

Office of State Courts Administrator P.O. Box 104480 2112 Industrial Drive Jefferson City, Missouri 65110-4480

CONTRACT NO. OSCA 19-00284-04 Renewal 003 and Amendment TITLE: Specialized Treatment Provider for Treatment Court

CONTACT: Russell W. Rottmann PHONE NO.: (573) 522-6766

E-MAIL: osca.contracts@courts.mo.gov

RETURN RENEWAL NO LATER THAN: May 10, 2022 ISSUE DATE: April 26, 2022

Renewal submission: Renewals may be sent electronically to osca.contracts@courts.mo.gov. If you would like to submit the renewal in paper form, please print or type the RFP number on the lower left hand corner of the envelope.

RETURN PROPOSAL TO:

(U.S. Mail)

Office of State Courts Administrator

Attn: Contracts P.O. Box 104480

Jefferson City, MO 65110 - 4480

(Courier Service)

Office of State Courts Administrator

Attn: Contracts 2112 Industrial Drive Jefferson City. MO 65109

CONTRACT PERIOD: JULY 1, 2022 THROUGH JUNE 30, 2023

DELIVER SUPPLIES/SERVICES FOB DESTINATION TO THE FOLLOWING ADDRESS:

VARIOUS LOCATIONS THROUGHOUT THE STATE OF MISSOURI

The offeror hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, and in accordance with all requirements and specifications contained herein, including the Terms and Conditions attached hereto. The offeror further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The offeror further agrees that upon receipt of an authorized purchase order or when this RFP is countersigned by an authorized official of the Office of State Courts Administrator, a binding contract shall exist between the offeror and the Office of State Courts Administrator.

SIGNATURE REQUIRED

| AUTHORIZED SIGNATURE Mark Conover | May 10, 2022 |
|--|-----------------------|
| PRINTED NAME | TITLE |
| Mark Conover | Chief Revenue Officer |
| COMPANY NAME Preferred Family Healthcare | |
| P.O. Box 767, 900 LaHarpe Street | |
| CITY, STATE, ZIP Kirksville, MO 63501 | |
| e-Mail Address contractgrantmanager@pfh.org | |
| TELEPHONE NUMBER: 417-869-8911 | FACSIMILE NUMBER: |

NOTICE OF AWARD (OSCA USE ONLY)

| In its entirety as submitted | | | | | | | |
|------------------------------|-------|------------------------------------|-----------------------------------|--|--|--|--|
| CONTRACT NO. | | CONTRACT PERIOD | | | | | |
| OSCA 19-00284-04 | | July 1, 2022 through June 30, 2023 | | | | | |
| CONTRACTS SECTION | DATE | | DEPUTY STATE COURTS ADMINISTRATOR | | | | |
| Bussel W Sottmann | 06/03 | 3/2022 | Earl Krows | | | | |

CONTRACT RENEWAL 003 and Amendment to OSCA 19-00284-04

TITLE: Specialized Treatment Provider for Treatment Court

Contract renewal period: July 1, 2022, through June 30, 2023

The Office of State Courts Administrator desires to renew the above referenced contract with the following changes shown in **bold**.

Section 2.2 – Program services

2.2.31 Drug/Alcohol Testing

1) The contractor shall provide collection services for drug testing services as deemed necessary by the treatment court. This may include MAT services as well.

Section 2.3 Medication Assisted Treatment (MAT) Funding

2.3.1 1) MAT services, including prescribed addiction medications, medication services and psychosocial services (substance use disorder treatment), must be invoiced by treatment providers contracted with OSCA and certified by the Missouri Department of Mental Health. Treatment providers must verify, as requested, the physician (or other medical professional) is licensed/certified to prescribe medication and/or order administration by qualified staff.

Section 2.5 Reporting Requirements

2.5.1 7) Medication Services, MAT referrals, prescriptions and dosage; and

Section 3.7 Invoicing and Payment.

