



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#: 24-1165	RFP, BID, QUOTE OR RENEWAL #: 24-001-DCC	INITIAL TERM WITH RENEWALS: 4 YRS + 0 TERM PERIOD	INITIAL TERM TOTAL COST: \$33,200.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 04/16/2024	PROMPT FOR RENEWAL: 6 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$33,200.00
	CURRENT TERM TOTAL COST: \$33,200.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: CliftonLarsonAllen LLP (CLA)	VENDOR #: 25914	DEPT: DuPage Care Center	DEPT CONTACT NAME: Inva Memisha
VENDOR CONTACT: Matt Larsh	VENDOR CONTACT PHONE: 630-368-3666	DEPT CONTACT PHONE #: 630-784-4219	DEPT CONTACT EMAIL: inva.memisha@dupagecounty.gov
VENDOR CONTACT EMAIL: matthew.larsh@CLAconnect.com	VENDOR WEBSITE:	DEPT REQ #: 7447	
<i>Overview</i>			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Preparation and submission of annual Medicare and Medicaid cost reports for the DuPage Care Center, for the period May 1, 2024 through April 30, 2028, for a total contract amount not to exceed \$33,200.00, per RFP #24-001-DCC.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished As a requirement for Medicare (Federal) and Medicaid (State), the Care Center will stay compliant with both programs' requirements, thus allowing funding from both to continue. This contract will cover cost reports for FY 24, 25, 26 & 27 - cost reports must be submitted by April 30th of each year.			

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.
RFP (REQUEST FOR PROPOSAL)	

SECTION 3: DECISION MEMO

STRATEGIC IMPACT	Select an item from the following dropdown menu of County's strategic priorities that this action will most impact. FINANCIAL PLANNING
SOURCE SELECTION	Describe method used to select source. RFP #24-001-DCC 57 Invitations were sent out 2 Documents were requested by Vendors 2 Request for Proposals were received
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) DuPage Care Center recommends that CliftonLarsonAllen, LLP (CLA) be engaged to prepare the DuPage Care Center's Medicare and Medicaid cost report for the Fiscal Years 24, 25, 26 & 27. 2) Do not approve CliftonLarsonAllen, LLP (CLA) to prepare the Care Center's Medicare and Medicaid cost reports, however, DuPage Care Center is required to submit both Medicare and Medicaid cost reports to the State and Federal Government.

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: CliftonLarsonAllen, LLP (CLA)	Vendor#: 25914	Dept: DuPage Care Center	Division: Financial Services - Business Office
Attn: Matt Larsh	Email: matthew.larsh@CLAconnect.com	Attn: Inva Memisha	Email: Inva.memisha@dupagecounty.gov
Address: 833 West Lincoln Highway, Suite 210W	City: Schereville	Address: 400 N. County Farm Road	City: Wheaton
State: IN	Zip: 46375	State: IL	Zip: 60187
Phone: 219-864-0055	Fax:	Phone: 630-784-4219	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: CliftonLarsonAllen, LLP (CLA)	Vendor#: 25914	Dept: DuPage Care Center	Division: Financial Services - Business Office
Attn:	Email:	Attn: Inva Memisha	Email: Inva.memisha@dupagecounty.gov
Address: PO Box 775967	City: Chicago	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60677-5967	State: IL	Zip: 60187
Phone:	Fax:	Phone: 630-784-4219	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): May 1, 2024	Contract End Date (PO25): April 30, 2028
Contract Administrator (PO25): Christine Kliebhan			

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		Medicare and Medicaid Cost Report for FY24	FY25	1200	2010	53000		8,000.00	8,000.00
2	1	EA		Medicare and Medicaid Cost Report for FY25	FY26	1200	2010	53000		8,200.00	8,200.00
3	1	EA		Medicare and Medicaid Cost Report for FY26	FY27	1200	2010	53000		8,400.00	8,400.00
4	1	EA		Medicare and Medicaid Cost Report for FY27	FY28	1200	2010	53000		8,600.00	8,600.00
<i>FY is required, assure the correct FY is selected.</i>										Requisition Total	\$ 33,200.00

<i>Comments</i>	
HEADER COMMENTS	Provide comments for P020 and P025. Preparation and submission of annual Medicare and Medicaid cost reports for the DuPage Care Center, for the period May 1, 2024 through April 30, 2028, for a total contract amount not to exceed \$33,200.00, per RFP #24-001-DCC.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. April 16, 2024 Human Services Committee April 23, 2024 County Board
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.

The following documents have been attached: W-9 Vendor Ethics Disclosure Statement