



Procurement Review Comprehensive Checklist
Procurement Services Division
This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION

<i>General Tracking</i>		<i>Contract Terms</i>	
FILE ID#: 25-2848	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$17,302.34
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 12/02/2025	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$17,302.34
	CURRENT TERM TOTAL COST: \$17,302.34	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Illinois Aging Services Network (ILASN)	VENDOR #: 28253	DEPT: DuPage Care Center	DEPT CONTACT NAME: Anita Rajagopal
VENDOR CONTACT: Lisa Cline	VENDOR CONTACT PHONE: 614-255-0324	DEPT CONTACT PHONE #: 630-784-4200	DEPT CONTACT EMAIL: anita.rajagopal@dupagecounty.gov
VENDOR CONTACT EMAIL: lcline@shcare.net	VENDOR WEBSITE:	DEPT REQ #: 7547	

Overview

DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Negotiate managed care contracts for Medicaid, eldercare advantage & commercial plans. ILASN will notify as to which payor contracts they agree to participate in as provider of health care services for the period January 1, 2026 through December 31, 2026, for a total amount not to exceed \$17,302.34, per Other Professional Services not suitable for competitive bid per 55 ILCS 5/5-1022(c). Vendor selected pursuant to DuPage County Procurement Ordinance 2-353(1)(b).

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished
The payor source for over 80% of the residents at DPCC is Medicaid. As part of the Medicaid managed care expansion negotiates managed care contracts for Medicaid, Elder care advantage and commercial plans. Each facility is expected to negotiate contracts individual MCO's This has been a very challenging process as DPCC is a stand alone facility and there is not a structured contracting process established by the State. Leading Age is building a network of not for profit facilities that can reach out to these MCOs to negotiate contracts. As part of this network, DPCC will have leverage to negotiate better rates and terms of reimbursement and will be able to negotiate multiple contracts in a timely manner, thereby offering improved choice to our residents. This in turn will help improve number of admissions Long Term Care, thereby improving occupancy rates and reimbursement. We will also be able to accept more patients into our Post Acute Unit, thereby improving our reimbursement and meeting our financial projections.

SECTION 2: DECISION MEMO REQUIREMENTS

DECISION MEMO NOT REQUIRED Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required.

DECISION MEMO REQUIRED Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.

OTHER PROFESSIONAL SERVICES (DETAIL SELECTION PROCESS ON DECISION MEMO)

SECTION 3: DECISION MEMO

SOURCE SELECTION	Describe method used to select source. Customer Service
RECOMMENDATION AND TWO ALTERNATIVES	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action). 1) Approve contract with Illinois Aging Services Network for negotiating managed care contract for Medicaid, eldercare advantage & commercial plans for the DPCC, for the period January 1, 2026 through December 31, 2026. 2) Do not approve contract with Illinois Aging Services Network for Medicaid, eldercare advantage & commercial plans for the DPCC, for the period January 1, 2026 through December 31, 2026, thereby severely limiting our ability to offer choices to residents, lowering our ability to negotiate rates, limiting patients that DPCC can accept into our Post Acute Unit and participation in incentive programs.

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

JUSTIFICATION	Select an item from the following dropdown menu to justify why this is a sole source procurement.
NECESSITY AND UNIQUE FEATURES	Describe the product or services that are not available from other vendors. Explain necessary and unique features or services. Attach letters from manufacturer, letters from distributor, warranties, licenses, or patents as needed. Be specific.
MARKET TESTING	List and describe the last time the market has been tested on the applicability of the sole source. If it has not been tested over the last 12 months, explain why not.
AVAILABILITY	Describe steps taken to verify that these features are not available elsewhere. Included a detailed list of all products or services by brand/manufacturer examined and include names, phone numbers, and emails of people contacted.

SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: Illinois Aging Services Network (ILASN)	Vendor#: 28253	Dept: DuPage Care Center	Division: Administration
Attn: Lisa Cline	Email: lcline@shcare.net	Attn: Anita Rajagopal	Email: anita.rajagopal@dupagecounty.gov
Address: 17 South High Street, Suite 1000	City: Columbus	Address: 400 N. County Farm Road	City: Wheaton
State: OH	Zip: 43215	State: IL	Zip: 60187
Phone: 614-255-0324	Fax:	Phone: 630-784-4200	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Illinois Aging Services Network (ILASN)	Vendor#: 28253	Dept: DuPage Care Center	Division: Administration
Attn: Lisa Cline	Email:	Attn: Anita Rajagopal	Email: anita.rajagopal@dupagecounty.gov
Address: 17 South High Street, Suite 1000	City: lcline@shcare.net	Address: 400 N. County Farm Road	City: Wheaton
State: OH	Zip: 43215	State: IL	Zip: 60187
Phone: 614-255-0324	Fax:	Phone: 630-784-4200	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): January 1, 2026	Contract End Date (PO25): December 31, 2026

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		Negotiate of managed Care Contracts with various payor in Illinois	FY26	1200	2000	53600		17,302.34	17,302.34
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 17,302.34

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Negotiate managed care contracts for Medicaid, eldercare advantage & commercial plans. ILASN will notify as to which payor contracts they agree to participate in as provider of health care services for the period January 1, 2026 through December 31, 2026, for a total amount not to exceed \$17,302.34, per Other Professional Services not suitable for competitive bid per 55 ILCS 5/5-1022(c). Vendor selected pursuant to DuPage County Procurement Ordinance 2-353(1)(b).
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. December 2, 2025 Human Services Committee
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.