Form No. DTMB-3521 (Rev. 2/2015)
AUTHORITY: Act 431 of 1984
COMPLETION: Required
PENALTY: Contract change will not be executed unless form is filed

STATE OF MICHIGAN
DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET
PROCUREMENT
P.O. BOX 30026, LANSING, MI 48909
OR
525 W. ALLEGAN, LANSING, MI 48933

CHANGE NOTICE NO. 26

to

CONTRACT NO. 071B8200196

between

THE STATE OF MICHIGAN

and

NAME & ADDRESS OF CONTRACTOR	PRIMARY CONTACT	EMAIL
J & B Medical Supply Co., Inc.	Loren Bennett	lbennett@jandbmedical.com
50496 West Pontiac Trail	PHONE	VENDOR TAX ID # (LAST FOUR DIGITS ONLY)
Wixom, MI 48393	(800) 737-0045	

STATE CONTACTS	AGENCY	NAME	PHONE	EMAIL
PROGRAM MANAGER	DCH	Kevin Dunn	(517) 335-5096	Dunnk3@michigan.gov
CONTRACT ADMINISTRATOR	DTMB	Sue Cieciwa	(517) 284-7007	cieciwas@michigan.gov

CONTRACT SUMMARY

DESCRIPTION:
Mail Order Incontinent Supplies and Services – Department of Community Health

INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL AVAILABLE OPTIONS	EXPIRATION DATE BEFORE CHANGE(S) NOTED BELOW
July 2, 2008	July 1, 2011	2, 1 year options	December 31, 2015

PAYMENT TERMS	F.O.B.	SHIPPED TO
N/A	Delivered	N/A

ALTERNATE PAYMENT OPTIONS	EXTENDED PURCHASING
☐ P-card ☐ Direct Voucher (DV) ☐ Other	☐ Yes ☒ No

MINIMUM DELIVERY REQUIREMENTS
None

DESCRIPTION OF CHANGE NOTICE

EXTEND CONTRACT EXPIRATION DATE	EXERCISE CONTRACT OPTION YEAR(S)	EXTENSION BEYOND CONTRACT OPTION YEARS	LENGTH OF EXTENSION/OPTION	EXPIRATION DATE AFTER CHANGE
☒ No ☐ Yes	☐	☐		**December 31, 2015**

CURRENT VALUE	VALUE/COST OF CHANGE NOTICE	ESTIMATED REVISED AGGREGATE CONTRACT VALUE
$129,367,424.37	$0.00	**$129,367,424.37**

DESCRIPTION:
Effective 3/18/2015, the following items are added to the contract, per revised Appendix 1 (Attached).
All other terms, conditions, specifications and pricing remain the same. Per contractor proposal and agency agreement, and DTMB Procurement approval.

CN 26
APPENDIX 1 UPDATE

Line No.	Unit	Code And Description	Monthly Qt. Limit	Unit Cost Per Item	Brand Added	Effective Date
32	EA	T4526 Adult size pull on medium	150	$0.49	First Qualtiy, Prevail Per-Fir Underwear for Women, Medium,34"-46" FQPPFW-512 First Qualtiy, Prevail Per-Fir Underwear for Men, Medium,34"-46" FQPPFM-512	8/1/2014
33	EA	T4527 Adult size pull on large	150	$0.54	First Quality, Previal Per-Fir Underwear For Women, Large, 44"-58", FQPPFW-513 First Quality, Previal Per-Fir Underwear for Men, Large, 44"-58", FQPPFM-513	8/1/2014
34	EA	T4528 Adult Size pull on x-Large	150	$0.69	First Quality, Prevail Per-Fir Underwear for women, x-Large, 58"-68", FQPPFW-514 First Quality, Prevail Per-Fir Underwear for Men, x-Large, 58"-68', FQPPFM-514	8/1/2014
32	EA	T4526 Adult Size pull on medium,each	150	$0.49	Priniciple Bus.,PBE2605, Select Adult Pull On Medium 34-48"	10/1/2014
33	EA	T4527 Adult Size pull on large,each	150	$0.54	Priniciple Bus., PBE2606, Select Adult Pull on, Large, 44-54"	10/1/2014
34	EA	T4528 Adult Size pull on x-large,each	150	$0.69	Principle Bus., PBE2607, Select Adult Pull on, x-large, 48-66"	10/1/2014
37	EA	T4531 Pediatric Size pull on small/medium,each	150	$0.39	Attends, ATTCMF-B2, Comfees Boy Training Boys 2T-3T Attends, ATTCMF-G2, Comfees Girl Training Girls 2T-3T.	10/1/2014 10/1/2014

CN 26
APPENDIX 1 UPDATE

38 EA	T4532 Pediatric size pull on large, each	150	$0.43	Attends, ATTCMF-B3, Comfees Boy Training Boys 3T-4T Attends, ATTCMF-G3, Comfees Girl Training Girls 3T-4T	10/1/2014
39 EA	T4533 Youth size brief/ diaper, each	300	$0.33	Attends, ATTCMF-7, Comfees Baby Diapers size 7 > 41 LBS	10/1/2014
40 EA	T4534 Youth Size pull on, each	150	$0.49	Attends, ATTCMF-B4, Comfees Boy Training Boys 4T-5T Attends, ATTCMF-G4, Comfees Girl Training Girls, 4T-5T	10/1/2014 10/1/2014
41 EA	T4535 Disposable liner, shield/pad, each	300	$0.19	Absorbent Products Co., Inc. APC57244, Booster Pad 12 X 4.25 Absorbent Products Co., Inc. APC46250, Compaire Thin Super Shield Booster Liner, 10X4	10/1/2014 10/1/2014
16 EA	A4335	150	$0.42	Absorbent Products Co., Inc. APC11530, Nightime Beltless Undergarment 13X24	10/1/2014
45 EA	T4543 Bariatric adult size brief/diaper xx-large, ea	300	$1.35	Covidien, Cov67093, Wings Adult Brief 63-69"	10/1/2014
54 EA	T4544 Adult size pull on xx-large, each	150	$0.80	Principle Bus., Pbe2608, Select Adult Pull on xx-large, 68-80"	10/1/2014

Form No. DTMB-3521 (Rev. 4/2012)
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STATE OF MICHIGAN
DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET
PROCUREMENT
P.O. BOX 30026, LANSING, MI 48909
OR
525 W. ALLEGAN, LANSING, MI 48933

CHANGE NOTICE NO. 25
to
CONTRACT NO. 071B8200196
between
THE STATE OF MICHIGAN
and

NAME & ADDRESS OF CONTRACTOR:	PRIMARY CONTACT	EMAIL
J & B Medical Supply Co., Inc.	Loren Bennett	lbennet@jandbmedical.com
50496 West Pontiac Trail	TELEPHONE	CONTRACTOR #, MAIL CODE
Wixom, MI 48393	(800) 737-0045	

STATE CONTACTS	AGENCY	NAME	PHONE	EMAIL
CONTRACT COMPLIANCE INSPECTOR	DCH	Kevin Dunn	(517) 335-5096	Dunnk3@michigan.gov
BUYER	DTMB	Sue Cieciwa	(517) 284-7007	cieciwas@michigan.gov

CONTRACT SUMMARY:

DESCRIPTION: **Mail Order Incontinent Supplies and Services – Department of Community Health**

INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL AVAILABLE OPTIONS	EXPIRATION DATE BEFORE CHANGE(S) NOTED BELOW
July 2, 2008	July 1, 2011	Two One Year Options	December 31, 2014
PAYMENT TERMS	F.O.B	SHIPPED	SHIPPED FROM
N/A	Delivered	As Required	Wixom, MI

ALTERNATE PAYMENT OPTIONS:	AVAILABLE TO MiDEAL PARTICIPANTS
☐ P-card ☐ Direct Voucher (DV) ☐ Other	☐ Yes ☒ No

MINIMUM DELIVERY REQUIREMENTS:

None

DESCRIPTION OF CHANGE NOTICE:

EXTEND CONTRACT EXPIRATION DATE	EXERCISE CONTRACT OPTION YEAR(S)	EXTENSION BEYOND CONTRACT OPTION YEARS	LENGTH OF OPTION/EXTENSION	EXPIRATION DATE AFTER CHANGE
☐ No ☒ Yes	☐	☒	One Year	December 31, 2015

VALUE/COST OF CHANGE NOTICE:	ESTIMATED REVISED AGGREGATE CONTRACT VALUE:
$16,137,372.00	$129,367,424.37

Effective December 16, 2014, this Contract is hereby extended one year and increased by $16,137,372.00. The revised contract expiration date is December 31, 2015.

An additional 1% price reduction is effective January 1, 2015. MDCH will implement this additional 1% price reduction through a lump sum quarterly adjustment to payments to J & B Medical, 30 days after the end of the quarter. The new payment adjustments will begin with the quarter ending March 31, 2015.

All other terms, conditions, specifications and pricing remain the same.
Per agency request, contractor agreement, DTMB Procurement approval, and State Administrative Board approval on December 16, 2014.

Form No. DTMB-3521 (Rev. 4/2012)
AUTHORITY: Act 431 of 1984
COMPLETION: Required
PENALTY: Contract change will not be executed unless form is filed

STATE OF MICHIGAN
DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET
PROCUREMENT
P.O. BOX 30026, LANSING, MI 48909
OR
525 W. ALLEGAN, LANSING, MI 48933

CHANGE NOTICE NO. 24
to
CONTRACT NO. 071B8200196
between
THE STATE OF MICHIGAN
and

NAME & ADDRESS OF CONTRACTOR:	PRIMARY CONTACT	EMAIL
J & B Medical Supply Co., Inc.	Loren Bennett	lbennet@jandbmedical.com
50496 West Pontiac Trail	TELEPHONE	CONTRACTOR #, MAIL CODE
Wixom, MI 48393	(800) 737-0045	

STATE CONTACTS	AGENCY	NAME	PHONE	EMAIL
CONTRACT COMPLIANCE INSPECTOR	DCH	Kevin Dunn	(517) 335-5096	Dunnk3@michigan.gov
BUYER	DTMB	Sue Cieciwa	(517) 284-7007	cieciwas@michigan.gov

CONTRACT SUMMARY:

DESCRIPTION: **Mail Order Incontinent Supplies and Services – Department of Community Health**

INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL AVAILABLE OPTIONS	EXPIRATION DATE BEFORE CHANGE(S) NOTED BELOW
July 2, 2008	July 1, 2011	Two One Year Options	December 31, 2014
PAYMENT TERMS	F.O.B	SHIPPED	SHIPPED FROM
N/A	Delivered	As Required	Wixom, MI

ALTERNATE PAYMENT OPTIONS:	AVAILABLE TO MiDEAL PARTICIPANTS
☐ P-card ☐ Direct Voucher (DV) ☐ Other	☐ Yes ☒ No

MINIMUM DELIVERY REQUIREMENTS:

None

DESCRIPTION OF CHANGE NOTICE:

EXTEND CONTRACT EXPIRATION DATE	EXERCISE CONTRACT OPTION YEAR(S)	EXTENSION BEYOND CONTRACT OPTION YEARS	LENGTH OF OPTION/EXTENSION	EXPIRATION DATE AFTER CHANGE
☒ No ☐ Yes	☐	☐		

VALUE/COST OF CHANGE NOTICE:	ESTIMATED REVISED AGGREGATE CONTRACT VALUE:
$0.00	$113,230,052.37

Effective June 23, 2014, Appendix I is revised as follows:

The following Brand/Manufacturer is ADDED to Item No. 34 T4528 Adult size pull on x-large, each:

Brand/Manufacturer:
Principle Business, PBE2608

Revised Appendix I and Appendix I – Wisconsin are attached.

All other terms, conditions, specifications, and pricing remain unchanged.

Per agency request dated July 10, 2014 and vendor request by email dated June 19, 2014.

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(1)	EA	A4310 Insertion tray without drainage bag and without catheter (accessories only)	2	$1.68	Coloplast UT7010 10 cc Coloplast UT7030 30 cc AMSINO AS880 10 cc AMSINO AS890 30 cc
(2)	EA	A4311 Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating, (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	2	$3.55	Coloplast UT8100 Series Bard 800 Series
(3)	EA	A4312 Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone	2	$3.75	Bard 720000 Series
(4)	EA	A4314 Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)	2	$3.25	Coloplast UT8183 Series Coloplast UT8163 Series
(5)	EA	A4315 Insertion tray with drainage bag, with indwelling catheter, foley type, two-way, all silicone	2	$5.00	Covidien 6900 Series
(6)	EA	A4320 Irrigation tray with bulb or piston syringe, any purpose	30	$.82	Coloplast UT1001 (Bulb) Coloplast UT1002 (Piston) AMSINO AS130 (Bulb) AMSINO AS136 (Piston)
(7)	EA	A4322 Irrigation syringe, bulb or piston, each	30	$.44	Coloplast UT1004 Amsino AS011 (Bulb) Bard 750379
(8)	EA	A4349 Male external catheter (G)	96	$.62	Coloplast 9200 Coloplast 5000 Series Coloplast 8000 Series
(9)	EA	A4349 Male external catheter (G) with adhesive strip, each	96	$.47	Coloplast 7200 Series
(10)	EA	A4326 Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each	30	$.88	Coloplast 7800, 7850, 8205, 8100, 8200, 8305, 8400 Hollister 9897, 9898
(11)	EA	A4328 Female external urinary collection device; pouch, each	10	$2.25	Hollister 9840

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(12)	EA	A4330 Perianal fecal collection pouch with adhesive, each	10	$6.11	Hollister 9821, 9822 Convatec 650078
(13)	EA	A4331 Extension drainage tubing, any type, any length, with connector/adapter, for us with urinary leg bag or urostomy pouch, each	4	$1.55	Coloplast 475, 7092 AMSINO AS311
(14)	EA	A4333 Urinary catheter anchoring device, adhesive skin attachment	4	$.70	Coloplast 4065
(15)	EA	A4334 Urinary catheter anchoring device, leg strap	6	$.61	Covidien 8887600149
(16)	EA	A4335 Belted/Unbelted Undergarment WO Sides	150	$.42	Select Belt Less, PBE 2078 Select Day + Belt Less, PBE 2694 Select Belted, PBE 2650 Select Night Time, PBE 2695 Select, PBE 2693 Humanicare 30073 Tranquility Belted Undergarment, PBE 2150 Covidien Belted Undergarment, MD-171B10 Kimberly-Clark Depends 19640, 19696
(17)	EA	A4338 Indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.) each	2	$.92	Coloplast UC2500 Series Coloplast UC2300 Series AMSINO AS4000 Series
(18)	EA	A4340 Indwelling catheter, specialty type, e.g. Coude, mushroom, wing, etc., each	5	$2.25	Coloplast UC6000 and 6500 Series
(19)	EA	A4344 Indwelling catheter, foley type, two-way, all silicone, each *XX Denotes French Size	5	$3.50	Coloplast AA61XX Series Coloplast AA6CXX Series Coloplast AASC23XX Series AMSINO AS40000 Series

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(20)	EA	A4351 Intermittent urinary catheter, straight tip, each	150	$.52	Coloplast NC1000 Series Coloplast UC1000 Coloplast 110 Series Coloplast 200 Series Coloplast 300 Series Coloplast 400 Series AMSINO AS861000 Series Coviden KN8888492025 Coviden KN8888492033 Coviden KN8888492041 Coviden KN8888492058 COV400608 8FR COV400610 10FR COV400612 12FR COV400614 14FR COV400616 16FR COV400618 18FR COV8887660903 14FR 6"
(21)	EA	A4351-U4 Intermittent urinary catheter, straight tip, each	150 Under age 21	$1.70	Astra-Tech (Lofric) 900000, 940000, 9300000 Series Coloplast 4100, 4200, 4300, 4400 Series Coloplast 28578 SpeediCath Compact Female, 8FR. Coloplast 28580 SpeediCath Compact Female,10FR. Coloplast 28582 SpeediCath Compact Female, 12FR Coloplast 28584 SpeediCath Compact Female, 14FR. Coloplast 28408 Speedicath Male Ready-To-Use, 8 FR. Coloplast 28410 Speedicath Male Ready-To-Use, 10 FR. Coloplast 28412 Speedicath Male Ready-To-Use, 12 FR. Coloplast 28414 Speedicath Male Ready-To-Use, 14 FR. Coloplast 28416 Speedicath Male Ready-To-Use, 16 FR. Coloplast 28418 Speedicath Male Ready-To-Use, 18 FR.
(22)	EA	A4352 Intermittent urinary catheter, coude (curved) tip, each	150	$1.42	Coloplast 500 Series Coloplast 600 Series Coloplast 800 Series Coloplast UC6000 Series

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(23)	EA	A4352-U4 Intermittent urinary catheter, coude (curved) tip, each	150 Under age 21	$2.31	Astra-Tech (Lofric) 960000 Series Coloplast 4600, 4800 Series
(24)	EA	A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or w/o tube, each	3	$1.55	Coloplast UB0500 Bard 802001 AMSINO AS332
(25)	EA	A4358 Urinary leg bag, vinyl, with or w/o tube, each *XX Denotes French Size	10	$1.50	Coloplast UB0600 Coloplast UB0950 AMSINO AS300 Series Coloplast 9000
(26)	OZ	A4402 Lubricant	10 OZ.	$.23	Triad Lubricating Jelly 10-8919
(27)	EA	T4521 Adult size brief / diaper small, each	300	$.35	Select PBE 2620 Tranquility Full Fit PBE 2120 Attends BRBX10 Hook & Loop Covidien 63062 Tenna Specialty Brief SCA 66150 FQ IB Brief IB-011 KN66032 Small Wings Choice Plus Quilted
(28)	EA	T4522 Adult size brief / diaper medium, each	300	$.33	Select Full fit, PBE 2624 Hook & Loop Covidien 63063 Attends BR20 Attends BRB20 Tena Ultra Brief Med SCA 68121 FQ Per-Fit Breathable PF-012/1 KN66033 Med Wings Choice Plus Quilted Wings Choice Adult Brief Medium, Covidien KN60043DP
(29)	EA	T4523 Adult size brief / diaper large, each	300	$.41	Select Full Fit, PBE 2634 Hook & Loop Covidien 63064 Attends BR30 Attends BRB30 Tena Ultra Brief Large SCA68122 FQ Per-Fit Breathable PF-013/1 KN66034 Large Wings Choice Plus Quilted Wings Choice Adult Brief Large, Covidien KN60044DP

