



Request For Application

**Division of Mental Health
Medical Officer on Duty**

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PART I

A. **Issuing Organizational Unit**

Illinois Department of Human Services (IDHS)
Division of Mental Health

Contact Person

William Strahle
IDHS Procurement Office
401 North St. Centrum North 2nd Floor
Springfield, IL. 62702
217.557.9298
William.Strahle@Illinois.gov

B. **RFA Availability**

Copies of this RFA may be downloaded from the Illinois Department of Human Services (DHS) website at www.dhs.state.il.us. Please click on the "Medical Officer On Duty" link.

C. **Due Date, Location and Time of Proposal Opening**

Applications must be received at the Submit Applications To address no later than the Due Date and Time specified below. The proposal container will be time-stamped upon receipt. The Department will not accept applications submitted by electronic mail, on diskette or by facsimile machine.

Due Date and Time

Due Date: **May 13, 2016**

Time: **2:00 PM**

Offer Firm Time: The Offer must remain firm for **90** days from opening.

Submit Application To:

Illinois Department of Human Services Procurement Office
Attention: William Strahle
Medical Officer On Duty
401 N. 4th Street, Centrum North 2nd Floor
Springfield, IL. 62702

D. Proposal Submission Requirements

To be considered, proposals must be in the possession of the Illinois Department of Human Services staff at the specified location and by the designated date and time listed above. The deadline will be strictly enforced without exception. In the event of a dispute, the applicant bears the burden of proof that the application was received on time at the location listed above.

E. Questions and Answers

All questions, pertaining to this solicitation must be submitted by email to the Solicitation Contact no later than April 26, 2016. Questions received and Agency responses may be posted as an Addendum to the original solicitation on the IDHS website at www.dhs.state.il.us. Only the posted answers to questions shall be binding on the State. Vendors are responsible for monitoring the Bulletin.

F. Evaluation Committee

Proposals will be reviewed by an Evaluation Committee established by staff from DHS. Committee members will initially read and evaluate applications independently using guidelines furnished by DHS and will subsequently participate in Evaluation Committee meetings during which proposals will be reviewed and scored collectively.

G. Estimated Length of Agreement

The Department estimates that the term of the agreement resulting from this RFA will be 3 years with one two (2) year renewal. The contract will begin upon execution of the contract.

H. Withdrawal Disclaimer

The Department of Human Services may withdraw this Request for Application at any time prior to the actual time a fully executed agreement is filed with the State of Illinois Comptroller's Office.

I. Modifications to Proposals by DHS

If it becomes necessary or appropriate for DHS to change any part of the RFA, a modification to the RFA will be available from the Department's (DHS) website: www.dhs.state.il.us and it will be issued to all known recipients of the RFA. In case of such an unforeseen event, DHS will issue detailed instructions for how to proceed.

J. Clarifications, Negotiations or Discussions Initiated by DHS

The Department may contact any applicant prior to the final award for the following purposes.

As part of the Department's review process, the Department may request an Applicant clarify its bid or proposal. An Applicant may not be allowed to materially change its bid or proposal in response to a request for clarification.

Discussions may be held to promote understanding of the Department's requirements and the Applicant's proposal and to facilitate arriving at a contract that will be most

advantageous to the State considering price and other evaluation factors set forth in the RFA.

When the Department knows or has reason to conclude that a mistake has been made, the Department shall ask the Applicant to confirm the information. Situations in which confirmation should be requested include obvious or apparent errors on the face of the document, a price unreasonably lower than the price of others submitted, or if the price is considerably higher than what is currently paid for this type of services. If the Applicant alleges a mistake, the bid or proposal may be corrected or withdrawn following the conditions set forth by the State of Illinois.

K. Vendor Conference

There will be no mandatory attendance.

L. Late Proposals/Responses

Late proposals will not be opened or considered and will be automatically disqualified, but will be retained by the Department. The Department will notify all applicants whose proposals will not be considered because of lateness or non-compliance with proposal submission requirements.

M. Objections

Applicants who object to any provision of the RFA, who believe their proposal was improperly rejected, or who believe that the selected proposal(s) is/are not in the best interest of the Department may submit a written protest of the Department's action. The Department will consider all such written protests submitted according to the time periods specified below. The Department will investigate all allegations and issue a written response.

