - Mental Health	285,944	73,932	12,480	21.31	5.92	27.23		
Radiology Technician	52,572	14,594	2,080	25.28	7.02	32.29		
Registered Nurse	541,822	160,534	16,840	32.57	9.05	41.61		
Staff Assistant I	40,433	11,244	2,080	19.44	5.41	24.84		
Staff Assistant II	271,236	75,313	12,480	21.73	6.03	27.77		
Supervising Nurse	62,038	22,787	2,080	39.44	10.96	50.40		
TOTAL	\$ 12,808,209	\$ 3,459,248	286,824					
TOTAL CONTRACT BUDGET	PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PER CAP DAILY	PROGRAM ADJUST.	TOTAL CONTRACT
ADMIN SVS								
OFF SITE ADM STAFF			483,039					
MGMT FEE			1,136,639					
INDIRECT ADMIN COSTS			1,619,878					
DIRECT CARE	2,012,186	569,040	2,571,237	711.492	729.58	1,998.8	1,998.8	1,619,878
DENTAL	300,188	63,862	364,030	337.690	151.84	0.416	2,414.9	3,282,728
MENTAL HEALTH	9,614,801	2,672,869	12,287,470	1,216.856	548.13	1.5017	3,500.6	701,121
PHARMACY	137,683	38,278	175,968	1,171.770	527.82	1.4461	3,445.0	13,604,328
ANCILLARY	101,486	13,722	115,208	479.753	216.10	0.5821	2,591.0	1,347,729
LABORATORY	42,282	10,326	52,608	240.175	108.19	0.2984	2,265.3	594,962
RADIOLOGY	52,572	14,594	67,167	73.986	33.33	0.0913	2,090.2	282,783
SUPPORT	311,666	86,557	398,226	319.227	143.80	0.394	2,329.9	141,182
OPTICAL	35,541	0	35,541	37.96	0.104	2.1029	717.453	119,613
NON-HOSPITAL SERVICES	0	0	0	411.000	185.14	0.5072	2,508.1	411,000
TOTAL	12,808,209	3,459,248	17,687,134	5,045.643	2,272.81	6.2288		22,732,177
POPULATION BASE								2,220





GRAHAM CORRECTIONAL CENTER  
BUDGET SCHEDULE E

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	5/17/2017 - 4/30/2018		HOURLY RATE	FB HOURLY	Combined Rates	TOTAL CONTRACT
			ANNUAL HOURS	ANNUAL HOURS				
Dentist	265,784	70,751	3,328	79.86	21.26	101.12		
Medical Director	223,621	62,141	2,080	107.51	29.88	137.39		
Optometrist	36,486	0	416	87.71	0.00	87.71		
Medication Room Assistant	44,632	12,392	2,080	21.46	5.96	27.42		
Physician Asst/Nurse Practitioner	103,859	28,868	2,080	49.93	13.88	63.81		
Psychiatrist	803,910	223,487	4,160	193.25	53.72	246.97		
Qualified Mental Health Professional	201,697	56,072	6,240	32.32	8.99	41.31		
Behavioral Health Technician	50,446	14,024	2,080	24.25	6.74	31.00		
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92	27.23		
Radiology Technician	21,029	5,140	832	25.28	6.18	31.45		
Registered Nurse	207,145	57,552	6,240	33.20	9.22	42.42		
Office Coordinator	56,139	15,600	2,080	26.99	7.50	34.49		
Staff Assistant I	22,764	5,565	1,040	21.89	5.35	27.24		
Staff Assistant II	94,726	26,343	4,160	22.77	6.33	29.10		
<b>TOTAL</b>	<b>\$ 2,176,562</b>	<b>\$ 590,256</b>	<b>38,896</b>					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS								
OFF SITE ADM STAFF			258,602					
MGMT FEE			311,968					
INDIRECT ADMIN COSTS			570,570		301.57	0.8262	0.8262	570,570
DIRECT CARE	534,624	148,560	683,185	254,210	134.36	0.3681	1.1943	937,395
DENTAL	265,784	70,751	336,535	114,317	60.42	0.1655	0.9917	450,852
MENTAL HEALTH	1,100,377	305,905	1,406,282	483,789	255.70	0.7005	1.5267	1,890,072
PHARMACY	44,632	12,392	57,024	745,526	394.04	1.0796	1.9058	802,549
ANCILLARY	0	0	0	184,164	97.34	0.2667	1.0929	184,164
LABORATORY	0	0	0	224,577	118.70	0.3252	1.1514	224,577
RADIOLOGY	21,029	5,140	26,169	35,562	18.80	0.0515	0.8777	61,731
SUPPORT	173,629	47,508	221,137	101,582	53.69	0.1471	0.9733	322,719
OPTICAL	36,486	0	36,486	28,579	15.11	0.0414	0.8676	65,065
NON-HOSPITAL SERVICES	0	0	0	729,660	385.66	1.0566	1.8828	729,660
<b>TOTAL</b>	<b>2,176,562</b>	<b>590,256</b>	<b>3,337,388</b>	<b>2,901,967</b>	<b>1,533.81</b>	<b>4.2022</b>		<b>6,239,355</b>
POPULATION BASE								<b>1,892</b>
INTAKE BASE								<b>314</b>

HILL CORRECTIONAL CENTER  
BUDGET SCHEDULE E

5/1/2017 - 4/30/2018

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates		
Dental Assistant	94,728	26,343	4,160	22.77	6.33	29.10		
Dentist	165,863	46,078	2,080	79.74	22.15	101.89		
Director of Nursing	79,719	22,144	2,080	38.33	10.65	48.97		
Licensed Practical Nurse	650,692	180,641	24,960	26.07	7.24	33.31		
On-Site Medical Director	224,975	62,508	2,080	108.16	30.05	138.21		
Medical Records Director	50,048	13,906	2,080	24.06	6.69	30.75		
Optometrist	36,486	0	416	87.71	-	87.71		
Medication Room Assistant	45,137	11,038	2,080	21.70	5.31	27.01		
Physical Therapist	17,770	0	104	170.87	-	170.87		
Physical Therapy Assistant	24,680	6,035	1,040	23.73	5.80	29.53		
Physician Ass/Nurse Practitioner	99,843	27,743	2,080	48.00	13.34	61.34		
Psychiatrist	803,910	223,487	4,160	193.25	53.72	246.97		
Qualified Mental Health Professional	268,929	74,762	8,320	32.32	8.99	41.31		
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92	27.23		
Radiology Technician	19,046	4,854	832	22.89	5.59	28.49		
Registered Nurse	581,014	154,940	16,640	33.71	9.31	43.03		
Staff Assistant I	51,010	12,456	2,240	22.77	5.56	28.33		
Staff Assistant II	94,728	26,343	4,160	22.77	6.33	29.10		
<b>TOTAL</b>	<b>\$ 3,332,898</b>	<b>\$ 905,401</b>	<b>81,592</b>					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS								
OFF SITE ADM STAFF			285,589					
MGMT FEE			383,616					
INDIRECT ADMIN COSTS			679,205		371.96	1.0191	1.0191	679,205
DIRECT CARE	1,616,242	447,976	2,064,218	401,234	219.73	0.602	1.6211	2,465,452
DENTAL	260,589	72,421	333,010	186,703	102.25	0.2801	1.2892	519,713
MENTAL HEALTH	1,117,164	310,572	1,427,735	511,030	279.86	0.7667	1.7858	1,938,785
PHARMACY	45,137	11,038	56,175	598,387	327.69	0.8978	1.9169	654,542
ANCILLARY	42,450	6,035	48,485	208,818	114.36	0.3133	1.3324	257,303
LABORATORY	0	0	0	144,785	79.29	0.2172	1.2363	144,785
RADIOLOGY	19,046	4,654	23,700	47,369	25.94	0.0711	1.0902	71,069
SUPPORT	195,784	52,705	248,489	173,154	94.83	0.2598	1.2789	421,643
OPTICAL	36,486	0	36,486	46,676	25.56	0.07	1.0891	83,162
NON-HOSPITAL SERVICES	0	0	0	436,681	239.15	0.6552	1.6743	436,681
<b>TOTAL</b>	<b>3,332,898</b>	<b>905,401</b>	<b>4,917,504</b>	<b>2,754,818</b>	<b>1,508.66</b>	<b>4.1333</b>		<b>7,672,322</b>
POPULATION BASE								<b>1,826</b>

IL RIVER CORRECTIONAL CENTER  
BUDGET SCHEDULE E  
5/1/2017 - 4/30/2018

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates	ANNUAL PER CAP	PROGRAM ADJUST.	TOTAL CONTRACT
Dental Assistant	109,412	30,382	4,160	26.30	7.30	33.60			
Dental Hygienist	44,116	10,786	1,040	42.42	10.37	52.79			
Dentist	163,384	45,390	2,080	78.55	21.82	100.37			
Director of Nursing	74,051	20,561	2,080	35.60	9.88	45.49			
Certified Nurses Assistant	33,176	9,214	2,080	15.95	4.43	20.38			
Licensed Practical Nurse	640,228	177,336	24,960	25.65	7.10	32.75			
Medical Director	213,249	59,250	2,080	102.52	28.49	131.01			
Medical Records Director	56,358	15,650	2,080	27.10	7.52	34.62			
Optometrist	36,486	0	416	87.71	-	87.71			
Medication Room Assistant	43,439	10,602	2,080	20.88	5.10	25.98			
Physical Therapist	0	0	0	170.87	-	170.87			
Physical Therapy Assistant	0	0	0	23.73	5.80	29.53			
Physician Asst/Nurse Practitioner	97,870	27,182	2,080	47.05	13.07	60.13			
Psychiatrist	401,855	111,743	2,080	193.25	53.72	246.97			
CMHP	336,161	93,453	10,400	32.32	8.99	41.31			
Behavioral Health Technician	201,783	56,096	8,320	24.25	6.74	31.00			
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92	27.23			
Radiology Technician	14,567	3,559	624	23.34	5.70	29.05			
Registered Nurse	616,087	171,278	16,640	37.02	10.29	47.32			
Staff Assistant I	43,439	10,602	2,080	20.88	5.10	25.98			
Staff Assistant II	102,069	28,363	4,160	24.54	6.82	31.35			
<b>TOTAL</b>	<b>\$ 3,272,156</b>	<b>\$ 893,778</b>	<b>91,520</b>						
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>	
ADMIN SVS									
OFF SITE ADM STAFF			314,876						
MGMT FEE			393,028						
INDIRECT ADMIN COSTS			707,905		344.48	0.9438		707,905	
DIRECT CARE	1,674,660	484,832	2,139,491	395.872	192.54	0.5275	1.4713	2,535,164	
DENTAL	316,913	86,557	403,470	188.440	91.70	0.2512	1.1950	591,909	
MENTAL HEALTH	984,224	273,614	1,257,839	577.390	280.97	0.7698	1.7136	1,835,229	
PHARMACY	43,439	10,602	54,041	627.824	305.51	0.837	1.7808	681,885	
ANCILLARY	0	0	0	213.372	103.83	0.2845	1.2283	213,372	
LABORATORY	0	0	0	115.369	56.14	0.1538	1.0976	115,369	
RADIOLOGY	14,567	3,559	18,126	31.050	15.11	0.0414	0.9852	49,176	
SUPPORT	201,867	54,614	256,481	178.202	86.72	0.2376	1.1814	434,883	
OPTICAL	36,486	0	36,486	47.110	22.92	0.0628	1.0066	83,596	
NON-HOSPITAL SERVICES	0	0	0	612.300	297.96	0.8163	1.7601	612,300	
<b>TOTAL</b>	<b>3,272,156</b>	<b>893,778</b>	<b>4,973,839</b>	<b>2,986,729</b>	<b>1,453.40</b>	<b>3.9819</b>		<b>7,860,568</b>	<b>2,055</b>
POPULATION BASE									

JACKSONVILLE CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 5/1/2017 - 4/30/2018

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates		PROGRAM ADJUST.	TOTAL CONTRACT
						ANNUAL PER CAP	DAILY		
Dentist	159,460	44,311	2,080	76.66	21.30	97.97			
Licensed Practical Nurse	50,048	13,906	2,080	24.06	6.69	30.75			
On-Site Medical Director	215,130	59,778	2,080	103.43	28.74	132.17			
Optometrist	22,014	0	251	87.71	-	87.71			
Medication Room Assistant	42,911	10,487	2,080	20.63	5.04	25.67			
Physician Asst/Nurse Practitioner	23,695	0	416	56.96	-	56.96			
Psychiatrist	301,466	83,808	1,560	193.25	53.72	246.97			
Qualified Mental Health Professional	67,232	18,691	2,080	32.32	8.99	41.31			
Radiology Technician	12,139	2,966	520	23.34	5.70	29.05			
Staff Assistant	41,672	10,189	2,080	20.03	4.90	24.93			
<b>TOTAL</b>	<b>\$ 935,769</b>	<b>\$ 244,134</b>	<b>15,227</b>						
<b>TOTAL CONTRACT BUDGET</b>		<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>			
ADMIN SVS									
OFF SITE ADM STAFF			175,090						
MGMT FEE			157,409						
INDIRECT ADMIN COSTS			332,500						
DIRECT CARE	288,873	73,684	362,557	140,677	89.66	0.2456	0.5806	0.8262	332,500
DENTAL	159,460	44,311	203,771	65,522	41.76	0.1144	0.5806	0.8262	503,234
MENTAL HEALTH	368,699	102,498	471,197	314,095	200.19	0.5485	0.6950	1.1291	269,293
PHARMACY	42,911	10,487	53,398	365,309	232.83	0.6379	1.2185	1.2185	785,291
ANCILLARY	-	-	0	68,044	43.37	0.1188	0.6994	0.6994	418,707
LABORATORY	-	-	0	128,123	81.66	0.2237	0.8043	0.8043	68,044
RADIOLOGY	12,139	2,966	15,105	34,216	21.81	0.0598	0.6404	0.6404	128,123
SUPPORT	41,672	10,189	51,861	59,592	37.98	0.1041	0.6947	0.6947	49,321
OPTICAL	22,014	-	22,014	16,381	10.44	0.0286	0.6092	0.6092	111,453
NON-HOSPITAL SERVICES	-	-	0	443,829	282.87	0.775	1.3556	1.3556	38,395
<b>TOTAL</b>	<b>935,769</b>	<b>244,134</b>	<b>1,512,403</b>	<b>1,635,786</b>	<b>1,042.57</b>	<b>2.8564</b>			<b>3,148,190</b>
POPULATION BASE									<b>1,569</b>

LAWRENCE CORRECTIONAL CENTER  
BUDGET SCHEDULE E  
5/1/2017 - 4/30/2018

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates		
Dental Assistant	86,649	24,085	4,160	20.83	5.79	26.62		
Dental Hygienist	73,844	20,515	2,080	35.50	9.86	45.36		
Dentist	282,631	70,115	3,120	84.18	22.47	106.65		
Director of Nursing	74,051	20,561	2,080	35.60	9.88	45.49		
Licensed Practical Nurse	918,302	255,127	35,360	25.97	7.22	33.19		
On-Site Medical Director	220,592	61,282	2,080	106.05	29.47	135.52		
Medical Records Director	52,067	14,457	2,080	25.03	6.95	31.98		
Optometrist	45,608	0	520	87.71	-	87.71		
Medicallion Room Assistant	45,527	12,644	2,080	21.89	6.08	27.97		
Physician Assistant	167,775	46,630	3,224	52.04	14.46	66.50		
Radiology Technician	35,545	0	1,040	34.18	-	34.18		
Registered Nurse	522,853	145,371	14,560	35.91	9.98	45.89		
Psychiatrist	1,205,865	335,230	6,240	193.25	53.72	246.97		
Qualified Mental Health Professional	537,858	149,525	16,640	32.32	8.99	41.31		
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92	27.23		
Staff Assistant I	75,781	21,075	3,328	22.77	6.33	29.10		
Staff Assistant II	138,028	38,345	6,240	22.12	6.15	28.28		
Physical Therapist	36,403	0	208	175.02	-	175.02		
Physical Therapist Assistant	49,359	13,722	2,080	23.73	6.60	30.33		
TOTAL	\$ 4,593,063	\$ 1,241,025	109,200					
TOTAL CONTRACT BUDGET	PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PER CAP DAILY	PROGRAM ADJUST.	TOTAL CONTRACT
ADMIN SVS								
OFF SITE ADM STAFF			346,711					
MGMT FEE			477,162					
INDIRECT ADMIN COSTS			823,873		348.21	0.954	0.9540	823,873
DIRECT CARE	1,903,572	528,981	2,432,553	407,602	172.27	0.472	1.4260	2,840,154
DENTAL	423,124	114,725	537,849	196,183	82.92	0.2272	1.1812	734,032
MENTAL HEALTH	1,788,048	497,077	2,285,125	580,805	245.48	0.6725	1.6265	2,865,930
PHARMACY	45,527	12,644	58,171	694,073	293.35	0.8037	1.7577	752,244
ANCILLARY	85,763	13,722	99,485	134,631	56.90	0.1559	1.1089	234,116
LABORATORY	-	-	-	120,127	50.77	0.1391	1.0831	120,127
RADIOLOGY	35,545	-	35,545	34,892	14.75	0.0404	0.9944	70,437
SUPPORT	265,876	73,876	339,752	186,956	79.02	0.2165	1.1705	526,708
OPTICAL	45,608	-	45,608	49,046	20.73	0.0568	1.0108	94,653
NON-HOSPITAL SERVICES	-	-	-	480,962	203.28	0.5569	1.5109	480,962
TOTAL	4,593,063	1,241,025	6,657,961	2,885,276	1,219.47	3.341		9,543,237
POPULATION BASE								2,368

LINCOLN CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 05/01/2017-04/30/2018

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates			
Dentist	144,522	40,158	2,080	69.48	19.31	88.79			
Director of Nursing	74,051	20,561	2,080	35.60	9.88	45.49			
Licensed Practical Nurse	513,100	142,502	20,800	24.67	6.85	31.52			
On-Site Medical Director	239,202	66,455	2,080	115.00	31.95	146.95			
Medical Records Director	51,035	14,181	2,080	24.54	6.82	31.35			
Optometrist	36,486	0	416	87.71	-	87.71			
Medication Room Assistant	47,363	13,172	2,080	22.77	6.33	29.10			
Psychiatrist	200,978	55,872	1,040	193.25	53.72	246.97			
Qualified Mental Health Professional	134,465	37,381	4,160	32.32	8.99	41.31			
Registered Nurse	446,369	124,053	12,480	35.77	9.94	45.71			
Staff Assistant	85,134	22,167	4,160	20.46	5.33	25.79			
<b>TOTAL</b>	<b>\$ 1,972,704</b>	<b>\$ 536,501</b>	<b>53,456</b>						
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>PER CAP DAILY</b>	<b>TOTAL CONTRACT</b>	
ADMIN SVS									
OFF SITE ADM STAFF			166,473						
MGMT FEE			194,890						
INDIRECT ADMIN COSTS			361,364		367.99	1.0082	1.0082	361,364	
DIRECT CARE	1,272,722	353,571	1,626,293	126,972	129.30	1.3624	0.3542	1,753,264	
DENTAL	144,522	40,158	184,679	59,161	60.25	1.1733	0.1651	243,841	
MENTAL HEALTH	335,442	93,253	428,695	228,227	232.41	1.6449	0.6367	656,922	
PHARMACY	47,363	13,172	60,535	172,435	175.60	1.4893	0.4811	232,970	
ANCILLARY	-	-	0	69,190	70.46	1.2012	0.193	69,190	
LABORATORY	-	-	0	68,327	69.58	1.1988	0.1906	68,327	
RADIOLOGY	-	-	0	10,521	10.71	1.0375	0.0293	10,521	
SUPPORT	136,169	36,348	172,517	55,097	56.11	1.1619	0.1537	227,614	
OPTICAL	36,486	-	36,486	14,790	15.06	1.0495	0.0413	51,276	
NON-HOSPITAL SERVICES	-	-	0	222,520	226.60	1.6290	0.6208	222,520	
<b>TOTAL</b>	<b>1,972,704</b>	<b>536,501</b>	<b>2,870,569</b>	<b>1,027,240</b>	<b>1,046.08</b>		<b>2.8658</b>	<b>3,897,809</b>	<b>982</b>
POPULATION BASE									

4/18/2017

LOGAN CORRECTIONAL CENTER  
BUDGET SCHEDULE E  
05/01/2017-04/30/2018

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	HOURLY	FB	Combined Rates
					HOURLY		
Dentist	335,901	81,514	4,160	80.75	22.00		102.74
Dental Assistant	128,734	35,786	6,240	20.63	5.74		26.37
Dental Hygienist	189,232	21,570	2,090	42.42	10.37		52.79
Licensed Practical Nurse	1,028,808	285,831	37,440	27.48	7.63		35.12
Licensed Physical Therapist	63,105	0	520	121.36	-		121.36
Physical Therapist Assistant	0	0	0	23.73	6.60		30.33
On-Site Medical Director	208,453	57,919	2,080	100.22	27.85		128.06
Gynecologist/Physician Specialist	369,064	0	1,080	341.73	-		341.73
Staff Physician	215,842	59,864	2,080	103.77	28.84		132.61
Certified Mammogram Technician	54,054	0	832	64.97	-		64.97
Medical Records Director	54,500	15,145	2,080	26.20	7.28		33.48
Office Coordinator	55,037	15,288	2,080	26.46	7.35		33.81
Optomestrist	36,486	0	416	87.71	-		87.71
Medication Room Assistant	142,089	39,515	6,240	22.77	6.33		29.10
Physician Asst/Nurse Practitioner	311,577	86,803	6,240	49.93	13.88		63.81
Registered Nurse	371,875	103,377	10,400	35.77	9.94		45.71
Registered Nurse Supervisor	72,582	20,155	2,080	34.90	8.69		44.59
Site Mental Health Services Director	121,486	33,768	2,080	56.39	16.23		74.83
Mental Health Unit Director	331,303	82,102	6,240	53.09	14.76		67.85
Post-Doc	134,451	37,377	4,160	32.32	8.98		41.30
Psychiatrist	4,018,550	1,117,439	20,800	193.25	53.72		248.97
QMHP	1,411,877	382,502	43,800	32.32	8.99		41.31
Psychologist	424,333	117,965	8,320	51.00	14.16		65.16
Behavioral Health Technician	708,242	196,335	29,120	24.25	6.74		31.00
Recreational Therapist	115,818	32,197	4,160	27.84	7.74		35.58
Director of Nursing - Mental Health	83,828	23,028	2,080	39.82	11.07		50.89
RN - Mental Health	358,442	99,847	10,400	34.47	9.58		44.05
Staff Assistant - Mental Health	177,296	49,258	6,320	21.31	5.92		27.23
Staff Assistant	348,595	94,175	16,840	20.83	5.66		26.49
Phlebotomist	50,750	12,392	2,486	20.33	4.96		25.30
Radiology Technician	28,917	6,581	1,248	21.57	5.27		26.84
TOTAL	\$ 11,844,408	\$ 3,137,487	245,792				
TOTAL CONTRACT BUDGET							
ADMIN SVS							
OFF SITE ADM STAFF			426,433				
MGMT FEE			1,076,346				
INDIRECT ADMIN COSTS			1,502,779				
DIRECT CARE	2,578,410	613,888	3,192,279	595,933	761.87	2,0868	1,502,779
DENTAL	552,888	148,882	701,749	280,545	302.04	0.8275	3,788,212
MENTAL HEALTH	7,883,587	2,181,640	10,075,237	873,644	142.19	0.3866	982,294
PHARMACY	142,089	39,515	181,604	919,367	442.60	1.2132	3,3000
ANCHLARY	63,105	-	63,105	452,939	465.97	1.2766	3,3634
LABORATORY	50,750	12,392	63,142	596,506	728.57	0.828	2,7156
RADIOLOGY	80,972	6,581	87,553	110,846	287.27	0.8144	2,9012
SUPPORT	458,131	124,609	580,740	263,869	56.16	0.1539	2,2407
OPTICAL	36,486	-	36,486	70,136	133.74	0.3664	2,4532
NON-HOSPITAL SERVICES	-	-	0	888,455	35.55	0.0974	2,1842
TOTAL	11,844,408	3,137,487	16,484,673	5,042,241	2,555.82	7.0017	21,528,914
POPULATION BASE							1,973

MENARD CORRECTIONAL CENTER  
BUDGET SCHEDULE E

5/4/2017 - 4/30/2018

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates	PER CAP ANNUAL PER CAP	PER CAP DAILY	PROGRAM ADJUST.	TOTAL CONTRACT
Dental Assistant	92,018	25,583	4,160	22.12	6.15	28.28				
Chief Dentist	165,812	43,301	2,080	74.91	20.82	95.73				
Dentist	142,158	39,492	2,080	68.35	18.99	87.33				
On-Site Medical Director	188,544	52,664	2,080	91.13	25.32	116.45				
Optometrist	118,580	0	1,352	87.71	-	87.71				
Medication Room Assistant	82,018	25,583	4,160	22.12	6.15	28.28				
Phlebotomist	51,584	0	2,080	24.80	-	24.80				
Physical Therapist	35,541	0	208	170.87	-	170.87				
Physical Therapy Assistant	49,359	13,722	2,080	23.73	6.60	30.33				
Physician	317,635	88,255	4,160	76.35	21.22	97.57				
Physician Asst/Nurse Practitioner	208,921	58,332	4,160	50.46	14.02	64.48				
Psychiatrist	2,411,730	670,481	12,480	193.25	53.72	246.97				
Qualified Mental Health Professional	605,090	168,215	18,720	32.32	8.99	41.31				
RN - Mental Health	286,790	79,728	8,320	34.47	9.58	44.05				
Medical Records Director - MH	107,511	29,888	4,160	25.84	7.18	33.03				
Staff Assistant - Mental Health	88,650	24,645	4,160	21.31	5.92	27.23				
Behavioral Health Technician	454,012	128,215	18,720	24.25	6.74	31.00				
Clinical Psychologist	212,167	58,982	4,160	51.00	14.18	65.18				
Site Mental Health Services Director	121,458	33,768	2,080	58.38	16.23	74.63				
Radiology Technician	52,572	14,584	2,080	25.28	7.02	32.29				
Registered Nurse	397,630	110,422	12,480	31.86	8.85	40.71				
Staff Assistant	47,363	13,172	2,080	22.77	6.33	29.10				
<b>TOTAL</b>	<b>\$ 6,239,146</b>	<b>\$ 1,676,981</b>	<b>118,040</b>							
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>		
ADMIN SVS										
OFF SITE ADM STAFF			438,541							
MGMT FEE			648,865							
INDIRECT ADMIN COSTS			1,087,406							
DIRECT CARE	1,114,730	309,673	1,424,403	422,847	308.92	0.8464	0.8464	1,087,406		
DENTAL	389,988	108,357	498,345	201,751	120.13	0.3291	1.1755	1,847,250		
MENTAL HEALTH	4,297,410	1,191,900	5,479,310	1,107,867	57.32	0.157	1.0034	700,096		
PHARMACY	92,018	25,583	117,592	927,051	314.73	0.8623	1.7087	6,587,177		
ANCILLARY	84,900	13,722	98,623	139,603	263.37	0.7216	1.5680	1,044,632		
LABORATORY	51,584	-	51,584	226,677	39.66	0.1087	0.9551	238,228		
RADIOLOGY	52,572	14,594	67,167	67,316	64.40	0.1764	1.0228	278,261		
SUPPORT	47,363	13,172	60,535	189,353	19.12	0.0524	0.8988	134,482		
OPTICAL	118,580	-	118,580	50,438	53.79	0.1474	0.9638	248,888		
NON-HOSPITAL SERVICES	-	-	0	640,862	14.33	0.0383	0.8857	169,018		
<b>TOTAL</b>	<b>6,239,146</b>	<b>1,676,981</b>	<b>9,003,533</b>	<b>3,973,765</b>	<b>1,128.91</b>	<b>3.0929</b>		<b>640,862</b>		
POPULATION BASE										12,977,299
INTAKE BASE										3,520



PINCKNEYVILLE CORRECTIONAL CENTER  
BUDGET SCHEDULE E

5/1/2017 - 4/30/2018

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates			
Dental Assistant	94,726	26,343	4,160	22.77	6.33	28.10			
Dental Hygienist	36,922	9,018	1,040	35.50	8.67	44.17			
Dentist	169,399	47,076	2,288	74.04	20.58	94.61			
Director of Nursing	74,051	20,561	2,080	35.60	9.88	45.49			
Licensed Practical Nurse	819,904	227,866	31,200	26.28	7.30	33.58			
On-Site Medical Director	227,843	63,311	2,080	109.54	30.44	139.98			
Medical Records Director	57,460	15,971	2,080	27.62	7.68	35.30			
Optometrist	45,608	0	520	87.71	0.00	87.71			
Medication Room Assistant	44,637	12,397	2,080	21.46	5.96	27.42			
Physical Therapist	19,666	0	208	94.55	0.00	94.55			
Physical Therapy Assistant	49,359	12,070	2,080	23.73	5.80	29.53			
Physician Ass/Nurse Practitioner	101,840	28,284	2,080	48.96	13.60	62.56			
Psychiatrist	1,406,843	391,102	7,280	193.25	53.72	246.97			
Qualified Mental Health Professional	470,626	130,834	14,560	32.32	8.99	41.31			
Medical Records Director - MH	53,747	14,942	2,080	25.84	7.18	33.02			
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92	27.23			
Behavioral Health Technician	100,892	28,048	4,160	24.25	6.74	31.00			
Clinical Psychologist	106,080	29,490	2,080	51.00	14.18	65.18			
Radiology Technician	25,758	6,299	1,040	24.77	6.06	30.82			
Registered Nurse	726,968	201,936	20,800	34.95	9.71	44.66			
Staff Assistant I	87,796	24,416	4,160	21.10	5.87	26.97			
Staff Assistant II	47,383	13,172	2,080	22.77	6.33	29.10			
TOTAL	\$ 4,811,812	\$ 1,315,469	112,216						
TOTAL CONTRACT BUDGET	PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PROGRAM ADJUST.	TOTAL CONTRACT		
ADMIN SVS									
OFF SITE ADM STAFF			338,445						
MGMT FEE			484,521						
INDIRECT ADMIN COSTS			822,966						
DIRECT CARE	1,950,606	541,968	2,492,574	388,464	338.11	0.9263	822,966		
DENTAL	301,047	82,438	383,485	186,507	159.60	0.4373	2,881,037		
MENTAL HEALTH	2,182,512	606,738	2,789,250	699,862	76.63	0.2099	568,982		
PHARMACY	44,637	12,397	57,034	489,638	287.54	0.7878	3,489,113		
ANCILLARY	69,025	12,070	81,095	142,703	201.17	0.5512	546,671		
LABORATORY	0	0	0	107,327	44.09	0.1208	223,799		
RADIOLOGY	25,758	6,299	32,057	24,899	10.23	0.028	107,327		
SUPPORT	192,619	53,559	246,178	177,105	72.76	0.1993	56,956		
OPTICAL	45,608	0	45,608	46,627	19.16	0.0525	423,283		
NON-HOSPITAL SERVICES	0	0	0	477,045	195.99	0.537	92,234		
TOTAL	4,811,812	1,315,469	6,950,247	2,740,176	1,125.79	3.0844	477,045		
POPULATION BASE							9,690,423		
							2,434		

4/18/2017

PONTIAC CORRECTIONAL CENTER  
BUDGET SCHEDULE E  
05/01/2017-04/30/2018

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	HOURLY	FB HOURLY	Combined Rates
Activity Therapist	150,281	41,784	2,080	72.25	20.08		92.33
Chief Dentist	99,516	24,315	1,248	79.74	19.48		99.22
Dentist	84,728	28,343	4,160	22.77	6.33		29.10
Dental Assistant	79,783	22,029	2,080	38.12	10.59		48.71
Dental Hygienist	79,742	22,144	2,080	38.34	10.65		48.99
Director of Nursing	119,830	33,318	4,160	28.81	8.01		36.81
Licensed Practical Nurse	227,843	63,311	2,080	109.54	30.44		139.98
On-Site Medical Director	49,038	13,431	2,080	23.58	6.55		30.13
Medical Records Director	56,128	15,604	2,080	26.99	7.50		34.49
Office Coordinator	36,486	0	416	87.71	-		87.71
Ornithologist	82,844	25,793	4,160	22.32	6.20		28.52
Physician	0	0	0	103.77	28.84		132.61
Physician Ass/Nurse Practitioner	195,740	54,385	4,160	47.05	13.07		60.13
Site Mental Health Services Director	121,458	33,766	2,080	58.39	16.23		74.63
Mental Health Unit Director	331,303	92,102	6,240	53.09	14.76		67.85
Psychiatrist	2,411,730	670,461	12,480	193.25	53.72		246.97
Psychologist	318,250	88,473	6,240	51.00	14.18		65.18
QMHP	874,019	242,877	27,040	32.32	8.99		41.31
Behavioral Health Technician	252,276	70,120	10,400	24.25	6.74		31.00
Medical Records Director - MH	53,747	14,942	2,080	25.84	7.18		33.02
Recreational Therapist	57,909	16,099	2,080	27.84	7.74		35.58
Director of Nursing - Mental Health	82,828	23,028	2,080	39.82	11.07		50.89
RN - Mental Health	286,754	79,718	8,320	34.47	9.58		44.05
Post - Doc	134,451	37,377	4,160	32.32	8.98		41.30
Staff Assistant - Mental Health	89,648	24,644	4,160	21.31	5.82		27.23
Radiology Technician	21,327	0	824	34.18	-		34.18
Registered Nurse	885,124	273,646	31,200	31.57	8.77		40.35
Staff Assistant	209,623	58,266	10,400	20.16	5.60		25.76
Supervising Nurse	74,051	20,561	2,080	35.60	9.88		45.48
TOTAL	\$ 7,534,911	\$ 2,088,836	162,448				
TOTAL CONTRACT BUDGET							
ADMIN SVS							
OFF SITE ADM STAFF			426,908				
MGMT FEE			884,517				
INDIRECT ADMIN COSTS			1,111,423				
DIRECT CARE	1,682,330	467,366	2,149,696	443,922	885.22	1.8773	1,111,423
DENTAL	423,808	114,452	539,259	208,047	273.09	0.7498	2,502,618
MENTAL HEALTH	5,013,325	1,393,704	6,407,030	686,491	128.88	0.3531	747,306
PHARMACY	92,844	25,793	118,637	585,913	423.24	1.1596	7,093,521
ANCILLARY			0	266,344	387.39	1.0065	714,550
LABORATORY			0	115,578	164.21	0.4499	286,344
RADIOLOGY	21,327		21,327	37,778	71.26	0.1952	115,578
SUPPORT	314,780	87,521	402,311	196,471	23.29	0.0638	1,9411
OPTICAL	36,486		36,486	52,262	121.13	0.3319	2,2092
NON-HOSPITAL SERVICES			0	301,372	32.22	0.0883	1,9658
TOTAL	7,544,911	2,088,836	10,785,168	2,905,178	185.80	0.509	301,372
POPULATION BASE					1,791.11	4.9071	13,690,348
							1,622

ROBINSON CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 5/1/2017 - 4/30/2018

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates	TOTAL CONTRACT	
Dental Assistant	44,632	12,392	2,080	21.46	5.96	27.42		
Dental Hygienist	42,016	10,269	1,040	40.40	9.87	50.27		
Dentist	160,631	44,632	2,080	77.23	21.46	98.68		
Director of Nursing	74,441	20,675	2,080	35.79	9.94	45.73		
On-Site Medical Director	241,703	67,144	2,080	116.20	32.28	148.48		
Medical Records Director	50,048	13,906	2,080	24.06	6.69	30.75		
Optometrist	15,963	0	182	87.71	-	87.71		
Psychiatrist	200,978	55,872	1,040	193.25	53.72	246.97		
Qualified Mental Health Professional	134,465	37,381	4,160	32.32	8.99	41.31		
Radiology Technician	17,773	0	520	34.18	-	34.18		
Registered Nurse	746,473	207,443	20,800	35.89	9.97	45.86		
Staff Assistant II	94,726	26,343	4,160	22.77	6.33	29.10		
<b>TOTAL</b>	<b>\$ 1,823,848</b>	<b>\$ 496,057</b>	<b>42,302</b>					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS								
OFF SITE ADM STAFF			183,796					
MGMT FEE			221,118					
INDIRECT ADMIN COSTS			404,914		336.31	0.9214	0.9214	404,914
DIRECT CARE	1,062,617	295,262	1,357,879	219,497	182.31	0.4995	1.4209	1,577,376
DENTAL	247,279	67,293	314,572	102,562	85.18	0.2334	1.1548	417,134
MENTAL HEALTH	335,442	93,253	428,695	378,866	314.67	0.8621	1.7835	807,561
PHARMACY	0	0	0	285,990	237.53	0.6508	1.5722	285,990
ANCILLARY	0	0	0	100,927	83.83	0.2297	1.1511	100,927
LABORATORY	0	0	0	89,633	74.45	0.204	1.1254	89,633
RADIOLOGY	17,773	0	17,773	35,777	29.71	0.0814	1.0028	53,549
SUPPORT	144,774	40,249	185,023	95,219	79.09	0.2167	1.1381	280,243
OPTICAL	15,963	0	15,963	25,641	21.30	0.0584	0.9798	41,603
NON-HOSPITAL SERVICES	0	0	0	363,425	301.85	0.827	1.7484	363,425
<b>TOTAL</b>	<b>1,823,848</b>	<b>496,057</b>	<b>2,724,819</b>	<b>1,697,537</b>	<b>1,409.91</b>	<b>3.8628</b>		<b>4,422,356</b>
POPULATION BASE								1,204

SHAWNEE CORRECTIONAL CENTER  
BUDGET SCHEDULE E

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	5/1/2017 - 4/30/2018		FB HOURLY	Combined Rates	
			ANNUAL HOURS	HOURLY RATE			
Dental Assistant	64,991	18,055	2,912	22.32	6.20	28.52	
Dental Hygienist	103,382	28,721	2,912	35.50	9.86	45.36	
Dentist	170,818	47,455	2,080	82.12	22.81	104.94	
Director of Nursing	74,051	20,581	2,080	35.60	9.88	45.49	
Licensed Practical Nurse	671,803	186,148	27,040	24.84	6.88	31.73	
On-Site Medical Director	253,911	70,563	2,080	122.07	33.92	156.00	
Medical Records Director	49,061	13,631	2,080	23.59	6.55	30.14	
Optometrist	36,486	0	416	87.71	-	87.71	
Medication Room Assistant	40,433	11,244	2,080	19.44	5.41	24.84	
Physician Asst/Nurse Practitioner	93,326	25,930	2,080	44.87	12.47	57.33	
Psychiatrist	502,444	139,679	2,600	193.25	53.72	246.97	
Qualified Mental Health Professional	201,897	56,072	6,240	32.32	8.99	41.31	
Behavioral Health Technician	50,446	14,024	2,080	24.25	6.74	31.00	
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92	27.23	
Radiology Technician	17,773	0	520	34.18	-	34.18	
Registered Nurse	576,434	160,263	16,640	34.64	9.63	44.27	
Staff Assistant I	60,613	16,856	2,662	22.77	6.33	29.10	
Staff Assistant II	84,728	26,343	4,160	22.77	6.33	29.10	
<b>TOTAL</b>	<b>\$ 3,106,721</b>	<b>\$ 847,868</b>	<b>82,742</b>				
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS							
OFF SITE ADM STAFF			305,567				
MGMT FEE			355,858				
INDIRECT ADMIN COSTS			661,425		330.71	0.9061	661,425
DIRECT CARE	1,669,525	463,485	2,132,981	415,111	207.58	1.4748	2,548,101
DENTAL	339,192	94,230	433,423	187,931	93.97	1.1636	621,354
MENTAL HEALTH	798,911	222,097	1,021,008	595,868	287.93	1.7223	1,616,874
PHARMACY	40,433	11,244	51,677	418,523	209.26	1.4794	470,200
ANCILLARY	0	0	0	141,324	70.66	1.0897	141,324
LABORATORY	0	0	0	111,237	55.62	1.0585	111,237
RADIOLOGY	17,773	0	17,773	18,054	9.03	0.9308	35,827
SUPPORT	204,400	56,931	261,231	169,584	84.79	1.1384	430,815
OPTICAL	36,486	0	36,486	46,983	23.49	0.9705	83,469
NON-HOSPITAL SERVICES	0	0	0	396,544	198.27	1.4493	396,544
<b>TOTAL</b>	<b>3,106,721</b>	<b>847,868</b>	<b>4,616,013</b>	<b>2,501,157</b>	<b>1,250.58</b>		<b>7,117,170</b>
POPULATION BASE							<b>2,000</b>

SHERIDAN CORRECTIONAL CENTER  
BUDGET SCHEDULE E

5/1/2017 - 4/30/2018

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates	
Dental Assistant	47,963	13,172	2,080	22.77	6.33	29.10	
Dentist	206,146	57,276	3,120	66.07	18.36	84.43	
Certified Nursing Assistant	199,090	55,349	12,480	15.95	4.43	20.39	
Phlebotomist	25,375	6,196	1,248	20.33	4.96	25.30	
On-Site Medical Director	217,264	60,374	2,080	104.45	29.03	133.48	
Medical Records Director	49,038	13,631	2,080	23.58	6.55	30.13	
Office Coordinator	41,246	11,461	2,080	19.83	5.51	25.34	
Optometrist	31,560	0	360	87.71	-	87.71	
Medication Room Assistant	75,781	21,075	3,328	22.77	6.33	29.10	
Physician Assistant/Nurse Pract.	0	0	0	48.96	13.60	62.56	
Physician	194,917	54,163	2,080	93.71	26.04	119.75	
Psychiatrist	401,955	111,743	2,080	193.25	53.72	246.97	
Qualified Mental Health Professional	201,697	56,072	6,240	32.32	8.99	41.31	
Staff Assistant - Mental Health	50,446	14,024	2,080	24.25	6.74	31.00	
Radiology Technician	17,773	0	520	34.18	-	34.18	
Staff Assistant I	82,472	22,901	4,160	19.83	5.51	25.33	
Staff Assistant II	40,433	11,244	2,080	19.44	5.41	24.84	
<b>TOTAL</b>	<b>\$ 1,882,557</b>	<b>\$ 508,681</b>	<b>48,096</b>				
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS							
OFF SITE ADM STAFF			225,508				
MGMT FEE			222,272				
INDIRECT ADMIN COSTS			447,760		303.37	0.8312	447,760
DIRECT CARE	611,271	169,886	781,157	246,278	166.86	0.4572	1,027,435
DENTAL	253,509	70,448	323,957	108,656	73.62	0.2017	432,614
MENTAL HEALTH	654,098	181,839	835,937	402,982	273.02	0.748	1,238,918
PHARMACY	75,781	21,075	96,856	299,942	203.21	0.5567	396,798
ANCILLARY	0	0	0	101,241	68.59	0.1879	101,241
LABORATORY	25,375	6,196	31,571	74,013	50.14	0.1374	105,583
RADIOLOGY	17,773	0	17,773	11,181	7.58	0.0208	28,953
SUPPORT	213,190	59,237	272,427	95,116	64.44	0.1765	367,543
OPTICAL	31,560	0	31,560	27,164	18.40	0.0504	58,725
NON-HOSPITAL SERVICES	0	0	0	239,844	162.50	0.4452	239,844
<b>TOTAL</b>	<b>1,882,557</b>	<b>508,681</b>	<b>2,839,018</b>	<b>1,606,417</b>	<b>1,088.36</b>	<b>2.9818</b>	<b>4,445,435</b>
POPULATION BASE							<b>1,476</b>

4/18/2017

Southwestern Illinois  
Budget Schedule E  
5/1/2017 - 4/30/2018

STAFFING POSITION	ANNUAL		FRINGE BENEFITS	ANNUAL		HOURLY RATE	FB HOURLY	Combined Rates	
	SALARY	PER SVS		HOURS	PER CAP BASE			PER CAP DAILY	ADJUST.
On-Site Medical Director	219,036		60,854	2,080	105.31	29.26		134.56	
Registered Nurse	612,228		170,185	18,720	32.70	9.09		41.80	
Director of Nursing	76,173		21,157	2,080	36.62	10.17		46.79	
Dental Assistant	42,077		11,694	2,080	20.23	5.62		25.85	
Dental Hygienist	32,799		8,020	1,040	31.54	7.71		39.25	
Dentist	159,483		44,306	2,080	76.67	21.30		97.98	
Medical Records Director	51,058		14,188	2,080	24.55	6.82		31.37	
Psychiatrist	100,489		27,936	520	193.25	53.72		246.97	
Qualified Mental Health Professional	67,232		18,691	2,080	32.32	8.99		41.31	
Radiology Technician	5,836		1,426	260	22.45	5.48		27.93	
Staff Assistant II	84,155		23,389	4,160	20.23	5.62		25.85	
Optomtrist	14,512		3,546	168	86.38	21.11		107.49	
<b>TOTAL</b>	<b>1,465,077</b>		<b>405,392</b>	<b>37,348</b>					
<b>TOTAL CONTRACT BUDGET</b>		<b>PER SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS									
OFF SITE ADMIN STAFF				86,333					
MGMT FEE				144,189					
INDIRECT ADMIN COSTS				230,522		346.65		0.9497	230,522
DIRECT CARE	907,437		252,196	1,159,633	172.073	258.76		0.7089	1,331,706
DENTAL	234,360		64,021	298,380	81,204	122.11		0.3345	379,584
MENTAL HEALTH	167,721		46,626	214,347	177,565	267.01		1.6812	391,912
PHARMACY	0		0	0	128,297	192.93		0.5286	128,297
ANCILLARY	0		0	0	5,403	8.12		0.0222	5,403
LABORATORY	0		0	0	22,740	34.20		0.0937	22,740
RADIOLOGY	5,836		1,426	7,262	3,015	4.53		0.0124	10,277
SUPPORT	135,212		37,576	172,788	76,457	114.97		0.315	249,245
OPTICAL	14,512		3,546	18,058	20,301	30.53		0.0836	38,359
NON-HOSPITAL SERVICES	0		0	0	95,730	143.96		0.3944	95,730
<b>TOTAL</b>	<b>1,465,077</b>		<b>405,392</b>	<b>2,100,991</b>	<b>782,785</b>	<b>1,177.12</b>		<b>3.225</b>	<b>2,883,776</b>
POPULATION BASE									665

STATEVILLE CORRECTIONAL CENTER  
BUDGET SCHEDULE E  
5/1/2016 - 4/30/2018

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates
Dentist	159,919	44,426	2,080	76.88	21.36	98.24
Dental Assistant	40,433	11,244	2,080	19.44	5.41	24.84
Dental Hygienist	63,036	17,509	2,080	30.31	8.42	38.72
Certified Nursing Assistant	199,056	55,286	12,480	15.95	4.43	20.38
Director of Nursing	79,719	22,144	2,080	38.33	10.65	48.97
Licensed Practical Nurse	600,575	166,872	24,960	24.06	6.69	30.75
On-Site Medical Director	220,339	61,223	2,080	105.93	29.43	135.37
Medical Records Director	49,038	13,631	2,080	23.58	6.55	30.13
Medication Room Assistant	47,382	13,166	2,080	22.77	6.33	29.10
Ophthalmologist/ Physician Specialist	0	0	0	199.34	-	199.34
Optomety	24,879	0	312	79.74	-	79.74
Physical Therapist	66,119	0	520	131.00	-	131.00
Physical Therapy Assistant	22,681	5,544	832	27.26	6.66	33.92
Physician	154,182	42,842	2,080	74.13	20.60	94.72
Physician Asst/Nurse Practitioner	114,644	31,851	2,080	55.12	15.31	70.43
Registered Nurse	812,688	225,888	24,960	32.56	9.05	41.61
Site Mental Health Services Director	121,459	33,766	2,080	58.39	16.23	74.63
Mental Health Unit Director	110,434	30,701	2,080	53.09	14.76	67.85
Psychiatrist	1,807,820	448,974	6,320	193.25	53.72	246.97
Qualified Mental Health Professional	470,626	130,834	14,560	32.32	8.99	41.31
Behavioral Health Technician	201,783	56,096	8,320	24.25	6.74	31.00
Clinical Psychologist	212,160	58,980	4,160	51.00	14.18	65.18
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92	27.23
RN - Mental Health	149,677	41,610	4,160	35.98	10.00	45.98
Staff Assistant	126,393	35,109	6,240	20.26	5.63	25.88
Supervising Nurse	148,744	41,351	4,160	35.76	9.94	45.70
TOTAL	\$ 5,850,102	\$ 1,599,370	138,944			
TOTAL CONTRACT BUDGET						
ADMIN SVS						
OFF SITE ADM STAFF						
MGMT FEE			306,830			
INDIRECT ADMIN COSTS			599,868			
DIRECT CARE	2,328,957	647,458	895,698	329,793	484.16	1,326.5
DENTAL	263,368	73,179	336,567	151,514	178.27	0.4884
MENTAL HEALTH	2,918,284	811,283	3,729,567	684,428	81.90	0.2244
PHARMACY	47,362	13,166	60,528	620,872	369.96	1.0136
ANCILLARY	90,800	5,544	96,344	523,021	335.61	0.9195
LABORATORY					282.71	0.7745
RADIOLOGY					99.84	0.2735
SUPPORT					2.55	0.007
OPTICAL	175,432	48,740	224,171	138,359	74.79	0.2049
NON-HOSPITAL SERVICES	24,879	0	24,879	37,879	20.47	0.0561
TOTAL	5,850,102	1,599,370	8,346,170	3,432,190	1,855.24	5,082.8
POPULATION BASE						11,777,359
						1,850

STATEVILLE RECEPTION AND CLASSIFICATION CENTER  
 BUDGET SCHEDULE E  
 5/1/2017 - 4/30/2018

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates	ANNUAL HOURS	PER CAP BASE	NON CAP BASE	FRINGE BENEFITS	PERS SVS	TOTAL CONTRACT BUDGET	PER CAP DAILY	PROGRAM ADJUST.	TOTAL CONTRACT
Dentist	161,112	44,770	2,080	77.46	21.52	98.98									
Dental Assistant	40,433	11,244	2,080	19.44	5.41	24.84									
Licensed Practical Nurse	644,060	178,988	27,040	23.82	6.62	30.44									
On-Site Medical Director	212,008	58,906	2,080	101.93	28.32	130.25									
Medical Records Director	62,462	17,348	2,080	30.03	8.34	38.37									
Medication Room Assistant	47,362	13,166	2,080	22.77	6.33	29.10									
Optometrist	36,488	0	416	87.71	-	87.71									
Physician	191,104	53,100	2,080	91.88	25.53	117.41									
Physician Asst/Nurse Practitioner	268,597	72,341	5,200	51.65	13.91	65.57									
Registered Nurse	67,725	18,824	2,080	32.56	8.05	41.61									
Site Mental Health Services Director	121,459	33,766	2,080	58.39	16.23	74.63									
Mental Health Unit Director	110,434	30,701	2,080	53.09	14.76	67.85									
Psychiatrist	2,009,775	558,717	10,400	193.25	53.72	246.97									
Qualified Mental Health Professional	338,161	93,453	10,400	32.32	8.89	41.31									
Medical Records Director - MH	53,747	14,842	2,080	25.84	7.18	33.02									
Clinical Psychologist	0	0	0	51.00	14.18	65.18									
RN - Mental Health	149,693	41,615	4,160	35.98	10.00	45.99									
Staff Assistant - Mental Health	88,648	24,644	4,160	21.31	5.92	27.23									
Radiologist/ Physician Specialist	47,386	0	208	227.82	-	227.82									
Radiology Technician	54,826	15,180	2,340	23.34	6.49	29.83									
Staff Assistant	121,289	33,732	6,240	19.44	5.41	24.84									
<b>TOTAL</b>	<b>\$ 4,824,581</b>	<b>\$ 1,315,437</b>	<b>91,364</b>												
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>							
ADMIN SVS															
OFF SITE ADM STAFF			318,966												
MGMT FEE			524,608												
INDIRECT ADMIN COSTS			843,574												
DIRECT CARE	1,383,496	382,159	1,765,655	282,513	156.95	0.43	1,284	1,284	1,284	1,284	1,284	843,574			
DENTAL	201,545	56,014	257,560	133,247	74.03	0.2028	468.65	468.65	468.65	468.65	468.65	1,284	1,284	2,048,169	
MENTAL HEALTH	2,868,918	787,837	3,667,756	573,495	318.61	0.8729	156.95	156.95	156.95	156.95	156.95	1,284	1,284	380,607	
PHARMACY	47,362	13,166	60,528	471,412	261.90	0.7175	318.61	318.61	318.61	318.61	318.61	1,284	1,284	4,241,251	
ANCILLARY	0	0	0	525,326	291.85	0.7996	261.90	261.90	261.90	261.90	261.90	1,284	1,284	531,940	
LABORATORY	0	0	0	615,904	342.17	0.9375	291.85	291.85	291.85	291.85	291.85	1,284	1,284	525,326	
RADIOLOGY	102,012	15,180	117,191	17,992	10.00	0.0274	342.17	342.17	342.17	342.17	342.17	1,284	1,284	615,904	
SUPPORT	183,761	51,081	234,842	124,457	69.14	0.1694	17,992	17,992	17,992	17,992	17,992	1,284	1,284	135,184	
OPTICAL	36,486	0	36,486	33,312	18.51	0.0507	124,457	124,457	124,457	124,457	124,457	1,284	1,284	359,298	
NON-HOSPITAL SERVICES	0	0	0	730,911	406.06	1.1125	33,312	33,312	33,312	33,312	33,312	1,284	1,284	69,798	
<b>TOTAL</b>	<b>4,824,581</b>	<b>1,315,437</b>	<b>6,983,592</b>	<b>3,508,569</b>	<b>1,849.21</b>	<b>5.3403</b>	<b>406.06</b>	<b>406.06</b>	<b>406.06</b>	<b>406.06</b>	<b>406.06</b>	<b>2,3965</b>	<b>1,125</b>	<b>2,3965</b>	<b>730,911</b>
POPULATION BASE															
INTAKE BASE															