3.7.3 3) A separate, detailed corresponding invoice with a unique identification number that includes only MAT participant information, addiction medication given, dosage, medication services and psychosocial services. The invoices shall include a detail cost of medication prescribed and/or administered. Invoices without detailed participant information and medication cost shall not be paid;

A completed Pricing Page must be returned with the completed and signed cover page of this renewal document prior to full execution by OSCA.

All other terms, conditions and provisions of the previous contract period shall remain the same and apply hereto.

PRICING PAGES

The offeror must provide not to exceed prices for the services identified below. Should a contract award be made based upon the offeror's proposal, the prices stated herein shall be legally binding for the entire contract period.

OFFEROR NAME: Preferred Family Healthcare

| Service Description | Not to Exceed Price | Unit of Service |
|---|--|--------------------|
| Assessment | \$135.16 | Per assessment |
| Assessment option | \$270.33 | Per assessment |
| Assessment update | \$135.16 | Per assessment |
| Case Management/Community Support | \$24.51 | Per ¼ hour |
| Communicable Disease Assessment/Education/Testing | \$10.56 | Per ¼ hour |
| Day Treatment | \$237.29 PHP | Per day |
| Detoxification (Social Setting) | \$343.22 | Per day |
| Early Intervention (Intake) | \$15.14 | Per ¼ hour |
| Early Intervention (Group Education) | \$2.93 | Per ¼ hour |
| Early Intervention (Motivational Interviewing-Individual) | \$15.14 | Per ¼ hour |
| Family Conference | \$28.95 | Per ¼ hour |
| Family Therapy | \$28.95- QAP/AAC \$30.32 LMHP | Per ¼ hour |
| Group Counseling | \$6.89 - QAP/AAC \$7.27 LMHP | Per ¼ hour |
| Group Counseling (Collateral relationship) | \$6.89-QAP/AAC \$7.27 LMHP | Per ¼ hour |
| Group Education | \$4.08 | Per ¼ hour |
| Group Education (Trauma Related) | \$4.08 | Per ¼ hour |
| Individual Counseling | \$34.46-QAP/AAC \$41.91 -LMHP | Per ¼ hour |
| Individual Counseling (Collateral Relationship) | \$34.46-QAP/AAC \$41.91 - LMHP | Per ¼ hour |
| Individual Counseling (Co-Occurring Disorder) | \$34.46-QAP/AAC \$41.91 -LMHP | Per ¼ hour |
| Individual Counseling (Trauma Related) | \$34.46-QAP/AAC \$41.91 -LMHP | Per ¼ hour |

PRICING PAGES (cont.)

| FRICING FA | JES (Cont.) | |
|---|---------------------------------|--------------|
| Missouri Recovery Support Specialist (MRSS) | \$22.15 | Per 1/4 hour |
| Peer Support Recovery Mentor (Certified Peer Specialist) | \$22.15 | Per 1/4 hour |
| Modified Medical Treatment | \$554.66 | Per day |
| Relapse Prevention Counseling | \$34.46 | Per 1/4 hour |
| Residential Support | \$58.63 | Per day |
| Treatment Court Day | \$15.13 | Per 1/4 hour |
| Virtual Counseling (Group) | \$6.89 QAP/AAC \$7.27 LMHP | Per 1/4 hour |
| Virtual Counseling (Individual) | \$34.46 QAP/AAC \$41.91 LMHP | Per 1/4 hour |
| *Drug/Alcohol Testing: Sample Collection Only (Lab conf. only) | | Per test |
| *Sample Collection with 1-panel on-site provided by contractor | | Per test |
| *Sample Collection with 2-panel on-site provided by contractor | | Per test |
| *Sample Collection with 3-panel on-site provided by contractor | | Per test |
| *Sample Collection with 4-panel on-site provided by contractor | | Per test |
| *Sample Collection with 5-panel on-site provided by contractor | | Per test |
| *Sample Collection with 6-panel on-site provided by contractor | | Per test |
| *Sample Collection with 7-panel on-site provided by contractor | | Per test |
| *Sample Collection with 8-panel on-site provided by contractor | | Per test |
| *Sample Collection with 9-panel on-site provided by contractor | | Per test |
| *Drug Testing: Sample Collection and On-Site Test (Kit provided by Treatment Court) | | Per test |
| Drug Testing: Breathalyzer (Equipment provided by contractor) | | Per test |
| Drug Testing: Breathalyzer (Equipment provided by Treatment Court) | | Per test |

