

**ITEMS REQUIRING BOCC APPROVAL**

**January 15, 2026**

**(2 Items)**

**1. NETSMART CARE MANAGER SOFTWARE -- COMCARE**

**FUNDING -- COMCARE**

(Single Source)

#26-2005 Contract

	<b>Association of Community Mental Health Centers of Kansas, Inc. (ACMHCK)</b>
	<b>Cost</b>
Netsmart Care Manager 7/1/2025 - 6/30/2026	<b>\$111,104.00</b>

On the recommendation of Jaimee O'Laughlin, on behalf of COMCARE, Tim Myers moved to **accept the quote from the Association of Community Mental Health Centers of Kansas, Inc. (ACMHCK) in the amount of \$111,104.00 for a period of one (1) year beginning July 1, 2025 through June 30, 2026**. Brandi Baily seconded the motion. The motion passed 4 to 1 with Anna Meyerhoff-Cole abstaining.

Care Manager is a cloud-based application used to manage behavioral health services and to close the loop on referrals. It provides tools for care coordination, case management, and electronic health record (EHR) functionality. Care Manager integrates clinical, administrative, and financial data, enabling providers to deliver comprehensive and coordinated care. The system is designed to improve client outcomes by enhancing communication and collaboration among care teams.

**Questions and Answers**

Brandi Baily: Why is this a Single Source? Why did we not go out for multiple?

Tina Alstrom: It connects to our current EHR.

Tim Myers: So Tina is Care Manager our current vendor?

Tina Alstrom: It's part of Netsmart software, yes.

Tim Myers: So we're familiar with it and have been satisfied with their services?

Tina Alstrom: Yes.

Tania Cole: Can you tell me if our IT department helps support this at all?

Tina Alstrom: No, they do not. It's COMCARE's care record and COMCARE IT. We have avatar staff that does all the avatars, which is the Netsmart software.

Philip Davolt: I noticed that the contract is back to July 1, 2025.

Tina Alstrom: So I can give a little background on why it's like this. So the contract was with KDADS at first and they covered the cost of it for four (4) centers. then the way we wanted the system to work, we wanted it to be bi-directional and they were putting us all together. In order for that, we needed a new contract. that is why now it's broken out and backdated because we've been waiting for it to have that. All the centers are now separate and we all are now covering our own costs so that it meets our needs to do the care coordination part and the bi-directional.

Armand Shukaev: It's not impermissible under Charter 68 of the county to accept quotes that are backdated when the contract will be implemented. Effectively, it'll be forward moving. It's not going to bind us, six (6) months back. If the quote was provided months ago and only now we're getting an approval, the quote is valid for a period of time but we can still accept that quote.

BOARD OF BIDS AND CONTRACTS JANUARY 15, 2026

**2. CLINICAL LABORATORY SERVICES -- SEDGWICK COUNTY REGIONAL FORENSIC SCIENCE CENTER (RFSC)**  
**FUNDING -- SEDGWICK COUNTY REGIONAL FORENSIC SCIENCE CENTER**  
(Single Source)

#26-2006 Contract

<b>Kansas Pathology Consultants, P.A. Kansas Pathology Services, LLC</b>		
<b>Description</b>	<b>CPT Code</b>	<b>Price Per Each</b>
Slide Preparation (process, cut & stain)	88399	<b>\$9.00</b>
Slide Preparation (cut & stain only)	99001	<b>\$9.00</b>
Slide Recut	99002	<b>\$7.50</b>
Slide Consultation	88321	<b>\$54.70</b>
Cyto Exam/Touch Prep	88160	<b>\$74.43</b>
Cyto Exam/Slide Prep/Touch Prep	88161	<b>\$75.02</b>
Cyto Exam/Touch Prep (over 5 slides or multiple stains)	88162	<b>\$117.86</b>
Cyto Exam/Touch Prep (during surgery)	88333	<b>\$83.30</b>
Cyto Exam/Touch Prep (during surgery each additional site)	88334	<b>\$51.04</b>
Frozen Section	88331	<b>\$157.88</b>
Frozen Section (each additional)	88332	<b>\$91.77</b>
Intraoperative Consultation (no frozen section)	88329	<b>\$49.33</b>
Decalcification	88311	<b>\$61.70</b>
Special Stains, group I	88312	<b>\$40.40</b>
Special Stains, group II	88313	<b>\$24.40</b>
Immunoperoxidase Stains	88342	<b>\$100.65</b>
Transfusion Investigation Report	86078	<b>\$48.69</b>
Difficult Crossmatch/Interpretation	86077	<b>\$48.69</b>
Other Blood Bank	86079	<b>\$48.39</b>
STAT charge	99991	<b>\$58.00</b>
<b>Kansas Pathology Services, LLC - Clinical</b>		
<b>Description</b>	<b>CPT Code</b>	<b>Price Per Each</b>
Potassium Fluid	C943	<b>\$14.71</b>
Sodium Fluid	C940	<b>\$14.71</b>
Chloride Fluid	C621	<b>\$14.71</b>
Urea Nitrogen Fluid	C635	<b>\$16.91</b>
Creatinine Fluid	C695	<b>\$14.71</b>
Glucose Fluid	C910	<b>\$28.17</b>
Blood Culture # 1*	MI200	<b>\$19.07</b>
Wound Culture *	MI441	<b>\$28.99</b>
Tissue Culture*	MI451	<b>\$44.55</b>
CSF Culture *	MI250	<b>\$12.90</b>
Respiratory Virus Panel	N035	<b>\$344.10</b>
Insulin	SC521	<b>\$10.75</b>
C-Peptide	E466	<b>\$19.95</b>

On the recommendation of Jaimee O'Laughlin, on behalf of Regional Forensic Science Center (RFSC), Anna Meyerhoff-Cole moved to **accept the pricing from Kansas Pathology Consultants, P.A. (KPC PA) and Kansas Pathology Services, LLC (KPS) at the rates listed above to be auto renewed annually with a not to exceed annual increase of 5%.** Philip Davolt seconded the motion. The motion passed unanimously.