The decision of the Department is final. Protests must be in writing and will be considered filed when physically received by the Department at the following address:

Adetola Sobitan
IDHS General Counsel's Office
100 West Randolph Suite 6-400
Chicago, Illinois 60601
Adetola.Sobitan@Illinois.gov

Protests must be filed within fourteen (14) calendar days after the Protestor knows, or should have known, of the facts giving rise to the protest.

Protests regarding RFA specifications must be filed with fourteen (14) calendar days after the date the RFA was issued and, in any event, must be filed before the date for opening the proposals. If a protest is received, any award made is not final until the protest is resolved.

N. Commencement of Service

The Department is not obligated to reimburse applicants for expenses incurred prior to the complete and final execution of the written contract.

No services can be reimbursed prior to the full and complete execution of the contract and completed filing with the Illinois Office of the Comptroller.

O. Public Records And Requests For Confidential Treatment:

Offers become the property of the State and late submissions will not be returned. All Offers will be open to the public under the Illinois Freedom of Information Act (FOIA) (5 ILCS 140) and other applicable laws and rules, unless Offeror requests in its Offer that the State treat certain information as confidential. A request for confidential treatment will not supersede the State's legal obligations under FOIA. The State will not honor requests to keep entire Offers confidential. Offerors must show the specific grounds in FOIA or other law or rule that support confidential treatment. Regardless, the State will disclose the successful Offeror's name, the substance of the Offer, and the price.

If Offeror requests confidential treatment, Offeror must submit additional copy/copies (see Instructions for Submitting Offers in Section A.7.) of the Offer with proposed confidential information redacted. This redacted copy must tell the general nature of the material removed, and shall retain as much of the original Offer as possible. In a separate attachment, Offeror shall supply a listing of the provisions identified by section number for which it seeks confidential treatment and identify the statutory basis or bases under Illinois law, including a detailed justification for exempting the information from public disclosure.

Offeror will hold harmless and indemnify the State for all costs or damages associated with the State defending Offeror's request for confidential treatment. Offeror agrees that the State may copy the Offer to facilitate evaluation, or to respond to requests for public records. Offeror warrants that such copying will not violate the rights of any third party.

P. Contract

The legal agreement between DHS and the successful Applicants will be in the form and format prescribed by DHS.

Q. Additional Information

The Department reserves the right to request additional information that could assist the Department with its award decision. Applicants are expected to provide the additional information within a reasonable period of time. Failure to provide the information could result in the rejection of the proposal.

R. Background Checks

Background checks are required for all program staff and volunteers who have one-on-one contact with children and youth, and as deemed appropriate by the Center. Funded programs will be required to have a written protocol on file requiring background

checks, as well as evidence of their completion.

S. **Hiring and Employment Policy**

It is the policy of the Department to encourage cultural diversity in the work environment and to promote employment opportunities through its programs. The Department's philosophy is that the program workforce should appropriately reflect the populations to be served, with special attention given to hiring individuals indigenous to those communities. Consistent with Department policy, whenever a position becomes available, funded programs are encouraged to consider TANF clients for employment, contingent upon their qualifications in the area of education and work experience.

PART II

INTRODUCTION

A. Intent of the RFA

The Illinois Department of Human Services' Mental Health Division is seeking proposals from a vendor to provide a Medical Officer On Duty for after hours physician coverage at the following facilities:

- McFarland Mental Health Center, 901 Southwind Rd. Springfield, Illinois 62703
- Alton Mental Health Center, 4500 College Ave, Alton, Illinois 62002
- Chester Mental Health Center, 1315 Lehmen Dr. Chester, Illinois 62233-0031
- Choate Mental Health Center, 1000 N. Main St., Anna, Illinois 62906