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(30)	EA	T4524 Adult size brief / diaper x-large, each	300	$.49	Select Full Fit, PBE 2635 Hook & Loop Covidien 63065 Attends BR40 Attends BRB40 FQ Per-Fit Breathable PF-014/1 KN66035 X-Large Wings Choice Plus Quilted Wings Choice Adult Brief XLG, Covidien KN60045DP
(31)	EA	T4525 Adult size pull on small, each	150	$.48	Select Sm, PBE 2604 Sure Care Protective Underwear Covidien 1605 Attends 7 PaperPak APP0710 Dignity Humanicare 46076 First Quality, PV-511
(32)	EA	T4526 Adult size pull on medium, each	150	$.49	Select Med, PBE 2605 Sure Care Protective Underwear Covidien 1605 Attends 7 APP0720 Dignity Humanicare 46077 Tena Plus SCA 72436 FQ Per-Fit PF-512
(33)	EA	T4527 Adult size pull on large, each	150	$.54	Select Lg, PBE 2606 Sure Care Protective Underwear Covidien 1615 Attends 7 PaperPak APP0730 Dignity Humanicare 46078 Tena Plus SCA 72437 FQ Per-Fit PF-513
(34)	EA	T4528 Adult size pull on x-large, each	150	$.69	Select XLG, PBE 2607 Sure Care Protective Underwear Covidien 1625 Attends 7 PaperPak APP0740 Dignity Humanicare 46079 Tena Plus SCA 72438 FA Per-Fit PF-514 FQ Prevail Extra (XXL-Bariatric PV-517) SureCare Protective Underwear XX-Large 60”-80”, COV1630 Principle Business, PBE2608

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(35)	EA	T4529 Pediatric size brief / diaper small / medium, each	300 up to age 13. Age 13 & over require PA.	$.23	Curity Ultra Fits Covidien 80018 Curity Utra Fits Covidien 80028 Huggies Ultratrim SZ1-2 HG52164 Huggies Ultratrim SZ3 HG211980 Luvs Baby Diapers Size 2, 12-18 lbs. 732921 Luvs Baby Diapers Size 3, 16-28 lbs. 734527 First Quality, CR2001, Cuties TM Baby Diaper-Size 2, 12-18 lbs. First Quality, CR3001, Cuties TM Baby Diaper-Size 3, 16-28 lbs.
(36)	EA	T4530 Pediatric size brief / diaper large, each	300 up to age 13. Age 13 & over require PA.	$.32	Curity Ultra Fits Covidien 80038CF Curity Ultra Fits Covidien 80048 Huggies Ultratrim SZ5 XL HG211994 Huggies Ultratrim SZ4 Lrg HG211987 Luvs Baby Diapers Size 4, 22-37 lbs. 734401 Luvs Baby Diapers Size 5, 27+ lbs. 733187 First Quality, CR4001, Cuties TM Baby Diaper-Size 4, 22-37 lbs. First Quality, CR5001, Cuties TM Baby Diaper-Size 5, 27+ lbs.

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(37)	EA	T4531 Pediatric size pull on small /medium, each	150	$.39	Run Around, Md. Boy Covidien 70063B Run Around, Md. Girl Covidien 70063G Huggies Youth Pull On Briefs 2T-3T MED Boy HG86171, Huggies Youth Pull On Briefs 2T-3T MED Girl HG86172 Curity Sleeppants Covidien 70073 First Quality CR7005 Cute Trn Pant Boy 2t3t CR7006 Cute Trn Pant Girl 2t3t
(38)	EA	T4532 Pediatric size pull on large, each	150	$.43	Run Around Lg. Boy, Covidien 70064B Run Around Lg. Girl, Covidien 70064G Huggies Youth Pull On Briefs 3T-4T BOYS HG86173 Huggies Youth Pull On Briefs 3T-4T GIRLS HG86174 First Quality CR8005 Cute Trn Pant Boy 3t4t CR8006 Cute Trn Pant Girl 4t5t
(39)	EA	T4533 Youth size brief / diaper, each	300	$.33	Tranquility PBE 2166 Select PBE 2666 Select Toddler + PBE 2665 Curity Ultra Fits Covidien 0058 Huggies Ultratrim SZ6 HG212001 Luvs Baby Diapers Size 6, 35+ lbs. 734534 First Quality, CR6001, Cuties TM Baby Diaper-Size 6, 35+ lbs. Attends, BRBY, 20"-28"

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(40)	EA	T4534 Youth size pull on, each	150	$.49	Select Extra Small Brief, PBE 2603 RunAround X-Lg. Boy Covidien 70065B RunAround X-Lg. Girl Covidien 70065G Huggies Pull-Up 4T-5T Boy HG86175 Huggies Pull-Up 4T-5T Girl HG86182 Curity Sleeppants Covidien 70074 Curity Sleeppants Covidien 70075 Sleep Overs® Youth Underwear SLP05301 Sleep Overs® Youth Underwear SLP05302, 65-125 lbs. First Quality CR9005 Cute Trn Pant Boy 4t5t CR9006 Cute Trn Pant Girl 4t5t

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(41)	EA	T4535 Disposable liner / shield / pad, each	300	$.19	Booster Pad, PBE 2760 Select 4.25x14.5, PBE 2671 Select 7x17, PBE 2690 Select Extra Absorb, PBE 2681, PBE 2682 Select Shield PBE 2648 Booster Pad PBE 2072 Tranquility Super Plus Trimshield, PBE 2083 Dignity ThinSerts Humanicare 30054 Humanicare Dignity Natural Liner HC26955, HC26954 Humanicare Stackable Pad HC30053 Humanicare Dignity Plus Super Liner HC30071 Humanicare Dignity Plus Liner HC30074 Humanicare Dignity Briefmates HC30225 Humanicare Spartan Liners HC40340 Covidien Incontinence Liner KN1100B22 Attends Shaped Pad LP0500 Serenity extra pads(mod) SCA 48900 FQ Prevail/male guard PV-811 FQ Prevail Pantiliner PV-926 FQ Prevail Day Time Liner PL-100/1 and Attends LP0600 Prevail Bladder Control Pad-extra BC-012 Absorbent Products Company 19244 Booster Liner First Quality, PQPPV-915/1 First Quality, PQPPV 923/1 Prevail Extra Plus Liner BC-013, First Quality Presto Absorbent Liner, PAPBC 161040

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(42)	EA	T4536 Reusable washable underwear any size, each	10	$1.08	PBE 2684 MED PBE 2685 LRG PBE 2686 XL Covidien KN705A Small/Med. Covidien KN706A Large/ X-Large Covidien KN707A XX-Large/ XXX-Large
(43)	EA	T4541 Disposable underpads (e.g., Chux's), large 23 x 36	180	$.15	Covidien 1093DP, 7176 PBE 2673, 2675 Griffin Medical 1836
(44)	EA	T4542 Disposable underpads (e.g., Chux's), small 17 x 24	180	$.12	PaperPak UFS170 Griffin Medical Underpad 17x24 #2504
(45)	EA	T4543 Bariatric adult size brief / diaper xx-large, each	300	$1.35	Whitestone 43790 Prevail Breathable Bariatric Brief, 63"-94"
(46)	EA	A4649 Misc. Supply	1	P. A. Required	No Reference
(47)	EA	A5112 Urinary leg bag; latex	2	$1.50	Coloplast 4157, 4175
(48)	EA	A5120 Skin barrier, wipes, 50/box (antiseptic), per wipe	100	$.10	Coloplast 44005
(49)	EA	S5199 Personal Care Products / Wipes/Adult/Baby, per wipe	100	$.08	Innovative DermAssist 80-301 ABCO Antiseptic Towelettes NDC634915 Kimberly-Clark Huggies Natural Care Wipes (unscented) HG18600 EM77000 FQPCRW-050
(50)	EA	A6250 Skin sealants, protectants, moisturizers, ointment, any type, any size	2	$2.99	Secura Smith & Nephew 2.47 oz 59431500 Covidien Vaseline Constant Care 2 oz KN8884737500 DermaRite Periguard 3.5 oz 00204

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(51)	EA	A4520 Diaper/Incontinent pant, reusable/washable	1	$8.15	Select PBE 3080 series Humanicare 16000 series Humanicare 40200 series Humanicare Spartan Unisex Waterproof Pant HC10000 Series Covidien 689 SML Covidien 691 MED Covidien 694 LRG Covidien 698 XL
(52)	EA	A4354 Insertion Tray with Drainage Bag	10	$5.25	Coloplast UT9183
(53)	EA	A4353 Intermittent Urinary Catheter with Insertion Supplies	150	$3.40	Coloplast 1008, 1012, 1014, 1016, 3110, 3112, 3114, 3116, 3212, 3214, UT8140, UT8150
(54)	EA	T4544 Adult size pull on X-large, each	150	$.80	PAPAUB24060, Presto FQPPV-517, First Quality COV1630, Covidien

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(1)	EA	A4310 Insertion tray without drainage bag and without catheter (accessories only)	2	$3.85	Coloplast UT7010 10 cc Coloplast UT7030 30 cc AMSINO AS880 10 cc AMSINO AS890 30 cc
(2)	EA	A4311 Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating, (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	2	$9.26	Coloplast UT8100 Series Bard 800 Series
(3)	EA	A4312 Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone	2	$9.50	Bard 720000 Series
(4)	EA	A4314 Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)	2	$13.25	Coloplast UT8183 Series Coloplast UT8163 Series
(5)	EA	A4315 Insertion tray with drainage bag, with indwelling catheter, foley type, two-way, all silicone	2	$13.59	Covidien 6900 Series
(6)	EA	A4320 Irrigation tray with bulb or piston syringe, any purpose	30	$1.92	Coloplast UT1001 (Bulb) Coloplast UT1002 (Piston) AMSINO AS130 (Bulb) AMSINO AS136 (Piston)
(7)	EA	A4322 Irrigation syringe, bulb or piston, each	30	$2.20	Coloplast UT1004 Amsino AS011 (Bulb) Bard 750379
(8)	EA	A4349 Male external catheter (G)	96	$.83	Coloplast 9200 Coloplast 5000 Series Coloplast 8000 Series
(9)	EA	A4349 Male external catheter (G) with adhesive strip, each	96	$.83	Coloplast 7200 Series
(10)	EA	A4326 Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each	30	$7.14	Coloplast 7800, 7850, 8205, 8100, 8200, 8305, 8400 Hollister 9897, 9898
(11)	EA	A4328 Female external urinary collection device; pouch, each	10	$7.10	Hollister 9840
(12)	EA	A4330 Perianal fecal collection pouch with adhesive, each	10	$6.86	Hollister 9821, 9822 Convatec 650078
(13)	EA	A4331 Extension drainage tubing, any type, any length, with connector/adapter, for us with urinary leg bag or urostomy pouch, each	4	$1.80	Coloplast 475, 7092 AMSINO AS311

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(14)	EA	A4333 Urinary catheter anchoring device, adhesive skin attachment	4	$1.12	Coloplast 4065
(15)	EA	A4334 Urinary catheter anchoring device, leg strap	6	$.81	Covidien 8887600149
(16)	EA	A4335 Belted/Unbelted Undergarment WO Sides	150	$.78	Select Belt Less, PBE 2078 Select Day + Belt Less, PBE 2694 Select Belted, PBE 2650 Select Night Time, PBE 2695 Select, PBE 2693 Humanicare 30073 Tranquility Belted Undergarment, PBE 2150 Covidien Belted Undergarment, MD-171B10 Kimberly-Clark Depends 19640, 19696
(17)	EA	A4338 Indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.) each	2	$6.45	Coloplast UC2500 Series Coloplast UC2300 Series AMSINO AS4000 Series
(18)	EA	A4340 Indwelling catheter, specialty type, e.g. Coude, mushroom, wing, etc., each	5	$5.45	Coloplast UC6000 and 6500 Series
(19)	EA	A4344 Indwelling catheter, foley type, two-way, all silicone, each *XX Denotes French Size	5	$7.75	Coloplast AA61XX Series Coloplast AA6CXX Series Coloplast AASC23XX Series AMSINO AS40000 Series

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(20)	EA	A4351 Intermittent urinary catheter, straight tip, each	150	$1.20	Coloplast NC1000 Series Coloplast UC1000 Coloplast 110 Series Coloplast 200 Series Coloplast 300 Series Coloplast 400 Series AMSINO AS861000 Series Coviden KN8888492025 Coviden KN8888492033 Coviden KN8888492041 Coviden KN8888492058 COV400608 8FR COV400610 10FR COV400612 12FR COV400614 14FR COV400616 16FR COV400618 18FR COV8887660903 14FR 6"
(21)	EA	A4351-U4 Intermittent urinary catheter, straight tip, each	150 Under age 21	$2.25	Astra-Tech (Lofric) 900000, 940000, 9300000 Series Coloplast 4100, 4200, 4300, 4400 Series Coloplast 28578 SpeediCath Compact Female, 8FR. Coloplast 28580 SpeediCath Compact Female,10FR. Coloplast 28582 SpeediCath Compact Female, 12FR Coloplast 28584 SpeediCath Compact Female, 14FR. Coloplast 28408 Speedicath Male Ready-To-Use, 8 FR. Coloplast 28410 Speedicath Male Ready-To-Use, 10 FR. Coloplast 28412 Speedicath Male Ready-To-Use, 12 FR. Coloplast 28414 Speedicath Male Ready-To-Use, 14 FR. Coloplast 28416 Speedicath Male Ready-To-Use, 16 FR. Coloplast 28418 Speedicath Male Ready-To-Use, 18 FR.
(22)	EA	A4352 Intermittent urinary catheter, coude (curved) tip, each	150	$2.45	Coloplast 500 Series Coloplast 600 Series Coloplast 800 Series Coloplast UC6000 Series

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(23)	EA	A4352-U4 Intermittent urinary catheter, coude (curved) tip, each	150 Under age 21	$2.90	Astra-Tech (Lofric) 960000 Series Coloplast 4600, 4800 Series
(24)	EA	A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or w/o tube, each	3	$5.74	Coloplast UB0500 Bard 802001 AMSINO AS332
(25)	EA	A4358 Urinary leg bag, vinyl, with or w/o tube, each *XX Denotes French Size	10	$5.22	Coloplast UB0600 Coloplast UB0950 AMSINO AS300 Series Coloplast 9000
(26)	OZ	A4402 Lubricant	10 OZ.	$.32	Triad Lubricating Jelly 10-8919
(27)	EA	T4521 Adult size brief / diaper small, each	300	$.43	Select PBE 2620 Tranquility Full Fit PBE 2120 Attends BRBX10 Hook & Loop Covidien 63062 Tenna Specialty Brief SCA 66150 FQ IB Brief IB-011 KN66032 Small Wings Choice Plus Quilted
(28)	EA	T4522 Adult size brief / diaper medium, each	300	$.44	Select Full fit, PBE 2624 Hook & Loop Covidien 63063 Attends BR20 Attends BRB20 Tena Ultra Brief Med SCA 68121 FQ Per-Fit Breathable PF-012/1 KN66033 Med Wings Choice Plus Quilted Wings Choice Adult Brief Medium, Covidien KN60043DP
(29)	EA	T4523 Adult size brief / diaper large, each	300	$.58	Select Full Fit, PBE 2634 Hook & Loop Covidien 63064 Attends BR30 Attends BRB30 Tena Ultra Brief Large SCA68122 FQ Per-Fit Breathable PF-013/1 KN66034 Large Wings Choice Plus Quilted Wings Choice Adult Brief Large, Covidien KN60044DP

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(30)	EA	T4524 Adult size brief / diaper x-large, each	300	$.65	Select Full Fit, PBE 2635 Hook & Loop Covidien 63065 Attends BR40 Attends BRB40 FQ Per-Fit Breathable PF-014/1 KN66035 X-Large Wings Choice Plus Quilted Wings Choice Adult Brief XLG, Covidien KN60045DP
(31)	EA	T4525 Adult size pull on small, each	150	$.71	Select Sm, PBE 2604 Sure Care Protective Underwear Covidien 1605 Attends 7 PaperPak APP0710 Dignity Humanicare 46076 First Quality, PV-511
(32)	EA	T4526 Adult size pull on medium, each	150	$.71	Select Med, PBE 2605 Sure Care Protective Underwear Covidien 1605 Attends 7 APP0720 Dignity Humanicare 46077 Tena Plus SCA 72436 FQ Per-Fit PF-512
(33)	EA	T4527 Adult size pull on large, each	150	$.79	Select Lg, PBE 2606 Sure Care Protective Underwear Covidien 1615 Attends 7 PaperPak APP0730 Dignity Humanicare 46078 Tena Plus SCA 72437 FQ Per-Fit PF-513
(34)	EA	T4528 Adult size pull on x-large, each	150	$1.02	Select XLG, PBE 2607 Sure Care Protective Underwear Covidien 1625 Attends 7 PaperPak APP0740 Dignity Humanicare 46079 Tena Plus SCA 72438 FA Per-Fit PF-514 FQ Prevail Extra (XXL-Bariatric PV-517) SureCare Protective Underwear XX-Large 60”-80”, COV1630 Principle Business, PBE2608

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(35)	EA	T4529 Pediatric size brief / diaper small / medium, each	300 up to age 13. Age 13 & over require PA.	$.40	Curity Ultra Fits Covidien 80018 Curity Utra Fits Covidien 80028 Huggies Ultratrim SZ1-2 HG52164 Huggies Ultratrim SZ3 HG211980 Luvs Baby Diapers Size 2, 12-18 lbs. 732921 Luvs Baby Diapers Size 3, 16-28 lbs. 734527 First Quality, CR2001, Cuties TM Baby Diaper-Size 2, 12-18 lbs. First Quality, CR3001, Cuties TM Baby Diaper-Size 3, 16-28 lbs.
(36)	EA	T4530 Pediatric size brief / diaper large, each	300 up to age 13. Age 13 & over require PA.	$.44	Curity Ultra Fits Covidien 80038CF Curity Ultra Fits Covidien 80048 Huggies Ultratrim SZ5 XL HG211994 Huggies Ultratrim SZ4 Lrg HG211987 Luvs Baby Diapers Size 4, 22-37 lbs. 734401 Luvs Baby Diapers Size 5, 27+ lbs. 733187 First Quality, CR4001, Cuties TM Baby Diaper-Size 4, 22-37 lbs. First Quality, CR5001, Cuties TM Baby Diaper-Size 5, 27+ lbs.