Taylorville Correctional Center  
 Budget Schedule E  
 5/1/2017 - 4/30/2018

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	HOURLY FB	Combined Rates	PROGRAM ADJUST.	TOTAL CONTRACT
On-Site Medical Director	227,797	63,288	2,080	109.52	30.43	139.94		
Director of Nursing	74,051	20,561	2,080	35.60	9.88	45.49		
Registered Nurse	806,508	224,190	23,712	34.01	9.45	43.47		
Dental Assistant	43,760	12,162	2,080	21.04	5.85	26.89		
Dental Hygienist	17,056	4,171	520	32.80	8.02	40.82		
Dentist	165,863	46,078	2,080	79.74	22.15	101.89		
Medical Records Director	53,100	14,755	2,080	25.53	7.09	32.62		
Psychiatrist	200,978	55,872	1,040	193.25	53.72	246.97		
Qualified Mental Health Professional	67,232	18,691	2,080	32.32	8.99	41.31		
Staff Assistant - Mental Health	22,162	6,161	1,040	21.31	5.92	27.23		
Radiology Technician	12,625	2,966	520	24.28	5.70	29.98		
Medication Room Assistant	25,709	6,282	1,222	21.04	5.14	26.18		
Staff Assistant II	87,521	24,324	4,160	21.04	5.85	26.89		
Surgery Clinic	0	0	-	-	-	-		
Optometrist	36,908	9,020	216	170.87	41.76	212.63		
TOTAL	\$ 1,841,268	\$ 508,520	44,910					
TOTAL CONTRACT BUDGET	PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PER CAP DAILY	PROGRAM ADJUST.	TOTAL CONTRACT
ADMIN SVS								
OFF SITE ADMIN STAFF			157,416					
MGMT FEE			213,153					
INDIRECT ADMIN COSTS			370,569		310.62	0.851	0.8510	370,569
DIRECT CARE	1,108,356	308,039	1,418,395	203.538	170.81	0.4674	1.3184	1,619,933
DENTAL	228,678	62,411	289,089	97.432	81.67	0.2238	1.0748	386,521
MENTAL HEALTH	290,372	80,723	371,096	332.236	278.49	0.763	1.6140	703,331
PHARMACY	25,709	6,282	31,992	311.017	260.70	0.7142	1.5652	343,008
ANCILLARY	0	0	0	16.096	13.49	0.037	0.8880	16,096
LABORATORY	0	0	0	58.859	49.34	0.1352	0.9862	58,859
RADIOLOGY	12,625	2,966	15,591	18.229	15.28	0.0419	0.8929	33,820
SUPPORT	140,621	39,079	179,700	92.382	77.44	0.2122	1.0632	272,082
OPTICAL	36,908	9,020	45,927	24.358	20.42	0.0559	0.9069	70,285
NON-HOSPITAL SERVICES	0	0	0	388.560	325.70	0.8923	1.7433	388,560
TOTAL	1,841,268	508,520	2,720,357	1,542,706	1,293.13	3.5428		4,263,063
POPULATION BASE								1,193

4/18/2017

Vandalia Correctional Center  
 Budget Schedule E  
 5/1/2017 - 4/30/2018

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates	TOTAL CONTRACT BUDGET		PROGRAM ADJUST.	TOTAL CONTRACT
							PERS SVS	NON CAP BASE		
Medical Director/Physician	227,797	63,288	2,080	109.52	30.43	139.94				
Dentist	165,863	46,078	2,080	79.74	22.15	101.89				
Dental Hygienist	40,933	10,010	1,248	32.80	8.02	40.82				
Psychiatrist	200,978	55,872	1,040	193.25	53.72	246.97				
Qualified Mental Health Professional	134,465	37,381	4,160	32.32	8.99	41.31				
Medical Records Director	53,100	14,755	2,080	25.53	7.09	32.62				
Radiology Technician	3,642	890	156	23.34	5.70	29.05				
Staff Assistant I	113,777	31,621	5,408	21.04	5.85	26.89				
Optometrist	18,243	4,459	208	87.71	21.44	109.14				
<b>TOTAL</b>	<b>\$ 958,797</b>	<b>\$ 264,354</b>	<b>18,460</b>							
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS										
OFF SITE ADMIN STAFF			177,334							
MGMT FEE			154,560							
INDIRECT ADMIN COSTS			331,894		224.10	0.614			0.6140	331,894
DIRECT CARE	227,797	63,288	291,086	138,197	93.31	0.2556			0.8696	429,283
DENTAL	206,796	56,088	262,883	62,617	42.28	0.1158			0.7298	325,500
MENTAL HEALTH	335,442	93,253	428,695	309,629	209.07	0.5728			1.1868	738,323
PHARMACY	0	0	0	428,184	289.12	0.7921			1.4061	428,184
ANCILLARY	0	0	0	18,533	12.51	0.0343			0.6483	18,533
LABORATORY	0	0	0	100,766	68.04	0.1864			0.8004	100,766
RADIOLOGY	3,642	890	4,532	19,927	13.45	0.0368			0.6508	24,458
SUPPORT	166,877	46,376	213,253	55,471	37.45	0.1026			0.7166	268,724
OPTICAL	18,243	4,459	22,702	15,654	10.57	0.029			0.6430	38,356
NON-HOSPITAL SERVICES	0	0	0	387,173	261.43	0.7162			1.3302	387,173
<b>TOTAL</b>	<b>958,797</b>	<b>264,354</b>	<b>1,555,044</b>	<b>1,536,150</b>	<b>1,037.24</b>	<b>2.8418</b>				<b>3,091,195</b>
POPULATION BASE										1,481

VIENNA CORRECTIONAL CENTER  
BUDGET SCHEDULE E

5/1/2017 - 4/30/2018

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	Combined Rates		
Dental Assistant	47,363	13,172	2,080	22.77	6.33	29.10		
Dentist	189,544	52,664	2,080	91.13	25.32	116.45		
Licensed Practical Nurse	101,670	37,066	4,160	24.44	8.91	33.35		
On-Site Medical Director	246,316	68,429	2,080	118.42	32.90	151.32		
Medical Records Director	49,038	13,631	2,080	23.58	6.55	30.13		
Optometrist	22,804	5,573	260	87.71	21.44	109.14		
Medication Room Assistant	23,682	5,783	1,040	22.77	5.56	28.33		
Phlebotomist	21,146	5,163	1,040	20.33	4.96	25.30		
Physician Asst/Nurse Practitioner	42,365	11,764	832	50.92	14.14	65.06		
Psychiatrist	200,978	55,872	1,040	193.25	53.72	246.97		
Qualified Mental Health Professional	134,465	37,381	4,160	32.32	8.99	41.31		
Staff Assistant I	87,796	24,416	4,160	21.10	5.87	26.97		
TOTAL	\$ 1,167,166	\$ 330,913	25,012					
TOTAL CONTRACT BUDGET		FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PER CAP DAILY	PROGRAM ADJUST.	TOTAL CONTRACT
ADMIN SVS								
OFF SITE ADM STAFF			206,734					
MGMT FEE			176,251					
INDIRECT ADMIN COSTS			382,985		216.99	0.5945	0.5945	382,985
DIRECT CARE	390,351	117,259	507,610	159,638	90.45	0.2478	0.8423	667,249
DENTAL	236,907	65,836	302,743	75,681	42.88	0.1175	0.7120	378,424
MENTAL HEALTH	335,442	93,253	428,695	349,296	197.90	0.5422	1.1367	777,991
PHARMACY	23,682	5,783	29,464	380,054	215.33	0.5899	1.1844	409,518
ANCILLARY	0	0	0	62,544	35.44	0.0971	0.6916	62,544
LABORATORY	21,146	5,163	26,309	139,939	79.29	0.2172	0.8117	166,248
RADIOLOGY	0	0	0	28,699	16.26	0.0445	0.6390	28,699
SUPPORT	136,834	38,047	174,881	70,034	39.68	0.1087	0.7032	244,915
OPTICAL	22,804	5,573	28,377	18,920	10.72	0.0294	0.6239	47,297
NON-HOSPITAL SERVICES	0	0	0	359,146	203.48	0.5575	1.1520	359,146
TOTAL	1,167,166	330,913	1,881,064	1,643,952	931.42	2.5518		3,525,016
POPULATION BASE			4/18/2017					1,765

WESTERN CORRECTIONAL CENTER  
BUDGET SCHEDULE E  
5/1/2017 - 4/30/2018

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	HOURLY	FB HOURLY	Combined Rates
Dental Assistant	85,823	23,865	4,160	20.63	5.74		26.37
Dentist	177,703	43,416	2,080	85.43	20.87		106.31
Director of Nursing	74,051	20,561	2,080	35.60	9.88		45.49
Licensed Practical Nurse	645,735	179,539	24,960	25.87	7.19		33.06
On-Site Medical Director	216,438	60,145	2,080	104.06	28.92		132.97
Medical Records Director	50,048	13,906	2,080	24.06	6.69		30.75
Optomtrist	45,608	0	520	87.71	-		87.71
Medication Room Assistant	43,898	10,739	2,080	21.10	5.16		26.27
Physical Therapist	0	0	-	170.87	-		170.87
Physical Therapist Assistant	0	0	-	23.73	5.80		29.53
Physician Asst/Nurse Practitioner	101,840	28,294	2,080	48.96	13.60		62.56
Psychiatrist	602,933	167,615	3,120	193.25	53.72		246.97
Qualified Mental Health Professional	201,697	56,072	6,240	32.32	8.99		41.31
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92		27.23
Radiology Technician	26,286	6,425	1,040	25.28	6.18		31.45
Registered Nurse	564,685	156,959	16,640	33.94	9.43		43.37
Staff Assistant I	47,363	13,172	2,080	22.77	6.33		29.10
Staff Assistant II	134,172	37,243	6,240	21.50	5.97		27.47
TOTAL	\$ 3,062,604	\$ 830,274	79,560				
TOTAL CONTRACT BUDGET	PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PROGRAM ADJUST.	TOTAL CONTRACT
ADMIN SVS							
OFF SITE ADM STAFF			285,104				
MGMT FEE			349,046				
INDIRECT ADMIN COSTS			634,150		306.80	0.8405	634,150
DIRECT CARE	1,602,749	445,497	2,048,246	329,165	159.25	1.2768	2,377,411
DENTAL	263,526	67,281	330,807	157,731	76.31	1.0496	488,538
MENTAL HEALTH	848,954	236,009	1,084,963	468,515	226.66	0.621	1,553,479
PHARMACY	43,898	10,739	54,637	454,518	219.89	1.4429	509,155
ANCILLARY	0	0	0	177,928	86.08	0.2358	177,928
LABORATORY	0	0	0	158,464	76.66	0.21	158,464
RADIOLOGY	26,286	6,425	32,711	36,472	17.64	0.0483	69,183
SUPPORT	231,583	64,321	295,904	149,513	72.33	0.1982	445,417
OPTICAL	45,608	0	45,608	39,433	19.08	0.0523	85,040
NON-HOSPITAL SERVICES	0	0	0	482,154	233.26	0.6391	482,154
TOTAL	3,062,604	830,274	4,527,028	2,453,892	1,187.18	3.2525	6,980,919
POPULATION BASE							2,067

**STATE OF ILLINOIS**  
**CERTIFICATION OF NO CHANGE FOR CONTRACT RENEWAL**

When renewing a State contract, if there has been a change in the information originally provided and accepted (by the State at the time of contract execution) on either the Financial Disclosures and Conflicts of Interest form or the Standard Certifications form, then vendors, parent entity(ies), and subcontractors must complete and re-submit the appropriate form for which a change occurred.

However, if the information originally submitted on either of the forms has not changed, then this form may be used to certify that there has been no change.

This certification is submitted for:

- Vendor
- Vendor's Parent Entity(ies) (100% ownership)
- Subcontractor(s) >\$50,000
- Subcontractor's Parent Entity(ies)(100% ownership) > \$50,000

Project Name	Renewal of Healthcare Services
Illinois Procurement Bulletin Number	20404916
Contract Number	HFS# 2010-05-008
Vendor Name	Wexford Health Sources, Inc.
Doing Business As (DBA)	Click here to enter text.
Disclosing Entity	Wexford Health Sources, Inc.
Disclosing Entity's Parent Entity	The Bantry Group Corporation
Subcontractor	Click here to enter text.
Instrument of Ownership or Beneficial Interest	Corporate Stock (C-Corporation, S-Corporation, Professional Corporation, Service Corporation) <input type="checkbox"/> If you selected Other, please describe: Click here to enter text.

I hereby certify that the information contained on the following forms originally submitted for the above referenced contract has not changed.

Financial Disclosures and Conflicts of Interest

Standard Certifications

Information contained on the following forms originally submitted for the above referenced contract has changed. I have attached the appropriate updated information. Note to Disclosing Entity: Show the change(s) clearly on an attachment or submit new forms in their entirety.

Financial Disclosures and Conflicts of Interest

Standard Certifications

This disclosure is signed and made under penalty of perjury by an authorized officer or employee of the company pursuant to Sections 50-13 and 50-35 of the Illinois Procurement Code.

Authorized Signature:



Printed Name: John Froehlich

Title: Senior Vice President & C.F.O.

Email Address: NLITTLE@WEXFORDHEALTH.COM

Phone Number: 412-937-8590

Date: 4/17/2017

**STATE OF ILLINOIS**  
**TAXPAYER IDENTIFICATION NUMBER**

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. person (including a U.S. resident alien).

- If you are an individual, enter your name and SSN as it appears on your Social Security Card.
- If you are a sole proprietor, enter the owner's name on the name line followed by the name of the business and the owner's SSN or EIN.
- If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's name on the name line and the D/B/A on the business name line and enter the owner's SSN or EIN.
- If the LLC is a corporation or partnership, enter the entity's business name and EIN and for corporations, attach IRS acceptance letter (CP261 or CP277).
- For all other entities, enter the name of the entity as used to apply for the entity's EIN and the EIN.

Name: John Froehlich

Business Name: Wexford Health Sources, Inc.

Taxpayer Identification Number:

Social Security Number: [Click here to enter text.](#)

or

Employer Identification Number [REDACTED]

Legal Status (check one):

Individual

Sole Proprietor

Partnership

Legal Services Corporation

Tax-exempt

Corporation providing or billing

medical and/or health care services

Corporation NOT providing or billing

medical and/or health care services

Governmental

Nonresident alien

Estate or trust

Pharmacy (Non-Corp.)

Pharmacy/Funeral Home/Cemetery (Corp.)

Limited Liability Company

(select applicable tax classification)

D = disregarded entity

C = corporation

P = partnership

Signature of Authorized Representative: [REDACTED]

Date: Monday, April 17, 2017

**STATE OF ILLINOIS**  
**CERTIFICATION OF NO CHANGE FOR CONTRACT RENEWAL**

When renewing a State contract, if there has been a change in the information originally provided and accepted (by the State at the time of contract execution) on either the Financial Disclosures and Conflicts of Interest form or the Standard Certifications form, then vendors, parent entity(ies), and subcontractors must complete and re-submit the appropriate form for which a change occurred.

However, if the information originally submitted on either of the forms has not changed, then this form may be used to certify that there has been no change.

**This certification is submitted for:**

- Vendor
- Vendor's Parent Entity(ies) (100% ownership)
- Subcontractor(s) >\$50,000
- Subcontractor's Parent Entity(ies)(100% ownership) > \$50,000

Project Name	IDOC Renewal of Healthcare Services
Illinois Procurement Bulletin Number	20404916
Contract Number	HFS#: 2010-05-008
Vendor Name	Click here to enter text.
Doing Business As (DBA)	Click here to enter text.
Disclosing Entity	Click here to enter text.
Disclosing Entity's Parent Entity	The Bantry Group
Subcontractor	Click here to enter text.
Instrument of Ownership or Beneficial Interest	Corporate Stock (C-Corporation, S-Corporation, Professional Corporation, Service Corporation) <input type="checkbox"/> If you selected Other, please describe: Click here to enter text.



I hereby certify that the information contained on the following forms originally submitted for the above referenced contract has not changed.

Financial Disclosures and Conflicts of Interest

Standard Certifications

Information contained on the following forms originally submitted for the above referenced contract has changed. I have attached the appropriate updated information. Note to Disclosing Entity: Show the change(s) clearly on an attachment or submit new forms in their entirety.

Financial Disclosures and Conflicts of Interest

Standard Certifications

This disclosure is signed and made under penalty of perjury by an authorized officer or employee of the company pursuant to Sections 50-13 and 50-35 of the Illinois Procurement Code.

Authorized Signature:



Printed Name: John Froehlich

Title: Senior Vice President & C.F.O.

Email Address: NLITTLE@WEXFORDHEALTH.COM

Phone Number: 412-937-8590

Date: 4/19/2017

**STATE OF ILLINOIS**  
**CERTIFICATION OF NO CHANGE FOR CONTRACT RENEWAL**

When renewing a State contract, if there has been a change in the information originally provided and accepted (by the State at the time of contract execution) on either the Financial Disclosures and Conflicts of Interest form or the Standard Certifications form, then vendors, parent entity(ies), and subcontractors must complete and re-submit the appropriate form for which a change occurred.

However, if the information originally submitted on either of the forms has not changed, then this form may be used to certify that there has been no change.

**This certification is submitted for:**

- Vendor
- Vendor's Parent Entity(ies) (100% ownership)
- Subcontractor(s) >\$50,000
- Subcontractor's Parent Entity(ies)(100% ownership) > \$50,000

Project Name	IDOC Renewal of Healthcare Services
Illinois Procurement Bulletin Number	20404916
Contract Number	HFS#: 2010-05-008
Vendor Name	Click here to enter text.
Doing Business As (DBA)	Click here to enter text.
Disclosing Entity	Click here to enter text.
Disclosing Entity's Parent Entity	Click here to enter text.
Subcontractor	Precise Specialties
Instrument of Ownership or Beneficial Interest	Choose an item. <input type="checkbox"/> If you selected Other, please describe: Click here to enter text.

I hereby certify that the information contained on the following forms originally submitted for the above referenced contract has not changed.

Financial Disclosures and Conflicts of Interest

Standard Certifications

Information contained on the following forms originally submitted for the above referenced contract has changed. I have attached the appropriate updated information. Note to Disclosing Entity: Show the change(s) clearly on an attachment or submit new forms in their entirety.

Financial Disclosures and Conflicts of Interest

Standard Certifications

This disclosure is signed and made under penalty of perjury by an authorized officer or employee of the company pursuant to Sections 50-13 and 50-35 of the Illinois Procurement Code.

Authorized Signature:



Printed Name: Pamela S. Dawson

Title: President

Email Address: psc6800@consolidated.net

Phone Number: 217-532-6800

Date: 4/19/2017

**STATE OF ILLINOIS**  
**CERTIFICATION OF NO CHANGE FOR CONTRACT RENEWAL**

When renewing a State contract, if there has been a change in the information originally provided and accepted (by the State at the time of contract execution) on either the Financial Disclosures and Conflicts of Interest form or the Standard Certifications form, then vendors, parent entity(ies), and subcontractors must complete and re-submit the appropriate form for which a change occurred.

However, if the information originally submitted on either of the forms has not changed, then this form may be used to certify that there has been no change.

**This certification is submitted for:**

- Vendor
- Vendor's Parent Entity(ies) (100% ownership)
- Subcontractor(s) >\$50,000
- Subcontractor's Parent Entity(ies)(100% ownership) > \$50,000

Project Name	IDOC Renewal of Healthcare Services
Illinois Procurement Bulletin Number	20404916
Contract Number	HFS#: 2010-05-008
Vendor Name	BosWell Pharmacy Services
Doing Business As (DBA)	
Disclosing Entity	
Disclosing Entity's Parent Entity	
Subcontractor	BosWell Pharmacy Services
Instrument of Ownership or Beneficial Interest	Other <input checked="" type="checkbox"/> If you selected Other, please describe: Single Member Limited Liability Corporation

I hereby certify that the information contained on the following forms originally submitted for the above referenced contract has not changed.

Financial Disclosures and Conflicts of Interest

Standard Certifications

Information contained on the following forms originally submitted for the above referenced contract has changed. I have attached the appropriate updated information. Note to Disclosing Entity: Show the change(s) clearly on an attachment or submit new forms in their entirety.

Financial Disclosures and Conflicts of Interest

Standard Certifications

This disclosure is signed and made under penalty of perjury by an authorized officer or employee of the company pursuant to Sections 50-13 and 50-35 of the Illinois Procurement Code.

Authorized Signature:



Printed Name: Kathleen A. Martella-Zucco

Title: CAO

Email Address: kmartella@boswellpharmacy.com

Phone Number: 888-688-3288

Date: 4/19/2017



**Reference  
Number  
22038329**

**Award Notice**

Open

**Notice Addendum**

Open

**Financial Disclosure**

Completed

**Financial Disclosure**

Completed

**Waiver Request**

Granted

**Waiver Request**

Granted

**Close**

## McKinnery2, Scott

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**From:** webmaster@purchase.state.il.us  
**Sent:** Thursday, April 20, 2017 8:48 AM  
**To:** Schukai, Jeffrey  
**Cc:** PPB; McKinnery2, Scott  
**Subject:** Financial Disclosure - Completed for 22038329

Attention:

The Financial Disclosures have been completed in the Illinois Procurement Bulletin.

**Reference Number:** 22038329  
**Agency:** DOC - Corrections  
**Title:** DOC Wexford Health Care Services Renewal 2  
**Expiration Date:** 5/3/2017

Use this link to view the request:

<http://www.purchase.state.il.us/r.nsf/f?open&d=B7895146D2B7EDBF862581070076B504>

IPB Help Desk contact information:

**Email:** [webmaster@purchase.state.il.us](mailto:webmaster@purchase.state.il.us)  
**Phone:** 1-217-299-0634

Use this link to go directly to the Illinois Procurement Bulletin:

<http://www.purchase.state.il.us>



◀ Back
✎ Edit
🗑 Remove
⌂ Close

## Vendor Award Information



**Created Date:** 04/13/2017  
**Created By:** Scott McKinnery

### Identification

**Reference Number:** 22038329  
**Title:** DOC Wexford Health Care Services Renewal 2

### Vendor Selected for Award

**Vendor Name:** Wexford Health Source  
**Vendor Contact Name:** Dan Conn  
**Vendor Street Address 1:** 425 Holiday Drive  
**Vendor Street Address 2:**  
**Vendor City:** Pittsburg  
**Vendor State:** PA  
**Vendor Zip Code:** 15220  
**Vendor Phone Number:** 412-937-8590  
**Vendor Fax Number:** 412-937-8599

### Key Information

**Amount of Award:** \$160,000,000.00 (Total Dollar Value Only)  
**Amount of Increase/Decrease:** \$499,377,490.00 (Total Dollar Value Only)  
**Indicate Increase or Decrease:** Decrease  
**Renewal Options:** 2 of 5

**Percentage Values Please enter Decimal Value Only - No Percent sign .10 displays as 10%, 1 displays as 100%**

**BEP Goal Amount (Percentage):** 0.150  
**DBE Goal Amount (Percentage):** 0.000  
**Veteran Goal Amount (Percentage):** 0.000

**Will Sub-Contractors Be Utilized?** Yes

# Notice Addendum



Help

Created Date: 04/13/2017  
Created By: Scott McKinney

## Identification

Reference Number: 22038329  
Title: DOC Wexford Health Care Services  
Renewal 2

Agency Reference Number: DOC002033  
Agency: DOC - Corrections  
Purchasing Agency: DOC - Corrections  
Purchasing Agency SPO: Jeff Schukai

Status: Published

## Overview

Description and Specifications:  
Executing renewal 2 of 5 for a one year term with Wexford Health Sources for Comprehensive Medical Services to inmates incarcerated with the Illinois Department of Corrections.

## Key Information

Notice Type: Contract Renewal  
Does this addendum add/or change vendor(s) information? (i.e. vendor name/address, contact information, and/or award amount, etc.)? Yes

Notice Expiration Date: 05/03/2017 MM/DD/YYYY

Professional & Artistic: No

Date First Offered: 07/15/2010

Small Business Set-Aside: No

Does this solicitation contain a BEP or DBE requirement?: Yes

Does this solicitation contain a Veteran requirement?: No

Relevant Category: Health and Medical Services

Length of Renewal Term: (in months) 12 (numeric value only)

Contract Begin Date: 05/01/2017 MM/DD/YYYY

Contract End Date: 04/30/2018 MM/DD/YYYY

Remaining Renewal Terms: 3 (if applicable)

## Contract Renewal

Cost of Initial Term:	\$659,377,490.00 (Total Dollar Amount of Initial Term)
Cost of this Renewal:	\$160,000,000.00 (Total Dollar Amount of Renewal)
Renewal Increase/Decrease:	This decrease is due to the fact that this is a one year renewal vs. the previous five year term. (Explain Increase/Decrease)
Change in Specifications:	No
Renewal Number:	2 of 5 (numeric value only)

**Vendor(s) Selected for Award**

<a href="#">View Vendor Award Information</a>
---

**Notice Contact**

Name:	Darrell Marcy
Street Address:	1301 Concordia Court
City:	Springfield
State:	IL
Zip Code:	62702
Phone:	217.558.2200
Fax Number:	217.558.2203
EEmail Address:	darrell.marcey@doc.illinois.gov

**Class Code**

Class Codes:	
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**NIGP Codes**

For a listing of all NIGP Codes please see the "[Illinois NIGP Code Listing](#)".

NIGP Commodity/Service Code:	948 48 Health Care Services (Not Otherwise Classified)
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Notify Type:	Send email to selected Class Codes only
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**Publishers**

Publishers:	Jeffrey Schukai
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**Attachments**

File Attachments:	<ul style="list-style-type: none"> <li>• <a href="#">IDOC2 Wexford Renewal Notice 2 of 5 17-101946.doc ( 43520 Bytes )</a></li> <li>• <a href="#">IDOC2 Wexford Renewal Notice 2 of 5 17-101946.pdf ( 71348 Bytes )</a></li> </ul>
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**History**

Updated by User Scott McKinnery on 4/18/2017 2:36:57 PM  
Published by Jeffrey Schukai on 4/19/2017 3:41:02 PM

**Reference Number**  
22038329

**Award Notice**  
Closed

**Notice Addendum**  
Published

**Close**

Please complete the following information/required fields for  
**RENEWAL NOTICE**

**Identification**

IPB Posting Reference Number: 22038329 DOC002133  
Purchasing Agency: IDOC Statewide

**Business Case Information**

Procurement Business Case Reference Number: 17-101946

**Overview**

Description and Specifications: Inmate Medical Care for all IDOC facilities Renewal

**Key Information**

Professional & Artistic: Yes or No No  
Small Business Set-Aside: Yes or No No  
Does this solicitation include a BEP Requirement? Yes or No Yes - 15%  
Date Solicitation First Offered - 07/15/2010  
Length of Renewal Term: (in months) 12  
Contract Begin Date (date format): 05/01/2017  
Contract End Date (date format): 04/30/2018  
Remaining Renewal Terms (if applicable): 3  
Will Sub-Contractors Be Utilized?: No

**Contract Renewal**

Cost of Initial Term: \$659,377,490.00  
Cost of this Renewal: \$160,000,000.00  
Estimated or Actual Value ? Estimated  
Renewal Increase/Decrease (\$): Decrease, this renewal is one year vs. 5 year initial term

(if increase/decrease, explain)

**MAXIMUM AMOUNT:** N/A

Change in Specifications: Yes or No No

(if yes, explain):

Renewal Number (example, 1 of 2): 2 of 5

**Class Code:** 948 48 Health Care Services (Not Otherwise Classified)

**Vendor Award Information**

Vendor Name: Wexford Health Source  
Vendor Contact Name: Dan Conn  
Vendor Street Address 1: 425 Holiday Drive  
Vendor Street Address 2:  
Vendor City: Pittsburg  
Vendor State: PA  
Vendor Zip Code: 15220  
Vendor Phone Number: 412-937-8590  
Vendor Fax Number: 412-937-8599

**You MUST complete the questions on page 2 for any Award over \$250,000.**

1. a. Describe in detail the specific steps that the Department/Using Agency/End User (or in the case of a master contract, the issuing agency) has taken to conduct a quantitative assessment of the vendor's performance over the current contract term?

Answer: The Illinois Department of Corrections (IDOC) conducts monthly and annual review of all health related services through its quality assurance program. Contract monitoring covers the following areas:

1. Utilization - Inpatient, Emergency, Consultations, Imaging
2. In-house utilization - Sick call both MD and Nursing, infirmary services, chronic disease management
3. Review of all Deaths
4. Review of new and delayed diagnoses
5. Nursing protocol review
6. Merits assessment of offender grievances
7. Public Health report of communicable diseases
8. Dental utilization review
9. Some mental health Utilization and study data (discussed more fully below)
10. Safety and Sanitation review
11. Chronic Clinic aggregate data to assess levels of control in the chronic disease management program

Each facility conducts approximately 12 studies annually, some addressing outcome and some addressing process, to determine if needs and goals are being met.

Similarly, under IDOC's quality improvement program, facility-specific data is measured against the facility's previous performance (to monitor changes in performance), against the guidelines set forth in the applicable Administrative Directive, and against data from other facilities.

IDOC has also embarked on the process of getting NCCHC (National Commission of Correctional Healthcare) accreditation. Five facilities have been surveyed thus far. Two have achieved full accreditation and three are awaiting final word after achieving accreditation upon verification status of a small number of standards. Three additional sites will be surveyed during calendar year 2017.

IDOC has performed mental health audits that involve collecting offender mental health data, provider data that measures productivity and specific psychiatric data that compared the types of psychiatric services provided both on-site and through Tele-psychiatry. The audits which began four years ago and continue to evolve into current practices have revealed a number of deficiencies and concerns. Inappropriate staffing levels led to unrealistic provider to offender caseloads, lack of efficiencies led to inappropriate use of resources, and lack of a quality assurance process led to insufficient oversight of the vendor. Monthly mental health data is now collected to determine the number of mentally ill patients by varying categories, productivity audits are conducted to determine required needs and compliance with departmental policies and procedures, and a detailed quality assurance process is being implemented to assure future compliance and innovation.

b. Give a detailed analysis of the results that were concluded from the assessment. If no assessment of the vendor's performance was conducted, explain why.

Answer: These are on-going medical assessments of staffing levels, utilization trends, and clinical management. The NCCHC has made a few recommendations that have or are in the process of implementing such as:

1. Assigning a 24-hour dedicated RN to the infirmary;
2. Individualizing follow up care to chronic clinics based on how well the patient's control level is;
3. Ensuring that access to care for sick call follows the following schedule - triage within 24 hours, face to face encounter within an additional 24 hours (72 hours on weekends); This standard would apply to dental and mental health sick call as

well.

#### 4. Suicide watch schedule modifications.

The statewide Mental Health Audits have shown multiple areas of concerns throughout the mental health delivery system. Since the problem areas have been identified and corrective actions initiated, IDOC is starting to see improvement in various procedural domains such as mental health screening, crisis contact/segregation rounds, documentation, service delivery and administration. Eight facilities met an 85% threshold last year, compared to 17 sites meeting or exceeding this threshold as of February 2016. This can be attributed to departmental policy and procedural updates, increased monitoring and oversight, and increases in staffing allocations department wide. The most recent psychiatric audit has revealed that there is approximately a 50% difference in the number of services that can be provided onsite when compared to tele-psychiatry. This difference can be explained by the fact that onsite psychiatric services are primarily provided within IDOC's maximum security facilities and access to offenders is often limited. Whereas, Tele-psychiatry is conducted primarily in medium and minimum security facilities with much easier access to the offender population. When comparing the number of psychiatric services provided between onsite psychiatrists, there is consistency. When comparing tele-psychiatry services, there is a range that approaches 25% between the psychiatrists.

#### 2. a. Are the service levels originally established still relevant?

Answer: From a medical service delivery perspective, the answer is yes. However, IDOC has discovered that additional hours and staffing will be required for the overnight RN coverage at all facilities. In order to decrease wait times and backlogs in dental, optometry, and physical therapy additional coverage will be needed long term and not just on an as needed basis.

From a mental health service delivery perspective the response is No, the services levels contained in the May 2011-April 2016 IDOC healthcare contract are no longer adequate to serve the evolving needs of the IDOC offender population. The original established service levels were ambiguously defined resulting in multiple differing interpretations between the vendor and IDOC. The ambiguity ultimately compromised the IDOC's ability to audit, monitor, and set accountability standards for the vendor. Currently 24.6% [11,133] of offenders housed in the department are receiving ongoing mental health services, that number is projected to increase .17% over the coming year. Current litigation activity specifically focused on mental health services require IDOC to build a mental health delivery service system that is capable of providing adequate services to offenders at varying levels of care. This requires the contractual service levels to have specific requirements for all levels of care (Outpatient, Crisis, Residential and Inpatient). The current contract does not possess any such language.

#### b. How was the relevancy verified (what method was used) and with whom was it verified?

Answer: For medical service delivery, IDOC has established parameters for acceptable and unacceptable wait times in all the areas mentioned above plus MD sick call and chronic clinic. The Department currently follows progress monthly by data collected in all these areas on a SharePoint site.

In June of 2011, as a part of the Department's current federal mental health litigation, a comprehensive needs assessment was conducted by an independent consulting group which assessed the mental health delivery system at that time. The team issued a report in March of 2012 which noted substantial deficiencies in policy, staffing, quality assurance, and resource allocation. In response to the court ordered group assessment findings, the Department hired a national expert to assess the then mental health delivery system. In July 2013, that expert issued a report that reiterated the original findings by the court's team. Since that time, IDOC has been rebuilding the mental health delivery system, implementing best practice standards, utilizing specific staffing ratios, and utilizing a quality assurance process. IDOC has maintained a consultative relationship with the nationally recognized expert who has reviewed every aspect of the new mental health delivery system and concurred that once fully implemented the Department will unquestionably be able

to provide constitutionally adequate care to all of its offender population.

3. a. Were any supplies or services added during the previous term(s) that were not anticipated in the scope of the original solicitation or at award of the original contract? If yes, describe.

Answer: Yes, IDOC is in the midst of settling the on-going litigation challenging the mental health treatment provided to the offenders in our custody. While there is a comprehensive Mental Health Program included in section 2.2.4 of the contract, considerable staffing adjustments are required if the Department intends on satisfying the Rasha case and stopping the court system from stepping in and running the Department's health program.

In addition, over the course of the previous term there has been multiple adjusted service requests (ASRs) filed in accordance with 2.4.1.8 & 2.4.2.2 of the existing medical contract.

b. What were the dollar amounts and justification for each?

Answer: IDOC estimates that the annual increase associated with the additional mental health staff will total approximately \$43.4 million once fully implemented.

The ASRs processed have an estimated annual impact of \$11.0 million.

c. If supplies or services were added, describe how the needs of the Department/Using Agency/End User have changed since the start of the original contract to necessitate an amendment or change.

Answer: IDOC is the subject of a class-action lawsuit, filed in 2007, which challenges the constitutional adequacy of the mental health services provided to the seriously mentally ill population. In March, 2012 a report was generated by a mutually agreed upon expert which pointed out various deficiencies in the Department's mental health services. The expert opined that the Department was deliberately indifferent to the needs of the seriously mentally ill population. As a result, the Department began engaging in settlement negotiations with the Plaintiffs and ultimately agreed to be bound by an Agreed order in anticipation of entering into a consent decree. The Agreed order required the Department to change many of the Department practices including but not limited to filling mental health staffing vacancies, procuring inpatient care for the most seriously mentally offenders, and coming up with a comprehensive plan to improve the Department metal health care system. Recently, the Department presented to the federal court an agreed settlement that has been preliminary approved by the Judge pending hearing in May 2016. The required staffing ratios and other concerns raised with respect to the Department's healthcare will be met by this agreement

d. How was the justification for the change(s) or amendment(s) verified (what method was used) and with whom was it verified?

Answer: IDOC has worked extensively with the vendor to make sure that the adjustments are fiscally responsible and meet the need for constitutional minimums that is currently being challenged in the court system.

4. a. What specific steps were taken to evaluate the current marketplace?

Answer: IDOC is in the process of drafting a comprehensive medical and mental health RFP in response to both medical and mental health class actions that will ensure that all statutory medical and mental health services are adequately delivered to the population in our custody including enhanced provisions for contract monitoring and performance guarantees. We expect to have this RFP completed and ready for posting by June 1, 2017.

b. Discuss the evaluation process and identify the evaluators.

Answer: This amendment will not require an evaluation process. See response to 5b. below.



5. a. Explain how this renewal is a more fiscally responsible option than competitive selection.

Answer: The medical contract is subject to a 0% increase in going from year five to year six. Therefore, the rates associated with the services that were competitively procured in May 2011 will be in effect.

b. How specifically was the competitive environment tested to ensure that it hasn't evolved in such a way that competitive selection might be a more fiscally responsible option?

Answer: IDOC has found that without another solicitation by RFP, we cannot guarantee that a total renewal is the most fiscally prudent option. However, with the change from year five to year six being 0%, we do believe that it is both reasonable and makes sense from a fiscal perspective to enter into a renewal term of one year and at the same time work with the CPO's Office to publish an RFP in order to ensure that due diligence is completed and the state obtains the best possible pricing for the ongoing services that will be needed.

6. Describe in detail what methods were utilized in order to get the best possible price?

Answer: IDOC is exercising a renewal option that is at 0% and competitively procured approximately five years ago. Furthermore, the Department is also working with the CPO's Office and Administration on a new medical RFP that will coincide with this renewal period in order to ensure that the services provided are obtained at the lowest possible cost.

## Procurement Business Case Print Report

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**Request ID** 17-000000101946

**Project Title** Renewal #2 of Healthcare Services for IDOC Correctional Centers

**Status** Procurement Released by OMB

**sub**

**Requesting Agency** DOC-Corrections

**Agency Reference**

**Number**

**Creator Name** Jared Brunk

**Procurement End**

**User**

**APO Name** Darrell Marcy

**APO Phone** 217-558-2200 x4108

**APO Email** darrell.marcy@doc.illinois.gov

**Relevant Category** Health and Medical Services

**Detail Object Code** 1246 Hospital and Medical Services Payments to Provide

**Will a Solicitation/Bid** No  
**be posted to IPB?**

**Will a Notice be** Yes  
**Posted to IPB?**

**In which fiscal year is** 2017  
**procurement to begin?**

**Is this a multi-year** No  
**(exceeds 12 months)**  
**contract?**

**Contract for legal** No  
**related services (CPO**  
**#33)**

**Nature of Request** Services

**Enter the Original** 9911002

**Contract Number**

**Procurement** Renewal  
**Approach**

**Special Condition** None

**Potential Small** No  
**Business Set Aside?**

**Potential BEP / VBP** Yes

**Participation Goal?**

**Code** S390 S300

**Class** Medical Services Health, Dental, Life Insurance, & Services

**ARRA Federal** No

**Recovery Funded****CFDA #****Federal Project Title****Work Log** jeffrey.schukai 4/19/17 3:40:32 PM

SPO approves renewal and has posted to IPB (step 2 and 3)

AR\_ESCALATOR 2/1/17 6:11:19 PM

The Requesting Agency data have changed and the APO info, SPO info, Deputy Chief of Staff, or CC on OMB Approvals fields have been updated on this open or canceled PBC.

AR\_ESCALATOR 2/1/17 10:12:58 AM

The Requesting Agency data have changed and the APO info, SPO info, Deputy Chief of Staff, or CC on OMB Approvals fields have been updated on this open or canceled PBC.

Remedy Application Service 10/5/16 4:54:13 PM

Procurement Released by OMB

CSINGLE 10/5/16 4:54:12 PM

Button Pressed Approve CSINGLE 10/5/2016 4:54:12 PM

jeffrey.schukai 10/5/16 1:44:11 PM

SPO approves procurement method as renewal term 2 of 5.

Remedy Application Service 10/5/16 12:26:03 PM

Approved: APO approval level.

JCOX4 10/5/16 12:26:02 PM

Button Pressed Approve JCOX4 10/5/2016 12:26:02 PM

JBRUNK 10/5/16 11:53:53 AM

Button Pressed Start Approval JBRUNK 10/5/2016 11:53:54 AM

**Type of Contract** Agency-Specific Contract**Expected Start Date** 5/1/17**Expected End Date** 4/30/18**Is the Expected Start** Yes**Date Firm?****Number of Renewals** 1**Total Term (in** 12**Months)****Total Value for** 160,000,000.00**Maximum Length of****Contract****Total Value Funding** 160,000,000.00

**Sources****These Values are:** Estimated**Is Third Party** No**Financing Required?**

**Programmatic Objective** Offenders in the Department's care are afforded by the US Constitution minimums associated with health care. These minimums include mental health services that the courts, as well as the Department, have found to be inadequate. Therefore, we must amend our contract so that we can provide our offenders with services that meet their needs as well as uphold the Constitution.

This renewal may not need to be utilized for the entire time being stated. The reason for the possibility of a shortened time is due to the fact that IDOC is working with the GO and CPO to craft a new medical RFP solicitation that should be hitting the streets shortly. It is the intent that if this RFP is successfully solicited and available for use prior to 4/30/2018, then this extension will be canceled and the new contract (long-term) will be utilized by IDOC.

**Economic Justification** It is imperative that the Illinois Department of Corrections amend the current contract for medical services so that it fully encompasses the needs of both medical and mental health care. Without taking this step, the Department and State may be held liable for not adequately meeting the Constitutional minimums associated with these services and risk the federal courts stepping in and dictating our daily operations. By amending the current contract we lessen this threat and will have a clear staffing schedule that we can budget for and explain to outside parties.

**History/Background** The Department of Corrections is the subject of a class-action lawsuit, filed in 2007, which challenges the constitutional adequacy of the mental health services provided to the seriously mentally ill population. In March, 2012 a report was generated by Fred Cohen which pointed out various deficiencies in the Department's mental health services. Cohen surmised that the Department was deliberately indifferent to the needs of the seriously mentally ill population.

As a result the Department began engaging in settlement negotiations with the Plaintiffs and ultimately agreed to be bound by an Agreed order in anticipation of entering into a consent decree. The Agreed order required the Department to change many of the Department practices including but not limited to filling mental health staffing vacancies, procuring inpatient care for the most seriously mentally offenders, and coming up with a comprehensive plan to improve the Department mental health care system. The required staffing ratios and other concerns raised with respect to the Department's healthcare.

This renewal may not need to be utilized for the entire time being stated. The reason for the possibility of a shortened time is due to the fact that IDOC is working with the GO and CPO to craft a new medical RFP solicitation that should be hitting the streets shortly. It is the intent that if this RFP is successfully solicited and available for use prior to 4/30/2018, then this

extension will be canceled and a the new contract (long-term) will be utilized by IDOC.

- Brand Name**
- Emergency**
- Emergency Rationale**
- Sole Source**
- Sole Source Question**  
1
- Sole Source Question**  
2
- Sole Source Question**  
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- Sole Source Question**  
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5
- Sole Source Question**  
6
- Sole Source Question**  
7
- State Use**
- Governance**
- Required?**
- Account Charge**
- Comments**
- Charter Required?**
- Charter Approved?**
- Was this Approved**  
**with Conditions?**
- Conditions**
- ARB Approval**  
**Required?**
- IPB Reference**  
**Number**
- DateSolicitation**  
**Posted to IPB**
- Bid Opening Date**
- Bid Opening Time**
- Bid Opening Location**
- Project Contact**  
**Person**
- Project Contact Phone**
- Project Contact Fax**

**Project Contact Email**  
**Date Award Posted**  
**Notice Expiration**  
**Date**  
**Conference Date**  
**Conference Time**  
**Conference Location**  
**Conference**  
**Mandatory**  
**Award Justification**

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**SERVICE PROCUREMENT AND CONTRACTING CHECKLIST**

(March 2014 Revised)

Contracts that include services within the scope of bargaining unit work are allowed in certain circumstances. However, all such agreements shall be in accordance with Article XXIX, page 103-104; the Personal Service Contract Memorandum of Understanding (PSC MOU), page 236-237 of the 2012 AFSCME collective bargaining agreement; or the Mediated Resolution Memorandum when the work performed would arguably be performed by AFSCME represented employees if the work was performed by State Personnel.

In compliance with these agreement(s), agencies must identify and document the provisions under which the services are to be contracted. Please check the applicable paragraph below and maintain substantiating documentation:

Name: Wexford Health Sources, Inc. PBC/Contract # : 17-101946/9911002 Term: 5/1/17-4/30/18 Amount: \$160,000,000.00

Work Location: IDOC Facilities Statewide Date of Vacancy (if applicable) \_\_\_\_\_

Scope of Services: To provide medical and mental health services to IDOC inmates - Renewal Contract

Assessment of Need (attempts to redistribute work or TA, LOA, nature of duties, EPAR #, etc.): \_\_\_\_\_

I. AFSCME-Bargaining Unit Work- Same or comparable work is arguably performed by bargaining unit employees. Any contract determined to be inconsistent with guidelines below must be terminated within 45 days.

1.  Time Limited Work – Work based on one of the following exceptions:

a.  Emergency Work – consistent with section 8b.8 of the Personnel Code (20 ILCS 415), may be acquired for a period not to exceed 60 days. With a minimum 14-day written notice, prior to initial termination, this contract may be extended if agreed to by Council 31, in writing, in advance.

b.  Temporary or Seasonal Work – consistent with section 8b.9 of the Personnel Code, may be acquired for a period not to exceed 6 months out of any 12 month period. With a minimum 14 day written notice, prior to initial termination, this contract may be extended if agreed to by Council 31, in writing, in advance.

c.  No Appropriate Eligible List – consistent with section 8b.10 of the Personnel Code, may be acquired for a period not to exceed 6 months out of any 12 month period. With a minimum 14 day written notice, prior to initial termination, this contract may be extended if agreed to by Council 31, in writing, in advance.

2.  Specialized Professional – The work to be performed under this contract requires specialized, professional or technical services which cannot reasonably be provided by employees. Use of contractual resources to perform this work is not restricted. \_\_\_\_\_ Written notice to Council 31  
(date)

3.  Time Limited Projects - The work to be performed under this contract is for time limited projects required to meet certain agency mandates for which specific funds have been dedicated. These services may be acquired for up to 12 months, renewable for an additional 12 months. \_\_\_\_\_ Written notice to Council 31  
(date)

4.  Sub-contracting: Written notice provided to Council 31 Pursuant to Article XXIX on \_\_\_\_\_  
(date)

5.  Written waiver obtained from Council 31 for exceeded time frames set forth in #(I)1. \_\_\_\_\_  
(date)

6.  Renewal of an existing contract, no substantial modification to the scope of work or cost of the contract. Written notice provided to AFSCME Council 31 prior to the contract's initial term 3/1/10  
(date)

II.  Non-AFSCME Bargaining Unit Work – Same or comparable work is not arguably performed by bargaining unit employees as determined by the agency's Bureau of Personnel or Division of Labor Relations.

LR Administrator Signature \_\_\_\_\_

Date 4/21/17


## STATE OF ILLINOIS CONTRACT RENEWAL

Illinois Department of Corrections  
Renewal of Healthcare Services  
Contract #9311002


The undersigned Agency and Vendor, Wexford Health Sources, Inc., (the Parties) agree that the following shall renew the Contract referenced herein. All terms and conditions set forth in the original Contract, not amended herein, shall remain in full force and effect as written. In the event of conflict, the terms of this Renewal shall prevail.

IN WITNESS WHEREOF, the Agency and the Vendor cause this Renewal to be executed on the dates shown below by representatives authorized to bind the respective PARTIES.

### VENDOR

Vendor Name: Wexford Health Sources, Inc.	Address: 501 Holiday Drive; Pittsburgh, PA, 15220
Signature: 	Phone: 412-937 8590
Printed Name: John M. Froehlich	Fax: 412-937-8599
Title: Vice President and CFO	Email: jfroehlich@wexfordhealth.com
Date:	

### STATE OF ILLINOIS

Procuring Agency: Illinois Department of Corrections	Phone: 217-558-2200
Street Address: 1301 Concordia Court	Fax: 217-558-2203
City, State ZIP: Springfield, IL 62794	
Official Signature:  4/30/2018	
Printed Name: John Baldwin	
Official's Title: Acting Director	
Legal Signature	Date:
Legal Printed Name: Camille Lindsay	
Legal's Title: Chief General Counsel	
Fiscal Signature:	Date:
Fiscal's Printed Name: Jared Brunk	
Fiscal's Title: Chief Financial Officer	



**STATE OF ILLINOIS  
CONTRACT RENEWAL**

Illinois Department of Corrections  
Renewal of Healthcare Services  
Contract #9911002

<b>STATE USE ONLY</b>	<b>NOT PART OF CONTRACTUAL PROVISIONS</b>
PBC# 17-101946	Project Title Renewal of Healthcare Services
Contract # 991102	Procurement Method (IFB, RFP, Small, etc):
IPB Ref. #	IPB Publication Date: Award Code:
Subcontractor Utilization? <input type="checkbox"/> Yes <input type="checkbox"/> No	Subcontractor Disclosure? <input type="checkbox"/> Yes <input type="checkbox"/> No
Funding Source GRF	Obligation #
CPO 33 – General Counsel Approval:	
Signature	Printed Name Date

1. **DESCRIPTION OF CONTRACT BEING RENEWED** (include original contract number): HFS #2010-05-00, provision of medical, dental, vision, pharmaceutical, and mental health services for offenders at specified state correctional centers.

2. **TERMS AND CONDITIONS:** This Renewal maintains the same terms and conditions as the Contract being renewed except as changed and described herein.

2.1. Section 2.2.2 Vendor Functions and Duties shall be amended to add the following subsection:

2.2.2.30 Agency/Buyer and Vendor acknowledge that the Contract for Services will involve a provision of medical services and the Vendor shall not be held responsible for medical services not directly provided by the Vendor.

