COST PROPOSAL

Request for Proposal: ID# EVT0006973 Comprehensive Health Care Services Kansas Department of Corrections

Submission Deadline: January 10, 2020 - 2:00 p.m. CST





719 SW Van Buren Street, Suite 100

Topeka, KS 66603 Office: 785-246-6840 Fax: 785-408-5617

VCHSAdmin@VitalCoreHS.com

Event Details

PeopleSoft Strategic Sourcing

Event ID	Format	Тур		Page
17300-EVT0006973	Sell	RFx		1
Event Round	Version			_
1	1			
Event Name				
Comprehensive Heal	th Care Ser	rvices		
Start Time		Finish Time		
10/10/2019 15:40:0	0 CDT	01/03/2020	14:00:00	CST

Event Currency: US Dollar

Bids allowed in other currency: No

Bidder: **PUBLIC EVENT DETAILS**

Submit To: Department of Administration

Procurement and Contracts

900 SW Jackson Suite 451-South Topeka KS 66612-1286

United States Contact: Aubrey L Waters 785/296-2401 Phone:

Email: aubrey.waters@ks.gov

Event Description

Request for Proposal (RFP) for Comprehensive Health Care Services for the Kansas Department of Corrections (KDOC).

General Comments

0005 - Request for Proposal pursuant to K.S.A. 75-37,102

BIDDER MUST OBTAIN A CURRENT TAX CLEARANCE CERTIFICATE

A "Tax Clearance" is a comprehensive tax account review to determine and ensure that the account is compliant with all primary Kansas Tax Laws administered by the Kansas Department of Revenue (KDOR) Director of Taxation. Information pertaining to a Tax Clearance is subject to change(s), which may arise as a result of a State Tax Audit, Federal Revenue Agent Report, or other lawful adjustment(s).

- INSTRUCTIONS: To obtain a Current Tax Clearance Certificate, you must:
 Go to http://ksrevenue.org/taxclearance.html to request a Tax Clearance Certificate
 Return to the website the following working day to see if KDOR will issue the certificate
- · If issued an official certificate, print it and attach it to your bid response
- · If denied a certificate, engage KDOR in a discussion about why a certificate wasn't issued

Bidders (and their subcontractors) are expected to submit a current Tax Clearance Certificate with every event response.

REMINDER: You will need to sign back into the KDOR website to view and print the official tax clearance certificate.

Information about Tax Registration can be found at the following website: http://www.ksrevenue.org/busregistration.html

Procurement and Contracts reserves the right to confirm tax status of all potential contractors and subcontractors prior to the release of a purchase order or contract award.

In the event that a current tax certificate is unavailable, Procurement and Contracts reserves the right to notify a bidder (one that has submitted a timely event response) that they have to provide a current Tax Clearance Certificate within ten (10) calendar days, or Procurement and Contracts may proceed with an award to the next lowest responsive bidder, whichever is determined by the Director of Purchases to be in the best interest of the State.

MANDATORY REQUIREMENT: If you are interested in bidding on this transaction you MUST BE OFFICIALLY INVITED to the event. Contact the person named above at least 24 HOURS BEFORE the official finish date and time to request the official invitation.

Due to State of Kansas SMART Strategic Sourcing System requirements, any bidder with an interest in bidding on any State of Kansas SOURCING EVENT must officially request an invitation from the Procurement Officer (Event Contact) at least 24 hours before the Bid Event official finish date and time. If you fail to request such in a timely fashion, your bid may be rejected in its entirety.

EXCEPTION: If you have received a Bid Event Document with your company's name in the upper right hand corner of the document, your company has already been invited to the bid event.

If you are not a registered bidder/vendor with the state of Kansas you must register as a bidder AND request official invitation at least 24 hours before the Bid Event official finish date and time. To register as a bidder visit our website: www.admin.ks.gov/offices/procurement-and-contracts

Event Details (cont.)

PeopleSoft Strategic Sourcing

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	Event ID	Format	Туре	Page
	17300-EVT0006973	Sell	RFx	2
	Event Round	Version		
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İ	Event Name			
	Comprehensive Healt	h Care Ser	vices	
	Start Time		Finish Time	
ı	10/10/2019 15:40:00	CDT	01/03/2020 14:00:00 09	·T

Event Currency:

US Dollar

Bids allowed in other currency: No

No Du

Bidder:

PUBLIC EVENT DETAILS

Submit To:

Department of Administration Procurement and Contracts

900 SW Jackson

Suite 451-South

Suite 451-50uth Topeka KS 66612-1286

United States Aubrey L Waters

Contact: Phone:

785/296-2401

Email:

aubrey.waters@ks.gov

During the 2012 Session, the Kansas Legislature enacted a Bidder Preference Program which created three (3) bid preferences. To see if you qualify for any of the preferences, please go to the following website for more information:

www.admin.ks.gov/offices/procurement-and-contracts/bidder-preference-program.

To claim this preference, the bid response must include the Preference Request Form and you must respond to the applicable Bidder Preference category in the question under the General Questions section on the following page(s).

During the 2014 Session, the Kansas Legislature enacted the Disabled Veteran Owned Business bidder preference program. For more information or to see if you qualify, please go to the following website: http://admin.ks.gov/docs/default-source/ofpm/procurement-contracts/disabled-veteran-preference-program.doc

To claim this preference, the bid response must include a copy of the letter from Procurement and Contracts certifying your company as a Disabled Veteran Owned Business and you must respond to the applicable Disabled Veteran Owned Business category in the question under the General Questions section on the following page(s).

Emailed or Fax Bids Submission will NOT be accepted for this Bid Event.

ATTC - See the attachment for additional information.

Pre-proposal Conference - A mandatory pre-proposal conference and site visits will be held. More information will be provided in an amendment as soon as possible.

Attendance is required in person this pre-proposal conference. Failure to attend the pre-bid conference will result in rejection of your bid. Questions requesting clarification of the Bid Event must be submitted electronically (in the provided Question Submission format) to the Procurement Officer (Event Contact) indicated above at a day and time to be determined. Impromptu questions may be permitted and spontaneous unofficial answers provided, however bidders should understand that the only official answer or position of the State of Kansas will be presented in writing.

Failure to notify the Procurement Officer (Event Contact) of any conflicts or ambiguities in the Bid Event may result in items being resolved in the best interest of the State. Any modification to this Bid Event as a result of the pre-proposal conference, as well as written answers to written questions, shall be made in writing by addendum and dispatched to all bidders associated to this event. Only written communications are binding.

Answers to questions will be available in the form of an addendum on the Procurement and Contracts' website, www.admin.ks.gov/offices/procurement-and-contracts.

It shall be the responsibility of all participating bidders to acquire any and all addenda and additional information as it is made available from the web site cited above. Vendors/Bidders not initially invited to participate in this Bid Event must notify the Procurement Officer (Event Contact) of their intent to bid at least 24 hours prior to the event's closing date/time. Bidders are required to check the website periodically for any additional information or instructions.

Event Details (cont.)

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Event ID	Format	Type	Page
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Event Round	Version		
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Event Name			
Comprehensive Health	n Care Ser	vices	
Start Time		Finish Time	
10/10/2019 15:40:00	CDT	01/03/2020 14:00:00 0	CST

US Dollar

Event Currency: US **Bids allowed in other currency:** No

Bidder:

PUBLIC EVENT DETAILS

Submit To:

Department of Administration Procurement and Contracts

900 SW Jackson Suite 451-South Topeka KS 66612-1286 United States Aubrey L Waters 785/296-2401

Contact: Phone: Email:

aubrey.waters@ks.gov

General Questions				
Question	UOM	Best	Worst	Response
Does your organization accept the State of Kansas terms and conditions as stated?				
				Yes
Required: Yes Mandatory ResponseNo				
Response Comments				
Is a current Tax Clearance Certificate included with this bid event submission (instructions provided in RFP document)?				
Required: Yes Mandatory ResponseNo				Yes
Response Comments				
ls a completed Immigration Reform and Control form				
included with this bid event submission (form provided in the RFP document)?				
in the KFF documenty:				Yes
Required: Yes Mandatory ResponseNo				
Response Comments				
ls a completed Sexual Harassment form included with your bid event submission (form provided in the RFP				
document)?				V
Required: Yes Mandatory ResponseNo				Yes
required. Tes manualory response 40				
Response Comments				
Is a completed Boycott of Israel form included with				
your bid event submission (form provided in the RFP				
document)?				Yes
Required: Yes Mandatory ResponseNo				.00

PeopleSoft Strategic Sourcing

Event ID Format

Event Details (cont.)

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17300-EVT0006973 Sel Event Round Ven	sion RFx	4	Submit To:	Department of Administration	
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Event Name Comprehensive Health Car	re Se rv ices			900 SW Jackson Suite 451-South	
Start Time	Finish Time			Topeka KS 66612-1286	
10/10/2019 15:40:00 CDT	01/03/2020 14:00:	00 CST	Contact:	United States Aubrey L Waters	
Event Currency: Bids allowed in other curre	US Dollar ency: No		Phone: Email:	785/296-2401 aubrey.waters@ks.gov	
Response Comments					
Response Comments					
Please select ONE category regard to a Bidder Preference Preference category, suppor accompany this bid response Purchases" category does no Proposals)	e. If selecting a Bidder ting documentation must e. (Note: #3 "State Use				Select One
Options:	Not claiming any Bidder Preference	ce Category			Yes Yes
	Claiming the Disabled Veteran Ov	vned Business Catego	гу		No
	Claiming the State Use Purchase Claiming the Certified Business B	s Bidder Preference Cate	ategory sorv		No No
Required: Yes Mandatory			,		
Response Comments					
Payments Terms are "Net 30 if payment is made in less th offered will NOT be consider bid.	days ARO". Show discount(s) an thirty days. Discounts ed in determining the low				
					.5%
Required: Yes Mandator	ry ResponseNo				
Response Comments					
			_		
Procurement Card (P-Card): Agencies use a State of Kan (Visa-branded P-Card) in lieu	sas Procurement Card				
for some of its purchases. No be allowed for using the card	.				
May agencies use their P-Ca	ard for contract purchases?				
					Yes
Required: Yes Mandator	ry ResponseNo				
Response Comments					
		-			

Event Details (cont.)

PeopleSoft Strategic Sourcing
Event ID Format Туре Page 17300-EVT0006973 Sell RFx **Event Round** Version **Event Name** Comprehensive Health Care Services Start Time Finish Time 10/10/2019 15:40:00 CDT 01/03/2020 14:00:00 CST

US Dollar

Event Currency: US **Bids allowed in other currency:** No

Bidder:

PUBLIC EVENT DETAILS

Submit To:

Department of Administration **Procurement and Contracts**

900 SW Jackson Suite 451-South Topeka KS 66612-1286 United States

Contact:

Phone:

Aubrey L Waters 785/296-2401

Email:

aubrey.waters@ks.gov

					No Bid:	
ine: 1 Item ID: lequired: No Reserve Price: No	Line Qty: 1.0	0 UOM :	Each		Bid Qty:	1
escription: Healthcare					Min/Max Qty: No	min / No max
Question Do not enter pricing here. Pricing shoul	d be	UOM	Best	Worst	Re	sponse
provided in the Cost Sheet section of the document.	e RFP					Agree
Required: No Mandatory Response	onse: No					Agree
Response Comments						

Event Details (cont.)

Event Currency: US Dollar **Bids allowed in other currency:** No

Bidder: PUBLIC EVENT DETAILS

Submit To: Department of Administration

Procurement and Contracts

900 SW Jackson Suite 451-South Topeka KS 66612-1286

Contact: Aubrey L Waters 785/296-2401

Email: aubrey.waters@ks.gov

Bidder Information

Name: VitalCore Health Strategies, LLC

Name: Viola Riggin, CEO
Signature: Lu Riggin Date: 1/08/2020

Phone #: 785-246-6840 or Mobile 785-260-1875 Fax #: 785-408-5617

Street Address: 719 SW Van Buren Steet, Suite 100

66603

City & State: Topeka, Kansas Zip Code:

Email: VCHSAdmin@VitalCoreHS.com - or - VRiggin@VitalCoreHS.com

Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID Format Туре Page 17300-EVT0006973 Sell RFx **Event Round** Version **Event Name** Comprehensive Health Care Services **Start Time Finish Time** 10/10/2019 15:40:00 CDT 01/03/2020 14:00:00 CST

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US Dollar

Bids allowed in other currency: No

Bidder:

PUBLIC EVENT DETAILS

Submit To:

Department of Administration **Procurement and Contracts**

900 SW Jackson Suite 451-South Topeka KS 66612-1286

United States

Contact:

Aubrey L Waters 785/296-2401

Phone: Email:

aubrey.waters@ks.gov

Appendix A - Line Specifications

Line: 1 Item ID: Line Qty: 1 Item

Description: Healthcare

UOM: Each

Item Specifications

Manufacturer: Mfg Item ID: Item Length: 0 Item Width: 0 Item Volume: 0 Item Weight:

Item Height: **Dimension UOM:** Volume UOM: Weight UOM:

Item Color:

Shipping Information

Item Size:

Schedule:

Quantity:

Due Date: 01/03/2020

Freight Terms:

Ship Via:

Common Carrier

Ship To:

KDOC KDOC

714 SW Jackson St, Ste 300 Topeka KS 66603-3722

United States

Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID Type Format Page <u>17300-E**VT0**0069**7**3</u> RFx **Event Round** Version **Event Name** Comprehensive Health Care Services **Finish Time** 10/10/2019 15:40:00 CDT 01/03/2020 14:00:00 CST

Event Currency:

US Dollar

Bids allowed in other currency:

PUBLIC EVENT DETAILS Bidder:

Submit To: Department of Administration

Procurement and Contracts

900 SW Jackson Suite 451-South Topeka KS 66612-1286

United States Aubrey L Waters 785/296-2401 **Contact:** Phone:

Email: aubrey.waters@ks.gov

Appendix B - Terms & Conditions

- Debarment of State Contractors. Any Contractor who defaults on delivery or does not perform in a satisfactory manner as defined in this Agreement may be barred for a period up to three (3) years, pursuant to K.S.A. 75-37,103, or have its work evaluated for pre-qualification purposes. Contractor shall disclose any conviction or judgment for a criminal or civil offense of any employee, individual or entity which controls a company or organization or will perform work under this Agreement that indicates a lack of business integrity or business honesty. This includes (1) conviction of a criminal offense as an incident to obtaining or attempting to obtain a public or private contract or subcontract or in the performance of such contract or subcontract; (2) conviction under state or federal statutes of embezzlement, theft, forgery, bribery, falsification or destruction of records, or receiving stolen property; (3) conviction under state or federal antitrust statutes; and (4) any other offense the State determines to be so serious and compelling as to affect responsibility as a state contractor. For the purpose of this section, an individual or entity shall be presumed to have control of a company or organization if the individual or entity directly or indirectly, or acting in concert with one or more individuals or entities, owns or controls twenty-five (25) percent or more of its equity, or otherwise controls its management or policies. Failure to disclose an organization of the Proposal or termination of the Agreement, or determined to the State. Proposal or termination of the Agreement, as determined by the State.
- Accounts Receivable Set-Off Program: If during the course of this contract the Contractor is found to owe a debt to the State of Kansas, agency payments to the Contractor may be intercepted / setoff by the State of Kansas. Notice of the setoff action will be provided to the Contractor. Pursuant to K.S.A. 75-6201 et seq, Contractor shall have the opportunity to challenge the validity of the debt. If the debt is undisputed, the Contractor shall credit the account of the agency making the payment in an amount equal to the funds intercepted. K.S.A. 75-6201 et seq. allows the Director of Accounts and Reports to set off funds the State of Kansas owes Contractors against debts owed by the contractor to the State of Kansas. Payments set off in this manner constitute lawful payment for services or goods received. The Contractor benefits fully from the payment because its obligation to the State is reduced by the amount subject to setoff.
- Disclosure of Bid Event Content and Proprietary Information: All bid responses become the property of the State of Kansas. The Kansas Open Records Act (K.S.A. 45-215 et seq) requires public information be placed in the public domain at the conclusion of the selection process, and be available for examination by all interested parties. More information on this subject can be found at the following website: http://admin.ks.gov/offices/chief-counsel/kansas-open-records-act.
- BIDDER MUST OBTAIN A CURRENT TAX CLEARANCE CERTIFICATE A "Tax Clearance" is a comprehensive tax account review to determine and ensure that the account is compliant with all primary Kansas Tax Laws administered by the Kansas Department of Revenue (KDOR) Director of Taxation. Information pertaining to a Tax Clearance is subject to change(s), which may arise as a result of a State Tax Audit, Federal Revenue Agent Report, or other lawful adjustment(s). INSTRUCTIONS: To obtain a Current Tax Clearance Certificate, you must: 1) Go to: http://ksrevenue.org/taxclearance.html to request a Tax Clearance Certificate; 2) Return to the website the following working day to see if KDOR will leave the certificate: 2) It is presented and the second to the control of the control of the control of the certificate of the control of the certificate of the following working day to see if KDOR will issue the certificate; 3) If issued an official certificate, print it and attach it to your bid response; and 4) If denied a certificate, engage KDOR in a discussion about why a certificate wasn't issued. Bidders (and their subcontractors) are expected to submit a current Tax Clearance Certificate with every event response. REMINDER: You will need to sign back into the KDOR website to view and print the official tax clearance certificate. Information about Tax Registration can be found at the following website:

http://www.ksrevenue.org/busregistration.html. Procurement and Contracts reserves the right to confirm tax status of all potential contractors and subcontractors prior to the release of a purchase order or contract award. In the event that a current tax certificate is unavailable, Procurement and Contracts reserves the right to notify a bidder (one that has submitted a timely event response) that they have to provide a current Tax Clearance Certificate within ten (10) calendar days, or Procurement and Contracts may proceed with an award to the next lowest responsive bidder, whichever is determined by the Director of Purchases to be in the best interest of the State.

Immigration and Reform Control Act of 1986 (IRCA): All contractors are expected to comply with the Immigration and Reform Control Act of 1986 (IRCA), as may be amended from time to time. This Act, with certain limitations, requires the verification of the employment status of all individuals who were hired on or after November 6, 1986, by the contractor as well as any subcontractor or sub-contractors. The usual method of verification is through the Employment Verification (I-9) form. With the submission of this bid, the contractor hereby certifies without exception that such contractor has complied with all federal and state laws relating to immigration and reform. Any misrepresentation in this regard or any employment of persons not authorized to

Event Details (cont.)

 PeopleSoft Strategic Sourcing

 Event ID
 Format
 Type
 Page

 17300-EVT0006973
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 RFx
 9

 Event Round
 Version
 1

 Event Name
 1
 1

Comprehensive Health Care Services

 Start Time
 Finish Time

 10/10/2019
 15:40:00 CDT
 01/03/2020
 14:00:00 CST

Event Currency: US Dollar Bids allowed in other currency: No

Bidder: PUBLIC EVENT DETAILS

Submit To: Department of Administration

Procurement and Contracts

900 SW Jackson Suite 451-South Topeka KS 66612-1286

Contact: United States
Aubrey L Waters
785/296-2401

Email: aubrey.waters@ks.gov

work in the United States constitutes a material breach and, at the State's option, may subject the contract to termination for cause and any applicable damages. Unless provided otherwise herein, all contractors are expected to be able to produce for the State any documentation or other such evidence to verify Contractor's IRCA compliance with any provision, duty, certification, or like item under the contract. Bidders must submit a Certification Regarding Immigration Reform and Control form with every event response. The form can be found at the following website: http://www.admin.ks.gov/docs/default-source/ofpm/procurement-contracts/irca.doc.

- 6. It is the bidder's responsibility to submit questions, acknowledge addenda and attend pre-bid conferences as indicated in this event or attachment(s). When communicating always refer to the Bid Event ID.
- 7. Conflict of Interest: With the submission of a response for this bidding event, you certify that you do not have any substantial conflict of interest sufficient to influence the bidding process of this event. A conflict of substantial interest is one which a reasonable person would think would compromise the opening bidding process.
- 8. Competition: The purpose of this Request is to seek competition. The bidder shall advise Procurement and Contracts if any specification, language or other requirement inadvertently restricts or limits bidding to a single source. Notification shall be in writing and must be received by Procurement and Contracts no later than five (5) business days prior to the event closing date. The Director of Purchases reserves the right to waive minor deviations in the specifications which do not hinder the intent of this Request.
- Acceptance or Rejection: The State reserves the right to accept or reject any or all bid responses or part of a response; to waive any informalities or technicalities; clarify any ambiguities in responses; modify any criteria in this Event; and unless otherwise specified, to accept any item in a response.

Last Updated: 01/24/2019



Cost Proposal

VitalCore is providing our cost proposals for the base (current) staffing plan and our proposed alternative staffing plan. The cost per facility forms were completed based upon the base staffing plan. We have also provided our staffing plan and labor cost worksheets.

Please note that the cost for the Electronic Medical Records System proposed on the Comprehensive Health Care Cost Proposal Form is for the enhancement and continuation of the NextGen system. VitalCore is providing two other alternative systems for KDOC and the costs for each are listed below.

As stated within our responses to the Technical Proposal, Fusion Management's GE Centricity EMR system is an exceptional EMR system that would serve KDOC very well in the long term. Because this would mean a change of systems and require initial implementation costs, the costs will be higher than the NextGen pricing. The CorEMR system is a good system that comes at significantly less cost than either NextGen's or Fusion's systems.

Fusion's EMR:

\$2,950,875.00 for the first year's installation and maintenance (Fusion is willing to break down their installation costs between the first two years)

\$2,950,875.00 for the second year

\$ 774,000.00 for maintenance for the third and subsequent years

The first year's cost for Fusion will be \$2,018,875.00 more than the cost proposed for NextGen.

CorEMR with Liberty Hosting Services:

\$358,238.72 the first year \$219,990.72 the second and subsequent years

The installation of the CorEMR system will be \$573,761.28 less the first year than NextGen.

Both of these EMR systems are not proprietary to any one correctional health services contractor. Fusion's GE Centricity system is considered the premiere Correctional EMR System in the nation.

COST SHEET

COST PROPOSAL

- a. Bidders shall submit cost proposals which meet all the specifications outlined in this RFP and based on the staffing plan shown in Appendix F.
- b. Cost proposal shall include total cost to provide services (not to exceed amount) for each fiscal year for the initial term and each year of the renewal options (Comprehensive Health Care Services Not to Exceed Amount form). The not to exceed amounts should represent the total cost with no deductions for clinical performance guarantees, staffing deductions, and/or liquidated damages.
- c. Cost proposals shall include the per capita cost by facility, by fiscal year (Comprehensive Health Care Cost Proposal by Facility form). As this contract will be for comprehensive health care services in which the Contractor will be responsible for all costs of care, the amounts shown are not intended to be caps but a measure by which the Procurement Negotiation Committee may compare and evaluate cost proposals.
- d. Cost proposals shall itemize the anticipated cost of specific services outlined in the KDOC Comprehensive Cost Proposal Health Care Service Category Identification form. As this contract will be for comprehensive health care services in which the Contractor will be responsible for all costs of care, the amounts shown are not intended to be caps but a measure by which the Procurement Negotiation Committee may compare and evaluate cost proposals.
- e. Hepatitis C alternate Bidders shall include a base cost proposal and an alternate cost proposal in which KDOC would be responsible for procuring hepatitis C direct acting antiviral (DAA) drugs directly. The alternative proposal must be clearly separated and identified as the Hepatitis C alternate proposal.
- f. Staffing plan alternate Bidders may submit an alternate staffing plan with corresponding alternate cost proposal in addition to the base cost proposal. Alternate staffing proposals shall clearly discuss how the alternate staffing plan deliver quality health care which meets the community standard of care, ACA/NCCHC standards, and the specifications of this RFP. The alternative proposal must be clearly separated and identified as a staffing plan alternate proposal.
- g. Alternative services Bidders may submit more than one cost proposal for that reduce cost while maintaining quality health care standards. Proposals may be in an abbreviated form following the same format as the primary proposal, providing only that information that differs from the primary proposal. Each alternative proposal must be clearly separated and identified as an alternate services proposal.
- h. The Facility Population, Infirmary, and Acuity Report (Appendix B) identifies both facility population as of August 31, 2019, and facility capacities. Bidders shall use the facility capacity numbers to determine the firm, fixed per-offender-per-day costs by facility, and when figuring population revenue adjustments.
- i. Per capita adjustments are described in section 4.27 of this RFP. Using a separate sheet for each facility, identify per capita adjustments, by facility, based on the current population capacities identified in this RFP, for each year of the contract (included renewal options). Winfield Correctional Facility shall be bid separately from the Wichita Work Release Facility and El Dorado Correctional Facility shall be bid separately from the Oswego Correctional Facility. Per capita adjustments shall begin at ten percent (10%) over or under the facility capacity established in this RFP and shall identify any increased or decreased per-capita costs incrementally by ten percent (10%) up to one hundred (100%).

Comprehensive Health Care Cost Proposal Not to Exceed Amount -BASE BID WITHOUT HEP C DAA

Bidders shall present the total cost of services for each year of the contract. As this is a full-risk contract for comprehensive health care services, KDOC will not be responsible for costs incurred above the amount bid.

FY 2021	\$ <u>72,352,891.00</u>
FY 2022	\$ <u>74,523,478.00</u>
FY 2023	\$ <u>76,759,182.00</u>
FY 2024	\$ <u>79,061,957.00</u>
FY 2025	\$ <u>81,433,815.00</u>
FY 2026	\$ 83,876,829.00

Comprehensive Health Care Cost Proposal Not to Exceed Amount -ALTERNATIVE STAFFING PROPOSAL WITHOUT HEP C DAA

Bidders shall present the total cost of services for each year of the contract. As this is a full-risk contract for comprehensive health care services, KDOC will not be responsible for costs incurred above the amount bid.

FY 2021	\$_75,411,966.00
FY 2022	\$ <u>77,674,325.00</u>
FY 2023	\$ <u>80,004,554.00</u>
FY 2024	\$ <u>82,404,691.00</u>
FY 2025	\$ <u>84,876,832.00</u>
FY 2026	\$ 87,423,137.00

Comprehensive Health Care Cost Proposal by Facility BASE STAFFING PLAN

Facility	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Lansing -	Per Capita					
Medium/Maximum		\$18.43	\$18.98	\$19.55	\$20.14	\$20.74
Minimum 2,432	Total Cost					
2,102	\$15,886,220.00	\$16,362,806.00	\$16,853,690.80	\$17,359,301.52	\$17,880,080.57	\$18,416,482
Hutchinson -	Per Capita					
Central, South,	\$15.53	\$15.99	\$16.48	\$16.97	\$17.48	\$18.00
East 1,918	Total Cost					
1,910	\$10,872,087.00	\$11,198,249.61	\$11,534,197.10	\$11,880,223.01	\$12,236,629.70	\$12,603,728
El Dorado -	Per Capita					
Central, RDU 1,706	\$21.80	\$22.45	\$23.13	\$23.82	\$24.54	\$25,27
	Total Cost					
	\$13,574,642.00	\$13,981,881.26	\$14,401,337.70	\$14,833,377.83	\$15,278,379.	\$15,736,730
El Dorado - SE	Per Capita					
(Oswego CF)	\$21.45	\$22.10	\$22.76	\$23.44	\$24.14	\$24,87
262	Total Cost					
	\$2,051,264.00	\$2,112,801.92	\$2,176,185.98	\$2,241,471.56	\$2,308,715.70	\$2,377,977
Norton - Central,	Per Capita					
East (Stockton)	\$15.44	\$15.90	\$16.38	\$16.87	\$17.38	\$17.90
977	Total Cost					
	\$5,505,981.00	\$5,671,160.43	\$5,841,295.24	\$6,016,534.10	\$6,197,030.00	\$6,382,941.00
Ellsworth -	Per Capita					
Central, East	\$15.44	\$15.90	\$16.38	\$16.87	\$17.38	\$17.90
915	Total Cost					
	\$5,156,574.00	\$5,311,271.22	\$5,470,609.36	\$5,634,727.64	\$5,803,769.47	\$5,977,882.00
Topeka - Central,	Per Capita					
I/J, RDU, North 948	\$22.60	\$23.28	\$23.98	\$24.70	\$25.44	\$26.20
940	Total Cost					
	\$7,820,052.00	\$8,054,653.56	\$8,296,293.17	\$8,545,181.96	\$8,801,537.42	\$9,065,583.00
Larned	Per Capita					
598	\$15.44	\$15.90	\$16.38	\$16.87	\$17.37	\$17.90
	Total Cost					
	\$3,370,088.00	\$3,471,190.64	\$3,575,326.36	\$3,682,586.15	\$3,793,063.00	\$3,906,855.00
Winfield	Per Capita					
632	\$15.44	\$15.90	\$16.38	\$16.87	\$17.38	\$17.90
	Total Cost					
	\$3,561,699.00	\$3,668,549.97	\$3,778,606.47	\$3,891,964.66	\$4,008,723.00	\$4,128,985.00
Wichita Work	Per Capita					
Release 254	\$10.88	\$11.20	\$11.54	\$11.89	\$12.25	\$12.61
20.	Total Cost					
	\$1,008,684.00	\$1,038,944.52	\$1,070,112.86	\$1,102,216.24	\$1,135,282.00	\$1,169,341.00
Kansas Juvenile	Per Capita					
Corr. Complex	\$57.14	\$58.85	\$60.62	\$62.43	\$64.31	\$66.24
170	Total Cost					
	\$3,545,600.00	\$3,651,968.00	\$3,761,527.04	\$3,874,372.85	\$3,990,604.00	\$4,110,322.00