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(37)	EA	T4531 Pediatric size pull on small /medium, each	150	$.42	Run Around, Md. Boy Covidien 70063B Run Around, Md. Girl Covidien 70063G Huggies Youth Pull On Briefs 2T-3T MED Boy HG86171, Huggies Youth Pull On Briefs 2T-3T MED Girl HG86172 Curity Sleeppants Covidien 70073 First Quality, CR7005 Cute Trn Pant Boy 2t3t CR7006 Cute Trn Pant Girl 2t3t
(38)	EA	T4532 Pediatric size pull on large, each	150	$.44	Run Around Lg. Boy, Covidien 70064B Run Around Lg. Girl, Covidien 70064G Huggies Youth Pull On Briefs 3T-4T BOYS HG86173 Huggies Youth Pull On Briefs 3T-4T GIRLS HG86174 First Quality CR8005 Cute Trn Pant Boy 3t4t CR8006 Cute Trn Pant Girl 4t5t
(39)	EA	T4533 Youth size brief / diaper, each	300	$.46	Tranquility PBE 2166 Select PBE 2666 Select Toddler + PBE 2665 Curity Ultra Fits Covidien 0058 Huggies Ultratrim SZ6 HG212001 Luvs Baby Diapers Size 6, 35+ lbs. 734534 First Quality, CR6001, Cuties TM Baby Diaper-Size 6, 35+ lbs. Attends, BRBY, 20"-28"

Contract No. 071B8200196

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(40)	EA	T4534 Youth size pull on, each	150	$.64	Select Extra Small Brief, PBE 2603 RunAround X-Lg. Boy Covidien 70065B RunAround X-Lg. Girl Covidien 70065G Huggies Pull-Up 4T-5T Boy HG86175 Huggies Pull-Up 4T-5T Girl HG86182 Curity Sleeppants Covidien 70074 Curity Sleeppants Covidien 70075 Sleep Overs® Youth Underwear SLP05301 Sleep Overs® Youth Underwear SLP05302, 65-125 lbs. First Quality CR9005 Cute Trn Pant Boy 4t5t CR9006 Cute Trn Pant Girl 4t5t

Contract No. 071B8200196

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(41)	EA	T4535 Disposable liner / shield / pad, each	300	$.29	Booster Pad, PBE 2760 Select 4.25x14.5, PBE 2671 Select 7x17, PBE 2690 Select Extra Absorb, PBE 2681, PBE 2682 Select Shield PBE 2648 Booster Pad PBE 2072 Tranquility Super Plus Trimshield, PBE 2083 Dignity ThinSerts Humanicare 30054 Humanicare Dignity Natural Liner HC26955, HC26954 Humanicare Stackable Pad HC30053 Humanicare Dignity Plus Super Liner HC30071 Humanicare Dignity Plus Liner HC30074 Humanicare Dignity Briefmates HC30225 Humanicare Spartan Liners HC40340 Covidien Incontinence Liner KN1100B22 Attends Shaped Pad LP0500 Serenity extra pads(mod) SCA 48900 FQ Prevail/male guard PV-811 FQ Prevail Pantiliner PV-926 FQ Prevail Day Time Liner PL-100/1 and Attends LP0600 Prevail Bladder Control Pad-extra BC-012 Absorbent Products Company 19244 Booster Liner First Quality, PQPPV-915/1 First Quality, PQPPV 923/1 Prevail Extra Plus Liner BC-013, First Quality Presto Absorbent Liner, PAPBC 161040

Contract No. 071B8200196

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(42)	EA	T4536 Reusable washable underwear any size, each	10	$7.72	PBE 2684 MED PBE 2685 LRG PBE 2686 XL Covidien KN705A Small/Med. Covidien KN706A Large/ X-Large Covidien KN707A XX-Large/ XXX-Large
(43)	EA	T4541 Disposable underpads (e.g., Chux's), large 23 x 36	180	$.25	Covidien 1093DP, 7176 PBE 2673, 2675 Griffin Medical 1836
(44)	EA	T4542 Disposable underpads (e.g., Chux's), small 17 x 24	180	$.25	PaperPak UFS170 Griffin Medical Underpad 17x24 #2504
(45)	EA	T4543 Bariatric adult size brief / diaper xx-large, each	300	$1.89	Whitestone 43790 Prevail Breathable Bariatric Brief, 63"-94"
(46)	EA	A4649 Misc. Supply	1	P. A. Required	No Reference
(47)	EA	A5112 Urinary leg bag; latex	2	$22.91	Coloplast 4157, 4175
(48)	EA	A5120 Skin barrier, wipes, 50/box (antiseptic), per wipe	100	$.16	Coloplast 44005
(49)	EA	S5199 Personal Care Products / Wipes/Adult/Baby, per wipe	100	$.09	Innovative DermAssist 80-301 ABCO Antiseptic Towelettes NDC634915 Kimberly-Clark Huggies Natural Care Wipes (unscented) HG18600 EM77000 FQPCRW-050
(50)	EA	A6250 Skin sealants, protectants, moisturizers, ointment, any type, any size	2	$3.71	Secura Smith & Nephew 2.47 oz 59431500 Covidien Vaseline Constant Care 2 oz KN8884737500 DermaRite Periguard 3.5 oz 00204

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(51)	EA	A4520 Diaper/Incontinent pant, reusable/washable	1	$10.25	Select PBE 3080 series Humanicare 16000 series Humanicare 40200 series Humanicare Spartan Unisex Waterproof Pant HC10000 Series Covidien 689 SML Covidien 691 MED Covidien 694 LRG Covidien 698 XL
(52)	EA	A4354 Insertion Tray with Drainage Bag	10	$6.35	Coloplast UT9183
(53)	EA	A4353 Intermittent Urinary Catheter with Insertion Supplies	150	$3.80	Coloplast 1008, 1012, 1014, 1016, 3110, 3112, 3114, 3116, 3212, 3214, UT8140, UT8150
(54)	EA	T4544 Adult size pull on X-large, each	150	$1.02	PAPAUB24060, Presto FQPPV-517, First Quality COV1630, Covidien

Form No. DTMB-3521 (Rev. 4/2012)
AUTHORITY: Act 431 of 1984
COMPLETION: Required
PENALTY: Contract change will not be executed unless form is filed

STATE OF MICHIGAN
DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET
PROCUREMENT
P.O. BOX 30026, LANSING, MI 48909
OR
525 W. ALLEGAN, LANSING, MI 48933

June 10, 2014

CHANGE NOTICE NO. 23

to

CONTRACT NO. 071B8200196

between

THE STATE OF MICHIGAN

and

NAME & ADDRESS OF CONTRACTOR:	PRIMARY CONTACT	EMAIL
J & B Medical Supply Co., Inc.	Loren Bennett	lbennet@jandbmedical.com
50496 West Pontiac Trail	TELEPHONE	CONTRACTOR #, MAIL CODE
Wixom, MI 48393	(800) 737-0045	

STATE CONTACTS	AGENCY	NAME	PHONE	EMAIL
CONTRACT COMPLIANCE INSPECTOR	DCH	Kevin Dunn	(517) 335-5096	Dunnk3@michigan.gov
BUYER	DTMB	Sue Cieciwa	(517) 284-7007	cieciwas@michigan.gov

CONTRACT SUMMARY:

DESCRIPTION: **Mail Order Incontinent Supplies and Services – Department of Community Health**

INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL AVAILABLE OPTIONS	EXPIRATION DATE BEFORE CHANGE(S) NOTED BELOW
July 2, 2008	July 1, 2011	Two One Year Options	December 31, 2014
PAYMENT TERMS	F.O.B	SHIPPED	SHIPPED FROM
N/A	Delivered	As Required	Wixom, MI

ALTERNATE PAYMENT OPTIONS:	AVAILABLE TO MiDEAL PARTICIPANTS
☐ P-card ☐ Direct Voucher (DV) ☐ Other	☐ Yes ☒ No

MINIMUM DELIVERY REQUIREMENTS:

None

DESCRIPTION OF CHANGE NOTICE:

EXTEND CONTRACT EXPIRATION DATE	EXERCISE CONTRACT OPTION YEAR(S)	EXTENSION BEYOND CONTRACT OPTION YEARS	LENGTH OF OPTION/EXTENSION	EXPIRATION DATE AFTER CHANGE
☒ No ☐ Yes	☐	☐		

VALUE/COST OF CHANGE NOTICE:	ESTIMATED REVISED AGGREGATE CONTRACT VALUE:
$390,598.11	$113,230,052.37

Effective June 10, 2014, this Contract is hereby INCREASED by $390,598.11.

In addition, the Contract Compliance Inspector is hereby CHANGED to:

Kevin Dunn, Contract Compliance Inspector
MDCH Grants and Purchasing Division
320 S. Walnut Street
Lansing, MI 48823
Email: dunnk3@michigan.gov

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Phone: (517) 335-5096

All other terms, conditions, specifications, and pricing remain unchanged.

Per agency request dated May 5, 2014, DTMB, Procurement agreement, and State Administrative Board approval on June 10, 2014.

Contract No. 071B8200196

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Form No. DTMB-3521 (Rev. 4/2012)
AUTHORITY: Act 431 of 1984
COMPLETION: Required
PENALTY: Contract change will not be executed unless form is filed

STATE OF MICHIGAN
DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET
PROCUREMENT
P.O. BOX 30026, LANSING, MI 48909
OR
530 W. ALLEGAN, LANSING, MI 48933

CHANGE NOTICE NO. 22
to
CONTRACT NO. 071B8200196
between
THE STATE OF MICHIGAN
and

NAME & ADDRESS OF CONTRACTOR:	PRIMARY CONTACT	EMAIL
J & B Medical Supply Co., Inc.	Loren Bennett	lbennet@jandbmedical.com
50496 West Pontiac Trail	TELEPHONE	CONTRACTOR #, MAIL CODE
Wixom, MI 48393	(800) 737-0045	

STATE CONTACTS	AGENCY	NAME	PHONE	EMAIL
CONTRACT COMPLIANCE INSPECTOR	DCH	Laura Dotson	(517) 241-4686	dotsonl1@michigan.gov
BUYER	DTMB	Sue Cieciwa	(517) 373-0301	cieciwas@michigan.gov

CONTRACT SUMMARY:

DESCRIPTION: **Mail Order Incontinent Supplies and Services – Department of Community Health**

INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL AVAILABLE OPTIONS	EXPIRATION DATE BEFORE CHANGE(S) NOTED BELOW
July 2, 2008	July 1, 2011	Two One Year Options	December 31, 2014
PAYMENT TERMS	F.O.B	SHIPPED	SHIPPED FROM
N/A	Delivered	As Required	Wixom, MI

ALTERNATE PAYMENT OPTIONS:	AVAILABLE TO MiDEAL PARTICIPANTS
☐ P-card ☐ Direct Voucher (DV) ☐ Other	☐ Yes ☒ No

MINIMUM DELIVERY REQUIREMENTS:

None

DESCRIPTION OF CHANGE NOTICE:

EXTEND CONTRACT EXPIRATION DATE	EXERCISE CONTRACT OPTION YEAR(S)	EXTENSION BEYOND CONTRACT OPTION YEARS	LENGTH OF OPTION/EXTENSION	EXPIRATION DATE AFTER CHANGE
☒ No ☐ Yes	☐	☐		

VALUE/COST OF CHANGE NOTICE:	ESTIMATED REVISED AGGREGATE CONTRACT VALUE:
$0.00	$112,839,454.26

Effective January 1, 2014, Appendix I is revised as follows:

Item No. 54 T4544 Adult size pull on X-large, each is hereby ADDED to this Contract:

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Brand/Manufacturer:
PAPAUB24060, Presto
FQPPV-517, First Quality
COV1630, Covidien

Monthly Quantity Limit: 150

Unit Cost Per Item: $.80

Effective January 1, 2014, Appendix I – Wisconsin is revised as follows:

Item No. 54 T4544 Adult size pull on X-large, each is hereby ADDED to this Contract:

Brand/Manufacturer:
PAPAUB24060, Presto
FQPPV-517, First Quality
COV1630, Covidien

Monthly Quantity Limit: 150

Unit Cost Per Item: $1.02

Revised Appendix I and Appendix I – Wisconsin are attached.

In addition, the Contract Compliance Inspector is hereby CHANGED to:

Laura Dotson, Contract Compliance Inspector
MDCH Grants and Purchasing Division
320 S. Walnut Street
Lansing, MI 48823
Email: dotsonl1@michigan.gov
Phone: (517) 241-4686

All other terms, conditions, specifications, and pricing remain unchanged.

Per agency requests dated January 27, 2014 and February 11, 2014 and vendor requests by email dated December 20, 2013 and February 5, 2014.

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(1)	EA	A4310 Insertion tray without drainage bag and without catheter (accessories only)	2	$1.68	Coloplast UT7010 10 cc Coloplast UT7030 30 cc AMSINO AS880 10 cc AMSINO AS890 30 cc
(2)	EA	A4311 Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating, (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	2	$3.55	Coloplast UT8100 Series Bard 800 Series
(3)	EA	A4312 Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone	2	$3.75	Bard 720000 Series
(4)	EA	A4314 Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)	2	$3.25	Coloplast UT8183 Series Coloplast UT8163 Series
(5)	EA	A4315 Insertion tray with drainage bag, with indwelling catheter, foley type, two-way, all silicone	2	$5.00	Covidien 6900 Series
(6)	EA	A4320 Irrigation tray with bulb or piston syringe, any purpose	30	$.82	Coloplast UT1001 (Bulb) Coloplast UT1002 (Piston) AMSINO AS130 (Bulb) AMSINO AS136 (Piston)
(7)	EA	A4322 Irrigation syringe, bulb or piston, each	30	$.44	Coloplast UT1004 Amsino AS011 (Bulb) Bard 750379
(8)	EA	A4349 Male external catheter (G)	96	$.62	Coloplast 9200 Coloplast 5000 Series Coloplast 8000 Series
(9)	EA	A4349 Male external catheter (G) with adhesive strip, each	96	$.47	Coloplast 7200 Series
(10)	EA	A4326 Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each	30	$.88	Coloplast 7800, 7850, 8205, 8100, 8200, 8305, 8400 Hollister 9897, 9898
(11)	EA	A4328 Female external urinary collection device; pouch, each	10	$2.25	Hollister 9840

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(12)	EA	A4330 Perianal fecal collection pouch with adhesive, each	10	$6.11	Hollister 9821, 9822 Convatec 650078
(13)	EA	A4331 Extension drainage tubing, any type, any length, with connector/adapter, for us with urinary leg bag or urostomy pouch, each	4	$1.55	Coloplast 475, 7092 AMSINO AS311
(14)	EA	A4333 Urinary catheter anchoring device, adhesive skin attachment	4	$.70	Coloplast 4065
(15)	EA	A4334 Urinary catheter anchoring device, leg strap	6	$.61	Covidien 8887600149
(16)	EA	A4335 Belted/Unbelted Undergarment WO Sides	150	$.42	Select Belt Less, PBE 2078 Select Day + Belt Less, PBE 2694 Select Belted, PBE 2650 Select Night Time, PBE 2695 Select, PBE 2693 Humanicare 30073 Tranquility Belted Undergarment, PBE 2150 Covidien Belted Undergarment, MD-171B10 Kimberly-Clark Depends 19640, 19696
(17)	EA	A4338 Indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.) each	2	$.92	Coloplast UC2500 Series Coloplast UC2300 Series AMSINO AS4000 Series
(18)	EA	A4340 Indwelling catheter, specialty type, e.g. Coude, mushroom, wing, etc., each	5	$2.25	Coloplast UC6000 and 6500 Series
(19)	EA	A4344 Indwelling catheter, foley type, two-way, all silicone, each *XX Denotes French Size	5	$3.50	Coloplast AA61XX Series Coloplast AA6CXX Series Coloplast AASC23XX Series AMSINO AS40000 Series