2.2. Section 2.2.3.4 shall be amended to add the following subsection 2.2.3.4.3.

2.2.3.4.3 Telehealth Services Program: The Department utilizes Telehealth services for Telemedicine, Tele-psychiatry, HIV, and Hepatitis - C treatment and wishes to expand Telehealth delivery within IDOC to other specialty areas. The services are to be used in conjunction with face-to-face encounters and are intended to supplement the level of care provided by the Department and Vendor.

- a) The Vendor is responsible for supplying all Tele-health equipment to each approved IDOC Correctional Center. The aforementioned equipment must meet the minimal standards outlined in this contract and meet the approval of the IDOC Chief Information Officer. This equipment shall become the property of IDOC upon the termination of the Contract. It is the IDOC's responsibility to provide all network and/or Ethernet connections, as required, to operate the equipment at each facility.
- b) All telehealth services must utilize end-to-end encryption based upon published and peer-reviewed standards and comply with HIPAA data transmission standards for healthcare information. Any service based solution must be accompanied by a privacy policy stating that data is protected and will not be shared with third parties. Such policy statements must be provided to DOC prior to the services being used.
- c) Video transmission must have minimal video resolution of 720x480 pixels at 29.97 frames per second rate.
- d) System shall include capacity for remote camera control in order to facilitate close up views of the offenders.
- e) System shall include audio capacity at 7 kHz full duplex with echo cancellation (capable of eliminating room return audio echo), with easy-to-use mute function and volume adjustment.
- f) System shall have capacity for software upgrades as improvements become available.
- g) The Vendor is responsible for all costs and communication line charges associated with Tele-health services conducted from a location that is not an IDOC Correctional Center.

2.3. Section 2.2.4.11 language shall be amended as follows:

2.2.4.11 Tele-psychiatry: Tele-psychiatry may be implemented and utilized upon agreement by both Agency and Vendor if, prior to Tele-psychiatry services being performed, written approval is obtained pursuant to Section 2.4.2. The following are the minimum conditions/stipulations:

- a) The Vendor shall comply with all of the Department's policies, procedures and protocols governing Tele-psychiatry services.
- b) Tele-psychiatry services shall be provided in accordance with current guidelines and practices established by the American Psychological Association, American Psychiatric Association, and American Telemedicine Association, current correctional industry best practice standards and IDOC Administrative Directives, policies and procedures.

- c) All aspects of HIPAA (and State privacy requirements) apply to all Tele-psychiatric encounters and transmission of medical record.
- d) The service-based solution is accompanied by a privacy policy stating that data is protected and will not be shared with third parties. Such policy statements must be provided to IDOC prior to the services being used.
- e) Psychiatrists providing Tele-psychiatry services shall have the necessary training/orientation and ongoing continuing education/professional development to ensure they possess the competencies for the safe provision of quality mental health services. All remote site and consultant personnel shall be properly licensed.
- f) If the Tele-psychiatry encounter involves more than one state, psychiatric staff must be licensed both by the transmitting and the receiving [Illinois] state.
- g) Each psychiatric staff member is covered by liability and malpractice insurance for each state in which they are providing Tele-psychiatry services
- h) Tele-psychiatrists shall be expected to participate in Multi-Disciplinary Mental Health Team Meetings with a designated MHP for Tele-psychiatry. If for some reason a Mental Health Team Meeting does not occur for a Scheduled Tele-Psychiatry Clinic due to vendor or psychiatrist cancellation, then the "Mental Health Team Meeting" shall not be documented on the Tele-Psychiatry Patient Log, nor shall this time be reimbursed by IDOC.
- i) The site Tele-health Coordinator or involved Psychiatrist shall document on the Tele-psychiatry Patient Log with the actual start and end time for any " Multi-Disciplinary Mental Health Team Meeting", should be at least 30 minutes.
- j) The Psychiatrist providing the Tele-psychiatry service shall remain directly available to mental health staff via teleconference or video until completion of the scheduled Tele-Psychiatry Clinic. For example, if the Tele-Psychiatry Clinic is scheduled to run from 7:00 a.m. to 5:00 p.m., the Psychiatrist shall be available until 5:00 p.m.
- k) The Psychiatrist shall document on the Tele-psychiatry Patient Log when a Mental Health Treatment Plan is completed for each psychiatric evaluation, psychiatric decompensation, and diagnosis change and/or diagnosis addition. Also, it shall be documented on the Tele-psychiatry Patient Log if an AIMS is completed during an encounter.
- l) The Vendor shall use the Tele-psychiatry Patient Log to documents Tele-psychiatry hours. IDOC shall provide approval/denial (with explanation) of the Tele-psychiatry Log within ten (10) Business Days; after ten (10) business Days the Tele-psychiatry Log shall be deemed approved. This documentation shall include:
  1. The scheduled case type: routine follow-up evaluation, psychiatric diagnostic evaluation or complex follow-up evaluation;
  2. Scheduled appointment time;
  3. Offender's name and identification number;
  4. The actual time spent face-to-face with the scheduled offender during the evaluation;
  5. Resulting case type: whether psychiatric diagnostic evaluation, routine or complex follow-up evaluation;
  6. Comments for describing operational delays;
  7. Length of sign on and sign off monitor screen time for tele-psychiatrist for the Tele-Psychiatry Clinic;
  8. The actual time the psychiatrist was required to be directly available to provide services in accordance with section j. Additional assignments within the scheduled timeframe may be assigned as necessary and feasible. .
- m) Tele-psychiatry hours that were previously scheduled and approved may be utilized based upon the institutional needs of the IDOC Tele-psychiatry site during a lockdown period or operational delay. The psychiatrist shall document the start and stop time(s) of the lockdown or operational delay in the comment section for operational delays. Lockdowns and operational delays are submitted to the IDOC daily for review and approval in

accordance with item "I" above. If operationally feasible, during a lockdown or operational delay, the psychiatrist shall document chart reviews for the scheduled offenders utilizing Form 0282. These chart reviews will be inclusive of the previous 12 months of psychiatric treatment and include psychotropic medication trials and responses, other therapeutic interventions, metabolic monitoring reviews, data pertinent to the ongoing care of the offender, and any other pertinent data. Payment to Vendor for Tele-psychiatry hours during a lockdown or operational delay shall be based upon the Scheduled Case Type time increments. If a lockdown is anticipated to extend past 24 hours, IDOC will notify the Vendor that the Tele-psychiatry Clinic may be cancelled. Upon cancellation, psychiatric services will be assigned by the IDOC Chief of Psychiatry to another IDOC facility where psychiatric evaluations are to be performed. If the Vendor or psychiatrist refuses to provide psychiatric services at the newly assigned facility, the Vendor shall not be reimbursed. Cancelled Tele-psychiatry Clinics shall be rescheduled and the hours for the clinic are to be completed unless agreed upon by the Chief of Mental Health or the Chief of Psychiatry for IDOC. Per Contract, the Vendor shall be compensated at the hourly psychiatrist rate for the scheduled clinic period.

The following defined time guidelines shall be used for scheduling Tele-psychiatry clinics and for cancelled clinic reimbursement only. The guidelines shall be adjusted to accurately reflect time spent executing the documentation requirements established in the IDOC Mental Health Standard Operating Procedural (SOP) Manual. The estimated time guidelines will be adjusted based on actual performance.

<b><i>Evaluation Type</i></b>	<b><i>Suggested Total Evaluation Time (Face to Face &amp; Documentation time)</i></b>
Psychiatric Evaluation	60 minutes
Complex Psychiatric Follow-up Evaluation *	45 minutes
Routine Psychiatric Follow-up Evaluation	30 minutes

\* The Psychiatric Progress Note will support the need for a complex follow-up

1. Upon initial implementation of new/revised Mental Health SOPs or relevant procedural bulletin, the Vendor shall have 90 days to train psychiatrists and other impacted mental health staff on the new procedure requirements. During the 90 Day period, the Vendor will be held to required Schedule E hours.
2. IDOC shall not be responsible for reimbursing the Vendor for clerical duties associated with Tele-psychiatry clinics that could be performed by ancillary personnel at a facility or when the facility has an EMR. For example, IDOC will not authorize reimbursement for printing of offender medical documentation sent from host site that have an EMR. Vendor will be responsible for providing all medical files necessary for the Tele-psychiatrist to perform his/her duties.
3. All tele-psychiatry equipment is expected to be in working order at the host site and at the off-site tele-psychiatrist location at the time of the scheduled Tele-psychiatry Clinic. In the event that a connection cannot be established from either the tele-psychiatrist or from the off-site location, the scheduled Tele-Psychiatry Clinic will be cancelled until such time that a proper connection can be established. If the scheduled Tele-Psychiatry Clinic is cancelled due to equipment malfunction, IDOC shall not be responsible for Vendor reimbursement. If the cancellation is due to equipment malfunction, the Tele-Psychiatry Clinic shall be rescheduled unless agreed upon by the Chief of Mental Health or the Chief of Psychiatry for IDOC.

4. Due to the nature of psychiatric care there can be fluctuations in need based on circumstances that arise during treatment; if questions arise regarding the appropriateness of a Tele-psychiatry provider's productivity, the following guidelines shall be used to determine appropriateness:
  - o IDOC will examine the providers compliance with the evaluation times outlined above
  - o IDOC will compare provider's productivity to on-site psychiatrist productivity;
  - o IDOC will confirm the hours provided did not exceed the previously allotted and/or approved hours.
  - o Consultation between on-site IDOC Mental Health Professional and Vendor Regional Mental Health Representative.
  - o IDOC Chief of Psychiatry will review and provide final determination
  
- n) Psychiatry services are a critical component of the Mental Health Program. The Vendor and IDOC shall work together to maximize the availability of psychiatric services through on-site face-to-face examinations as well as Tele-health clinics. IDOC's goal is to maximize on-site face-to-face psychiatric services and, with the exception of outpatient services, not inclusive of maximum security settings and reception and classifications centers, provide no greater than 45 percent of its psychiatric services through Telepsychiatry unless written authorization /approval is provided by the IDOC's Chief of Psychiatry. In order to guarantee psychiatric services to our mental health population, when on-site services are not available the Vendor shall provide Tele-psychiatry services. IDOC and the Vendor shall meet quarterly to review the delivery of psychiatry services, the use of Tele-psychiatry, on-going Vendor recruitment and the hiring of on-site psychiatrists.
  
- o) Tele-psychiatry hours exceeding the approved Schedule E or ASR shall not be paid unless approved in advance by the CAO, IDOC Chief of Mental Health and/or IDOC Chief of Psychiatry. Tele-psychiatry hours shall not be paid in the absence of appropriate documentation reflective of the criteria set out by sections h-m referenced above. Such documentation shall be submitted to the IDOC Contract Monitor or designee within no later than the first business day following the Tele-psychiatric clinic being provided and will be verified by the appropriate IDOC personnel. Verified reports will be provided to the Business Administrator for use during monthly reconciliations.
  
- p) All Tele-psychiatry notes related to patient care shall be submitted no later than the day immediately following the Tele-psychiatry session.

2.4. Section 2.2.4 shall be amended to add the following sub-sections:

**2.2.4.15 Mental Health Coverage:**

- a) **Work Schedules:** The Vendor shall provide staggered work schedules, to include evenings, weekends and holidays for increased offender access, and crisis response. Work schedules shall be subject to approval by the IDOC and shall reflect the evolving needs of the facilities.
  
- b) **Reception Centers and facilities designated as medium or maximum security shall have evening coverage until 8:00 p.m., Sunday through Saturday. Holiday coverage shall be provided at all maximum security facilities, all reception and classification centers, and residential treatment unit facilities. Psychiatric Telephone on-call services and the capability for on-site response shall be available for all facilities 24 hours per day, 7 days per week. A**

psychiatrist must be available between the hours of 8:00 am and 4:00 pm for on-site response to each facility within three hours of notification.

- c) In the event there is a need for mental health staff to attend off site meetings/trainings, the Vendor shall coordinate a plan for coverage with the IDOC Regional Deputy Chiefs and the facility's Chief Administrative Officer (Warden). The Vendor shall maintain a per diem pool of Mental Health Professionals, including Psychiatrists, who have previously obtained professional and security clearances from the IDOC. All per diem staff will be required to complete an IDOC and Wexford Health mutually agreeable orientation program.
- d) The Vendor shall endeavor to ensure that at every IDOC facility where it provides on-site mental health services, 51 percent of the on-site contractual mental health staff (excluding psychiatric providers, nursing staff, and behavioral health technicians) will be licensed as a Clinical Psychologists, Licensed Clinical Social Worker (LCSW) or Licensed Clinical Professional Counselors (LCPC). This will be specified in the facility mental health staffing schedule.

#### 2.2.4.16 REPORTS

It is the Vendor's responsibility to provide current, annually reviewed manuals and guidelines to assist in the delivery of care and to comply with structure required reporting.

- a) The Vendor shall comply with all statistical, nonproprietary financial, and informational reporting requirements. The Department reserves the right to change the reports, report content, or frequency of reports at any time during the term of this contract.
- b) All statistical, financial, and informational data maintained and/or produced as part of reporting requirements, shall be deemed property of the IDOC. The ownership provision is in consideration of the Vendor's use of public funds in collecting or preparing such medical records, data, information and reports. These items shall not be used by the Vendor for any independent projects nor publicized by the Vendor without the prior written permission of the IDOC. Subject to applicable state and Federal laws and regulations, the IDOC shall have the full and complete right to reproduce, duplicate, disclose and otherwise use all such information. Prior to or at the termination of this contract, the Vendor shall make available all such information as requested by the IDOC, including in a readable electronic format specified by the IDOC.
- c) The IDOC reserves the right to require the Vendor to produce additional reports: including Ad Hoc reports, information pertaining to contract compliance, or any other information that may be necessary to respond to grievances, inquiries, complaints and/or questions raised by inmates or other parties within the scope of services.
- d) Upon the request of the IDOC, the Vendor shall submit additional reports or make any necessary revisions to a report for no additional charge and without the need for a contract amendment.
- e) The IDOC may alter the reporting requirements to be supplied during the term of the Contract without requiring a Contract amendment.
- f) Vendor shall maintain trend analysis charts on key statistical data taken from the monthly reports.

- g) Monthly reports shall be due no later than the 20th day of the following month.
- h) Quarterly reports shall be due no later than the 30th day after the end of each calendar quarter.
- i) Utilization reports shall include denials and appeals in aggregate and individual reports.
- j) The Vendor shall submit an annual report regarding the effectiveness of the Tele-health program, including assessments of the program's efficiency, quality, and offender satisfaction.
- k) Confidential Reports, proprietary financial information (such as salaries, subcontractor fees, etc.), medical and mental health manuals, guidelines, policies and procedures, Quality/Performance Improvement Plans, orientation materials, CQI programs, as well as other knowledge and expertise based work product employed to provide care in Illinois pursuant to the contract shall be treated in accordance with Section 4.6, Confidential Information and not subject to FOIA disclosure, if exempt under FOIA. IDOC will submit FOIA requests to Wexford Health for review, comment, and justification of any requests to deny. The state retains the right to make the final determination with respect to FOIA disclosures.

**2.5. Section 2.4.1.14 language shall be amended to add the following:**

**2.4.1.14.1** Vendor shall provide all new medical and mental health personnel with an orientation regarding medical and/or mental health practices, protocols, policies and procedures at the IDOC. Vendor staff shall not be reimbursed for additional hours over the standard shift during the orientation period. Orientation regarding other facility operations will be the responsibility of the facility. Vendor shall ensure that all full-time medical and mental health staff, except psychiatrists, physicians, psychiatric providers and dentists, are scheduled and available to receive 40 hours of pre-service training at the IDOC Training Academy within the first 60 days of employment or the next available date as determined by IDOC. Training hours will count as hours worked and will not be adjusted out of the Vendor's monthly payment. Vendor staff may utilize the IDOC campus dormitory rooms and dining room during pre-service training free of charge, contingent on the availability of the rooms and the operational status of the kitchen. IDOC will not reimburse Vendor for travel expenses, off-campus meals, hotel accommodations, or for any staff hours beyond the standard shift. Psychiatrists, physicians, psychiatric providers and dentists shall comply with all IDOC required training and orientation processes tailored to these professionals.

**2.4.1.14.4** Vendor position classifications, designated by the IDOC Office of Health Services, shall complete IDOC required trainings. The training hours must be completed within the allotted Schedule E hours for that particular quarter. Absent prior approval, IDOC will not reimburse the Vendor for this training if Schedule E hours are exceeded for the quarter. Backfill coverage for designated staff attending the trainings shall be based on operational needs and subject to the approval of IDOC Office of Health Services.

**2.6. Section 2.4.2.2.1 language shall be amended as follows:**

**2.4.2.2.1** Hours allocated for psychiatrists on the Schedule E's can be filled by Tele-psychiatrists in accordance with the IDOC required outpatient psychiatric services and do not require additional written approval. If there are Schedule E on-site required psychiatrist hours that

cannot be filled on-site at those hours may be converted to Tele-psychiatry hours if approved by the IDOC Chief of Mental Health Services, the IDOC Chief of Health Services, or IDOC Chief of Psychiatry prior to the Tele-psychiatry service being provided. Approval shall not be unreasonably withheld if services can appropriately be provided via Tele-psychiatry. An ASR form must be submitted by the Vendor, and signed and approved by IDOC prior to the Tele-psychiatry hours being worked. Representatives authorized to bind both IDOC and the Vendor shall sign an ASR form prior to the Tele-psychiatry hours being worked.

**2.7.** Sections 2.4.2.2.4 and 2.4.2.2.5 shall be eliminated in their entirety.

**2.8.** Section 3.1.1.2 Quarterly Adjustments shall be amended to add the following subsection:

**3.1.1.2.8 PA/NP Salary:** In order to provide psychiatric services within their licensure authority, the Vendor may utilize a Mental Health and /or Psychiatric PA/NP for a psychiatrist position upon approval by the IDOC Chief of Mental Health, the IDOC Chief of Health Services, or the IDOC Chief of Psychiatry. Vendor compensation shall reflect the rates listed in the Vendor Collective Bargaining Agreement (CBA) Step III for the appropriate positions of Mental Health Nurse Practitioner/Physician Assistant and Psychiatric Nurse Practitioner/ Physician Assistant.

**2.9.** Section 7.1.3 shall be amended to add the following sub-sections:

**7.1.3.3** The Vendor shall participate in a Continuous Quality Improvement Sub-Committee, chaired by the IDOC Office of Mental Health Management and/or the Mental Health Quality Improvement Manager. The Mental Health Continuous Quality Improvement Program shall also include Continuous Quality Improvement activities, conduct and review Process and Outcome Quality Improvement studies including, at minimum, risk management reviews, policy and procedure reviews, pharmacy reviews and utilization management reviews, monthly statistical management reporting, and review mental health staffing levels

**7.1.3.4** The Mental Health Continuous Quality Improvement program will be utilized to evaluate the mental health care provided to offenders. This Program will also analyze the quality of care, appropriateness, innovativeness and continuity of care. The Vendor shall have a written Continuous Quality Improvement system, provided by the IDOC, showing the continuous emphasis on quality dedicated to all aspects of mental health services. The program shall be supported by data collection and the Vendor shall be able to provide qualitative and quantitative analysis to the IDOC. The Vendor shall provide the additional Mental Health Continuous Quality Improvement Services set forth below.

**7.1.3.5** The Vendor shall develop, maintain and/or implement (once approved by IDOC Office of Mental Health Management) a Mental Health performance improvement plan that is designed to consistently improve the quality of services provided to the IDOC. The plan shall identify the framework by which processes, systems and outcomes of care within the IDOC are designed, measured and improved. The plan shall be comprehensive, organization-wide and multi-disciplinary so as to maximize the performance improvement process. The Vendor shall actively seek out opportunities for improvement for problems identified through this process or by IDOC. The Vendor shall be responsible for all costs incurred as a result of this quality improvement process unless expansion of services or resources is required. If expansion of services is necessary requiring additional staff or other resources, the Vendor shall prepare and submit a cost impact statement. The IDOC and Vendor shall meet to review, upon approval the IDOC shall amend the contract to reflect the agreed upon changes and cost.



7.1.3.6 The Vendor shall submit a monthly confidential, proprietary, and non-disclosable Mental Health incident review report to the Mental Health Quality Improvement Manager, with a copy to the Chief of Mental Health and Chief of Psychiatry. This report shall detail all adverse incidents, as defined by the quality assurance corrective action plan.

#### DATA COLLECTION

**7.1.8.5 The Vendor shall provide required data in a format approved by the Office of Healthcare and Mental Health Services within a time period agreed upon by the Department and the Vendor.**

7.1.8.7

2.10 Section 3.8 Payment Terms and Conditions shall be amended to add the following sub-sections:

3.8.10 Pursuant to amended Section 3.3, the credit held by the agency with respect to the annual hospital utilization threshold will not be used until such time that the Department has received a comprehensive budget that allows for the past practice of vouchers to be submitted to the Comptroller's Office on a routine basis. However, the credit may be used in advance of a comprehensive budget should both parties mutually agree to their application or the contract is terminated before such time.

3. **RENEWAL TERM:** This RENEWAL shall begin May 1, 2018 and shall run through April 30, 2021.
4. **COSTS** (describe calculation and/or cost basis, if applicable): For the aforementioned term, the estimated cost is \$672,599,329 per the attached Schedule E's. That amount is comprised of \$37,304,458 in FY18 expenses, \$223,826,724 in FY19 expenses, \$224,013,267 in FY20, and \$187,454,899 in FY21.
5. **MAXIMUM AMOUNT:** The total payments under this contract shall not exceed N/A without a formal amendment.
6. **SUBCONTRACTORS:** Will subcontractors be utilized?  Yes  No
  - Subcontractor Name: Precise Specialties Corporation  
Amount to be paid: As needed  
Address: 524 South Main, Hillsboro, IL  
Description of work: Ultrasound
  - Subcontractor Name: Boswell Pharmacy Services

Amount to be paid: As needed

-\*Address: 131 Schoolhouse Road, Jennerstown, PA 15547-0001

Description of work: Pharmacy

- 6.1. All contracts with the subcontractors identified above must include the Standard Certifications completed and signed by the subcontractor.
- 6.2. If the annual value of any the subcontracts is more than \$50,000, then the Vendor must provide to the State the Financial Disclosures and Conflicts of Interest for that subcontractor.
- 6.3. If the subcontractor is registered in the Illinois Procurement Gateway (IPG) and the Vendor is using the subcontractor's Standard Certifications or Financial Disclosures and Conflicts of Interest from the IPG, then the Vendor must also provide a completed Forms B for the subcontractor.
- 6.4. If at any time during the term of the Contract, Vendor adds or changes any subcontractors, Vendor will be required to promptly notify, in writing, the State Purchasing Officer or the Chief Procurement Officer of the names and addresses and the expected amount of money that each new or replaced subcontractor will receive pursuant to the Contract. Any subcontracts entered into prior to award of the Contract are done at the Vendor's and subcontractor's risk.

**STATE OF ILLINOIS**  
**TAXPAYER IDENTIFICATION NUMBER**

---

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. person (including a U.S. resident alien).

- If you are an individual, enter your name and SSN as it appears on your Social Security Card.
- If you are a sole proprietor, enter the owner's name on the name line followed by the name of the business and the owner's SSN or EIN.
- If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's name on the name line and the D/B/A on the business name line and enter the owner's SSN or EIN.
- If the LLC is a corporation or partnership, enter the entity's business name and EIN and for corporations, attach IRS acceptance letter (CP261 or CP277).
- For all other entities, enter the name of the entity as used to apply for the entity's EIN and the EIN.

Name: [Click here to enter text.](#)

Business Name: [Click here to enter text.](#)

Taxpayer Identification Number:

Social Security Number: [Click here to enter text.](#)

or

Employer Identification Number : [Click here to enter text.](#)

Legal Status (check one):

- |  |  |
|--|--|
| <input type="checkbox"/> Individual  | <input type="checkbox"/> Governmental  |
| <input type="checkbox"/> Sole Proprietor   | <input type="checkbox"/> Nonresident alien   |
| <input type="checkbox"/> Partnership   | <input type="checkbox"/> Estate or trust   |
| <input type="checkbox"/> Legal Services Corporation  | <input type="checkbox"/> Pharmacy (Non-Corp.)  |
| <input type="checkbox"/> Tax-exempt  | <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corp.)                              |
| <input type="checkbox"/> Corporation providing or billing<br>medical and/or health care services     | <input type="checkbox"/> Limited Liability Company<br>(select applicable tax classification) |
| <input type="checkbox"/> Corporation NOT providing or billing<br>medical and/or health care services | <input type="checkbox"/> C = corporation   |
|  | <input type="checkbox"/> P = partnership   |

Signature of Authorized Representative: \_\_\_\_\_

Date: [Click here to enter a date](#)

**STATE OF ILLINOIS**  
**TAXPAYER IDENTIFICATION NUMBER**

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**BIG MUDDY CORRECTIONAL CENTER  
BUDGET SCHEDULE E  
05/01/2018 - 04/30/2019**

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES		TOTAL CONTRACT
						PER CAP DAILY	PROGRAM ADJUST.	
Dental Assistant	94,723	26,333	4,160	22.77	6.33	29.10		
Dental Hygienist	73,840	20,509	2,080	35.50	9.86	45.36		
Dentist	172,536	46,446	2,080	82.95	22.33	105.28		
Director of Nursing	72,738	20,218	2,080	34.97	9.72	44.69		
Licensed Practical Nurse	856,960	237,952	33,280	25.75	7.15	32.90		
On-Site Medical Director	227,802	63,294	2,080	109.52	30.43	139.95		
Medical Records Director	57,470	15,974	2,080	27.63	7.68	35.31		
Optometrist	42,892	0	562	76.32	-	76.32		
Medication Room Assistant	47,362	13,166	2,080	22.77	6.33	29.10		
Physical Therapist	17,770	0	104	170.87	-	170.87		
Physical Therapy Assistant	40,477	9,901	1,456	27.80	6.80	34.60		
Physician Asst/Nurse Practitioner	105,893	29,411	2,080	50.91	14.14	65.05		
Psychiatrist	602,933	167,615	3,120	193.25	53.72	246.97		
Qualified Mental Health Professional	201,697	56,072	6,240	32.32	8.99	41.31		
Behavioral Health Technician	50,446	14,024	2,080	24.25	6.74	31.00		
Staff Assistant - Mental Health	44,324	12,322	2,080	21.31	5.92	27.23		
Radiology Technician	26,988	6,594	1,040	25.95	6.34	32.29		
Registered Nurse	561,434	156,083	16,640	33.74	9.38	43.12		
Staff Assistant	94,723	26,333	4,160	22.77	6.33	29.10		
Medical Records Clerk	139,838	37,315	6,240	22.41	5.98	28.39		
TOTAL	\$ 3,532,845	\$ 959,563	95,722					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS								
OFF SITE ADM STAFF			287,813					
MGMT FEE			402,837					
INDIRECT ADMIN COSTS			690,650		349.36	0.9572	0.9572	690,650
DIRECT CARE	1,824,826	506,958	2,331,784	377,093	196.61	0.5387	1.4959	2,708,877
DENTAL	341,099	93,288	434,387	178,707	93.17	0.2553	1.2125	613,094
MENTAL HEALTH	855,075	237,711	1,092,786	615,880	321.11	0.8798	1.8370	1,708,666
PHARMACY	47,362	13,166	60,528	630,505	328.73	0.9006	1.8578	691,033
ANCILLARY	58,247	9,901	68,148	168,523	87.86	0.2407	1.1979	236,672
LABORATORY	0	0	0	118,799	61.94	0.1697	1.1269	118,799
RADIOLOGY	26,988	6,594	33,582	33,823	17.63	0.0483	1.0055	67,405
SUPPORT	336,356	91,944	428,300	168,296	87.75	0.2404	1.1976	596,597
OPTICAL	42,892	0	42,892	44,677	23.29	0.0638	1.0210	87,569
NON-HOSPITAL SERVICES	0	0	0	537,393	280.18	0.7676	1.7248	537,393
TOTAL	3,532,845	959,563	5,183,057	2,873,686	1,498.27	4.1049		\$ 8,056,743
POPULATION BASE								1,918

Centralia Correctional Center  
Budget Schedule E  
05/01/2018 - 04/30/2019

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	PROGRAM ADJUST.	TOTAL CONTRACT
On-Site Medical Director	227,802	63,315	2,080	109.52	30.44	139.96		
Physician	29,204	7,134	364	80.23	19.60	99.83		
Director of Nursing	78,291	21,757	2,080	37.64	10.46	48.10		
Registered Nurse	707,408	196,560	20,800	34.01	9.45	43.46		
Dentist	174,152	48,376	2,184	79.74	22.15	101.89		
Dental Assistant	43,763	12,168	2,080	21.04	5.85	26.89		
Dental Hygienist	34,112	8,341	1,040	32.80	8.02	40.82		
Psychiatrist	401,955	111,743	2,080	193.25	53.72	246.97		
Qualified Mental Health Professional	67,232	18,691	2,080	32.32	8.99	41.31		
Staff Assistant - Mental Health	44,324	12,322	2,080	21.31	5.92	27.23		
Medical Records Clerk	-	-	-	21.04	5.85	26.89		
Medication Room Assistant	43,763	12,168	2,080	21.04	5.85	26.89		
Radiology Technician	24,274	5,928	1,040	23.34	5.70	29.04		
Staff Assistant	43,763	12,168	2,080	21.04	5.85	26.89		
Medical Records Clerk	43,763	12,168	2,080	21.04	5.85	26.89		
Optometrist	16,840	4,116	192	87.71	21.44	109.15		
TOTAL	\$ 1,980,647	\$ 546,955	44,340					
TOTAL CONTRACT BUDGET	PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PER CAP DAILY	PROGRAM ADJUST.	TOTAL CONTRACT
ADMIN SVS								
OFF SITE ADMIN STAFF			181,645					
MGMT FEE			233,985					
INDIRECT ADMIN COSTS			415,631		273.98	0.7506	0.7506	415,631
DIRECT CARE	1,042,705	288,766	1,331,471	206,751	136.29	0.3734	1.1240	1,538,222
DENTAL	252,027	68,884	320,912	96,736	63.77	0.1747	0.9253	417,648
MENTAL HEALTH	513,511	142,756	656,267	341,603	225.18	0.6169	1.3675	997,870
PHARMACY	43,763	12,168	55,931	438,592	289.12	0.7921	1.5427	494,524
ANCILLARY	0	0	0	18,983	12.51	0.0343	0.7849	18,983
LABORATORY	0	0	0	103,216	68.04	0.1864	0.9370	103,216
RADIOLOGY	24,274	5,928	30,202	20,411	13.45	0.0368	0.7874	50,613
SUPPORT	87,526	24,336	111,862	88,416	58.94	0.1615	0.9121	201,279
OPTICAL	16,840	4,116	20,957	24,184	15.94	0.0437	0.7943	45,141
NON-HOSPITAL SERVICES	0	0	0	396,584	261.43	0.7162	1.4668	396,584
TOTAL	1,980,647	546,955	2,943,233	1,736,477	1,144.67	3.1360		\$ 4,679,709
POPULATION BASE								1517

DANVILLE CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 05/01/2018 - 04/30/2019

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY RATES	COMBINED RATES						
Dental Assistant	41,236	11,451	2,080	19.83	5.51	25.33						
Dentist	163,178	43,944	2,080	78.45	21.13	99.58						
Dental Hygienist	88,234	21,590	2,080	42.42	10.38	52.80						
Director of Nursing	72,031	20,010	2,080	34.63	9.62	44.25						
Licensed Practical Nurse	450,541	125,117	17,888	25.19	6.99	32.18						
Medical Director	199,824	55,532	2,080	96.07	26.70	122.77						
Medical Records Director	59,227	16,453	2,080	28.47	7.91	36.38						
Optometrist	22,804	0	260	87.71	-	87.71						
Medication Room Assistant	40,433	11,244	2,080	19.44	5.41	24.84						
Physician Asst/Nurse Practitioner	101,840	28,294	2,080	48.96	13.60	62.56						
Psychiatrist	602,933	167,615	3,120	193.25	53.72	246.97						
Qualified Mental Health Professional	201,697	56,072	6,240	32.32	8.99	41.31						
Staff Assistant - Mental Health	88,648	24,644	4,160	21.31	5.92	27.23						
Radiology Technician	22,387	0	624	35.88	-	35.88						
Registered Nurse	621,847	171,829	18,720	33.22	9.18	42.40						
Staff Assistant	47,363	13,172	2,080	22.77	6.33	29.10						
Medical Records Clerk	88,622	24,599	4,160	21.30	5.91	27.22						
TOTAL	\$ 2,912,845	\$ 791,567	73,892									
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>				
ADMIN SVS												
OFF SITE ADM STAFF			269,451									
MGMT FEE			344,067									
INDIRECT ADMIN COSTS			613,518									
DIRECT CARE	1,446,084	400,782	1,846,866	309,837	169.59	0.4646	1.3784	613,518	0.9138			613,518
DENTAL	292,647	76,985	369,632	147,553	80.76	0.2213	1.1351					517,186
MENTAL HEALTH	893,277	248,331	1,141,608	515,122	281.95	0.7725	1.6863					1,656,730
PHARMACY	40,433	11,244	51,677	493,465	270.10	0.74	1.6538					545,142
ANCILLARY	0	0	0	134,939	73.86	0.2024	1.1162					134,939
LABORATORY	0	0	0	125,077	68.46	0.1876	1.1014					125,077
RADIOLOGY	22,387	0	22,387	56,402	30.87	0.0846	0.9984					78,789
SUPPORT	195,212	54,224	249,436	139,242	76.21	0.2088	1.1226					388,679
OPTICAL	22,804	0	22,804	36,888	20.19	0.0553	0.9691					59,692
NON-HOSPITAL SERVICES	0	0	0	604,880	331.08	0.9071	1.8209					604,880
TOTAL	2,912,845	791,567	4,317,929	2,563,405	1,403.07	3.8442						\$ 6,881,335
POPULATION BASE												1,827

DECATUR CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 05/01/2018 – 04/30/2019

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES		
						PER CAP DAILY	PROGRAM ADJUST.	
Dental Assistant	35,522	8,674	1,560	22.77	5.56	28.33		
Dental Hygienist	21,008	5,134	520	40.40	9.87	50.27		
Dentist	124,397	30,394	1,560	79.74	19.48	99.22		
Gynecologist/ Physician Specialist	37,344	0	120	311.20	-	311.20		
Licensed Practical Nurse	102,627	28,496	4,160	24.67	6.85	31.52		
On-Site Medical Director	193,353	53,714	2,080	92.96	25.82	118.78		
Medical Records Director	63,151	17,555	2,080	30.36	8.44	38.80		
Optometrist	18,243	0	208	87.71	-	87.71		
Psychiatrist	401,955	111,743	2,080	193.25	53.72	246.97		
Qualified Mental Health Professional	134,465	37,381	4,160	32.32	8.99	41.31		
Behavioral Health Technician	50,446	14,024	2,080	24.25	6.74	31.00		
Radiology Technician	4,486	1,097	208	21.57	5.27	26.84		
Staff Assistant	50,622	14,067	2,080	24.34	6.76	31.10		
<b>TOTAL</b>	<b>\$ 1,237,619</b>	<b>\$ 322,278</b>	<b>22,896</b>					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS								
OFF SITE ADM STAFF			130,508					
MGMT FEE			164,898					
INDIRECT ADMIN COSTS			295,406		478.45	1.3108	1.3108	295,406
DIRECT CARE	333,324	82,210	415,534	129,134	214.15	0.5867	1.8975	544,668
DENTAL	180,927	44,202	225,129	55,562	92.14	0.2524	1.5632	280,692
MENTAL HEALTH	586,865	163,149	750,014	148,447	246.18	0.6745	1.9853	898,461
PHARMACY	0	0	0	254,666	422.33	1.1571	2.4679	254,666
ANCILLARY	0	0	0	174,814	289.91	0.7943	2.1051	174,814
LABORATORY	0	0	0	104,731	173.68	0.4758	1.7866	104,731
RADIOLOGY	4,486	1,097	5,583	22,971	38.09	0.1044	1.4152	28,554
SUPPORT	113,772	31,621	145,394	47,560	78.87	0.2161	1.5269	192,954
OPTICAL	18,243	0	18,243	13,891	23.04	0.0631	1.3739	32,134
NON-HOSPITAL SERVICES	0	0	0	490,886	814.07	2.2303	3.5411	490,886
<b>TOTAL</b>	<b>1,237,619</b>	<b>322,278</b>	<b>1,855,303</b>	<b>1,442,661</b>	<b>2,392.46</b>	<b>6.5547</b>		<b>\$ 3,297,965</b>
POPULATION BASE								603



DIXON CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 05/01/2018 - 04/30/2019

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	
Certified Nurses Assistant	199,090	55,349	12,480	15.95	4.43	20.38	
Chief Dentist	182,430	50,690	2,080	87.71	24.37	112.08	
Dental Assistant	47,363	13,172	2,080	22.77	6.33	29.10	
Dentist	70,375	0	832	84.58	-	84.58	
Phototomist	42,292	10,326	2,080	20.33	4.96	25.30	
Licensed Practical Nurse	544,308	151,222	20,800	26.17	7.27	33.44	
On-Site Medical Director	215,842	59,961	2,080	103.77	28.83	132.60	
Optometrist	35,541	0	416	85.43	-	85.43	
Medical Room Assistant	137,683	38,276	6,240	22.06	6.13	28.20	
Physical Therapist	78,190	0	624	125.31	-	125.31	
Physical Therapist Assistant	0	0	0	23.73	6.60	30.33	
Physician	204,161	56,726	2,080	98.15	27.27	125.43	
Physician AssuNurse Practitioner	224,837	62,462	4,160	54.05	15.01	69.06	
Site Mental Health Services Director	121,459	33,766	2,080	58.39	16.23	74.63	
Mental Health Training Director	113,742	31,620	2,080	54.68	15.20	69.89	
Pre-Doc Intern	95,830	26,641	4,160	23.04	6.40	29.44	
Post-Doc Intern	67,226	18,699	2,080	32.32	8.99	41.31	
Mental Health Unit Director	331,303	92,102	6,240	53.09	14.76	67.85	
Psychiatrist	4,019,550	1,117,435	20,800	193.25	53.72	246.97	
Psychologist	530,417	147,456	10,400	51.00	14.18	65.18	
QMHP	1,210,181	336,430	37,440	32.32	8.99	41.31	
Behavioral Health Technician	908,025	252,431	37,440	24.25	6.74	31.00	
Recreational Therapist	115,818	32,197	4,160	27.84	7.74	35.58	
Director of Nursing - Mental Health	0	0	0	39.82	11.07	50.89	
RN - Mental Health	0	0	0	34.47	9.58	44.05	
Medical Records Director - MH	0	0	0	25.84	7.18	33.03	
Office Coordinator - Mental Health	49,692	13,814	2,080	23.89	6.64	30.53	
Staff Assistant - Mental Health	310,268	86,254	14,560	21.31	5.92	27.23	
Radiology Technician	52,572	14,594	2,080	25.28	7.02	32.29	
Registered Nurse	0	0	0	32.57	9.05	41.61	
Staff Assistant	45,206	12,552	2,080	21.73	6.03	27.77	
Medical Records Clerk	242,598	67,465	12,480	19.44	5.41	24.84	
Supervising Nurse	82,036	22,787	2,080	39.44	10.96	50.40	
<b>TOTAL</b>	<b>\$ 10,278,034</b>	<b>\$ 2,804,428</b>	<b>218,192</b>				
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS			483,039				
OFF SITE ADM STAFF			981,134				
MGMT FEE			1,464,173				
INDIRECT ADMIN COSTS			1,878,781	711,492	729.58	1.9989	1,464,173
DIRECT CARE	1,470,275	408,507	1,878,781	337,090	320.49	0.8761	2,590,273
DENTAL	300,168	63,862	364,030	151.84	0.416	2.4149	701,121
MENTAL HEALTH	7,873,509	2,188,846	10,062,355	1,216,858	548.13	3.5006	11,279,213
PHARMACY	137,683	38,276	175,959	1,171,770	527.82	1.4461	1,347,729
ANCILLARY	78,190	0	78,190	479,753	216.10	0.5921	557,943
LABORATORY	42,292	10,326	52,618	240,175	108.19	0.2964	229,793
RADIOLOGY	52,572	14,594	67,167	73,996	33.33	0.0913	141,162
SUPPORT	287,804	80,017	367,821	319,227	143.80	0.394	717,453
OPTICAL	35,541	0	35,541	84,273	37.96	0.104	119,813
NON-HOSPITAL SERVICES	0	0	0	411,009	185.14	0.5072	411,009
<b>TOTAL POPULATION BASE</b>	<b>10,278,034</b>	<b>2,804,428</b>	<b>14,577,040</b>	<b>5,045,643</b>	<b>2,272.80</b>	<b>6.2269</b>	<b>\$ 19,622,884</b>
							<b>2,220</b>

EAST MOLINE CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 05/01/2018 - 04/30/2019

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES		
Certified Nurses Assistant	199,056	55,286	12,480	15.95	4.43	20.38		
Dental Assistant	47,363	13,172	2,080	22.77	6.33	29.10		
Dentist	176,074	48,923	2,080	84.65	23.52	108.17		
On-Site Medical Director / Physician	198,287	55,096	2,080	95.33	26.49	121.82		
Optometrist	16,647	0	190	87.71	-	87.71		
Licensed Practical Nurse	216,902	60,237	8,320	26.07	7.24	33.31		
Medication Room Assistant	46,422	12,896	2,080	22.32	6.20	28.52		
Physician Ass/Nurse Practitioner	39,936	11,099	832	48.00	13.34	61.34		
Psychiatrist	401,955	111,743	2,080	193.25	53.72	246.97		
QMHP	67,232	18,691	2,080	32.32	8.99	41.31		
Staff Assistant - Mental Health	44,325	12,314	2,080	21.31	5.92	27.23		
Phlebotomist	20,738	5,065	1,040	19.94	4.87	24.81		
Radiology Technician	16,839	3,958	624	26.99	6.34	33.33		
Medical Records Clerk	87,796	24,416	4,160	21.10	5.87	26.97		
Staff Assistant	43,898	12,208	2,080	21.10	5.87	26.97		
<b>TOTAL</b>	<b>\$ 1,623,471</b>	<b>\$ 445,105</b>	<b>44,286</b>					
TOTAL CONTRACT BUDGET	PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PER CAP DAILY	PROGRAM ADJUST.	TOTAL CONTRACT
ADMIN SVS								
OFF SITE ADM STAFF			150,555					
MGMT FEE			198,429					
INDIRECT ADMIN COSTS			348,984		280.72	0.7691	0.7691	348,984
DIRECT CARE	654,181	181,718	835,900	137,165	121.06	0.3317	1.1008	973,065
DENTAL	223,437	62,095	285,532	62,723	55.36	0.1517	0.9208	348,255
MENTAL HEALTH	513,512	142,748	656,260	230,807	203.71	0.5581	1.3272	887,066
PHARMACY	46,422	12,896	59,319	340,287	300.34	0.8228	1.5919	399,606
ANCILLARY	0	0	0	178,403	157.46	0.4314	1.2005	178,403
LABORATORY	20,738	5,065	25,802	109,555	96.69	0.2649	1.0340	135,357
RADIOLOGY	16,839	3,958	20,798	29,025	25.62	0.0702	0.8393	49,822
SUPPORT	131,694	36,624	168,318	56,535	49.90	0.1367	0.9058	224,853
OPTICAL	16,647	0	16,647	15,681	13.84	0.0379	0.8070	32,327
NON-HOSPITAL SERVICES	0	0	0	390,850	344.97	0.9451	1.7142	390,850
<b>TOTAL POPULATION BASE</b>	<b>1,623,471</b>	<b>445,105</b>	<b>2,417,559</b>	<b>1,551,030</b>	<b>1,368.95</b>	<b>3.7505</b>		<b>\$ 3,968,589</b>
								<b>1,133</b>

ELGIN TREATMENT CENTER  
 BUDGET SCHEDULE E  
 05/01/2018-04/30/2019

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	PROGRAM ADJUST.	TOTAL CONTRACT
CNA	492,128	136,812	29,120	16.90	4.70	21.60		
PA/NP	119,217	33,142	2,080	57.32	15.93	73.25		
Psychologist	209,147	58,143	4,160	50.28	13.98	64.25		
Psychiatrist	1,040,000	289,120	4,160	250.00	69.50	319.50		
Nurse Supervisor	75,005	20,851	2,080	36.06	10.02	46.08		
Medication Room Assistant	42,827	11,906	2,080	20.59	5.72	26.31		
Medical Records Director	51,938	14,439	2,080	24.97	6.94	31.91		
<b>TOTAL</b>	<b>\$ 2,030,262</b>	<b>\$ 564,413</b>	<b>45,760</b>					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS								
OFF SITE ADM STAFF			34,014					
MGMT FEE			152,706					
INDIRECT ADMIN COSTS			186,720		4,243.63	11.6264	11.6264	186,720
DIRECT CARE	781,115	217,150	998,265	61.875	1,406.25	3.8527	15.4791	1,060,140
DENTAL	0	0	0	0	0.00	0	11.6264	0
MENTAL HEALTH	1,249,147	347,263	1,596,410	23,203	527.35	1.4448	13.0712	1,619,613
PHARMACY	0	0	0	23,750	539.76	1.4788	13.1052	23,750
ANCILLARY	0	0	0	38,055	864.90	2.3696	13.9960	38,055
LABORATORY	0	0	0	2,776	63.09	0.1728	11.7992	2,776
RADIOLOGY	0	0	0	499	11.34	0.0311	11.6575	499
SUPPORT	0	0	0	30,938	703.13	1.9264	13.5528	30,938
OPTICAL	0	0	0	0	0.00	0	11.6264	0
NON-HOSPITAL SERVICES	0	0	0	91,623	2,082.35	5.7051	17.3315	91,623
<b>TOTAL</b>	<b>2,030,262</b>	<b>564,413</b>	<b>2,781,395</b>	<b>272,719</b>	<b>6,198.17</b>	<b>16.9813</b>		<b>\$ 3,054,114</b>

GRAHAM CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 05/01/2018 - 04/30/2019

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES			
Certified Nurses Assistant	199,056	55,286	12,480	15.95	4.43	20.38			
Dentist	265,784	70,751	3,328	79.86	21.26	101.12			
Medical Director	223,621	62,141	2,080	107.51	29.88	137.39			
Optometrist	36,486	0	416	87.71	0.00	87.71			
Medication Room Assistant	44,632	12,392	2,080	21.46	5.96	27.42			
Physician Ass/Nurse Practitioner	103,859	28,868	2,080	49.93	13.88	63.81			
Psychiatrist	803,910	223,487	4,160	193.25	53.72	246.97			
Qualified Mental Health Professional	201,697	56,072	6,240	32.32	8.99	41.31			
Behavioral Health Technician	50,446	14,024	2,080	24.25	6.74	31.00			
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92	27.23			
Radiology Technician	21,029	5,140	832	25.28	6.18	31.45			
Registered Nurse	0	0	0	33.20	9.22	42.42			
Office Coordinator	56,139	15,600	2,080	26.99	7.50	34.49			
Medical Records Clerk	118,408	32,929	5,200	22.77	6.33	29.10			
<b>TOTAL</b>	<b>\$ 2,169,391</b>	<b>\$ 589,012</b>	<b>45,136</b>						
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>	
ADMIN SVS									
OFF SITE ADM STAFF			258,602						
MGMT FEE			311,525						
INDIRECT ADMIN COSTS			570,127		301.57	0.8262	0.8262	570,127	
DIRECT CARE	526,536	146,295	672,831	254,210	134.36	0.3681	1.1943	927,041	
DENTAL	265,784	70,751	336,535	114,317	60.42	0.1655	0.9917	450,852	
MENTAL HEALTH	1,100,377	305,905	1,406,282	483,789	255.70	0.7005	1.5267	1,890,072	
PHARMACY	44,632	12,392	57,024	745,526	394.04	1.0796	1.9058	802,549	
ANCILLARY	0	0	0	184,164	97.34	0.2667	1.0929	184,164	
LABORATORY	0	0	0	224,577	118.70	0.3252	1.1514	224,577	
RADIOLOGY	21,029	5,140	26,169	35,562	18.80	0.0515	0.8777	61,731	
SUPPORT	174,547	48,529	223,076	101,582	53.69	0.1471	0.9733	324,658	
OPTICAL	36,486	0	36,486	28,579	15.11	0.0414	0.8676	65,065	
NON-HOSPITAL SERVICES	0	0	0	729,660	385.66	1.0566	1.8828	729,660	
<b>TOTAL</b>	<b>2,169,391</b>	<b>589,012</b>	<b>3,328,530</b>	<b>2,901,967</b>	<b>1,533.82</b>	<b>4.2022</b>		<b>\$ 6,230,497</b>	
POPULATION BASE								<b>1,892</b>	
INTAKE BASE								<b>314</b>	

HILL CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 05/01/2018 - 04/30/2019

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES		
Dental Assistant	94,726	26,343	4,160	22.77	6.33	29.10		
Dentist	165,863	46,078	2,080	79.74	22.15	101.89		
Director of Nursing	79,719	22,144	2,080	38.33	10.65	48.97		
Licensed Practical Nurse	650,692	180,641	24,960	26.07	7.24	33.31		
On-Site Medical Director	224,975	62,508	2,080	108.16	30.05	138.21		
Medical Records Director	50,048	13,906	2,080	24.06	6.69	30.75		
Optometrist	36,486	0	416	87.71	-	87.71		
Medication Room Assistant	45,137	11,038	2,080	21.70	5.31	27.01		
Physical Therapist	17,770	0	104	170.87	-	170.87		
Physical Therapy Assistant	24,680	6,035	1,040	23.73	5.80	29.53		
Physician Assi/Nurse Practitioner	99,843	27,743	2,080	48.00	13.34	61.34		
Psychiatrist	803,910	223,487	4,160	193.25	53.72	246.97		
Qualified Mental Health Professional	268,929	74,762	8,320	32.32	8.99	41.31		
Staff Assistant - Mental Health	88,650	24,645	4,160	21.31	5.92	27.23		
Radiology Technician	19,046	4,654	832	22.89	5.59	28.49		
Registered Nurse	561,014	154,940	16,640	33.71	9.31	43.03		
Staff Assistant	47,363	11,565	2,080	22.77	5.56	28.33		
Medical Records Clerk	142,089	39,515	6,240	22.77	6.33	29.10		
<b>TOTAL</b>	<b>\$ 3,420,939</b>	<b>\$ 930,004</b>	<b>85,592</b>					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS								
OFF SITE ADM STAFF			295,589					
MGMT FEE			389,545					
INDIRECT ADMIN COSTS			685,134		371.96	1.0191	1.0191	685,134
DIRECT CARE	1,616,242	447,976	2,064,218	401,234	219.73	0.602	1.6211	2,465,452
DENTAL	260,589	72,421	333,010	186,703	102.25	0.2801	1.2992	519,713
MENTAL HEALTH	1,161,489	322,894	1,484,382	511,030	279.86	0.7667	1.7858	1,995,412
PHARMACY	45,137	11,038	56,175	598,367	327.69	0.8978	1.9169	654,542
ANCILLARY	42,450	6,035	48,485	208,818	114.36	0.3133	1.3324	257,303
LABORATORY	0	0	0	144,785	79.29	0.2172	1.2363	144,785
RADIOLOGY	19,046	4,654	23,700	47,369	25.94	0.0711	1.0902	71,069
SUPPORT	239,500	64,987	304,487	173,154	94.83	0.2598	1.2789	477,640
OPTICAL	36,486	0	36,486	46,676	25.56	0.07	1.0891	83,162
NON-HOSPITAL SERVICES	0	0	0	436,681	239.15	0.6552	1.6743	436,681
<b>TOTAL POPULATION BASE</b>	<b>3,420,939</b>	<b>930,004</b>	<b>5,036,077</b>	<b>2,754,818</b>	<b>1,508.66</b>	<b>4.1332</b>		<b>\$ 7,790,895</b>
								<b>1,826</b>