Event ID: EVT0006973

Page 69

Comprehensive Health Care Cost Proposal by Facility

ALTERNATIVE STAFFING PLAN

Facility	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Lancing						
Lansing - Medium/Maximum	Per Capita	Per Capita \$19.46	Per Capita \$20.04	Per Capita \$20.64	Per Capita \$21.26	Per Capita
Minimum	\$18.89	*	*	\$20.04	* -	\$21,90
2,432	Total Cost					
	\$16,768,275.00	\$17,271,323.25	\$17,789,462.95	\$18,323,146.84	\$18,872,841.24	\$19,439,026.48
Hutchinson - Central, South,	Per Capita					
East	\$17.33	\$17.84	\$18.39	\$18,94	\$19.50	\$20.09
1,918	Total Cost					
	\$12,132,213.00	\$12,496,179.39	\$12,871,064.77	\$13,257,196.71	\$13,654,912.62	\$14,064,559.99
El Dorado -	Per Capita					
Central, RDU 1,706	\$23.27	\$23,97	\$24.69	\$25,43	\$26,19	\$26,98
	Total Cost					
	\$14,491,536.00	\$14,926,282.08	\$15,374,070.54	\$15,835,292.66	\$16,310,351.44	\$16,799,661.98
El Dorado - SE	Per Capita					
(Oswego CF)	\$21.45	\$22.09	\$22.76	\$23.44	\$24.14	\$24,87
262	Total Cost					
	\$2,051,264.00	\$2,112,801.92	\$2.176.185.98	\$2,241,471.56	\$2,308,715.70	\$2,377,977.17
Norton - Central,	, ,	. , ,	Dor Conito	, , ,	Dar Canita	. , ,
East (Stockton)	Per Capita \$15.44	Per Capita \$15.90	Per Capita \$16.38	Per Capita \$16.87	Per Capita \$17.38	Per Capita \$17.90
977					·	·
1	Total Cost \$5,505,981.00	Total Cost	Total Cost \$5,841,295.24	Total Cost \$6,016,534.10	Total Cost \$6,197,030.12	Total Cost \$6,382,941.03
	\$5,505,981.00	\$5,671,160.43	\$5,841,295.24	\$6,016,334.10	\$0,197,030.12	\$0,382,941.03
Ellsworth - Central, East	Per Capita					
915	\$15.44	\$15.90	\$16.38	\$16.87	\$17.38	\$17.90
	Total Cost					
	\$5,156,574.00	\$5,311,271.22	\$5,470,609.36	\$5,634,727.64	\$5,803,769.47	\$5,977,882.55
Topeka - Central,	Per Capita					
I/J, RDU, North 948	\$22.60	\$23.28	\$23.98	\$24.70	\$25.44	\$26.20
340	Total Cost					
	\$7,820,052.00	\$8,054,653.56	\$8,296,293.17	\$8,545,181.96	\$8,801,537.42	\$9,065,583.54
Larned	Per Capita					
598	\$15.44	\$15.90	\$16.38	\$16.87	\$17.38	\$17.90
	Total Cost					
	\$3,370,088.00	\$3,471,190.64	\$3,575,326.36	\$3,682,586.15	\$3,793,063.73	\$3,906,855.65
Winfield	Per Capita					
622	\$15.44	\$15.90	\$16.38	\$16.87	\$17.38	\$17.90
632	Total Cost					
	\$3,561,699.00	\$3,668,549.97	\$3,778,606.47	\$3,891,964.66	\$4,008,723.60	\$4,128,985.31
Wichita Work		1 1		1		. , ,
Release	Per Capita \$10.88	Per Capita \$11.21	Per Capita \$11.54	Per Capita \$11.89	Per Capita \$12.25	Per Capita \$12.61
254			, ·	*		
	Total Cost	Total Cost \$1,038,944.52	Total Cost	Total Cost \$1,102,216.24	Total Cost	Total Cost
Kanana I "	\$1,008,684.00	\$1,030,744.32	\$1,070,112.86	\$1,102,210.24	\$1,135,282.73	\$1,169,341.21
Kansas Juvenile Corr. Complex	Per Capita					
Complex	\$57.14	\$58.85	\$60.62	\$62.44	\$64.31	\$66.24
170	Total Cost					
	\$3,545,600.00	\$3,651,968.00	\$3,761,527.04	\$3,874,372.85	\$3,990,604.04	\$4,110,322.16

Comprehensive Health Care Cost Proposal Health Care Services Category Identification BASE STAFFING PROPOSAL OR

ALTERNATIVE STAFFING PROPOSAL

Each of these health care service categories shall be included in the comprehensive bid price. Project the total cost for each health care service category:

Service	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Offsite Hospital Care	\$4,800,000.00	\$4,944,000.00	\$5,092,320.00	\$5,245,089.00	\$5,402,442.00	\$5,564,515.00
Outpatient Surgery/Site Ambulance Services	\$1,900,000.00	\$1,957,000.00	\$2,015,710.00	\$2,076,181.00	\$2,136,652.00	\$2,200,751.00
Pharmacy (excluding hep c DAA)	\$5,830,800.00	\$6,005,724.00	\$6,185,895.00	\$6,371,472.00	\$6,562,616.00	\$6,759,494.00
RDU	\$1,732,753.00	\$1,784,735.59	\$1,838,277.66	\$1,893,425.99	\$1,950,228.77	\$2,008,735.63
Behavioral Health & Forensic Services	\$13,390,019.00	\$13,791,719.57	\$14,205,471.16	\$14,631,635.29	\$15,070,584.35	\$15,522,701.88
Hepatitis C DAA Treatment	\$8,500,000.00	\$8,755,000.00	\$9,017,650.00	\$9,288,179.50	\$9,566,824.89	\$9,853,829.63
Electronic Health Record System	\$932,000.00	\$959,960.00	\$988,758.80	\$1,018,421.56	\$1,048,974.21	\$1,080,443.44
Overhead	\$1,952,912.00	\$2,011,499.36	\$2,071,844.34	\$2,133,999.67	\$2,198,019.66	\$2,263,960.25
Profit	\$1,952,912.00	\$2,011,499.36	\$2,071,844.34	\$2,133,999.67	\$2,198,019.66	\$2,263,960.25

Appendix F - Base Staffing Plan - VitalCore Health Strategies, LLC													
	Lansing	Hutchinson	El Dorado - CU, RDU	El Dorado - SE (Oswego)	Winfield	Wichita	Ellsworth	Norton	Topeka	Larned	Ks Juvenile	Regional	Total
Contract Capacity:	2,432	1,918	1,806	262	632	254	915	977	948	598			10,912
HSA	1.00	1.00	1.00	0.00	1.00	0.00	1.00	1.00	1.00	1.00		0.00	9.00
DON	1.00	1.00		1.00	1.00	0.00	1.00	1.00	1.00	1.00		0.00	11.00
MD	2.00	1.50		0.35	0.40	0.25	0.50	0.40	0.80	0.35		0.00	8.15
PA/NP/ARNP	2.60	1.50		0.25	0.60	0.00	0.35	1.00	1.00	0.50		0.00	11.00
DDS	2.50	2.00		0.20	0.50	0.00	1.00	1.00	1.00	0.25		0.00	11.55
Dental Assistant	2.50	2.00		0.20	0.50	0.00	1.00	1.00	1.20	0.25		0.00	11.40
RN	19.80	22.60	23.10	4.00	7.20	1.00	8.80	9.50	12.20	7.20		0.00	125.60
LPN	13.00	10.60	11.90	1.00	4.00	2.00	5.00	4.70	8.20	4.00		0.00	65.40
CMA	9.40	10.60	12.40	3.80	0.00	0.00	2.00	1.00	5.00	0.00		0.00	45.20
EMT	4.20	4.20	4.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	12.60
Admin Assist	1.00	1.00		0.00	1.00	0.00	0.00	1.00	0.50	1.00	1.00	0.00	7.50
Med Records	2.80	2.00	3.00	0.00	1.00	0.00	1.00	1.00	1.00	1.00	2.00	0.00	14.80
Ward Clerk	2.00	1.00		0.00	0.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.50
Lab Tech	1.00	0.50	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.50
X-Ray Tech	0.50	0.50	1.00	0.10	0.10	0.00	0.10	0.00	0.25	0.00	0.10	0.00	2.65
SUB TOTAL	65.30	62.00	70.60	10.80	17.80	3.25	21.75	22.60	33.15	16.55	19.95	0.00	343.85
MENTAL HEALTH													
Clinical Director, PhD	1.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	1.00	0.00	4.00
Psychiatrist	1.00	1.00	2.00	0.00	0.33	0.00	0.33	0.40	1.00	0.20	0.60	0.00	6.86
Psych APRN	1.80	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.80
Forensic Psychologist, Ph.D.	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	3.00
Behavorial Health Prof., MA/MSW	17.00	11.00	19.00	1.00	2.75	0.25	3.00	3.00	7.00	2.00	7.00	0.00	73.00
Admin Assist	1.00	1.00	1.50	0.00	0.50	0.00	1.00	0.90	1.00	0.00	1.00	0.00	7.90
Activity & Rec. Therapist, BA	7.00	2.00		1.00	0.00	0.00	0.00	0.00	2.00	0.00		0.00	20.00
Psych RN	1.00	0.00		0.00	0.00	0.00	0.00	0.00	1.00	0.00		0.00	3.00
Psychologist, Ph.D., RDU	0.00	1.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
Psychom, BA RDU	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Psychologist, MA, RDU	0.00	0.00		0.00	0.00	0.00	0.00	0.00	1.00	0.00		0.00	10.00
Physician, RDU	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.30
Psychiatrist RDU	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Licensed Addiction Counselor, BA	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	3.00
Sex Offender Treatment, MA/MSW	0.00	0.00		0.00		0.00	0.00	0.00	0.00	0.00		0.00	2.00
SUB TOTAL	31.80	16.00		2.00		0.25	4.33	4.30	14.00	3.20		0.00	139.86
REGIONAL STAFF													
Regional Vice President												1.00	1.00
Regional Medical Director												1.00	1.00
Assoc. Regional Medical Director												0.25	0.25
PA/NP/ARNP												1.00	1.00
Regional Dental Director												0.50	0.50
Regional Psychiatric Director												1.00	1.00
Regional Manager												1.00	1.00
Regional Director of Nursing												1.00	1.00
Admin Assistant	Not Applicable								1.50	1.50			
UM Coordinator												1.00	1.00
QI Coordinator												1.00	1.00
Regional Mental Health Coord												1.00	1.00
Regional Telepsych												0.50	0.50
ART Clerk												1.00	1.00
IT / EMR Support	<u> </u>								5.00				
												17.75	5.00 17.75
SUB TOTAL												17./5	17.75
RFP TOTAL	97.10	78.00	112.40	12.90	21.38	3.50	26.08	26.90	47.15	19.75	38.55	17.75	501.46



Direct Labor for Base Year KDOC

Redefining healt	ricare						Divost I stand								
			Dogular II-				Direct Labor Cost		Dool: C	<u> </u>					
		5.0	Regular Hours	5		Night S	hift Differential		Back Fi	<u> </u>					
Personnel Costs cover all Contract Line Items (CLINs)	Hours by FTE	Estimated Labor Hours Auto Imported from Tab2	Regular Hourly Rate \$	Regular Hou	s Cost 1	Estimated Night Shift Hours***	Night Shift Differential Cost* Differential Rate \$2.00	Backfill Hours 0.05 of FTE	Regular Hourly ra	te Bac	ck Fill Costs	Total Labor Hour Cost	Total Benefit Percent: 23%	Labor Overhead: 1%	Total Annual Direct Labor
HSA	9.00	360.00	\$ 50.00	\$ 18,	00.00	0	\$ -	0	\$ 50	.00 \$		\$18,000.00	\$4,140.00	\$221.40	\$22,361.40
DON	11.00	440.00	\$ 40.00	\$ 17,	00.00	0	\$ -	0	\$ 40	.00 \$	-	\$17,600.00	\$4,048.00	\$216.48	\$21,864.48
MD	8.15	326.00	\$ 150.00	\$ 48	00.00	0	\$ -	16.3	\$ 150	.00 \$	2,445.00	\$51,345.00	\$11,809.35	\$631.54	\$63,785.89
PA/NP/ARNP	11.00	440.00	\$ 70.00	\$ 30,	300.00	0	\$ -	22	\$ 70	.00 \$	1,540.00	\$32,340.00	\$7,438.20	\$397.78	\$40,175.98
DDS	11.55	462.00	\$ 110.00	\$ 50,	320.00	0	\$ -	23.1	\$ 110	.00 \$	2,541.00	\$53,361.00	\$12,273.03	\$656.34	\$66,290.37
Dental Assistant	11.40	456.00	\$ 28.00	\$ 12	768.00	0	\$ -	22.8	\$ 28	.00 \$	638.40	\$13,406.40	\$3,083.47	\$164.90	\$16,654.77
RN	125.60	5024.00	\$ 33.00	\$ 165	92.00	1000	\$ 2,000.00	251.2	\$ 33	.00 \$	8,289.60	\$176,081.60	\$40,498.77	\$2,165.80	\$218,746.17
LPN	65.40	2616.00	\$ 27.00	\$ 70	32.00	604	\$ 1,208.00	130.8	\$ 27.	.00 \$	3,531.60	\$75,371.60	\$17,335.47	\$927.07	\$93,634.14
CMA	45.20	1808.00	\$ 22.00	\$ 39	76.00	604	\$ 1,208.00	90.4	\$ 22	.00 \$	1,988.80	\$42,972.80	\$9,883.74	\$528.57	\$53,385.11
EMT	12.60	504.00	\$ 28.00		12.00	150	\$ 300.00	25.2		.00 \$	705.60	\$15,117.60	\$3,477.05	\$185.95	\$18,780.59
Admin Assist	7.50	300.00	\$ 20.00		00.00	0	\$ -	0	\$ 20		-	\$6,000.00	\$1,380.00	\$73.80	\$7,453.80
Med Records	14.80	592.00	\$ 20.00		340.00	0	\$ -	0	\$ 20		-	\$11,840.00	\$2,723.20	\$145.63	\$14,708.83
Ward Clerk	5.50	220.00	\$ 20.00		100.00	0	\$ -	0	\$ 20		-	\$4,400.00	\$1,012.00	\$54.12	\$5,466.12
Lab Tech	2.50	100.00	\$ 22.00	<u>'</u>	200.00	0	\$ -	0	\$ 22		-	\$2,200.00	\$506.00	\$27.06	\$2,733.06
X-Ray Tech	2.65	106.00	\$ 30.00		80.00	0	\$ -	0	\$ 30		-	\$3,180.00	\$731.40	\$39.11	\$3,950.51
Clinical Director, PhD	4.00	160.00	\$ 55.00		300.00	0	\$ -	0	\$ 55	.00 \$	-	\$8,800.00	\$2,024.00	\$108.24	\$10,932.24
Psychiatrist	6.86	274.40	\$ 175.00		20.00	0	\$ -	13.72	\$ 175		2,401.00	\$50,421.00	\$11,596.83	\$620.18	\$62,638.01
Psych APRN	2.80	112.00		· '	340.00	0	\$ -	5.6	\$ 70		392.00	\$8,232.00	\$1,893.36	\$101.25	\$10,226.61
Forensic Psychologist, Ph.D.	3.00	120.00	\$ 55.00		500.00	0	\$ -	0		.00 \$	-	\$6,600.00	\$1,518.00	\$81.18	\$8,199.18
Behavorial Health Prof., MA/MSW	73.00	2920.00	\$ 32.00		140.00	0	\$ -	146	\$ 32		4,672.00	\$98.112.00	\$22.565.76	\$1.206.78	\$121.884.54
Admin Assist	7.90	316.00	7		320.00	0	\$ -	0	\$ 20		-,072.00	\$6,320.00	\$1,453.60	\$77.74	\$7,851.34
Activity & Rec. Therapist, BA	20.00	800.00	\$ 22.00		600.00	240	\$ 480.00	0	\$ 22		_	\$18,080.00	\$4,158.40	\$222.38	\$22,460.78
Psych RN	3.00	120.00	\$ 33.00		960.00	0	\$ -	0	\$ 33		_	\$3,960.00	\$910.80	\$48.71	\$4,919.51
Psychologist, Ph.D., RDU	2.00	80.00	\$ 45.00		500.00	0	\$ -	0		.00 \$	-	\$3,600.00	\$828.00	\$44.28	\$4,472.28
Psychom, BA RDU	1.00	40.00	\$ 28.00		20.00	0	\$ -	0	\$ 28			\$1,120.00	\$257.60	\$13.78	\$1,391.38
Psychologist, MA, RDU	10.00	400.00	\$ 30.00		00.00	0	\$ -	20	\$ 30		600.00	\$12,600.00	\$2,898.00	\$154.98	\$15,652.98
Physician, RDU	0.30	12.00	•		800.00	0	\$ -	0.6	\$ 150		90.00	\$1.890.00	\$434.70	\$23.25	\$2.347.95
Psychiatrist RDU	1.00	40.00			00.00	0	\$ -	2	\$ 175		350.00	\$7,350.00	\$1,690.50	\$90.41	\$9,130.91
Licensed Addiction Counselor, BA	3.00	120.00	\$ 30.00		500.00	0	\$ -	6	\$ 30	7	180.00	\$3,780.00	\$869.40	\$46.49	\$4,695.89
Sex Offender Treatment, MA/MSW	2.00	80.00	\$ 30.00		100.00	0	\$ -	4	\$ 30		120.00	\$2,520.00	\$579.60	\$31.00	\$3,130.60
Regional Vice President	1.00	40.00	\$ 75.00		00.00	0	\$ -	0	\$ 75		-	\$3,000.00	\$690.00	\$36.90	\$3,726.90
Regional Medical Director	1.00	40.00	\$ 188.00		20.00	0	\$ -	0	\$ 188		_	\$7,520.00	\$1,729.60	\$92.50	\$9,342.10
Assoc. Regional Medical Director	0.25	10.00	\$ 179.00		90.00	0	\$ -	0	\$ 179		_	\$1,790.00	\$411.70	\$22.02	\$2,223.72
PA/NP/ARNP	1.00	40.00	\$ 75.00		00.00	0	\$ -	0	\$ 75		_	\$3,000.00	\$690.00	\$36.90	\$3,726.90
Regional Dental Director	0.50	20.00	\$ 125.00		00.00	0	\$ -	0	\$ 125		_	\$2,500.00	\$575.00	\$30.75	\$3,105.75
Regional Psychiatric Director	1.00	40.00	7		200.00	0	\$ -	0	\$ 180		_	\$7,200.00	\$1,656.00	\$88.56	\$8,944.56
Regional Manager	1.00	40.00	\$ 60.00	· · · · · ·	100.00	0	\$ -	0	\$ 60		-	\$2,400.00	\$552.00	\$29.52	\$2,981.52
Regional Director of Nursing	1.00	40.00	\$ 50.00		00.00	0	\$ -	0	\$ 50		_	\$2,000.00	\$460.00	\$24.60	\$2,484.60
Admin Assistant	1.50	60.00	\$ 25.00	· · · · · ·	00.00	0	\$ -	0	\$ 25		_	\$1,500.00	\$345.00	\$18.45	\$1,863.45
UM Coordinator	1.00	40.00	\$ 40.00	· ·	500.00	0	\$ -	0	\$ 40	,00 y		\$1,600.00	\$368.00	\$19.68	\$1,987.68
QI Coordinator	1.00	40.00	7		600.00	0	\$ -	0	\$ 40		-	\$1,600.00	\$368.00	\$19.68	\$1,987.68
Regional Mental Health Coord	1.00	40.00	\$ 65.00	7 -	600.00	0	\$ -	0	\$ 65		_	\$2,600.00	\$598.00	\$31.98	\$3,229.98
Regional Telepsych	0.50	20.00	7	, , , , , , , , , , , , , , , , , , ,	00.00	0	\$ - \$ -	1	\$ 150		150.00	\$2,600.00	\$724.50	\$31.98	\$3,229.98
ART Clerk	1.00	40.00	\$ 150.00		320.00	0	\$ - \$ -	0	\$ 150		150.00	\$3,150.00	\$724.50	\$38.75	\$3,913.25
IT / EMR Support	5.00	200.00	\$ 33.00		000.00	80	\$ 160.00	0	\$ 33		-	\$1,320.00	\$303.60	\$16.24 \$75.77	\$1,639.84
TOTAL			7			οU	00.001 ج	780.72		.uu \$	20 625 00	. ,		·	. ,
	501.46	20,058.40	,		50.00					\$	30,635.00	\$803,941.00	\$184,906.43	\$9,888.47	\$998,735.90
AVERAGED/ANNUALIZED		1,043,036.80	\$ 66.70	\$ 39,933,4	00.00			40,597.44		\$1,5	593,020.00	\$41,804,932.00	\$9,615,134.36	\$514,200.66	\$51,934,267.02