B. Services Required:

- B.1. Medical Officer on Duty (M.O.D.) Job Duties - The vendor will provide an Illinois Licensed Physician to staff the Medical Officer on Duty (M.O.D.) position at McFarland Mental Health Center (MHC), Chester MHC, Choate MHC, and Alton MHC based on the work schedule in Section 3.5.3.
- B.2. The MOD must remain on the facility grounds during his/her duty hours.
- B.3. The MOD will admit patients (complete medical history, physical examination and psychiatric examination), evaluate medical emergencies, respond to psychiatric emergencies, prescribe medication as needed or refer patients to local emergency departments or hospitals for treatment.
- B.4. The MOD will evaluate patients on special observation every 24 hours for renewal or discontinuation of any special observation status.
- B.5. The MOD will evaluate patients for renewal of emergency medication every 24 hours.
- B.6. The MOD will evaluate each refusal of medication by patients during weekend/holiday shifts to determine appropriateness for emergency medication.
- B.7. In the event of an emergency, the MOD may issue a telephone order for restraint/seclusion, and he/she shall personally evaluate the patient within 1 hour of initial placement in restraint/seclusion and authenticate the telephone order.
- B.8. If a patient expires, the MOD is expected to respond immediately.
- B.9. All clinical contacts with patients require a progress note require a progress note by the physician. These notes are to be written during that shift tour of duty. It shall be the responsibility of the MOD to sign those notes which he/she completes.
- B.10. Facility procedures for physician documentation require that the MOD personally complete required documentation for all admissions, patient injuries, medical

emergencies, emergency psychiatric medication administration, restraints/seclusion, etc., that occur on their hours of duty.

- B.11. The MOD will respond to and treat any injuries, staff or patient, prior to making a referral to a local hospital.
- B.12. For any admissions from 6:00 am to 7:00 am, the MOD will triage, write a brief note, order medications if necessary, and sign off any significant findings to the assigned physician.
- B.13. In adherence with facility policies and The Joint Commission Standards, all physician telephone orders will be authenticated with signature, date, and time by the ordering physician or another physician who is responsible for the care of the patient within 24 hours of the telephone order.
- B.14. The M.O.D will be on the premises and on-call to provide:
 - a. initial examination;
 - b. evaluation for admission;
 - c. initial diagnosis;
 - d. develop interim treatment plan and make recommendations for treatment;
 - e. sign admission certificates;
 - f. perform admission physicals;
 - g. order lab studies;
 - h. order medications and comply with authentication procedures;
 - i. provide for follow-up evaluations and care to recipients;
 - j. documentation of the examination results and treatment plans;
 - k. attend to employee work related injuries;
 - l. respond to resident emergency (be they medical or psychiatric);
 - m. respond to resident injuries prior to making referral to a hospital;
 - n. consult with attending physicians or psychiatrists as necessary;
 - o. make referrals to acute hospital;
 - p. sign and review restraint and seclusion orders.
- B.15. The physician is responsible for completing all paperwork and signing all physician orders prior to end of the shift and departing the Center grounds.
- B.16. The Center will provide a place for the physicians to reside for rest and relaxation but the physician will remain on-call to handle any routine situation or emergency.
- B.17. The Provider will have a twenty-four (24) hour communications line earmarked for emergencies, and will provide for an administrative person to be responsible for compliance with physician services as required by the Center.
- B.18. The physician under contract must be physically present on the grounds of the center at all times during the period specified in the Provider's Schedule. Provider's physicians will be required to make a minimum of two rounds on all living areas per shift to handle routine duties and medical emergencies during their scheduled time of

duty. Physicians must round at the end of their shift to authenticate medication orders and other patient needs. The physicians providing services shall note their arrival and departure time on a log located in the designated area in the Center.