IL RIVER CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 05/01/2018 -- 04/30/2019

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY RATES	COMBINED RATES		
Dental Assistant	109,412	30,382	4,160	26.30	7.30	33.60		
Dental Hygienist	44,116	10,785	1,040	42.42	10.37	52.79		
Dentist	163,384	45,390	2,080	78.55	21.82	100.37		
Director of Nursing	74,051	20,561	2,080	35.60	9.88	45.49		
Certified Nurses Assistant	33,176	9,214	2,080	15.95	4.43	20.38		
Licensed Practical Nurse	640,228	177,336	24,960	25.65	7.10	32.75		
Medical Director	213,249	59,250	2,080	102.52	28.49	131.01		
Medical Records Director	56,358	15,650	2,080	27.10	7.52	34.62		
Optometrist	36,486	0	416	87.71	-	87.71		
Medication Room Assistant	43,439	10,602	2,080	20.88	5.10	25.98		
Physical Therapist	0	0	0	170.87	-	170.87		
Physical Therapy Assistant	0	0	0	23.73	5.80	29.53		
Physician Asst/Nurse Practitioner	97,870	27,192	2,080	47.05	13.07	60.13		
Psychiatrist	401,955	111,743	2,080	193.25	53.72	246.97		
QMHP	336,161	93,453	10,400	32.32	8.99	41.31		
Behavioral Health Technician	201,783	56,096	8,320	24.25	6.74	31.00		
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92	27.23		
Radiology Technician	14,567	3,559	624	23.34	5.70	29.05		
Registered Nurse	616,087	171,278	16,640	37.02	10.29	47.32		
Medical Records Clerk	153,104	42,544	6,240	24.54	6.82	31.35		
<b>TOTAL</b>	<b>\$ 3,279,751</b>	<b>\$ 897,358</b>	<b>91,520</b>					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS								
OFF SITE ADM STAFF			314,876					
MGMT FEE			393,028					
INDIRECT ADMIN COSTS			707,905		344.48	0.9438	0.9438	707,905
DIRECT CARE	1,674,660	464,832	2,139,491	395,672	192.54	0.5275	1.4713	2,535,164
DENTAL	316,913	86,557	403,470	188,440	91.70	0.2512	1.1950	591,909
MENTAL HEALTH	984,224	273,614	1,257,839	577,390	280.97	0.7698	1.7136	1,835,229
PHARMACY	43,439	10,602	54,041	627,824	305.51	0.837	1.7808	681,865
ANCILLARY	0	0	0	213,372	103.83	0.2845	1.2283	213,372
LABORATORY	0	0	0	115,369	56.14	0.1538	1.0976	115,369
RADIOLOGY	14,567	3,559	18,126	31,050	15.11	0.0414	0.9852	49,176
SUPPORT	209,462	58,194	267,656	178,202	86.72	0.2376	1.1814	445,858
OPTICAL	36,486	0	36,486	47,110	22.92	0.0628	1.0066	83,596
NON-HOSPITAL-SERVICES	0	0	0	612,300	297.96	0.8163	1.7601	612,300
<b>TOTAL</b>	<b>3,279,751</b>	<b>897,358</b>	<b>4,885,014</b>	<b>2,986,729</b>	<b>1,453.40</b>	<b>3.9819</b>		<b>\$ 7,871,743</b>
POPULATION BASE								<b>2,055</b>

JACKSONVILLE CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 05/01/2018 - 04/30/2019

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES		
Dentist	159,460	44,311	2,080	76.66	21.30	97.97		
Licensed Practical Nurse	200,192	55,624	8,320	24.06	6.69	30.75		
On-Site Medical Director	215,130	59,778	2,080	103.43	28.74	132.17		
Optometrist	22,014	0	251	87.71	-	87.71		
Medication Room Assistant	42,911	10,487	2,080	20.63	5.04	25.67		
Physician Asst/Nurse Practitioner	23,695	0	416	56.96	-	56.96		
Psychiatrist	301,466	83,808	1,560	193.25	53.72	246.97		
Qualified Mental Health Professional	67,232	18,691	2,080	32.32	8.99	41.31		
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92	27.23		
Radiology Technician	12,139	2,966	520	23.34	5.70	29.05		
Medical Records Clerk	41,672	10,189	2,080	20.03	4.90	24.93		
Staff Assistant	41,672	10,189	2,080	20.03	4.90	24.93		
<b>TOTAL</b>	<b>\$ 1,171,910</b>	<b>\$ 308,363</b>	<b>25,627</b>					
TOTAL CONTRACT BUDGET	PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PER CAP DAILY	PROGRAM ADJUST.	TOTAL CONTRACT
ADMIN SVS								
OFF SITE ADM STAFF			175,090					
MGMT FEE			173,218					
INDIRECT ADMIN COSTS			348,309		211.92	0.5806	0.5806	348,309
DIRECT CARE	439,017	115,402	554,419	140,677	89.66	0.2456	0.8262	695,095
DENTAL	159,460	44,311	203,771	65,522	41.76	0.1144	0.6950	269,293
MENTAL HEALTH	413,023	114,820	527,844	314,095	200.19	0.5485	1.1291	841,938
PHARMACY	42,911	10,487	53,398	365,309	232.83	0.6379	1.2185	418,707
ANCILLARY	-	-	0	68,044	43.37	0.1188	0.6994	68,044
LABORATORY	-	-	0	128,123	81.66	0.2237	0.8043	128,123
RADIOLOGY	12,139	2,966	15,105	34,216	21.81	0.0598	0.6404	49,321
SUPPORT	83,344	20,377	103,721	59,592	37.98	0.1041	0.6847	163,313
OPTICAL	22,014	-	22,014	16,381	10.44	0.0286	0.6092	38,395
NON-HOSPITAL SERVICES	-	-	0	443,829	282.87	0.775	1.3556	443,829
<b>TOTAL</b>	<b>1,171,910</b>	<b>308,363</b>	<b>1,828,582</b>	<b>1,635,786</b>	<b>1,042.57</b>	<b>2.8564</b>		<b>\$ 3,464,368</b>
POPULATION BASE			5/8/2018					1,569

JOLIET TREATMENT CENTER  
BUDGET SCHEDULE E  
05/01/2018-04/30/2019

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY RATES	COMBINED RATES		
Site Mental Health Services Director	121,459	33,766	2,080	58.39	16.23	74.63		
Psychiatrist	2,411,730	670,461	12,480	193.25	53.72	246.97		
Mental Health Training Director	-	-	-	54.68	15.20	69.89		
Mental Health Unit Director	331,303	92,102	6,240	53.09	14.76	67.85		
Psychologist	318,250	88,473	6,240	51.00	14.18	65.18		
QMHP	403,394	112,143	12,480	32.32	8.99	41.31		
Pre-Doc Intern	95,846	26,645	4,160	23.04	6.41	29.45		
Post-Doc Intern	134,451	37,377	4,160	32.32	8.98	41.30		
Behavioral Health Technician	454,012	126,215	18,720	24.25	6.74	31.00		
Recreational Therapist	115,818	32,197	4,160	27.84	7.74	35.58		
Director of Nursing - Mental Health	82,826	23,026	2,080	39.82	11.07	50.89		
RN - Mental Health	1,577,146	438,447	45,760	34.47	9.58	44.05		
Staff Assistant - Mental Health	221,620	61,610	10,400	21.31	5.92	27.23		
Medical Records Director	53,756	14,944	2,080	25.84	7.18	33.03		
Medication Room Assistant	44,324	12,322	2,080	21.31	5.92	27.23		
Dentist	74,649	20,752	1,040	71.78	19.95	91.73		
Dental Assistant	44,324	12,322	2,080	21.31	5.92	27.23		
Dental Hygienist	17,284	4,805	520	33.24	9.24	42.48		
Site Medical Director	115,958	32,236	1,040	111.50	31.00	142.49		
Optometrist	9,572	2,661	104	92.04	25.59	117.62		
Radiology Technician	0	0	-	23.64	6.57	30.21		
Registered Nurse	0	0	-	34.47	9.58	44.05		
<b>TOTAL</b>	<b>\$ 6,627,721</b>	<b>\$ 1,842,506</b>	<b>137,904</b>					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS								
OFF SITE ADM STAFF			34,014					
MGMT FEE			563,767					
INDIRECT ADMIN COSTS			597,781		1,484.45	4.0944	4.0944	597,781
DIRECT CARE	115,958	32,236	148,195	562,502	1,406.25	3.8527	7.9471	710,687
DENTAL	136,257	37,879	174,136	281,251	703.13	1.9264	6.0208	455,387
MENTAL HEALTH	6,267,855	1,742,464	8,010,318	210,938	527.35	1.4448	5.5392	8,221,257
PHARMACY	44,324	12,322	56,646	215,906	539.76	1.4788	5.5732	272,552
ANCILLARY	0	0	0	345,959	864.90	2.3696	6.4640	345,959
LABORATORY	0	0	0	25,235	63.09	0.1728	4.2672	25,235
RADIOLOGY	0	0	0	7,677	11.34	0.0311	4.1255	7,677
SUPPORT	53,756	14,944	68,700	281,251	703.13	1.9264	6.0208	349,950
OPTICAL	9,572	2,661	12,233	70,313	175.78	0.4816	4.5760	82,546
NON-HOSPITAL SERVICES	0	0	0	206,292	515.73	1.413	5.5074	206,292
<b>TOTAL POPULATION BASE</b>	<b>6,627,721</b>	<b>1,842,506</b>	<b>9,068,008</b>	<b>2,207,323</b>	<b>5,510.46</b>	<b>15.0872</b>		<b>\$ 11,275,331</b>
								<b>400</b>



KEWANEE LIFE SKILLS RE-ENTRY CENTER  
 BUDGET SCHEDULE E  
 05/01/2018-04/30/2019

STAFFING POSITION	ANNUAL		FRINGE BENEFITS	ANNUAL		HOURLY RATE	FB		COMBINED	
	SALARY	HOURS		HOURS	RATE		HOURLY	RATES		
Dental Assistant	18,113	832	5,035	832	21.77	6.05			27.82	
Dentist	44,444	520	12,356	520	85.47	23.76			109.23	
Dental Hygienist	35,443	1,040	9,853	1,040	34.08	9.47			43.55	
Licensed Practical Nurse	212,992	8,320	59,212	8,320	25.60	7.12			32.72	
Optometrist	10,696	120	2,973	120	89.13	24.78			113.91	
Physician	124,800	1,040	34,694	1,040	120.00	33.36			153.36	
Psychiatrist	100,490	520	27,936	520	193.25	53.72			246.97	
Supervisor of Medical Records	58,240	2,080	16,191	2,080	28.00	7.78			35.78	
Registered Nurse	474,240	12,480	131,839	12,480	38.00	10.56			48.56	
Medical Records Clerk	47,840	2,080	13,300	2,080	23.00	6.39			29.39	
Supervising Nurse	83,200	2,080	23,130	2,080	40.00	11.12			51.12	
<b>TOTAL</b>	<b>\$ 1,210,498</b>	<b>\$ 336,518</b>	<b>\$ 336,518</b>	<b>31,112</b>						
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>			
ADMIN SVS										
OFF SITE ADM STAFF			79,453							
MGMT FEE			132,697							
INDIRECT ADMIN COSTS			212,150			346.65	0.9497	0.9497	212,150	
DIRECT CARE	895,232	248,874	1,144,106	166,277	271.69	1.6941	1,310,384	1.6941	1,310,384	
DENTAL	98,000	27,244	125,244	78,469	128.22	0.3513	203,713	1.3010	203,713	
MENTAL HEALTH	100,490	27,936	128,426	171,584	280.37	0.7681	300,010	1.7178	300,010	
PHARMACY	0	0	0	123,975	202.57	0.555	123,975	1.5047	123,975	
ANCILLARY	0	0	0	5,221	8.53	0.0234	5,221	0.9731	5,221	
LABORATORY	0	0	0	21,974	35.90	0.0984	21,974	1.0481	21,974	
RADIOLOGY	0	0	0	2,913	4.76	0.013	2,913	0.9627	2,913	
SUPPORT	106,080	29,490	135,570	73,882	120.72	0.3307	209,452	1.2804	209,452	
OPTICAL	10,696	2,973	13,669	18,683	30.53	0.0836	32,352	1.0333	32,352	
NON-HOSPITAL SERVICES	0	0	0	88,101	143.96	0.3944	88,101	1.3441	88,101	
<b>TOTAL</b>	<b>1,210,498</b>	<b>336,518</b>	<b>1,759,166</b>	<b>751,078</b>	<b>1,227.25</b>	<b>3.3623</b>	<b>\$ 2,510,244</b>		<b>612</b>	
POPULATION BASE										

LAWRENCE CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 05/01/2018 - 04/30/2019

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES		
Dental Assistant	86,649	24,095	4,160	20.83	5.79	26.62		
Dental Hygienist	73,844	20,515	2,080	35.50	9.86	45.36		
Dentist	262,631	70,115	3,120	84.18	22.47	106.65		
Director of Nursing	74,051	20,561	2,080	35.60	9.88	45.49		
Licensed Practical Nurse	918,302	265,127	35,360	25.97	7.22	33.19		
On-Site Medical Director	220,592	61,292	2,080	106.05	29.47	135.52		
Medical Records Director	52,067	14,457	2,080	25.03	6.95	31.98		
Optometrist	45,608	0	520	87.71	-	87.71		
Medication Room Assistant	45,527	12,644	2,080	21.89	6.08	27.97		
Phlebotomist	21,143	5,158	1,040	20.33	4.96	25.29		
Physician Ass/Nurse Practitioner	167,775	46,630	3,224	52.04	14.46	66.50		
Radiology Technician	35,545	0	1,040	34.18	-	34.18		
Registered Nurse	522,853	145,371	14,560	35.91	9.98	45.89		
Psychiatrist	1,205,865	335,230	6,240	193.25	53.72	246.97		
Qualified Mental Health Professional	537,858	149,525	16,640	32.32	8.99	41.31		
Staff Assistant - Mental Health	88,650	24,645	4,160	21.31	5.92	27.23		
Staff Assistant	46,009	12,782	2,080	22.12	6.15	28.26		
Medical Records Clerk	165,771	46,101	7,280	22.77	6.33	29.10		
Physical Therapist	54,605	0	312	175.02	-	175.02		
Physical Therapist Assistant	49,359	13,722	2,080	23.73	6.60	30.33		
<b>TOTAL</b>	<b>\$ 4,674,704</b>	<b>\$ 1,257,969</b>	<b>112,216</b>					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS								
OFF SITE ADM STAFF			346,711					
MGMT FEE			482,351					
INDIRECT ADMIN COSTS			829,061		348.21	0.954	0.9540	829,061
DIRECT CARE	1,903,572	528,981	2,432,553	407,602	172.27	0.472	1.4260	2,840,154
DENTAL	423,124	114,725	537,849	196,183	82.92	0.2272	1.1812	734,032
MENTAL HEALTH	1,832,373	509,400	2,341,772	580,805	245.48	0.6725	1.6265	2,922,577
PHARMACY	45,527	12,644	58,171	694,073	293.35	0.8037	1.7577	752,244
ANCILLARY	103,965	13,722	117,687	134,631	56.90	0.1559	1.1099	252,318
LABORATORY	21,143	5,158	26,302	120,127	50.77	0.1391	1.0931	146,429
RADIOLOGY	35,545	-	35,545	34,892	14.75	0.0404	0.9944	70,437
SUPPORT	263,847	73,339	337,187	186,956	79.02	0.2165	1.1705	524,143
OPTICAL	45,608	-	45,608	49,046	20.73	0.0568	1.0108	94,653
NON-HOSPITAL SERVICES	-	-	-	480,962	203.28	0.5569	1.5109	480,962
<b>TOTAL POPULATION BASE</b>	<b>4,674,704</b>	<b>1,257,969</b>	<b>6,761,734</b>	<b>2,885,276</b>	<b>1,219.47</b>	<b>3.3410</b>		<b>\$ 9,647,010</b>
								<b>2,366</b>

LINCOLN CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 05/01/2018-04/30/2019

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES		
Dentist	144,522	40,158	2,080	69.48	19.31	88.79		
Dental Assistant	42,910	11,939	2,080	20.63	5.74	26.37		
Director of Nursing	74,051	20,561	2,080	35.60	9.88	45.49		
Licensed Practical Nurse	513,100	142,502	20,800	24.67	6.85	31.52		
On-Site Medical Director	239,202	66,455	2,080	115.00	31.95	146.95		
Medical Records Director	51,035	14,181	2,080	24.54	6.82	31.35		
Optometrist	13,682	0	156	87.71	-	87.71		
Physician Asst/Nurse Practitioner	20,771	5,774	416	49.93	13.88	63.81		
Medication Room Assistant	47,363	13,172	2,080	22.77	6.33	29.10		
Psychiatrist	200,978	55,872	1,040	193.25	53.72	246.97		
Qualified Mental Health Professional	134,465	37,381	4,160	32.32	8.99	41.31		
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92	27.23		
Registered Nurse	446,369	124,053	12,480	35.77	9.94	45.71		
Medical Records Clerk	85,134	22,167	4,160	20.46	5.33	25.79		
<b>TOTAL</b>	<b>\$ 2,057,906</b>	<b>\$ 566,537</b>	<b>57,772</b>					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS								
OFF SITE ADM STAFF			166,473					
MGMT FEE			200,956					
INDIRECT ADMIN COSTS			367,429		367.99	1.0082	1.0082	367,429
DIRECT CARE	1,293,493	359,345	1,652,838	126,972	129.30	0.3542	1.3624	1,779,809
DENTAL	187,432	52,097	239,529	59,161	60.25	0.1651	1.1733	298,690
MENTAL HEALTH	379,767	105,575	485,342	228,227	232.41	0.6367	1.6449	713,569
PHARMACY	47,363	13,172	60,535	172,435	175.60	0.4811	1.4893	232,970
ANCILLARY	-	-	0	69,190	70.46	0.193	1.2012	69,190
LABORATORY	-	-	0	68,327	69.58	0.1906	1.1988	68,327
RADIOLOGY	-	-	0	10,521	10.71	0.0293	1.0375	10,521
SUPPORT	136,169	36,348	172,517	55,097	56.11	0.1537	1.1619	227,614
OPTICAL	13,682	-	13,682	14,790	15.06	0.0413	1.0495	28,472
NON-HOSPITAL SERVICES	-	-	0	222,520	226.60	0.6208	1.6290	222,520
<b>TOTAL POPULATION BASE</b>	<b>2,057,906</b>	<b>566,537</b>	<b>2,991,872</b>	<b>1,027,240</b>	<b>1,046.08</b>	<b>2.8658</b>		<b>\$ 4,019,112</b>
								<b>982</b>

LOGAN CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 05/01/2018-04/30/2019

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	HOURLY RATE	PB HOURLY	COMBINED RATES
Dentist	335,901	91,514	4,160	80.75	22.00		102.74
Dental Assistant	128,734	35,798	6,240	20.63	5.74		26.37
Dental Hygienist	88,232	21,570	2,080	42.42	10.37		52.79
Director of Nursing	82,826	23,026	2,080	39.82	11.07		50.89
Licensed Practical Nurse	1,028,908	285,831	37,440	27.48	7.03		35.12
Licensed Physical Therapist	63,105	0	520	121.36	-		121.36
Physical Therapist Assistant	0	0	0	23.73	6.60		30.33
On-Site Medical Director	208,453	57,919	2,080	100.22	27.85		128.06
Gynecologist/Physician Specialist	369,064	0	1,080	341.73	-		341.73
Staff Physician	215,842	59,984	2,080	103.77	28.84		132.61
Certified Mammogram Technician	54,054	0	832	64.97	-		64.97
Medical Records Director	54,500	15,145	2,080	26.20	7.28		33.48
Office Coordinator	55,037	15,288	2,080	26.46	7.35		33.81
Optometrist	36,486	0	416	87.71	-		87.71
Medication Room Assistant	142,089	39,515	6,240	22.77	6.33		29.10
Physician Asst/Nurse Practitioner	311,577	86,603	6,240	49.93	13.88		63.81
Registered Nurse	1,636,688	454,860	45,760	35.77	9.94		45.71
Registered Nurse Supervisor	72,592	20,155	2,080	34.90	9.69		44.59
Site Mental Health Services Director	121,459	33,766	2,080	56.39	16.23		74.63
Mental Health Unit Director	331,303	92,102	6,240	53.09	14.76		67.85
Post-Doc	134,451	37,377	4,160	32.32	8.98		41.30
Psychiatrist	4,019,550	1,117,435	20,800	193.25	53.72		246.97
CMHP	1,411,877	392,502	43,680	32.32	8.99		41.31
Psychologist	424,333	117,965	8,320	51.00	14.18		65.18
Behavioral Health Technician	706,242	196,335	29,120	24.25	6.74		31.00
Recreational Therapist	115,818	32,197	4,160	27.84	7.74		35.58
Director of Nursing - Mental Health	82,826	23,026	2,080	39.82	11.07		50.89
RN - Mental Health	358,442	99,647	10,400	34.47	9.58		44.05
Staff Assistant - Mental Health	221,620	61,610	10,400	21.31	5.92		27.23
Staff Assistant	173,297	47,088	8,320	20.83	5.66		26.49
Medical Records Clerk	173,297	47,088	8,320	20.83	5.66		26.49
Phlebotomist	50,750	12,392	2,496	20.33	4.96		25.30
Radiology Technician	26,917	6,581	1,248	21.57	5.27		26.84
<b>TOTAL</b>	<b>\$ 13,236,271</b>	<b>\$ 3,524,317</b>	<b>285,312</b>				
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS			426,433				
OFF SITE ADM STAFF			1,169,961				
MGMT FEE			1,586,394		761.67	2,0868	1,586,394
INDIRECT ADMIN COSTS	3,925,949	988,377	4,914,326	595.933	302.04	2,9143	5,510,269
DENTAL	552,868	148,862	701,749	280.545	142.19	0.3896	2,4764
MENTAL HEALTH	7,927,921	2,203,962	10,131,883	873.644	442.80	1.2132	11,005,527
PHARMACY	142,089	39,515	181,604	919.367	465.97	1.2766	3,3634
ANCILLARY	63,105	-	63,105	452.939	229.57	0.629	2,7158
LABORATORY	50,750	12,392	63,142	586.506	297.27	0.8144	2,9012
RADIOLOGY	80,972	6,581	87,553	110.846	56.18	0.1539	2,2407
SUPPORT	456,131	124,609	580,740	263.869	133.74	0.3664	2,4532
OPTICAL	36,486	-	36,486	70.136	35.55	0.0974	2,1842
NON-HOSPITAL SERVICES			0	888.455	450.31	1.2337	3,3205
<b>TOTAL POPULATION BASE</b>	<b>13,236,271</b>	<b>3,524,317</b>	<b>18,356,982</b>	<b>5,042,241</b>	<b>2,555.62</b>	<b>7.0017</b>	<b>\$ 23,398,223</b>

MENARD CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 05/01/2018 - 04/30/2019

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES		
Dental Assistant	92,018	25,563	4,160	22.12	6.15	28.26		
Chief Dentist	155,812	43,301	2,080	74.91	20.82	95.73		
Dentist	284,316	78,984	4,160	68.35	18.99	87.33		
On-Site Medical Director	189,544	52,664	2,080	91.13	25.32	116.45		
Optomtist	118,580	0	1,352	87.71	-	87.71		
Licensed Practical Nurse	327,974	91,104	12,480	26.28	7.30	33.58		
Medication Room Assistant	92,018	25,563	4,160	22.12	6.15	28.26		
Phlebotomist	51,584	0	2,080	24.80	-	24.80		
Physical Therapist	35,541	0	208	170.87	-	170.87		
Physical Therapy Assistant	49,359	13,722	2,080	23.73	6.60	30.33		
Physician	317,635	88,255	4,160	76.35	21.22	97.57		
Physician Assi/Nurse Practitioner	209,921	58,332	4,160	50.46	14.02	64.48		
Psychiatrist	2,411,730	670,461	12,480	193.25	53.72	246.97		
Qualified Mental Health Professional	605,090	168,215	18,720	32.32	8.99	41.31		
RN - Mental Health	0	0	0	34.47	9.58	44.05		
Medical Records Director - MH	0	0	0	25.84	7.18	33.03		
Staff Assistant - Mental Health	177,299	49,289	8,320	21.31	5.92	27.23		
Behavioral Health Technician	454,012	126,215	18,720	24.25	6.74	31.00		
Clinical Psychologist	212,167	58,982	4,160	51.00	14.18	65.18		
Site Mental Health Services Director	121,459	33,766	2,080	58.39	16.23	74.63		
Radiology Technician	52,572	14,594	2,080	25.28	7.02	32.29		
Registered Nurse	0	0	0	31.86	8.85	40.71		
Medical Records Clerk	47,363	13,172	2,080	22.77	6.33	29.10		
Staff Assistant	47,363	13,172	2,080	22.77	6.33	29.10		
<b>TOTAL</b>	<b>\$ 6,053,360</b>	<b>\$ 1,625,356</b>	<b>113,880</b>					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS								
OFF SITE ADM STAFF			438,541					
MGMT FEE			636,370					
INDIRECT ADMIN COSTS			1,074,911					
DIRECT CARE	1,045,075	290,355	1,335,430	422,847	120.13	0.3291	0.8464	1,074,911
DENTAL	532,146	147,849	679,995	201,751	57.32	0.157	1.0034	1,758,277
MENTAL HEALTH	3,981,758	1,106,929	5,088,687	1,107,867	314.73	0.8623	1.7087	881,746
PHARMACY	92,018	25,563	117,582	927,051	263.37	0.7216	1.5680	6,196,554
ANCILLARY	84,900	13,722	98,623	139,603	39.66	0.1087	0.9551	1,044,632
LABORATORY	51,584	-	51,584	226,677	64.40	0.1764	1.0228	238,226
RADIOLOGY	52,572	14,594	67,167	67,316	19.12	0.0524	0.8988	278,261
SUPPORT	94,726	26,343	121,070	189,353	53.79	0.1474	0.9938	134,482
OPTICAL	118,580	-	118,580	50,438	14.33	0.0393	0.8857	310,423
NON-HOSPITAL SERVICES	-	-	0	640,862	182.06	0.4988	1.3452	169,018
<b>TOTAL</b>	<b>6,053,360</b>	<b>1,625,356</b>	<b>8,763,627</b>	<b>3,973,765</b>	<b>1,128.91</b>	<b>3.0930</b>		<b>\$ 12,727,392</b>
POPULATION BASE								3,520
INTAKE BASE								123

MURPHYSBORO LIFE SKILLS RE-ENTRY CENTER  
 BUDGET SCHEDULE E  
 05/01/2018-04/30/2019

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY RATES	COMBINED RATES	PROGRAM ADJUST.	TOTAL CONTRACT
Behavioral Health Technician	50,446	14,024	2,080	24.25	6.74	31.00		
Director of Nursing	83,200	23,130	2,080	40.00	11.12	51.12		
Physician Asst/Nurse Practitioner	40,736	11,318	832	48.96	13.60	62.56		
Psychiatrist	100,490	27,936	520	193.25	53.72	246.97		
Medical Records Director	58,240	16,191	2,080	28.00	7.78	35.78		
Qualified Mental Health Professional	67,232	18,691	2,080	32.32	8.99	41.31		
Registered Nurse	79,040	21,973	2,080	38.00	10.56	48.56		
Staff Assistant	47,840	13,300	2,080	23.00	6.39	29.39		
<b>TOTAL</b>	<b>\$ 527,224</b>	<b>\$ 146,561</b>	<b>13,832</b>					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS								
OFF SITE ADM STAFF			45,439					
MGMT FEE			67,376					
INDIRECT ADMIN COSTS			112,815		322.33	0.8831	0.8831	112,815
DIRECT CARE	202,976	56,420	259,396	95,093	271.69	0.7444	1.6275	354,489
DENTAL	0	0	0	94,876	271.07	0.3513	1.2344	94,876
MENTAL HEALTH	218,168	60,651	278,819	98,128	280.37	0.7681	1.6512	376,947
PHARMACY	0	0	0	70,901	202.57	0.555	1.4381	70,901
ANCILLARY	0	0	0	2,986	8.53	0.0234	0.9065	2,986
LABORATORY	0	0	0	12,516	35.76	0.098	0.9811	12,516
RADIOLOGY	0	0	0	3,234	9.24	0.0253	0.9084	3,234
SUPPORT	106,080	29,490	135,570	42,253	120.72	0.3307	1.2138	177,823
OPTICAL	0	0	0	10,685	30.53	0.0836	0.9667	10,685
NON-HOSPITAL SERVICES	0	0	0	130,256	372.16	0.4169	1.3000	130,256
<b>TOTAL</b>	<b>527,224</b>	<b>146,561</b>	<b>786,600</b>	<b>560,927</b>	<b>1,602.65</b>	<b>3.3967</b>		<b>\$ 1,347,527</b>
POPULATION BASE								350

PINCKNEYVILLE CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 05/01/2018 - 04/30/2019

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES						
Dental Assistant	94,726	26,343	4,160	22.77	6.33	29.10						
Dental Hygienist	36,922	9,018	1,040	35.50	8.67	44.17						
Dentist	184,799	51,356	2,496	74.04	20.58	94.61						
Director of Nursing	74,051	20,561	2,080	35.60	9.88	45.49						
Licensed Practical Nurse	896,429	249,133	34,112	26.28	7.30	33.58						
On-Site Medical Director	227,843	63,311	2,080	109.54	30.44	139.98						
Medical Records Director	57,460	15,971	2,080	27.62	7.68	35.30						
Optometrist	45,608	0	520	87.71	0.00	87.71						
Medication Room Assistant	44,637	12,397	2,080	21.46	5.96	27.42						
Physical Therapist	19,666	0	208	94.55	0.00	94.55						
Physical Therapy Assistant	49,359	12,070	2,080	23.73	5.80	29.53						
Physician Ass/Nurse Practitioner	101,840	28,294	2,080	48.96	13.60	62.56						
Psychiatrist	1,406,843	391,102	7,280	193.25	53.72	246.97						
Qualified Mental Health Professional	470,626	130,834	14,560	32.32	8.99	41.31						
Medical Records Director - MH	0	0	0	25.84	7.18	33.02						
Staff Assistant - Mental Health	132,974	36,967	6,240	21.31	5.92	27.23						
Behavioral Health Technician	100,892	28,048	4,160	24.25	6.74	31.00						
Clinical Psychologist	106,080	29,490	2,080	51.00	14.18	65.18						
Radiology Technician	25,758	6,299	1,040	24.77	6.06	30.82						
Registered Nurse	726,968	201,936	20,800	34.95	9.71	44.66						
Medical Records Clerk	87,796	24,416	4,160	21.10	5.87	26.97						
Staff Assistant	47,363	13,172	2,080	22.77	6.33	29.10						
<b>TOTAL</b>	<b>\$ 4,938,639</b>	<b>\$ 1,350,719</b>	<b>117,416</b>									
TOTAL CONTRACT BUDGET	PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PER CAP DAILY	PROGRAM ADJUST.	TOTAL CONTRACT				
ADMIN SVS												
OFF SITE ADM STAFF			338,445									
MGMT FEE			493,051									
INDIRECT ADMIN COSTS			831,497		338.11	0.9263	0.9263	831,497				
DIRECT CARE	2,027,130	563,235	2,590,365	388,464	159.60	0.4373	1.3636	2,978,829				
DENTAL	316,447	86,718	403,164	186,507	76.63	0.2099	1.1362	589,671				
MENTAL HEALTH	2,217,414	616,441	2,833,856	699,862	287.54	0.7878	1.7141	3,533,718				
PHARMACY	44,637	12,397	57,034	489,638	201.17	0.5512	1.4775	546,671				
ANCILLARY	69,025	12,070	81,095	142,703	58.63	0.1606	1.0869	223,799				
LABORATORY	0	0	0	107,327	44.09	0.1208	1.0471	107,327				
RADIOLOGY	25,758	6,299	32,057	24,899	10.23	0.028	0.9543	56,956				
SUPPORT	192,619	53,559	246,178	177,105	72.76	0.1993	1.1256	423,283				
OPTICAL	45,608	0	45,608	46,627	19.16	0.0525	0.9788	92,234				
NON-HOSPITAL SERVICES	0	0	0	477,045	195.99	0.537	1.4633	477,045				
<b>TOTAL</b>	<b>4,938,639</b>	<b>1,350,719</b>	<b>7,120,854</b>	<b>2,740,176</b>	<b>1,125.80</b>	<b>3.0844</b>		<b>\$ 9,861,030</b>				<b>2,434</b>
POPULATION BASE												

PONTIAC CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 05/01/2018-04/30/2019

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES
Certified Nurses Assistant	199,056	55,266	12,480	15.95	4.43	20.38
Chief Dentist	150,281	41,764	2,080	72.25	20.08	92.33
Dentist	99,518	24,315	1,248	79.74	19.48	99.22
Dental Assistant	94,728	26,343	4,160	22.77	6.33	29.10
Dental Hygienist	79,283	22,029	2,080	38.12	10.59	48.71
Director of Nursing	0	0	0	38.34	10.65	48.98
Licensed Practical Nurse	419,406	116,618	14,560	28.81	8.01	36.81
On-Site Medical Director	227,843	63,311	2,080	109.54	30.44	139.98
Medical Records Director	49,038	13,631	2,080	23.58	6.55	30.13
Office Coordinator	56,129	15,604	2,080	26.99	7.50	34.49
Optomtrist	36,486	0	416	87.71	-	87.71
Medication Room Assistant	92,844	25,793	4,160	22.32	6.20	28.52
Physician Ass/Nurse Practitioner	195,740	54,385	4,160	47.05	13.07	60.13
Site Mental Health Services Director	121,459	33,766	2,080	58.39	16.23	74.63
Mental Health Unit Director	331,303	92,102	6,240	53.09	14.76	67.85
Psychiatrist	2,411,730	670,461	12,480	193.25	53.72	246.97
Psychologist	318,250	88,473	6,240	51.00	14.18	65.18
QMHP	874,019	242,977	27,040	32.32	8.99	41.31
Behavioral Health Technician	252,229	70,120	10,400	24.25	6.74	31.00
Medical Records Director - MH	0	0	0	25.84	7.18	33.02
Recreational Therapist	57,909	16,099	2,080	27.84	7.74	35.58
Director of Nursing - Mental Health	0	0	0	39.82	11.07	50.89
RN - Mental Health	0	0	0	34.47	9.58	44.05
Post - Doc	134,451	37,377	4,160	32.32	8.98	41.30
Staff Assistant - Mental Health	132,972	36,966	6,240	21.31	5.92	27.23
Radiology Technician	21,327	0	624	34.18	-	34.18
Registered Nurse	0	0	0	31.57	8.77	40.35
Medical Records Clerk	209,623	59,286	10,400	20.16	5.60	25.76
Supervising Nurse	74,051	20,561	2,080	35.60	9.88	45.49
TOTAL	\$ 6,639,674	\$ 1,826,268	141,648			
<b>TOTAL CONTRACT BUDGET</b>						
ADMIN SVS						
OFF SITE ADM STAFF			426,906			
MGMT FEE			620,949			
INDIRECT ADMIN COSTS			1,047,854			
DIRECT CARE	1,116,096	310,161	1,426,257	443,922	273,699	1,8773
DENTAL	423,808	114,452	536,259	209,047	128,88	2,2304
MENTAL HEALTH	4,634,323	1,288,342	5,922,664	686,481	423,24	3,0369
PHARMACY	92,844	25,793	118,637	595,913	367,39	2,8838
ANCILLARY	-	-	0	266,344	164,21	0,4499
LABORATORY	-	-	0	115,578	71,26	0,1952
RADIOLOGY	21,327	-	21,327	37,779	23,29	0,0638
SUPPORT	314,790	87,521	402,311	196,471	121,13	0,3319
OPTICAL	-	-	36,486	52,262	32,22	0,0883
NON-HOSPITAL SERVICES	-	-	0	301,372	185,00	0,509
TOTAL POPULATION BASE	6,639,674	1,826,268	9,513,796	2,905,178	1,791.11	4,9071
						\$ 12,418,975
						1,622



ROBINSON CORRECTIONAL CENTER  
BUDGET SCHEDULE E  
05/01/2018 - 04/30/2019

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	
						HOURLY RATE	PER CAP DAILY
Dental Assistant	44,632	12,392	2,080	21.46	5.96	27.42	
Dental Hygienist	42,016	10,269	1,040	40.40	9.87	50.27	
Dentist	160,631	44,632	2,080	77.23	21.46	98.68	
Director of Nursing	74,441	20,675	2,080	35.79	9.94	45.73	
On-Site Medical Director	241,703	67,144	2,080	116.20	32.28	148.48	
Medical Records Director	50,048	13,906	2,080	24.06	6.69	30.75	
Optometrist	15,963	0	182	87.71	-	87.71	
Psychiatrist	200,978	55,872	1,040	193.25	53.72	246.97	
Qualified Mental Health Professional	134,465	37,381	4,160	32.32	8.99	41.31	
Staff Assistant - Mental Health	44,324	12,322	2,080	21.31	5.92	27.23	
Radiology Technician	17,773	0	520	34.18	-	34.18	
Registered Nurse	746,473	207,443	20,800	35.89	9.97	45.86	
Medical Records Clerk	47,363	13,172	2,080	22.77	6.33	29.10	
Staff Assistant	47,363	13,172	2,080	22.77	6.33	29.10	
<b>TOTAL</b>	<b>\$ 1,868,172</b>	<b>\$ 508,379</b>	<b>44,382</b>				
TOTAL CONTRACT BUDGET							
ADMIN SVS							
OFF SITE ADM STAFF			183,796				
MGMT FEE			224,099				
INDIRECT ADMIN COSTS			407,895				
DIRECT CARE	1,062,617	295,262	1,357,879	219,497	182.31	0.4995	0.9214
DENTAL	247,279	67,293	314,572	102,562	85.18	0.2334	1.1548
MENTAL HEALTH	379,766	105,575	485,341	378,866	314.67	0.8621	1.7835
PHARMACY	0	0	0	285,990	237.53	0.6508	1.5722
ANCILLARY	0	0	0	100,927	83.83	0.2297	1.1511
LABORATORY	0	0	0	89,633	74.45	0.204	1.1254
RADIOLOGY	17,773	0	17,773	35,777	29.71	0.0814	1.0028
SUPPORT	144,774	40,249	185,023	95,219	79.09	0.2167	1.1381
OPTICAL	15,963	0	15,963	25,641	21.30	0.0584	0.9798
NON-HOSPITAL SERVICES	0	0	0	363,425	301.85	0.827	1.7484
<b>TOTAL</b>	<b>1,868,172</b>	<b>508,379</b>	<b>2,784,446</b>	<b>1,697,537</b>	<b>1,409.92</b>	<b>3.8630</b>	<b>\$ 4,481,983</b>
POPULATION BASE							<b>1,204</b>

SHAWNEE CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 05/01/2018 - 04/30/2019

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES		
Dental Assistant	64,991	18,055	2,912	22.32	6.20	28.52		
Dental Hygienist	73,844	20,515	2,080	35.50	9.86	45.36		
Dentist	239,147	66,437	2,912	82.12	22.81	104.94		
Director of Nursing	74,051	20,561	2,080	35.60	9.88	45.49		
Licensed Practical Nurse	671,803	186,148	27,040	24.84	6.86	31.73		
On-Site Medical Director	253,911	70,563	2,080	122.07	33.92	156.00		
Medical Records Director	49,061	13,631	2,080	23.59	6.55	30.14		
Optometrist	36,486	0	416	87.71	-	87.71		
Medication Room Assistant	40,433	11,244	2,080	19.44	5.41	24.84		
Physician Assl/Nurse Practitioner	93,326	25,930	2,080	44.87	12.47	57.33		
Psychiatrist	502,444	139,679	2,600	193.25	53.72	246.97		
Qualified Mental Health Professional	201,697	56,072	6,240	32.32	8.99	41.31		
Behavioral Health Technician	50,446	14,024	2,080	24.25	6.74	31.00		
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92	27.23		
Radiology Technician	17,773	0	520	34.18	-	34.18		
Registered Nurse	576,434	160,263	16,640	34.64	9.63	44.27		
Staff Assistant	47,363	13,172	2,080	22.77	6.33	29.10		
Medical Records Clerk	104,199	28,978	4,576	22.77	6.33	29.10		
<b>TOTAL</b>	<b>\$ 3,141,733</b>	<b>\$ 857,593</b>	<b>82,576</b>					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS			305,567					
OFF SITE ADM STAFF			358,213					
MGMT FEE			663,780		330.71	0.9061	0.9061	663,780
INDIRECT ADMIN COSTS			2,132,991	415,111	207.56	0.5687	1.4748	2,548,101
DIRECT CARE	1,669,525	463,465	482,989	187,931	93.97	0.2575	1.1636	670,920
DENTAL	377,982	105,007	1,021,008	595,866	297.93	0.8162	1.7223	1,616,874
MENTAL HEALTH	798,911	222,097	51,677	418,523	209.26	0.5733	1.4794	470,200
PHARMACY	40,433	11,244	0	141,324	70.66	0.1936	1.0997	141,324
ANCILLARY	0	0	0	111,237	55.62	0.1524	1.0585	111,237
LABORATORY	0	0	0	18,054	9.03	0.0247	0.9308	35,827
RADIOLOGY	17,773	0	17,773	169,584	84.79	0.2323	1.1384	425,987
SUPPORT	200,623	55,780	256,403	46,983	23.49	0.0644	0.9705	83,469
OPTICAL	36,486	0	36,486	396,544	198.27	0.5432	1.4493	396,544
NON-HOSPITAL SERVICES	0	0	0	2,501,157	1,250.58	3.4263		\$ 7,164,263
TOTAL	3,141,733	857,593	4,663,106					2,000
POPULATION BASE								

SHERIDAN CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 05/01/2018 - 04/30/2019

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES			
Dental Assistant	94,726	26,343	4,160	22.77	6.33	29.10			
Dentist	206,146	57,276	3,120	66.07	18.36	84.43			
Certified Nursing Assistant	199,090	55,349	12,480	15.95	4.43	20.39			
Phlebotomist	25,375	6,196	1,248	20.33	4.96	25.30			
On-Site Medical Director	217,264	60,374	2,080	104.45	29.03	133.48			
Medical Records Director	49,038	13,631	2,080	23.58	6.55	30.13			
Office Coordinator	41,246	11,461	2,080	19.83	5.51	25.34			
Optometrist	31,560	0	360	87.71	-	87.71			
Medication Room Assistant	75,781	21,075	3,328	22.77	6.33	29.10			
Physician	194,917	54,163	2,080	93.71	26.04	119.75			
Psychiatrist	401,955	111,743	2,080	193.25	53.72	246.97			
Qualified Mental Health Professional	201,697	56,072	6,240	32.32	8.99	41.31			
Staff Assistant - Mental Health	50,446	14,024	2,080	24.25	6.74	31.00			
Radiology Technician	17,773	0	520	34.18	-	34.18			
Medical Records Clerk	123,708	34,352	6,240	19.83	5.51	25.33			
<b>TOTAL</b>	<b>\$ 1,930,724</b>	<b>\$ 522,059</b>	<b>50,176</b>						
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>	
ADMIN SVS									
OFF SITE ADM STAFF			225,508						
MGMT FEE			225,511						
INDIRECT ADMIN COSTS			451,019		303.37	0.8312	0.8312	451,019	
DIRECT CARE	611,271	169,886	781,157	246,278	166.86	0.4572	1.2884	1,027,435	
DENTAL	300,873	83,620	384,492	108,656	73.62	0.2017	1.0329	493,149	
MENTAL HEALTH	654,098	181,839	835,937	402,982	273.02	0.748	1.5792	1,238,918	
PHARMACY	75,781	21,075	96,856	299,942	203.21	0.5567	1.3879	396,798	
ANCILLARY	0	0	0	101,241	68.59	0.1879	1.0191	101,241	
LABORATORY	25,375	6,196	31,571	74,013	50.14	0.1374	0.9686	105,583	
RADIOLOGY	17,773	0	17,773	11,181	7.58	0.0208	0.8520	28,953	
SUPPORT	213,993	59,443	273,437	95,116	64.44	0.1765	1.0077	368,553	
OPTICAL	31,560	0	31,560	27,164	18.40	0.0504	0.8816	58,725	
NON-HOSPITAL SERVICES	0	0	0	239,844	162.50	0.4452	1.2764	239,844	
<b>TOTAL</b>	<b>1,930,724</b>	<b>522,059</b>	<b>2,903,802</b>	<b>1,606,417</b>	<b>1,088.36</b>	<b>2.9818</b>		<b>\$ 4,510,219</b>	<b>1,476</b>
POPULATION BASE									

Southwestern Illinois  
Budget Schedule E  
05/01/2018 – 04/30/2019

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	PROGRAM ADJUST.	TOTAL CONTRACT
On-Site Medical Director	219,036	60,854	2,080	105.31	29.26	134.56		
Registered Nurse	612,228	170,185	18,720	32.70	9.09	41.80		
Director of Nursing	76,173	21,157	2,080	36.62	10.17	46.79		
Dental Assistant	42,077	11,694	2,080	20.23	5.62	25.85		
Dental Hygienist	32,799	8,020	1,040	31.54	7.71	39.25		
Dentist	159,483	44,306	2,080	76.67	21.30	97.98		
Medical Records Director	51,058	14,188	2,080	24.55	6.82	31.37		
Psychiatrist	100,489	27,936	520	193.25	53.72	246.97		
Qualified Mental Health Professional	67,232	18,691	2,080	32.32	8.99	41.31		
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92	27.23		
Radiology Technician	5,836	1,426	260	22.45	5.48	27.93		
Medical Records Clerk	84,155	23,389	4,160	20.23	5.62	25.85		
Optometrist	14,512	3,546	168	86.38	21.11	107.49		
<b>TOTAL</b>	<b>\$ 1,509,402</b>	<b>\$ 417,714</b>	<b>39,428</b>					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS								
OFF SITE ADMIN STAFF			86,333					
MGMT FEE			147,170					
INDIRECT ADMIN COSTS			233,503		346.65	0.9497	0.9497	233,503
DIRECT CARE	907,437	252,196	1,159,633	172,073	258.76	0.7089	1.6586	1,331,706
DENTAL	234,360	64,021	298,380	81,204	122.11	0.3345	1.2842	379,584
MENTAL HEALTH	212,046	58,949	270,995	177,565	267.01	0.7315	1.6812	448,559
PHARMACY	0	0	0	128,297	192.93	0.5286	1.4783	128,297
ANCILLARY	0	0	0	5,403	8.12	0.0222	0.9719	5,403
LABORATORY	0	0	0	22,740	34.20	0.0937	1.0434	22,740
RADIOLOGY	5,836	1,426	7,262	3,015	4.53	0.0124	0.9621	10,277
SUPPORT	135,212	37,576	172,788	76,457	114.97	0.315	1.2647	249,245
OPTICAL	14,512	3,546	18,058	20,301	30.53	0.0836	1.0333	38,359
NON-HOSPITAL SERVICES	0	0	0	95,730	143.96	0.3944	1.3441	95,730
<b>TOTAL</b>	<b>1,509,402</b>	<b>417,714</b>	<b>2,160,620</b>	<b>782,785</b>	<b>1,177.12</b>	<b>3.225</b>		<b>\$ 2,943,404</b>
POPULATION BASE								665

STATEVILLE CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 05/01/2018 - 04/30/2019

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY RATE	COMBINED RATES	TOTAL CONTRACT BUDGET		PROGRAM ADJUST.		TOTAL CONTRACT
							PERS SVS	NON CAP BASE	ANNUAL PER CAP	PER CAP DAILY	
Dentist	159,919	44,426	2,080	76.88	21.36	98.24					
Dental Assistant	40,433	11,244	2,080	19.44	5.41	24.84					
Dental Hygienist	63,036	17,509	2,080	30.31	8.42	38.72					
Certified Nursing Assistant	199,056	55,286	12,480	15.95	4.43	20.38					
Director of Nursing	79,719	22,144	2,080	38.33	10.65	48.97					
Licensed Practical Nurse	600,575	166,872	24,960	24.06	6.69	30.75					
On-Site Medical Director	220,339	61,223	2,080	105.93	29.43	135.37					
Medical Records Director	49,038	13,631	2,080	23.58	6.55	30.13					
Medication Room Assistant	47,362	13,166	2,080	22.77	6.33	29.10					
Ophthalmologist/ Physician Specialist	0	0	0	199.34	-	199.34					
Optometrist	58,052	0	728	79.74	-	79.74					
Physical Therapist	204,357	0	1,560	131.00	-	131.00					
Physical Therapy Assistant	0	0	0	27.26	6.66	33.92					
Physician	154,182	42,842	2,080	74.13	20.60	94.72					
Physician Asst/Nurse Practitioner	114,644	31,851	2,080	55.12	15.31	70.43					
Registered Nurse	1,984,019	545,896	60,320	32.56	9.05	41.61					
Site Mental Health Services Director	121,459	33,766	2,080	58.39	16.23	74.63					
Mental Health Unit Director	110,434	30,701	2,080	53.09	14.76	67.85					
Psychiatrist	1,607,820	446,974	8,320	193.25	53.72	246.97					
Qualified Mental Health Professional	470,626	130,834	14,560	32.32	8.99	41.31					
Behavioral Health Technician	201,783	56,096	8,320	24.25	6.74	31.00					
Clinical Psychologist	212,160	58,980	4,160	51.00	14.18	65.18					
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92	27.23					
RN - Mental Health	149,677	41,610	4,160	35.98	10.00	45.98					
Staff Assistant	84,262	23,406	4,160	20.26	5.63	25.88					
Medical Records Clerk	42,131	11,703	2,080	20.26	5.63	25.88					
Supervising Nurse	148,744	41,351	4,160	35.76	9.94	45.70					
<b>TOTAL</b>	<b>\$ 7,148,153</b>	<b>\$ 1,913,834</b>	<b>174,928</b>								
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>			
ADMIN SVS			306,830								
OFF SITE ADM STAFF			683,703								
MGMT FEE			990,533		484.16	1.3265	1.3265	990,533			
INDIRECT ADMIN COSTS			4,448,745	519,153	178.27	0.4884	1.8149	4,867,897			
DIRECT CARE	3,481,279	967,466			81.90	0.2244	1.5509	488,081			
DENTAL	263,388	73,179	336,567	151,514	369.96	1.0136	2.3401	4,413,996			
MENTAL HEALTH	2,918,284	811,283	3,729,567	684,428	335.61	0.9195	2.2460	681,400			
PHARMACY	47,362	13,166	60,528	620,872	282.71	0.7745	2.1010	727,377			
ANCILLARY	204,357	0	204,357	523,021	99.84	0.2735	1.6000	184,710			
LABORATORY	0	0	0	184,710	2.55	0.007	1.3335	4,722			
RADIOLOGY	0	0	0	4,722	74.79	0.2049	1.5314	362,530			
SUPPORT	175,432	48,740	224,171	138,359	20.47	0.0561	1.3826	95,930			
OPTICAL	58,052	0	58,052	37,879	409.13	1.1209	2.4474	756,893			
NON-HOSPITAL SERVICES	0	0	0	756,893							
<b>TOTAL POPULATION BASE</b>	<b>7,148,153</b>	<b>1,913,834</b>	<b>10,052,520</b>	<b>3,621,550</b>	<b>1,855.23</b>	<b>5.083</b>		<b>\$ 13,674,070</b>			<b>1,850</b>