		Appe	ndix F -AL	TERNATIV	E Staffin	g Plan - '	VitalCore	Health S	trategies				
	Lansing	Hutchinson	El Dorado - CU, RDU	El Dorado - SE (Oswego)	Winfield	Wichita	Ellsworth	Norton	Topeka	Larned	Ks Juvenile	Regional	Total
Contract Capacity:	2,432	1,918	1,806	262	632	254	915	977	948	598	170		10,912
HSA	1.00	1.00	1.00	0.00	1.00	0.00	1.00	1.00	1.00	1.00	1.00	0.00	9.00
DON	1.00	1.00	2.00	1.00	1.00	0.00	1.00	1.00		1.00	1.00	0.00	11.00
MD	2.00	1.50	2.00	0.35	0.40	0.25	0.50	0.40	0.80	0.35	0.60	0.00	9.15
PA/NP/ARNP	2.60	2.00	3.00	0.25	0.60	0.00	0.80	1.00	2.00	0.50	0.20	0.00	12.95
DDS	2.50	2.00	2.00	0.20	0.50	0.00	1.00	1.00		0.25		0.00	11.55
Dental Assistant	2.50	2.00	2.00	0.20	0.50	0.00	1.00	1.00		0.25		0.00	11.40
RN	27.00	25.00	25.00	4.00	7.20	1.00	9.50	9.50		7.20		0.00	143.60
LPN	13.00	10.60	11.90	1.00	4.00	2.00	5.00	6.00		4.00	1.00	0.00	68.50
CMA	9.40	10.60	12.40	3.80	0.00	0.00	2.00	1.00		0.00		0.00	45.20
EMT	4.20	4.20	4.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12.60
Admin Assist	1.00	1.00	1.00	0.00	1.00	0.00	0.00	1.00	0.50	1.00	1.00	0.00	7.50
Med Records	2.80	2.00	3.00	0.00	1.00	0.00	1.00	1.00		1.00		0.00	14.80
Ward Clerk	2.00	1.00	2.00	0.00	0.50	0.00	0.00	0.00		0.00		0.00	5.50
Lab Tech	1.00	0.50	1.00	0.00	0.00	0.00	0.00	0.00		0.00		0.00	2.50
X-Ray Tech	0.50	0.50	1.00	0.10	0.10	0.00	0.10	0.10		0.10		0.00	2.85
SUB TOTAL	72.50	64.90	73.50	10.90	17.80	3.25	22.90	24.00	41.75	16.65	19.95	0.00	368.10
MENTAL HEALTH													
Clinical Director, PhD	1.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00		0.00		0.00	4.00
Psychiatrist	1.00	1.00	2.00	0.00	0.33	0.00	0.33	0.40		0.20		0.00	6.86
Psych APRN	1.80	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.80
Forensic Psychologist, Ph.D.	2.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00		1.00			4.00
Behavorial Health Prof., MA/MSW	17.00	11.00	19.00	1.00	2.75	0.25	3.00	3.00		2.00		0.00	73.00
Admin Assist	1.00	1.00	1.50	0.00	0.50	0.00	1.00	0.90		0.00		0.00	7.90
Activity & Rec. Therapist, BA	7.00	2.00	5.00	1.00	0.00	0.00	0.00	0.00		0.00		0.00	20.00
Psych RN	1.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00		0.00		0.00	3.00
Psychologist, Ph.D., RDU	0.00	1.00	1.00	0.00	0.00	0.00	0.00	0.00		0.00		0.00	2.00
Psychom, BA RDU	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00		0.00		0.00	1.00
Psychologist, MA, RDU	0.00	0.00	8.00	0.00	0.00	0.00	0.00	0.00		0.00		0.00	10.00
Physician, RDU	0.00	0.00	0.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.30
Psychiatrist RDU	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00		0.00		0.00	1.00
Licensed Addiction Counselor, BA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00		0.00	3.00
Sex Offender Treatment, MA/MSW	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00		0.00	2.00
SUB TOTAL REGIONAL STAFF	31.80	16.00	42.80	2.00	3.58	0.25	4.33	4.30	14.00	3.20	18.60	0.00	140.86
Regional Vice President												1.00	1.00
Regional Medical Director												1.00	1.00
Assoc. Regional Medical Director												1.00	1.00
PA/NP/ARNP												1.00	1.00
Regional Dental Director												0.50	0.50
Regional Psychiatric Director												1.00	1.00
Regional Manager												1.00	1.00
Regional Director of Nursing												1.00	1.00
Admin Assistant					Not	Applicable						1.50	1.50
Regional Pharmacist						пррпоавто						1.00	1.00
UM Coordinator												1.00	1.00
QI Coordinator												1.00	1.00
Regional Mental Health Coord												1.00	1.00
Regional Telepsych												0.50	0.50
ART Clerk												1.00	1.00
IT / EMR Support	5.00							5.00					
SUB TOTAL												19.50	19.50
													70.00
RFP TOTAL	104.30	80.90	116.30	12.90	21.38	3.50	27.23	28.30	55.75	19.85	38.55	508.96	528.46
MIT IOTAL	104.30	00.90	110.30	12.90	21.30	3.50	21.23	20.30	33.73	19.00	30.33	300.90	320.40