- B.19. The Provider will be required to visit the Center to complete orientation, at which time the Center will provide the Vendor with Medical Staff By-Laws, Policies and Procedures, Mental Health Rules and Regulations, and General Orientation of the Center. All Center policies and procedures must be accepted and promoted by the Provider to the physicians assigned to the Center.
- B.20. The Provider will promote punctuality, comprehensive medical charting, and continuity of care, ethics, and quality medical care. The Provider will participate with the implementation of expectations, training and counseling.
- B.21. The Provider or its contracted physicians will not be allowed travel expenses in accordance with Department policy.
- B.22. This agreement sets forth the full and complete understanding of the parties and any prior agreement, oral or written is hereby held for naught. Any amendment hereto must be in writing and signed by the parties.
- B.23. This agreement shall be interpreted and construed in accordance with the laws of the State of Illinois and shall insure to and be binding upon the parties hereto, their successors and assigns.
- B.24. The Contract monitor is the designated facility's Medical Director, or designee.
- B.25. It is the Provider's responsibility to see that each physician who provides services under the terms of this contract shall be informed of all rules of the Department of Human Services relative to confidentiality of records. The Provider understands that breach of Department rules or applicable laws will not be permitted by the Department.
- B.26. The physician shall sign in and out on "Contractual Services Time Register Form IL 462-9189". Contractual Services Time Register Forms are located in the designated area in each Center. Center's staff will monitor the physician's arrival and departure times.
- B.27. The "Contractual Services Time Register will be forwarded to the Medical Director for approval at the end of each pay period (the 15th and last day of month). Contractual Services Time Registers will be compared to invoices submitted by provider.
- B.28. The designated facility hereby authorizes the MOD Physician to dispense and/or prescribe controlled substances in the performance of services at the facility. Each MOD Physician shall acquire a valid Illinois Controlled Substance Certificate of Registration and a valid Drug Enforcement Administration Registration. If the contractual hours worked at the facility constitute the majority of hours worked per week by the physician their Illinois Controlled Substance License must be designated

facility specific. The Provider will be responsible for determining and implementing the above when appropriate.

- B.29. To facilitate appropriate infection control practices consistent with the Infectious Disease Control Policy all necessary contractual personnel are required to participate in all appropriate training including infection control, blood borne pathogens, airborne pathogens and the applicable Office of Inspector General (OIG) training.
- B.30. In addition, consistent with facility procedures, all provider(s) of services are required to receive a TB (Mantoux) skin test prior to starting the assigned duties or provide documentation of a test performed within the last ninety days. Packets of information will be provided by the designated Center for the physician to review.
- B.31. The Center reserves the right to change the shift hours (and thereby the total contract hours) after providing a written notice to the Provider 30 days prior to the effective date of such change, or as otherwise mutually agreed upon by both parties.
- B.32. This agreement will meet requirements set forth by external regulatory agencies.

C. Reporting, Status And Monitoring

- C.1. At the State's option the Parties will work together to monitor performance during the contract and any warranty term. This may include use of a performance scorecard with conditions, milestones, requirements, or timetables that must be met before additional steps may be taken, or payment is due. The scorecard may also record matters related to price, service, quality and other factors deemed important.
- C.2. Vendor shall cooperate with the State in this monitoring activity, which may require that Vendor report progress and problems (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 State.
- C.3. Peer Review – M.O.D. physicians provided by the Provider are subject to peer review on a random basis if indicated by their level of performance or if involved in a sentinel event. Each designated center's medical director has the authority to initiate an on-site review of the medical services provided by the contract physicians. Provider will remove a physician from the roster immediately at the request of the Center if improvements are not initiated in a timely manner. Credentials are reviewed and verified on an on-going basis as a further effort for peer review.

D. Vendor And Staff Requirements

- D.1. The Provider hereby warrants and represents that each of the physicians assigned by it to the Center will be duly licensed to practice medicine in the State of Illinois. The Provider will submit a list of qualified Illinois licensed physicians for credential review and approval by the Center's Medical Staff. All physicians assigned to work at each

designated center shall apply to the Medical staff organization of the designated center, completing a form requesting clinical privileges.

D.2. It will be the Provider’s responsibility to obtain verification of their education, medical college graduation, post-graduate training, and valid license prior to their assignment to work at the designated center. Re-appointments must be requested per Medical Staff Bylaws. Evidence of Continuing education must be provided to the facility.

D.3. Facility Work Schedule with anticipate hours needed at each Facility.

MCFARLAND MENTAL HEALTH CENTER:

Monday – 5:00 p.m.	Tuesday – 8:00 a.m.	15 hrs.
Tuesday - 5:00 p.m.	Wednesday – 8:00 a.m.	15 hrs.
Wednesday – 5:00 p.m.	Thursday - 8:00 a.m.	15 hrs.
Thursday – 5:00 p.m.	Friday – 8:00 a.m.	15 hrs.
Friday – 5:00 p.m.	Saturday – 8:00 a.m.	15 hrs.
Saturday – 7:00 a.m.	Sunday - 7:00 a.m.	24 hrs.
Sunday – 7:00 a.m.	Monday – 7:00 a.m.	24 hrs.
All designated State Holidays* - 7:00 a.m.	7:00 a.m.	24 hrs.