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(20)	EA	A4351 Intermittent urinary catheter, straight tip, each	150	$.52	Coloplast NC1000 Series Coloplast UC1000 Coloplast 110 Series Coloplast 200 Series Coloplast 300 Series Coloplast 400 Series AMSINO AS861000 Series Coviden KN8888492025 Coviden KN8888492033 Coviden KN8888492041 Coviden KN8888492058 COV400608 8FR COV400610 10FR COV400612 12FR COV400614 14FR COV400616 16FR COV400618 18FR COV8887660903 14FR 6"
(21)	EA	A4351-U4 Intermittent urinary catheter, straight tip, each	150 Under age 21	$1.70	Astra-Tech (Lofric) 900000, 940000, 9300000 Series Coloplast 4100, 4200, 4300, 4400 Series Coloplast 28578 SpeediCath Compact Female, 8FR. Coloplast 28580 SpeediCath Compact Female,10FR. Coloplast 28582 SpeediCath Compact Female, 12FR Coloplast 28584 SpeediCath Compact Female, 14FR. Coloplast 28408 Speedicath Male Ready-To-Use, 8 FR. Coloplast 28410 Speedicath Male Ready-To-Use, 10 FR. Coloplast 28412 Speedicath Male Ready-To-Use, 12 FR. Coloplast 28414 Speedicath Male Ready-To-Use, 14 FR. Coloplast 28416 Speedicath Male Ready-To-Use, 16 FR. Coloplast 28418 Speedicath Male Ready-To-Use, 18 FR.
(22)	EA	A4352 Intermittent urinary catheter, coude (curved) tip, each	150	$1.42	Coloplast 500 Series Coloplast 600 Series Coloplast 800 Series Coloplast UC6000 Series

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(23)	EA	A4352-U4 Intermittent urinary catheter, coude (curved) tip, each	150 Under age 21	$2.31	Astra-Tech (Lofric) 960000 Series Coloplast 4600, 4800 Series
(24)	EA	A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or w/o tube, each	3	$1.55	Coloplast UB0500 Bard 802001 AMSINO AS332
(25)	EA	A4358 Urinary leg bag, vinyl, with or w/o tube, each *XX Denotes French Size	10	$1.50	Coloplast UB0600 Coloplast UB0950 AMSINO AS300 Series Coloplast 9000
(26)	OZ	A4402 Lubricant	10 OZ.	$.23	Triad Lubricating Jelly 10-8919
(27)	EA	T4521 Adult size brief / diaper small, each	300	$.35	Select PBE 2620 Tranquility Full Fit PBE 2120 Attends BRBX10 Hook & Loop Covidien 63062 Tenna Specialty Brief SCA 66150 FQ IB Brief IB-011 KN66032 Small Wings Choice Plus Quilted
(28)	EA	T4522 Adult size brief / diaper medium, each	300	$.33	Select Full fit, PBE 2624 Hook & Loop Covidien 63063 Attends BR20 Attends BRB20 Tena Ultra Brief Med SCA 68121 FQ Per-Fit Breathable PF-012/1 KN66033 Med Wings Choice Plus Quilted Wings Choice Adult Brief Medium, Covidien KN60043DP
(29)	EA	T4523 Adult size brief / diaper large, each	300	$.41	Select Full Fit, PBE 2634 Hook & Loop Covidien 63064 Attends BR30 Attends BRB30 Tena Ultra Brief Large SCA68122 FQ Per-Fit Breathable PF-013/1 KN66034 Large Wings Choice Plus Quilted Wings Choice Adult Brief Large, Covidien KN60044DP

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(30)	EA	T4524 Adult size brief / diaper x-large, each	300	$.49	Select Full Fit, PBE 2635 Hook & Loop Covidien 63065 Attends BR40 Attends BRB40 FQ Per-Fit Breathable PF-014/1 KN66035 X-Large Wings Choice Plus Quilted Wings Choice Adult Brief XLG, Covidien KN60045DP
(31)	EA	T4525 Adult size pull on small, each	150	$.48	Select Sm, PBE 2604 Sure Care Protective Underwear Covidien 1605 Attends 7 PaperPak APP0710 Dignity Humanicare 46076 First Quality, PV-511
(32)	EA	T4526 Adult size pull on medium, each	150	$.49	Select Med, PBE 2605 Sure Care Protective Underwear Covidien 1605 Attends 7 APP0720 Dignity Humanicare 46077 Tena Plus SCA 72436 FQ Per-Fit PF-512
(33)	EA	T4527 Adult size pull on large, each	150	$.54	Select Lg, PBE 2606 Sure Care Protective Underwear Covidien 1615 Attends 7 PaperPak APP0730 Dignity Humanicare 46078 Tena Plus SCA 72437 FQ Per-Fit PF-513
(34)	EA	T4528 Adult size pull on x-large, each	150	$.69	Select XLG, PBE 2607 Sure Care Protective Underwear Covidien 1625 Attends 7 PaperPak APP0740 Dignity Humanicare 46079 Tena Plus SCA 72438 FA Per-Fit PF-514 FQ Prevail Extra (XXL-Bariatric PV-517) SureCare Protective Underwear XX-Large 60”-80”, COV1630

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Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(35)	EA	T4529 Pediatric size brief / diaper small / medium, each	300 up to age 13. Age 13 & over require PA.	$.23	Curity Ultra Fits Covidien 80018 Curity Utra Fits Covidien 80028 Huggies Ultratrim SZ1-2 HG52164 Huggies Ultratrim SZ3 HG211980 Luvs Baby Diapers Size 2, 12-18 lbs. 732921 Luvs Baby Diapers Size 3, 16-28 lbs. 734527 First Quality, CR2001, Cuties TM Baby Diaper-Size 2, 12-18 lbs. First Quality, CR3001, Cuties TM Baby Diaper-Size 3, 16-28 lbs.
(36)	EA	T4530 Pediatric size brief / diaper large, each	300 up to age 13. Age 13 & over require PA.	$.32	Curity Ultra Fits Covidien 80038CF Curity Ultra Fits Covidien 80048 Huggies Ultratrim SZ5 XL HG211994 Huggies Ultratrim SZ4 Lrg HG211987 Luvs Baby Diapers Size 4, 22-37 lbs. 734401 Luvs Baby Diapers Size 5, 27+ lbs. 733187 First Quality, CR4001, Cuties TM Baby Diaper-Size 4, 22-37 lbs. First Quality, CR5001, Cuties TM Baby Diaper-Size 5, 27+ lbs.

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Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(37)	EA	T4531 Pediatric size pull on small /medium, each	150	$.39	Run Around, Md. Boy Covidien 70063B Run Around, Md. Girl Covidien 70063G Huggies Youth Pull On Briefs 2T-3T MED Boy HG86171, Huggies Youth Pull On Briefs 2T-3T MED Girl HG86172 Curity Sleeppants Covidien 70073 First Quality CR7005 Cute Trn Pant Boy 2t3t CR7006 Cute Trn Pant Girl 2t3t
(38)	EA	T4532 Pediatric size pull on large, each	150	$.43	Run Around Lg. Boy, Covidien 70064B Run Around Lg. Girl, Covidien 70064G Huggies Youth Pull On Briefs 3T-4T BOYS HG86173 Huggies Youth Pull On Briefs 3T-4T GIRLS HG86174 First Quality CR8005 Cute Trn Pant Boy 3t4t CR8006 Cute Trn Pant Girl 4t5t
(39)	EA	T4533 Youth size brief / diaper, each	300	$.33	Tranquility PBE 2166 Select PBE 2666 Select Toddler + PBE 2665 Curity Ultra Fits Covidien 0058 Huggies Ultratrim SZ6 HG212001 Luvs Baby Diapers Size 6, 35+ lbs. 734534
					First Quality, CR6001, Cuties TM Baby Diaper-Size 6, 35+ lbs. Attends, BRBY, 20"-28"

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Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(40)	EA	T4534 Youth size pull on, each	150	$.49	Select Extra Small Brief, PBE 2603 RunAround X-Lg. Boy Covidien 70065B RunAround X-Lg. Girl Covidien 70065G Huggies Pull-Up 4T-5T Boy HG86175 Huggies Pull-Up 4T-5T Girl HG86182 Curity Sleeppants Covidien 70074 Curity Sleeppants Covidien 70075 Sleep Overs® Youth Underwear SLP05301 Sleep Overs® Youth Underwear SLP05302, 65-125 lbs. First Quality CR9005 Cute Trn Pant Boy 4t5t CR9006 Cute Trn Pant Girl 4t5t

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Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(41)	EA	T4535 Disposable liner / shield / pad, each	300	$.19	Booster Pad, PBE 2760 Select 4.25x14.5, PBE 2671 Select 7x17, PBE 2690 Select Extra Absorb, PBE 2681, PBE 2682 Select Shield PBE 2648 Booster Pad PBE 2072 Tranquility Super Plus Trimshield, PBE 2083 Dignity ThinSerts Humanicare 30054 Humanicare Dignity Natural Liner HC26955, HC26954 Humanicare Stackable Pad HC30053 Humanicare Dignity Plus Super Liner HC30071 Humanicare Dignity Plus Liner HC30074 Humanicare Dignity Briefmates HC30225 Humanicare Spartan Liners HC40340 Covidien Incontinence Liner KN1100B22 Attends Shaped Pad LP0500 Serenity extra pads(mod) SCA 48900 FQ Prevail/male guard PV-811 FQ Prevail Pantiliner PV-926 FQ Prevail Day Time Liner PL-100/1 and Attends LP0600 Prevail Bladder Control Pad-extra BC-012 Absorbent Products Company 19244 Booster Liner First Quality, PQPPV-915/1 First Quality, PQPPV 923/1 Prevail Extra Plus Liner BC-013, First Quality Presto Absorbent Liner, PAPBC 161040

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Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(42)	EA	T4536 Reusable washable underwear any size, each	10	$1.08	PBE 2684 MED PBE 2685 LRG PBE 2686 XL Covidien KN705A Small/Med. Covidien KN706A Large/ X-Large Covidien KN707A XX-Large/ XXX-Large
(43)	EA	T4541 Disposable underpads (e.g., Chux's), large 23 x 36	180	$.15	Covidien 1093DP, 7176 PBE 2673, 2675 Griffin Medical 1836
(44)	EA	T4542 Disposable underpads (e.g., Chux's), small 17 x 24	180	$.12	PaperPak UFS170 Griffin Medical Underpad 17x24 #2504
(45)	EA	T4543 Bariatric adult size brief / diaper xx-large, each	300	$1.35	Whitestone 43790 Prevail Breathable Bariatric Brief, 63"-94"
(46)	EA	A4649 Misc. Supply	1	P. A. Required	No Reference
(47)	EA	A5112 Urinary leg bag; latex	2	$1.50	Coloplast 4157, 4175
(48)	EA	A5120 Skin barrier, wipes, 50/box (antiseptic), per wipe	100	$.10	Coloplast 44005
(49)	EA	S5199 Personal Care Products / Wipes/Adult/Baby, per wipe	100	$.08	Innovative DermAssist 80-301 ABCO Antiseptic Towelettes NDC634915 Kimberly-Clark Huggies Natural Care Wipes (unscented) HG18600 EM77000 FQPCRW-050
(50)	EA	A6250 Skin sealants, protectants, moisturizers, ointment, any type, any size	2	$2.99	Secura Smith & Nephew 2.47 oz 59431500 Covidien Vaseline Constant Care 2 oz KN8884737500 DermaRite Periguard 3.5 oz 00204

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Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(51)	EA	A4520 Diaper/Incontinent pant, reusable/washable	1	$8.15	Select PBE 3080 series Humanicare 16000 series Humanicare 40200 series Humanicare Spartan Unisex Waterproof Pant HC10000 Series Covidien 689 SML Covidien 691 MED Covidien 694 LRG Covidien 698 XL
(52)	EA	A4354 Insertion Tray with Drainage Bag	10	$5.25	Coloplast UT9183
(53)	EA	A4353 Intermittent Urinary Catheter with Insertion Supplies	150	$3.40	Coloplast 1008, 1012, 1014, 1016, 3110, 3112, 3114, 3116, 3212, 3214, UT8140, UT8150
(54)	EA	T4544 Adult size pull on X-large, each	150	$.80	PAPAUB24060, Presto FQPPV-517, First Quality COV1630, Covidien

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(1)	EA	A4310 Insertion tray without drainage bag and without catheter (accessories only)	2	$3.85	Coloplast UT7010 10 cc Coloplast UT7030 30 cc AMSINO AS880 10 cc AMSINO AS890 30 cc
(2)	EA	A4311 Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating, (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	2	$9.26	Coloplast UT8100 Series Bard 800 Series
(3)	EA	A4312 Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone	2	$9.50	Bard 720000 Series
(4)	EA	A4314 Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)	2	$13.25	Coloplast UT8183 Series Coloplast UT8163 Series
(5)	EA	A4315 Insertion tray with drainage bag, with indwelling catheter, foley type, two-way, all silicone	2	$13.59	Covidien 6900 Series
(6)	EA	A4320 Irrigation tray with bulb or piston syringe, any purpose	30	$1.92	Coloplast UT1001 (Bulb) Coloplast UT1002 (Piston) AMSINO AS130 (Bulb) AMSINO AS136 (Piston)
(7)	EA	A4322 Irrigation syringe, bulb or piston, each	30	$2.20	Coloplast UT1004 Amsino AS011 (Bulb) Bard 750379
(8)	EA	A4349 Male external catheter (G)	96	$.83	Coloplast 9200 Coloplast 5000 Series Coloplast 8000 Series
(9)	EA	A4349 Male external catheter (G) with adhesive strip, each	96	$.83	Coloplast 7200 Series
(10)	EA	A4326 Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each	30	$7.14	Coloplast 7800, 7850, 8205, 8100, 8200, 8305, 8400 Hollister 9897, 9898
(11)	EA	A4328 Female external urinary collection device; pouch, each	10	$7.10	Hollister 9840
(12)	EA	A4330 Perianal fecal collection pouch with adhesive, each	10	$6.86	Hollister 9821, 9822 Convatec 650078
(13)	EA	A4331 Extension drainage tubing, any type, any length, with connector/adapter, for us with urinary leg bag or urostomy pouch, each	4	$1.80	Coloplast 475, 7092 AMSINO AS311

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Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(14)	EA	A4333 Urinary catheter anchoring device, adhesive skin attachment	4	$1.12	Coloplast 4065
(15)	EA	A4334 Urinary catheter anchoring device, leg strap	6	$.81	Covidien 8887600149
(16)	EA	A4335 Belted/Unbelted Undergarment WO Sides	150	$.78	Select Belt Less, PBE 2078 Select Day + Belt Less, PBE 2694 Select Belted, PBE 2650 Select Night Time, PBE 2695 Select, PBE 2693 Humanicare 30073 Tranquility Belted Undergarment, PBE 2150 Covidien Belted Undergarment, MD-171B10 Kimberly-Clark Depends 19640, 19696
(17)	EA	A4338 Indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.) each	2	$6.45	Coloplast UC2500 Series Coloplast UC2300 Series AMSINO AS4000 Series
(18)	EA	A4340 Indwelling catheter, specialty type, e.g. Coude, mushroom, wing, etc., each	5	$5.45	Coloplast UC6000 and 6500 Series
(19)	EA	A4344 Indwelling catheter, foley type, two-way, all silicone, each *XX Denotes French Size	5	$7.75	Coloplast AA61XX Series Coloplast AA6CXX Series Coloplast AASC23XX Series AMSINO AS40000 Series

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(20)	EA	A4351 Intermittent urinary catheter, straight tip, each	150	$1.20	Coloplast NC1000 Series Coloplast UC1000 Coloplast 110 Series Coloplast 200 Series Coloplast 300 Series Coloplast 400 Series AMSINO AS861000 Series Coviden KN8888492025 Coviden KN8888492033 Coviden KN8888492041 Coviden KN8888492058 COV400608 8FR COV400610 10FR COV400612 12FR COV400614 14FR COV400616 16FR COV400618 18FR COV8887660903 14FR 6"
(21)	EA	A4351-U4 Intermittent urinary catheter, straight tip, each	150 Under age 21	$2.25	Astra-Tech (Lofric) 900000, 940000, 9300000 Series Coloplast 4100, 4200, 4300, 4400 Series Coloplast 28578 SpeediCath Compact Female, 8FR. Coloplast 28580 SpeediCath Compact Female,10FR. Coloplast 28582 SpeediCath Compact Female, 12FR Coloplast 28584 SpeediCath Compact Female, 14FR. Coloplast 28408 Speedicath Male Ready-To-Use, 8 FR. Coloplast 28410 Speedicath Male Ready-To-Use, 10 FR. Coloplast 28412 Speedicath Male Ready-To-Use, 12 FR. Coloplast 28414 Speedicath Male Ready-To-Use, 14 FR. Coloplast 28416 Speedicath Male Ready-To-Use, 16 FR. Coloplast 28418 Speedicath Male Ready-To-Use, 18 FR.
(22)	EA	A4352 Intermittent urinary catheter, coude (curved) tip, each	150	$2.45	Coloplast 500 Series Coloplast 600 Series Coloplast 800 Series Coloplast UC6000 Series

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Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(23)	EA	A4352-U4 Intermittent urinary catheter, coude (curved) tip, each	150 Under age 21	$2.90	Astra-Tech (Lofric) 960000 Series Coloplast 4600, 4800 Series
(24)	EA	A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or w/o tube, each	3	$5.74	Coloplast UB0500 Bard 802001 AMSINO AS332
(25)	EA	A4358 Urinary leg bag, vinyl, with or w/o tube, each *XX Denotes French Size	10	$5.22	Coloplast UB0600 Coloplast UB0950 AMSINO AS300 Series Coloplast 9000
(26)	OZ	A4402 Lubricant	10 OZ.	$.32	Triad Lubricating Jelly 10-8919
(27)	EA	T4521 Adult size brief / diaper small, each	300	$.43	Select PBE 2620 Tranquility Full Fit PBE 2120 Attends BRBX10 Hook & Loop Covidien 63062 Tenna Specialty Brief SCA 66150 FQ IB Brief IB-011 KN66032 Small Wings Choice Plus Quilted
(28)	EA	T4522 Adult size brief / diaper medium, each	300	$.44	Select Full fit, PBE 2624 Hook & Loop Covidien 63063 Attends BR20 Attends BRB20 Tena Ultra Brief Med SCA 68121 FQ Per-Fit Breathable PF-012/1 KN66033 Med Wings Choice Plus Quilted Wings Choice Adult Brief Medium, Covidien KN60043DP
(29)	EA	T4523 Adult size brief / diaper large, each	300	$.58	Select Full Fit, PBE 2634 Hook & Loop Covidien 63064 Attends BR30 Attends BRB30 Tena Ultra Brief Large SCA68122 FQ Per-Fit Breathable PF-013/1 KN66034 Large Wings Choice Plus Quilted Wings Choice Adult Brief Large, Covidien KN60044DP