Direct Labor for Base Year KDOC

Redefining	J Healthica	ie.				Direct Labor Cast							
			Pogular House			Direct Labor Costs	l	Pack Fill		1			
		Estimated Labor	Regular Hours		Night S	hift Differential Night Shift		Back Fill					
Personnel Costs cover all Contract Line Items (CLINs)	Hours by FTE	Hours Auto Imported from Tab2	Regular Hourly Rate \$	Regular Hours Cost	Estimated Night Shift Hours***	Differential Cost* Differential Rate \$2.00	Backfill Hours 0.05 of FTE	Regular Hourly rate	Back Fill Costs	Total Labor Hour Cost	Total Benefit Percent: 23%	Labor Overhead: 1%	Total Annual Direct Labor
HSA	9.00	360.00	\$ 50.00	\$ 18,000.00	0	\$ -	0	\$ 50.00	\$ -	\$18,000.00	\$4,140.00	\$221.40	\$22,361.40
DON	11.00	440.00	\$ 40.00	\$ 17,600.00	0	\$ -	0	\$ 40.00	\$ -	\$17,600.00	\$4,048.00	\$216.48	\$21,864.48
MD	9.15	366.00	\$ 150.00	\$ 54,900.00	0	\$ -	18.3	\$ 150.00	\$ 2,745.00	\$57,645.00	\$13,258.35	\$709.03	\$71,612.38
PA/NP/ARNP	12.95	518.00	\$ 70.00	\$ 36,260.00	0	\$ -	25.9	\$ 70.00	\$ 1,813.00	\$38,073.00	\$8,756.79	\$468.30	\$47,298.09
DDS	11.55	462.00	\$ 110.00	\$ 50,820.00	0	\$ -	23.1	\$ 110.00	\$ 2,541.00	\$53,361.00	\$12,273.03	\$656.34	\$66,290.37
Dental Assistant	11.40	456.00	\$ 28.00	\$ 12,768.00	0	\$ -	22.8	\$ 28.00	\$ 638.40	\$13,406.40	\$3,083.47	\$164.90	\$16,654.77
RN	143.60	5744.00	\$ 33.00	\$ 189,552.00	1000	\$ 2,000.00	287.2	\$ 33.00	\$ 9,477.60	\$201,029.60	\$46,236.81	\$2,472.66	\$249,739.07
LPN	68.50	2740.00	\$ 27.00	\$ 73,980.00	604	\$ 1,208.00	137	\$ 27.00	\$ 3,699.00	\$78,887.00	\$18,144.01	\$970.31	\$98,001.32
CMA	45.20	1808.00	\$ 22.00	\$ 39,776.00	604	\$ 1,208.00	90.4	\$ 22.00	\$ 1,988.80	\$42,972.80	\$9,883.74	\$528.57	\$53,385.11
EMT	12.60	504.00	\$ 28.00	\$ 14,112.00	150	\$ 300.00	25.2	\$ 28.00	\$ 705.60	\$15,117.60	\$3,477.05	\$185.95	\$18,780.59
Admin Assist	7.50	300.00	\$ 20.00	\$ 6,000.00	0	\$ -	0	\$ 20.00	\$ -	\$6,000.00	\$1,380.00	\$73.80	\$7,453.80
Med Records	14.80	592.00	\$ 20.00	\$ 11,840.00	0	\$ -	0	\$ 20.00	\$ -	\$11,840.00	\$2,723.20	\$145.63	\$14,708.83
Ward Clerk	5.50	220.00	\$ 20.00	\$ 4,400.00	0	\$ -	0	\$ 20.00	\$ -	\$4,400.00	\$1,012.00	\$54.12	\$5,466.12
Lab Tech	2.50	100.00	\$ 22.00	\$ 2,200.00	0	\$ -	0	\$ 22.00	\$ -	\$2,200.00	\$506.00	\$27.06	\$2,733.06
X-Ray Tech	2.85	114.00	\$ 30.00	\$ 3,420.00	0	\$ -	0	\$ 30.00	\$ -	\$3,420.00	\$786.60	\$42.07	\$4,248.67
Clinical Director, PhD	4.00	160.00	\$ 55.00	\$ 8,800.00	0	\$ -	0	\$ 55.00	\$ -	\$8,800.00	\$2,024.00	\$108.24	\$10,932.24
Psychiatrist	6.86	274.40	\$ 175.00	\$ 48,020.00	0	\$ -	13.72	\$ 175.00	\$ 2,401.00	\$50,421.00	\$11,596.83	\$620.18	\$62,638.01
Psych APRN	2.80	112.00	\$ 70.00	\$ 7,840.00	0	\$ -	5.6	\$ 70.00	\$ 392.00	\$8,232.00	\$1,893.36	\$101.25	\$10,226.61
Forensic Psychologist, Ph.D.	4.00	160.00	\$ 55.00	\$ 8,800.00	0	\$ -	0	\$ 55.00	\$ -	\$8,800.00	\$2,024.00	\$108.24	\$10,932.24
Behavorial Health Prof., MA/MSW	73.00	2920.00	\$ 30.00	\$ 87,600.00	0	\$ -	146	\$ 30.00	\$ 4,380.00	\$91,980.00	\$21,155.40	\$1,131.35	\$114,266.75
Admin Assist	7.90	316.00	\$ 20.00	\$ 6,320.00	0	\$ -	0	\$ 20.00	\$ -	\$6,320.00	\$1,453.60	\$77.74	\$7,851.34
Activity & Rec. Therapist, BA	20.00	800.00	\$ 24.00	\$ 19,200.00	240	\$ 480.00	0	\$ 24.00	\$ -	\$19,680.00	\$4,526.40	\$242.06	\$24,448.46
Psych RN	3.00	120.00	\$ 33.00	\$ 3,960.00	0	\$ -	0	\$ 33.00	\$ -	\$3,960.00	\$910.80	\$48.71	\$4,919.51
Psychologist, Ph.D., RDU	2.00	80.00	\$ 50.00	\$ 4,000.00	0	\$ -	0	\$ 50.00	\$ -	\$4,000.00	\$920.00	\$49.20	\$4,969.20
Psychom, BA RDU	1.00	40.00	\$ 28.00	\$ 1,120.00	0	\$ -	0	\$ 28.00	\$ -	\$1,120.00	\$257.60	\$13.78	\$1,391.38
Psychologist, MA, RDU	10.00	400.00	\$ 30.00	\$ 12,000.00	0	\$ -	20	\$ 30.00	\$ 600.00	\$12,600.00	\$2,898.00	\$154.98	\$15,652.98
Physician, RDU	0.30	12.00	\$ 150.00	\$ 1,800.00	0	\$ -	0.6	\$ 150.00	\$ 90.00	\$1,890.00	\$434.70	\$23.25	\$2,347.95
Psychiatrist RDU	1.00	40.00	\$ 175.00	\$ 7,000.00	0	\$ -	2	\$ 175.00	\$ 350.00	\$7,350.00	\$1,690.50	\$90.41	\$9,130.91
Licensed Addiction Counselor, BA	3.00	120.00	\$ 30.00	\$ 3,600.00	0	\$ -	6	\$ 30.00	\$ 180.00	\$3,780.00	\$869.40	\$46.49	\$4,695.89
Sex Offender Treatment, MA/MSW	2.00	80.00	\$ 30.00	\$ 2,400.00	0	\$ -	4	\$ 30.00	\$ 120.00	\$2,520.00	\$579.60	\$31.00	\$3,130.60
Regional Vice President	1.00	40.00	\$ 75.00	\$ 3,000.00	0	\$ -	0	\$ 75.00	\$ -	\$3,000.00	\$690.00	\$36.90	\$3,726.90
Regional Medical Director	1.00	40.00	\$ 188.00	\$ 7,520.00	0	\$ -	0	\$ 188.00	\$ -	\$7,520.00	\$1,729.60	\$92.50	\$9,342.10
Assoc. Regional Medical Director	1.00	40.00	\$ 188.00	\$ 7,520.00	0	\$ -	0	\$ 188.00	\$ -	\$7,520.00	\$1,729.60	\$92.50	\$9,342.10
PA/NP/ARNP	1.00	40.00	\$ 70.00	\$ 2,800.00	0	\$ -	0	\$ 70.00	\$ -	\$2,800.00	\$644.00	\$34.44	\$3,478.44
Regional Dental Director	0.50	20.00	\$ 125.00	\$ 2,500.00	0	\$ -	0	\$ 125.00	\$ -	\$2,500.00	\$575.00	\$30.75	\$3,105.75
Regional Psychiatric Director	1.00	40.00	\$ 175.00	\$ 7,000.00	0	\$ -	0	\$ 175.00	\$ -	\$7,000.00	\$1,610.00	\$86.10	\$8,696.10
Regional Manager	1.00	40.00	\$ 60.00	\$ 2,400.00	0	\$ -	0	\$ 60.00	\$ -	\$2,400.00	\$552.00	\$29.52	\$2,981.52
Regional Director of Nursing	1.00	40.00	\$ 50.00	\$ 2,000.00	0	\$ -	0	\$ 50.00	\$ -	\$2,000.00	\$460.00	\$24.60	\$2,484.60
Admin Assistant	1.50	60.00	\$ 22.00	\$ 1,320.00	0	\$ -	0	\$ 22.00	\$ -	\$1,320.00	\$303.60	\$16.24	\$1,639.84
UM Coordinator	1.00	40.00	\$ 40.00	\$ 1,600.00	0	\$ -	0	\$ 40.00	\$ -	\$1,600.00	\$368.00	\$19.68	\$1,987.68
Regional Pharmacist	1.00	40.00	\$ 90.00	\$ 3,600.00	0	\$ -	0	\$ 90.00	\$ -	\$3,600.00	\$828.00	\$44.28	\$4,472.28
QI Coordinator	1.00	40.00	\$ 40.00	\$ 1,600.00	0	\$ -	0	\$ 40.00	\$ -	\$1,600.00	\$368.00	\$19.68	\$1,987.68
Regional Mental Health Coord	1.00	40.00	\$ 60.00	\$ 2,400.00	0	\$ -	0	\$ 60.00	\$ -	\$2,400.00	\$552.00	\$29.52	\$2,981.52
Regional Telepsych	0.50	20.00	\$ 150.00	\$ 2,400.00	0	\$ -	1	\$ 150.00	\$ 150.00	\$3,150.00	\$724.50	\$38.75	\$3,913.25
ART Clerk	1.00	40.00	\$ 33.00	\$ 1,320.00	0	\$ -	0	\$ 33.00	\$ 130.00	\$1,320.00	\$303.60	\$16.24	\$1,639.84
IT / EMR Support	5.00	200.00	\$ 30.00	\$ 6.000.00	80	\$ 160.00	0	\$ 30.00	\$.	\$6,160.00	\$1.416.80	\$75.77	\$7,652.57
TOTAL	528.46	21138.4	\$ 30.00	\$ 813,668.00	80	÷ 100.00	828.82	30.00 ډ	\$ 32,271.40	\$851,295.40	\$1,416.80 \$195,797.94	\$10,470.93	\$1,057,564.28
	320.40		,.						. ,				
AVERAGED/ANNUALIZED		1,099,196.80	\$ 67.13	\$ 42,310,736.00			43,098.64		\$ 1,678,112.80	\$44,267,360.80	\$10,181,492.98	\$544,488.54	\$54,993,342.32

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2021</u>

FACILITY Lansing Correctional Facility	
Per-Offender-Per-Day Base Cost: \$17.89	Total: <u>\$15,886,220.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
30%	\$ <u>4.95</u>
40%	\$ <u>9.80</u>
50%	\$ <u>12.40</u>
60%	\$ <u>17.89</u>
70%	\$ <u>17.89</u>
80%	\$ <u>17.89</u>
90%	\$ <u>17.89</u>
100%	\$_17.89

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2022</u>

FACILITY Lansing Correctional Facility	
Per-Offender-Per-Day Base Cost: \$18.43	Total: \$16,362,806.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
	\$ <u>4.95</u>
40%	\$ <u>9.80</u>
50%	\$ <u>12.40</u>
60%	\$ <u>18.43</u>
70%	\$ <u>18.43</u>
80%	\$ <u>18.43</u>
90%	\$ <u>18.43</u>
100%	\$ <u>18.43</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2023</u>

FACILITY Lansing Correctional Facility	
Per-Offender-Per-Day Base Cost: \$18.98	Total: \$16,853,690.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
	\$ <u>5.95</u>
40%	\$ <u>1080</u>
50%	\$ <u>13.40</u>
60%	\$ <u>18.98</u>
70%	\$ <u>18.98</u>
80%	\$ <u>18.98</u>
90%	\$ <u>18.98</u>
100%	\$ <u>18.98</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2024</u>

FACILITY Lansing Correctional Facility	
Per-Offender-Per-Day Base Cost: \$19.55	Total: \$17,359,301.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
	\$ <u>5.95</u>
40%	\$ <u>1080</u>
50%	\$ <u>13.40</u>
60%	\$ <u>19.55</u>
70%	\$ <u>19.55</u>
80%	\$ <u>19.55</u>
90%	\$ <u>19.55</u>
100%	\$_19.55

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2025</u>

FACILITY Lansing Correctional Facility	
Per-Offender-Per-Day Base Cost: \$20.14	Total: \$17,880,080.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
30%	\$ <u>6.95</u>
40%	\$ <u>11.80</u>
50%	\$ <u>14.40</u>
60%	\$ <u>20.14</u>
70%	\$ <u>20.14</u>
80%	\$ <u>20.14</u>
90%	\$ <u>20.14</u>
100%	\$.20.14

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2026</u>

FACILITY Lansing Correctional Facility	
Per-Offender-Per-Day Base Cost: \$20.74	Total: \$18,416,482.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
30%	\$ <u>6.95</u>
40%	\$ <u>11.80</u>
50%	\$ <u>14.40</u>
60%	\$ <u>20.74</u>
70%	\$ <u>20.74</u>
80%	\$ <u>20.74</u>
90%	\$ <u>20.74</u>
100%	\$.20.74

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2021</u>

FACILITY Lansing Correctional Facility	
Per-Offender-Per-Day Base Cost: \$17.89	Total: <u>\$15,886,220.00</u>
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
30%	\$2 <u>.95</u>
40%	\$ <u>3.80</u>
50%	\$ <u>4.80</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$_17.89

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2022</u>

FACILITY Lansing Correctional Facility	
Per-Offender-Per-Day Base Cost: \$18.43	Total: \$16,362,806.00
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
30%	\$ <u>2.95</u>
40%	\$ <u>3.80</u>
50%	\$ <u>3.80</u>
60%	\$ <u>3.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$.18.43

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2023</u>

FACILITY Lansing Correctional Facility	
Per-Offender-Per-Day Base Cost: \$18.98	Total: <u>\$16,853,690.00</u>
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
30%	\$ <u>3.00</u>
40%	\$ <u>3.00</u>
50%	\$ <u>3.00</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$ 18.98

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2024</u>

FACILITY Lansing Correctional Facility	
Per-Offender-Per-Day Base Cost: \$19.55	Total: \$17,359,301.00
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
30%	\$ <u>3.00</u>
40%	\$ <u>3.00</u>
50%	\$ <u>4.80</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$_19.55

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2025</u>

FACILITY Lansing Correctional Facility	
Per-Offender-Per-Day Base Cost: \$20.14	Total: <u>\$17,880,080.00</u>
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
30%	\$ <u>3.80</u>
40%	\$ <u>4.80</u>
50%	\$ <u>4.80</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$.20.14

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2026</u>

FACILITY Lansing Correctional Facility	
Per-Offender-Per-Day Base Cost: \$20.74	Total: \$18,416,482.00
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
30%	\$ <u>3.95</u>
40%	\$ <u>4.80</u>
50%	\$ <u>.5.40</u>
60%	\$ <u>.5.40</u>
70%	\$ <u>.5.40</u>
80%	\$ <u>.5.40</u>
90%	\$ <u>.5.40</u>
100%	\$ <u>20.74</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2021</u>

FACILITY Hutchinson Correctional Facility	
Per-Offender-Per-Day Base Cost: \$15.53	Total: <u>\$10.872,087.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
30%	\$ <u>4.95</u>
40%	\$ <u>9.80</u>
50%	\$ <u>10.40</u>
60%	\$ <u>15.53</u>
70%	\$ <u>15.53</u>
80%	\$ <u>15.53</u>
90%	\$ <u>15.53</u>
100%	\$ <u>15.53</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2022</u>

FACILITY Hutchinson Correctional Facility	
Per-Offender-Per-Day Base Cost: \$15.99	Total: <u>\$11,198,249.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
30%	\$ <u>4.95</u>
40%	\$ <u>9.80</u>
50%	\$ <u>10.40</u>
60%	\$ <u>15.99</u>
70%	\$ <u>15.99</u>
80%	\$ <u>15.99</u>
90%	\$ <u>15.99</u>
100%	\$_15.99

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2023</u>

FACILITY Hutchinson Correctional Facility	
Per-Offender-Per-Day Base Cost: \$16.48	Total: \$11,534,197.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
30%	\$ <u>5.95</u>
40%	\$ <u>1080</u>
50%	\$ <u>13.40</u>
60%	\$ <u>16.48</u>
70%	\$ <u>16.48</u>
80%	\$ <u>16.48</u>
90%	\$ <u>16.48</u>
100%	\$ <u>16.48</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2024</u>

FACILITY <u>Hutchinson Correctional Facility</u>	
Per-Offender-Per-Day Base Cost: \$16.97	Total: \$11,880,223.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
30%	\$ <u>5.95</u>
40%	\$ <u>1080</u>
50%	\$ <u>12.40</u>
60%	\$ <u>16.97</u>
70%	\$ <u>16.97</u>
80%	\$ <u>16.97</u>
90%	\$ <u>16.97</u>
100%	\$_16.97

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2025</u>

FACILITY Hutchinson Correctional Facility	
Per-Offender-Per-Day Base Cost: \$17.48	Total: \$12,236,629.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
	\$ <u>6.95</u>
40%	\$ <u>10.80</u>
50%	\$ <u>12.40</u>
60%	\$ <u>17.48</u>
70%	\$ <u>17.48</u>
80%	\$ <u>17.48</u>
90%	\$ <u>17.48</u>
100%	\$ <u>17.48</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2026</u>

FACILITY Hutchinson Correctional Facility	
Per-Offender-Per-Day Base Cost: \$18.00	Total: \$12,603,728.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
30%	\$ <u>6.95</u>
40%	\$ <u>11.80</u>
50%	\$ <u>13.40</u>
60%	\$ <u>18.00</u>
70%	\$ <u>18.00</u>
80%	\$ <u>18.00</u>
90%	\$ <u>18.00</u>
100%	\$ <u>18.00</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2021</u>

FACILITY Hutchinson Correctional Facility	
Per-Offender-Per-Day Base Cost: \$15.53	Total: <u>\$10,872,087.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
30%	\$2 <u>.95</u>
40%	\$ <u>4.80</u>
50%	\$ <u>4.80</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$_15.53

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2022</u>

FACILITY Hutchinson Correctional Facility	
Per-Offender-Per-Day Base Cost: \$15.99	Total: <u>\$11,198,249.00</u>
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
30%	\$ <u>2.95</u>
40%	\$ <u>3.80</u>
50%	\$ <u>3.80</u>
60%	\$ <u>3.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$.15.99

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2023</u>

FACILITY Hutchinson Correctional Facility	
Per-Offender-Per-Day Base Cost: \$16.48	Total: <u>\$11,534,197.00</u>
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
30%	\$ <u>3.00</u>
40%	\$ <u>3.00</u>
50%	\$ <u>3.00</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$ <u>16.48</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2024</u>

FACILITY Hutchinson Correctional Facility	
Per-Offender-Per-Day Base Cost: \$16.97	Total: <u>\$11,880,223.00</u>
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
30%	\$ <u>3.00</u>
40%	\$ <u>3.00</u>
50%	\$ <u>4.80</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$ <u>16.97</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2025</u>

FACILITY Hutchinson Correctional Facility	
Per-Offender-Per-Day Base Cost: \$17.48	Total: \$12,236,629.00
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
30%	\$ <u>3.80</u>
40%	\$ <u>4.80</u>
50%	\$ <u>4.80</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$ <u>17.48</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2026</u>

FACILITY Hutchinson Correctional Facility	
Per-Offender-Per-Day Base Cost: \$18.00	Total: \$12,603,728.00
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
30%	\$ <u>3.95</u>
40%	\$ <u>4.80</u>
50%	\$ <u>5.40</u>
60%	\$ <u>5.40</u>
70%	\$ <u>5.40</u>
80%	\$ <u>5.40</u>
90%	\$ <u>.5.40</u>
100%	\$ <u>18.00</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2021</u>