The offeror must provide copies of invoices of actual cost per dose for the medications and services identified below with the double asterisk.

| **Medication Service – Physician Office Visit | \$65 | Per office visit |
|--|-------------------|------------------|
| Medication: [Medication Assisted Treatment (MAT)] | | |
| **Naltrexone - Oral | No pricing needed | Per Dose |
| **Extended-Release Injectable Naltrexone (Vivitrol®) | No pricing needed | Per Dose |
| **Buprenorphine (i.e. Subutex®), | No pricing needed | Per Dose |
| **Buprenorphine/Naloxone (i.e. Suboxone®) | No pricing needed | Per Dose |
| **Burprenorphine Implants | No pricing needed | Per Dose |
| **Methadone | No pricing needed | Per Dose |
| **Acamprosate | No pricing needed | Per Dose |
| **Disulfiram | No pricing needed | Per Dose |
| **Buprenorphine Extended-Release Injection (i.e. Sublocade TM | No pricing needed | Per Dose |
| **Baclofen (Lioresal) | No pricing needed | Per Dose |
| **Benztropine (Cogentin) | No pricing needed | Per Dose |
| **Carbamazepine (tegretol) | No pricing needed | Per Dose |
| **Chlordiazepoxide (Librium) | No pricing needed | Per Dose |
| **Clonazepam (Klonopin) | No pricing needed | Per Dose |
| **Clonidine (Catapres) | No pricing needed | Per Dose |
| **Divalproex sodium (Depakote) | No pricing needed | Per Dose |
| **Gabapentin (Neurontin) | No pricing needed | Per Dose |
| **Haloperidol (Haldol) | No pricing needed | Per Dose |
| **Hydroxyzine (Vistaril) | No pricing needed | Per Dose |
| **Folic Acid | No pricing needed | Per Dose |
| **Lorazepam (Ativan) | No pricing needed | Per Dose |
| **Olanzapine(Zyprex | No pricing needed | Per Dose |
| **Prazosin (Minipress) | No pricing needed | Per Dose |

| **Prochlorperazine (Compazine) | No pricing needed | Per Dose |
|---------------------------------|-------------------|----------|
| **Propranolol (Inderal) | No pricing needed | Per Dose |
| **Quetiapine fumarate (Seroquel | No pricing needed | Per Dose |
| **Thiamine | No pricing needed | Per Dose |
| **Trimethobenzamide (Tigan) | No pricing needed | Per Dose |
| **Trazodone (Desyrel) | No pricing needed | Per Dose |
| Topiramate | No pricing needed | Per Dose |

Below is a list of the Judicial Circuits and Counties in the State of Missouri. Check either the applicable counties or the entire Judicial Circuit(s) that your agency shall provide services. Check the appropriate level of service and the applicable gender that shall be provided: DWI, Adult, Veterans, Family and Juvenile.