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(30)	EA	T4524 Adult size brief / diaper x-large, each	300	$.65	Select Full Fit, PBE 2635 Hook & Loop Covidien 63065 Attends BR40 Attends BRB40 FQ Per-Fit Breathable PF-014/1 KN66035 X-Large Wings Choice Plus Quilted Wings Choice Adult Brief XLG, Covidien KN60045DP
(31)	EA	T4525 Adult size pull on small, each	150	$.71	Select Sm, PBE 2604 Sure Care Protective Underwear Covidien 1605 Attends 7 PaperPak APP0710 Dignity Humanicare 46076 First Quality, PV-511
(32)	EA	T4526 Adult size pull on medium, each	150	$.71	Select Med, PBE 2605 Sure Care Protective Underwear Covidien 1605 Attends 7 APP0720 Dignity Humanicare 46077 Tena Plus SCA 72436 FQ Per-Fit PF-512
(33)	EA	T4527 Adult size pull on large, each	150	$.79	Select Lg, PBE 2606 Sure Care Protective Underwear Covidien 1615 Attends 7 PaperPak APP0730 Dignity Humanicare 46078 Tena Plus SCA 72437 FQ Per-Fit PF-513
(34)	EA	T4528 Adult size pull on x-large, each	150	$1.02	Select XLG, PBE 2607 Sure Care Protective Underwear Covidien 1625 Attends 7 PaperPak APP0740 Dignity Humanicare 46079 Tena Plus SCA 72438 FA Per-Fit PF-514 FQ Prevail Extra (XXL-Bariatric PV-517) SureCare Protective Underwear XX-Large 60”-80”, COV1630

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Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(35)	EA	T4529 Pediatric size brief / diaper small / medium, each	300 up to age 13. Age 13 & over require PA.	$.40	Curity Ultra Fits Covidien 80018 Curity Utra Fits Covidien 80028 Huggies Ultratrim SZ1-2 HG52164 Huggies Ultratrim SZ3 HG211980 Luvs Baby Diapers Size 2, 12-18 lbs. 732921 Luvs Baby Diapers Size 3, 16-28 lbs. 734527 First Quality, CR2001, Cuties TM Baby Diaper-Size 2, 12-18 lbs. First Quality, CR3001, Cuties TM Baby Diaper-Size 3, 16-28 lbs.
(36)	EA	T4530 Pediatric size brief / diaper large, each	300 up to age 13. Age 13 & over require PA.	$.44	Curity Ultra Fits Covidien 80038CF Curity Ultra Fits Covidien 80048 Huggies Ultratrim SZ5 XL HG211994 Huggies Ultratrim SZ4 Lrg HG211987 Luvs Baby Diapers Size 4, 22-37 lbs. 734401 Luvs Baby Diapers Size 5, 27+ lbs. 733187 First Quality, CR4001, Cuties TM Baby Diaper-Size 4, 22-37 lbs. First Quality, CR5001, Cuties TM Baby Diaper-Size 5, 27+ lbs.

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Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(37)	EA	T4531 Pediatric size pull on small /medium, each	150	$.42	Run Around, Md. Boy Covidien 70063B Run Around, Md. Girl Covidien 70063G Huggies Youth Pull On Briefs 2T-3T MED Boy HG86171, Huggies Youth Pull On Briefs 2T-3T MED Girl HG86172 Curity Sleeppants Covidien 70073 First Quality, CR7005 Cute Trn Pant Boy 2t3t CR7006 Cute Trn Pant Girl 2t3t
(38)	EA	T4532 Pediatric size pull on large, each	150	$.44	Run Around Lg. Boy, Covidien 70064B Run Around Lg. Girl, Covidien 70064G Huggies Youth Pull On Briefs 3T-4T BOYS HG86173 Huggies Youth Pull On Briefs 3T-4T GIRLS HG86174
					First Quality CR8005 Cute Trn Pant Boy 3t4t CR8006 Cute Trn Pant Girl 4t5t
(39)	EA	T4533 Youth size brief / diaper, each	300	$.46	Tranquility PBE 2166 Select PBE 2666 Select Toddler + PBE 2665 Curity Ultra Fits Covidien 0058 Huggies Ultratrim SZ6 HG212001 Luvs Baby Diapers Size 6, 35+ lbs. 734534
					First Quality, CR6001, Cuties TM Baby Diaper-Size 6, 35+ lbs. Attends, BRBY, 20"-28"

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Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(40)	EA	T4534 Youth size pull on, each	150	$.64	Select Extra Small Brief, PBE 2603 RunAround X-Lg. Boy Covidien 70065B RunAround X-Lg. Girl Covidien 70065G Huggies Pull-Up 4T-5T Boy HG86175 Huggies Pull-Up 4T-5T Girl HG86182 Curity Sleeppants Covidien 70074 Curity Sleeppants Covidien 70075 Sleep Overs® Youth Underwear SLP05301 Sleep Overs® Youth Underwear SLP05302, 65-125 lbs. First Quality CR9005 Cute Trn Pant Boy 4t5t CR9006 Cute Trn Pant Girl 4t5t

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Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(41)	EA	T4535 Disposable liner / shield / pad, each	300	$.29	Booster Pad, PBE 2760 Select 4.25x14.5, PBE 2671 Select 7x17, PBE 2690 Select Extra Absorb, PBE 2681, PBE 2682 Select Shield PBE 2648 Booster Pad PBE 2072 Tranquility Super Plus Trimshield, PBE 2083 Dignity ThinSerts Humanicare 30054 Humanicare Dignity Natural Liner HC26955, HC26954 Humanicare Stackable Pad HC30053 Humanicare Dignity Plus Super Liner HC30071 Humanicare Dignity Plus Liner HC30074 Humanicare Dignity Briefmates HC30225 Humanicare Spartan Liners HC40340 Covidien Incontinence Liner KN1100B22 Attends Shaped Pad LP0500 Serenity extra pads(mod) SCA 48900 FQ Prevail/male guard PV-811 FQ Prevail Pantiliner PV-926 FQ Prevail Day Time Liner PL-100/1 and Attends LP0600 Prevail Bladder Control Pad-extra BC-012 Absorbent Products Company 19244 Booster Liner First Quality, PQPPV-915/1 First Quality, PQPPV 923/1 Prevail Extra Plus Liner BC-013, First Quality Presto Absorbent Liner, PAPBC 161040

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Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(42)	EA	T4536 Reusable washable underwear any size, each	10	$7.72	PBE 2684 MED PBE 2685 LRG PBE 2686 XL Covidien KN705A Small/Med. Covidien KN706A Large/ X-Large Covidien KN707A XX-Large/ XXX-Large
(43)	EA	T4541 Disposable underpads (e.g., Chux's), large 23 x 36	180	$.25	Covidien 1093DP, 7176 PBE 2673, 2675 Griffin Medical 1836
(44)	EA	T4542 Disposable underpads (e.g., Chux's), small 17 x 24	180	$.25	PaperPak UFS170 Griffin Medical Underpad 17x24 #2504
(45)	EA	T4543 Bariatric adult size brief / diaper xx-large, each	300	$1.89	Whitestone 43790 Prevail Breathable Bariatric Brief, 63"-94"
(46)	EA	A4649 Misc. Supply	1	P. A. Required	No Reference
(47)	EA	A5112 Urinary leg bag; latex	2	$22.91	Coloplast 4157, 4175
(48)	EA	A5120 Skin barrier, wipes, 50/box (antiseptic), per wipe	100	$.16	Coloplast 44005
(49)	EA	S5199 Personal Care Products / Wipes/Adult/Baby, per wipe	100	$.09	Innovative DermAssist 80-301 ABCO Antiseptic Towelettes NDC634915 Kimberly-Clark Huggies Natural Care Wipes (unscented) HG18600 EM77000 FQPCRW-050
(50)	EA	A6250 Skin sealants, protectants, moisturizers, ointment, any type, any size	2	$3.71	Secura Smith & Nephew 2.47 oz 59431500 Covidien Vaseline Constant Care 2 oz KN8884737500 DermaRite Periguard 3.5 oz 00204

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(51)	EA	A4520 Diaper/Incontinent pant, reusable/washable	1	$10.25	Select PBE 3080 series Humanicare 16000 series Humanicare 40200 series Humanicare Spartan Unisex Waterproof Pant HC10000 Series Covidien 689 SML Covidien 691 MED Covidien 694 LRG Covidien 698 XL
(52)	EA	A4354 Insertion Tray with Drainage Bag	10	$6.35	Coloplast UT9183
(53)	EA	A4353 Intermittent Urinary Catheter with Insertion Supplies	150	$3.80	Coloplast 1008, 1012, 1014, 1016, 3110, 3112, 3114, 3116, 3212, 3214, UT8140, UT8150
(54)	EA	T4544 Adult size pull on X-large, each	150	$1.02	PAPAUB24060, Presto FQPPV-517, First Quality COV1630, Covidien

Contract No. 071B8200196

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Form No. DTMB-3521 (Rev. 4/2012)
AUTHORITY: Act 431 of 1984
COMPLETION: Required
PENALTY: Contract change will not be executed unless form is filed

STATE OF MICHIGAN
DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET
PROCUREMENT
P.O. BOX 30026, LANSING, MI 48909
OR
530 W. ALLEGAN, LANSING, MI 48933

CHANGE NOTICE NO. 21

to

CONTRACT NO. 071B8200196

between

THE STATE OF MICHIGAN

and

NAME & ADDRESS OF CONTRACTOR:	PRIMARY CONTACT	EMAIL
J & B Medical Supply Co., Inc.	Loren Bennett	lbennet@jandbmedical.com
50496 West Pontiac Trail	TELEPHONE	CONTRACTOR #, MAIL CODE
Wixom, MI 48393	(800) 737-0045	

STATE CONTACTS	AGENCY	NAME	PHONE	EMAIL
CONTRACT COMPLIANCE INSPECTOR	DCH	Greg Rivet	(517) 335-5096	rivetg@michigan.gov
BUYER	DTMB	Sue Cieciwa	(517) 373-0301	cieciwas@michigan.gov

CONTRACT SUMMARY:			
DESCRIPTION: Mail Order Incontinent Supplies and Services – Department of Community Health			
INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL AVAILABLE OPTIONS	EXPIRATION DATE BEFORE CHANGE(S) NOTED BELOW
July 2, 2008	July 1, 2011	Two One Year Options	December 31, 2013
PAYMENT TERMS	F.O.B	SHIPPED	SHIPPED FROM
N/A	Delivered	As Required	Wixom, MI
ALTERNATE PAYMENT OPTIONS:			AVAILABLE TO MiDEAL PARTICIPANTS
☐ P-card ☐ Direct Voucher (DV) ☐ Other			☐ Yes ☒ No
MINIMUM DELIVERY REQUIREMENTS:			
None			

DESCRIPTION OF CHANGE NOTICE:				
EXTEND CONTRACT EXPIRATION DATE	EXERCISE CONTRACT OPTION YEAR(S)	EXTENSION BEYOND CONTRACT OPTION YEARS	LENGTH OF OPTION/EXTENSION	EXPIRATION DATE AFTER CHANGE
☐ No ☒ Yes	☐	☒	One Year	December 31, 2014
VALUE/COST OF CHANGE NOTICE:		ESTIMATED REVISED AGGREGATE CONTRACT VALUE:		
$17,359,916.04		$112,839,454.26		
Effective November 26, 2013, this Contract is hereby EXTENDED one year from December 31, 2013 to				

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December 31, 2014.

In addition, this Contract is hereby INCREASED by $17,359,916.04.

The attached revised HIPAA Business Associate Agreement Addendum is hereby incorporated into this Contract (9 pgs).

Correction to Change Notice No. 10 dated December 1, 2010, Appendix I is revised as follows:

Effective October 9, 2013, the following Brand/Manufacturer is DELETED from Item No. 16 A4335 Belted/Unbelted Undergarment WO sides:

Brand/Manufacturer:
Prevail Extra Plus Liner BC-013, First Quality

Effective August 1, 2010, the following Brand/Manufacturer is ADDED to Item No. 41 T4535 Disposable liner/shield/pad:

Brand/Manufacturer:
Prevail Extra Plus Liner BC-013, First Quality

Effective August 1, 2010, the following Brand/Manufacturer is discontinued and DELETED from Item No. 41 T4535 Disposable liner/shield/pad:

Brand/Manufacturer:
Covidien Incontinence Liner KN1140B16

Effective September 1, 2013, Appendix I is revised as follows:
The following Brand/Manufacturer is discontinued and DELETED from Item No. 41 T4535 Disposable liner/shield/pad, each:

Brand/Manufacturer:
Select 7X14 PBE 2691

The following Brand/Manufacturer is ADDED to Item No. 41 T4535 Disposable liner/shield/pad, each:

Brand/Manufacturer:
PAPBC 161040, Presto Absorbent Liner

Revised Appendix I and Appendix I – Wisconsin are attached. All other terms, conditions, specifications, and pricing remain unchanged.

All other terms, conditions, specifications, and pricing remain unchanged.

Per agency requests dated October 3, 2013, October 24, 2013, and November 5, 2013, DTMB, Procurement request dated August 22, 2013, vendor agreement by email dated August 23, 2013 and State Administrative Board approval on November 26, 2013.

HIPAA BUSINESS ASSOCIATE AGREEMENT ADDENDUM

This Business Associate Agreement Addendum ("Addendum") is made a part of the contract ("Contract") between the Michigan Department of Community Health ("Covered Entity"), and **J & B Medical Supply Co., Inc.** ("Business Associate").

The Business Associate performs certain services for the Covered Entity under the Contract that requires the exchange of information including protected health information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended by the American Recovery and Reinvestment Act of 2009 (Pub.L. No. 111-5). The Michigan Department of Community Health is a hybrid covered entity under HIPAA and the parties to the Contract are entering into this Addendum to establish the responsibilities of both parties regarding HIPAA-covered information and have the underlying Contract comply with HIPAA.

RECITALS

A. Under the terms of the Contract, the Covered Entity wishes to disclose certain information to the Business Associate, some of which may constitute Protected Health Information ("PHI"). In consideration of the receipt of PHI, the Business Associate agrees to protect the privacy and security of the information as set forth in this Addendum.

B. The Covered Entity and the Business Associate intend to protect the privacy and provide for the security of PHI disclosed to the Business Associate under the Contract in compliance with HIPAA and the HIPAA Rules.

C. The HIPAA Rules require the Covered Entity to enter into a contract containing specific requirements with the Business Associate before the Covered Entity may disclose PHI to the Business Associate.

1. Definitions.

a. The following terms used in this Agreement have the same meaning as those terms in the HIPAA Rules: Breach; Data Aggregation; Designated Record Set; Disclosure; Health Care Obligations; Individual; Minimum Necessary; Notice of Privacy Practices; Protected Health Information; Required by Law; Secretary; Security Incident; Security Measures, Subcontractor; Unsecured Protected Health Information, and Use.

b. "Business Associate" has the same meaning as the term "business associate" at 45 CFR 160.103 and regarding this Addendum means [Insert Name of Business Associate]

c. "Covered Entity" has the same meaning as the term "covered entity" at 45 CFR 160.103 and regarding this Addendum means the Michigan Department of Community Health.

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d. "HIPAA Rules" means the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.

e. "Agreement" means both the Contract and this Addendum.

f. "Contract" means the underlying written agreement or purchase order between the parties for the goods or services to which this Addendum is added.

2. Obligations of Business Associate.

The Business Associate agrees to

a. use and disclose PHI only as permitted or required by this Addendum or as required by law.

b. implement and use appropriate safeguards, and comply with Subpart C of 45 CFR 164 regarding electronic protected health information, to prevent use or disclosure of PHI other than as provided in this Addendum. Business Associate must maintain, and provide a copy to the Covered Entity within 10 days of a request from the Covered Entity, a comprehensive written information privacy and security program that includes security measures that reasonably and appropriately protect the confidentiality, integrity, and availability of PHI relative to the size and complexity of the Business Associate's operations and the nature and the scope of its activities.

c. report to the Covered Entity within 24 hours of any use or disclosure of PHI not provided for by this Addendum of which it becomes aware, including breaches of Unsecured Protected Health Information as required by 45 CFR 164.410, and any Security Incident of which it becomes aware. If the Business Associate is responsible for any unauthorized use or disclosure of PHI, it must promptly act as required by applicable federal and State laws and regulations. Covered Entity and the Business Associate will cooperate in investigating whether a breach has occurred, to decide how to provide breach notifications to individuals, the federal Health and Human Services' Office for Civil Rights, and potentially the media.

d. ensure, according to 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, that any subcontractors that create, receive, maintain, or transmit PHI on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate regarding such information. Each subcontractor must sign an agreement with the Business Associate containing substantially the same provisions as this Addendum and further identifying the Covered Entity as a third party beneficiary of the agreement with the subcontractor. Business Associate must implement and maintain sanctions against subcontractors that violate such restrictions and conditions and must mitigate the effects of any such violation.

e. make available PHI in a Designated Record Set to the Covered Entity within 10 days of a request from the Covered Entity to satisfy the Covered Entity's obligations under 45 CFR 164.524.