FACILITY ELDORADO Correctional Facility CENTRAL	<u> </u>
Per-Offender-Per-Day Base Cost: \$21.80	Total: <u>\$13,574,642.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>3.10</u>
	\$ <u>7.95</u>
40%	\$ <u>11.80</u>
50%	\$ <u>13.40</u>
60%	\$ <u>21.80</u>
70%	\$ <u>21.80</u>
80%	\$ <u>21.80</u>
90%	\$ <u>21.80</u>
100%	\$ <u>21.80</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2022</u>

FACILITY Eldorado Correctional Facility Central	
Per-Offender-Per-Day Base Cost: \$22.45	Total: <u>\$13,981,881.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
30%	\$ <u>4.95</u>
40%	\$ <u>11.80</u>
50%	\$ <u>14.40</u>
60%	\$ <u>22.45</u>
70%	\$ <u>22.45</u>
80%	\$ <u>22.45</u>
90%	\$ <u>22.45</u>
100%	\$ <u>22.45</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2023</u>

FACILITY Eldorado Correctional Facility Central	
Per-Offender-Per-Day Base Cost: \$23.13	Total: <u>\$14,401,337.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
30%	\$ <u>5.95</u>
40%	\$ <u>10.80</u>
50%	\$ <u>13.40</u>
60%	\$ <u>23.13</u>
70%	\$ <u>23.13</u>
80%	\$ <u>23.13</u>
90%	\$ <u>23.13</u>
100%	\$ <u>23.13</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2024</u>

FACILITY Eldorado Correctional Facility Central	
Per-Offender-Per-Day Base Cost: \$23.82	Total: <u>\$14,833,377.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
30%	\$ <u>5.95</u>
40%	\$ <u>11.80</u>
50%	\$ <u>13.40</u>
60%	\$ <u>23.82</u>
70%	\$ <u>23.82</u>
80%	\$ <u>23.82</u>
90%	\$ <u>23.82</u>
100%	\$ <u>23.82</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2025</u>

FACILITY Eldorado Correctional Facility- Central	
Per-Offender-Per-Day Base Cost: \$24.54	Total: <u>\$15,278,379.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
30%	\$ <u>9.95</u>
40%	\$ <u>13.80</u>
50%	\$ <u>15.40</u>
60%	\$ <u>24.54</u>
70%	\$ <u>24.54</u>
80%	\$ <u>24.54</u>
90%	\$ <u>24.54</u>
100%	\$ <u>24.54</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2026</u>

FACILITY Eldorado Correctional Facility Central	
Per-Offender-Per-Day Base Cost: \$25.27	Total: <u>\$15,736,730.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
30%	\$ <u>6.95</u>
40%	\$ <u>13.80</u>
50%	\$ <u>16.40</u>
60%	\$ <u>25.27</u>
70%	\$ <u>25.27</u>
80%	\$ <u>25.27</u>
90%	\$ <u>.25.27</u>
100%	\$ <u>25.27</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2021</u>

FACILITY_Eldorado Correctional Facility Central	
Per-Offender-Per-Day Base Cost: \$21.80	Total: <u>\$13,574,642.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
30%	\$2 <u>.95</u>
40%	\$ <u>4.80</u>
50%	\$ <u>4.80</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$ 21.80

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2022</u>

FACILITY Eldorado Correctional Fa	icility - Central	_
Per-Offender-Per-Day Base Cost:	22.45	Total: \$13,981,881.00
POPULATION DECREASE %		DECREASE PER CAPITA AMOUNT
10%		\$ <u>1.10</u>
20%		\$ <u>1.10</u>
30%		\$ <u>2.95</u>
40%	1	\$ <u>3.80</u>
50%	1	\$ <u>3.80</u>
60%	1	\$ <u>3.80</u>
70%		\$ <u>4.80</u>
80%	1	\$ <u>4.80</u>
90%	1	\$ <u>4.80</u>
100%	_	\$ <u>22.45</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2023</u>

FACILITY Eldorado Correctional Facility- Central	
Per-Offender-Per-Day Base Cost: \$23.13	Total: <u>\$14,401,337.00</u>
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
30%	\$ <u>3.00</u>
40%	\$ <u>3.00</u>
50%	\$ <u>3.00</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$ <u>23.13</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2024</u>

FACILITY Eldorado Correctional Facility - Central	
Per-Offender-Per-Day Base Cost: \$23.82	Total: <u>\$14,833,397.00</u>
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
30%	\$ <u>3.00</u>
40%	\$ <u>3.00</u>
50%	\$ <u>4.80</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$ <u>23.82</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2025</u>

FACILITY Eldorado Correctional Facility Central	
Per-Offender-Per-Day Base Cost: \$24.54	Total: \$15,278,379.00
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
30%	\$ <u>3.80</u>
40%	\$ <u>4.80</u>
50%	\$ <u>4.80</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$ <u>24.54</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2026</u>

FACILITY Eldorado Correctional Facility Central	
Per-Offender-Per-Day Base Cost: \$25.27	Total: <u>\$15,736,730.00</u>
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
30%	\$ <u>3.95</u>
40%	\$ <u>4.80</u>
50%	\$ <u>5.40</u>
60%	\$ <u>5.40</u>
70%	\$ <u>5.40</u>
80%	\$ <u>5.40</u>
90%	\$ <u>5.40</u>
100%	\$ <u>25.27</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2021</u>

FACILITY ELDORADO Correctional Facility E	
Per-Offender-Per-Day Base Cost: \$21.45	Total: <u>\$2,051,264.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>3.10</u>
30%	\$ <u>7.95</u>
40%	\$ <u>11.80</u>
50%	\$ <u>13.40</u>
60%	\$ <u>21.45</u>
70%	\$ <u>21.45</u>
80%	\$ <u>21.45</u>
90%	\$ <u>21.45</u>
100%	\$ <u>21.45</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: 2022

FACILITY Eldorado Correctional Facility E

Per-Offender-Per-Day Base Cost: \$22.10	Total: <u>\$2,112,801.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
30%	\$ <u>4.95</u>
40%	\$ <u>11.80</u>
50%	\$ <u>14.40</u>
60%	\$ <u>22.10</u>
70%	\$ <u>22.10</u>
80%	\$ <u>22.10</u>
90%	\$ <u>22.10</u>
100%	\$ <u>22.10</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2023</u>

FACILITY Eldorado Correctional Facility E	
Per-Offender-Per-Day Base Cost: \$22.76	Total: \$2,176,185.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
	\$ <u>5.95</u>
40%	\$ <u>10.80</u>
50%	\$ <u>13.40</u>
60%	\$ <u>23.76</u>
70%	\$ <u>23.76</u>
80%	\$ <u>23.76</u>
90%	\$ <u>23.76</u>
100%	\$.23.76

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2024</u>

FACILITY Eldorado Correctional Facility E	
Per-Offender-Per-Day Base Cost: \$23.44	Total: \$2,241,471.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
	\$ <u>5.95</u>
40%	\$ <u>11.80</u>
50%	\$ <u>13.40</u>
60%	\$ <u>23.44</u>
70%	\$ <u>23.44</u>
80%	\$ <u>23.44</u>
90%	\$ <u>23.44</u>
100%	\$.23.44

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2025</u>

FACILITY Eldorado Correctional Facility- E	
Per-Offender-Per-Day Base Cost: \$24.14	Total: \$2,308,715.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
30%	\$ <u>9.95</u>
40%	\$ <u>13.80</u>
50%	\$ <u>15.40</u>
60%	\$ <u>24.14</u>
70%	\$ <u>24.14</u>
80%	\$ <u>24.14</u>
90%	\$ <u>24.14</u>
100%	\$.24.14

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2026</u>

FACILITY Eldorado Correctional Facility E	
Per-Offender-Per-Day Base Cost: \$24.87	Total: \$2,377,977.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
30%	\$ <u>6.95</u>
40%	\$ <u>13.80</u>
50%	\$ <u>16.40</u>
60%	\$ <u>24.87</u>
70%	\$ <u>24.87</u>
80%	\$ <u>24.87</u>
90%	\$ <u>24.87</u>
100%	\$_24.87

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2021</u>

FACILITY Eldorado Correctional Facility East	
Per-Offender-Per-Day Base Cost: \$21.45	Total: <u>\$2,051,264.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
30%	\$2 <u>.95</u>
40%	\$ <u>4.80</u>
50%	\$ <u>4.80</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$.21.4 5

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: 2022

FACILITY Eldorado Correctional Facility East

Per-Offender-Per-Day Base Cost:	22.10	Total: \$2,112,801.00
POPULATION DECREASE %		DECREASE PER CAPITA AMOUNT
10%		\$ <u>1.10</u>
20%		\$ <u>1.10</u>
30%		\$ <u>2.95</u>
40%		\$ <u>3.80</u>
50%		\$ <u>3.80</u>
60%		\$ <u>3.80</u>
70%		\$ <u>4.80</u>
80%		\$ <u>4.80</u>
90%		\$ <u>4.80</u>
100%		¢ 22 40

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2023</u>

FACILITY_Eldorado Correctional Facility- E	
Per-Offender-Per-Day Base Cost: \$22.76	Total: <u>\$2,176,185.00</u>
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
30%	\$ <u>3.00</u>
40%	\$ <u>3.00</u>
50%	\$ <u>3.00</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$_22.76

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2024</u>

FACILITY Eldorado Correctional Facility - E	
Per-Offender-Per-Day Base Cost: \$23.44	Total: <u>\$2,241,471.00</u>
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
30%	\$ <u>3.00</u>
40%	\$ <u>3.00</u>
50%	\$ <u>4.80</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$.23.44

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2025</u>

FACILITY_Eldorado Correctional Facility E	
Per-Offender-Per-Day Base Cost: \$24.14	Total: \$2,308,715.00
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
30%	\$ <u>3.80</u>
40%	\$ <u>4.80</u>
50%	\$ <u>4.80</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$ <u>24.14</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2026</u>

FACILITY Eldorado Correctional Facility - E	
Per-Offender-Per-Day Base Cost: \$24.87	Total: \$2,377,977.00
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
30%	\$ <u>3.95</u>
40%	\$ <u>4.80</u>
50%	\$ <u>5.40</u>
60%	\$ <u>5.40</u>
70%	\$ <u>5.40</u>
80%	\$ <u>5.40</u>
90%	\$ <u>5.40</u>
100%	\$_24.87

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2021</u>

FACILITY Norton Correctional Fac	ility	-
Per-Offender-Per-Day Base Cost: _	\$15.44	Total: <u>\$5,505,981.00</u>
POPULATION INCREASE %		INCREASE PER CAPITA AMOUNT
10%	-	\$ <u>1.10</u>
20%	-	\$ <u>1.10</u>
30%		\$ <u>4.95</u>
40%		\$ <u>9.80</u>
50%		\$ <u>10.40</u>
60%	<u>-</u>	\$ <u>15.44</u>
70%	-	\$ <u>15.44</u>
80%		\$ <u>15.44</u>
90%		\$ <u>15.44</u>
100%		\$ 15.44

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2022</u>

FACILITY Norton Correctional Facility	 ,
Per-Offender-Per-Day Base Cost: \$15.90	Total: \$5,671,160.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
	\$ <u>4.95</u>
40%	\$ <u>9.80</u>
50%	\$ <u>10.40</u>
60%	\$ <u>15.90</u>
70%	\$ <u>15.90</u>
80%	\$ <u>15.90</u>
90%	\$ <u>15.90</u>
100%	\$ <u>15.90</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2023</u>

FACILITY Norton Correctional Facility	
Per-Offender-Per-Day Base Cost: \$16.38	Total: \$5,841,295.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
	\$ <u>5.95</u>
40%	\$ <u>1080</u>
50%	\$ <u>13.40</u>
60%	\$ <u>16.38</u>
70%	\$ <u>16.38</u>
80%	\$ <u>16.38</u>
90%	\$ <u>16.38</u>
100%	\$_16.38

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2024</u>

FACILITY Norton Correctional Facility	
Per-Offender-Per-Day Base Cost: \$16.87	Total: \$6,016,534.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
30%	\$ <u>5.95</u>
40%	\$ <u>1080</u>
50%	\$ <u>13.40</u>
60%	\$ <u>16.87</u>
70%	\$ <u>16.87</u>
80%	\$ <u>16.87</u>
90%	\$ <u>16.87</u>
100%	\$ <u>16.87</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2025</u>

FACILITY Norton Correctional Facility	 ,
Per-Offender-Per-Day Base Cost: \$17.38	Total: \$6,197,030.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
30%	\$ <u>6.95</u>
40%	\$ <u>10.80</u>
50%	\$ <u>12.40</u>
60%	\$ <u>17.38</u>
70%	\$ <u>17.38</u>
80%	\$ <u>17.38</u>
90%	\$ <u>17.38</u>
100%	\$ <u>17.38</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2026</u>

FACILITY Norton Correctional Facility	 ,
Per-Offender-Per-Day Base Cost: \$17.90	Total: \$6,382,941.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
30%	\$ <u>6.95</u>
40%	\$ <u>10.80</u>
50%	\$ <u>13.40</u>
60%	\$ <u>17.90</u>
70%	\$ <u>17.90</u>
80%	\$ <u>17.90</u>
90%	\$ <u>17.90</u>
100%	\$ <u>17.90</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2021</u>

FACILITY Norton Correctional Facility	
Per-Offender-Per-Day Base Cost: \$15.44	Total: <u>\$5,505,981.00</u>
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
30%	\$2 <u>.95</u>
40%	\$ <u>3.80</u>
50%	\$ <u>4.80</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$ 15.4 4

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2022</u>

FACILITY Norton Correctional Facility	
Per-Offender-Per-Day Base Cost: \$15.90	Total: <u>\$5,671,160.00</u>
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
30%	\$ <u>2.95</u>
40%	\$ <u>3.80</u>
50%	\$ <u>3.80</u>
60%	\$ <u>3.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$.15.9 0

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2023</u>

FACILITY Norton Correctional Facility	
Per-Offender-Per-Day Base Cost: \$16.38	Total: \$5,841,295.00
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
30%	\$ <u>3.00</u>
40%	\$ <u>3.00</u>
50%	\$ <u>3.00</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$_16.38

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2024</u>

FACILITY Norton Correctional Facility	
Per-Offender-Per-Day Base Cost: \$16.87	Total: \$6,016,534.00
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
30%	\$ <u>3.00</u>
40%	\$ <u>3.00</u>
50%	\$ <u>4.80</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$_16.87

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2025</u>

FACILITY Norton Correctional Facility	
Per-Offender-Per-Day Base Cost: \$17.38	Total: \$6,197,030.00
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
30%	\$ <u>3.80</u>
40%	\$ <u>4.80</u>
50%	\$ <u>4.80</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$.17.38

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2026</u>

FACILITY Norton Correctional Facility	
Per-Offender-Per-Day Base Cost: \$17.90	Total: \$6,382,941.00
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
30%	\$ <u>3.95</u>
40%	\$ <u>4.80</u>
50%	\$ <u>5.40</u>
60%	\$ <u>5.40</u>
70%	\$ <u>5.40</u>
80%	\$ <u>5.40</u>
90%	\$ <u>5.40</u>
100%	\$_17.90

