



**Scotts Bluff, NE**

**Contract Term: 7/1/26-6/30/27**

**CPI: 3%**

**Date Quoted: 5/4/26**

**Quote Valid Through: 90 Days**

#### **ANNUAL PRICING SUMMARY**

<b>Category</b>	<b>Current Contract</b>	<b>Option 1</b>	<b>Option 2</b>
<b>Annual Price</b>	\$643,382	\$662,683	\$678,742
<b>ADP</b>	225	225	225
<b>Per Diem Rate (if applicable)</b>	\$0.45	\$0.45	\$0.45

#### **STAFFING LEVELS INCLUDED**

<b>Staffing Category</b>	<b>Current Hours/Wk</b>	<b>Option 1 Hours/Wk</b>	<b>Option 2 Hours/Wk</b>
<b>Prescriber</b>	3 hrs/wk + 24/7 on-call	Same	5 hrs/wk + 24/7 on-call
<b>Nursing</b>	84 hrs/wk	Same	Same
<b>QMHP</b>	9 hrs/wk	Same	Same
<b>On-Call QMHP</b>	\$150/hr telehealth; \$200/hr in person	Same	Same

#### **ANNUAL POOL ITEMS (AT COST - NO MARKUP)**

<b>Pool Category</b>	<b>Current</b>	<b>Option 1</b>	<b>Option 2</b>
Medical Supplies	Included	Included	Included
Pharmaceuticals	Included	Included	Included
TB Skin Tests	Included	Included	Included
<b>Annual Pool Total</b>	<b>\$35,307</b>	<b>\$35,307</b>	<b>\$35,307</b>

#### **VALUE-ADDED PROGRAMS (INCLUDED)**

<b>Program</b>	<b>Current</b>	<b>Option 1</b>	<b>Option 2</b>
Medical Claims Repricing	\$17/claim + 25% of savings	Same	Same
Online Officer Training	Free	Free	Free
Officer Wellness / CIERR	Free	Free	Free
ASQ Suicide Screening Tool	Free	Free	Free
MHFA Certification	Free	Free	Free



# ADVANCED

Correctional Healthcare, Inc.

## OPTIONAL ADD-ONS

Program / Service	Cost	Add?
PREA Victim Advocacy	\$175/hr	<input type="checkbox"/>
DetainEMR	Pricing Available	<input type="checkbox"/>
Wellness Checks	\$150-\$300/hr	<input type="checkbox"/>
Fitness for Duty Evals	Case-by-case	<input type="checkbox"/>
Discharge Planner	Pricing Available	<input type="checkbox"/>
Addiction Professional	Pricing Available	<input type="checkbox"/>

## SELECTION & SIGNATURES

Option Selected: ☐ Option 1 ☐ Option 2

Add-On Services Selected:

- ☐ PREA
- ☐ DetainEMR
- ☐ Wellness Checks
- ☐ Fitness for Duty Evals
- ☐ Discharge Planner
- ☐ Addiction Professional

County Representative Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Contract Manager Contact

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