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f. within ten days of a request from the Covered Entity, amend PHI in a Designated Record Set under 45 CFR § 164.526. If any individual requests an amendment of PHI directly from the Business Associate or its agents or subcontractors, the Business Associate must notify the Covered Entity in writing within ten days of the request, and then, in that case, only the Covered Entity may either grant or deny the request.

g. maintain, and within ten days of a request from the Covered Entity make available the information required to enable the Covered Entity to fulfill its obligations under 45 CFR § 164.528. Business Associate is not required to provide an accounting to the Covered Entity of disclosures : (i) to carry out treatment, payment or health care operations, as set forth in 45 CFR § 164.506; (ii) to individuals of PHI about them as set forth in 45 CFR § 164.502; (iii) under an authorization as provided in 45 CFR § 164.508; (iv) to persons involved in the individual's care or other notification purposes as set forth in 45 CFR § 164.510; (v) for national security or intelligence purposes as set forth in 45 CFR § 164.512(k)(2); or (vi) to correctional institutions or law enforcement officials as set forth in 45 CFR § 164.512(k)(5); (vii) as part of a limited data set according to 45 CFR 164.514(e); or (viii) that occurred before the compliance date for the Covered Entity. Business Associate agrees to implement a process that allows for an accounting to be collected and maintained by the Business Associate and its agents or subcontractors for at least six years before the request, but not before the compliance date of the Privacy Rule. At a minimum, such information must include: (i) the date of disclosure; (ii) the name of the entity or person who received PHI and, if known, the address of the entity or person; (iii) a brief description of PHI disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure. If the request for an accounting is delivered directly to the Business Associate or its agents or subcontractors, the Business Associate must forward it within ten days of the receipt of the request to the Covered Entity in writing.

h. to the extent the Business Associate is to carry out one or more of the Covered Entity's obligations under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the Covered Entity when performing those obligations.

i. make its internal practices, books, and records relating to the Business Associate's use and disclosure of PHI available to the Secretary for purposes of determining compliance with the HIPAA Rules. Business Associate must concurrently provide to the Covered Entity a copy of any PHI that the Business Associate provides to the Secretary.

j. retain all PHI throughout the term of the Agreement and for a period of six years from the date of creation or the date when it last was in effect, whichever is later, or as required by law. This obligation survives the termination of the Agreement.

k. implement policies and procedures for the final disposition of electronic PHI and the hardware and equipment on which it is stored, including but not limited to, the removal of PHI before re-use.

l. within ten days after a written request by the Covered Entity, the Business Associate and its agents or subcontractors must allow the Covered Entity to conduct a reasonable

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inspection of the facilities, systems, books, records, agreements, policies and procedures relating to the use or disclosure of PHI under this Addendum for the purpose of determining whether the Business Associate has complied with this Addendum; provided, however, that: (i) the Business Associate and the Covered Entity must mutually agree in advance upon the scope, timing and location of such an inspection; (ii) the Covered Entity must protect the confidentiality of all confidential and proprietary information of the Business Associate to which the Covered Entity has access during the course of such inspection; and (iii) the Covered Entity or the Business Associate must execute a nondisclosure agreement, if requested by the other party. The fact that the Covered Entity inspects, or fails to inspect, or has the right to inspect, the Business Associate's facilities, systems, books, records, agreements, policies and procedures does not relieve the Business Associate of its responsibility to comply with this Addendum. The Covered Entity's (i) failure to detect or (ii) detection, but failure to notify the Business Associate or require the Business Associate's remediation of any unsatisfactory practices, does not constitute acceptance of such practice or a waiver of the Covered Entity's enforcement rights under this Addendum.

3. Permitted Uses and Disclosures by the Business Associate.

a. Business Associate may use or disclose PHI:

(i) for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate; provided, however, either (A) the disclosures are required by law, or (B) the Business Associate obtains reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached;

(ii) as required by law;

(iii) for Data Aggregation services relating to the health care operations of the Covered Entity;

(iv) to de-identify, consistent with 45 CFR 164.514(a) – (c), PHI it receives from the Covered Entity. If the Business Associates de-identifies the PHI it receives from the Covered Entity, the Business Associate may use the de-identified information for any purpose not prohibited by the HIPAA Rules; and

(v) for any other purpose listed here: carrying out the Business Associate's duties under the Contract.

b. Business Associate agrees to make uses and disclosures and requests for PHI consistent with the Covered Entity's minimum necessary policies and procedures.

c. Business Associate may not use or disclose PHI in a manner that would violate Subpart E of 45 CFR Part 164 if done by the Covered Entity except for the specific uses and disclosures described above in 3(a)(i) and (iii).

4. Covered Entity's Obligations

Covered entity agrees to

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a. use its Security Measures to reasonably and appropriately maintain and ensure the confidentiality, integrity, and availability of PHI transmitted to the Business Associate under the Agreement until the PHI is received by the Business Associate.

b. provide the Business Associate with a copy of its Notice of Privacy Practices and must notify the Business Associate of any limitations in the Notice of Privacy Practices of the Covered Entity under 45 CFR 164.520 to the extent that such limitation may affect the Business Associate's use or disclosure of PHI.

c. notify the Business Associate of any changes in, or revocation of, the permission by an individual to use or disclose the individual's PHI to the extent that such changes may affect the Business Associate's use or disclosure of PHI.

d. notify the Business Associate of any restriction on the use or disclosure of PHI that the Covered Entity has agreed to or is required to abide by under 45 CFR 164.522 to the extent that such restriction may affect the Business Associate's use or disclosure of PHI.

5. Term. This Addendum must continue in effect as to each Contract to which it applies until such Contract is terminated or is replaced with a new contract between the parties containing provisions meeting the requirements of the HIPAA Rules, whichever first occurs.

6. Termination.

a. Material Breach. In addition to any other provisions in the Contract regarding breach, a breach by the Business Associate of any provision of this Addendum, as determined by the Covered Entity, constitutes a material breach of the Addendum and is grounds for termination of the Contract by the Covered Entity under the provisions of the Contract covering termination for cause. If the Contract contains no express provisions regarding termination for cause, the following apply to termination for breach of this Addendum, subject to 6.b.:

(i) Default. If the Business Associate refuses or fails to timely perform any of the provisions of this Addendum, the Covered Entity may notify the Business Associate in writing of the non-performance, and if not corrected within thirty days, the Covered Entity may immediately terminate the Contract. Business Associate must continue performance of the Contract to the extent it is not terminated.

(ii) Associate's Duties. Notwithstanding termination of the Contract, and subject to any directions from the Covered Entity, the Business Associate must timely, reasonably and necessarily act to protect and preserve property in the possession of the Business Associate in which the Covered Entity has an interest.

(iii) Compensation. Payment for completed performance delivered and accepted by the Covered Entity must be at the Contract price.

(iv) Erroneous Termination for Default. If the Covered Entity terminates the Contract under Section 6(a) and after such termination it is determined, for any reason, that the Business Associate was not in default, or that the Business Associate's action/inaction was excusable, such termination will be treated as a termination for convenience, and the rights and obligations of the parties will be the same as if the Contract had been terminated for convenience.

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b. Reasonable Steps to Cure Breach. If the Covered Entity knows of a pattern of activity or practice of the Business Associate that constitutes a material breach or violation of the Business Associate's obligations under the provisions of this Addendum or another arrangement and does not terminate this Contract under Section 6(a), then the Covered Entity must notify the Business Associate of the pattern of activity or practice. The Business Associate must then take reasonable steps to cure such breach or end such violation, as applicable. If the Business Associate's efforts to cure such breach or end such violation are unsuccessful, the Covered Entity must either (i) terminate this Agreement, if feasible or (ii) if termination of this Agreement is not feasible, the Covered Entity must report the Business Associate's breach or violation to the Secretary of the Department of Health and Human Services.

c. Effect of Termination. After termination of this Agreement for any reason, the Business Associate, with respect to PHI it received from the Covered Entity, or created, maintained, or received by the Business Associate on behalf of the Covered Entity, must:

(i) retain only that PHI which is necessary for the Business Associate to continue its proper management and administration or to carry out its legal responsibilities;

(ii) return to the Covered Entity (or, if agreed to by the Covered Entity in writing, destroy) the remaining PHI that the Business Associate still maintains in any form;

(iii) continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information to prevent use or disclosure of the PHI, other than as provided for in this Section, for as long as the Business Associate retains the PHI;

(iv) not use or disclose the PHI retained by the Business Associate other than for the purposes for which such PHI was retained and subject to the same conditions set out at Section 3(a)(1) which applied before termination; and

(v) return to the Covered Entity (or, if agreed to by the Covered Entity in writing, destroy) the PHI retained by the Business Associate when it is no longer needed by the Business Associate for its proper management and administration or to carry out its legal responsibilities.

7. No Waiver of Immunity. The parties do not intend to waive any of the immunities, rights, benefits, protection, or other provisions of the Michigan Governmental Immunity Act, MCL 691.1401, *et seq.*, the Federal Tort Claims Act, 28 U.S.C. 2671 *et seq.*, or the common law.

8. Data Ownership. The Business Associate has no ownership rights in the PHI. The covered entity retains all ownership rights of the PHI.

9. Disclaimer. The Covered Entity makes no warranty or representation that compliance by the Business Associate with this Addendum, HIPAA or the HIPAA Rules will be adequate or satisfactory for the Business Associate's own purposes. Business Associate is solely responsible for all decisions made by the Business Associate regarding the safeguarding of PHI.

10. Certification. If the Covered Entity determines an examination is necessary to comply with the Covered Entity's legal obligations under HIPAA relating to certification of its security practices, the Covered Entity or its authorized agents or contractors, may, at the Covered Entity's expense, examine the Business Associate's facilities, systems, procedures and records as may be necessary for such agents or contractors to certify to the Covered Entity the extent to which the

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Business Associate's security safeguards comply with HIPAA, the HIPAA Rules or this Addendum.

11. Amendment.

a. The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of this Addendum may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA and the HIPAA Rules. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this Addendum embodying written assurances consistent with the standards and requirements of HIPAA and the HIPAA Rules. Either party may terminate the Agreement upon thirty days written notice if (i) the Business Associate does not promptly enter into negotiations to amend this Agreement when requested by the Covered Entity under this Section or (ii) the Business Associate does not enter into an amendment to this Agreement providing assurances regarding the safeguarding of PHI that the Covered Entity, in its sole discretion, deems sufficient to satisfy the standards and requirements of HIPAA and the HIPAA Rules.

12. Assistance in Litigation or Administrative Proceedings. Business Associate must make itself, and any subcontractors, employees or agents assisting Business Associate in the performance of its obligations under this Agreement, available to Covered Entity, at no cost to Covered Entity, to testify as witnesses, or otherwise, if someone commences litigation or administrative proceedings against the Covered Entity, its directors, officers or employees, departments, agencies, or divisions based upon a claimed violation of HIPAA or the HIPAA Rules relating to the Business Associate's or its subcontractors use or disclosure of PHI under this Agreement, except where the Business Associate or its subcontractor, employee or agent is a named adverse party.

13. No Third Party Beneficiaries. Nothing express or implied in this Addendum is intended to confer any rights, remedies, obligations or liabilities upon any person other than the Covered Entity, the Business Associate and their respective successors or assigns.

14. Effect on Contract. Except as specifically required to implement the purposes of this Addendum, or to the extent inconsistent with this Addendum, all other terms of the Contract must remain in force and effect. The parties expressly acknowledge and agree that sufficient mutual consideration exists to make this Addendum legally binding in accordance with its terms. Business Associate and the Covered Entity expressly waive any claim or defense that this Addendum is not part of the Contract.

15. Interpretation and Order of Precedence. This Addendum is incorporated into and becomes part of the Contract. Together, this Addendum and each separate Contract constitute the "Agreement" of the parties with respect to their Business Associate relationship under HIPAA and the HIPAA Rules. The provisions of this Addendum must prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract must be interpreted as broadly as necessary to implement and comply with HIPAA and the HIPAA Rules. The parties agree that any ambiguity

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in this Addendum must be resolved in favor of a meaning that complies and is consistent with HIPAA and the HIPAA Rules. This Addendum supersedes and replaces any previous separately executed HIPAA addendum between the parties. If this Addendum conflicts with the mandatory provisions of the HIPAA Rules, then the HIPAA Rules control. Where the provisions of this Addendum differ from those mandated by the HIPAA Rules, but are nonetheless permitted by the HIPAA Rules, the provisions of this Addendum control.

16. Effective Date. This Addendum is effective upon receipt of the last approval necessary and the affixing of the last signature required.

17. Survival of Certain Contract Terms. Notwithstanding anything in this Addendum to the contrary, the Business Associate's obligations under Section 6(d) and record retention laws ("Effect of Termination") and Section 13 ("No Third Party Beneficiaries") survive termination of this Addendum and are enforceable by the Covered Entity if the Business Associate fails to perform or comply with this Addendum.

18. Representatives and Notice.

a. Representatives. For the purpose of this Addendum, the individuals identified in the Contract must be the representatives of the respective parties. If no representatives are identified in the Contract, the individuals listed below are designated as the parties' respective representatives for purposes of this Addendum. Either party may from time to time designate in writing new or substitute representatives.

b. Notices. All required notices must be in writing and must be hand delivered or given by certified or registered mail to the representatives at the addresses set forth below.

Covered Entity Representative:

Kim Stephen, Director
Bureau of Budget and Purchasing

Department and Division: Michigan Department of Community Health
Address: 320 South Walnut Street
Lansing, Michigan 48913

Business Associate Representative:

Name: Michelle Ott
Title: Operations Manager
Department and Division: J+B Medical Supply Inc.
Address: 50496 W. Pontiac Trail
Wixom MI 48350

Any notice given to a party under this Addendum must be deemed effective, if addressed to such party, upon: (i) delivery, if hand delivered; or (ii) the third (3rd) Business Day after being sent by certified or registered mail.

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Business Associate	**Covered Entity**
[INSERT NAME]	[INSERT NAME]
By: Michelle Ott	By: Kim Stephen
Date: 9/20/13	Date: 10/10/13
Print Name: Michelle Ott	P Kim Stephen, Director Bureau of Budget and Purchasing
Title: Operations Manager	T

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(1)	EA	A4310 Insertion tray without drainage bag and without catheter (accessories only)	2	$1.68	Coloplast UT7010 10 cc Coloplast UT7030 30 cc AMSINO AS880 10 cc AMSINO AS890 30 cc
(2)	EA	A4311 Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating, (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	2	$3.55	Coloplast UT8100 Series Bard 800 Series
(3)	EA	A4312 Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone	2	$3.75	Bard 720000 Series
(4)	EA	A4314 Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)	2	$3.25	Coloplast UT8183 Series Coloplast UT8163 Series
(5)	EA	A4315 Insertion tray with drainage bag, with indwelling catheter, foley type, two-way, all silicone	2	$5.00	Covidien 6900 Series
(6)	EA	A4320 Irrigation tray with bulb or piston syringe, any purpose	30	$.82	Coloplast UT1001 (Bulb) Coloplast UT1002 (Piston) AMSINO AS130 (Bulb) AMSINO AS136 (Piston)
(7)	EA	A4322 Irrigation syringe, bulb or piston, each	30	$.44	Coloplast UT1004 Amsino AS011 (Bulb) Bard 750379
(8)	EA	A4349 Male external catheter (G)	96	$.62	Coloplast 9200 Coloplast 5000 Series Coloplast 8000 Series
(9)	EA	A4349 Male external catheter (G) with adhesive strip, each	96	$.47	Coloplast 7200 Series
(10)	EA	A4326 Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each	30	$.88	Coloplast 7800, 7850, 8205, 8100, 8200, 8305, 8400 Hollister 9897, 9898
(11)	EA	A4328 Female external urinary collection device; pouch, each	10	$2.25	Hollister 9840

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Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(12)	EA	A4330 Perianal fecal collection pouch with adhesive, each	10	$6.11	Hollister 9821, 9822 Convatec 650078
(13)	EA	A4331 Extension drainage tubing, any type, any length, with connector/adapter, for us with urinary leg bag or urostomy pouch, each	4	$1.55	Coloplast 475, 7092 AMSINO AS311
(14)	EA	A4333 Urinary catheter anchoring device, adhesive skin attachment	4	$.70	Coloplast 4065
(15)	EA	A4334 Urinary catheter anchoring device, leg strap	6	$.61	Covidien 8887600149
(16)	EA	A4335 Belted/Unbelted Undergarment WO Sides	150	$.42	Select Belt Less, PBE 2078 Select Day + Belt Less, PBE 2694 Select Belted, PBE 2650 Select Night Time, PBE 2695 Select, PBE 2693 Humanicare 30073 Tranquility Belted Undergarment, PBE 2150 Covidien Belted Undergarment, MD-171B10 Kimberly-Clark Depends 19640, 19696
(17)	EA	A4338 Indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.) each	2	$.92	Coloplast UC2500 Series Coloplast UC2300 Series AMSINO AS4000 Series
(18)	EA	A4340 Indwelling catheter, specialty type, e.g. Coude, mushroom, wing, etc., each	5	$2.25	Coloplast UC6000 and 6500 Series
(19)	EA	A4344 Indwelling catheter, foley type, two-way, all silicone, each *XX Denotes French Size	5	$3.50	Coloplast AA61XX Series Coloplast AA6CXX Series Coloplast AASC23XX Series AMSINO AS40000 Series