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2021</u>

FACILITY_ELLSWORTH Correctional Facility	
Per-Offender-Per-Day Base Cost: \$15.44	Total: <u>\$5,156,574.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
30%	\$ <u>4.95</u>
40%	\$ <u>9.80</u>
50%	\$ <u>10.40</u>
60%	\$ <u>15.44</u>
70%	\$ <u>15.44</u>
80%	\$ <u>15.44</u>
90%	\$ <u>15.44</u>
100%	\$ <u>15.44</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2022</u>

FACILITY ELLSWORTH Correctional Facility	
Per-Offender-Per-Day Base Cost: \$15.90	Total: <u>\$5,311,160.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
30%	\$ <u>4.95</u>
40%	\$ <u>9.80</u>
50%	\$ <u>10.40</u>
60%	\$ <u>15.90</u>
70%	\$ <u>15.90</u>
80%	\$ <u>15.90</u>
90%	\$ <u>15.90</u>
100%	\$_15.90

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2023</u>

FACILITY ELLSWORTH Correctional Facility	
Per-Offender-Per-Day Base Cost: \$16.38	Total: <u>\$5,470,609.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
30%	\$ <u>5.95</u>
40%	\$ <u>1080</u>
50%	\$ <u>13.40</u>
60%	\$ <u>16.38</u>
70%	\$ <u>16.38</u>
80%	\$ <u>16.38</u>
90%	\$ <u>16.38</u>
100%	\$ <u>16.38</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2024</u>

FACILITY ELLSWORTH Correctional Facility	
Per-Offender-Per-Day Base Cost: \$16.87	Total: <u>\$5,634,727.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
30%	\$ <u>5.95</u>
40%	\$ <u>1080</u>
50%	\$ <u>13.40</u>
60%	\$ <u>16.87</u>
70%	\$ <u>16.87</u>
80%	\$ <u>16.87</u>
90%	\$ <u>16.87</u>
100%	\$ <u>16.87</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2025</u>

FACILITY ELLSWORTH Correctional Facility	
Per-Offender-Per-Day Base Cost: \$17.38	Total: <u>\$5,803,769.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>.2.70</u>
30%	\$ <u>6.95</u>
40%	\$ <u>10.80</u>
50%	\$ <u>12.40</u>
60%	\$ <u>17.38</u>
70%	\$ <u>17.38</u>
80%	\$ <u>17.38</u>
90%	\$ <u>17.38</u>
100%	\$ <u>17.38</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2026</u>

FACILITY ELLSWORTH Correctional Facility	
Per-Offender-Per-Day Base Cost: \$17.90	Total: \$5,977,882.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
30%	\$ <u>6.95</u>
40%	\$ <u>10.80</u>
50%	\$ <u>13.40</u>
60%	\$ <u>17.90</u>
70%	\$ <u>17.90</u>
80%	\$ <u>17.90</u>
90%	\$ <u>17.90</u>
100%	\$_17.90

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2021</u>

FACILITY Ellsworth Correctional Facility	
Per-Offender-Per-Day Base Cost: \$15.44	Total: <u>\$5,156,574.00</u>
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
30%	\$2 <u>.95</u>
40%	\$ <u>3.80</u>
50%	\$ <u>4.80</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$ 15.4 4

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2022</u>

FACILITY ELLSWORTH Correctional Facility	
Per-Offender-Per-Day Base Cost: \$15.90	Total: \$5,311,160.00
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
30%	\$ <u>3.00</u>
40%	\$ <u>3.00</u>
50%	\$ <u>3.00</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$ <u>16.38</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2023</u>

FACILITY ELLSWORTH Correctional Facility	
Per-Offender-Per-Day Base Cost: \$16.38	Total: \$5,470,609.00
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
30%	\$ <u>3.00</u>
40%	\$ <u>3.00</u>
50%	\$ <u>3.00</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$ <u>16.38</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2024</u>

FACILITY Elisworth Correctional Facility	
Per-Offender-Per-Day Base Cost: \$16.87	Total: \$5,634,727.00
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
30%	\$ <u>3.00</u>
40%	\$ <u>3.00</u>
50%	\$ <u>4.80</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$.16.8 7

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2025</u>

FACILITY Ellsworth Correctional Facility	
Per-Offender-Per-Day Base Cost: \$17.38	Total: \$5,803,769.00
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
30%	\$ <u>3.80</u>
40%	\$ <u>4.80</u>
50%	\$ <u>4.80</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$.17.38

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2026</u>

FACILITY Elisworth Correctional Facility	
Per-Offender-Per-Day Base Cost: \$17.90	Total: \$5,977,882.00
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
30%	\$ <u>3.95</u>
40%	\$ <u>4.80</u>
50%	\$ <u>5.40</u>
60%	\$ <u>5.40</u>
70%	\$ <u>.5.40</u>
80%	\$ <u>5.40</u>
90%	\$ <u>.5.40</u>
100%	\$ <u>17.90</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2021</u>

FACILITY TOPEKA Correctional Facility	
Per-Offender-Per-Day Base Cost: \$22.60	Total: \$7,820,052.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
30%	\$ <u>5.95</u>
40%	\$ <u>10.80</u>
50%	\$ <u>13.40</u>
60%	\$ <u>22.60</u>
70%	\$ <u>.22.60</u>
80%	\$ <u>22.60</u>
90%	\$ <u>.22.60</u>
100%	\$.22.60

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2022</u>

FACILITY TOPEKA Correctional Facility	
Per-Offender-Per-Day Base Cost: \$23.28	Total: \$8,054,653.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
30%	\$ <u>5.95</u>
40%	\$ <u>10.80</u>
50%	\$ <u>13.40</u>
60%	\$ <u>23.28</u>
70%	\$ <u>23.28</u>
80%	\$ <u>23.28</u>
90%	\$ <u>23.28</u>
100%	\$.23.28

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2023</u>

FACILITY TOPEKA Correctional Facility	
Per-Offender-Per-Day Base Cost: \$23.98	Total: \$8,296,293.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
	\$ <u>5.95</u>
40%	\$ <u>10.80</u>
50%	\$ <u>13.40</u>
60%	\$ <u>23.98</u>
70%	\$ <u>23.98</u>
80%	\$ <u>23.98</u>
90%	\$ <u>23.98</u>
100%	\$.23.98

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2024</u>

FACILITY TOPEKA Correctional Facility	
Per-Offender-Per-Day Base Cost: \$24.70	Total: \$8,545,181.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
30%	\$ <u>5.95</u>
40%	\$ <u>10.80</u>
50%	\$ <u>13.40</u>
60%	\$ <u>24.70</u>
70%	\$ <u>24.70</u>
80%	\$ <u>24.70</u>
90%	\$ <u>24.70</u>
100%	\$.24.70

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2025</u>

FACILITY TOPEKA Correctional Facility	
Per-Offender-Per-Day Base Cost: \$25.44.	Total: <u>\$8,801,537.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
30%	\$ <u>5.95</u>
40%	\$ <u>10.80</u>
50%	\$ <u>13.40</u>
60%	\$ <u>25.44</u>
70%	\$ <u>25.44</u>
80%	\$ <u>25.44</u>
90%	\$ <u>.25.44</u>
100%	\$ <u>25.44</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: 2026

FACILITY TOPEKA Correctional Facility	
Per-Offender-Per-Day Base Cost: \$26.20	Total: \$9,065,583.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
30%	\$ <u>5.95</u>
40%	\$ <u>10.80</u>
50%	\$ <u>13.40</u>
60%	\$ <u>26.20</u>
70%	\$ <u>26.20</u>
80%	\$ <u>26.20</u>
90%	\$ <u>26.20</u>
100%	\$.26.20

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2021</u>

FACILITY TOPEKA Correctional Facility	
Per-Offender-Per-Day Base Cost: \$22.60	Total: <u>\$7,820,052.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
	\$2 <u>.95</u>
40%	\$ <u>4.80</u>
	\$ <u>4.80</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$_4.80
90%	\$ <u>4.80</u>
100%	\$.22.60

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: 2022

FACILITY TOPEKA Correctional Facility	
Per-Offender-Per-Day Base Cost: \$23.28	Total: \$8,054,653.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
30%	\$2 <u>.95</u>
40%	\$ <u>4.80</u>
50%	\$ <u>4.80</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$.23.28

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2023</u>

FACILITY TOPEKA Correctional Facility	
Per-Offender-Per-Day Base Cost: \$23.98	Total: <u>\$8,296,293.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
30%	\$2 <u>.95</u>
40%	\$ <u>4.80</u>
50%	\$ <u>4.80</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$.23.98

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2024</u>

FACILITY TOPEKA Correctional Facility	
Per-Offender-Per-Day Base Cost: \$24.70	Total: <u>\$8,545,181.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
30%	\$2 <u>.95</u>
40%	\$ <u>4.80</u>
50%	\$ <u>4.80</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$ 24.70

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2025</u>

FACILITY TOPEKA Correctional Facility	
Per-Offender-Per-Day Base Cost: \$25.44	Total: \$8,801,537.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
30%	\$2 <u>.95</u>
40%	\$ <u>4.80</u>
50%	\$ <u>4.80</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$ 25 44

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2026</u>

FACILITY_TOPEKA Correctional Facility	
Per-Offender-Per-Day Base Cost: \$26.20	Total: <u>\$9,065,583.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
30%	\$2 <u>.95</u>
40%	\$ <u>4.80</u>
50%	\$ <u>4.80</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$ <u>26.20</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2021</u>

FACILITY LARNED Correctional Facility	
Per-Offender-Per-Day Base Cost: \$15.44	Total: \$3,370,088.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
30%	\$ <u>4.95</u>
40%	\$ <u>9.80</u>
50%	\$ <u>10.40</u>
60%	\$ <u>15.44</u>
70%	\$ <u>15.44</u>
80%	\$ <u>15.44</u>
90%	\$ <u>15.44</u>
100%	\$_15.44

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2022</u>

FACILITY LARNED Correctional Facility	
Per-Offender-Per-Day Base Cost: \$15.90	Total: \$3,471,190.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
	\$ <u>4.95</u>
40%	\$ <u>9.80</u>
50%	\$ <u>10.40</u>
60%	\$ <u>15.90</u>
70%	\$ <u>15.90</u>
80%	\$ <u>15.90</u>
90%	\$ <u>15.90</u>
100%	\$_15.90

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2023</u>

FACILITY LARNED Correctional Facility	
Per-Offender-Per-Day Base Cost: \$16.38	Total: \$3,575,326.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
	\$ <u>5.95</u>
40%	\$ <u>1080</u>
50%	\$ <u>13.40</u>
60%	\$ <u>16.38</u>
70%	\$ <u>16.38</u>
80%	\$ <u>16.38</u>
90%	\$ <u>16.38</u>
100%	\$ <u>16.38</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2024</u>

FACILITY LARNED Correctional Facility	
Per-Offender-Per-Day Base Cost: \$16.87	Total: \$3,682,586.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
	\$ <u>5.95</u>
40%	\$ <u>1080</u>
50%	\$ <u>13.40</u>
60%	\$ <u>16.87</u>
70%	\$ <u>16.87</u>
80%	\$ <u>16.87</u>
90%	\$ <u>16.87</u>
100%	\$_16.87

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2025</u>

FACILITY LARNED Correctional Facility	
Per-Offender-Per-Day Base Cost: \$17.38	Total: \$3,793,063.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
30%	\$ <u>6.95</u>
40%	\$ <u>10.80</u>
50%	\$ <u>12.40</u>
60%	\$ <u>17.38</u>
70%	\$ <u>17.38</u>
80%	\$ <u>17.38</u>
90%	\$ <u>17.38</u>
100%	\$.17.38

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2026</u>

FACILITY LARNED Correctional Facility	
Per-Offender-Per-Day Base Cost: \$17.90	Total: \$3,906,855.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
30%	\$ <u>6.95</u>
40%	\$ <u>10.80</u>
50%	\$ <u>13.40</u>
60%	\$ <u>17.90</u>
70%	\$ <u>17.90</u>
80%	\$ <u>17.90</u>
90%	\$ <u>17.90</u>
100%	\$.17.90

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2021</u>

FACILITY LARNED Correctional Facility	
Per-Offender-Per-Day Base Cost: \$15.44	Total: <u>\$3,370,088.00</u>
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
30%	\$2 <u>.95</u>
40%	\$ <u>3.80</u>
50%	\$ <u>4.80</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$ 15.44

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2022</u>

FACILITY LARNED Correctional Facility	
Per-Offender-Per-Day Base Cost: \$15.90	Total: \$3,471,190.00
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
30%	\$ <u>2.95</u>
40%	\$ <u>3.80</u>
50%	\$ <u>3.80</u>
60%	\$ <u>3.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$ <u>15.90</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2023</u>

FACILITY LARNED Correctional Facility	
Per-Offender-Per-Day Base Cost: \$16.38	Total: \$3,575,326.00
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
30%	\$ <u>3.00</u>
40%	\$ <u>3.00</u>
50%	\$ <u>3.00</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$.16.3 8

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2024</u>

FACILITY LARNED Correctional Facility	
Per-Offender-Per-Day Base Cost: \$16.87	Total: \$3,682,586.00
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
30%	\$ <u>3.00</u>
40%	\$ <u>3.00</u>
50%	\$ <u>4.80</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$ <u>16.87</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2025</u>

FACILITY LARNED Correctional Facility	
Per-Offender-Per-Day Base Cost: \$17.38	Total: \$3,793,063.00
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
30%	\$ <u>3.80</u>
40%	\$ <u>4.80</u>
50%	\$ <u>4.80</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$ <u>17.38</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2026</u>

FACILITY LARNED Correctional Facility	
Per-Offender-Per-Day Base Cost: \$17.90	Total: \$3,906,855.00
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
30%	\$ <u>3.95</u>
40%	\$ <u>4.80</u>
50%	\$ <u>5.40</u>
60%	\$ <u>5.40</u>
70%	\$ <u>5.40</u>
80%	\$ <u>5.40</u>
90%	\$ <u>5.40</u>
100%	\$ <u>17.90</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2021</u>

FACILITY WINFIELD Correctional Facility	
Per-Offender-Per-Day Base Cost: \$15.44	Total: <u>\$3,561,699.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
30%	\$ <u>4.95</u>
40%	\$ <u>9.80</u>
50%	\$ <u>10.40</u>
60%	\$ <u>15.44</u>
70%	\$ <u>15.44</u>
80%	\$ <u>15.44</u>
90%	\$ <u>15.44</u>
100%	\$_15.44

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2022</u>

FACILITY WINFIELD Correctional Facility	
Per-Offender-Per-Day Base Cost: \$15.90	Total: \$3,668,549.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
30%	\$ <u>4.95</u>
40%	\$ <u>9.80</u>
50%	\$ <u>10.40</u>
60%	\$ <u>15.90</u>
70%	\$ <u>15.90</u>
80%	\$ <u>15.90</u>
90%	\$ <u>15.90</u>
100%	\$ <u>15.90</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2023</u>

FACILITY WINFIELD Correctional Facility	
Per-Offender-Per-Day Base Cost: \$16.38	Total: \$3,778,606.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
30%	\$ <u>5.95</u>
40%	\$ <u>1080</u>
50%	\$ <u>13.40</u>
60%	\$ <u>16.38</u>
70%	\$ <u>16.38</u>
80%	\$ <u>16.38</u>
90%	\$ <u>16.38</u>
100%	\$_16.38