Total Estimated hours: After 5:00 p.m., Weekends & Holidays: 6,250 hours
Total estimated daytime hours (8:00 a.m. –5:00 p.m.) Monday – Friday: 250 hours

ALTON MENTAL HEALTH CENTER:

Monday – 4:30 p.m.	Tuesday – 7:30 a.m.	15 hrs.
Tuesday – 4:30 p.m.	Wednesday – 7:30 a.m.	15 hrs.
Wednesday – 4:30 p.m.	Thursday –7:30 a.m.	15 hrs.
Thursday – 4:30 p.m.	Friday – 7:30 a.m.	15 hrs.
Friday – 4:30 p.m.	Saturday – 7:30 a.m.	15 hrs.
Saturday – 7:30 a.m.	Sunday – 7:30 a.m.	24 hrs.
Sunday – 7:30 a.m.	Monday – 7:30 a.m.	24 hrs.
All designated State Holidays* - 7:30 a.m.	7:30 a.m.	24 hrs.

Total estimated hours: After 5:00 p.m., Weekends & Holidays: 6,500 hours

CHESTER MENTAL HEALTH CENTER:

Monday – 5:00 p.m.	Tuesday - 7:00 a.m.	14 hrs.
Tuesday – 5:00 p.m.	Wednesday – 8:30 a.m.	15.5 hrs.
Wednesday – 10:00 p.m.	Thursday – 5:00 a.m.	7 hrs.
Thursday - 5:00 p.m.	Friday – 7:00 a.m.	14 hrs.
Friday –5:30 p.m.	Saturday – 7:00 a.m.	14 hrs.

Saturday - 7:00 a.m.	Sunday – 7:00 a.m.	24 hrs.
Sunday – 7:00 a.m.	Monday – 7:00 a.m.	24 hrs.
All designated State Holidays – 7:00 a.m.	7:00 a.m.	24 hrs.

Total estimated hours – After 5:00 p.m., Weekends & Holidays: 5,900 hours

CHOATE MENTAL HEALTH CENTER

Monday – 5:30 p.m.	Tuesday – 6:30 a.m.	13 hrs.
Tuesday – 5:30 p.m.	Wednesday – 6:30 a.m.	13 hrs.
Wednesday – 5:30 p.m.	Thursday – 6:30 a.m.	13 hrs.
Thursday – 5:30 p.m.	Friday – 6:30 a.m.	13 hrs.
Friday 5:30 p.m.	Saturday – 6:30 a.m.	13 hrs.
Saturday – 6:30 a.m.	Sunday - 6:30 a.m.	24 hrs.
Sunday – 6:30 a.m.	Monday – 6:30 a.m.	24 hrs.
All designated State Holidays 6:30 a.m.	6:30 a.m.	24 hrs.

Total estimated hours – After 5:00 p.m., Weekends & Holidays: 6,000 hours

*** DESIGNATED STATE HOLIDAYS**

New Year’s Days	Martin Luther King	Lincoln’s Birthday
Washington’s Birthday	Memorial Day	Independence Day
Labor Day	Columbus Day	Veteran’s Day
Election Day (Each even year)	Thanksgiving Day & Friday	Christmas Day

D.4. It is the direct responsibility of the Provider to comply with schedules under this agreement. In the event of emergency, weather conditions, or other circumstances beyond the control of the Provider which prevent coverage as scheduled, the physician scheduled to provide MOD service shall notify the Provider by telephone and the Provider shall use its best efforts to secure a replacement as quickly as possible.

D.5. All contract physicians providing services under this Agreement must receive the following facility training prior to assignment. To include but not limited to:

- Recipient Abuse and Neglect
- Injury Reporting
- Restraint/Seclusion
- Psychiatric emergency Meds
- Confidentiality/HIPPA

E. Where Services Are To Be Performed

E.1. MOD services shall be provided at:

- Alton Mental Health Center, 4500 College Ave., Alton, Illinois 62002
- Chester Mental Health Center, 1315 Lehman Dr. Chester, Il. 62233-0031
- McFarland Mental Health Center 901 Southwind Rd. Springfield, Il. 62703
- Choate Mental Health Center, 1000 N. Main St., Anna, Il. 62906

E.2. Work Location Disclosure: Vendor shall disclose in Section 7.8 the location where the services required shall be performed. If at multiple locations, the known or anticipated value of the services performed at each location shall be identified. This information and economic impact on Illinois and its residents may be considered in the evaluation. If any work identified for performance in the United States is moved to another country, such action may be deemed a breach of the contract.