STATEVILLE RECEPTION AND CLASSIFICATION CENTER  
 BUDGET SCHEDULE E  
 05/01/2018 - 04/30/2019

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	
Certified Nurses Assistant	199,056	55,286	12,480	15.95	4.43	20.38	
Dentist	161,112	44,770	2,080	77.46	21.52	98.98	
Dental Assistant	40,433	11,244	2,080	19.44	5.41	24.84	
Licensed Practical Nurse	644,060	178,988	27,040	23.82	6.62	30.44	
On-Site Medical Director	212,009	58,906	2,080	101.93	28.32	130.25	
Medical Records Director	62,462	17,348	2,080	30.03	8.34	38.37	
Medication Room Assistant	47,362	13,166	2,080	22.77	6.33	29.10	
Optometrist	0	0	0	87.71	-	87.71	
Physician	191,104	53,100	2,080	91.88	25.53	117.41	
Physician Ass/Nurse Practitioner	268,597	72,341	5,200	51.65	13.91	65.57	
Registered Nurse	0	0	0	32.56	9.05	41.61	
Site Mental Health Services Director	121,459	33,766	2,080	58.39	16.23	74.63	
Mental Health Unit Director	110,434	30,701	2,080	53.09	14.76	67.85	
Psychiatrist	2,009,775	556,717	10,400	193.25	53.72	246.97	
Qualified Mental Health Professional	336,161	93,453	10,400	32.32	8.99	41.31	
Medical Records Director - MH	0	0	0	25.84	7.18	33.02	
Clinical Psychologist	0	0	0	51.00	14.18	65.18	
RN - Mental Health	0	0	0	35.98	10.00	45.99	
Staff Assistant - Mental Health	132,972	36,966	6,240	21.31	5.92	27.23	
Radiologist/ Physician Specialist	59,233	0	260	227.82	-	227.82	
Radiology Technician	48,556	13,493	2,080	23.34	6.49	29.83	
Medical Records Clerk	283,031	78,709	14,560	19.44	5.41	24.84	
Staff Assistant	40,433	11,244	2,080	19.44	5.41	24.84	
<b>TOTAL</b>	<b>\$ 4,968,251</b>	<b>\$ 1,362,199</b>	<b>107,380</b>				
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS							
OFF SITE ADM STAFF			318,966				
MGMT FEE			534,631				
INDIRECT ADMIN COSTS			853,597		468.65	1.284	853,597
DIRECT CARE	1,514,827	418,621	1,933,448	282,513	156.95	0.43	2,215,961
DENTAL	201,545	56,014	257,560	133,247	74.03	0.2028	390,807
MENTAL HEALTH	2,710,802	753,603	3,464,405	573,495	318.61	0.8729	4,037,900
PHARMACY	47,362	13,166	60,528	471,412	261.90	0.7175	531,940
ANCILLARY	0	0	0	525,326	291.85	0.7996	525,326
LABORATORY	0	0	0	615,904	342.17	0.9375	615,904
RADIOLOGY	107,789	13,493	121,282	17,992	10.00	0.0274	139,274
SUPPORT	385,926	107,301	493,228	124,457	69.14	0.1894	617,685
OPTICAL	0	0	0	33,312	18.51	0.0507	33,312
NON-HOSPITAL SERVICES	0	0	0	730,911	406.06	1.1125	730,911
<b>TOTAL</b>	<b>4,968,251</b>	<b>1,362,199</b>	<b>7,184,047</b>	<b>3,508,569</b>	<b>1,949.22</b>	<b>5.3403</b>	<b>\$ 10,692,616</b>
POPULATION BASE							1,800
INTAKE BASE							2,311

Taylorville Correctional Center  
 Budget Schedule E  
 05/01/2018 – 04/30/2019

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	PER CAP BASE	ANNUAL PER CAP	PROGRAM ADJUST.	TOTAL CONTRACT
On-Site Medical Director	227,797	63,288	2,080	109.52	30.43	139.94				
Director of Nursing	74,051	20,561	2,080	35.60	9.88	45.49				
Registered Nurse	806,508	224,190	23,712	34.01	9.45	43.47				
Dental Assistant	43,760	12,162	2,080	21.04	5.85	26.89				
Dental Hygienist	17,056	4,171	520	32.80	8.02	40.82				
Dentist	165,863	46,078	2,080	79.74	22.15	101.89				
Medical Records Director	53,100	14,755	2,080	25.53	7.09	32.62				
Psychiatrist	200,978	55,672	1,040	193.25	53.72	246.97				
Qualified Mental Health Professional	67,232	18,691	2,080	32.32	8.99	41.31				
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92	27.23				
Radiology Technician	12,625	2,966	520	24.28	5.70	29.98				
Medication Room Assistant	25,709	6,282	1,222	21.04	5.14	26.18				
Staff Assistant	43,760	12,162	2,080	21.04	5.85	26.89				
Medical Records Clerk	43,760	12,162	2,080	21.04	5.85	26.89				
Optometrist	72,448	17,705	424	170.87	41.76	212.63				
<b>TOTAL</b>	<b>\$ 1,898,971</b>	<b>\$ 523,367</b>	<b>46,158</b>							
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>		
ADMIN SVS										
OFF SITE ADMIN STAFF			157,416							
MGMT FEE			216,972							
INDIRECT ADMIN COSTS			374,387				0.851	374,387		
DIRECT CARE	1,108,356	308,039	1,416,395	203,538	170.61	0.4674	1.3184	1,619,933		
DENTAL	226,678	62,411	289,089	97,432	81.67	0.2238	1.0748	386,521		
MENTAL HEALTH	312,535	86,885	399,419	332,236	278.49	0.763	1.6140	731,655		
PHARMACY	25,709	6,282	31,992	311,017	260.70	0.7142	1.5652	343,008		
ANCILLARY	0	0	0	16,096	13.49	0.037	0.8880	16,096		
LABORATORY	0	0	0	58,859	49.34	0.1352	0.9862	58,859		
RADIOLOGY	12,625	2,966	15,591	18,229	15.28	0.0419	0.8929	33,820		
SUPPORT	140,621	39,079	179,700	92,382	77.44	0.2122	1.0632	272,082		
OPTICAL	72,448	17,705	90,153	24,358	20.42	0.0559	0.9069	114,511		
NON-HOSPITAL SERVICES	0	0	0	388,560	325.70	0.8923	1.7433	388,560		
<b>TOTAL</b>	<b>1,898,971</b>	<b>523,367</b>	<b>2,796,726</b>	<b>1,542,706</b>	<b>1,293.14</b>	<b>3.5429</b>		<b>\$ 4,339,431</b>		
POPULATION BASE								<b>1,193</b>		

Vandalia Correctional Center  
 Budget Schedule E  
 05/01/2018 - 04/30/2019

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	PROGRAM ADJUST.	TOTAL CONTRACT
Medical Director/Physician	227,797	63,288	2,080	109.52	30.43	139.94		
Dentist	165,863	46,078	2,080	79.74	22.15	101.89		
Dental Hygienist	40,933	10,010	1,248	32.80	8.02	40.82		
Psychiatrist	200,978	55,872	1,040	193.25	53.72	246.97		
Qualified Mental Health Professional	134,465	37,381	4,160	32.32	8.99	41.31		
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92	27.23		
Medical Records Director	53,100	14,755	2,080	25.53	7.09	32.62		
Radiology Technician	3,642	890	156	23.34	5.70	29.05		
Staff Assistant	43,760	12,162	2,080	21.04	5.85	26.89		
Medical Records Clerk	70,017	19,459	3,328	21.04	5.85	26.89		
Optometrist	18,243	4,459	208	87.71	21.44	109.14		
<b>TOTAL</b>	<b>\$ 1,003,121</b>	<b>\$ 276,676</b>	<b>20,540</b>					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS								
OFF SITE ADMIN STAFF			177,334					
MGMT FEE			157,541					
INDIRECT ADMIN COSTS			334,876		224.10	0.614	0.6140	334,876
DIRECT CARE	227,797	63,288	291,086	138,197	93.31	0.2556	0.8696	429,283
DENTAL	206,796	56,088	262,883	62,617	42.28	0.1158	0.7298	325,500
MENTAL HEALTH	379,767	105,575	485,342	309,629	209.07	0.5728	1.1868	794,971
PHARMACY	0	0	0	428,184	289.12	0.7921	1.4061	428,184
ANCILLARY	0	0	0	18,533	12.51	0.0343	0.6483	18,533
LABORATORY	0	0	0	100,766	68.04	0.1864	0.8004	100,766
RADIOLOGY	3,642	890	4,532	19,927	13.45	0.0368	0.6508	24,458
SUPPORT	166,877	46,376	213,253	55,471	37.45	0.1026	0.7166	268,724
OPTICAL	18,243	4,459	22,702	15,654	10.57	0.029	0.6430	38,356
NON-HOSPITAL SERVICES	0	0	0	387,173	261.43	0.7162	1.3302	387,173
<b>TOTAL</b>	<b>1,003,121</b>	<b>276,676</b>	<b>1,614,673</b>	<b>1,536,150</b>	<b>1,037.23</b>	<b>2.8416</b>		<b>\$ 3,150,823</b>
POPULATION BASE								<b>1,481</b>



VIENNA CORRECTIONAL CENTER  
BUDGET SCHEDULE E  
05/01/2018 -- 04/30/2019

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES		
Dental Assistant	47,363	13,172	2,080	22.77	6.33	29.10		
Dentist	189,544	52,664	2,080	91.13	25.32	116.45		
Licensed Practical Nurse	101,670	37,066	4,160	24.44	8.91	33.35		
On-Site Medical Director	246,316	68,429	2,080	118.42	32.90	151.32		
Medical Records Director	49,038	13,631	2,080	23.58	6.55	30.13		
Optometrist	22,804	5,573	260	87.71	21.44	109.14		
Medication Room Assistant	47,363	11,565	2,080	22.77	5.56	28.33		
Phlebotomist	21,146	5,163	1,040	20.33	4.96	25.30		
Physician Asst/Nurse Practitioner	42,365	11,764	832	50.92	14.14	65.06		
Psychiatrist	200,978	55,872	1,040	193.25	53.72	246.97		
Qualified Mental Health Professional	134,465	37,381	4,160	32.32	8.99	41.31		
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92	27.23		
Medical Records Clerk	87,796	24,416	4,160	21.10	5.87	26.97		
<b>TOTAL</b>	<b>\$ 1,235,172</b>	<b>\$ 349,018</b>	<b>28,132</b>					
TOTAL CONTRACT BUDGET	PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PER CAP DAILY	PROGRAM ADJUST.	TOTAL CONTRACT
ADMIN SVS								
OFF SITE ADM STAFF			206,734					
MGMT FEE			180,783					
INDIRECT ADMIN COSTS			387,517		216.99	0.5945	0.5945	387,517
DIRECT CARE	390,351	117,259	507,610	159,638	90.45	0.2478	0.8423	667,249
DENTAL	236,907	65,836	302,743	75,681	42.88	0.1175	0.7120	378,424
MENTAL HEALTH	379,767	105,575	485,342	349,296	197.90	0.5422	1.1367	834,638
PHARMACY	47,363	11,565	58,928	380,054	215.33	0.5899	1.1844	438,982
ANCILLARY	0	0	0	62,544	35.44	0.0971	0.6916	62,544
LABORATORY	21,146	5,163	26,309	139,939	79.29	0.2172	0.8117	166,248
RADIOLOGY	0	0	0	28,699	16.26	0.0445	0.6390	28,699
SUPPORT	136,834	38,047	174,881	70,034	39.68	0.1087	0.7032	244,915
OPTICAL	22,804	5,573	28,377	18,920	10.72	0.0294	0.6239	47,297
NON-HOSPITAL SERVICES	0	0	0	359,146	203.48	0.5575	1.1520	359,146
<b>TOTAL</b>	<b>1,235,172</b>	<b>349,018</b>	<b>1,971,707</b>	<b>1,643,952</b>	<b>931.43</b>	<b>2.5518</b>		<b>\$ 3,615,659</b>
POPULATION BASE			5/8/2018					1,765

WESTERN CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 05/01/2018 -04/30/2019

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES			
Certified Nurses Assistant	66,352	18,429	4,160	15.95	4.43	20.38			
Dental Assistant	85,823	23,865	4,160	20.63	5.74	26.37			
Dentist	177,703	43,416	2,080	85.43	20.87	106.31			
Director of Nursing	74,051	20,561	2,080	35.60	9.88	45.49			
Licensed Practical Nurse	645,735	179,539	24,960	25.87	7.19	33.06			
On-Site Medical Director	216,438	60,145	2,080	104.06	28.92	132.97			
Medical Records Director	50,048	13,906	2,080	24.06	6.69	30.75			
Optometrist	45,608	0	520	87.71	-	87.71			
Medication Room Assistant	43,898	10,739	2,080	21.10	5.16	26.27			
Physician Ass/Nurse Practitioner	101,840	28,294	2,080	48.96	13.60	62.56			
Psychiatrist	602,933	167,615	3,120	193.25	53.72	246.97			
Qualified Mental Health Professional	201,697	56,072	6,240	32.32	8.99	41.31			
Staff Assistant - Mental Health	88,650	24,645	4,160	21.31	5.92	27.23			
Radiology Technician	26,286	6,425	1,040	25.28	6.18	31.45			
Registered Nurse	564,685	156,959	16,640	33.94	9.43	43.37			
Staff Assistant	47,363	13,172	2,080	22.77	6.33	29.10			
Medical Records Clerk	134,172	37,243	6,240	21.50	5.97	27.47			
<b>TOTAL</b>	<b>\$ 3,173,281</b>	<b>\$ 861,025</b>	<b>85,800</b>						
TOTAL CONTRACT BUDGET		PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PER CAP DAILY	PROGRAM ADJUST.	TOTAL CONTRACT
ADMIN SVS									
OFF SITE ADM STAFF			285,104						
MGMT FEE			356,490						
INDIRECT ADMIN COSTS			641,594			306.80	0.8405	0.8405	641,594
DIRECT CARE	1,669,101	463,926	2,133,027	329,165	159.25	159.25	0.4363	1.2768	2,462,192
DENTAL	263,526	67,281	330,807	157,731	76.31	76.31	0.2091	1.0496	488,538
MENTAL HEALTH	893,279	248,332	1,141,610	468,515	226.66	226.66	0.621	1.4615	1,610,126
PHARMACY	43,898	10,739	54,637	454,518	219.89	219.89	0.6024	1.4429	509,155
ANCILLARY	0	0	0	177,928	86.08	86.08	0.2358	1.0763	177,928
LABORATORY	0	0	0	158,464	76.66	76.66	0.21	1.0505	158,464
RADIOLOGY	26,286	6,425	32,711	36,472	17.64	17.64	0.0483	0.8888	69,183
SUPPORT	231,583	64,321	295,904	149,513	72.33	72.33	0.1982	1.0387	445,417
OPTICAL	45,608	0	45,608	39,433	19.08	19.08	0.0523	0.8928	85,040
NON-HOSPITAL SERVICES	0	0	0	482,154	233.26	233.26	0.6391	1.4796	482,154
<b>TOTAL POPULATION BASE</b>	<b>3,173,281</b>	<b>861,025</b>	<b>4,675,899</b>	<b>2,453,892</b>	<b>1,187.16</b>	<b>1,187.16</b>	<b>3.2525</b>		<b>\$ 7,129,791</b>
									<b>2,067</b>

**BIG MUDDY CORRECTIONAL CENTER  
BUDGET SCHEDULE E  
05/01/2019 - 04/30/2020**

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	
Dental Assistant	94,723	26,333	4,160	22.77	6.33	29.10	
Dental Hygienist	73,840	20,509	2,080	35.50	9.86	45.36	
Dentist	172,536	46,446	2,080	82.95	22.33	105.28	
Director of Nursing	72,738	20,218	2,080	34.97	9.72	44.69	
Licensed Practical Nurse	856,960	237,952	33,280	25.75	7.15	32.90	
On-Site Medical Director	227,802	63,294	2,080	108.52	30.43	139.95	
Medical Records Director	57,470	15,974	2,080	27.63	7.68	35.31	
Optometrist	42,892	0	562	76.32	-	76.32	
Medication Room Assistant	47,362	13,166	2,080	22.77	6.33	29.10	
Physical Therapist	17,770	0	104	170.87	-	170.87	
Physical Therapy Assistant	40,477	9,901	1,456	27.80	6.80	34.60	
Physician Ass/Nurse Practitioner	105,893	29,411	2,080	50.91	14.14	65.05	
Psychiatrist	602,933	167,615	3,120	193.25	53.72	246.97	
Qualified Mental Health Professional	201,697	56,072	6,240	32.32	8.99	41.31	
Behavioral Health Technician	50,446	14,024	2,080	24.25	6.74	31.00	
Staff Assistant - Mental Health	44,324	12,322	2,080	21.31	5.92	27.23	
Radiology Technician	26,988	6,594	1,040	25.95	6.34	32.29	
Registered Nurse	561,434	156,083	16,640	33.74	9.38	43.12	
Staff Assistant	94,723	26,333	4,160	22.77	6.33	29.10	
Medical Records Clerk	139,838	37,315	6,240	22.41	5.98	28.39	
<b>TOTAL</b>	<b>\$ 3,532,845</b>	<b>\$ 959,563</b>	<b>95,722</b>				
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS							
OFF SITE ADM STAFF			287,813				
MGMT FEE			402,837				
INDIRECT ADMIN COSTS			690,650		349.36	0.9572	690,650
DIRECT CARE	1,824,826	506,958	2,331,784	377,093	196.61	0.5387	2,708,877
DENTAL	341,099	93,288	434,387	178,707	93.17	0.2553	613,094
MENTAL HEALTH	855,075	237,711	1,092,786	615,880	321.11	0.8798	1,708,666
PHARMACY	47,362	13,166	60,528	630,505	328.73	0.9006	691,033
ANCILLARY	58,247	9,901	68,148	168,523	87.86	0.2407	236,672
LABORATORY	0	0	0	118,789	61.94	0.1697	118,799
RADIOLOGY	26,988	6,594	33,582	33,823	17.63	0.0483	67,405
SUPPORT	336,356	91,944	428,300	168,296	87.75	0.2404	596,597
OPTICAL	42,892	0	42,892	44,677	23.29	0.0638	87,569
NON-HOSPITAL SERVICES	0	0	0	537,383	280.18	0.7676	537,383
<b>TOTAL</b>	<b>3,532,845</b>	<b>959,563</b>	<b>5,163,057</b>	<b>2,873,686</b>	<b>1,498.27</b>	<b>4.1049</b>	<b>\$ 8,056,743</b>
POPULATION BASE							1,918

**CENTRALIA CORRECTIONAL CENTER**

**BUDGET SCHEDULE E**

05/01/2019 - 04/30/2020

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	ANNUAL PER CAP	ANNUAL PER CAP	PROGRAM ADJUST.	TOTAL CONTRACT
							BASE	PER CAP	DAILY	
On-Site Medical Director	227,802	63,315	2,080	109.52	30.44	139.96				
Physician	29,204	7,134	364	80.23	19.60	99.83				
Director of Nursing	76,291	21,757	2,080	37.64	10.46	48.10				
Registered Nurse	707,408	196,560	20,800	34.01	9.45	43.46				
Dentist	174,152	48,376	2,184	79.74	22.15	101.89				
Dental Assistant	43,763	12,168	2,080	21.04	5.85	26.89				
Dental Hygienist	34,112	8,341	1,040	32.80	8.02	40.82				
Psychiatrist	401,955	111,743	2,080	193.25	53.72	246.97				
Qualified Mental Health Professional	67,232	18,691	2,080	32.32	8.99	41.31				
Staff Assistant - Mental Health	44,324	12,322	2,080	21.31	5.92	27.23				
Medical Records Clerk	-	-	-	21.04	5.85	26.89				
Medication Room Assistant	43,763	12,168	2,080	21.04	5.85	26.89				
Radiology Technician	24,274	5,928	1,040	23.34	5.70	29.04				
Staff Assistant	43,763	12,168	2,080	21.04	5.85	26.89				
Medical Records Clerk	43,763	12,168	2,080	21.04	5.85	26.89				
Optometrist	16,840	4,116	192	87.71	21.44	109.15				
<b>TOTAL</b>	<b>\$ 1,980,647</b>	<b>\$ 546,955</b>	<b>44,340</b>							
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>		
ADMIN SVS										
OFF SITE ADMIN STAFF			181,645							
MGMT FEE			233,985							
INDIRECT ADMIN COSTS			415,631							
DIRECT CARE	1,042,705	288,766	1,331,471	206,751	136.29	0.3734	0.7506	0.7506	1.1240	1,538,222
DENTAL	252,027	68,884	320,912	96,736	63.77	0.1747	0.9253	0.9253	0.9253	417,648
MENTAL HEALTH	513,511	142,756	656,267	341,603	225.18	0.6169	1.3675	1.3675	1.3675	997,870
PHARMACY	43,763	12,168	55,931	438,592	289.12	0.7921	1.5427	1.5427	1.5427	494,524
ANCILLARY	0	0	0	18,983	12.51	0.0343	0.7849	0.7849	0.7849	18,983
LABORATORY	0	0	0	103,216	68.04	0.1864	0.9370	0.9370	0.9370	103,216
RADIOLOGY	24,274	5,928	30,202	20,411	13.45	0.0368	0.7874	0.7874	0.7874	50,613
SUPPORT	87,526	24,336	111,862	89,416	58.94	0.1615	0.9121	0.9121	0.9121	201,279
OPTICAL	16,840	4,116	20,957	24,184	15.94	0.0437	0.7943	0.7943	0.7943	45,141
NON-HOSPITAL SERVICES	0	0	0	396,584	261.43	0.7162	1.4668	1.4668	1.4668	396,584
<b>TOTAL</b>	<b>1,980,647</b>	<b>546,955</b>	<b>2,943,233</b>	<b>1,736,477</b>	<b>1,144.67</b>	<b>3.1360</b>				<b>\$ 4,679,709</b>
POPULATION BASE										1517

DANVILLE CORRECTIONAL CENTER

BUDGET SCHEDULE E

05/01/2019 - 04/30/2020

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY RATES	COMBINED RATES	ANNUAL PER CAP BASE	NON CAP BASE	FRINGE BENEFITS	PERS SVS	TOTAL CONTRACT BUDGET	ANNUAL PER CAP DAILY	PROGRAM ADJUST.	TOTAL CONTRACT
Dental Assistant	41,236	11,451	2,080	19.83	5.51	25.33								
Dentist	163,178	43,944	2,080	78.45	21.13	99.58								
Dental Hygienist	88,234	21,590	2,080	42.42	10.38	52.80								
Director of Nursing	72,031	20,010	2,080	34.63	9.62	44.25								
Licensed Practical Nurse	450,541	125,117	17,888	25.19	6.99	32.18								
Medical Director	199,824	55,532	2,080	96.07	26.70	122.77								
Medical Records Director	59,227	18,453	2,080	28.47	7.91	36.38								
Optomtrist	22,804	0	260	87.71	-	87.71								
Medication Room Assistant	40,433	11,244	2,080	19.44	5.41	24.84								
Physician Asst/Nurse Practitioner	101,840	28,294	2,080	48.96	13.60	62.56								
Psychiatrist	602,933	167,615	3,120	193.25	53.72	246.97								
Qualified Mental Health Professional	201,697	56,072	6,240	32.32	8.99	41.31								
Staff Assistant - Mental Health	88,648	24,644	4,160	21.31	5.92	27.23								
Radiology Technician	22,387	0	624	35.88	-	35.88								
Registered Nurse	621,847	171,829	18,720	33.22	9.18	42.40								
Staff Assistant	47,363	13,172	2,080	22.77	6.33	29.10								
Medical Records Clerk	88,622	24,599	4,160	21.30	5.91	27.22								
<b>TOTAL</b>	<b>\$ 2,912,845</b>	<b>\$ 791,567</b>	<b>73,892</b>											
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>						
ADMIN SVS														
OFF SITE ADM STAFF			269,451											
MGMT FEE			344,067											
INDIRECT ADMIN COSTS			613,518											
DIRECT CARE	1,446,084	400,782	1,846,866	309,837	169.59	0.9138	0.9138	613,518						
DENTAL	292,647	76,985	369,632	147,553	80.76	0.2213	0.2213	2,156,703						
MENTAL HEALTH	893,277	248,331	1,141,608	515,122	281.95	0.7725	0.7725	517,186						
PHARMACY	40,433	11,244	51,677	493,465	270.10	0.74	0.74	1,656,730						
ANCILLARY	0	0	0	134,939	73.86	0.2024	0.2024	545,142						
LABORATORY	0	0	0	125,077	88.46	1.1162	1.1162	134,939						
RADIOLOGY	22,387	0	22,387	56,402	30.87	0.0846	0.0846	125,077						
SUPPORT	195,212	54,224	249,436	139,242	76.21	0.2088	0.2088	78,769						
OPTICAL	22,804	0	22,804	36,888	20.19	0.0553	0.0553	388,679						
NON-HOSPITAL SERVICES	0	0	0	604,880	331.08	0.9071	0.9071	59,692						
<b>TOTAL</b>	<b>2,912,845</b>	<b>791,567</b>	<b>4,317,929</b>	<b>2,563,405</b>	<b>1,403.07</b>	<b>3.8442</b>		<b>\$ 6,881,335</b>						<b>1,827</b>
<b>POPULATION BASE</b>														

DECATUR CORRECTIONAL CENTER  
BUDGET SCHEDULE E  
05/01/2019 - 04/30/2020

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	ANNUAL PER CAP BASE	NON CAP BASE	FRINGE BENEFITS	PERS SVS	TOTAL CONTRACT BUDGET	ANNUAL PER CAP	PROGRAM ADJUST.	TOTAL CONTRACT
Dental Assistant	35,522	8,674	1,560	22.77	5.56	28.33								
Dental Hygienist	21,008	5,134	520	40.40	9.87	50.27								
Dentist	124,397	30,394	1,560	79.74	19.48	99.22								
Gynecologist/ Physician Specialist	37,344	0	120	311.20	-	311.20								
Licensed Practical Nurse	102,627	28,496	4,160	24.67	6.85	31.52								
On-Site Medical Director	193,353	53,714	2,080	92.96	25.82	118.78								
Medical Records Director	63,151	17,555	2,080	30.36	8.44	38.80								
Optometrist	18,243	0	208	87.71	-	87.71								
Psychiatrist	401,955	111,743	2,080	193.25	53.72	246.97								
Qualified Mental Health Professional	134,465	37,381	4,160	32.32	8.99	41.31								
Behavioral Health Technician	50,446	14,024	2,080	24.25	6.74	31.00								
Radiology Technician	4,486	1,097	208	21.57	5.27	26.84								
Staff Assistant	50,622	14,067	2,080	24.34	6.76	31.10								
<b>TOTAL</b>	<b>\$ 1,237,619</b>	<b>\$ 322,278</b>	<b>22,896</b>											
<b>TOTAL CONTRACT BUDGET</b>														
ADMIN SVS														
OFF SITE ADM STAFF			130,508											
MGMT FEE			164,898											
INDIRECT ADMIN COSTS			295,406		478.45	1.3108						1.3108		295,406
DIRECT CARE	333,324	82,210	415,534	129,134	214.15	0.5867						0.5867	1.8975	544,668
DENTAL	180,927	44,202	225,129	55,562	92.14	0.2524						0.2524	1.5632	280,692
MENTAL HEALTH	586,865	163,149	750,014	148,447	246.18	0.6745						0.6745	1.9853	898,461
PHARMACY	0	0	0	254,666	422.33	1.1571						1.1571	2.4679	254,666
ANCILLARY	0	0	0	174,814	289.91	0.7943						0.7943	2.1051	174,814
LABORATORY	0	0	0	104,731	173.68	0.4758						0.4758	1.7866	104,731
RADIOLOGY	4,486	1,097	5,583	22,971	38.09	0.1044						0.1044	1.4152	28,554
SUPPORT	113,772	31,621	145,394	47,560	78.87	0.2161						0.2161	1.5269	192,954
OPTICAL	18,243	0	18,243	13,891	23.04	0.0631						0.0631	1.3739	32,134
NON-HOSPITAL SERVICES	0	0	0	490,886	814.07	2.2303						2.2303	3.5411	490,886
<b>TOTAL</b>	<b>1,237,619</b>	<b>322,278</b>	<b>1,855,303</b>	<b>1,442,661</b>	<b>2,392.46</b>	<b>6.5547</b>								<b>\$ 3,297,965</b>
POPULATION BASE														603

DIXON CORRECTIONAL CENTER  
BUDGET SCHEDULE E  
05/01/2019 - 04/30/2020

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	
Chief Dentist	182,430	50,660	2,080	87.71	24.37	112.08	
Dental Assistant	47,363	13,172	2,080	22.77	6.33	29.10	
Dentist	70,375	0	632	84.58	-	84.58	
Phlebotomist	42,262	10,326	2,080	20.33	4.98	25.30	
Licensed Practical Nurse	544,308	151,222	20,800	26.17	7.27	33.44	
On-Site Medical Director	215,842	59,861	2,080	103.77	28.83	132.60	
Optometrist	35,541	0	416	85.43	-	85.43	
Medication Room Assistant	137,683	38,276	6,240	22.08	6.13	28.20	
Physical Therapist	78,100	0	624	125.31	-	125.31	
Physical Therapist Assistant	0	0	0	23.73	6.60	30.33	
Physician	204,181	56,726	2,080	98.15	27.27	125.43	
Physician Asst/Nurse Practitioner	224,837	62,462	4,160	54.05	15.01	69.06	
Site Mental Health Services Director	121,459	33,766	2,080	58.39	16.23	74.63	
Mental Health Training Director	113,742	31,620	2,080	54.66	15.20	69.86	
Pre-Doc Intern	95,830	26,641	4,160	23.04	6.40	29.44	
Post-Doc Intern	67,226	18,699	2,080	32.32	8.99	41.31	
Mental Health Unit Director	331,303	92,102	6,240	53.09	14.76	67.85	
Psychiatrist	4,019,550	1,147,436	20,800	193.25	53.72	246.97	
Psychologist	530,417	147,456	10,400	51.00	14.18	65.18	
CNHP	1,210,161	336,430	37,440	32.32	8.99	41.31	
Behavioral Health Technician	908,025	252,431	37,440	24.25	6.74	31.00	
Recreational Therapist	115,816	32,197	4,160	27.84	7.74	35.58	
Director of Nursing - Mental Health	0	0	0	39.82	11.07	50.89	
RN - Mental Health	0	0	0	34.47	9.58	44.05	
Medical Records Director - MH	0	0	0	25.64	7.10	32.73	
Office Coordinator - Mental Health	49,692	13,814	2,080	23.89	6.64	30.53	
Staff Assistant - Mental Health	310,289	86,254	14,560	21.31	5.92	27.23	
Radiology Technician	52,572	14,594	2,080	25.28	7.02	32.29	
Registered Nurse	0	0	0	32.57	9.05	41.61	
Staff Assistant	45,208	12,552	2,080	21.73	6.03	27.77	
Medical Records Clerk	242,598	67,465	12,480	19.44	5.41	24.84	
Supervising Nurse	82,036	22,787	2,080	39.44	10.96	50.40	
TOTAL	\$ 10,278,034	\$ 2,804,428	218,192				
TOTAL CONTRACT BUDGET	PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PROGRAM ADJUST.	TOTAL CONTRACT
ADMIN SVS							
OFF SITE ADM STAFF			483,039				
NIGHT FEE			981,134				
INDIRECT ADMIN COSTS			1,464,173				
DIRECT CARE	1,470,275	408,507	1,878,781	711.82	729.59	1,998.81	1,464,173
DENTAL	300,168	63,862	364,030	337.060	151.84	0.416	2,590,273
MENTAL HEALTH	7,873,509	2,168,848	10,062,355	1,216.659	548.13	1,501.7	701,121
PHARMACY	137,683	38,276	175,959	1,171.770	537.82	1,448.1	11,279,213
LABORATORY	78,100	0	78,100	478.753	218.10	0.5921	3,445.0
ANATOMY	42,262	10,326	240,175	106.19	0.2964	2.2963	2,962,703
RADIOLOGY	52,572	14,594	67,167	73.968	33.33	0.0913	2,092.2
SUPPORT	287,804	80,017	368,226	319.227	143.90	0.394	2,392.0
OPTICAL	35,541	0	35,541	64.273	37.86	0.104	119,613
NON-HOSPITAL SERVICES	0	0	0	411.009	185.14	0.5072	2,588.1
TOTAL POPULATION BASE	10,278,034	2,804,428	14,577,040	5,045.643	2,272.90	6,228.9	\$ 19,622,684
							2,270

EAST MOLINE CORRECTIONAL CENTER

BUDGET SCHEDULE E

05/01/2019 - 04/30/2020

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES		
Certified Nurses Assistant	199,056	55,286	12,480	15.95	4.43	20.38		
Dental Assistant	47,363	13,172	2,080	22.77	6.33	29.10		
Dentist	176,074	48,923	2,080	84.65	23.52	108.17		
On-Site Medical Director / Physician	198,287	55,096	2,080	95.33	26.49	121.82		
Optomtrist	16,647	0	190	87.71	-	87.71		
Licensed Practical Nurse	216,902	60,237	8,320	26.07	7.24	33.31		
Medication Room Assistant	46,422	12,896	2,080	22.32	6.20	28.52		
Physician Asst/Nurse Practitioner	39,936	11,099	832	48.00	13.34	61.34		
Psychiatrist	401,955	111,743	2,080	193.25	53.72	246.97		
QMHP	67,232	18,691	2,080	32.32	8.99	41.31		
Staff Assistant - Mental Health	44,325	12,314	2,080	21.31	5.92	27.23		
Phlebotomist	20,738	5,065	1,040	19.94	4.87	24.81		
Radiology Technician	16,839	3,958	624	26.99	6.34	33.33		
Medical Records Clerk	87,796	24,416	4,160	21.10	5.87	26.97		
Staff Assistant	43,898	12,208	2,080	21.10	5.87	26.97		
<b>TOTAL</b>	<b>\$ 1,623,471</b>	<b>\$ 445,105</b>	<b>44,286</b>					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS								
OFF SITE ADM STAFF			150,555					
MGMT FEE			198,429					
INDIRECT ADMIN COSTS			348,984		280.72	0.7691	0.7691	348,984
DIRECT CARE	654,181	181,718	835,900	137,165	121.06	0.3317	1.1008	973,065
DENTAL	223,437	62,095	285,532	62,723	55.36	0.1517	0.9208	348,255
MENTAL HEALTH	513,512	142,748	656,260	230,807	203.71	0.5581	1.3272	887,066
PHARMACY	46,422	12,896	59,319	340,287	300.34	0.8228	1.5919	399,606
ANCILLARY	0	0	0	178,403	157.46	0.4314	1.2005	178,403
LABORATORY	20,738	5,065	25,802	109,555	96.69	0.2649	1.0340	135,357
RADIOLOGY	16,839	3,958	20,798	29,025	25.62	0.0702	0.8393	49,822
SUPPORT	131,694	36,624	168,318	56,535	49.90	0.1367	0.9058	224,853
OPTICAL	16,847	0	16,647	15,681	13.84	0.0379	0.8070	32,327
NON-HOSPITAL SERVICES	0	0	0	390,850	344.97	0.9451	1.7142	390,850
<b>TOTAL POPULATION BASE</b>	<b>1,623,471</b>	<b>445,105</b>	<b>2,417,559</b>	<b>1,551,030</b>	<b>1,368.95</b>	<b>3.7505</b>		<b>\$ 3,968,589</b>
								<b>1,133</b>



**ELGIN TREATMENT CENTER**

**BUDGET SCHEDULE E**

05/01/2019 - 04/30/2020

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY RATES	COMBINED RATES	TOTAL CONTRACT
			BASE	PER CAP	ANNUAL PER CAP	PROGRAM ADJUST.	
CNA	492,128	136,812	29,120	16.90	4.70	21.60	
PA/NP	119,217	33,142	2,080	57.32	15.93	73.25	
Psychologist	209,147	58,143	4,160	50.28	13.98	64.25	
Psychiatrist	1,040,000	289,120	4,160	250.00	69.50	319.50	
Nurse Supervisor	75,005	20,851	2,080	36.06	10.02	46.08	
Medication Room Assistant	42,827	11,906	2,080	20.59	5.72	26.31	
Medical Records Director	51,938	14,439	2,080	24.97	6.94	31.91	
<b>TOTAL</b>	<b>\$ 2,030,262</b>	<b>\$ 564,413</b>	<b>45,760</b>				
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS							
OFF SITE ADM STAFF			34,014				
MGMT FEE			152,706				
INDIRECT ADMIN COSTS			186,720		4,243.63	11.6264	186,720
DIRECT CARE	781,115	217,150	998,265	61,875	1,406.25	3.8527	1,060,140
DENTAL	0	0	0	0	0.00	0	0
MENTAL HEALTH	1,249,147	347,263	1,596,410	23,203	527.35	1.4448	1,619,613
PHARMACY	0	0	0	23,750	539.76	1.4788	23,750
ANCILLARY	0	0	0	38,055	864.90	2.3696	38,055
LABORATORY	0	0	0	2,776	63.09	0.1728	2,776
RADIOLOGY	0	0	0	499	11.34	0.0311	499
SUPPORT	0	0	0	30,938	703.13	1.9264	30,938
OPTICAL	0	0	0	0	0.00	0	0
NON-HOSPITAL SERVICES	0	0	0	91,623	2,082.35	5.7051	91,623
<b>TOTAL</b>	<b>2,030,262</b>	<b>564,413</b>	<b>2,781,395</b>	<b>272,719</b>	<b>6,198.17</b>	<b>16.9813</b>	<b>\$ 3,054,114</b>
POPULATION BASE							44

**GRAHAM CORRECTIONAL CENTER**

**BUDGET SCHEDULE E**

05/01/2019 - 04/30/2020

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES		
Certified Nurses Assistant	199,056	55,286	12,480	15.95	4.43	20.38		
Dentist	265,784	70,751	3,328	79.86	21.26	101.12		
Medical Director	223,621	62,141	2,080	107.51	29.88	137.39		
Optometrist	36,486	0	416	87.71	0.00	87.71		
Medication Room Assistant	44,632	12,392	2,080	21.46	5.96	27.42		
Physician Asst/Nurse Practitioner	103,859	28,868	2,080	49.93	13.88	63.81		
Psychiatrist	803,910	223,487	4,160	193.25	53.72	246.97		
Qualified Mental Health Professional	201,697	56,072	6,240	32.32	8.99	41.31		
Behavioral Health Technician	50,446	14,024	2,080	24.25	6.74	31.00		
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92	27.23		
Radiology Technician	21,029	5,140	832	25.28	6.18	31.45		
Registered Nurse	0	0	0	33.20	9.22	42.42		
Office Coordinator	56,139	15,600	2,080	26.99	7.50	34.49		
Medical Records Clerk	118,408	32,929	5,200	22.77	6.33	29.10		
<b>TOTAL</b>	<b>\$ 2,169,391</b>	<b>\$ 589,012</b>	<b>45,136</b>					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS								
OFF SITE ADM STAFF			258,602					
MGMT FEE			311,525					
INDIRECT ADMIN COSTS			570,127		301.57	0.8262	0.8262	570,127
DIRECT CARE	526,536	146,295	672,831	254,210	134.36	0.3681	1.1943	927,041
DENTAL	265,784	70,751	336,535	114,317	60.42	0.1655	0.9917	450,852
MENTAL HEALTH	1,100,377	305,905	1,406,282	483,789	255.70	0.7005	1.5267	1,890,072
PHARMACY	44,632	12,392	57,024	745,526	394.04	1.0796	1.9058	802,549
ANCILLARY	0	0	0	184,164	97.34	0.2667	1.0929	184,164
LABORATORY	0	0	0	224,577	118.70	0.3252	1.1514	224,577
RADIOLOGY	21,029	5,140	26,169	35,562	18.80	0.0515	0.8777	61,731
SUPPORT	174,547	48,529	223,076	101,582	53.69	0.1471	0.9733	324,658
OPTICAL	36,486	0	36,486	28,579	15.11	0.0414	0.8676	65,065
NON-HOSPITAL SERVICES	0	0	0	729,660	385.66	1.0566	1.8828	729,660
<b>TOTAL</b>	<b>2,169,391</b>	<b>589,012</b>	<b>3,328,530</b>	<b>2,901,967</b>	<b>1,533.82</b>	<b>4.2022</b>		<b>\$ 6,230,497</b>
POPULATION BASE								1,892
INTAKE BASE								314

HILL CORRECTIONAL CENTER  
BUDGET SCHEDULE E  
05/01/2019 - 04/30/2020

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	ANNUAL PER CAP	NON CAP BASE	FRINGE BENEFITS	PERS SVS	TOTAL CONTRACT BUDGET	ANNUAL PER CAP	PROGRAM ADJUST.	TOTAL CONTRACT
Dental Assistant	94,726	26,343	4,160	22.77	6.33	29.10								
Dentist	165,863	46,078	2,080	79.74	22.15	101.89								
Director of Nursing	79,719	22,144	2,080	38.33	10.65	48.97								
Licensed Practical Nurse	650,692	180,641	24,960	26.07	7.24	33.31								
On-Site Medical Director	224,975	62,508	2,080	108.16	30.05	138.21								
Medical Records Director	50,048	13,906	2,080	24.06	6.69	30.75								
Optometrist	36,486	0	416	87.71	-	87.71								
Medication Room Assistant	45,137	11,038	2,080	21.70	5.31	27.01								
Physical Therapist	17,770	0	104	170.87	-	170.87								
Physical Therapy Assistant	24,680	6,035	1,040	23.73	5.80	29.53								
Physician Assi/Nurse Practitioner	99,843	27,743	2,080	48.00	13.34	61.34								
Psychiatrist	803,910	223,487	4,160	193.25	53.72	246.97								
Qualified Mental Health Professional	268,929	74,762	8,320	32.32	8.99	41.31								
Staff Assistant - Mental Health	88,650	24,645	4,160	21.31	5.92	27.23								
Radiology Technician	19,046	4,654	832	22.89	5.59	28.49								
Registered Nurse	561,014	154,940	16,640	33.71	9.31	43.03								
Staff Assistant	47,363	11,565	2,080	22.77	5.56	28.33								
Medical Records Clerk	142,089	39,515	6,240	22.77	6.33	29.10								
<b>TOTAL</b>	<b>\$ 3,420,939</b>	<b>\$ 930,004</b>	<b>85,592</b>											
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>						
ADMIN SVS														
OFF SITE ADM STAFF			295,589											
MGMT FEE			389,545											
INDIRECT ADMIN COSTS			685,134		371.96	1.0191	1.0191	685,134						
DIRECT CARE	1,616,242	447,976	2,064,218	401,234	219.73	0.602	1.6211	2,465,452						
DENTAL	260,589	72,421	333,010	186,703	102.25	0.2801	1.2992	519,713						
MENTAL HEALTH	1,161,489	322,894	1,484,382	511,030	279.86	0.7667	1.7658	1,995,412						
PHARMACY	45,137	11,038	56,175	598,367	327.69	0.8978	1.9169	654,542						
ANCILLARY	42,450	6,035	48,485	208,818	114.36	0.3133	1.3324	257,303						
LABORATORY	0	0	0	144,785	79.29	0.2172	1.2363	144,785						
RADIOLOGY	19,046	4,654	23,700	47,369	25.94	0.0711	1.0902	71,069						
SUPPORT	239,500	64,987	304,487	173,154	94.83	0.2598	1.2789	477,640						
OPTICAL	36,486	0	36,486	46,676	25.56	0.07	1.0891	83,162						
NON-HOSPITAL SERVICES	0	0	0	436,691	239.15	0.6552	1.6743	436,681						
<b>TOTAL POPULATION BASE</b>	<b>3,420,939</b>	<b>930,004</b>	<b>5,036,077</b>	<b>2,754,818</b>	<b>1,508.66</b>	<b>4.1332</b>		<b>\$ 7,790,895</b>	<b>1,626</b>					

ILLINOIS RIVER CORRECTIONAL CENTER

BUDGET SCHEDULE E  
05/01/2019 - 04/30/2020

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY RATES	COMBINED RATES		
Dental Assistant	109,412	30,382	4,160	26.30	7.30	33.60		
Dental Hygienist	44,116	10,785	1,040	42.42	10.37	52.79		
Dentist	163,384	45,390	2,080	78.55	21.82	100.37		
Director of Nursing	74,051	20,561	2,080	35.60	9.88	45.49		
Certified Nurses Assistant	33,176	9,214	2,080	15.95	4.43	20.38		
Licensed Practical Nurse	640,228	177,336	24,960	25.65	7.10	32.75		
Medical Director	213,249	59,250	2,080	102.52	28.49	131.01		
Medical Records Director	56,358	15,650	2,080	27.10	7.52	34.62		
Optometrist	36,486	0	416	87.71	-	87.71		
Medication Room Assistant	43,439	10,602	2,080	20.88	5.10	25.98		
Physical Therapist	0	0	0	170.87	-	170.87		
Physical Therapy Assistant	0	0	0	23.73	5.80	29.53		
Physician Assst/Nurse Practitioner	97,870	27,192	2,080	47.05	13.07	60.13		
Psychiatrist	401,955	111,743	2,080	193.25	53.72	246.97		
QMHP	336,161	93,453	10,400	32.32	8.99	41.31		
Behavioral Health Technician	201,783	56,096	8,320	24.25	6.74	31.00		
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92	27.23		
Radiology Technician	14,567	3,559	624	23.34	5.70	29.05		
Registered Nurse	616,087	171,278	16,640	37.02	10.29	47.32		
Medical Records Clerk	153,104	42,544	6,240	24.54	6.82	31.35		
<b>TOTAL</b>	<b>\$ 3,279,751</b>	<b>\$ 897,358</b>	<b>91,520</b>					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS								
OFF SITE ADM STAFF			314,876					
MGMT FEE			393,028					
INDIRECT ADMIN COSTS			707,905		344.48	0.9438	0.9438	707,905
DIRECT CARE	1,674,660	464,832	2,139,491	395.672	192.54	0.5275	1.4713	2,535,164
DENTAL	316,913	86,557	403,470	188,440	91.70	0.2512	1.1950	591,909
MENTAL HEALTH	984,224	273,614	1,257,839	577,390	280.97	0.7698	1.7136	1,835,229
PHARMACY	43,439	10,602	54,041	627,824	305.51	0.837	1.7608	681,865
ANCILLARY	0	0	0	213,372	103.83	0.2845	1.2283	213,372
LABORATORY	0	0	0	115,369	56.14	0.1538	1.0976	115,369
RADIOLOGY	14,567	3,559	18,126	31,050	15.11	0.0414	0.9852	49,176
SUPPORT	209,462	58,194	267,656	178,202	86.72	0.2376	1.1814	445,858
OPTICAL	36,486	0	36,486	47,110	22.92	0.0628	1.0066	83,596
NON-HOSPITAL SERVICES	0	0	0	612,300	297.96	0.8163	1.7601	612,300
<b>TOTAL</b>	<b>3,279,751</b>	<b>897,358</b>	<b>4,885,014</b>	<b>2,986,729</b>	<b>1,453.40</b>	<b>3.9819</b>		<b>\$ 7,871,743</b>
POPULATION BASE								<b>2,055</b>

JACKSONVILLE CORRECTIONAL CENTER

BUDGET SCHEDULE E

05/01/2019 - 04/30/2020

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES		
Dentist	159,460	44,311	2,080	76.66	21.30	97.97		
Licensed Practical Nurse	200,192	55,624	8,320	24.06	6.69	30.75		
On-Site Medical Director	215,130	59,778	2,080	103.43	28.74	132.17		
Optomtrist	22,014	0	251	87.71	-	87.71		
Medication Room Assistant	42,911	10,487	2,080	20.63	5.04	25.67		
Physician Assst/Nurse Practitioner	23,695	0	416	56.96	-	56.96		
Psychiatrist	301,466	83,808	1,560	193.25	53.72	246.97		
Qualified Mental Health Professional	67,232	18,691	2,080	32.32	8.99	41.31		
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92	27.23		
Radiology Technician	12,139	2,966	520	23.34	5.70	29.05		
Medical Records Clerk	41,672	10,189	2,080	20.03	4.90	24.93		
Staff Assistant	41,672	10,189	2,080	20.03	4.90	24.93		
<b>TOTAL</b>	<b>\$ 1,171,910</b>	<b>\$ 308,363</b>	<b>25,627</b>					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS								
OFF SITE ADM STAFF			175,090					
MGMT FEE			173,218					
INDIRECT ADMIN COSTS			348,309		211.92	0.5806	0.5806	348,309
DIRECT CARE	439,017	115,402	554,419	140,677	89.66	0.2456	0.8262	695,095
DENTAL	159,460	44,311	203,771	65,522	41.76	0.1144	0.6950	269,293
MENTAL HEALTH	413,023	114,820	527,844	314,095	200.19	0.5485	1.1291	841,938
PHARMACY	42,911	10,487	53,398	365,309	232.83	0.6379	1.2185	418,707
ANCILLARY	-	-	0	68,044	43.37	0.1188	0.6994	68,044
LABORATORY	-	-	0	128,123	81.66	0.2237	0.8043	128,123
RADIOLOGY	12,139	2,966	15,105	34,216	21.81	0.0598	0.6404	49,321
SUPPORT	83,344	20,377	103,721	59,592	37.98	0.1041	0.6847	163,313
OPTICAL	22,014	-	22,014	16,381	10.44	0.0286	0.6092	38,395
NON-HOSPITAL SERVICES	-	-	0	443,829	282.87	0.775	1.3556	443,829
<b>TOTAL</b>	<b>1,171,910</b>	<b>308,363</b>	<b>1,828,582</b>	<b>1,635,786</b>	<b>1,042.57</b>	<b>2.8564</b>		<b>\$ 3,464,368</b>
POPULATION BASE								<b>1,569</b>

JOLIET CORRECTIONAL CENTER  
BUDGET SCHEDULE E  
05/01/2019 - 04/30/2020

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES		
Site Mental Health Services Director	121,459	33,766	2,080	58.39	16.23	74.63		
Psychiatrist	2,411,730	670,461	12,480	193.25	53.72	246.97		
Mental Health Training Director				54.68	15.20	69.89		
Mental Health Unit Director	331,303	92,102	6,240	53.09	14.76	67.85		
Psychologist	318,250	88,473	6,240	51.00	14.18	65.18		
QMHP	403,394	112,143	12,480	32.32	8.99	41.31		
Pre-Doc Intern	95,846	26,645	4,160	23.04	6.41	29.45		
Post-Doc Intern	134,451	37,377	4,160	32.32	8.98	41.30		
Behavioral Health Technician	454,012	126,215	18,720	24.25	6.74	31.00		
Recreational Therapist	115,818	32,197	4,160	27.84	7.74	35.58		
Director of Nursing - Mental Health	82,826	23,026	2,080	39.82	11.07	50.89		
RN - Mental Health	1,577,146	438,447	45,760	34.47	9.58	44.05		
Staff Assistant - Mental Health	221,620	61,610	10,400	21.31	5.92	27.23		
Medical Records Director	53,756	14,944	2,080	25.84	7.18	33.03		
Medication Room Assistant	44,324	12,322	2,080	21.31	5.92	27.23		
Dentist	74,649	20,752	1,040	71.78	19.95	91.73		
Dental Assistant	44,324	12,322	2,080	21.31	5.92	27.23		
Dental Hygienist	17,284	4,805	520	33.24	9.24	42.48		
Site Medical Director	115,958	32,236	1,040	111.50	31.00	142.49		
Optometrist	9,572	2,661	104	92.04	25.59	117.62		
Radiology Technician	0	0	0	23.64	6.57	30.21		
Registered Nurse	0	0	0	34.47	9.58	44.05		
TOTAL	\$ 6,627,721	\$ 1,842,506	137,904					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS								
OFF SITE ADM STAFF			34,014					
MGMT FEE			563,767					
INDIRECT ADMIN COSTS			597,781		1,494.45	4.0944	4.0944	597,781
DIRECT CARE	115,958	32,236	148,195	562,502	1,406.25	3.8527	7.9471	710,697
DENTAL	136,257	37,879	174,136	281,251	703.13	1.9254	6.0208	455,387
MENTAL HEALTH	6,267,855	1,742,464	8,010,318	210,938	527.35	1.4448	5.5392	8,221,257
PHARMACY	44,324	12,322	56,646	215,906	539.76	1.4768	5.5732	272,562
ANCILLARY	0	0	0	345,959	864.90	2.3696	6.4640	345,959
LABORATORY	0	0	0	25,235	63.09	0.1728	4.2672	26,235
RADIOLOGY	0	0	0	7,677	11.34	0.0311	4.1255	7,677
SUPPORT	53,756	14,944	68,700	281,251	703.13	1.9254	6.0208	349,950
OPTICAL	9,572	2,661	12,233	70,313	175.78	0.4816	4.5760	82,546
NON-HOSPITAL SERVICES	0	0	0	206,292	515.73	1.413	5.5074	206,292
TOTAL	6,627,721	1,842,506	9,068,008	2,207,323	5,510.46	15.0972		\$ 11,275,331
POPULATION BASE								400