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2024</u>

FACILITY WINFIELD Correctional Facility	
Per-Offender-Per-Day Base Cost: \$16.87	Total: <u>\$3,891,964.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
30%	\$ <u>5.95</u>
40%	\$ <u>1080</u>
50%	\$ <u>13.40</u>
60%	\$ <u>16.87</u>
70%	\$ <u>16.87</u>
80%	\$ <u>16.87</u>
90%	\$ <u>16.87</u>
100%	\$ <u>16.87</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2025</u>

FACILITY WINFIELD Correctional Facility	
Per-Offender-Per-Day Base Cost: \$17.38	Total: <u>\$4, 008,723.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>.2.70</u>
20%	\$ <u>2.70</u>
30%	\$ <u>6.95</u>
40%	\$ <u>10.80</u>
50%	\$ <u>12.40</u>
60%	\$ <u>17.38</u>
70%	\$ <u>17.38</u>
80%	\$ <u>17.38</u>
90%	\$ <u>17.38</u>
100%	\$ <u>17.38</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2026</u>

FACILITY WINFIELD Correctional Facility	
Per-Offender-Per-Day Base Cost: \$17.90	Total: <u>\$4,128,985.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
30%	\$ <u>6.95</u>
40%	\$ <u>10.80</u>
50%	\$ <u>13.40</u>
60%	\$ <u>17.90</u>
70%	\$ <u>17.90</u>
80%	\$ <u>17.90</u>
90%	\$ <u>17.90</u>
100%	\$ <u>17.90</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2021</u>

FACILITY WINFIELD Correctional Facility	
Per-Offender-Per-Day Base Cost: \$15.44	Total: <u>\$3,561,699.00</u>
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
30%	\$2 <u>.95</u>
40%	\$ <u>3.80</u>
50%	\$ <u>4.80</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$_15.44

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2022</u>

FACILITY WINFIELD Correctional Facility	
Per-Offender-Per-Day Base Cost: \$15.90	Total: \$3,668,549.00
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
30%	\$ <u>2.95</u>
40%	\$ <u>3.80</u>
50%	\$ <u>3.80</u>
60%	\$ <u>3.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$ <u>15.90</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2023</u>

FACILITY WINFIELD Correctional Facility	
Per-Offender-Per-Day Base Cost: \$16.38	Total: \$3,778,606.00
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
30%	\$ <u>3.00</u>
40%	\$ <u>3.00</u>
50%	\$ <u>3.00</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$.16.38

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2024</u>

FACILITY WINFIELD Correctional Facility	
Per-Offender-Per-Day Base Cost: \$16.87	Total: \$3,891,964.00
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>1.70</u>
20%	\$ <u>1.70</u>
30%	\$ <u>3.00</u>
40%	\$ <u>3.00</u>
50%	\$ <u>4.80</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$.16.8 7

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2025</u>

FACILITY WINFIELD Correctional Facility	
Per-Offender-Per-Day Base Cost: \$17.38	Total: \$4,008,723.00
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
30%	\$ <u>3.80</u>
40%	\$ <u>4.80</u>
50%	\$ <u>4.80</u>
60%	\$ <u>4.80</u>
70%	\$ <u>4.80</u>
80%	\$ <u>4.80</u>
90%	\$ <u>4.80</u>
100%	\$.17.38

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2026</u>

FACILITY WINFIELD Correctional Facility	
Per-Offender-Per-Day Base Cost: \$17.90	Total: <u>\$4,128,985.00</u>
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
30%	\$ <u>3.95</u>
40%	\$ <u>4.80</u>
50%	\$ <u>5.40</u>
60%	\$ <u>5.40</u>
70%	\$ <u>5.40</u>
80%	\$ <u>5.40</u>
90%	\$ <u>5.40</u>
100%	\$ <u>17.90</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2021</u>

Per-Offender-Per-Day Base Cost: \$10.88	Total: <u>\$1,008,684.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
30%	\$ <u>1.95</u>
40%	\$ <u>2.80</u>
50%	\$ <u>5.40</u>
60%	\$ <u>10.88</u>
70%	\$ <u>10.88</u>
80%	\$ <u>10.88</u>
90%	\$ <u>10.88</u>
100%	\$ <u>10.88</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: 2022

Per-Offender-Per-Day Base Cost: \$11.20	Total: <u>\$1,038,944.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
	\$ <u>2.95</u>
40%	\$ <u>3.80</u>
50%	\$ <u>5.40</u>
60%	\$ <u>5.40</u>
70%	\$ <u>11.20</u>
80%	\$ <u>11.20</u>
90%	\$ <u>11.20</u>
100%	\$ <u>11.20</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: 2023

Per-Offender-Per-Day Base Cost: \$11.54	Total: <u>\$1,070,112.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
	\$ <u>2.95</u>
40%	\$ <u>3.80</u>
50%	\$ <u>5.40</u>
60%	\$ <u>5.40</u>
70%	\$ <u>11.54</u>
80%	\$ <u>11.54</u>
90%	\$ <u>11.54</u>
100%	\$ <u>11.54</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: 2024

Per-Offender-Per-Day Base Cost: \$11.89	Total: <u>\$1,112,216.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ 1.10
	\$ <u>2.95</u>
40%	\$ 3.80
50%	\$ <u>5.40</u>
60%	\$ <u>5.40</u>
70%	\$ <u>11.89</u>
80%	\$ <u>11.89</u>
90%	\$ <u>11.89</u>
100%	\$ <u>11.89</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: 2025

Per-Offender-Per-Day Base Cost: \$12.25	Total: <u>\$1,135,282.00</u>
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
30%	\$ <u>3.95</u>
40%	\$ <u>4.80</u>
50%	\$ <u>5.40</u>
60%	\$ <u>5.40</u>
70%	\$ <u>5.40</u>
80%	\$ <u>5.40</u>
90%	\$ <u>5.40</u>
100%	\$12.25

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: 2026

Per-Offender-Per-Day Base Cost: \$12.61	Total: <u>\$1,169,341.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>1.10</u>
20%	\$ <u>1.10</u>
	\$ <u>2.95</u>
40%	\$ <u>3.80</u>
50%	\$ <u>5.40</u>
60%	\$ <u>5.40</u>
70%	\$ <u>12.61</u>
80%	\$ <u>12.61</u>
90%	\$ <u>12.61</u>
100%	\$ <u>12.61</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: 2021

Per-Offender-Per-Day Base Cost: \$10.88	Total: <u>\$1,008,684.00</u>
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
30%	\$ <u>3.95</u>
40%	\$ <u>4.80</u>
50%	\$ <u>5.40</u>
60%	\$ <u>5.40</u>
70%	\$ <u>5.40</u>
80%	\$ <u>5.40</u>
90%	\$ <u>5.40</u>
100%	\$ <u>10.88</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: 2022

Per-Offender-Per-Day Base Cost: \$11.20	Total: <u>\$1,038,944.00</u>
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
	\$ <u>3.95</u>
40%	\$ <u>4.80</u>
	\$ <u>5.40</u>
60%	\$ <u>5.40</u>
70%	\$ <u>5.40</u>
80%	\$ <u>5.40</u>
90%	\$ <u>.5.40</u>
100%	\$11.20

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: 2023

Per-Offender-Per-Day Base Cost: \$11.54	Total: <u>\$1,070,112.00</u>
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ 2.70
20%	\$ 2.70
30%	\$ <u>3.95</u>
40%	\$ <u>4.80</u>
50%	\$ <u>5.40</u>
60%	\$ <u>5.40</u>
70%	\$ <u>5.40</u>
80%	\$ <u>5.40</u>
90%	\$ <u>5.40</u>
100%	\$11.54

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: 2024

Per-Offender-Per-Day Base Cost: \$11.89	Total: <u>\$1,102,216.00</u>
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
30%	\$ <u>3.95</u>
40%	\$ <u>4.80</u>
50%	\$ <u>5.40</u>
60%	\$ <u>.5.40</u>
70%	\$ <u>.5.40</u>
80%	\$ <u>5.40</u>
90%	\$ <u>5.40</u>
100%	\$11.89

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: 2025

Per-Offender-Per-Day Base Cost: \$12.25	Total: <u>\$1,135,282.00</u>
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
30%	\$ <u>3.95</u>
40%	\$ <u>4.80</u>
50%	\$ <u>5.40</u>
60%	\$ <u>5.40</u>
70%	\$ <u>5.40</u>
80%	\$ <u>5.40</u>
90%	\$ <u>5.40</u>
100%	\$12.25

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: 2026

Per-Offender-Per-Day Base Cost: \$12.61	Total: <u>\$1,169,341.00</u>
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$ <u>2.70</u>
20%	\$ <u>2.70</u>
	\$ <u>3.95</u>
40%	\$ <u>4.80</u>
50%	\$ <u>5.40</u>
60%	\$ <u>5.40</u>
70%	\$ <u>5.40</u>
80%	\$ <u>5.40</u>
90%	\$ <u>5.40</u>
100%	\$12.61

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2021</u>

FACILITY KJCC	
Per-Offender-Per-Day Base Cost: \$57.14	Total: <u>\$3,545,600.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>11.10</u>
20%	\$ <u>11.10</u>
30%	\$ <u>12.95</u>
40%	\$ <u>13.80</u>
50%	\$ <u>15.40</u>
60%	\$ <u>15.40</u>
70%	\$ <u>57.14</u>
80%	\$ <u>57.14</u>
90%	\$ <u>57.14</u>
100%	\$ <u>.57.14</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2022</u>

FACILITY KJCC	
Per-Offender-Per-Day Base Cost: \$58.85	Total: <u>\$3,651,968.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>11.10</u>
20%	\$ <u>11.10</u>
30%	\$ <u>12.95</u>
40%	\$ <u>13.80</u>
50%	\$ <u>15.40</u>
60%	\$ <u>15.40</u>
70%	\$ <u>58.85</u>
80%	\$ <u>58.85</u>
90%	\$ <u>.58.85</u>
100%	\$ <u>58.85</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2023</u>

FACILITY KJCC	
Per-Offender-Per-Day Base Cost: \$60.62	Total: <u>\$3,761,527.00</u>
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>11.10</u>
20%	\$ <u>11.10</u>
30%	\$ <u>12.95</u>
40%	\$ <u>13.80</u>
50%	\$ <u>15.40</u>
60%	\$ <u>15.40</u>
70%	\$ <u>60.62</u>
80%	\$ <u>60.62</u>
90%	\$ <u>60.62</u>
100%	\$ <u>60.62</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2024</u>

FACILITY KJCC	
Per-Offender-Per-Day Base Cost: \$62.43	Total: \$3,874,372.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>11.10</u>
20%	\$ <u>11.10</u>
30%	\$ <u>12.95</u>
40%	\$ <u>13.80</u>
50%	\$ <u>15.40</u>
60%	\$ <u>15.40</u>
70%	\$ <u>62.43</u>
80%	\$ <u>62.43</u>
90%	\$ <u>62.43</u>
100%	\$ <u>62.43</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2025</u>

FACILITY KJCC	
Per-Offender-Per-Day Base Cost: \$64.31	Total: \$3,990,604.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>11.10</u>
20%	\$ <u>11.10</u>
30%	\$ <u>12.95</u>
40%	\$ <u>13.80</u>
50%	\$ <u>15.40</u>
60%	\$ <u>15.40</u>
70%	\$ <u>64.31</u>
80%	\$ <u>64.31</u>
90%	\$ <u>64.31</u>
100%	\$ <u>64.31</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Increase

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2026</u>

FACILITY KJCC	
Per-Offender-Per-Day Base Cost: \$66.24	Total: \$4,110,322.00
POPULATION INCREASE %	INCREASE PER CAPITA AMOUNT
10%	\$ <u>11.10</u>
20%	\$ <u>11.10</u>
30%	\$ <u>12.95</u>
40%	\$ <u>13.80</u>
50%	\$ <u>15.40</u>
60%	\$ <u>15.40</u>
70%	\$ <u>66.24</u>
80%	\$ <u>66.24</u>
90%	\$ <u>66.24</u>
100%	\$ <u>66.24</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2021</u>

FACILITY KJCC	
Per-Offender-Per-Day Base Cost: \$57.14	Total: <u>\$3,545,600.00</u>
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$1 <u>2.70</u>
20%	\$1 <u>2.70</u>
30%	\$ <u>13.95</u>
40%	\$1 <u>4.80</u>
50%	\$ <u>15.40</u>
60%	\$ <u>15.40</u>
70%	\$ <u>.25.40</u>
80%	\$ <u>25.40</u>
90%	\$ <u>25.40</u>
100%	\$ <u>.57.14</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2022</u>

FACILITY KJCC	
Per-Offender-Per-Day Base Cost: \$58.85	Total: <u>\$3,651,968.00</u>
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$1 <u>2.70</u>
20%	\$1 <u>2.70</u>
30%	\$ <u>13.95</u>
40%	\$1 <u>4.80</u>
50%	\$ <u>15.40</u>
60%	\$ <u>15.40</u>
70%	\$ <u>25.40</u>
80%	\$ <u>25.40</u>
90%	\$ <u>25.40</u>
100%	\$ <u>58.85</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2023</u>

FACILITY KJCC	
Per-Offender-Per-Day Base Cost: \$60.62	Total: <u>\$3,761,527.00</u>
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$1 <u>2.70</u>
20%	\$1 <u>2.70</u>
30%	\$ <u>13.95</u>
40%	\$1 <u>4.80</u>
50%	\$ <u>15.40</u>
60%	\$ <u>15.40</u>
70%	\$ <u>25.40</u>
80%	\$ <u>25.40</u>
90%	\$ <u>25.40</u>
100%	\$ <u>60.62</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2024</u>

FACILITY KJCC	
Per-Offender-Per-Day Base Cost: \$62.42	Total: <u>\$3,874,372.00</u>
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$1 <u>2.70</u>
20%	\$1 <u>2.70</u>
30%	\$ <u>13.95</u>
40%	\$1 <u>4.80</u>
50%	\$ <u>15.40</u>
60%	\$ <u>15.40</u>
70%	\$ <u>25.40</u>
80%	\$ <u>25.40</u>
90%	\$ <u>25.40</u>
100%	\$ <u>62.43</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2025</u>

FACILITY KJCC	
Per-Offender-Per-Day Base Cost: \$64.31	Total: \$3,990,604.00
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$1 <u>2.70</u>
20%	\$1 <u>2.70</u>
30%	\$ <u>13.95</u>
40%	\$1 <u>4.80</u>
50%	\$ <u>15.40</u>
60%	\$ <u>15.40</u>
70%	\$ <u>25.40</u>
80%	\$ <u>25.40</u>
90%	\$ <u>25.40</u>
100%	\$ <u>.64.31</u>

Comprehensive Health Care Cost Proposal Per Capita Adjustment - by Facility Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY: <u>2026</u>

FACILITY KJCC	
Per-Offender-Per-Day Base Cost: \$66.24	Total: \$4,110,322.00
POPULATION DECREASE %	DECREASE PER CAPITA AMOUNT
10%	\$1 <u>2.70</u>
20%	\$1 <u>2.70</u>
30%	\$ <u>13.95</u>
40%	\$1 <u>4.80</u>
50%	\$ <u>15.40</u>
60%	\$ <u>15.40</u>
70%	\$ <u>25.40</u>
80%	\$ <u>25.40</u>
90%	\$ <u>.25.40</u>
100%	\$ <u>66.24</u>