F. Other Specifications

F.1. Vendor Background and Capabilities. Vendors' proposals should detail their background and capabilities by addressing the topics below. Vendors should include any additional information they deem pertinent that is not included below.

F.1.1. Describe your staff's background/expertise and management support that will enhance your ability to provide the services described in this RFA. Provide the capacity in which individual staff will operate.

F.1.2. Describe your initiatives and programs to minimize turnover.

F.1.3. Provide evidence of your organization's financial ability to fully meet all requirements of the contract.

F.1.4. Describe your organization's history in providing like or similar temporary employee job classifications and the additional skills described in this RFA.

F.1.5. Describe your organization's ability to meet the placement time requirements as provided in Section 3.5.3

F.1.6. Describe your organization's ongoing initiatives to recruit qualified individuals for the positions in the RFA.

F.1.7. Describe what the procedures would be if an MOD did not show up for the scheduled shift. What efforts would your organization take to assist in covering the shift?

F.1.8. Provide evidence of your organization's liability insurance as it relates to the physician's duties.

F.2 The relationship between Provider and physicians assigned to Center pursuant to the agreement shall be that of Independent Contractor. In no way shall Vendor be considered or deemed to be engage in the practice of medicine. The Vendor shall not exercise control of any nature, kind or description, relating to the manner or means in which physicians perform medical duties. Vendor will provide direction of an administrative nature to physicians within the parameters of the Department of Human Services Rules and Regulations and specific Center Policies and Procedures and Medical Staff By-Laws. The Center (Medical Director or his designee) will provide general medical direction to the physicians provided by Vendor as necessary.

G. Price Proposal

1. IDHS reserves the right to award contracts for each individual Facility, one contract for all four Facilities, or any combination of Facilities. Please submit pricing based for each facility individually and one price if a contract is awarded with 2 or more Facilities. IDHS will negotiate the cost with a Vendor if more than 2 Facilities is being considered for a contract with one vendor.

The Vendor will provide its Price Proposal for the services specified in this document. Required pricing details are shown below:

Individual Rate Per Facility

McFarland Mental Health Center:	Estimated Hours*	Hourly Rate	Total
Weekends, Holiday, & After 5:00 p.m.	6250		
8:30 a.m. – 5:00 p.m. Monday - Friday	250		
Alton Mental Health Center:			
	Estimated Hours*	Hourly Rate	Total
Weekends, Holidays, & After 5:00 p.m.	3500		
Chester Mental Health Center:			
	Estimated Hours*	Hourly Rate	Total
Weekends, Holiday, & After 5:00 p.m.	5900		
Choate Mental Health Center:			
	Estimated Hours*	Hourly Rate	Total
Weekends, Holiday, & After 5:00 p.m.	6000		

Rate For 2 or More Facilities

McFarland Mental Health Center:	Estimated Hours*	Hourly Rate	Total
Weekends, Holiday, & After 5:00 p.m.	6250		
8:30 a.m. – 5:00 p.m. Monday - Friday	250		
Alton Mental Health Center:	Estimated Hours*	Hourly Rate	Total
Weekends, Holidays, & After 5:00 p.m.	3500		
Chester Mental Health Center:	Estimated Hours*	Hourly Rate	Total
Weekends, Holiday, & After 5:00 p.m.	5900		
Choate Mental Health Center:	Estimated Hours*	Hourly Rate	Total
Weekends, Holiday, & After 5:00 p.m.	6000		

***- The number of hours is a historical average of the hours of work needed at the facility. It is not a guarantee of the hours that will be needed during the contract period.**

2. **Renewal Compensation:** If the contract is renewed, the price shall be at the same rate as for the initial term unless a different compensation or formula for determining the renewal compensation is stated in this section. The price for the renewals can be an actual cost with the hourly rate listed in the table above for each Center or be a percentage increase. A percentage increase can be listed below.

Offeror’s Price for Renewal(s)

Renewal 1: _____

Renewal 2: _____