The Regional Forensic Science Center's District Coroner operations requires histological preparation and clinical testing of biological specimens. The results of such testing informs the pathologist about cellular changes that can be useful in the determination of disease, the decedent's fluid balance (which is critical in maintenance of a variety of bodily functions), the presence of infection(s), and many other pathological factors. The testing is essential for accurate determination of cause and manner of death.

Previously the RFSC used two (2) local providers for the necessary anatomical and clinical services. The anatomical laboratory provider is Kansas Pathology Consultants (KPC) and those services have remained uninterrupted. The clinical test provider (Labcorp) has been sold and relocated, and significant challenges have been presented as it relates to reliable clinical testing of post-mortem specimens. The vast majority of clinical laboratory tests are validated for and carried out on ante-mortem specimens, which do not present the quality/quantity issues that biological specimens develop after death. Labcorp refuses to conduct certain tests on samples collected after death.

Two (2) specific tests that are required on suspected exogenous insulin overdose cases are insulin and c-peptide testing and Labcorp refuses to carry out the testing on post-mortem specimens. RFSC has made inquiry to multiple clinical test providers and has identified a sole provider for insulin and c-peptide testing on post-mortem specimens. The laboratory is Kansas Pathology Services (KPS) in Hays, Kansas and KPS is affiliated with KPC.

Notes:

\*This does not include possible identification and growth charges.

To avoid the need to renegotiate the contract annually, RFSC recommends the agreement automatically renew as long as the annual pricing increase is less than or equal to five percent (5%).

## Questions and Answers

Brandi Baily: I read the notes section but do we typically renew annually with a not to exceed increase with no date to renegotiate price and type?

Britt Rosencutter: We do. They're commonly referred to as evergreen contracts. They're contracts that automatically renew at the end of each year unless one (1) of the parties has had an issue or wants to cancel in which they have a 30 day notice to do that. It's a continued service that we have to have and this is really the only places where we can get this kind of testing done. Shelly, please correct me if I'm wrong on that.

Shelly Steadman: That is correct. Joe has reviewed our efforts to find other providers. We've provided a list of providers we approached to come to the Single and Sole Source conclusion. Further, we have contracts for postmortem analysis with a couple of other providers that are generally interested in drug and drug metabolites, which is different than this needed here. The issue I run into with all of these contracts for these ongoing laboratory services, on my other two (2) contracts, if they raise the price, I have to create an amendment every single year and they're going to raise their price every single year. Then we're scrambling at the end of the year to get a contract amendment through OnBase for something that is a Sole Source or Single Source or that we've gone through an RFP process extensively. So we thought that it would be prudent to put a range or a cap of allowed expense increase that we could reasonably tolerate without having to go through that process every single year. That was after some consultation with this provider. It could very well be that they raise their prices 7% and if that's the case, we'll need to do an amendment.

Armand Shukaev: To further answer your question, pursuant to Charter 68, there's nothing that would stop the Board of County Commissioners (BoCC) from approving a contract for an indefinite amount of time, which is commonly known as an evergreen contract. Charter 68 further allows creation of clauses that would allow for an automatic increase on an annual basis. So an inclusion of such a provision with a cap, it would be permissible.

Brandi Baily: I get the Sole Source and we see a lot that has the not to exceed caps on it. I don't recall seeing very many that have that automatically renewal with like no specific ending in sight.

Armand Shukaev: That is correct. Generally, this is not a common occurrence for the county but if it's a Single Source item, that may be done.

Tania Cole: So just to make sure we clarify one more time. So this would automatically renew with KPC and KPS with a not to exceed increase of 5% every year. Is that correct?

Shelly Steadman: That's correct.

Tania Cole: KPC and KPS are affiliated with one another?

Shelly Steadman: Yes, they are now. That is a fairly recent development, which is why we're running into issues. KPC has provided this service to us for as long as I've requested records from our shopper and the cost has never been over \$10,000.00. Now that they're affiliated with KPS and we're adding those costs to this one single I guess entity, we run into a situation that's beyond my budget authority and we're having to go through this process now that we're adding KPS. Honestly, KPS, we didn't really have to enter any type of agreement or contract. The reason why it is important to KPS now is I believe that the work that they're doing as far as their electrolyte testing, their glucose testing, they're actually giving us the results. In their natural work environment, those are on living human beings and there's all kinds of HIPAA related issues that require them to have contracts with other agencies that are using their services. While HIPAA does not apply to us, it is their standard practice for us to enter into an agreement and that also pushes us to the Bid Board process and BoCC approval by virtue of the fact we're entering into a contract that didn't have to exist before.