OFFEROR NAME: Preferred Family Healthcare

| JUDICIAL CIRCUIT | COUNTY | DWI | ADULT | FAMILY | VETERANS | JUVENILE | MALE | FEMALÉ |
|---------------------|----------|-----|-------|---|--------------|--------------|------|--------|
| 1 | Clark | X | X | | × | X | X | X |
| 1 | Schuyler | X | X | | | X | X | × |
| 1 | Scotland | X | X | | | X | X | X |
| | | | | | 49.0 | | | |
| 2 | Adair | X | X | X | × | × | X | × |
| 2 | Knox | X | × | | × | × | × | × |
| 2 | Lewis | X | × | | × | × | × | × |
| 100 | | | | | 1.46 | | | |
| 3 | Grundy | X | X | | × | × | × | × |
| 3 | Harrison | X | × | | X | × | × | X |
| 3 | Mercer | X | X | | × | × | × | × |
| 3 | Putnam | X | × | | × | × | × | X |
| | | | | | | | | |
| 4 | Atchison | | | A. TIPE II. III. II. II. II. II. II. II. II | | | | , |
| 4 | Gentry | | | | | | | |
| 4 | Holt | | | | | | | |
| 4 | Nodaway | | | | · | | | |
| 4 | Worth | | | | | | | |
| | | | | | | TOTAL STREET | | |
| 5 | Andrew | | | | | | | |
| 5 | Buchanan | | | | | X | × | × |
| 0 | | | | | N.S. | | | |
| 6 | Platte | | | | | | | |
| 7 | Clay | X | × | | X | X | X | X |
| | | | | | | | | |
| 8 | Carroll | | | | | | | |
| 8 | Ray | | | | | | | |
| | | | | | | | | 4.5 |
| 9 | Chariton | × | × | X | X | × | × | X |
| 9 | Linn | X | × | × | X | × | × | × |
| 9 | Sullivan | × | × | X | X | X | × | X |
| 4.0 | | | | | and the same | | | (A) |
| 10 | Marion | X | × | X | × | X | × | × |
| 10 | Monroe | × | × | × | × | X | × | × |
| 10 | Ralls | × | × | × | X | X | × | X |

| JUDICIAL | COUNTY | DWI | ADULT | FAMILY | VETERANS | JUVENILÉ | MALE | FEMALE |
|----------|----------------|---------------|-----------------|------------|--|---|-------------------------|----------------|
| CIRCUIT | | | \/ | | ~~~ | , | | |
| 11 | St. Charles | X | X | X | | X | | X |
| 12 | Audrain | | | | | | | |
| 12 | Montgomery | | | | | Y | X | |
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| 12 | Warren | X | <u> </u> | X | X | X | | |
| 13 | Boone | X | × | | X | X | X | \overline{v} |
| 13 | Callaway | X | $-\hat{\nabla}$ | | X | X | X | - X |
| 10 | ound.ruy | | | | | | | |
| 14 | Howard | | | | | | | |
| 14 | Randolph | X | X | | X | X | X | X |
| | | | | 3.00 | | 4.5 | | |
| 15 | Lafayette | | | | | | | |
| 15 | Saline | | | | | | | |
| | STATES IT TO | | | | 100 | | | |
| 16 | Jackson | | | | | X | X | X |
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| 17 | Cass | | | | | | i | |
| 17 | Johnson | | | | | | | |
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| 18 | Cooper | | | ¥-00000 | | | | |
| 18 | Pettis | | | | | | | |
| 4.0 | | | | | N / | | | |
| 19 | Cole | _X_ | | X | X | X | X | X |
| 20 | Franklin | X | X | X | Y | X | X | X |
| 20 | Gasconade | \sim | X | | $- \diamondsuit -$ | ~ | $\overline{\mathbf{Q}}$ | |
| 20 | | \rightarrow | | - | $- \bigcirc -$ | \sim | $-\bigcirc$ | |
| 20 | Osage | X_{\perp} | | _X | | | | X |
| 21 | St. Louis | X | × | X | X | X | X | × |
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| 22 | St. Louis City | X | X | X | X | X^{-} | X | X |
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| 23 | Jefferson | X | X | X | × | X | X | \perp |
| 24 | Madison | | | | | | | |
| 24 | St. Francois | | | | | | | |
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| 24 | Ste. Genevieve | | | | | | | |
| 24 | Washington | | | | | | | |
| 25 | Maries | | | | 12. | | | |
| 25 | Phelps | | | | | | | |
| 25 | Pulaski | | | | | | | |
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| JUDICIAL CIRCUIT | COUNTY | DWI | ADULT | FAMILY | VETERANS | JUVENILE | MALE | FEMALE |
|---------------------|----------------|---------------|--------|--------|----------|----------|------------|---------------|
| 25 | Texas | | | | | | | |
| | 1 | | | | | | | |
| 26 | Camden | X | X | X | | X | X | X |
| 26 | Laclede | X | X | X | | X | X | × |
| 26 | Miller | X | X | X | | X | X | \sim |
| 26 | Moniteau | | \sim | X | | | | $\overline{}$ |
| 26 | Morgan | | - | \sim | | | \bigcirc | |
| 20 | Worgan | $\perp X$ | | | | | | |
| 27 | Bates | 1 44 62 61 11 | | | | | | |
| 27 | | | | | | | | |
| | Henry | | | | | | | |
| 27 | St. Clair | | | | | | | |
| 28 | Barton | | | | | | | |
| | | | | | | | | |
| 28 | Cedar | | | | | | | |
| 28 | Dade | | | | | | | |
| 28 | Vernon | | | | | | | |
| | | | | | | | | |
| 29 | Jasper | | | | | X | X | X |
| 30 | Benton | | | | | | | |
| | | | | | | | | |
| 30 | Dallas | | | | | | | |
| 30 | Hickory | | | | | | | |
| 30 | Polk | | | | | | | |
| 30 | Webster | | | | | | | |
| 120 | | | | | | | | 100 |
| 31 | Greene | X | X | X | X | X | X | \times |
| | B | | | | | | | |
| 32 | Bollinger | | | | | | | |
| 32 | Cape Girardeau | | | | | | | |
| 32 | Perry | | | | | | | |
| 33 | Mississippi | | | | | | | |
| 33 | Scott | | | | | | | |
| 33 | Scott | | | | | | | |
| 34 | New Madrid | | | | | | | |
| 34 | Pemiscot | | | | | | | |
| | | | | | | | | |
| 35 | Dunklin | | | | | | | |
| 35 | Stoddard | | | | | | | |
| 1.5 | | | i. | | | | | |
| 36 | Butler | | | | | | | |
| 36 | Ripley | | | | | | | |