**KEWANEE LIFE SKILLS RE-ENTRY CENTER**  
**BUDGET SCHEDULE E**  
 05/01/2019 - 04/30/2020

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	PER CAP ANNUAL	PER CAP DAILY	PROGRAM ADJUST.	TOTAL CONTRACT
Dental Assistant	18,113	5,035	832	21.77	6.05	27.82				
Dentist	44,444	12,356	520	85.47	23.76	109.23				
Dental Hygienist	35,443	9,853	1,040	34.08	9.47	43.55				
Licensed Practical Nurse	212,992	59,212	8,320	25.60	7.12	32.72				
Optometrist	10,696	2,973	120	89.13	24.78	113.91				
Physician	124,800	34,694	1,040	120.00	33.36	153.36				
Psychiatrist	100,490	27,936	520	193.25	53.72	246.97				
Supervisor of Medical Records	58,240	16,191	2,080	28.00	7.78	35.78				
Registered Nurse	474,240	131,839	12,480	38.00	10.56	48.56				
Medical Records Clerk	47,840	13,300	2,080	23.00	6.39	29.39				
Supervising Nurse	83,200	23,130	2,080	40.00	11.12	51.12				
<b>TOTAL</b>	<b>\$ 1,210,498</b>	<b>\$ 336,518</b>	<b>31,112</b>							
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>		
ADMIN SVS										
OFF SITE ADM STAFF			79,453							
MGMT FEE			132,697							
INDIRECT ADMIN COSTS			212,150		346.65	0.9497	0.9497	212,150		
DIRECT CARE	895,232	248,874	1,144,106	166,277	271.69	0.7444	1.6941	1,310,384		
DENTAL	98,000	27,244	125,244	78,469	128.22	0.3513	1.3010	203,713		
MENTAL HEALTH	100,490	27,936	128,426	171,584	280.37	0.7681	1.7178	300,010		
PHARMACY	0	0	0	123,975	202.57	0.555	1.5047	123,975		
ANCILLARY	0	0	0	5,221	8.53	0.0234	0.9731	5,221		
LABORATORY	0	0	0	21,974	35.90	0.0984	1.0481	21,974		
RADIOLOGY	0	0	0	2,913	4.76	0.013	0.9627	2,913		
SUPPORT	106,080	29,490	135,570	73,882	120.72	0.3307	1.2804	209,452		
OPTICAL	10,696	2,973	13,669	18,683	30.53	0.0836	1.0333	32,352		
NON-HOSPITAL SERVICES	0	0	0	88,101	143.96	0.3944	1.3441	88,101		
<b>TOTAL</b>	<b>1,210,498</b>	<b>336,518</b>	<b>1,759,166</b>	<b>751,078</b>	<b>1,227.25</b>	<b>3.3623</b>		<b>\$ 2,510,244</b>		<b>612</b>
POPULATION BASE										

LAWRENCE CORRECTIONAL CENTER

BUDGET SCHEDULE E  
05/01/2019 - 04/30/2020

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	
Dental Assistant	86,649	24,095	4,160	20.83	5.79	26.62	
Dental Hygienist	73,844	20,515	2,080	35.50	9.86	45.36	
Dentist	262,631	70,115	3,120	84.18	22.47	106.65	
Director of Nursing	74,051	20,561	2,080	35.60	9.88	45.49	
Licensed Practical Nurse	918,302	255,127	35,360	25.97	7.22	33.19	
On-Site Medical Director	220,592	61,292	2,080	106.05	29.47	135.52	
Medical Records Director	52,067	14,457	2,080	25.03	6.95	31.98	
Optometrist	45,608	0	520	87.71	-	87.71	
Medication Room Assistant	45,527	12,644	2,080	21.89	6.08	27.97	
Phlebotomist	21,143	5,158	1,040	20.33	4.96	25.29	
Physician Ass/Nurse Practitioner	167,775	46,630	3,224	52.04	14.46	66.50	
Radiology Technician	35,545	0	1,040	34.18	-	34.18	
Registered Nurse	522,853	145,371	14,560	35.91	9.98	45.89	
Psychiatrist	1,205,865	335,230	6,240	193.25	53.72	246.97	
Qualified Mental Health Professional	537,858	149,525	16,640	32.32	8.99	41.31	
Staff Assistant - Mental Health	88,650	24,645	4,160	21.31	5.92	27.23	
Staff Assistant	46,009	12,782	2,080	22.12	6.15	28.26	
Medical Records Clerk	165,771	46,101	7,280	22.77	6.33	29.10	
Physical Therapist	54,605	0	312	175.02	-	175.02	
Physical Therapist Assistant	49,359	13,722	2,080	23.73	6.60	30.33	
<b>TOTAL</b>	<b>\$ 4,674,704</b>	<b>\$ 1,257,969</b>	<b>112,216</b>				
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS							
OFF SITE ADM STAFF			346,711				
MGMT FEE			482,351				
INDIRECT ADMIN COSTS			829,061		348.21	0.954	829,061
DIRECT CARE	1,903,572	528,981	2,432,553	407,602	172.27	0.472	2,840,154
DENTAL	423,124	114,725	537,849	196,183	82.92	0.2272	734,032
MENTAL HEALTH	1,832,373	509,400	2,341,772	580,805	245.48	0.6725	2,922,577
PHARMACY	45,527	12,644	58,171	694,073	293.35	0.8037	752,244
ANCILLARY	103,965	13,722	117,687	134,631	56.90	0.1559	252,318
LABORATORY	21,143	5,158	26,302	120,127	50.77	0.1391	146,429
RADIOLOGY	35,545	-	35,545	34,892	14.75	0.0404	70,437
SUPPORT	263,847	73,339	337,187	186,956	79.02	0.2165	524,143
OPTICAL	45,608	-	45,608	49,046	20.73	0.0568	94,653
NON-HOSPITAL SERVICES	-	-	-	480,962	203.28	0.5569	480,962
<b>TOTAL POPULATION BASE</b>	<b>4,674,704</b>	<b>1,257,969</b>	<b>6,761,734</b>	<b>2,885,276</b>	<b>1,219.47</b>	<b>3.3410</b>	<b>\$ 9,647,010</b>
							<b>2,366</b>



LINCOLN CORRECTIONAL CENTER

BUDGET SCHEDULE E

05/01/2019 - 04/30/2020

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	ANNUAL PER CAP BASE	ANNUAL PER CAP	PROGRAM ADJUST.	TOTAL CONTRACT
Dentist	144,522	40,158	2,080	69.48	19.31	88.79				
Dental Assistant	42,910	11,939	2,080	20.63	5.74	26.37				
Director of Nursing	74,051	20,561	2,080	35.60	9.88	45.49				
Licensed Practical Nurse	513,100	142,502	20,800	24.67	6.85	31.52				
On-Site Medical Director	239,202	66,455	2,080	115.00	31.95	146.95				
Medical Records Director	51,035	14,181	2,080	24.54	6.82	31.35				
Optometrist	13,682	0	156	87.71	-	87.71				
Physician Assst/Nurse Practitioner	20,771	5,774	416	49.93	13.88	63.81				
Medication Room Assistant	47,363	13,172	2,080	22.77	6.33	29.10				
Psychiatrist	200,978	55,872	1,040	193.25	53.72	246.97				
Qualified Mental Health Professional	134,465	37,381	4,160	32.32	8.99	41.31				
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92	27.23				
Registered Nurse	446,369	124,053	12,480	35.77	9.94	45.71				
Medical Records Clerk	85,134	22,167	4,160	20.46	5.33	25.79				
<b>TOTAL</b>	<b>\$ 2,057,906</b>	<b>\$ 566,537</b>	<b>57,772</b>							
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>		
ADMIN SVS										
OFF SITE ADM STAFF			166,473							
MGMT FEE			200,956							
INDIRECT ADMIN COSTS			367,429					1,0082		367,429
DIRECT CARE	1,293,493	359,345	1,652,838	126,972	129.30	0.3542	1.3624			1,779,809
DENTAL	187,432	52,097	239,529	59,161	60.25	0.1651	1.1733			298,690
MENTAL HEALTH	379,767	105,575	485,342	228,227	232.41	0.6367	1.6449			713,569
PHARMACY	47,363	13,172	60,535	172,435	175.60	0.4811	1.4893			232,970
ANCILLARY	-	-	0	69,190	70.46	0.193	1.2012			69,190
LABORATORY	-	-	0	68,327	69.58	0.1906	1.1988			68,327
RADIOLOGY	-	-	0	10,521	10.71	0.0293	1.0375			10,521
SUPPORT	136,169	36,348	172,517	55,097	56.11	0.1537	1.1619			227,614
OPTICAL	13,682	-	13,682	14,790	15.06	0.0413	1.0495			28,472
NON-HOSPITAL SERVICES	-	-	0	222,520	226.60	0.6208	1.6290			222,520
<b>TOTAL POPULATION BASE</b>	<b>2,057,906</b>	<b>566,537</b>	<b>2,991,872</b>	<b>1,027,240</b>	<b>1,046.08</b>	<b>2.8658</b>				<b>\$ 4,019,112</b>
										<b>982</b>

LOGAN CORRECTIONAL CENTER  
BUDGET SCHEDULE E  
06/12/2019 - 06/30/2020

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	HOURLY FB	COMBINED RATES		
Dentist	335,001	91,514	4,100	80.75	22.00	102.74		
Dental Assistant	126,734	35,798	6,240	20.63	5.74	26.37		
Dental Hygienist	86,232	21,570	2,080	42.42	10.37	52.79		
Director of Nursing	82,826	23,028	2,080	39.82	11.07	50.89		
Licensed Practical Nurse	1,028,908	285,831	37,440	27.48	7.63	35.12		
Licensed Physical Therapist	63,105	0	520	121.36	-	121.36		
Physical Therapist Assistant	0	0	0	23.73	6.60	30.33		
On-Site Medical Director	208,453	57,919	2,080	100.22	27.85	128.08		
Gynecologist/ Physician Specialist	369,064	0	1,060	341.73	-	341.73		
Staff Physician	215,842	59,984	2,080	103.77	26.84	132.61		
Certified Mammogram Technician	54,064	0	832	64.97	-	64.97		
Medical Records Director	54,500	15,145	2,080	26.20	7.28	33.48		
Office Coordinator	55,037	15,298	2,080	26.46	7.35	33.81		
Diplometrist	36,486	0	416	87.71	-	87.71		
Medication Room Assistant	142,060	39,515	6,240	22.77	6.33	29.10		
Physician Assistant/Nurse Practitioner	311,577	86,803	6,240	49.83	13.88	63.81		
Registered Nurse	1,636,686	454,860	45,760	35.77	9.94	45.71		
Registered Nurse Supervisor	72,592	20,155	2,080	34.90	9.69	44.59		
Site Mental Health Services Director	331,303	92,102	6,240	53.09	14.78	67.87		
Mental Health Unit Director	134,451	37,377	4,160	32.32	8.96	41.30		
Psychiatrist	4,019,550	1,117,435	20,800	193.25	53.72	246.97		
CMHP	1,411,877	392,502	43,680	32.32	8.99	41.31		
Psychologist	424,333	117,865	8,320	51.00	14.18	65.18		
Behavioral Health Technician	706,242	186,335	29,120	24.25	6.74	31.00		
Recreational Therapist	115,818	32,197	4,160	27.84	7.74	35.58		
Director of Nursing - Mental Health	82,826	23,028	2,080	39.82	11.07	50.89		
RN - Mental Health	358,442	99,647	10,400	34.47	9.50	44.05		
Staff Assistant - Mental Health	221,620	61,610	10,400	21.31	5.92	27.23		
Staff Assistant	173,297	47,068	8,320	20.83	5.68	26.49		
Medical Records Clerk	173,297	47,068	8,320	20.83	5.68	26.49		
Phlebotomist	50,750	12,362	2,488	20.33	4.96	25.30		
Radiology Technician	26,917	6,581	1,248	21.57	5.27	26.84		
TOTAL	\$ 13,236,271	\$ 3,524,317	285,312					
TOTAL CONTRACT BUDGET				PER CAP BASE	ANNUAL PER CAP	PER CAP DAILY	PROGRAM ADJUST	TOTAL CONTRACT
ADMIN SVCS								
OFF SITE ADM STAFF			428,433					
MGMT FEE			1,189,981					
INDIRECT ADMIN COSTS			1,596,384					
DIRECT CARE			3,925,949	968,377	302,041	761,671	2,0668	1,596,384
DENTAL			552,866	148,882	142,800	0,3698	2,4784	5,510,259
MENTAL HEALTH			7,927,921	2,203,962	873,644	442,800	3,3000	882,294
PHARMACY			142,089	39,515	919,387	465,971	3,3634	11,005,527
ANCILLARY			83,105	63,105	452,939	229,571	2,7158	1,100,871
LABORATORY			50,750	12,362	588,506	0,629	2,8012	518,044
RADIOLOGY			80,972	8,581	110,846	58,18	2,407	649,647
SUPPORT			456,131	124,609	580,740	0,3664	2,4532	644,609
NON-HOSPITAL SERVICES			36,486	36,486	70,136	35,55	2,1842	106,622
TOTAL			13,236,271	3,524,317	18,356,962	5,042,241	2,555,62	\$ 23,399,223
POPULATION BASE								1,973

MENARD CORRECTIONAL CENTER  
BUDGET SCHEDULE E  
05/01/2019 - 04/30/2020

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	
Dental Assistant	92,018	25,563	4,160	22.12	6.15	28.26	
Chief Dentist	155,812	43,301	2,080	74.91	20.82	95.73	
Dentist	284,316	78,984	4,160	68.35	18.99	87.33	
On-Site Medical Director	189,544	52,664	2,080	91.13	25.32	116.45	
Optometrist	118,580	0	1,352	87.71	-	87.71	
Licensed Practical Nurse	327,974	91,104	12,480	26.28	7.30	33.58	
Medication Room Assistant	92,018	25,563	4,160	22.12	6.15	28.26	
Phlebotomist	51,584	0	2,080	24.80	-	24.80	
Physical Therapist	35,541	0	208	170.87	-	170.87	
Physical Therapy Assistant	49,359	13,722	2,080	23.73	6.60	30.33	
Physician	317,635	88,255	4,160	76.35	21.22	97.57	
Physician AssuNurse Practitioner	209,921	58,332	4,160	50.46	14.02	64.48	
Psychiatrist	2,411,730	670,461	12,480	193.25	53.72	246.97	
Qualified Mental Health Professional	605,090	168,215	18,720	32.32	8.99	41.31	
RN - Mental Health	0	0	0	34.47	9.58	44.05	
Medical Records Director - MH	0	0	0	25.84	7.18	33.03	
Staff Assistant - Mental Health	177,299	49,289	8,320	21.31	5.92	27.23	
Behavioral Health Technician	454,012	126,215	18,720	24.25	6.74	31.00	
Clinical Psychologist	212,167	58,982	4,160	51.00	14.18	65.18	
Site Mental Health Services Director	121,459	33,766	2,080	58.39	16.23	74.63	
Radiology Technician	52,572	14,594	2,080	25.28	7.02	32.29	
Registered Nurse	0	0	0	31.86	8.85	40.71	
Medical Records Clerk	47,363	13,172	2,080	22.77	6.33	29.10	
Staff Assistant	47,363	13,172	2,080	22.77	6.33	29.10	
<b>TOTAL</b>	<b>\$ 6,053,360</b>	<b>\$ 1,625,356</b>	<b>113,880</b>				
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS							
OFF SITE ADM STAFF			438,541				
MGMT FEE			636,370				
INDIRECT ADMIN COSTS			1,074,911				
DIRECT CARE	1,045,075	290,355	1,335,430	422,847	308.92	0.8464	1,074,911
DENTAL	532,146	147,849	679,995	201,751	57.32	1.1755	1,758,277
MENTAL HEALTH	3,981,758	1,106,929	5,088,687	1,107,867	314.73	1.0034	881,746
PHARMACY	92,018	25,563	117,582	927,051	263.37	0.8623	6,196,554
ANCILLARY	84,900	13,722	98,623	139,603	39.66	1.5680	1,044,632
LABORATORY	51,584	-	51,584	226,877	64.40	0.9551	238,226
RADIOLOGY	52,572	14,594	67,167	67,316	19.12	1.0228	278,261
SUPPORT	94,726	26,343	121,070	189,353	53.79	0.8988	134,482
NON-HOSPITAL SERVICES	118,580	-	118,580	50,438	14.33	0.9938	310,423
<b>TOTAL</b>	<b>6,053,360</b>	<b>1,625,356</b>	<b>8,753,627</b>	<b>3,973,765</b>	<b>1,128.91</b>	<b>3.0930</b>	<b>\$ 12,727,392</b>
POPULATION BASE							3,520
INTAKE BASE							123

MURPHYSBORO LIFE SKILLS RE-ENTRY CENTER

BUDGET SCHEDULE E

05/01/2019 - 04/30/2020

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	PER CAP ANNUAL	PER CAP DAILY	PROGRAM ADJUST.	TOTAL CONTRACT
Behavioral Health Technician	50,446	14,024	2,080	24.25	6.74	31.00				
Director of Nursing	83,200	23,130	2,080	40.00	11.12	51.12				
Physician Asst/Nurse Practitioner	40,736	11,318	832	48.96	13.60	62.56				
Psychiatrist	100,490	27,936	520	193.25	53.72	246.97				
Medical Records Director	58,240	16,191	2,080	28.00	7.78	35.78				
Qualified Mental Health Professional	67,232	18,691	2,080	32.32	8.99	41.31				
Registered Nurse	79,040	21,973	2,080	38.00	10.56	48.56				
Staff Assistant	47,840	13,300	2,080	23.00	6.39	29.39				
<b>TOTAL</b>	<b>\$ 527,224</b>	<b>\$ 146,561</b>	<b>13,832</b>							
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>		
ADMIN SVS										
OFF SITE ADM STAFF			45,439							
MGMT FEE			67,376							
INDIRECT ADMIN COSTS			112,815							
DIRECT CARE	202,976	56,420	259,396	95,093	271.69	0.7444	1.6275	354,489		
DENTAL	0	0	0	94,876	271.07	0.3513	1.2344	94,876		
MENTAL HEALTH	218,168	60,651	278,819	98,128	280.37	0.7681	1.6512	376,947		
PHARMACY	0	0	0	70,901	202.57	0.555	1.4381	70,901		
ANCILLARY	0	0	0	2,986	8.53	0.0234	0.9065	2,986		
LABORATORY	0	0	0	12,516	35.76	0.098	0.9811	12,516		
RADIOLOGY	0	0	0	3,234	9.24	0.0253	0.9084	3,234		
SUPPORT	106,080	29,490	135,570	42,253	120.72	0.3307	1.2138	177,823		
OPTICAL	0	0	0	10,685	30.53	0.0836	0.9667	10,685		
NON-HOSPITAL SERVICES	0	0	0	130,256	372.16	0.4169	1.3000	130,256		
<b>TOTAL</b>	<b>527,224</b>	<b>146,561</b>	<b>786,600</b>	<b>560,927</b>	<b>1,602.65</b>	<b>3.3967</b>		<b>\$ 1,347,527</b>		<b>350</b>
<b>POPULATION BASE</b>										

PINKNEYVILLE CORRECTIONAL CENTER

BUDGET SCHEDULE E  
05/01/2019 - 04/30/2020

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES		
Dental Assistant	94,726	26,343	4,160	22.77	6.33	29.10		
Dental Hygienist	36,922	9,018	1,040	35.50	8.67	44.17		
Dentist	184,799	51,356	2,496	74.04	20.58	94.61		
Director of Nursing	74,051	20,561	2,080	35.60	9.88	45.49		
Licensed Practical Nurse	896,429	249,133	34,112	26.28	7.30	33.58		
On-Site Medical Director	227,843	63,311	2,080	109.54	30.44	139.98		
Medical Records Director	57,460	15,971	2,080	27.62	7.68	35.30		
Optomtrist	45,608	0	520	87.71	0.00	87.71		
Medication Room Assistant	44,637	12,397	2,080	21.46	5.96	27.42		
Physical Therapist	19,666	0	208	94.55	0.00	94.55		
Physical Therapy Assistant	49,359	12,070	2,080	23.73	5.80	29.53		
Physician Assst/Nurse Practitioner	101,840	28,294	2,080	48.96	13.60	62.56		
Psychiatrist	1,406,843	391,102	7,280	193.25	53.72	246.97		
Qualified Mental Health Professional	470,626	130,634	14,560	32.32	8.99	41.31		
Medical Records Director - MH	0	0	0	25.84	7.18	33.02		
Staff Assistant - Mental Health	132,974	36,967	6,240	21.31	5.92	27.23		
Behavioral Health Technician	100,892	28,048	4,160	24.25	6.74	31.00		
Clinical Psychologist	106,080	29,490	2,080	51.00	14.18	65.18		
Radiology Technician	25,758	6,299	1,040	24.77	6.06	30.82		
Registered Nurse	726,968	201,936	20,800	34.95	9.71	44.66		
Medical Records Clerk	87,796	24,416	4,160	21.10	5.87	26.97		
Staff Assistant	47,363	13,172	2,080	22.77	6.33	29.10		
TOTAL	\$ 4,938,639	\$ 1,350,719	117,416					
TOTAL CONTRACT BUDGET	PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PER CAP DAILY	PROGRAM ADJUST.	TOTAL CONTRACT
ADMIN SVS								
OFF SITE ADM STAFF			338,445					
MGMT FEE			493,051					
INDIRECT ADMIN COSTS			831,497		338.11	0.9263	0.9263	831,497
DIRECT CARE	2,027,130	563,235	2,590,365	388,464	159.60	0.4373	1.3636	2,978,829
DENTAL	316,447	86,718	403,164	186,507	76.63	0.2089	1.1362	589,671
MENTAL HEALTH	2,217,414	616,441	2,833,856	699,862	287.54	0.7878	1.7141	3,533,718
PHARMACY	44,637	12,397	57,034	489,638	201.17	0.5512	1.4775	546,671
ANCILLARY	69,025	12,070	81,095	142,703	58.63	0.1606	1.0869	223,799
LABORATORY	0	0	0	107,327	44.09	0.1208	1.0471	107,327
RADIOLOGY	25,758	6,299	32,057	24,899	10.23	0.028	0.9543	56,956
SUPPORT	192,619	53,559	246,178	177,105	72.76	0.1993	1.1256	423,283
OPTICAL	45,608	0	45,608	46,627	19.16	0.0525	0.9788	92,234
NON-HOSPITAL SERVICES	0	0	0	477,045	195.99	0.537	1.4633	477,045
TOTAL POPULATION BASE	4,938,639	1,350,719	7,120,854	2,740,176	1,125.80	3.0844		\$ 9,861,030
								2,434

PONTIAC CORRECTIONAL CENTER  
BUDGET SCHEDULE E  
05/01/2019 - 04/30/2020

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	
Certified Nurses Assistant	100,056	55,286	12,480	15.95	4.43	20.38	
Chief Dentist	150,281	41,704	2,080	72.25	20.08	92.33	
Dentist	88,518	24,315	1,248	70.74	10.48	81.22	
Dental Assistant	84,728	20,343	4,100	22.77	6.33	29.10	
Dental Hygienist	70,283	22,020	2,080	38.12	10.59	48.71	
Director of Nursing	0	0	0	38.34	10.65	48.99	
Licensed Practical Nurse	410,406	116,616	14,580	28.81	8.01	36.81	
On-Site Medical Director	227,843	63,311	2,080	109.54	30.44	139.98	
Medical Records Director	40,038	13,631	2,080	23.58	6.55	30.13	
Office Coordinator	56,129	15,604	2,080	28.90	7.50	36.40	
Optomatrist	36,480	0	416	87.71	-	87.71	
Medication Room Assistant	82,644	25,783	4,160	22.32	6.20	28.52	
Physician Ass/Nurse Practitioner	185,740	54,385	4,160	47.05	13.07	60.13	
Site Mental Health Services Director	121,459	33,788	2,080	58.39	10.23	74.63	
Mental Health Unit Director	331,303	92,102	6,240	53.00	14.78	67.85	
Psychiatrist	2,411,730	670,461	12,480	193.25	53.72	246.97	
Psychologist	318,250	89,473	6,240	51.00	14.19	65.18	
QMHP	874,019	242,977	27,040	32.32	8.99	41.31	
Behavioral Health Technician	252,220	70,120	10,400	24.25	6.74	31.00	
Medical Records Director - MH	0	0	0	25.84	7.16	33.02	
Recreational Therapist	57,909	16,099	2,080	27.84	7.74	35.58	
Director of Nursing - Mental Health	0	0	0	39.82	11.07	50.89	
RN - Mental Health	0	0	0	34.47	9.58	44.05	
Post - Doc	134,451	37,377	4,160	32.32	8.98	41.30	
Surf Assistant - Mental Health	132,972	36,996	6,240	21.31	5.92	27.23	
Radiology Technician	21,327	0	624	34.18	-	34.18	
Registered Nurse	0	0	0	31.57	6.77	40.35	
Medical Records Clerk	200,623	58,286	10,400	20.18	5.90	25.78	
Supervising Nurse	74,051	20,581	2,080	35.60	9.88	45.48	
TOTAL	\$ 6,639,874	\$ 1,828,268	141,648				
TOTAL CONTRACT BUDGET	PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PROGRAM ADJUST.	TOTAL CONTRACT
ADMIN SVS							
OFF SITE ADM STAFF			426,900				
MGMT FEE			620,949				
INDIRECT ADMIN COSTS			1,047,854		685.22	1.8773	1,047,854
DIRECT CARE	1,116,090	310,161	1,426,257	443.922	273.69	0.7498	2,627.1
DENTAL	423,808	114,452	538,259	208,047	126.88	0.3531	2,230.4
MENTAL HEALTH	4,634,323	1,288,342	5,922,664	686,491	423.24	1.1590	3,030.0
PHARMACY	82,844	25,793	118,637	585,913	367.39	1.0065	2,863.8
ANCILLARY			0	286,344	104.21	0.4490	2,327.2
LABORATORY			0	115,578	71.26	0.1852	2,072.5
RADIOLOGY	21,327		21,327	37,770	23.29	0.0638	1,941.1
SUPPORT	314,760	87,521	402,311	196,471	121.13	0.3310	2,208.2
OPTICAL	36,486		36,486	52,262	32.22	0.0863	1,965.6
NON-HOSPITAL SERVICES			0	301,372	185.80	0.500	2,389.3
TOTAL	6,639,874	1,828,268	9,513,766	2,905,178	1,791.11	4.9071	\$ 12,418,975
POPULATION BASE							1,622

**ROBINSON CORRECTIONAL CENTER**  
**BUDGET SCHEDULE E**  
 05/01/2019 - 04/30/2020

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES			
Dental Assistant	44,632	12,392	2,080	21.46	5.96	27.42			
Dental Hygienist	42,016	10,269	1,040	40.40	9.87	50.27			
Dentist	160,631	44,632	2,080	77.23	21.46	98.68			
Director of Nursing	74,441	20,675	2,080	35.79	9.94	45.73			
On-Site Medical Director	241,703	67,144	2,080	116.20	32.28	148.48			
Medical Records Director	50,048	13,906	2,080	24.06	6.69	30.75			
Optometrist	15,963	0	182	87.71	-	87.71			
Psychiatrist	200,978	55,872	1,040	193.25	53.72	246.97			
Qualified Mental Health Professional	134,465	37,381	4,160	32.32	8.99	41.31			
Staff Assistant - Mental Health	44,324	12,322	2,080	21.31	5.92	27.23			
Radiology Technician	17,773	0	520	34.18	-	34.18			
Registered Nurse	746,473	207,443	20,800	35.89	9.97	45.86			
Medical Records Clerk	47,363	13,172	2,080	22.77	6.33	29.10			
Staff Assistant	47,363	13,172	2,080	22.77	6.33	29.10			
<b>TOTAL</b>	<b>\$ 1,868,172</b>	<b>\$ 508,379</b>	<b>44,382</b>						
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>	
ADMIN SVS			183,796						
OFF SITE ADM STAFF			224,099						
MGMT FEE			407,895		336.31	0.9214	0.9214	407,895	
INDIRECT ADMIN COSTS			1,357,879	219,497	182.31	0.4895	1.4209	1,577,376	
DIRECT CARE	1,062,617	295,262	314,572	102,562	85.18	0.2334	1.1548	417,134	
DENTAL	247,279	67,293	485,341	378,866	314.67	0.8621	1.7835	864,207	
MENTAL HEALTH	379,766	105,575	0	285,990	237.53	0.6508	1.5722	285,990	
PHARMACY	0	0	0	100,927	83.83	0.2297	1.1511	100,927	
ANCILLARY	0	0	0	89,633	74.45	0.204	1.1254	89,633	
LABORATORY	0	0	17,773	35,777	29.71	0.0814	1.0028	53,549	
RADIOLOGY	17,773	0	185,023	95,219	79.09	0.2167	1.1381	280,243	
SUPPORT	144,774	40,249	15,963	25,641	21.30	0.0584	0.9798	41,603	
OPTICAL	15,963	0	0	363,425	301.85	0.827	1.7484	363,425	
NON-HOSPITAL SERVICES	0	0	0	1,697,537	1,409.92	3.8630			
<b>TOTAL</b>	<b>1,868,172</b>	<b>508,379</b>	<b>2,784,446</b>	<b>1,697,537</b>	<b>1,409.92</b>	<b>3.8630</b>		<b>\$ 4,481,983</b>	<b>1,204</b>
<b>POPULATION BASE</b>									

SHAWNEE CORRECTIONAL CENTER  
BUDGET SCHEDULE E

05/01/2019 - 04/30/2020

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	PER CAP BASE	NON CAP BASE	FRINGE BENEFITS	PERS SVS	TOTAL CONTRACT BUDGET	ANNUAL PER CAP	PROGRAM ADJUST.	TOTAL CONTRACT
Dental Assistant	64,991	18,055	2,912	22.32	6.20	28.52								
Dental Hygienist	73,844	20,515	2,080	35.50	9.86	45.36								
Dentist	239,147	66,437	2,912	82.12	22.81	104.94								
Director of Nursing	74,051	20,561	2,080	35.60	9.88	45.49								
Licensed Practical Nurse	671,803	186,148	27,040	24.84	6.88	31.73								
On-Site Medical Director	253,911	70,563	2,080	122.07	33.92	156.00								
Medical Records Director	49,061	13,631	2,080	23.59	6.55	30.14								
Optometrist	36,486	0	416	87.71	-	87.71								
Medication Room Assistant	40,433	11,244	2,080	19.44	5.41	24.84								
Physician Ass/Nurse Practitioner	93,326	25,930	2,080	44.87	12.47	57.33								
Psychiatrist	502,444	139,679	2,600	193.25	53.72	246.97								
Qualified Mental Health Professional	201,697	56,072	6,240	32.32	8.99	41.31								
Behavioral Health Technician	50,446	14,024	2,080	24.25	6.74	31.00								
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92	27.23								
Radiology Technician	17,773	0	520	34.18	-	34.18								
Registered Nurse	576,434	160,263	16,640	34.64	9.63	44.27								
Staff Assistant	47,363	13,172	2,080	22.77	6.33	29.10								
Medical Records Clerk	104,199	28,978	4,576	22.77	6.33	29.10								
<b>TOTAL</b>	<b>\$ 3,141,733</b>	<b>\$ 857,593</b>	<b>82,576</b>											
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>							
ADMIN SVS														
OFF SITE ADM STAFF			305,567											
MGMT FEE			358,213											
INDIRECT ADMIN COSTS			663,780											
DIRECT CARE	1,669,525	463,465	2,132,991	415,111	207.56	0.9061	0.9061	0.9061	1.4748	2,548,101				
DENTAL	377,982	105,007	482,989	187,931	93.97	0.2575	0.2575	0.2575	1.1636	670,920				
MENTAL HEALTH	798,911	222,097	1,021,008	595,866	297.93	0.8162	0.8162	0.8162	1.7223	1,616,874				
PHARMACY	40,433	11,244	51,677	418,523	209.26	0.5733	0.5733	0.5733	1.4794	470,200				
ANCILLARY	0	0	0	141,324	70.66	0.1936	0.1936	0.1936	1.0997	141,324				
LABORATORY	0	0	0	111,237	55.62	0.1524	0.1524	0.1524	1.0585	111,237				
RADIOLOGY	17,773	0	17,773	18,054	9.03	0.0247	0.0247	0.0247	0.9308	35,827				
SUPPORT	200,623	55,780	256,403	169,584	84.79	0.2323	0.2323	0.2323	1.1384	425,987				
OPTICAL	36,486	0	36,486	46,983	23.49	0.0644	0.0644	0.0644	0.9705	83,469				
NON-HOSPITAL SERVICES	0	0	0	396,544	198.27	0.5432	0.5432	0.5432	1.4493	396,544				
<b>TOTAL</b>	<b>3,141,733</b>	<b>857,593</b>	<b>4,663,106</b>	<b>2,501,157</b>	<b>1,250.58</b>	<b>3.4263</b>	<b>3.4263</b>	<b>3.4263</b>	<b>\$ 7,164,263</b>	<b>2,000</b>				
POPULATION BASE														



**SHERIDAN CORRECTIONAL CENTER**

**BUDGET SCHEDULE E**  
05/01/2019 - 04/30/2020

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY RATES	COMBINED RATES	
Dental Assistant	94,726	26,343	4,160	22.77	6.33	29.10	
Dentist	206,146	57,276	3,120	66.07	18.36	84.43	
Certified Nursing Assistant	199,090	55,349	12,480	15.95	4.43	20.39	
Phlebotomist	25,375	6,196	1,248	20.33	4.96	25.30	
On-Site Medical Director	217,264	60,374	2,080	104.45	29.03	133.48	
Medical Records Director	49,038	13,631	2,080	23.58	6.55	30.13	
Office Coordinator	41,246	11,461	2,080	19.83	5.51	25.34	
Optometrist	31,560	0	360	87.71	-	87.71	
Medication Room Assistant	75,781	21,075	3,328	22.77	6.33	29.10	
Physician	194,917	54,163	2,080	93.71	26.04	119.75	
Psychiatrist	401,955	111,743	2,080	193.25	53.72	246.97	
Qualified Mental Health Professional	201,697	56,072	6,240	32.32	8.99	41.31	
Staff Assistant - Mental Health	50,446	14,024	2,080	24.25	6.74	31.00	
Radiology Technician	17,773	0	520	34.18	-	34.18	
Medical Records Clerk	123,708	34,352	6,240	19.83	5.51	25.33	
<b>TOTAL</b>	<b>\$ 1,930,724</b>	<b>\$ 522,059</b>	<b>50,176</b>				
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS							
OFF SITE ADM STAFF			225,508				
MGMT FEE			225,511				
INDIRECT ADMIN COSTS			451,019		303.37	0.8312	451,019
DIRECT CARE	611,271	169,886	781,157	246,278	166.86	0.4572	1,027,435
DENTAL	300,873	83,620	384,492	108,656	73.62	0.2017	493,149
MENTAL HEALTH	654,098	181,839	835,937	402,982	273.02	0.748	1,238,918
PHARMACY	75,781	21,075	86,856	299,942	203.21	0.5567	396,798
ANCILLARY	0	0	0	101,241	68.59	0.1879	101,241
LABORATORY	25,375	6,196	31,571	74,013	50.14	0.1374	105,583
RADIOLOGY	17,773	0	17,773	11,181	7.58	0.0208	28,953
SUPPORT	213,993	59,443	273,437	95,116	64.44	0.1765	368,553
OPTICAL	31,560	0	31,560	27,164	18.40	0.0504	58,725
NON-HOSPITAL SERVICES	0	0	0	239,844	162.50	0.4452	239,844
<b>TOTAL POPULATION BASE</b>	<b>1,930,724</b>	<b>522,059</b>	<b>2,903,802</b>	<b>1,606,417</b>	<b>1,088.36</b>	<b>2.9818</b>	<b>\$ 4,510,219</b>
							<b>1,476</b>

SOUTHWESTERN CORRECTIONAL CENTER

BUDGET SCHEDULE E

05/01/2019 - 04/30/2020

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	
						PER CAP DAILY	PROGRAM ADJUST.
On-Site Medical Director	219,036	60,854	2,080	105.31	29.26	134.56	
Registered Nurse	612,228	170,185	18,720	32.70	9.09	41.80	
Director of Nursing	76,173	21,157	2,080	36.62	10.17	46.79	
Dental Assistant	42,077	11,694	2,080	20.23	5.62	25.85	
Dental Hygienist	32,799	8,020	1,040	31.54	7.71	39.25	
Dentist	159,483	44,306	2,080	76.67	21.30	97.98	
Medical Records Director	51,058	14,188	2,080	24.55	6.82	31.37	
Psychiatrist	100,489	27,936	520	193.25	53.72	246.97	
Qualified Mental Health Professional	67,232	18,691	2,080	32.32	8.99	41.31	
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92	27.23	
Radiology Technician	5,836	1,426	260	22.45	5.48	27.93	
Medical Records Clerk	84,155	23,389	4,160	20.23	5.62	25.85	
Optometrist	14,512	3,546	168	86.38	21.11	107.49	
<b>TOTAL</b>	<b>\$ 1,509,402</b>	<b>\$ 417,714</b>	<b>39,428</b>				
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS							
OFF SITE ADMIN STAFF			86,333				
MGMT FEE			147,170				
INDIRECT ADMIN COSTS			233,503		346.65	0.9497	233,503
DIRECT CARE	907,437	252,196	1,159,633	172,073	258.76	0.7089	1,331,706
DENTAL	234,360	64,021	298,380	81,204	122.11	0.3345	379,584
MENTAL HEALTH	212,046	58,949	270,995	177,565	267.01	0.7315	448,559
PHARMACY	0	0	0	128,297	192.93	0.5286	128,297
ANCILLARY	0	0	0	5,403	8.12	0.0222	5,403
LABORATORY	0	0	0	22,740	34.20	0.0937	22,740
RADIOLOGY	5,836	1,426	7,262	3,015	4.53	0.0124	10,277
SUPPORT	135,212	37,576	172,788	76,457	114.97	0.315	249,245
OPTICAL	14,512	3,546	18,058	20,301	30.53	0.0836	36,359
NON-HOSPITAL SERVICES	0	0	0	95,730	143.96	0.3944	95,730
<b>TOTAL</b>	<b>1,509,402</b>	<b>417,714</b>	<b>2,160,620</b>	<b>782,785</b>	<b>1,177.12</b>	<b>3.225</b>	<b>\$ 2,943,404</b>
POPULATION BASE							665

STATEVILLE CORRECTIONAL CENTER  
BUDGET SCHEDULE E  
05/01/2019 - 04/30/2020

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY RATE	COMBINED RATES
Dentist	159,919	44,426	2,080	76.88	21.36	98.24
Dental Assistant	40,433	11,244	2,080	19.44	5.41	24.84
Dental Hygienist	63,036	17,509	2,080	30.31	8.42	38.72
Certified Nursing Assistant	199,056	55,266	12,460	15.95	4.43	20.39
Director of Nursing	79,719	22,144	2,080	38.33	10.65	48.97
Licensed Practical Nurse	600,575	166,872	24,960	24.06	6.69	30.75
On-Site Medical Director	220,339	61,223	2,080	105.93	29.43	135.37
Medical Records Director	49,038	13,631	2,080	23.58	6.55	30.13
Medication Room Assistant	47,362	13,166	2,080	22.77	6.33	28.10
Ophthalmologist/ Physician Specialist	0	0	0	199.34	-	199.34
Optometrist	58,052	0	728	79.74	-	79.74
Physical Therapist	204,357	0	1,560	131.00	-	131.00
Physical Therapy Assistant	0	0	0	27.26	6.66	33.92
Physician	154,162	42,842	2,080	74.13	20.60	94.72
Physician Asst/Nurse Practitioner	114,644	31,851	2,080	55.12	15.31	70.43
Registered Nurse	1,964,019	545,896	60,320	32.56	9.05	41.61
Site Mental Health Services Director	121,459	33,766	2,080	58.39	16.23	74.63
Mental Health Unit Director	110,434	30,701	2,080	53.09	14.76	67.85
Psychiatrist	1,607,820	446,974	8,320	193.25	53.72	246.97
Qualified Mental Health Professional	470,626	130,834	14,560	32.32	8.99	41.31
Behavioral Health Technician	201,783	58,096	8,320	24.25	6.74	31.00
Clinical Psychologist	212,160	58,980	4,160	51.00	14.18	65.18
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92	27.23
RN - Mental Health	149,677	41,610	4,160	35.98	10.00	45.98
Staff Assistant	84,262	23,406	4,160	20.26	5.63	25.88
Medical Records Clerk	42,131	11,703	2,080	20.26	5.63	25.88
Supervising Nurse	148,744	41,351	4,160	35.78	9.94	45.70
TOTAL	\$ 7,148,153	\$ 1,913,834	174,928			
TOTAL CONTRACT BUDGET						
ADMIN SVS						
OFF SITE ADM STAFF						
MGMT FEE			306,830			
INDIRECT ADMIN COSTS			683,703			
DIRECT CARE	3,481,270	967,466	4,448,745	519.153	484.16	1,326.5
DENTAL	263,388	73,179	336,567	151,514	178.27	0.4884
MENTAL HEALTH	2,918,284	811,283	3,729,567	684,428	369.98	1.0136
PHARMACY	47,362	13,166	60,528	620.872	335.61	0.9195
ANCILLARY	204,357	0	204,357	523.021	282.71	0.7745
LABORATORY	0	0	0	184.710	99.84	0.2735
RADIOLOGY	0	0	0	4.722	2.55	0.007
SUPPORT	175,432	48,740	224,171	138.359	74.79	0.2049
OPTICAL	58,052	0	58,052	37.879	20.47	0.0561
NON-HOSPITAL SERVICES	0	0	0	756.893	409.13	1.1209
TOTAL POPULATION BASE	7,148,153	1,913,834	10,052,920	3,621,550	1,855.23	5,093
						\$ 13,674,070
						1,850

STATEVILLE RECEPTION AND CLASSIFICATION CENTER  
 BUDGET SCHEDULE E  
 05/01/2019 - 04/30/2020

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	
Certified Nurses Assistant	199,056	55,286	12,480	16.95	4.43	20.38	
Dentist	161,112	44,770	2,080	77.46	21.52	98.98	
Dental Assistant	40,433	11,244	2,080	19.44	5.41	24.84	
Licensed Practical Nurse	644,060	178,988	27,040	23.82	6.52	30.44	
On-Site Medical Director	212,009	58,906	2,080	101.93	28.32	130.25	
Medical Records Director	62,462	17,348	2,080	30.03	8.34	38.37	
Medication Room Assistant	47,362	13,166	2,080	22.77	6.33	29.10	
Optometrist	0	0	0	87.71	-	87.71	
Physician	191,104	53,100	2,080	91.88	25.53	117.41	
Physician Asst/Nurse Practitioner	268,697	72,341	5,200	51.65	13.91	65.57	
Registered Nurse	0	0	0	32.56	9.05	41.61	
Site Mental Health Services Director	121,459	33,766	2,080	58.39	16.23	74.63	
Mental Health Unit Director	110,434	30,701	2,080	53.09	14.76	67.85	
Psychiatrist	2,009,775	558,717	10,400	193.25	53.72	246.97	
Qualified Mental Health Professional	336,161	93,453	10,400	32.32	8.99	41.31	
Medical Records Director - MH	0	0	0	25.84	7.18	33.02	
Clinical Psychologist	0	0	0	51.00	14.18	65.18	
RN - Mental Health	0	0	0	35.98	10.00	45.99	
Staff Assistant - Mental Health	132,972	36,966	6,240	21.31	5.92	27.23	
Radiologist/Physician Specialist	59,233	0	260	227.82	-	227.82	
Radiology Technician	48,556	13,493	2,080	23.34	6.49	29.83	
Medical Records Clerk	283,031	78,709	14,560	19.44	5.41	24.84	
Staff Assistant	40,433	11,244	2,080	19.44	5.41	24.84	
<b>TOTAL</b>	<b>\$ 4,968,251</b>	<b>\$ 1,362,199</b>	<b>107,380</b>				
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS							
OFF SITE ADM STAFF			318,966				
MGMT FEE			534,631				
INDIRECT ADMIN COSTS			853,597		468.65	1.284	853,597
DIRECT CARE	1,514,827	418,621	1,933,448	282.513	156.95	0.43	2,215,961
DENTAL	201,545	56,014	257,560	133,247	74.03	0.2028	390,807
MENTAL HEALTH	2,710,802	753,603	3,464,405	573,495	318.61	0.8729	4,037,900
PHARMACY	47,362	13,166	60,528	471,412	261.90	0.7175	531,940
ANCILLARY	0	0	0	525,326	291.85	0.7996	525,326
LABORATORY	0	0	0	615,904	342.17	0.9375	615,904
RADIOLOGY	107,789	13,493	121,282	17,992	10.00	0.0274	139,274
SUPPORT	385,926	107,301	493,228	124,457	69.14	0.1894	617,685
OPTICAL	0	0	0	33,312	18.51	0.0507	33,312
NON-HOSPITAL SERVICES	0	0	0	730,911	406.06	1.1125	730,911
<b>TOTAL POPULATION BASE INTAKE BASE</b>	<b>4,968,251</b>	<b>1,362,199</b>	<b>7,184,047</b>	<b>3,508,569</b>	<b>1,949.22</b>	<b>5.3403</b>	<b>\$ 10,692,616</b>
							<b>1,600</b>
							<b>2,311</b>

TAYLORVILLE CORRECTIONAL CENTER

BUDGET SCHEDULE E

05/01/2019 - 04/30/2020

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	ANNUAL PER CAP BASE	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PER CAP DAILY	PROGRAM ADJUST.	TOTAL CONTRACT
On-Site Medical Director	227,797	63,288	2,080	109.52	30.43	139.94							
Director of Nursing	74,051	20,561	2,080	35.60	9.88	45.49							
Registered Nurse	806,508	224,190	23,712	34.01	9.45	43.47							
Dental Assistant	43,760	12,162	2,080	21.04	5.85	26.89							
Dental Hygienist	17,056	4,171	520	32.80	8.02	40.82							
Dentist	165,863	46,078	2,080	79.74	22.15	101.89							
Medical Records Director	53,100	14,755	2,080	25.53	7.09	32.62							
Psychiatrist	200,978	55,972	1,040	193.25	53.72	246.97							
Qualified Mental Health Professional	67,232	18,691	2,080	32.32	8.99	41.31							
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92	27.23							
Radiology Technician	12,625	2,966	520	24.28	5.70	29.98							
Medication Room Assistant	25,709	6,282	1,222	21.04	5.14	26.18							
Staff Assistant	43,760	12,162	2,080	21.04	5.85	26.89							
Medical Records Clerk	43,760	12,162	2,080	21.04	5.85	26.89							
Optometrist	72,448	17,705	424	170.87	41.76	212.63							
<b>TOTAL</b>	<b>\$ 1,898,971</b>	<b>\$ 523,367</b>	<b>46,158</b>										
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>					
ADMIN SVS			157,416										
OFF SITE ADMIN STAFF			216,972										
MGMT FEE			374,387										
INDIRECT ADMIN COSTS			1,416,395	203,538	310.62	0.851	0.8510	374,387					
DIRECT CARE	1,108,356	308,039	1,416,395	97,432	170.61	0.4674	1.3184	1,619,933					
DENTAL	226,678	62,411	289,089	332,236	81.67	0.2238	1.0748	386,521					
MENTAL HEALTH	312,535	86,885	399,419	311,017	278.49	0.763	1.6140	731,655					
PHARMACY	25,709	6,282	31,992	16,096	260.70	0.7142	1.5652	343,008					
ANCILLARY	0	0	0	58,859	13.49	0.037	0.8880	16,096					
LABORATORY	0	0	0	18,229	49.34	0.1352	0.9862	58,859					
RADIOLOGY	12,625	2,966	15,591	92,382	15.28	0.0419	0.8929	33,820					
SUPPORT	140,621	39,079	179,700	24,358	77.44	0.2122	1.0632	272,082					
OPTICAL	72,448	17,705	90,153	388,560	20.42	0.0559	0.9069	114,511					
NON-HOSPITAL SERVICES	0	0	0	1,542,706	325.70	0.8923	1.7433	388,560					
<b>TOTAL</b>	<b>1,898,971</b>	<b>523,367</b>	<b>2,796,726</b>	<b>1,542,706</b>	<b>1,293.14</b>	<b>3.5429</b>		<b>\$ 4,339,431</b>					
POPULATION BASE													1,193

VANDALIA CORRECTIONAL CENTER

BUDGET SCHEDULE E

05/01/2019 - 04/30/2020

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	PER CAP BASE	ANNUAL PER CAP	PROGRAM ADJUST.	TOTAL CONTRACT
Medical Director/Physician	227,797	63,288	2,080	109.52	30.43	139.94				
Dentist	165,863	46,078	2,080	79.74	22.15	101.89				
Dental Hygienist	40,933	10,010	1,248	32.80	8.02	40.82				
Psychiatrist	200,978	55,872	1,040	193.25	53.72	246.97				
Qualified Mental Health Professional	134,465	37,381	4,160	32.32	8.99	41.31				
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92	27.23				
Medical Records Director	53,100	14,755	2,080	25.53	7.09	32.62				
Radiology Technician	3,642	890	156	23.34	5.70	29.05				
Staff Assistant	43,760	12,162	2,080	21.04	5.85	26.89				
Medical Records Clerk	70,017	19,459	3,328	21.04	5.85	26.89				
Optometrist	18,243	4,459	208	87.71	21.44	109.14				
<b>TOTAL</b>	<b>\$ 1,003,121</b>	<b>\$ 276,676</b>	<b>20,540</b>							
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>		
ADMIN SVS										
OFF SITE ADMIN STAFF			177,334							
MGMT FEE			157,541							
INDIRECT ADMIN COSTS			334,876		224.10	0.614	0.6140	334,876		
DIRECT CARE	227,797	63,288	291,086	138.197	93.31	0.2556	0.8696	429,283		
DENTAL	206,796	56,088	262,883	62.617	42.28	0.1158	0.7298	325,500		
MENTAL HEALTH	379,767	105,575	485,342	309.629	209.07	0.5728	1.1868	794,971		
PHARMACY	0	0	0	428.184	289.12	0.7921	1.4061	428,184		
ANCILLARY	0	0	0	18.533	12.51	0.0343	0.6483	18,533		
LABORATORY	0	0	0	100.766	68.04	0.1864	0.8004	100,766		
RADIOLOGY	3,642	890	4,532	19.927	13.45	0.0368	0.6508	24,458		
SUPPORT	166,877	46,376	213,253	55.471	37.45	0.1026	0.7166	268,724		
OPTICAL	18,243	4,459	22,702	15.654	10.57	0.029	0.6430	38,356		
NON-HOSPITAL SERVICES	0	0	0	387.173	261.43	0.7162	1.3302	387,173		
<b>TOTAL</b>	<b>1,003,121</b>	<b>276,676</b>	<b>1,614,673</b>	<b>1,536,150</b>	<b>1,037.23</b>	<b>2.8416</b>		<b>\$ 3,150,823</b>		
POPULATION BASE										<b>1,481</b>