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(20)	EA	A4351 Intermittent urinary catheter, straight tip, each	150	$.52	Coloplast NC1000 Series Coloplast UC1000 Coloplast 110 Series Coloplast 200 Series Coloplast 300 Series Coloplast 400 Series AMSINO AS861000 Series Coviden KN8888492025 Coviden KN8888492033 Coviden KN8888492041 Coviden KN8888492058 COV400608 8FR COV400610 10FR COV400612 12FR COV400614 14FR COV400616 16FR COV400618 18FR COV8887660903 14FR 6"

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(21)	EA	A4351-U4 Intermittent urinary catheter, straight tip, each	150 Under age 21	$1.70	Astra-Tech (Lofric) 900000, 940000, 9300000 Series Coloplast 4100, 4200, 4300, 4400 Series Coloplast 28578 SpeediCath Compact Female, 8FR. Coloplast 28580 SpeediCath Compact Female,10FR. Coloplast 28582 SpeediCath Compact Female, 12FR Coloplast 28584 SpeediCath Compact Female, 14FR. Coloplast 28408 Speedicath Male Ready-To-Use, 8 FR. Coloplast 28410 Speedicath Male Ready-To-Use, 10 FR. Coloplast 28412 Speedicath Male Ready-To-Use, 12 FR. Coloplast 28414 Speedicath Male Ready-To-Use, 14 FR. Coloplast 28416 Speedicath Male Ready-To-Use, 16 FR. Coloplast 28418 Speedicath Male Ready-To-Use, 18 FR.
(22)	EA	A4352 Intermittent urinary catheter, coude (curved) tip, each	150	$1.42	Coloplast 500 Series Coloplast 600 Series Coloplast 800 Series Coloplast UC6000 Series
(23)	EA	A4352-U4 Intermittent urinary catheter, coude (curved) tip, each	150 Under age 21	$2.31	Astra-Tech (Lofric) 960000 Series Coloplast 4600, 4800 Series
(24)	EA	A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or w/o tube, each	3	$1.55	Coloplast UB0500 Bard 802001 AMSINO AS332

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(25)	EA	A4358 Urinary leg bag, vinyl, with or w/o tube, each *XX Denotes French Size	10	$1.50	Coloplast UB0600 Coloplast UB0950 AMSINO AS300 Series Coloplast 9000
(26)	OZ	A4402 Lubricant	10 OZ.	$.23	Triad Lubricating Jelly 10-8919
(27)	EA	T4521 Adult size brief / diaper small, each	300	$.35	Select PBE 2620 Tranquility Full Fit PBE 2120 Attends BRBX10 Hook & Loop Covidien 63062 Tenna Specialty Brief SCA 66150 FQ IB Brief IB-011 KN66032 Small Wings Choice Plus Quilted
(28)	EA	T4522 Adult size brief / diaper medium, each	300	$.33	Select Full fit, PBE 2624 Hook & Loop Covidien 63063 Attends BR20 Attends BRB20 Tena Ultra Brief Med SCA 68121 FQ Per-Fit Breathable PF-012/1 KN66033 Med Wings Choice Plus Quilted Wings Choice Adult Brief Medium, Covidien KN60043DP
(29)	EA	T4523 Adult size brief / diaper large, each	300	$.41	Select Full Fit, PBE 2634 Hook & Loop Covidien 63064 Attends BR30 Attends BRB30 Tena Ultra Brief Large SCA68122 FQ Per-Fit Breathable PF-013/1 KN66034 Large Wings Choice Plus Quilted Wings Choice Adult Brief Large, Covidien KN60044DP

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(30)	EA	T4524 Adult size brief / diaper x-large, each	300	$.49	Select Full Fit, PBE 2635 Hook & Loop Covidien 63065 Attends BR40 Attends BRB40 FQ Per-Fit Breathable PF-014/1 KN66035 X-Large Wings Choice Plus Quilted Wings Choice Adult Brief XLG, Covidien KN60045DP
(31)	EA	T4525 Adult size pull on small, each	150	$.48	Select Sm, PBE 2604 Sure Care Protective Underwear Covidien 1605 Attends 7 PaperPak APP0710 Dignity Humanicare 46076 First Quality, PV-511
(32)	EA	T4526 Adult size pull on medium, each	150	$.49	Select Med, PBE 2605 Sure Care Protective Underwear Covidien 1605 Attends 7 APP0720 Dignity Humanicare 46077 Tena Plus SCA 72436 FQ Per-Fit PF-512
(33)	EA	T4527 Adult size pull on large, each	150	$.54	Select Lg, PBE 2606 Sure Care Protective Underwear Covidien 1615 Attends 7 PaperPak APP0730 Dignity Humanicare 46078 Tena Plus SCA 72437 FQ Per-Fit PF-513

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(34)	EA	T4528 Adult size pull on x-large, each	150	$.69	Select XLG, PBE 2607 Sure Care Protective Underwear Covidien 1625 Attends 7 PaperPak APP0740 Dignity Humanicare 46079 Tena Plus SCA 72438 FA Per-Fit PF-514 FQ Prevail Extra (XXL-Bariatric PV-517) SureCare Protective Underwear XX-Large 60”-80”, COV1630
(35)	EA	T4529 Pediatric size brief / diaper small / medium, each	300 up to age 13. Age 13 & over require PA.	$.23	Curity Ultra Fits Covidien 80018 Curity Utra Fits Covidien 80028 Huggies Ultratrim SZ1-2 HG52164 Huggies Ultratrim SZ3 HG211980 Luvs Baby Diapers Size 2, 12-18 lbs. 732921 Luvs Baby Diapers Size 3, 16-28 lbs. 734527 First Quality, CR2001, Cuties TM Baby Diaper-Size 2, 12-18 lbs. First Quality, CR3001, Cuties TM Baby Diaper-Size 3, 16-28 lbs.
(36)	EA	T4530 Pediatric size brief / diaper large, each	300 up to age 13. Age 13 & over require PA.	$.32	Curity Ultra Fits Covidien 80038CF Curity Ultra Fits Covidien 80048 Huggies Ultratrim SZ5 XL HG211994 Huggies Ultratrim SZ4 Lrg HG211987 Luvs Baby Diapers Size 4, 22-37 lbs. 734401 Luvs Baby Diapers Size 5, 27+ lbs. 733187 First Quality, CR4001, Cuties TM Baby Diaper-Size 4, 22-37 lbs. First Quality, CR5001, Cuties TM Baby Diaper-Size 5, 27+ lbs.

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(37)	EA	T4531 Pediatric size pull on small /medium, each	150	$.39	Run Around, Md. Boy Covidien 70063B Run Around, Md. Girl Covidien 70063G Huggies Youth Pull On Briefs 2T-3T MED Boy HG86171, Huggies Youth Pull On Briefs 2T-3T MED Girl HG86172 Curity Sleeppants Covidien 70073 First Quality CR7005 Cute Trn Pant Boy 2t3t CR7006 Cute Trn Pant Girl 2t3t
(38)	EA	T4532 Pediatric size pull on large, each	150	$.43	Run Around Lg. Boy, Covidien 70064B Run Around Lg. Girl, Covidien 70064G Huggies Youth Pull On Briefs 3T-4T BOYS HG86173 Huggies Youth Pull On Briefs 3T-4T GIRLS HG86174 First Quality CR8005 Cute Trn Pant Boy 3t4t CR8006 Cute Trn Pant Girl 4t5t
(39)	EA	T4533 Youth size brief / diaper, each	300	$.33	Tranquility PBE 2166 Select PBE 2666 Select Toddler + PBE 2665 Curity Ultra Fits Covidien 0058 Huggies Ultratrim SZ6 HG212001 Luvs Baby Diapers Size 6, 35+ lbs. 734534 First Quality, CR6001, Cuties TM Baby Diaper-Size 6, 35+ lbs. Attends, BRBY, 20"-28"

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(40)	EA	T4534 Youth size pull on, each	150	$.49	Select Extra Small Brief, PBE 2603 RunAround X-Lg. Boy Covidien 70065B RunAround X-Lg. Girl Covidien 70065G Huggies Pull-Up 4T-5T Boy HG86175 Huggies Pull-Up 4T-5T Girl HG86182 Curity Sleeppants Covidien 70074 Curity Sleeppants Covidien 70075 Sleep Overs® Youth Underwear SLP05301 Sleep Overs® Youth Underwear SLP05302, 65-125 lbs. First Quality CR9005 Cute Trn Pant Boy 4t5t CR9006 Cute Trn Pant Girl 4t5t

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(41)	EA	T4535 Disposable liner / shield / pad, each	300	$.19	Booster Pad, PBE 2760 Select 4.25x14.5, PBE 2671 Select 7x17, PBE 2690 Select Extra Absorb, PBE 2681, PBE 2682 Select Shield PBE 2648 Booster Pad PBE 2072 Tranquility Super Plus Trimshield, PBE 2083 Dignity ThinSerts Humanicare 30054 Humanicare Dignity Natural Liner HC26955, HC26954 Humanicare Stackable Pad HC30053 Humanicare Dignity Plus Super Liner HC30071 Humanicare Dignity Plus Liner HC30074 Humanicare Dignity Briefmates HC30225 Humanicare Spartan Liners HC40340 Covidien Incontinence Liner KN1100B22 Attends Shaped Pad LP0500 Serenity extra pads(mod) SCA 48900 FQ Prevail/male guard PV-811 FQ Prevail Pantiliner PV-926 FQ Prevail Day Time Liner PL-100/1 and Attends LP0600 Prevail Bladder Control Pad-extra BC-012 Absorbent Products Company 19244 Booster Liner First Quality, PQPPV-915/1 First Quality, PQPPV 923/1 Prevail Extra Plus Liner BC-013, First Quality Presto Absorbent Liner, PAPBC 161040

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(42)	EA	T4536 Reusable washable underwear any size, each	10	$1.08	PBE 2684 MED PBE 2685 LRG PBE 2686 XL Covidien KN705A Small/Med. Covidien KN706A Large/ X-Large Covidien KN707A XX-Large/ XXX-Large
(43)	EA	T4541 Disposable underpads (e.g., Chux's), large 23 x 36	180	$.15	Covidien 1093DP, 7176 PBE 2673, 2675 Griffin Medical 1836
(44)	EA	T4542 Disposable underpads (e.g., Chux's), small 17 x 24	180	$.12	PaperPak UFS170 Griffin Medical Underpad 17x24 #2504
(45)	EA	T4543 Bariatric adult size brief / diaper xx-large, each	300	$1.35	Whitestone 43790 Prevail Breathable Bariatric Brief, 63"-94"
(46)	EA	A4649 Misc. Supply	1	P. A. Required	No Reference
(47)	EA	A5112 Urinary leg bag; latex	2	$1.50	Coloplast 4157, 4175
(48)	EA	A5120 Skin barrier, wipes, 50/box (antiseptic), per wipe	100	$.10	Coloplast 44005
(49)	EA	S5199 Personal Care Products / Wipes/Adult/Baby, per wipe	100	$.08	Innovative DermAssist 80-301 ABCO Antiseptic Towelettes NDC634915 Kimberly-Clark Huggies Natural Care Wipes (unscented) HG18600 EM77000 FQPCRW-050

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Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(50)	EA	A6250 Skin sealants, protectants, moisturizers, ointment, any type, any size	2	$2.99	Secura Smith & Nephew 2.47 oz 59431500 Covidien Vaseline Constant Care 2 oz KN8884737500 DermaRite Periguard 3.5 oz 00204
(51)	EA	A4520 Diaper/Incontinent pant, reusable/washable	1	$8.15	Select PBE 3080 series Humanicare 16000 series Humanicare 40200 series Humanicare Spartan Unisex Waterproof Pant HC10000 Series Covidien 689 SML Covidien 691 MED Covidien 694 LRG Covidien 698 XL
(52)	EA	A4354 Insertion Tray with Drainage Bag	10	$5.25	Coloplast UT9183
(53)	EA	A4353 Intermittent Urinary Catheter with Insertion Supplies	150	$3.40	Coloplast 1008, 1012, 1014, 1016, 3110, 3112, 3114, 3116, 3212, 3214, UT8140, UT8150

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Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(1)	EA	A4310 Insertion tray without drainage bag and without catheter (accessories only)	2	$3.85	Coloplast UT7010 10 cc Coloplast UT7030 30 cc AMSINO AS880 10 cc AMSINO AS890 30 cc
(2)	EA	A4311 Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating, (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	2	$9.26	Coloplast UT8100 Series Bard 800 Series
(3)	EA	A4312 Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone	2	$9.50	Bard 720000 Series
(4)	EA	A4314 Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)	2	$13.25	Coloplast UT8183 Series Coloplast UT8163 Series
(5)	EA	A4315 Insertion tray with drainage bag, with indwelling catheter, foley type, two-way, all silicone	2	$13.59	Covidien 6900 Series
(6)	EA	A4320 Irrigation tray with bulb or piston syringe, any purpose	30	$1.92	Coloplast UT1001 (Bulb) Coloplast UT1002 (Piston) AMSINO AS130 (Bulb) AMSINO AS136 (Piston)
(7)	EA	A4322 Irrigation syringe, bulb or piston, each	30	$2.20	Coloplast UT1004 Amsino AS011 (Bulb) Bard 750379
(8)	EA	A4349 Male external catheter (G)	96	$.83	Coloplast 9200 Coloplast 5000 Series Coloplast 8000 Series
(9)	EA	A4349 Male external catheter (G) with adhesive strip, each	96	$.83	Coloplast 7200 Series
(10)	EA	A4326 Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each	30	$7.14	Coloplast 7800, 7850, 8205, 8100, 8200, 8305, 8400 Hollister 9897, 9898
(11)	EA	A4328 Female external urinary collection device; pouch, each	10	$7.10	Hollister 9840
(12)	EA	A4330 Perianal fecal collection pouch with adhesive, each	10	$6.86	Hollister 9821, 9822 Convatec 650078

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Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(13)	EA	A4331 Extension drainage tubing, any type, any length, with connector/adapter, for us with urinary leg bag or urostomy pouch, each	4	$1.80	Coloplast 475, 7092 AMSINO AS311
(14)	EA	A4333 Urinary catheter anchoring device, adhesive skin attachment	4	$1.12	Coloplast 4065
(15)	EA	A4334 Urinary catheter anchoring device, leg strap	6	$.81	Covidien 8887600149
(16)	EA	A4335 Belted/Unbelted Undergarment WO Sides	150	$.78	Select Belt Less, PBE 2078 Select Day + Belt Less, PBE 2694 Select Belted, PBE 2650 Select Night Time, PBE 2695 Select, PBE 2693 Humanicare 30073 Tranquility Belted Undergarment, PBE 2150 Covidien Belted Undergarment, MD-171B10 Kimberly-Clark Depends 19640, 19696
(17)	EA	A4338 Indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.) each	2	$6.45	Coloplast UC2500 Series Coloplast UC2300 Series AMSINO AS4000 Series
(18)	EA	A4340 Indwelling catheter, specialty type, e.g. Coude, mushroom, wing, etc., each	5	$5.45	Coloplast UC6000 and 6500 Series
(19)	EA	A4344 Indwelling catheter, foley type, two-way, all silicone, each *XX Denotes French Size	5	$7.75	Coloplast AA61XX Series Coloplast AA6CXX Series Coloplast AASC23XX Series AMSINO AS40000 Series

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Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(20)	EA	A4351 Intermittent urinary catheter, straight tip, each	150	$1.20	Coloplast NC1000 Series Coloplast UC1000 Coloplast 110 Series Coloplast 200 Series Coloplast 300 Series Coloplast 400 Series AMSINO AS861000 Series Coviden KN8888492025 Coviden KN8888492033 Coviden KN8888492041 Coviden KN8888492058 COV400608 8FR COV400610 10FR COV400612 12FR COV400614 14FR COV400616 16FR COV400618 18FR COV8887660903 14FR 6"

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(21)	EA	A4351-U4 Intermittent urinary catheter, straight tip, each	150 Under age 21	$2.25	Astra-Tech (Lofric) 900000, 940000, 9300000 Series Coloplast 4100, 4200, 4300, 4400 Series Coloplast 28578 SpeediCath Compact Female, 8FR. Coloplast 28580 SpeediCath Compact Female,10FR. Coloplast 28582 SpeediCath Compact Female, 12FR Coloplast 28584 SpeediCath Compact Female, 14FR. Coloplast 28408 Speedicath Male Ready-To-Use, 8 FR. Coloplast 28410 Speedicath Male Ready-To-Use, 10 FR. Coloplast 28412 Speedicath Male Ready-To-Use, 12 FR. Coloplast 28414 Speedicath Male Ready-To-Use, 14 FR. Coloplast 28416 Speedicath Male Ready-To-Use, 16 FR. Coloplast 28418 Speedicath Male Ready-To-Use, 18 FR.
(22)	EA	A4352 Intermittent urinary catheter, coude (curved) tip, each	150	$2.45	Coloplast 500 Series Coloplast 600 Series Coloplast 800 Series Coloplast UC6000 Series
(23)	EA	A4352-U4 Intermittent urinary catheter, coude (curved) tip, each	150 Under age 21	$2.90	Astra-Tech (Lofric) 960000 Series Coloplast 4600, 4800 Series
(24)	EA	A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or w/o tube, each	3	$5.74	Coloplast UB0500 Bard 802001 AMSINO AS332