| JUDICIAL CIRCUIT | COUNTY | DWI | ADULT | FAMILY | VETERANS | JUVENILE | MALE | FEMALE |
|---------------------|-----------------|---|---------------------------------------|----------|---|---|--|---|
| 37 | Carter | | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | 1 - 2000-100 V. I. 2000-100-200-200-200-200-200-200-200-200 | SAN EXECUTION SERVICES AND CONTRACT SERVICES AND CONTRACT SERVICES. | | 372 (1994) |
| 37 | Howell | | | | | | | |
| 37 | Oregon | | | | | | | |
| 37 | Shannon | | | | | | | |
| | | | | | | | 1 | |
| 38 | Christian | | | | | | | |
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| 39 | Barry | | | | | | | |
| 39 | Lawrence | | | | | | | |
| 39 | Stone | | | | | | | |
| 40 | McDonald | | | | | | | |
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| 40 | Newton | X | $\perp X_{\perp}$ | | | X | L X_ | X |
| 41 | Macon | X | X | X | X | X | X | × |
| 41 | Shelby | | | | | | | |
| | Silving | | | | | | | |
| 42 | Crawford | | | | | | | |
| 42 | Dent | | | | | | | |
| 42 | Iron | | | | | | | |
| 42 | Reynolds | | | | | | | |
| 42 | Wayne | | | | | | | |
| | | 100 | | | 198 | | | |
| 43 | Caldwell | | | | | | | |
| 43 | Clinton | | | | | | | |
| 43 | Daviess | | | | | | | |
| 43 | DeKalb | , | | | | | | |
| 43 | Livingston | X | X | | X | X | X | X |
| | ida et aretaria | | | | | | | |
| 44 | Douglas | | | | | | | |
| 44 | Ozark | | | | | | | |
| 44 | Wright | | | | | | | |
| 45 | | | | | \ <u>/</u> | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
| 45 | Lincoln | X | X | <u>X</u> | X | X | X | X |
| 45 | Pike | _X | $\lfloor X \rfloor$ | _ X | X | X | $-\chi$ | X |
| 46 | Taney | X | | - | X | $\overline{\mathbf{x}}$ | | |
| 70 | rancy | | $\perp X \perp$ | | | | X | X |