VIENNA CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 05/01/2019 - 04/30/2020

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES						
Dental Assistant	47,363	13,172	2,080	22.77	6.33	29.10						
Dentist	189,544	52,664	2,080	91.13	25.32	116.45						
Licensed Practical Nurse	101,670	37,066	4,160	24.44	8.91	33.35						
On-Site Medical Director	246,316	68,429	2,080	118.42	32.90	151.32						
Medical Records Director	49,038	13,631	2,080	23.58	6.55	30.13						
Optometrist	22,804	5,573	260	87.71	21.44	109.14						
Medication Room Assistant	47,363	11,565	2,080	22.77	5.56	28.33						
Phlebotomist	21,146	5,163	1,040	20.33	4.96	25.30						
Physician Ass/Nurse Practitioner	42,365	11,764	832	50.92	14.14	65.06						
Psychiatrist	200,978	55,872	1,040	193.25	53.72	246.97						
Qualified Mental Health Professional	134,465	37,381	4,160	32.32	8.99	41.31						
Staff Assistant - Mental Health	44,325	12,322	2,080	21.31	5.92	27.23						
Medical Records Clerk	87,796	24,416	4,160	21.10	5.87	26.97						
<b>TOTAL</b>	<b>\$ 1,235,172</b>	<b>\$ 349,018</b>	<b>28,132</b>									
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>				
ADMIN SVS												
OFF SITE ADM STAFF			206,734									
MGMT FEE			180,783									
INDIRECT ADMIN COSTS			387,517									
DIRECT CARE	390,351	117,259	507,610	159,638	216.99	0.5945	0.5945	387,517				
DENTAL	236,907	65,836	302,743	75,681	42.88	0.1175	0.8423	667,249				
MENTAL HEALTH	379,767	105,575	485,342	349,296	197.90	0.5422	0.7120	378,424				
PHARMACY	47,363	11,565	58,928	380,054	215.33	0.5899	1.1367	834,638				
ANCILLARY	0	0	0	62,544	35.44	0.0971	1.1844	438,982				
LABORATORY	21,146	5,163	26,309	139,939	79.29	0.2172	0.6916	62,544				
RADIOLOGY	0	0	0	28,699	16.26	0.0445	0.8117	166,248				
SUPPORT	136,834	38,047	174,881	70,034	39.68	0.1087	0.6390	28,699				
OPTICAL	22,804	5,573	28,377	18,920	10.72	0.0294	0.7032	244,915				
NON-HOSPITAL SERVICES	0	0	0	359,146	203.48	0.5575	0.6239	47,297				
<b>TOTAL</b>	<b>1,235,172</b>	<b>349,018</b>	<b>1,971,707</b>	<b>1,643,952</b>	<b>931.43</b>	<b>2.5518</b>	<b>\$ 3,615,659</b>	<b>1,765</b>				
POPULATION BASE												

WESTERN CORRECTIONAL CENTER

BUDGET SCHEDULE E  
05/01/2019 - 04/30/2020

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY RATES	COMBINED RATES		
Certified Nurses Assistant	66,352	18,429	4,160	15.95	4.43	20.38		
Dental Assistant	85,823	23,865	4,160	20.63	5.74	26.37		
Dentist	177,703	43,416	2,080	85.43	20.87	106.31		
Director of Nursing	74,051	20,561	2,080	35.60	9.88	45.49		
Licensed Practical Nurse	645,735	179,539	24,960	25.87	7.19	33.06		
On-Site Medical Director	218,438	60,145	2,080	104.06	28.92	132.97		
Medical Records Director	50,048	13,906	2,080	24.06	6.69	30.75		
Optometrist	45,608	0	520	87.71	-	87.71		
Medication Room Assistant	43,898	10,739	2,080	21.10	5.16	26.27		
Physician Ass/Nurse Practitioner	101,840	28,294	2,080	48.96	13.60	62.56		
Psychiatrist	602,933	167,615	3,120	193.25	53.72	246.97		
Qualified Mental Health Professional	201,697	56,072	6,240	32.32	8.99	41.31		
Staff Assistant - Mental Health	88,650	24,645	4,160	21.31	5.92	27.23		
Radiology Technician	26,286	6,425	1,040	25.28	6.18	31.45		
Registered Nurse	564,685	156,959	16,640	33.94	9.43	43.37		
Staff Assistant	47,363	13,172	2,080	22.77	6.33	29.10		
Medical Records Clerk	134,172	37,243	6,240	21.50	5.97	27.47		
<b>TOTAL</b>	<b>\$ 3,173,281</b>	<b>\$ 861,025</b>	<b>85,800</b>					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS								
OFF SITE ADM STAFF			285,104					
MGMT FEE			356,490					
INDIRECT ADMIN COSTS			641,594		306.80	0.8405	0.8405	641,594
DIRECT CARE	1,669,101	463,926	2,133,027	329,165	159.25	0.4363	1.2768	2,462,192
DENTAL	263,526	67,281	330,807	157,731	76.31	0.2091	1.0496	488,538
MENTAL HEALTH	893,279	248,332	1,141,610	468,515	226.66	0.621	1.4615	1,610,126
PHARMACY	43,898	10,739	54,637	454,518	219.89	0.6024	1.4429	509,155
ANCLLARY	0	0	0	177,928	86.08	0.2358	1.0763	177,928
LABORATORY	0	0	0	158,464	76.66	0.21	1.0505	158,464
RADIOLOGY	26,286	6,425	32,711	36,472	17.64	0.0483	0.8888	69,183
SUPPORT	231,583	64,321	295,904	149,513	72.33	0.1982	1.0387	445,417
OPTICAL	45,608	0	45,608	39,433	19.08	0.0523	0.8928	85,040
NON-HOSPITAL SERVICES	0	0	0	482,154	233.26	0.6391	1.4798	482,154
<b>TOTAL</b>	<b>3,173,281</b>	<b>861,025</b>	<b>4,675,899</b>	<b>2,453,892</b>	<b>1,187.16</b>	<b>3.2525</b>		<b>\$ 7,129,791</b>
<b>POPULATION BASE</b>								<b>2,067</b>



Site	Year 9 Revenue	Year 10 Revenue	Variance Yr10 to Yr9	
BIG MUDDY	\$ 8,056,743	\$ 8,097,027	\$ 40,284	0.500%
CENTRALIA	\$ 4,679,709	\$ 4,703,108	\$ 23,399	0.500%
DANVILLE	\$ 6,881,335	\$ 6,915,741	\$ 34,407	0.500%
DECATUR	\$ 3,297,965	\$ 3,314,454	\$ 16,490	0.500%
DIXON	\$ 19,622,684	\$ 19,720,797	\$ 98,113	0.500%
EAST MOLINE	\$ 3,968,589	\$ 3,988,432	\$ 19,843	0.500%
ELGIN	\$ 3,054,114	\$ 3,069,385	\$ 15,271	0.500%
GRAHAM	\$ 6,230,497	\$ 6,261,650	\$ 31,152	0.500%
HILL	\$ 7,790,895	\$ 7,829,849	\$ 38,954	0.500%
ILLINOIS RIVER	\$ 7,871,743	\$ 7,911,102	\$ 39,359	0.500%
JACKSONVILLE	\$ 3,464,368	\$ 3,481,690	\$ 17,322	0.500%
JOLIET	\$ 11,275,331	\$ 11,331,707	\$ 56,377	0.500%
KEWANEE	\$ 2,510,244	\$ 2,522,795	\$ 12,551	0.500%
LAWRENCE	\$ 9,647,010	\$ 9,695,245	\$ 48,235	0.500%
LINCOLN	\$ 4,019,112	\$ 4,039,208	\$ 20,096	0.500%
LOGAN	\$ 23,399,223	\$ 23,516,219	\$ 116,996	0.500%
MENARD	\$ 12,727,392	\$ 12,791,029	\$ 63,637	0.500%
MURPHYSBORO	\$ 1,347,527	\$ 1,354,265	\$ 6,738	0.500%
PINCKNEYVILLE	\$ 9,861,030	\$ 9,910,335	\$ 49,305	0.500%
PONTIAC	\$ 12,418,975	\$ 12,481,070	\$ 62,095	0.500%
ROBINSON	\$ 4,481,983	\$ 4,504,393	\$ 22,410	0.500%
SHAWNEE	\$ 7,164,263	\$ 7,200,085	\$ 35,821	0.500%
SHERIDAN	\$ 4,510,219	\$ 4,532,770	\$ 22,551	0.500%
SOUTHWESTERN	\$ 2,943,404	\$ 2,958,121	\$ 14,717	0.500%
STATEVILLE	\$ 13,674,070	\$ 13,742,440	\$ 68,370	0.500%
STATEVILLE R&C	\$ 10,692,616	\$ 10,746,079	\$ 53,463	0.500%
TAYLORVILLE	\$ 4,339,431	\$ 4,361,129	\$ 21,697	0.500%
VANDALIA	\$ 3,150,823	\$ 3,166,577	\$ 15,754	0.500%
VIENNA	\$ 3,615,659	\$ 3,633,738	\$ 18,078	0.500%
WESTERN ILLINOIS	\$ 7,129,791	\$ 7,165,440	\$ 35,649	0.500%
<b>Total Annual Rev</b>	<b>\$ 223,826,745</b>	<b>\$ 224,945,878</b>	<b>\$ 1,119,134</b>	
<b>Total Monthly Rev</b>	<b>\$ 18,652,229</b>	<b>\$ 18,745,490</b>	<b>\$ 93,261</b>	

**BIG MUDDY CORRECTIONAL CENTER  
BUDGET SCHEDULE E  
05/01/2020 - 04/30/2021**

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES		
Dental Assistant	95,197	26,464	4,160	22.88	6.36	29.25		
Dental Hygienist	74,209	20,611	2,080	35.68	9.91	45.59		
Dentist	173,399	46,679	2,080	83.36	22.44	105.81		
Director of Nursing	73,101	20,319	2,080	35.14	9.77	44.91		
Licensed Practical Nurse	861,245	239,142	33,280	25.88	7.19	33.06		
On-Site Medical Director	228,941	63,611	2,080	110.07	30.58	140.65		
Medical Records Director	57,758	16,054	2,080	27.77	7.72	35.49		
Optometrist	43,106	-	562	76.70	-	76.70		
Medication Room Assistant	47,598	13,232	2,080	22.88	6.36	29.25		
Physical Therapist	17,859	-	104	171.72	-	171.72		
Physical Therapy Assistant	40,679	9,950	1,456	27.94	6.83	34.77		
Physician AssisNurse Practitioner	106,422	29,558	2,080	51.16	14.21	65.38		
Psychiatrist	605,947	168,453	3,120	194.21	53.99	248.21		
Qualified Mental Health Professional	202,705	56,352	6,240	32.48	9.03	41.52		
Behavioral Health Technician	50,698	14,094	2,080	24.37	6.78	31.15		
Staff Assistant - Mental Health	44,546	12,384	2,080	21.42	5.95	27.37		
Radiology Technician	27,123	6,627	1,040	26.08	6.37	32.45		
Registered Nurse	564,241	156,864	16,640	33.91	9.43	43.34		
Staff Assistant	95,197	26,464	4,160	22.88	6.36	29.25		
Medical Records Clerk	140,538	37,502	6,240	22.52	6.01	28.53		
<b>TOTAL</b>	<b>\$ 3,550,509</b>	<b>\$ 964,360</b>	<b>95,722</b>					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS								
OFF SITE ADM STAFF			289,252					
MGMT FEE			404,851					
INDIRECT ADMIN COSTS			694,103		351.11	0.9620	0.9619	694,103
DIRECT CARE	1,833,950	509,493	2,343,443	378,979	197.59	0.5414	1.5033	2,722,422
DENTAL	342,805	93,754	436,559	179,601	93.64	0.2566	1.2185	616,160
MENTAL HEALTH	859,350	238,899	1,098,250	618,959	322.72	0.8942	1.8461	1,717,209
PHARMACY	47,598	13,232	60,831	633,657	330.37	0.9051	1.8670	694,488
ANCILLARY	58,539	9,950	68,489	169,366	88.30	0.2419	1.2038	237,855
LABORATORY	0	0	0	119,393	62.25	0.1705	1.1325	119,393
RADIOLOGY	27,123	6,627	33,750	33,992	17.72	0.0485	1.0105	67,742
SUPPORT	338,038	92,404	430,442	169,138	88.19	0.2416	1.2035	599,580
OPTICAL	43,106	0	43,106	44,900	23.41	0.0641	1.0261	88,006
NON-HOSPITAL SERVICES	0	0	0	540,070	281.58	0.7714	1.7334	540,070
<b>TOTAL</b>	<b>3,550,509</b>	<b>964,360</b>	<b>5,208,972</b>	<b>2,888,054</b>	<b>1,505.76</b>	<b>4.1254</b>		<b>\$ 8,097,027</b>
POPULATION BASE								1918

CENTRALIA CORRECTIONAL CENTER  
BUDGET SCHEDULE E  
05/01/2020 - 04/30/2021

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES		
On-Site Medical Director	228,941	63,632	2,080	110.07	30.59	140.66		
Physician	29,350	7,170	364	80.63	19.70	100.33		
Director of Nursing	78,683	21,866	2,080	37.83	10.51	48.34		
Registered Nurse	710,945	197,543	20,800	34.18	9.50	43.68		
Dentist	175,023	48,617	2,184	80.14	22.26	102.40		
Dental Assistant	43,982	12,229	2,080	21.15	5.88	27.02		
Dental Hygienist	34,283	8,383	1,040	32.96	8.06	41.02		
Psychiatrist	403,965	112,302	2,080	194.21	53.99	248.21		
Qualified Mental Health Professional	67,568	18,784	2,080	32.48	9.03	41.52		
Staff Assistant - Mental Health	44,546	12,384	2,080	21.42	5.95	27.37		
Medical Records Clerk	-	-	-	21.15	5.88	27.02		
Medication Room Assistant	43,982	12,229	2,080	21.15	5.88	27.02		
Radiology Technician	24,395	5,958	1,040	23.46	5.73	29.19		
Staff Assistant	43,982	12,229	2,080	21.15	5.88	27.02		
Medical Records Clerk	43,982	12,229	2,080	21.15	5.88	27.02		
Optometrist	16,925	4,137	192	88.15	21.55	109.70		
<b>TOTAL</b>	<b>\$ 1,990,550</b>	<b>\$ 549,690</b>	<b>44,340</b>					
TOTAL CONTRACT BUDGET	PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PER CAP DAILY	PROGRAM ADJUST.	TOTAL CONTRACT
ADMIN SVS								
OFF SITE ADMIN STAFF			182,553					
MGMT FEE			235,155					
INDIRECT ADMIN COSTS			417,709		275.35	0.7544	0.7544	417,709
DIRECT CARE	1,047,918	290,210	1,338,128	207,785	136.97	0.3753	1.1297	1,545,913
DENTAL	253,287	69,229	322,516	97,220	64.09	0.1756	0.9300	419,736
MENTAL HEALTH	516,079	143,470	659,549	343,311	226.31	0.6200	1.3744	1,002,860
PHARMACY	43,982	12,229	56,211	440,785	290.57	0.7961	1.5504	496,996
ANCILLARY	0	0	0	19,078	12.57	0.0345	0.7889	19,078
LABORATORY	0	0	0	103,732	68.38	0.1873	0.9417	103,732
RADIOLOGY	24,395	5,958	30,353	20,513	13.52	0.0370	0.7914	50,866
SUPPORT	87,964	24,458	112,422	89,863	59.23	0.1623	0.9167	202,285
OPTICAL	16,925	4,137	21,062	24,305	16.02	0.0439	0.7983	45,367
NON-HOSPITAL SERVICES	0	0	0	398,567	262.74	0.7198	1.4742	398,567
<b>TOTAL</b>	<b>1,990,550</b>	<b>549,690</b>	<b>2,957,949</b>	<b>1,745,159</b>	<b>1,150.39</b>	<b>3.1517</b>		<b>\$ 4,703,108</b>
POPULATION BASE								1517

DANVILLE CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 05/01/2020 - 04/30/2021

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	
Dental Assistant	41,442	11,508	2,080	19.92	5.53	25.46	
Dentist	163,994	44,164	2,080	78.84	21.23	100.08	
Dental Hygienist	88,675	21,698	2,080	42.63	10.43	53.06	
Director of Nursing	72,391	20,110	2,080	34.80	9.67	44.47	
Licensed Practical Nurse	452,794	125,743	17,888	25.31	7.03	32.34	
Medical Director	200,824	55,810	2,080	96.55	26.83	123.38	
Medical Records Director	59,523	16,535	2,080	28.62	7.95	36.57	
Optomtrist	22,918	-	260	88.15	-	88.15	
Medication Room Assistant	40,635	11,300	2,080	19.54	5.43	24.97	
Physician Asst/Nurse Practitioner	102,349	28,435	2,080	49.21	13.67	62.88	
Psychiatrist	605,947	168,453	3,120	194.21	53.99	248.21	
Qualified Mental Health Professional	202,705	56,352	6,240	32.48	9.03	41.52	
Staff Assistant - Mental Health	89,091	24,767	4,160	21.42	5.95	27.37	
Radiology Technician	22,499	-	624	36.06	-	36.06	
Registered Nurse	624,956	172,688	18,720	33.38	9.22	42.61	
Staff Assistant	47,600	13,238	2,080	22.88	6.36	29.25	
Medical Records Clerk	89,065	24,722	4,160	21.41	5.94	27.35	
TOTAL	\$ 2,927,409	\$ 795,525	73,892				
TOTAL CONTRACT BUDGET	PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PROGRAM ADJUST.	TOTAL CONTRACT
ADMIN SVS							
OFF SITE ADM STAFF			270,798				
MGMT FEE			345,787				
INDIRECT ADMIN COSTS			616,585				
DIRECT CARE	1,453,314	402,786	1,856,100	311,386	335.21	0.9184	616,585
DENTAL	294,111	77,370	371,481	148,291	170.44	0.4669	2,167,487
MENTAL HEALTH	897,744	249,573	1,147,316	517,697	81.16	0.2224	519,772
PHARMACY	40,635	11,300	51,936	495,932	283.36	0.7764	1,665,014
ANCILLARY	0	0	0	135,614	271.45	0.7437	547,867
LABORATORY	0	0	0	125,703	74.23	0.2034	135,614
RADIOLOGY	22,499	0	22,499	56,684	68.80	0.1885	125,703
SUPPORT	196,188	54,495	250,684	139,938	31.02	0.0850	79,183
OPTICAL	22,918	0	22,918	37,073	76.59	0.2098	390,622
NON-HOSPITAL SERVICES	0	0	0	607,904	20.29	0.0556	59,991
TOTAL	2,927,409	795,525	4,339,519	2,576,222	1,410.09	3.8634	\$ 6,915,741
POPULATION BASE							1,827

**DECATUR CORRECTIONAL CENTER**  
**BUDGET SCHEDULE E**  
 05/01/2020 - 04/30/2021

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES		
Dental Assistant	35,700	8,717	1,560	22.88	5.59	28.47		
Dental Hygienist	21,113	5,160	520	40.60	9.92	50.53		
Dentist	125,019	30,546	1,560	80.14	19.58	99.72		
Gynecologist/ Physician Specialist	37,531	-	120	312.76	-	312.76		
Licensed Practical Nurse	103,140	28,638	4,160	24.79	6.88	31.68		
On-Site Medical Director	194,320	53,982	2,080	93.42	25.95	119.38		
Medical Records Director	63,467	17,642	2,080	30.51	8.48	38.99		
Optometrist	18,334	-	208	88.15	-	88.15		
Psychiatrist	403,965	112,302	2,080	194.21	53.99	248.21		
Qualified Mental Health Professional	135,137	37,568	4,160	32.48	9.03	41.52		
Behavioral Health Technician	50,698	14,094	2,080	24.37	6.78	31.15		
Radiology Technician	4,509	1,102	208	21.68	5.30	26.98		
Staff Assistant	50,875	14,137	2,080	24.46	6.80	31.26		
<b>TOTAL</b>	<b>\$ 1,243,807</b>	<b>\$ 323,890</b>	<b>22,896</b>					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS								
OFF SITE ADM STAFF			131,161					
MGMT FEE			165,723					
INDIRECT ADMIN COSTS			296,883		480.84	1.3174	1.3174	296,883
DIRECT CARE	334,991	82,621	417,612	129,779	215.22	0.5896	1.9070	547,391
DENTAL	181,832	44,423	226,255	55,840	92.60	0.2537	1.5710	282,095
MENTAL HEALTH	589,800	163,964	753,764	149,189	247.41	0.6779	1.9952	902,953
PHARMACY	0	0	0	255,939	424.44	1.1629	2.4803	255,939
ANCILLARY	0	0	0	175,688	291.36	0.7983	2.1156	175,688
LABORATORY	0	0	0	105,255	174.55	0.4782	1.7956	105,255
RADIOLOGY	4,509	1,102	5,611	23,086	38.28	0.1049	1.4223	28,697
SUPPORT	114,341	31,779	146,121	47,798	79.26	0.2172	1.5346	193,919
OPTICAL	18,334	0	18,334	13,960	23.16	0.0634	1.3808	32,294
NON-HOSPITAL SERVICES	0	0	0	493,341	818.14	2.2415	3.5588	493,341
<b>TOTAL</b>	<b>1,243,807</b>	<b>323,890</b>	<b>1,864,580</b>	<b>1,449,875</b>	<b>2,404.42</b>	<b>6.5875</b>		<b>\$ 3,314,454</b>
POPULATION BASE								603

DIXON CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 05/01/2020 - 04/30/2021

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY RATES	COMBINED RATES
Certified Nurses Assistant	200,066	55,625	12,480	16.03	4.45	20.48
Chief Dentist	163,343	50,944	2,000	88.15	24.49	112.64
Dental Assistant	47,600	13,238	2,000	22.89	6.36	29.25
Dentist	70,726	-	832	85.01	-	85.01
Phlebotomist	42,503	10,378	2,000	20.43	4.99	25.42
Licensed Practical Nurse	547,030	151,978	20,800	28.30	7.31	33.61
On-Site Medical Director	216,921	60,261	2,000	104.29	28.97	133.26
Optometrist	35,718	-	419	85.86	-	85.86
Medication Room Assistant	138,372	38,487	6,240	22.17	6.16	28.34
Physical Therapist	76,581	-	624	125.93	-	125.93
Physical Therapist Assistant	-	-	0	23.85	6.63	30.48
Physician	205,182	57,009	2,000	98.65	27.41	126.06
Physician Asst/Nurse Practitioner	225,961	62,775	4,160	54.32	15.09	69.41
Site Mental Health Services Director	122,067	33,935	2,000	58.69	16.31	75.00
Mental Health Training Director	114,310	31,778	2,000	54.96	15.28	70.24
Pre-Doc Intern	96,308	26,774	4,160	23.15	6.44	29.59
Post-Doc Intern	67,582	18,793	2,000	32.48	9.03	41.52
Mental Health Unit Director	332,959	92,503	6,240	53.36	14.83	68.19
Psychiatrist	4,039,648	1,123,022	20,800	194.21	53.99	248.21
Psychologist	533,069	148,183	10,400	51.26	14.25	65.51
QMPP	1,216,232	338,112	37,440	32.48	9.03	41.52
Behavioral Health Technician	912,565	253,693	37,440	24.37	6.78	31.15
Recreational Therapist	110,397	32,358	4,160	27.98	7.78	35.76
Director of Nursing - Mental Health	-	-	0	40.02	11.13	51.14
RN - Mental Health	-	-	0	34.64	9.63	44.27
Medical Records Director - MH	-	-	0	25.97	7.22	33.19
Office Coordinator - Mental Health	49,941	13,884	2,000	24.01	6.67	30.68
Staff Assistant - Mental Health	311,819	66,688	14,560	21.42	5.95	27.37
Radiology Technician	52,835	14,667	2,000	25.40	7.05	32.45
Registered Nurse	-	-	0	32.73	9.09	41.82
Staff Assistant	45,432	12,615	2,000	21.84	6.06	27.91
Medical Records Clerk	243,811	67,802	12,480	19.54	5.43	24.97
Supervising Nurse	62,447	22,901	2,000	39.64	11.01	50.65
TOTAL	\$ 10,329,424	\$ 2,818,450	218,182			
TOTAL CONTRACT BUDGET						
ADMIN SVS						
OFF SITE ADM STAFF			485,454			
MGMT FEE			998,040			
INDIRECT ADMIN COSTS			1,471,494			
DIRECT CARE	1,477,626	410,549	1,688,175	715,049	733.23	2,006.89
DENTAL	301,699	64,181	365,850	338,778	152.60	0.4181
MENTAL HEALTH	7,912,877	2,100,790	10,112,667	1,222,942	550.87	1,509.2
PHARMACY	139,372	38,467	178,839	1,177,829	530.46	1.4533
ANCILLARY	78,581	0	78,581	482,152	217.18	0.5951
LABORATORY	42,503	10,378	52,881	241,376	108.73	0.2978
RADIOLOGY	52,835	14,667	67,502	74,366	33.50	0.0918
SUPPORT	289,243	80,417	400,217	320,823	144.52	0.3960
OPTICAL	35,718	0	35,718	84,694	38.15	0.1045
NON-HOSPITAL SERVICES	0	0	0	413,065	188.07	0.5097
TOTAL POPULATION BASE	10,329,424	2,818,450	14,649,828	5,070,871	2,284.16	6,2580
						0.0000
						\$ 19,770,797
						2,220

**EAST MOLINE CORRECTIONAL CENTER**  
**BUDGET SCHEDULE E**  
 05/01/2020 - 04/30/2021

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	TOTAL CONTRACT BUDGET		PER CAP		PROGRAM ADJUST.		TOTAL CONTRACT	
							PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PER CAP DAILY	ADJUST.	CONTRACT
Certified Nurses Assistant	200,051	55,563	12,480	16.03	4.45	20.48								
Dental Assistant	47,600	13,238	2,080	22.88	6.36	29.25								
Dentist	176,954	49,168	2,080	85.07	23.64	108.71								
On-Site Medical Director / Physician	199,278	55,372	2,080	95.81	26.62	122.43								
Optometrist	16,730	-	190	88.15	-	88.15								
Licensed Practical Nurse	217,987	60,538	8,320	26.20	7.28	33.48								
Medication Room Assistant	46,654	12,961	2,080	22.43	6.23	28.66								
Physician Assi/Nurse Practitioner	40,136	11,154	832	48.24	13.41	61.65								
Psychiatrist	403,965	112,302	2,080	194.21	53.99	248.21								
QMHP	67,568	18,784	2,080	32.48	9.03	41.52								
Staff Assistant - Mental Health	44,546	12,375	2,080	21.42	5.95	27.37								
Phlebotomist	20,841	5,090	1,040	20.04	4.89	24.93								
Radiology Technician	16,923	3,978	624	27.12	6.38	33.50								
Medical Records Clerk	88,235	24,538	4,160	21.21	5.90	27.11								
Staff Assistant	44,118	12,269	2,080	21.21	5.90	27.11								
<b>TOTAL</b>	<b>\$ 1,631,588</b>	<b>\$ 447,330</b>	<b>44,286</b>											
<b>ADMIN SVS</b>														
OFF SITE ADM STAFF			151,308											
MGMT FEE			199,422											
INDIRECT ADMIN COSTS			350,729		282.12	0.77295					0.7729			350,729
DIRECT CARE	657,452	182,627	840,079	137,851	121.67	0.33336					1.1063			977,930
DENTAL	224,554	62,406	286,960	63,036	55.64	0.15246					0.9254			349,996
MENTAL HEALTH	516,080	143,461	659,541	231,961	204.73	0.56089					1.3338			891,502
PHARMACY	46,654	12,961	59,615	341,989	301.84	0.82691					1.5999			401,604
ANCILLARY	0	0	0	179,295	158.25	0.43356					1.2065			179,295
LABORATORY	20,841	5,090	25,931	110,103	97.17	0.26622					1.0392			136,034
RADIOLOGY	16,923	3,978	20,902	29,170	25.75	0.07055					0.8435			50,072
SUPPORT	132,353	36,807	169,159	56,817	50.15	0.13738					0.9103			225,977
OPTICAL	16,730	0	16,730	15,759	13.91	0.03809					0.8110			32,489
NON-HOSPITAL SERVICES	0	0	0	392,804	346.69	0.94983					1.7228			392,804
<b>TOTAL</b>	<b>1,631,588</b>	<b>447,330</b>	<b>2,429,647</b>	<b>1,558,765</b>	<b>1,375.79</b>	<b>3.7693</b>								<b>\$ 3,988,432</b>
POPULATION BASE														1,133

**ELGIN TREATMENT CENTER**  
**BUDGET SCHEDULE E**  
 05/01/2020 - 04/30/2021

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES
CNA	494,589	137,496	29,120	16.98	4.72	21.71
PA/NP	119,813	33,308	2,080	57.60	16.01	73.62
Psychologist	210,193	58,434	4,160	50.53	14.05	64.57
Psychiatrist	1,045,200	290,566	4,160	251.25	69.85	321.10
Nurse Supervisor	75,380	20,956	2,080	36.24	10.07	46.32
Medication Room Assistant	43,041	11,965	2,080	20.69	5.75	26.45
Medical Records Director	52,197	14,511	2,080	25.09	6.98	32.07
<b>TOTAL</b>	<b>\$ 2,040,414</b>	<b>\$ 567,235</b>	<b>45,760</b>			

TOTAL CONTRACT BUDGET	PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PROGRAM ADJUST.	TOTAL CONTRACT
ADMIN SVS							
OFF SITE ADM STAFF			34,184				
MGMT FEE			153,469				
INDIRECT ADMIN COSTS			187,653		4,264.85	11.6845	187,653
DIRECT CARE	785,020	218,236	1,003,256	62,185	1,413.28	3.8720	1,065,441
DENTAL	0	0	0	0	0.0000	11.6845	0
MENTAL HEALTH	1,255,393	348,999	1,604,392	23,319	529.99	1.4520	1,627,712
PHARMACY	0	0	0	23,868	542.46	1.4862	23,868
ANCILLARY	0	0	0	38,246	869.22	2.3814	38,246
LABORATORY	0	0	0	2,790	63.41	0.1737	2,790
RADIOLOGY	0	0	0	501	11.40	0.0313	501
SUPPORT	0	0	0	31,092	706.65	1.9360	31,092
OPTICAL	0	0	0	0	0.0000	11.6845	0
NON-HOSPITAL SERVICES	0	0	0	92,082	2,092.76	5.7336	92,082
<b>TOTAL</b>	<b>2,040,414</b>	<b>567,235</b>	<b>2,795,302</b>	<b>274,083</b>	<b>6,229.16</b>	<b>17.0662</b>	<b>\$ 3,069,385</b>
POPULATION BASE							<b>44</b>



**GRAHAM CORRECTIONAL CENTER  
BUDGET SCHEDULE E  
05/01/2020 - 04/30/2021**

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES
Certified Nurses Assistant	200,051	55,563	12,480	16.03	4.45	20.48
Dentist	267,113	71,105	3,328	80.26	21.37	101.63
Medical Director	224,739	62,452	2,080	108.05	30.02	138.07
Optometrist	36,669	-	416	88.15	-	88.15
Medication Room Assistant	44,856	12,453	2,080	21.57	5.99	27.55
Physician Asst/Nurse Practitioner	104,378	29,012	2,080	50.18	13.95	64.13
Psychiatrist	807,930	224,604	4,160	194.21	53.99	248.21
Qualified Mental Health Professional	202,705	56,352	6,240	32.48	9.03	41.52
Behavioral Health Technician	50,698	14,094	2,080	24.37	6.78	31.15
Staff Assistant - Mental Health	44,546	12,384	2,080	21.42	5.95	27.37
Radiology Technician	21,134	5,166	832	25.40	6.21	31.61
Registered Nurse	-	-	0	33.36	9.27	42.63
Office Coordinator	56,420	15,678	2,080	27.12	7.54	34.66
Medical Records Clerk	119,000	33,094	5,200	22.88	6.36	29.25
TOTAL	\$ 2,180,238	\$ 591,957	45,136			

TOTAL CONTRACT BUDGET	PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PER CAP DAILY	PROGRAM ADJUST.	TOTAL CONTRACT
ADMIN SVS								
OFF SITE ADM STAFF			259,895					
MGMT FEE			313,082					
INDIRECT ADMIN COSTS			572,977		303.08	0.8303	0.8303	572,977
DIRECT CARE	529,169	147,027	676,195	255,481	135.03	0.3699	1.2003	931,676
DENTAL	267,113	71,105	338,218	114,869	60.72	0.1663	0.9967	453,106
MENTAL HEALTH	1,105,879	307,434	1,413,314	486,208	256.98	0.7040	1.5344	1,899,522
PHARMACY	44,856	12,453	57,309	749,253	396.01	1.0850	1.9153	806,562
ANCILLARY	0	0	0	185,085	97.83	0.2680	1.0984	185,085
LABORATORY	0	0	0	225,700	119.29	0.3268	1.1572	225,700
RADIOLOGY	21,134	5,166	26,300	35,740	18.89	0.0518	0.8821	62,040
SUPPORT	175,420	48,772	224,192	102,090	53.96	0.1478	0.9782	326,282
OPTICAL	36,669	0	36,669	28,722	15.19	0.0416	0.8720	65,391
NON-HOSPITAL SERVICES	0	0	0	733,309	387.59	1.0619	1.8922	733,309
TOTAL	2,180,238	591,957	3,345,173	2,916,477	1,541.49	4.2232		\$ 6,261,650
POPULATION BASE								1,892
INTAKE BASE								314

HILL CORRECTIONAL CENTER  
BUDGET SCHEDULE E  
05/01/2020 - 04/30/2021

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	
Dental Assistant	95,200	26,475	4,160	22.88	6.36	29.25	
Dentist	166,692	46,308	2,080	80.14	22.26	102.40	
Director of Nursing	80,117	22,255	2,080	38.52	10.70	49.22	
Licensed Practical Nurse	653,945	181,544	24,960	26.20	7.27	33.47	
On-Site Medical Director	226,099	62,821	2,080	108.70	30.20	138.90	
Medical Records Director	50,298	13,976	2,080	24.18	6.72	30.90	
Optometrist	36,669	-	416	88.15	-	88.15	
Medication Room Assistant	45,363	11,093	2,080	21.81	5.33	27.14	
Physical Therapist	17,859	-	104	171.72	-	171.72	
Physical Therapy Assistant	24,803	6,065	1,040	23.85	5.83	29.68	
Physician Ass/Nurse Practitioner	100,343	27,882	2,080	48.24	13.40	61.65	
Psychiatrist	807,930	224,604	4,160	194.21	53.99	248.21	
Qualified Mental Health Professional	270,274	75,136	8,320	32.48	9.03	41.52	
Staff Assistant - Mental Health	89,093	24,768	4,160	21.42	5.95	27.37	
Radiology Technician	19,141	4,677	832	23.01	5.62	28.63	
Registered Nurse	563,819	155,714	16,640	33.88	9.36	43.24	
Staff Assistant	47,600	11,623	2,080	22.88	5.59	28.47	
Medical Records Clerk	142,800	39,713	6,240	22.88	6.36	29.25	
<b>TOTAL</b>	<b>\$ 3,438,044</b>	<b>\$ 934,654</b>	<b>85,592</b>				
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS							
OFF SITE ADM STAFF			297,067				
MGMT FEE			391,492				
INDIRECT ADMIN COSTS			688,560		373.82	1.0242	688,560
DIRECT CARE	1,624,323	450,216	2,074,539	403,240	220.83	0.6050	2,477,779
DENTAL	261,892	72,784	334,675	187,636	102.76	0.2815	522,311
MENTAL HEALTH	1,167,296	324,508	1,491,804	513,585	281.26	0.7705	2,005,389
PHARMACY	45,363	11,093	56,456	601,359	329.33	0.9023	657,815
ANCILLARY	42,662	6,065	48,728	209,862	114.93	0.3149	258,590
LABORATORY	0	0	0	145,509	79.69	0.2183	145,509
RADIOLOGY	19,141	4,677	23,818	47,606	26.07	0.0715	71,424
SUPPORT	240,698	65,311	306,009	174,019	95.30	0.2611	480,029
OPTICAL	36,669	0	36,669	46,909	25.69	0.0704	83,578
NON-HOSPITAL SERVICES	0	0	0	438,865	240.35	0.6585	438,865
<b>TOTAL POPULATION BASE</b>	<b>3,438,044</b>	<b>934,654</b>	<b>5,061,258</b>	<b>2,768,592</b>	<b>1,516.20</b>	<b>4.1539</b>	<b>\$ 7,829,849</b>
							<b>1,826</b>

ILLINOIS RIVER CORRECTIONAL CENTER

BUDGET SCHEDULE E

05/01/2020 - 04/30/2021

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY RATES	COMBINED RATES	
Dental Assistant	109,959	30,534	4,160	26.43	7.34	33.77	
Dental Hygienist	44,337	10,839	1,040	42.63	10.42	53.05	
Dentist	164,201	45,617	2,080	78.94	21.93	100.87	
Director of Nursing	74,421	20,664	2,080	35.78	9.93	45.71	
Certified Nurses Assistant	33,342	9,260	2,080	16.03	4.45	20.48	
Licensed Practical Nurse	643,429	178,223	24,960	25.78	7.14	32.92	
Medical Director	214,315	59,546	2,080	103.04	28.63	131.66	
Medical Records Director	56,640	15,728	2,080	27.23	7.56	34.79	
Optometrist	36,669	-	416	88.15	-	88.15	
Medication Room Assistant	43,656	10,655	2,080	20.99	5.12	26.11	
Physical Therapist	-	-	0	171.72	-	171.72	
Physical Therapy Assistant	-	-	0	23.85	5.83	29.68	
Physician Ass/Nurse Practitioner	98,359	27,328	2,080	47.29	13.14	60.43	
Psychiatrist	403,965	112,302	2,080	194.21	53.99	248.21	
QMHP	337,842	93,920	10,400	32.48	9.03	41.52	
Behavioral Health Technician	202,792	56,376	8,320	24.37	6.78	31.15	
Staff Assistant - Mental Health	44,546	12,384	2,080	21.42	5.95	27.37	
Radiology Technician	14,640	3,577	624	23.46	5.73	29.19	
Registered Nurse	619,168	172,134	16,640	37.21	10.34	47.55	
Medical Records Clerk	153,869	42,757	6,240	24.66	6.85	31.51	
<b>TOTAL</b>	<b>\$ 3,296,150</b>	<b>\$ 901,845</b>	<b>91,520</b>				
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SYS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM PER CAP</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS			316,451				
OFF SITE ADM STAFF			394,994				
MGMT FEE			711,444		346.20	0.9485	711,444
INDIRECT ADMIN COSTS			2,150,189	397,651	193.50	0.5301	1,4786
DIRECT CARE	1,663,033	467,156	405,487	189,382	92.16	0.2525	1,2010
DENTAL	318,497	86,990	1,264,128	580,277	282.37	0.7736	1,7221
MENTAL HEALTH	989,146	274,982	54,311	630,963	307.04	0.8412	1,7897
PHARMACY	43,656	10,655	0	214,439	104.35	0.2859	1,2344
ANCILLARY	0	0	0	115,946	56.42	0.1546	1.1031
LABORATORY	0	0	0	31,205	15.19	0.0416	0.9901
RADIOLOGY	14,640	3,577	16,217	179,093	87.15	0.2388	1.1873
SUPPORT	210,510	68,485	35,669	47,345	23.03	0.0631	1.0116
OPTICAL	36,669	0	0	615,361	299.45	0.8204	1.7689
NON-HOSPITAL SERVICES	0	0	0	3,001,663	1,460.67	4.0018	\$ 7,911,102
<b>TOTAL</b>	<b>3,296,150</b>	<b>901,845</b>	<b>4,909,439</b>				<b>2,055</b>
POPULATION BASE							

JACKSONVILLE CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 05/01/2020 - 04/30/2021

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	ANNUAL PER CAP	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PROGRAM ADJUST.	TOTAL CONTRACT
Dentist	160,258	44,533	2,080	77.05	21.41	98.46						
Licensed Practical Nurse	201,193	55,902	8,320	24.18	6.72	30.90						
On-Site Medical Director	216,206	60,076	2,080	103.95	28.88	132.83						
Optometrist	22,125	-	251	88.15	-	88.15						
Medication Room Assistant	43,126	10,539	2,080	20.73	5.07	25.80						
Physician Ass/Nurse Practitioner	23,814	-	416	57.24	-	57.24						
Psychiatrist	302,974	84,227	1,560	194.21	53.99	248.21						
Qualified Mental Health Professional	67,568	18,784	2,080	32.48	9.03	41.52						
Staff Assistant - Mental Health	44,546	12,384	2,080	21.42	5.95	27.37						
Radiology Technician	12,200	2,981	520	23.46	5.73	29.19						
Medical Records Clerk	41,881	10,240	2,080	20.13	4.92	25.06						
Staff Assistant	41,881	10,240	2,080	20.13	4.92	25.06						
<b>TOTAL</b>	<b>\$ 1,177,769</b>	<b>\$ 309,905</b>	<b>25,627</b>									
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>					
ADMIN SVS												
OFF SITE ADM STAFF			175,966									
MGMT FEE			174,085									
INDIRECT ADMIN COSTS			350,050		212.98	0.5835	350,050					
DIRECT CARE	441,212	115,979	557,191	141,380	90.11	0.2468	698,571					
DENTAL	160,258	44,533	204,790	65,850	41.97	0.1150	270,640					
MENTAL HEALTH	415,088	115,395	530,483	315,665	201.19	0.5512	846,148					
PHARMACY	43,126	10,539	53,665	367,135	233.99	1.2246	420,801					
ANCILLARY	0	0	0	68,384	43.59	0.1194	68,384					
LABORATORY	0	0	0	128,763	82.07	0.2248	128,763					
RADIOLOGY	12,200	2,981	15,181	34,387	21.92	0.0601	49,568					
SUPPORT	83,761	20,479	104,240	59,890	38.17	0.1046	164,130					
OPTICAL	22,125	0	22,125	16,462	10.49	0.0287	38,587					
NON-HOSPITAL SERVICES	0	0	0	446,048	284.28	0.7789	446,048					
<b>TOTAL</b>	<b>1,177,769</b>	<b>309,905</b>	<b>1,837,725</b>	<b>1,643,965</b>	<b>1,047.78</b>	<b>2.8707</b>	<b>\$ 3,481,690</b>					
<b>POPULATION BASE</b>							<b>1,569</b>					

JOLIET TREATMENT CENTER  
BUDGET SCHEDULE E  
05/01/2020 - 04/30/2021

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES		
Site Mental Health Services Director	122,067	33,935	2,080	58.69	16.31	75.00		
Psychiatrist	2,423,789	673,813	12,480	194.21	53.99	248.21		
Mental Health Training Director	-	-	-	54.96	15.28	70.24		
Mental Health Unit Director	332,959	92,563	6,240	53.36	14.83	68.19		
Psychologist	319,841	88,916	6,240	51.26	14.25	65.51		
QMHP	405,411	112,704	12,480	32.48	9.03	41.52		
Pre-Doc Intern	96,326	26,779	4,160	23.16	6.44	29.59		
Post-Doc Intern	135,123	37,564	4,160	32.48	9.03	41.51		
Behavioral Health Technician	456,282	126,847	18,720	24.37	6.78	31.15		
Recreational Therapist	116,397	32,358	4,160	27.98	7.78	35.76		
Director of Nursing - Mental Health	83,240	23,141	2,080	40.02	11.13	51.14		
RN - Mental Health	1,585,032	440,639	45,760	34.64	9.63	44.27		
Staff Assistant - Mental Health	222,728	61,918	10,400	21.42	5.95	27.37		
Medical Records Director	54,024	15,019	2,080	25.97	7.22	33.19		
Medication Room Assistant	44,546	12,384	2,080	21.42	5.95	27.37		
Dentist	75,022	20,858	1,040	72.14	20.05	92.19		
Dental Assistant	44,546	12,384	2,080	21.42	5.95	27.37		
Dental Hygienist	17,370	4,829	520	33.40	9.29	42.69		
Site Medical Director	116,538	32,398	1,040	112.06	31.15	143.21		
Optometrist	9,620	2,674	104	92.50	25.71	118.21		
Radiology Technician	-	-	-	23.76	6.60	30.36		
Registered Nurse	-	-	-	34.64	9.63	44.27		
<b>TOTAL</b>	<b>\$ 6,660,860</b>	<b>\$ 1,851,719</b>	<b>137,904</b>					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS								
OFF SITE ADM STAFF			34,184					
MGMT FEE			566,585					
INDIRECT ADMIN COSTS			600,769		1,501.92	4.1149	4.1149	600,769
DIRECT CARE	116,538	32,398	148,936	565.314	1,413.28	3.8720	7.9868	714,250
DENTAL	136,938	38,069	175,007	282.657	708.65	1.9360	6.0509	457,664
MENTAL HEALTH	6,299,104	1,751,176	8,050,370	211,993	529.99	1.4520	5.5669	8,262,363
PHARMACY	44,546	12,384	56,929	216,985	542.46	1.4862	5.6011	273,915
ANCILLARY	0	0	0	347,688	869.22	2.3814	6.4963	347,688
LABORATORY	0	0	0	25,361	63.41	0.1737	4.2885	25,361
RADIOLOGY	0	0	0	7,715	11.40	0.0313	4.1461	7,715
SUPPORT	54,024	15,019	69,043	282.857	706.65	1.9360	6.0509	351,700
OPTICAL	9,620	2,674	12,294	70,664	176.66	0.4840	4.5889	82,958
NON-HOSPITAL SERVICES	0	0	0	207,323	518.31	1.4201	5.5349	207,323
<b>TOTAL</b>	<b>6,660,860</b>	<b>1,851,719</b>	<b>9,113,348</b>	<b>2,218,359</b>	<b>5,538.01</b>	<b>15.1727</b>		<b>\$ 11,331,707</b>
POPULATION BASE								400

**KEWANEE LIFE SKILLS RE-ENTRY CENTER**

**BUDGET SCHEDULE E**

05/01/2020 - 04/30/2021

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	TOTAL CONTRACT	
Dental Assistant	18,203	5,060	832	21.88	6.08	27.96		
Dentist	44,667	12,417	520	85.90	23.88	109.78		
Dental Hygienist	35,620	9,902	1,040	34.25	9.52	43.77		
Licensed Practical Nurse	214,057	59,508	8,320	25.73	7.15	32.88		
Optometrist	10,749	2,988	120	89.58	24.90	114.48		
Physician	125,424	34,868	1,040	120.60	33.53	154.13		
Psychiatrist	100,992	28,076	520	194.22	53.99	248.21		
Supervisor of Medical Records	58,531	16,272	2,080	28.14	7.82	35.96		
Registered Nurse	476,611	132,498	12,480	38.19	10.62	48.81		
Medical Records Clerk	48,079	13,366	2,080	23.12	6.43	29.54		
Supervising Nurse	83,616	23,245	2,080	40.20	11.18	51.38		
<b>TOTAL</b>	<b>\$ 1,216,550</b>	<b>\$ 338,201</b>	<b>31,112</b>					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS								
OFF SITE ADM STAFF			79,850					
MGMT FEE			133,361					
INDIRECT ADMIN COSTS			213,210		348.38	0.9544	0.9545	213,210
DIRECT CARE	899,708	250,119	1,149,827	167,109	273.05	0.7481	1.7026	1,316,936
DENTAL	98,490	27,380	125,871	78,861	128.86	0.3531	1.3075	204,731
MENTAL HEALTH	100,992	28,076	129,068	172,442	281.77	0.7719	1.7264	301,510
PHARMACY	0	0	0	124,595	203.58	0.5578	1.5122	124,595
ANCILLARY	0	0	0	5,247	8.57	0.0235	0.9780	5,247
LABORATORY	0	0	0	22,084	36.08	0.0989	1.0534	22,084
RADIOLOGY	0	0	0	2,928	4.78	0.0131	0.9675	2,928
SUPPORT	106,610	29,638	136,248	74,251	121.32	0.3324	1.2868	210,499
OPTICAL	10,749	2,988	13,737	18,776	30.68	0.0840	1.0385	32,514
NON-HOSPITAL SERVICES	0	0	0	88,541	144.68	0.3964	1.3508	88,541
<b>TOTAL</b>	<b>1,216,550</b>	<b>338,201</b>	<b>1,767,962</b>	<b>754,833</b>	<b>1,233.39</b>	<b>3.3791</b>		<b>\$ 2,522,795</b>
<b>POPULATION BASE</b>								<b>612</b>

LAWRENCE CORRECTIONAL CENTER  
BUDGET SCHEDULE E  
05/01/2020 - 04/30/2021

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	
Dental Assistant	87,082	24,215	4,160	20.93	5.82	26.75	
Dental Hygienist	74,213	20,617	2,080	35.68	9.91	45.59	
Dentist	263,944	70,466	3,120	84.60	22.59	107.18	
Director of Nursing	74,421	20,664	2,080	35.78	9.93	45.71	
Licensed Practical Nurse	922,894	256,403	35,360	26.10	7.25	33.35	
On-Site Medical Director	221,695	61,598	2,080	106.58	29.61	136.20	
Medical Records Director	52,328	14,529	2,080	25.16	6.99	32.14	
Optometrist	45,836	-	520	88.15	-	88.15	
Medication Room Assistant	45,755	12,707	2,080	22.00	6.11	28.11	
Phlebotomist	21,249	5,184	1,040	20.43	4.98	25.42	
Physician Asst/Nurse Practitioner	168,614	46,863	3,224	52.30	14.54	66.84	
Radiology Technician	35,723	-	1,040	34.35	-	34.35	
Registered Nurse	525,467	146,098	14,560	36.09	10.03	46.12	
Psychiatrist	1,211,894	336,907	6,240	194.21	53.99	248.21	
Qualified Mental Health Professional	540,547	150,272	16,640	32.48	9.03	41.52	
Staff Assistant - Mental Health	89,093	24,768	4,160	21.42	5.95	27.37	
Staff Assistant	46,239	12,846	2,080	22.23	6.18	28.41	
Medical Records Clerk	166,600	46,331	7,280	22.88	6.36	29.25	
Physical Therapist	54,878	-	312	175.89	-	175.89	
Physical Therapist Assistant	49,606	13,791	2,080	23.85	6.63	30.48	
<b>TOTAL</b>	<b>\$ 4,698,078</b>	<b>\$ 1,264,259</b>	<b>112,216</b>				
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS							
OFF SITE ADM STAFF			348,444				
MGMT FEE			484,762				
INDIRECT ADMIN COSTS			833,207		349.95	0.9588	833,207
DIRECT CARE	1,913,090	531,625	2,444,716	409,640	173.13	0.4744	1,4331
DENTAL	425,240	115,298	540,538	197,164	83.33	0.2283	1,1871
MENTAL HEALTH	1,841,535	511,947	2,353,481	583,709	246.71	0.6759	1,6346
PHARMACY	45,755	12,707	58,462	697,543	294.82	0.8077	1,7665
ANCILLARY	104,485	13,791	118,276	135,304	57.18	0.1567	1,1155
LABORATORY	21,249	5,184	26,433	120,728	51.02	0.1398	1,0986
RADIOLOGY	35,723	0	35,723	35,066	14.82	0.0406	0.9994
SUPPORT	265,166	73,706	338,872	187,891	79.42	0.2176	1,1764
OPTICAL	45,836	0	45,836	49,291	20.83	0.0571	1,0159
NON-HOSPITAL SERVICES	0	0	0	483,367	204.30	0.5597	1,5185
<b>TOTAL POPULATION BASE</b>	<b>4,698,078</b>	<b>1,264,259</b>	<b>6,795,543</b>	<b>2,899,702</b>	<b>1,225.57</b>	<b>3.3577</b>	<b>\$ 9,695,245</b>
							<b>2,366</b>

