



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#: 24-1090	RFP, BID, QUOTE OR RENEWAL #: 24-002-DCC	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$200,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 04/02/2024	PROMPT FOR RENEWAL: 6 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$600,000.00
	CURRENT TERM TOTAL COST: \$200,000.00	MAX LENGTH WITH ALL RENEWALS: THREE YEARS	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: RCM Health Care Services	VENDOR #:	DEPT: DuPage Care Center	DEPT CONTACT NAME: Annabel Leonida
VENDOR CONTACT: Nicollette Cusmano	VENDOR CONTACT PHONE: 312-269-5444	DEPT CONTACT PHONE #: 630-784-4250	DEPT CONTACT EMAIL: annabel.leonida@dupagecounty.gov
VENDOR CONTACT EMAIL: nicollette.cusmano@rcmt.com	VENDOR WEBSITE:	DEPT REQ #: 7445	
<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.). Supplemental Nursing Staffing Services for the DuPage Care Center, for the period April 13, 2024 through April 12, 2025, for a total contract amount not to exceed \$200,000.00, per RFP #24-002-DCC.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished RN's, LPN's and CNA's are vital front line positions in the operation of the DuPage Care Center. Staffing levels have been established based on resident census and acuity, workload, and regulatory guidelines. Staffing is utilized to maintain staffing levels in light of attrition (i.e. vacancies), scheduled time off, unscheduled time off (i.e. call-ins), medical leaves and Covid-19 assistance. In order to ensure that DPCC is able to meet the prescribed staffing plan regardless of these issues, secondary staffing contracts will allow for adequate staffing when the existing pool of qualified DPCC staff is not available.			

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. QUALITY OF LIFE
SOURCE SELECTION	Describe method used to select source. RFP #24-002-DCC 93 invitations were sent 6 documents were requested 24 bid responses received, 7 deemed non-responsive and 1 vendor rejected multiple vendors have been selected from Nursing Team to be considered for Contract(s) approval
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 RCM Health Care Services, for Supplemental Staffing Services for the DuPage Care Center for the period April 13, 2024 through April 12, 2025. 2) Establish contingency plans to address staffing shortages as they occur, such as temporarily suspending new resident admissions to bring resident needs in line with current staffing ability. This would have a negative impact on revenue streams and cash flow. This would also have very little effect for those situations caused by unplanned absences.

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: RCM Health Care Services	Vendor#:	Dept: DuPage Care Center	Division: Nursing
Attn: Nicollette Cusmano	Email: nicollette.cusmano@rcmt.com	Attn: Connie Pureza	Email: connie.pureza@dupagecounty.gov
Address: 33 North Dearborn Street, Suite 1535	City: Chicago	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60602	State: IL	Zip: 60187
Phone: 312-269-5444	Fax:	Phone: 630-784-4254	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: RCM Health Care Services	Vendor#:	Dept: DuPage Care Center	Division:
Attn: Nicollette Cusmano	Email: nicollette.cusmano@rcmt.com	Attn: Annabel Leonida	Email: annabel.leonida@dupagecounty.gov
Address: 33 North Dearborn Street, Suite 1535	City: Chicago	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60602	State: IL	Zip: 60187
Phone: 312-269-5444	Fax:	Phone: 630-784-4250	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): April 13, 2024	Contract End Date (PO25): April 12, 2025
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		Supplemental Nursing Staffing	FY24	1200	2050	53090		150,000.00	150,000.00
2	1	EA		Supplemental Nursing Staffing	FY25	1200	2050	53090		50,000.00	50,000.00
<i>FY is required, assure the correct FY is selected.</i>										Requisition Total	\$ 200,000.00

<i>Comments</i>	
HEADER COMMENTS	Provide comments for P020 and P025. Supplemental Nursing Staffing Services for the DuPage Care Center, for the period April 13, 2024 through April 12, 2025, for a total contract amount not to exceed \$200,000.00, per RFP #24-002-DCC.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. 04/02/24 Human Services Committee 04/09/24 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