LINCOLN CORRECTIONAL CENTER  
BUDGET SCHEDULE E  
05/01/2020 - 04/30/2021

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	ANNUAL PER CAP BASE	NON CAP BASE	FRINGE BENEFITS	PERS SVS	TOTAL CONTRACT BUDGET	ANNUAL PER CAP DAILY	PROGRAM ADJUST.	TOTAL CONTRACT
Dentist	145244.2	40358.4	2,080	69.83	19.40	89.23								
Dental Assistant	43125.0	11998.9	2,080	20.73	5.77	26.50								
Director of Nursing	74421.0	20663.5	2,080	35.78	9.93	45.71								
Licensed Practical Nurse	515665.5	143214.8	20,800	24.79	6.89	31.68								
On-Site Medical Director	240397.9	66787.4	2,080	115.58	32.11	147.69								
Medical Records Director	51289.8	14252.3	2,080	24.66	6.85	31.51								
Optometrist	13750.7	0.0	156	88.15	-	88.15								
Physician Ass/Nurse Practitioner	20874.7	5803.0	416	50.18	13.95	64.13								
Medication Room Assistant	47599.9	13237.6	2,080	22.88	6.36	29.25								
Psychiatrist	201982.4	56151.1	1,040	194.21	53.99	248.21								
Qualified Mental Health Professional	135136.8	37568.0	4,160	32.48	9.03	41.52								
Staff Assistant - Mental Health	44546.4	12383.9	2,080	21.42	5.95	27.37								
Registered Nurse	448601.3	124673.0	12,480	35.95	9.99	45.94								
Medical Records Clerk	85559.9	22277.9	4,160	20.57	5.36	25.92								
<b>TOTAL</b>	<b>\$ 2,068,195</b>	<b>\$ 569,370</b>	<b>57,772</b>											
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>						
ADMIN SVS														
OFF SITE ADM STAFF			167,306											
MGMT FEE			201,960											
INDIRECT ADMIN COSTS			369,266		369.83	1.0132	1.0132	369,266				1.0132		369,266
DIRECT CARE	1,299,960	361,142	1,661,102	127,606	129.95	0.3560	1.3692	1,788,708				1.3692		1,788,708
DENTAL	188,369	52,357	240,727	59,457	60.55	0.1659	1.1792	300,184				1.1792		300,184
MENTAL HEALTH	381,666	106,103	487,769	229,368	233.57	0.6399	1.6531	717,137				1.6531		717,137
PHARMACY	47,600	13,238	60,837	173,298	176.48	0.4835	1.4967	234,135				1.4967		234,135
ANCILLARY	0	0	0	69,536	70.81	0.1940	1.2072	69,536				1.2072		69,536
LABORATORY	0	0	0	68,669	69.93	0.1916	1.2048	68,669				1.2048		68,669
RADIOLOGY	0	0	0	10,573	10.76	0.0294	1.0427	10,573				1.0427		10,573
SUPPORT	136,850	36,530	173,380	55,373	56.39	0.1545	1.1677	228,752				1.1677		228,752
OPTICAL	13,751	0	13,751	14,864	15.14	0.0415	1.0547	28,614				1.0547		28,614
NON-HOSPITAL SERVICES	0	0	0	223,633	227.73	0.6239	1.6371	223,633				1.6371		223,633
<b>TOTAL POPULATION BASE</b>	<b>2,068,195</b>	<b>569,370</b>	<b>3,006,831</b>	<b>1,032,377</b>	<b>1,051.31</b>	<b>2.8801</b>	<b>0.0000</b>	<b>\$ 4,039,208</b>				<b>982</b>		<b>982</b>



LOGAN CORRECTIONAL CENTER  
BUDGET SCHEDULE E  
05/01/2020 - 04/30/2021

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY RATES	COMBINED RATES	
Dentist	337,581	91,971	4,160	81.15	22.11	103.26	
Dental Assistant	129,378	35,977	6,240	20.73	5.77	26.50	
Dental Hygienist	88,673	21,678	2,060	42.63	10.42	53.05	
Director of Nursing	83,240	23,141	2,060	40.02	11.13	51.14	
Licensed Practical Nurse	1,034,052	287,260	37,440	27.62	7.67	35.29	
Licensed Physical Therapist	63,420	-	520	121.96	-	121.96	
Physical Therapist Assistant	-	-	0	23.85	6.63	30.48	
On-Site Medical Director	209,495	58,208	2,060	100.72	27.98	128.70	
Gynecologist/Physician Specialist	370,910	-	1,060	343.43	-	343.43	
Staff Physician	216,921	60,284	2,060	104.29	28.98	133.27	
Certified Mammogram Technician	54,325	-	832	65.29	-	65.29	
Medical Records Director	54,772	15,221	2,060	26.33	7.32	33.65	
Office Coordinator	55,312	15,364	2,060	26.59	7.39	33.98	
Optometrist	36,669	-	416	88.15	-	88.15	
Medication Room Assistant	142,800	39,713	8,240	22.88	6.38	29.25	
Physician Asst/Nurse Practitioner	313,135	87,036	6,240	50.18	13.95	64.13	
Registered Nurse	1,844,871	457,134	45,760	35.95	9.99	45.94	
Registered Nurse Supervisor	72,955	20,256	2,060	35.07	9.74	44.81	
Site Mental Health Services Director	122,067	33,935	2,060	58.69	10.31	75.00	
Mental Health Unit Director	332,959	92,583	6,240	53.36	14.83	68.19	
Post-Doc	135,123	37,584	4,160	32.48	9.03	41.51	
Psychiatrist	4,030,649	1,123,022	20,900	194.21	53.98	248.21	
ChE/P	1,419,937	394,464	43,680	32.48	9.03	41.52	
Psychologist	426,455	118,554	8,320	51.26	14.25	65.51	
Behavioral Health Technician	709,773	197,317	26,120	24.37	6.78	31.15	
Recreational Therapist	118,397	32,359	4,160	27.98	7.78	35.76	
Director of Nursing - Mental Health	83,240	23,141	2,060	40.02	11.13	51.14	
RN - Mental Health	360,234	100,145	10,400	34.64	9.63	44.27	
Staff Assistant - Mental Health	222,728	61,918	10,400	21.42	5.95	27.37	
Staff Assistant	174,164	47,323	8,320	20.93	5.69	26.62	
Medical Records Clerk	174,164	47,323	8,320	20.93	5.69	26.62	
Phlebotomist	51,004	12,453	2,496	20.43	4.99	25.42	
Radiology Technician	27,052	6,914	1,248	21.68	5.30	26.98	
<b>TOTAL</b>	<b>\$ 13,302,452</b>	<b>\$ 3,541,939</b>	<b>285,312</b>				
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS							
OFF SITE ADM STAFF			428,565				
MGMT FEE			1,175,611				
INDIRECT ADMIN COSTS			1,604,378		705.48	2,097.2	1,604,376
DIRECT CARE	3,945,578	993,319	4,938,898	598.913	303.55	0.8316	2,920.8
DENTAL	555,632	149,628	705,258	281.948	142.90	0.3915	2,408.8
MENTAL HEALTH	7,987,591	2,214,982	10,182,543	878.012	445.01	1.2163	3,165
PHARMACY	142,800	39,713	182,512	923.963	468.30	1.2830	3,380.2
ANCILLARY	63,420	0	63,420	455.204	230.72	0.6321	2,720.4
LABORATORY	51,004	12,453	63,457	589.439	288.76	0.8185	2,915.7
RADIOLOGY	81,378	6,814	87,991	111.401	58.46	0.1547	2,251.8
SUPPORT	458,412	125,232	583,644	265.189	134.41	0.3682	2,465.4
OPTICAL	36,669	0	36,666	70.487	35.73	0.0978	2,185.1
NON-HOSPITAL SERVICES	0	0	0	862.899	452.56	1.2399	3,337.1
<b>TOTAL</b>	<b>13,302,452</b>	<b>3,541,939</b>	<b>18,448,707</b>	<b>5,087,452</b>	<b>2,588.40</b>	<b>7.0387</b>	<b>\$ 23,518,219</b>
POPULATION BASE							1,973

**MENARD CORRECTIONAL CENTER**  
**BUDGET SCHEDULE E**  
 05/01/2020 - 04/30/2021

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	ANNUAL PER CAP	NON CAP BASE	FRINGE BENEFITS	PERS SVS	TOTAL CONTRACT BUDGET	PROGRAM ADJUST.	TOTAL CONTRACT
Dental Assistant	92,478	25,691	4,160	22.23	6.18	28.41							
Chief Dentist	156,591	43,518	2,080	75.28	20.92	96.21							
Dentist	285,738	79,379	4,160	68.69	19.08	87.77							
On-Site Medical Director	190,492	52,927	2,080	91.58	25.45	117.03							
Optometrist	119,173	-	1,352	88.15	-	88.15							
Licensed Practical Nurse	329,614	91,560	12,480	26.41	7.34	33.75							
Medication Room Assistant	92,478	25,691	4,160	22.23	6.18	28.41							
Phlebotomist	51,842	-	2,080	24.92	-	24.92							
Physical Therapist	35,718	-	208	171.72	-	171.72							
Physical Therapy Assistant	49,606	13,791	2,080	23.85	6.63	30.48							
Physician	319,224	88,696	4,160	76.74	21.32	98.06							
Physician Asst/Nurse Practitioner	210,971	58,624	4,160	50.71	14.09	64.81							
Psychiatrist	2,423,789	673,813	12,480	194.21	53.99	248.21							
Qualified Mental Health Professional	608,116	169,056	18,720	32.48	9.03	41.52							
RN - Mental Health	-	-	0	34.64	9.63	44.27							
Medical Records Director - MH	-	-	0	25.97	7.22	33.19							
Staff Assistant - Mental Health	178,186	49,536	8,320	21.42	5.95	27.37							
Behavioral Health Technician	456,282	126,847	18,720	24.37	6.78	31.15							
Clinical Psychologist	213,227	59,277	4,160	51.26	14.25	65.51							
Site Mental Health Services Director	122,067	33,935	2,080	58.69	16.31	75.00							
Radiology Technician	52,835	14,667	2,080	25.40	7.05	32.45							
Registered Nurse	-	-	0	32.02	8.89	40.91							
Medical Records Clerk	47,600	13,238	2,080	22.88	6.36	29.25							
Staff Assistant	47,600	13,238	2,080	22.88	6.36	29.25							
<b>TOTAL</b>	<b>\$ 6,083,627</b>	<b>\$ 1,633,483</b>	<b>113,880</b>										
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>					
ADMIN SVS													
OFF SITE ADM STAFF			440,734										
MGMT FEE			639,551										
INDIRECT ADMIN COSTS			1,080,285										
DIRECT CARE	1,050,301	291,807	1,342,107	424,962	310.46	0.8506	0.8506	1,080,285					
DENTAL	534,807	148,588	683,395	202,760	120.73	0.3307	1.1813	1,767,069					
MENTAL HEALTH	4,001,667	1,112,463	5,114,130	1,113,406	57.61	0.1578	1.0084	886,155					
PHARMACY	92,478	25,691	118,169	931,686	316.30	0.8666	1.7172	6,227,537					
ANCILLARY	85,325	13,791	99,116	140,301	39.86	0.1092	0.9598	239,417					
LABORATORY	51,842	0	51,842	227,810	64.72	0.1773	1.0279	279,652					
RADIOLOGY	52,835	14,667	67,502	67,652	19.22	0.0527	0.9033	135,155					
SUPPORT	95,200	26,475	121,675	190,300	54.06	0.1481	0.9887	311,975					
OPTICAL	119,173	0	119,173	50,690	14.40	0.0395	0.8901	169,863					
NON-HOSPITAL SERVICES	0	0	0	644,067	182.97	0.5013	1.3519	644,067					
<b>TOTAL</b>	<b>6,083,627</b>	<b>1,633,483</b>	<b>8,797,395</b>	<b>3,993,634</b>	<b>1,134.55</b>	<b>3.1085</b>	<b>0.0000</b>	<b>\$ 12,791,029</b>					
POPULATION BASE								3,520					
INTAKE BASE								123					

MURPHYSBORO LIFE SKILLS RE-ENTRY CENTER

BUDGET SCHEDULE E

05/01/2020 - 04/30/2021

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	TOTAL CONTRACT BUDGET		PROGRAM ADJUST.		TOTAL CONTRACT
							PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	
Behavioral Health Technician	50,698	14,094	2,080	24.37	6.78	31.15					
Director of Nursing	83,616	23,245	2,080	40.20	11.18	51.38					
Physician Asst/Nurse Practitioner	40,940	11,374	832	49.21	13.67	62.88					
Psychiatrist	100,992	28,076	520	194.22	53.99	248.21					
Medical Records Director	58,531	16,272	2,080	28.14	7.82	35.96					
Qualified Mental Health Professional	67,568	18,784	2,080	32.48	9.03	41.52					
Registered Nurse	79,435	22,083	2,080	38.19	10.62	48.81					
Staff Assistant	48,079	13,366	2,080	23.12	6.43	29.54					
<b>TOTAL</b>	<b>\$ 529,860</b>	<b>\$ 147,294</b>	<b>13,832</b>								
<b>ADMIN SVS</b>											
OFF SITE ADM STAFF			45,666								
MGMT FEE			67,713								
INDIRECT ADMIN COSTS			113,379								
DIRECT CARE	203,991	56,702	260,693	95,569	273.05	0.8875			0.8875	1.6356	113,379
DENTAL	0	0	0	95,350	272.43	0.3531			1.2406		95,350
MENTAL HEALTH	219,259	60,954	280,213	98,619	281.77	0.7719			1.6594		378,832
PHARMACY	0	0	0	71,255	203.59	0.5578			1.4453		71,255
ANCILLARY	0	0	0	3,001	8.57	0.0235			0.9110		3,001
LABORATORY	0	0	0	12,579	35.94	0.0985			0.9860		12,579
RADIOLOGY	0	0	0	3,250	9.29	0.0254			0.9129		3,250
SUPPORT	106,610	29,638	136,248	42,464	121.33	0.3324			1.2199		178,712
OPTICAL	0	0	0	10,738	30.68	0.0840			0.9715		10,738
NON-HOSPITAL SERVICES	0	0	0	130,907	374.02	0.4190			1.3065		130,907
<b>TOTAL</b>	<b>529,860</b>	<b>147,294</b>	<b>790,533</b>	<b>563,732</b>	<b>1,610.66</b>	<b>3.4137</b>					<b>\$ 1,354,265</b>
POPULATION BASE											350

PINCKNEYVILLE CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 05/01/2020 - 04/30/2021

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	ANNUAL HOURS	HOURLY RATE	ANNUAL PER CAP	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PROGRAM ADJUST.	TOTAL CONTRACT
Dental Assistant	95,200	28,475	4,160	22.88	6.36	29.25									
Dental Hygienist	37,107	9,063	1,040	35.68	8.71	44.39									
Dentist	185,723	51,613	2,496	74.41	20.68	95.09									
Director of Nursing	74,421	20,664	2,080	35.78	9.93	45.71									
Licensed Practical Nurse	900,911	250,379	34,112	26.41	7.34	33.75									
On-Site Medical Director	228,982	63,628	2,080	110.09	30.59	140.68									
Medical Records Director	57,747	16,051	2,080	27.76	7.72	35.48									
Optometrist	45,838	-	520	88.15	-	88.15									
Medication Room Assistant	44,860	12,459	2,080	21.57	5.99	27.56									
Physical Therapist	19,764	-	208	95.02	-	95.02									
Physical Therapy Assistant	49,606	12,131	2,080	23.85	5.83	29.68									
Physician Assst/Nurse Practitioner	102,349	28,435	2,080	49.21	13.67	62.88									
Psychiatrist	1,413,877	393,058	7,280	194.21	53.99	248.21									
Qualified Mental Health Professional	472,979	131,488	14,560	32.48	9.03	41.52									
Medical Records Director - MH	-	-	0	25.97	7.22	33.19									
Staff Assistant - Mental Health	133,639	37,152	6,240	21.42	5.95	27.37									
Behavioral Health Technician	101,396	28,188	4,160	24.37	6.78	31.15									
Clinical Psychologist	106,610	29,638	2,080	51.26	14.25	65.50									
Radiology Technician	25,887	6,331	1,040	24.89	6.09	30.98									
Registered Nurse	730,603	202,945	20,800	35.13	9.76	44.88									
Medical Records Clerk	88,235	24,538	4,160	21.21	5.90	27.11									
Staff Assistant	47,600	13,238	2,080	22.88	6.36	29.25									
<b>TOTAL</b>	<b>\$ 4,963,332</b>	<b>\$ 1,357,472</b>	<b>117,416</b>												
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>								
ADMIN SVS															
OFF SITE ADM STAFF			340,137												
MGMT FEE			495,517												
INDIRECT ADMIN COSTS			835,654												
DIRECT CARE	2,037,266	566,051	2,603,317	390,406	160.40	0.93093	835,654						0.9310	835,654	
DENTAL	318,029	87,151	405,180	187,440	77.01	0.43949							1.3705	2,993,723	
MENTAL HEALTH	2,228,501	619,523	2,848,025	703,362	288.98	0.21095							1.1419	592,620	
PHARMACY	44,860	12,459	57,319	492,086	202.18	0.79174							1.7227	3,551,366	
ANCILLARY	69,370	12,131	81,501	143,417	58.92	0.55396							1.4849	549,405	
LABORATORY	0	0	0	107,863	44.31	0.16140							1.0924	224,918	
RADIOLOGY	25,887	6,331	32,218	25,023	10.28	0.12140							1.0524	107,863	
SUPPORT	193,582	53,827	247,409	177,991	73.12	0.02814							0.9591	57,241	
OPTICAL	45,838	0	45,838	46,860	19.26	0.20030							1 1313	425,399	
NON-HOSPITAL SERVICES	0	0	0	479,430	196.97	0.05276							0.9837	92,696	
<b>TOTAL</b>	<b>4,963,332</b>	<b>1,357,472</b>	<b>7,156,458</b>	<b>2,753,877</b>	<b>1,131.43</b>	<b>3.0998</b>								<b>\$ 9,910,335</b>	<b>2,434</b>
POPULATION BASE															

PONTIAC CORRECTIONAL CENTER  
BUDGET SCHEDULE E  
05/01/2020 - 04/30/2021

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES
Certified Nurses Assistant	200,051	55,563	12,480	16.03	4.45	20.48
Chief Dentist	151,033	41,973	2,080	72.61	20.18	92.79
Dentist	100,015	24,436	1,248	80.14	19.58	99.72
Dental Assistant	95,200	26,475	4,160	22.88	6.36	29.25
Dental Hygienist	79,679	22,139	2,080	38.31	10.64	48.95
Director of Nursing	-	-	0	38.53	10.70	49.23
Licensed Practical Nurse	421,503	117,201	14,560	28.95	8.05	37.00
On-Site Medical Director	228,982	63,628	2,080	110.09	30.59	140.68
Medical Records Director	49,283	13,699	2,080	23.69	6.59	30.28
Office Coordinator	56,410	15,682	2,080	27.12	7.54	34.66
Optometrist	36,669	-	416	88.15	-	88.15
Medication Room Assistant	93,309	25,922	4,160	22.43	6.23	28.66
Physician Ass/Nurse Practitioner	196,719	54,657	4,160	47.29	13.14	60.43
Site Mental Health Services Director	122,067	33,935	2,080	58.69	16.31	75.00
Mental Health Unit Director	332,959	92,563	6,240	53.36	14.83	68.19
Psychiatrist	2,423,769	673,813	12,480	194.21	53.98	248.21
Psychologist	319,841	88,916	6,240	51.26	14.25	65.51
QMHP	876,369	244,192	27,040	32.48	9.03	41.52
Behavioral Health Technician	253,490	70,470	10,400	24.37	6.78	31.15
Medical Records Director - MH	-	-	0	25.97	7.22	33.19
Recreational Therapist	58,198	16,179	2,080	27.98	7.78	35.76
Director of Nursing - Mental Health	-	-	0	40.02	11.13	51.14
RN - Mental Health	-	-	0	34.64	9.63	44.27
Post - Doc	135,123	37,564	4,160	32.48	9.03	41.51
Staff Assistant - Mental Health	133,637	37,151	6,240	21.42	5.95	27.37
Radiology Technician	21,434	-	624	34.35	-	34.35
Registered Nurse	-	-	0	31.73	8.81	40.55
Medical Records Clerk	210,671	58,577	10,400	20.26	5.63	25.89
Supervising Nurse	74,421	20,664	2,080	35.78	9.93	45.71
TOTAL	\$ 6,672,872	\$ 1,835,399	141,648			
TOTAL CONTRACT BUDGET						
ADMIN SVS						
OFF SITE ADM STAFF			429,040			
MGMT FEE			624,053			
INDIRECT ADMIN COSTS			1,063,094			
DIRECT CARE	1,121,676	311,712	1,433,368	446,142	275.06	1,886.65
DENTAL	425,927	115,024	540,951	210,092	129.52	2,241.6
MENTAL HEALTH	4,657,494	1,294,783	5,952,278	689,924	425.36	1,165.40
PHARMACY	93,309	25,922	119,230	598.893	369.23	1,011.53
ANCILLARY	0	0	0	267,676	165.03	2,338.8
LABORATORY	0	0	0	116,156	71.62	2,082.9
RADIOLOGY	21,434	0	21,434	37,968	23.41	1,950.8
SUPPORT	316,364	87,958	404,322	197,453	121.74	2,220.3
OPTICAL	36,669	0	36,669	92,523	32.38	1,975.4
NON-HOSPITAL SERVICES	0	0	0	302,879	186.73	2,398.2
TOTAL	6,672,872	1,835,399	9,561,365	2,919,704	1,800.07	\$ 12,481,070
POPULATION BASE						1,622

**ROBINSON CORRECTIONAL CENTER  
BUDGET SCHEDULE E**  
05/01/2020 - 04/30/2021

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES									
Dental Assistant	44,856	12,453	2,080	21.57	5.99	27.55									
Dental Hygienist	42,226	10,320	1,040	40.60	9.92	50.53									
Dentist	161,434	44,856	2,080	77.61	21.57	99.18									
Director of Nursing	74,813	20,779	2,080	35.97	9.99	45.96									
On-Site Medical Director	242,912	67,479	2,080	116.78	32.44	149.23									
Medical Records Director	50,298	13,976	2,080	24.18	6.72	30.90									
Optometrist	16,042	-	182	88.15	-	88.15									
Psychiatrist	201,982	56,151	1,040	194.21	53.99	248.21									
Qualified Mental Health Professional	135,137	37,568	4,160	32.48	9.03	41.52									
Staff Assistant - Mental Health	44,546	12,384	2,080	21.42	5.95	27.37									
Radiology Technician	17,861	-	520	34.35	-	34.35									
Registered Nurse	750,206	208,480	20,800	36.07	10.02	46.09									
Medical Records Clerk	47,600	13,238	2,080	22.88	6.36	29.25									
Staff Assistant	47,600	13,238	2,080	22.88	6.36	29.25									
<b>TOTAL</b>	<b>\$ 1,877,513</b>	<b>\$ 510,921</b>	<b>44,382</b>												
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>							
ADMIN SVS															
OFF SITE ADM STAFF			184,715												
MGMT FEE			225,220												
INDIRECT ADMIN COSTS			409,935												
DIRECT CARE	1,067,930	296,738	1,364,669	220,595	183.22	0.50200	1.4280		0.92601	0.9260	0.9260	1.4280	1.585,263		
DENTAL	248,516	67,629	316,145	103,075	85.61	0.23457	1.1606		0.23457	0.23457	0.23457	1.1606	419,220		
MENTAL HEALTH	381,665	106,103	487,768	380,760	316.24	0.86641	1.7924		0.86641	0.86641	0.86641	1.7924	868,528		
PHARMACY	0	0	0	287,420	238.72	0.65405	1.5801		0.65405	0.65405	0.65405	1.5801	287,420		
ANCILLARY	0	0	0	101,431	84.25	0.23085	1.1568		0.23085	0.23085	0.23085	1.1568	101,431		
LABORATORY	0	0	0	90,081	74.82	0.20502	1.1310		0.20502	0.20502	0.20502	1.1310	90,081		
RADIOLOGY	17,861	0	17,861	35,955	29.86	0.08181	1.0078		0.08181	0.08181	0.08181	1.0078	53,817		
SUPPORT	145,498	40,451	185,949	95,695	79.49	0.21778	1.1438		0.21778	0.21778	0.21778	1.1438	281,644		
OPTICAL	16,042	0	16,042	25,769	21.41	0.05869	0.9847		0.05869	0.05869	0.05869	0.9847	41,811		
NON-HOSPITAL SERVICES	0	0	0	365,242	303.36	0.83114	1.7571		0.83114	0.83114	0.83114	1.7571	365,242		
<b>TOTAL</b>	<b>1,877,513</b>	<b>510,921</b>	<b>2,798,369</b>	<b>1,706,025</b>	<b>1,416.97</b>	<b>3.8823</b>							<b>\$ 4,504,393</b>		
POPULATION BASE													<b>1,204</b>		

**SHAWNEE CORRECTIONAL CENTER**  
**BUDGET SCHEDULE E**  
 05/01/2020 - 04/30/2021

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY RATES	COMBINED RATES	
Dental Assistant	65,316	18,145	2,912	22.43	6.23	28.66	
Dental Hygienist	74,213	20,617	2,080	35.68	9.91	45.59	
Dentist	240,343	66,769	2,912	82.54	22.93	105.46	
Director of Nursing	74,421	20,664	2,080	35.78	9.93	45.71	
Licensed Practical Nurse	675,162	187,079	27,040	24.97	6.92	31.89	
On-Site Medical Director	255,181	70,916	2,080	122.68	34.09	156.78	
Medical Records Director	49,306	13,699	2,080	23.71	6.59	30.29	
Optometrist	36,669	-	416	88.15	-	88.15	
Medication Room Assistant	40,635	11,300	2,080	19.54	5.43	24.97	
Physician Asst/Nurse Practitioner	93,793	26,060	2,080	45.09	12.53	57.62	
Psychiatrist	504,956	140,378	2,600	194.21	53.99	248.21	
Qualified Mental Health Professional	202,705	56,352	6,240	32.48	9.03	41.52	
Behavioral Health Technician	50,698	14,094	2,080	24.37	6.78	31.15	
Staff Assistant - Mental Health	44,546	12,384	2,080	21.42	5.95	27.37	
Radiology Technician	17,861	-	520	34.35	-	34.35	
Registered Nurse	579,316	161,065	16,640	34.81	9.68	44.49	
Staff Assistant	47,600	13,238	2,080	22.88	6.36	29.25	
Medical Records Clerk	104,720	29,123	4,576	22.88	6.36	29.25	
<b>TOTAL</b>	<b>\$ 3,157,442</b>	<b>\$ 861,881</b>	<b>82,576</b>				
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS							
OFF SITE ADM STAFF			307,095				
MGMT FEE			360,004				
INDIRECT ADMIN COSTS			667,099		332.36	0.91063	667,099
DIRECT CARE	1,677,873	465,782	2,143,655	417,186	208.60	0.57154	2,560,842
DENTAL	379,872	105,532	485,404	188,871	94.44	0.25879	674,274
MENTAL HEALTH	802,906	223,208	1,026,113	598,845	299.42	0.82028	1,624,959
PHARMACY	40,635	11,300	51,936	420,615	210.31	0.57617	472,551
ANCILLARY	0	0	0	142,030	71.01	0.19457	142,030
LABORATORY	0	0	0	111,793	55.90	0.15316	111,793
RADIOLOGY	17,861	0	17,861	18,144	9.08	0.02482	36,006
SUPPORT	201,626	56,059	257,685	170,432	85.21	0.23346	428,117
OPTICAL	36,669	0	36,669	47,218	23.61	0.06472	83,886
NON-HOSPITAL SERVICES	0	0	0	398,527	199.26	0.54592	398,527
<b>TOTAL</b>	<b>3,157,442</b>	<b>861,881</b>	<b>4,686,422</b>	<b>2,513,662</b>	<b>1,256.83</b>	<b>3.4434</b>	<b>\$ 7,200,085</b>
POPULATION BASE							2,000





**SOUTHWESTERN CORRECTIONAL CENTER  
BUDGET SCHEDULE E  
05/01/2020 - 04/30/2021**

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	TOTAL CONTRACT BUDGET		PROGRAM ADJUST.		TOTAL CONTRACT	
							PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE		ANNUAL PER CAP
On-Site Medical Director	220,131	61,159	2,080	105.83	29.40	135.24						
Registered Nurse	615,289	171,035	18,720	32.87	9.14	42.00						
Director of Nursing	76,554	21,263	2,080	36.80	10.22	47.03						
Dental Assistant	42,288	11,753	2,080	20.33	5.65	25.98						
Dental Hygienist	32,963	8,061	1,040	31.70	7.75	39.45						
Dentist	160,281	44,527	2,080	77.06	21.41	98.47						
Medical Records Director	51,313	14,259	2,080	24.67	6.86	31.52						
Psychiatrist	100,991	28,076	520	194.21	53.99	248.21						
Qualified Mental Health Professional	67,568	18,784	2,080	32.48	9.03	41.52						
Staff Assistant - Mental Health	44,546	12,384	2,080	21.42	5.95	27.37						
Radiology Technician	5,865	1,433	260	22.56	5.51	28.07						
Medical Records Clerk	84,575	23,505	4,160	20.33	5.65	25.98						
Optometrist	14,585	3,564	168	86.81	21.22	108.03						
<b>TOTAL</b>	<b>\$ 1,516,949</b>	<b>\$ 419,803</b>	<b>39,428</b>									
<b>TOTAL CONTRACT BUDGET</b>												
ADMIN SVS												
OFF SITE ADMIN STAFF			86,765									
MGMT FEE			147,906									
INDIRECT ADMIN COSTS			234,671								234,671	
DIRECT CARE	911,974	253,457	1,165,431	172,934	260.05	0.71244				1.6669	1,338,365	
DENTAL	235,531	64,341	299,872	81,610	122.72	0.33617				1.2906	381,482	
MENTAL HEALTH	213,106	59,243	272,350	178,453	268.35	0.73516				1.6896	450,302	
PHARMACY	0	0	0	128,938	193.89	0.53124				1.4857	128,938	
ANCILLARY	0	0	0	5,430	8.16	0.02231				0.9768	5,430	
LABORATORY	0	0	0	22,853	34.37	0.09417				1.0486	22,853	
RADIOLOGY	5,865	1,433	7,298	3,030	4.55	0.01246				0.9669	10,328	
SUPPORT	135,888	37,764	173,652	76,839	115.54	0.31658				1.2710	250,492	
OPTICAL	14,585	3,564	18,149	20,402	30.68	0.08402				1.0385	38,551	
NON-HOSPITAL SERVICES	0	0	0	96,209	144.68	0.39637				1.3508	96,209	
<b>TOTAL</b>	<b>1,516,949</b>	<b>419,803</b>	<b>2,171,423</b>	<b>786,699</b>	<b>1,183.01</b>	<b>3.2409</b>				<b>\$</b>	<b>2,958,121</b>	
POPULATION BASE											665	

STATEVILLE CORRECTIONAL CENTER  
BUDGET SCHEDULE E  
05/01/2020 - 04/30/2021

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES		
Dentist	160,719	44,648	2,080	77.27	21.47	98.73		
Dental Assistant	40,635	11,300	2,080	19.54	5.43	24.97		
Dental Hygienist	63,351	17,596	2,080	30.46	8.46	38.92		
Certified Nursing Assistant	200,051	55,563	12,480	16.03	4.45	20.48		
Director of Nursing	80,117	22,255	2,080	38.52	10.70	49.22		
Licensed Practical Nurse	603,578	167,707	24,960	24.18	6.72	30.90		
On-Site Medical Director	221,441	61,529	2,080	106.46	29.58	136.04		
Medical Records Director	49,283	13,699	2,080	23.69	6.59	30.28		
Medication Room Assistant	47,598	13,232	2,080	22.88	6.36	29.25		
Ophthalmologist/Physician Specialist	-	-	0	200.34	-	200.34		
Optometrist	58,342	-	728	80.14	-	80.14		
Physical Therapist	205,378	-	1,560	131.65	-	131.65		
Physical Therapy Assistant	-	-	0	27.40	6.70	34.09		
Physician	154,953	43,057	2,080	74.50	20.70	95.20		
Physician Asst/Nurse Practitioner	115,218	32,010	2,080	55.39	15.39	70.78		
Registered Nurse	1,973,839	548,625	60,320	32.72	9.10	41.82		
Site Mental Health Services Director	122,067	33,935	2,080	58.69	16.31	75.00		
Mental Health Unit Director	110,986	30,854	2,080	53.36	14.83	68.19		
Psychiatrist	1,615,859	449,209	8,320	194.21	53.99	248.21		
Qualified Mental Health Professional	472,979	131,488	14,560	32.48	9.03	41.52		
Behavioral Health Technician	202,792	56,376	8,320	24.37	6.78	31.15		
Clinical Psychologist	213,221	59,275	4,160	51.26	14.25	65.50		
Staff Assistant - Mental Health	44,546	12,384	2,080	21.42	5.95	27.37		
RN - Mental Health	150,425	41,818	4,160	36.16	10.05	46.21		
Staff Assistant	84,684	23,523	4,160	20.36	5.65	26.01		
Medical Records Clerk	42,342	11,762	2,080	20.36	5.65	26.01		
Supervising Nurse	149,488	41,558	4,160	35.93	9.99	45.92		
<b>TOTAL</b>	<b>\$ 7,183,893</b>	<b>\$ 1,923,403</b>	<b>174,928</b>					
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>
ADMIN SVS								
OFF SITE ADM STAFF			308,364					
MGMT FEE			687,122					
INDIRECT ADMIN COSTS			995,486		486.58	1.33313	1.3331	995,486
DIRECT CARE	3,498,685	972,303	4,470,988	521,749	179.16	0.49084	1.8239	4,992,737
DENTAL	254,705	73,545	336,250	152,272	82.31	0.22552	1.5586	490,521
MENTAL HEALTH	2,932,876	815,339	3,748,215	687,650	371.81	1.01867	2.3518	4,436,066
PHARMACY	47,598	13,232	60,831	623,976	337.29	0.92410	2.2572	684,807
ANCILLARY	205,378	0	205,378	525,636	284.12	0.77837	2.1115	731,014
LABORATORY	0	0	0	185,633	100.34	0.27487	1.6080	185,633
RADIOLOGY	0	0	0	4,746	2.56	0.00704	1.3401	4,746
SUPPORT	176,309	48,984	225,292	139,051	75.16	0.20592	1.5390	364,343
OPTICAL	58,342	0	58,342	38,068	20.57	0.05638	1.3895	96,410
NON-HOSPITAL SERVICES	0	0	0	760,678	411.18	1.12650	2.4596	760,678
<b>TOTAL</b>	<b>7,183,893</b>	<b>1,923,403</b>	<b>10,102,783</b>	<b>3,639,657</b>	<b>1,864.51</b>	<b>5.1082</b>		<b>\$ 13,742,440</b>
POPULATION BASE								<b>1,850</b>

STATEVILLE RECEPTION AND CLASSIFICATION CENTER

BUDGET SCHEDULE E  
05/01/2020 - 04/30/2021

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	ANNUAL PER CAP BASE	NON CAP BASE	FRINGE BENEFITS	PERS SVS	TOTAL CONTRACT BUDGET	ANNUAL PER CAP ADJUST.	PROGRAM ADJUST.	TOTAL CONTRACT
Certified Nurses Assistant	200,051	55,563	12,480	16.03	4.45	20.48								
Dentist	161,918	44,994	2,080	77.85	21.63	99.48								
Dental Assistant	40,635	11,300	2,080	19.54	5.43	24.97								
Licensed Practical Nurse	647,280	179,883	27,040	23.94	6.65	30.59								
On-Site Medical Director	213,069	59,200	2,080	102.44	28.48	130.90								
Medical Records Director	62,775	17,435	2,080	30.18	8.38	38.56								
Medication Room Assistant	47,598	13,232	2,080	22.88	6.36	29.25								
Optometrist	-	-	0	88.15	-	88.15								
Physician	192,060	53,365	2,080	92.34	25.68	117.99								
Physician Asst/Nurse Practitioner	269,940	72,703	5,200	51.91	13.98	65.89								
Registered Nurse	-	-	0	32.72	9.10	41.82								
Site Mental Health Services Director	122,067	33,935	2,080	58.69	16.31	75.00								
Mental Health Unit Director	110,986	30,854	2,080	53.36	14.83	68.19								
Psychiatrist	2,019,824	561,511	10,400	194.21	53.99	248.21								
Qualified Mental Health Professional	337,842	93,920	10,400	32.48	9.03	41.52								
Medical Records Director - MH	-	-	0	25.97	7.22	33.19								
Clinical Psychologist	-	-	0	51.26	14.25	65.51								
RN - Mental Health	-	-	0	36.16	10.05	46.22								
Staff Assistant - Mental Health	133,637	37,151	6,240	21.42	5.95	27.37								
Radiologist/ Physician Specialist	59,529	-	260	228.96	-	228.96								
Radiology Technician	48,799	13,560	2,080	23.46	6.52	29.98								
Medical Records Clerk	284,446	79,103	14,560	19.54	5.43	24.97								
Staff Assistant	40,635	11,300	2,080	19.54	5.43	24.97								
TOTAL	\$ 4,993,092	\$ 1,369,010	107,380											
TOTAL CONTRACT BUDGET														
ADMIN SVS														
OFF SITE ADM STAFF			320,561											
MGMT FEE			537,304											
INDIRECT ADMIN COSTS			857,865											
DIRECT CARE	1,522,401	420,714	1,943,116	283,926	157.73	0.43215	1,7225	1,29042	1,2904	1,2904	1,2904	1,2904	1,2904	857,865
DENTAL	202,553	56,294	258,847	133,914	74.40	0.20381	1,4942	392,761	1,4942	392,761	1,4942	392,761	1,4942	392,761
MENTAL HEALTH	2,724,356	757,371	3,481,727	576,362	320.20	0.87726	2,1677	4,058,089	2,1677	4,058,089	2,1677	4,058,089	2,1677	4,058,089
PHARMACY	47,598	13,232	60,831	473,770	263.21	0.72109	2,0115	534,800	2,0115	534,800	2,0115	534,800	2,0115	534,800
ANCILLARY	0	0	0	527,952	293.31	0.80360	2,0940	527,952	2,0940	527,952	2,0940	527,952	2,0940	527,952
LABORATORY	0	0	0	618,983	343.88	0.94219	2,2326	618,983	2,2326	618,983	2,2326	618,983	2,2326	618,983
RADIOLOGY	108,328	13,560	121,888	18,082	10.05	0.02754	1,3179	139,970	1,3179	139,970	1,3179	139,970	1,3179	139,970
SUPPORT	387,856	107,838	495,694	125,079	69.49	0.18035	1,4807	620,773	1,4807	620,773	1,4807	620,773	1,4807	620,773
OPTICAL	0	0	0	33,478	18.60	0.05095	1,3414	33,478	1,3414	33,478	1,3414	33,478	1,3414	33,478
NON-HOSPITAL SERVICES	0	0	0	734,566	408.09	1.1806	2,4085	734,566	2,4085	734,566	2,4085	734,566	2,4085	734,566
TOTAL	4,993,092	1,369,010	7,219,987	3,526,112	1,959.97	5.3670								\$ 10,746,079
POPULATION BASE														1,800
INTAKE BASE														2,311

TAYLORVILLE CORRECTIONAL CENTER

BUDGET SCHEDULE E

05/01/2020 - 04/30/2021

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	ANNUAL PER CAP BASE	ANNUAL PER CAP	PROGRAM ADJUST.	TOTAL CONTRACT
On-Site Medical Director	228,936	63,605	2,080	110.07	30.58	140.64				
Director of Nursing	74,421	20,664	2,080	35.78	9.93	45.71				
Registered Nurse	810,540	225,311	23,712	34.18	9.50	43.68				
Dental Assistant	43,979	12,223	2,080	21.14	5.88	27.02				
Dental Hygienist	17,141	4,192	520	32.96	8.06	41.02				
Dentist	166,692	46,308	2,080	80.14	22.26	102.40				
Medical Records Director	53,365	14,829	2,080	25.66	7.13	32.79				
Psychiatrist	201,982	56,151	1,040	194.21	53.99	248.21				
Qualified Mental Health Professional	67,568	18,784	2,080	32.48	9.03	41.52				
Staff Assistant - Mental Health	44,546	12,384	2,080	21.42	5.95	27.37				
Radiology Technician	12,688	2,981	520	24.40	5.73	30.13				
Medication Room Assistant	25,838	6,314	1,222	21.14	5.17	26.31				
Staff Assistant	43,979	12,223	2,080	21.14	5.88	27.02				
Medical Records Clerk	43,979	12,223	2,080	21.14	5.88	27.02				
Optometrist	72,811	17,794	424	171.72	41.97	213.69				
<b>TOTAL</b>	<b>\$ 1,908,466</b>	<b>\$ 525,984</b>	<b>46,158</b>							
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>		
ADMIN SVS										
OFF SITE ADMIN STAFF			158,203							
MGMT FEE			218,056							
INDIRECT ADMIN COSTS			376,259							
DIRECT CARE	1,113,897	309,579	1,423,477	204,556	171,46	0.46974	1.3250	1,628,032		
DENTAL	227,812	62,723	290,535	97,919	82.08	0.22492	1.0802	388,453		
MENTAL HEALTH	314,097	87,319	401,416	333,897	279.88	0.76682	1.6221	735,313		
PHARMACY	25,838	6,314	32,152	312,572	262.00	0.71777	1.5730	344,723		
ANCILLARY	0	0	0	16,176	13.56	0.03719	0.8925	16,176		
LABORATORY	0	0	0	59,153	49.59	0.13588	0.9911	59,153		
RADIOLOGY	12,688	2,981	15,669	18,321	15.36	0.04211	0.8974	33,989		
SUPPORT	141,324	39,275	180,598	92,844	77.83	0.21326	1.0685	273,442		
OPTICAL	72,811	17,794	90,604	24,480	20.52	0.05618	0.9114	115,084		
NON-HOSPITAL SERVICES	0	0	0	390,502	327.33	0.89676	1.7520	390,502		
<b>TOTAL</b>	<b>1,908,466</b>	<b>525,984</b>	<b>2,810,709</b>	<b>1,550,419</b>	<b>1,299.61</b>	<b>3.5606</b>		<b>\$ 4,361,129</b>		
POPULATION BASE										1,193

VANDALIA CORRECTIONAL CENTER  
 BUDGET SCHEDULE E  
 05/01/2020 - 04/30/2021

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	PER CAP BASE	ANNUAL PER CAP	PER CAP DAILY	PROGRAM ADJUST.	TOTAL CONTRACT
Medical Director/Physician	228,936	63,605	2,080	110.07	30.58	140.64					
Dentist	166,692	46,308	2,080	80.14	22.26	102.40					
Dental Hygienist	41,138	10,060	1,248	32.96	8.06	41.02					
Psychiatrist	201,982	56,151	1,040	194.21	53.99	248.21					
Qualified Mental Health Professional	135,137	37,568	4,160	32.48	9.03	41.52					
Staff Assistant - Mental Health	44,546	12,384	2,080	21.42	5.95	27.37					
Medical Records Director	53,365	14,829	2,080	25.66	7.13	32.79					
Radiology Technician	3,660	894	156	23.46	5.73	29.19					
Staff Assistant	43,979	12,223	2,080	21.14	5.88	27.02					
Medical Records Clerk	70,367	19,557	3,328	21.14	5.88	27.02					
Optometrist	18,334	4,481	208	88.15	21.54	109.69					
<b>TOTAL</b>	<b>\$ 1,008,137</b>	<b>\$ 278,059</b>	<b>20,540</b>								
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PER CAP DAILY</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>			
ADMIN SVS											
OFF SITE ADMIN STAFF			178,221								
MGMT FEE			158,329								
INDIRECT ADMIN COSTS			336,550		225.22	0.61707	0.6170	336,550			
DIRECT CARE	228,936	63,605	292,541	138,888	93.78	0.25688	0.8739	431,429			
DENTAL	207,830	56,368	264,198	62,930	42.49	0.11638	0.7334	327,128			
MENTAL HEALTH	381,666	106,103	487,769	311,177	210.12	0.57566	1.1927	798,945			
PHARMACY	0	0	0	430,325	290.57	0.79606	1.4131	430,325			
ANCILLARY	0	0	0	18,625	12.57	0.03447	0.6515	18,625			
LABORATORY	0	0	0	101,270	68.38	0.18733	0.8044	101,270			
RADIOLOGY	3,660	894	4,554	20,026	13.52	0.03698	0.6540	24,580			
SUPPORT	167,711	46,608	214,319	55,748	37.64	0.10311	0.7202	270,067			
OPTICAL	18,334	4,481	22,815	15,732	10.62	0.02915	0.6462	38,548			
NON-HOSPITAL SERVICES	0	0	0	389,109	262.74	0.71978	1.3368	389,109			
<b>TOTAL</b>	<b>1,008,137</b>	<b>278,059</b>	<b>1,622,746</b>	<b>1,543,831</b>	<b>1,042.42</b>	<b>2.8558</b>		<b>\$ 3,166,577</b>			
POPULATION BASE								<b>1,481</b>			

**VIENNA CORRECTIONAL CENTER  
BUDGET SCHEDULE E  
05/01/2020 - 04/30/2021**

STAFFING POSITION	ANNUAL SALARY		FRINGE BENEFITS		ANNUAL HOURS		HOURLY RATE		FB HOURLY		COMBINED RATES	
	ANNUAL SALARY		FRINGE BENEFITS		ANNUAL HOURS		HOURLY RATE		FB HOURLY		COMBINED RATES	
Dental Assistant	47,600		13,238		2,080		22.88		6.36		29.25	
Dentist	190,492		52,927		2,080		91.58		25.45		117.03	
Licensed Practical Nurse	102,179		37,251		4,160		24.56		8.95		33.52	
On-Site Medical Director	247,547		68,771		2,080		119.01		33.06		152.08	
Medical Records Director	49,283		13,699		2,080		23.69		6.59		30.28	
Optometrist	22,918		5,601		260		88.15		21.54		109.69	
Medication Room Assistant	47,600		11,623		2,080		22.88		5.59		28.47	
Phlebotomist	21,252		5,189		1,040		20.43		4.99		25.42	
Physician Asst/Nurse Practitioner	42,577		11,823		832		51.17		14.21		65.39	
Psychiatrist	201,982		56,151		1,040		194.21		53.99		248.21	
Qualified Mental Health Professional	135,137		37,568		4,160		32.48		9.03		41.52	
Staff Assistant - Mental Health	44,546		12,384		2,080		21.42		5.95		27.37	
Medical Records Clerk	88,235		24,538		4,160		21.21		5.90		27.11	
<b>TOTAL</b>	<b>\$ 1,241,348</b>	<b>\$</b>	<b>350,763</b>	<b>\$</b>	<b>28,132</b>							
<b>TOTAL CONTRACT BUDGET</b>	<b>PERS SVS</b>	<b>FRINGE BENEFITS</b>	<b>NON CAP BASE</b>	<b>PER CAP BASE</b>	<b>ANNUAL PER CAP</b>	<b>PROGRAM ADJUST.</b>	<b>TOTAL CONTRACT</b>					
ADMIN SVS												
OFF SITE ADM STAFF			207,768									
MGMT FEE			181,687									
INDIRECT ADMIN COSTS			389,455				218.07	0.59747			0.5975	389,455
DIRECT CARE	392,303	117,845	510,148	160,437	90.90			0.24904			0.8465	670,585
DENTAL	238,092	66,165	304,256	76,060	43.09			0.11809			0.7155	380,316
MENTAL HEALTH	381,666	106,103	487,769	351,043	198.89			0.54491			1.1424	838,811
PHARMACY	47,600	11,623	59,223	381,954	216.41			0.59285			1.1903	441,177
ANCILLARY	0	0	0	62,857	35.62			0.09759			0.6950	62,857
LABORATORY	21,252	5,189	26,441	140,639	79.69			0.21829			0.8157	167,080
RADIOLOGY	0	0	0	28,842	16.34			0.04472			0.6422	28,842
SUPPORT	137,518	38,237	175,755	70,384	39.88			0.10924			0.7067	246,140
OPTICAL	22,918	5,601	28,519	19,015	10.77			0.02955			0.6270	47,534
NON-HOSPITAL SERVICES	0	0	0	360,942	204.50			0.56029			1.1577	360,942
<b>TOTAL POPULATION BASE</b>	<b>1,241,348</b>	<b>350,763</b>	<b>1,981,566</b>	<b>1,652,172</b>	<b>936.09</b>			<b>2.5646</b>			<b>\$ 3,633,738</b>	<b>1,765</b>

WESTERN CORRECTIONAL CENTER  
BUDGET SCHEDULE E  
05/01/2020 - 04/30/2021

STAFFING POSITION	ANNUAL SALARY	FRINGE BENEFITS	ANNUAL HOURS	HOURLY RATE	FB HOURLY	COMBINED RATES	
Certified Nurses Assistant	66,684	18,521	4,160	16.03	4.45	20.48	
Dental Assistant	86,252	23,984	4,160	20.73	5.77	26.50	
Dentist	178,592	43,633	2,080	85.86	20.98	106.84	
Director of Nursing	74,421	20,664	2,080	35.78	9.93	45.71	
Licensed Practical Nurse	648,964	180,437	24,960	26.00	7.23	33.23	
On-Site Medical Director	217,520	60,445	2,080	104.58	29.06	133.64	
Medical Records Director	50,298	13,976	2,080	24.18	6.72	30.90	
Optometrist	45,836	-	520	88.15	-	88.15	
Medication Room Assistant	44,118	10,793	2,080	21.21	5.19	26.40	
Physician Asst/Nurse Practitioner	102,349	28,435	2,080	49.21	13.67	62.88	
Psychiatrist	605,947	168,453	3,120	194.21	53.99	248.21	
Qualified Mental Health Professional	202,705	56,352	6,240	32.48	9.03	41.52	
Staff Assistant - Mental Health	89,093	24,768	4,160	21.42	5.95	27.37	
Radiology Technician	26,417	6,457	1,040	25.40	6.21	31.61	
Registered Nurse	567,509	157,744	16,640	34.11	9.48	43.58	
Staff Assistant	47,600	13,238	2,080	22.88	6.36	29.25	
Medical Records Clerk	134,843	37,430	6,240	21.61	6.00	27.61	
TOTAL	\$ 3,189,147	\$ 865,330	85,800				
TOTAL CONTRACT BUDGET	PERS SVS	FRINGE BENEFITS	NON CAP BASE	PER CAP BASE	ANNUAL PER CAP	PROGRAM ADJUST.	TOTAL CONTRACT
ADMIN SVS							
OFF SITE ADM STAFF			286,530				
MGMT FEE			358,272				
INDIRECT ADMIN COSTS			644,801		308.33	0.8447	644,801
DIRECT CARE	1,677,446	466,246	2,143,692	330.810	160.05	0.43848	2,474,503
DENTAL	264,844	67,618	332,461	158,519	76.69	0.21015	490,981
MENTAL HEALTH	897,745	249,573	1,147,318	470,858	227.79	0.62411	1,618,176
PHARMACY	44,118	10,793	54,911	456,790	220.99	0.60541	511,701
ANCILLARY	0	0	0	178,817	86.51	0.23698	178,817
LABORATORY	0	0	0	159,256	77.04	0.21105	159,256
RADIOLOGY	26,417	6,457	32,875	36,655	17.73	0.04854	69,529
SUPPORT	232,741	64,643	297,384	150,260	72.69	0.19919	447,644
OPTICAL	45,836	0	45,836	39,630	19.18	0.05256	85,465
NON-HOSPITAL SERVICES	0	0	0	484,565	234.43	0.64230	484,565
TOTAL	3,189,147	865,330	4,699,279	2,466,161	1,193.10	3.2688	\$ 7,165,440
POPULATION BASE							2,067