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Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(25)	EA	A4358 Urinary leg bag, vinyl, with or w/o tube, each *XX Denotes French Size	10	$5.22	Coloplast UB0600 Coloplast UB0950 AMSINO AS300 Series Coloplast 9000
(26)	OZ	A4402 Lubricant	10 OZ.	$.32	Triad Lubricating Jelly 10-8919
(27)	EA	T4521 Adult size brief / diaper small, each	300	$.43	Select PBE 2620 Tranquility Full Fit PBE 2120 Attends BRBX10 Hook & Loop Covidien 63062 Tenna Specialty Brief SCA 66150 FQ IB Brief IB-011 KN66032 Small Wings Choice Plus Quilted
(28)	EA	T4522 Adult size brief / diaper medium, each	300	$.44	Select Full fit, PBE 2624 Hook & Loop Covidien 63063 Attends BR20 Attends BRB20 Tena Ultra Brief Med SCA 68121 FQ Per-Fit Breathable PF-012/1 KN66033 Med Wings Choice Plus Quilted Wings Choice Adult Brief Medium, Covidien KN60043DP
(29)	EA	T4523 Adult size brief / diaper large, each	300	$.58	Select Full Fit, PBE 2634 Hook & Loop Covidien 63064 Attends BR30 Attends BRB30 Tena Ultra Brief Large SCA68122 FQ Per-Fit Breathable PF-013/1 KN66034 Large Wings Choice Plus Quilted Wings Choice Adult Brief Large, Covidien KN60044DP

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(30)	EA	T4524 Adult size brief / diaper x-large, each	300	$.65	Select Full Fit, PBE 2635 Hook & Loop Covidien 63065 Attends BR40 Attends BRB40 FQ Per-Fit Breathable PF-014/1 KN66035 X-Large Wings Choice Plus Quilted Wings Choice Adult Brief XLG, Covidien KN60045DP
(31)	EA	T4525 Adult size pull on small, each	150	$.71	Select Sm, PBE 2604 Sure Care Protective Underwear Covidien 1605 Attends 7 PaperPak APP0710 Dignity Humanicare 46076 First Quality, PV-511
(32)	EA	T4526 Adult size pull on medium, each	150	$.71	Select Med, PBE 2605 Sure Care Protective Underwear Covidien 1605 Attends 7 APP0720 Dignity Humanicare 46077 Tena Plus SCA 72436 FQ Per-Fit PF-512
(33)	EA	T4527 Adult size pull on large, each	150	$.79	Select Lg, PBE 2606 Sure Care Protective Underwear Covidien 1615 Attends 7 PaperPak APP0730 Dignity Humanicare 46078 Tena Plus SCA 72437 FQ Per-Fit PF-513

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Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(34)	EA	T4528 Adult size pull on x-large, each	150	$1.02	Select XLG, PBE 2607 Sure Care Protective Underwear Covidien 1625 Attends 7 PaperPak APP0740 Dignity Humanicare 46079 Tena Plus SCA 72438 FA Per-Fit PF-514 FQ Prevail Extra (XXL-Bariatric PV-517) SureCare Protective Underwear XX-Large 60”-80”, COV1630
(35)	EA	T4529 Pediatric size brief / diaper small / medium, each	300 up to age 13. Age 13 & over require PA.	$.40	Curity Ultra Fits Covidien 80018 Curity Utra Fits Covidien 80028 Huggies Ultratrim SZ1-2 HG52164 Huggies Ultratrim SZ3 HG211980 Luvs Baby Diapers Size 2, 12-18 lbs. 732921 Luvs Baby Diapers Size 3, 16-28 lbs. 734527 First Quality, CR2001, Cuties TM Baby Diaper-Size 2, 12-18 lbs. First Quality, CR3001, Cuties TM Baby Diaper-Size 3, 16-28 lbs.
(36)	EA	T4530 Pediatric size brief / diaper large, each	300 up to age 13. Age 13 & over require PA.	$.44	Curity Ultra Fits Covidien 80038CF Curity Ultra Fits Covidien 80048 Huggies Ultratrim SZ5 XL HG211994 Huggies Ultratrim SZ4 Lrg HG211987 Luvs Baby Diapers Size 4, 22-37 lbs. 734401 Luvs Baby Diapers Size 5, 27+ lbs. 733187 First Quality, CR4001, Cuties TM Baby Diaper-Size 4, 22-37 lbs. First Quality, CR5001, Cuties TM Baby Diaper-Size 5, 27+ lbs.

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Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(37)	EA	T4531 Pediatric size pull on small /medium, each	150	$.42	Run Around, Md. Boy Covidien 70063B Run Around, Md. Girl Covidien 70063G Huggies Youth Pull On Briefs 2T-3T MED Boy HG86171, Huggies Youth Pull On Briefs 2T-3T MED Girl HG86172 Curity Sleeppants Covidien 70073 First Quality, CR7005 Cute Trn Pant Boy 2t3t CR7006 Cute Trn Pant Girl 2t3t
(38)	EA	T4532 Pediatric size pull on large, each	150	$.44	Run Around Lg. Boy, Covidien 70064B Run Around Lg. Girl, Covidien 70064G Huggies Youth Pull On Briefs 3T-4T BOYS HG86173 Huggies Youth Pull On Briefs 3T-4T GIRLS HG86174 First Quality CR8005 Cute Trn Pant Boy 3t4t CR8006 Cute Trn Pant Girl 4t5t
(39)	EA	T4533 Youth size brief / diaper, each	300	$.46	Tranquility PBE 2166 Select PBE 2666 Select Toddler + PBE 2665 Curity Ultra Fits Covidien 0058 Huggies Ultratrim SZ6 HG212001 Luvs Baby Diapers Size 6, 35+ lbs. 734534

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Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
					First Quality, CR6001, Cuties TM Baby Diaper-Size 6, 35+ lbs. Attends, BRBY, 20"-28"
(40)	EA	T4534 Youth size pull on, each	150	$.64	Select Extra Small Brief, PBE 2603 RunAround X-Lg. Boy Covidien 70065B RunAround X-Lg. Girl Covidien 70065G Huggies Pull-Up 4T-5T Boy HG86175 Huggies Pull-Up 4T-5T Girl HG86182 Curity Sleeppants Covidien 70074 Curity Sleeppants Covidien 70075 Sleep Overs® Youth Underwear SLP05301 Sleep Overs® Youth Underwear SLP05302, 65-125 lbs. First Quality CR9005 Cute Trn Pant Boy 4t5t CR9006 Cute Trn Pant Girl 4t5t

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Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(41)	EA	T4535 Disposable liner / shield / pad, each	300	$.29	Booster Pad, PBE 2760 Select 4.25x14.5, PBE 2671 Select 7x17, PBE 2690 Select Extra Absorb, PBE 2681, PBE 2682 Select Shield PBE 2648 Booster Pad PBE 2072 Tranquility Super Plus Trimshield, PBE 2083 Dignity ThinSerts Humanicare 30054 Humanicare Dignity Natural Liner HC26955, HC26954 Humanicare Stackable Pad HC30053 Humanicare Dignity Plus Super Liner HC30071 Humanicare Dignity Plus Liner HC30074 Humanicare Dignity Briefmates HC30225 Humanicare Spartan Liners HC40340 Covidien Incontinence Liner KN1100B22 Attends Shaped Pad LP0500 Serenity extra pads(mod) SCA 48900 FQ Prevail/male guard PV-811 FQ Prevail Pantiliner PV-926 FQ Prevail Day Time Liner PL-100/1 and Attends LP0600 Prevail Bladder Control Pad-extra BC-012 Absorbent Products Company 19244 Booster Liner First Quality, PQPPV-915/1 First Quality, PQPPV 923/1 Prevail Extra Plus Liner BC-013, First Quality Presto Absorbent Liner, PAPBC 161040

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(42)	EA	T4536 Reusable washable underwear any size, each	10	$7.72	PBE 2684 MED PBE 2685 LRG PBE 2686 XL Covidien KN705A Small/Med. Covidien KN706A Large/ X-Large Covidien KN707A XX-Large/ XXX-Large
(43)	EA	T4541 Disposable underpads (e.g., Chux's), large 23 x 36	180	$.25	Covidien 1093DP, 7176 PBE 2673, 2675 Griffin Medical 1836
(44)	EA	T4542 Disposable underpads (e.g., Chux's), small 17 x 24	180	$.25	PaperPak UFS170 Griffin Medical Underpad 17x24 #2504
(45)	EA	T4543 Bariatric adult size brief / diaper xx-large, each	300	$1.89	Whitestone 43790 Prevail Breathable Bariatric Brief, 63"-94"
(46)	EA	A4649 Misc. Supply	1	P. A. Required	No Reference
(47)	EA	A5112 Urinary leg bag; latex	2	$22.91	Coloplast 4157, 4175
(48)	EA	A5120 Skin barrier, wipes, 50/box (antiseptic), per wipe	100	$.16	Coloplast 44005
(49)	EA	S5199 Personal Care Products / Wipes/Adult/Baby, per wipe	100	$.09	Innovative DermAssist 80-301 ABCO Antiseptic Towelettes NDC634915 Kimberly-Clark Huggies Natural Care Wipes (unscented) HG18600 EM77000 FQPCRW-050
(50)	EA	A6250 Skin sealants, protectants, moisturizers, ointment, any type, any size	2	$3.71	Secura Smith & Nephew 2.47 oz 59431500 Covidien Vaseline Constant Care 2 oz KN8884737500 DermaRite Periguard 3.5 oz 00204

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(51)	EA	A4520 Diaper/Incontinent pant, reusable/washable	1	$10.25	Select PBE 3080 series Humanicare 16000 series Humanicare 40200 series Humanicare Spartan Unisex Waterproof Pant HC10000 Series Covidien 689 SML Covidien 691 MED Covidien 694 LRG Covidien 698 XL
(52)	EA	A4354 Insertion Tray with Drainage Bag	10	$6.35	Coloplast UT9183
(53)	EA	A4353 Intermittent Urinary Catheter with Insertion Supplies	150	$3.80	Coloplast 1008, 1012, 1014, 1016, 3110, 3112, 3114, 3116, 3212, 3214, UT8140, UT8150

Contract No. 071B8200196

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Form No. DTMB-3521 (Rev. 4/2012)
AUTHORITY: Act 431 of 1984
COMPLETION: Required
PENALTY: Contract change will not be executed unless form is filed

STATE OF MICHIGAN
DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET
PROCUREMENT
P.O. BOX 30026, LANSING, MI 48909
OR
530 W. ALLEGAN, LANSING, MI 48933

August 15, 2013

CHANGE NOTICE NO. 20

to

CONTRACT NO. 071B8200196

between

THE STATE OF MICHIGAN

and

NAME & ADDRESS OF CONTRACTOR:	PRIMARY CONTACT	EMAIL
J & B Medical Supply Co., Inc.	Loren Bennett	lbennet@jandbmedical.com
50496 West Pontiac Trail	TELEPHONE	CONTRACTOR #, MAIL CODE
Wixom, MI 48393	(800) 737-0045	

STATE CONTACTS	AGENCY	NAME	PHONE	EMAIL
CONTRACT COMPLIANCE INSPECTOR	DCH	Greg Rivet	(517) 335-5096	rivetg@michigan.gov
BUYER	DTMB	Sue Cieciwa	(517) 373-0301	cieciwas@michigan.gov

CONTRACT SUMMARY:

DESCRIPTION: **Mail Order Incontinent Supplies and Services – Department of Community Health**

INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL AVAILABLE OPTIONS	EXPIRATION DATE BEFORE CHANGE(S) NOTED BELOW
July 2, 2008	July 1, 2011	Two One Year Options	December 31, 2013
PAYMENT TERMS	F.O.B	SHIPPED	SHIPPED FROM
N/A	Delivered	As Required	Wixom, MI

ALTERNATE PAYMENT OPTIONS:			AVAILABLE TO MiDEAL PARTICIPANTS	
☐ P-card	☐ Direct Voucher (DV)	☐ Other	☐ Yes	☒ No

MINIMUM DELIVERY REQUIREMENTS:

None

DESCRIPTION OF CHANGE NOTICE:

EXTEND CONTRACT EXPIRATION DATE	EXERCISE CONTRACT OPTION YEAR(S)	EXTENSION BEYOND CONTRACT OPTION YEARS	LENGTH OF OPTION/EXTENSION	EXPIRATION DATE AFTER CHANGE
☒ No ☐ Yes	☐	☐		

VALUE/COST OF CHANGE NOTICE:	ESTIMATED AGGREGATE CONTRACT VALUE REMAINS:
$0.00	$95,479,538.22

Effective July 1, 2013, Appendix I is revised as follows:

The following Brand/Manufacturer is ADDED to Item No. 41 T4535 Disposable liner/shield/pad, each:

Brand/Manufacturer:

Contract No. 071B8200196

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

First Quality, PQPPV 923/1

Revised Appendix I and Appendix I – Wisconsin are attached. All other terms, conditions, specifications, and pricing remain unchanged.
Per vendor request by email dated July 18, 2013 and agency request dated August 9, 2013.

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(1)	EA	A4310 Insertion tray without drainage bag and without catheter (accessories only)	2	$1.68	Coloplast UT7010 10 cc Coloplast UT7030 30 cc AMSINO AS880 10 cc AMSINO AS890 30 cc
(2)	EA	A4311 Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating, (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	2	$3.55	Coloplast UT8100 Series Bard 800 Series
(3)	EA	A4312 Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone	2	$3.75	Bard 720000 Series
(4)	EA	A4314 Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)	2	$3.25	Coloplast UT8183 Series Coloplast UT8163 Series
(5)	EA	A4315 Insertion tray with drainage bag, with indwelling catheter, foley type, two-way, all silicone	2	$5.00	Covidien 6900 Series
(6)	EA	A4320 Irrigation tray with bulb or piston syringe, any purpose	30	$.82	Coloplast UT1001 (Bulb) Coloplast UT1002 (Piston) AMSINO AS130 (Bulb) AMSINO AS136 (Piston)
(7)	EA	A4322 Irrigation syringe, bulb or piston, each	30	$.44	Coloplast UT1004 Amsino AS011 (Bulb) Bard 750379
(8)	EA	A4349 Male external catheter (G)	96	$.62	Coloplast 9200 Coloplast 5000 Series Coloplast 8000 Series
(9)	EA	A4349 Male external catheter (G) with adhesive strip, each	96	$.47	Coloplast 7200 Series
(10)	EA	A4326 Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each	30	$.88	Coloplast 7800, 7850, 8205, 8100, 8200, 8305, 8400 Hollister 9897, 9898
(11)	EA	A4328 Female external urinary collection device; pouch, each	10	$2.25	Hollister 9840

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(12)	EA	A4330 Perianal fecal collection pouch with adhesive, each	10	$6.11	Hollister 9821, 9822 Convatec 650078
(13)	EA	A4331 Extension drainage tubing, any type, any length, with connector/adapter, for us with urinary leg bag or urostomy pouch, each	4	$1.55	Coloplast 475, 7092 AMSINO AS311
(14)	EA	A4333 Urinary catheter anchoring device, adhesive skin attachment	4	$.70	Coloplast 4065
(15)	EA	A4334 Urinary catheter anchoring device, leg strap	6	$.61	Covidien 8887600149
(16)	EA	A4335 Belted/Unbelted Undergarment WO Sides	150	$.42	Select Belt Less, PBE 2078 Select Day + Belt Less, PBE 2694 Select Belted, PBE 2650 Select Night Time, PBE 2695 Select, PBE 2693 Humanicare 30073 Tranquility Belted Undergarment, PBE 2150 Covidien Belted Undergarment, MD-171B10 Kimberly-Clark Depends 19640, 19696 Prevail Extra Plus Liner BC-013, First Quality
(17)	EA	A4338 Indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.) each	2	$.92	Coloplast UC2500 Series Coloplast UC2300 Series AMSINO AS4000 Series
(18)	EA	A4340 Indwelling catheter, specialty type, e.g. Coude, mushroom, wing, etc., each	5	$2.25	Coloplast UC6000 and 6500 Series
(19)	EA	A4344 Indwelling catheter, foley type, two-way, all silicone, each *XX Denotes French Size	5	$3.50	Coloplast AA61XX Series Coloplast AA6CXX Series Coloplast AASC23XX Series AMSINO AS40000 Series

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(20)	EA	A4351 Intermittent urinary catheter, straight tip, each	150	$.52	Coloplast NC1000 Series Coloplast UC1000 Coloplast 110 Series Coloplast 200 Series Coloplast 300 Series Coloplast 400 Series AMSINO AS861000 Series Coviden KN8888492025 Coviden KN8888492033 Coviden KN8888492041 Coviden KN8888492058 COV400608 8FR COV400610 10FR COV400612 12FR COV400614 14FR COV400616 16FR COV400618 18FR COV8887660903 14FR 6"
(21)	EA	A4351-U4 Intermittent urinary catheter, straight tip, each	150 Under age 21	$1.70	Astra-Tech (Lofric) 900000, 940000, 9300000 Series Coloplast 4100, 4200, 4300, 4400 Series Coloplast 28578 SpeediCath Compact Female, 8FR. Coloplast 28580 SpeediCath Compact Female,10FR. Coloplast 28582 SpeediCath Compact Female, 12FR Coloplast 28584 SpeediCath Compact Female, 14FR. Coloplast 28408 Speedicath Male Ready-To-Use, 8 FR. Coloplast 28410 Speedicath Male Ready-To-Use, 10 FR. Coloplast 28412 Speedicath Male Ready-To-Use, 12 FR. Coloplast 28414 Speedicath Male Ready-To-Use, 14 FR. Coloplast 28416 Speedicath Male Ready-To-Use, 16 FR. Coloplast 28418 Speedicath Male Ready-To-Use, 18 FR.
(22)	EA	A4352 Intermittent urinary catheter, coude (curved) tip, each	150	$1.42	Coloplast 500 Series Coloplast 600 Series Coloplast 800 Series Coloplast UC6000 Series

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Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(23)	EA	A4352-U4 Intermittent urinary catheter, coude (curved) tip, each	150 Under age 21	$2.31	Astra-Tech (Lofric) 960000 Series Coloplast 4600, 4800 Series
(24)	EA	A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or w/o tube, each	3	$1.55	Coloplast UB0500 Bard 802001 AMSINO AS332
(25)	EA	A4358 Urinary leg bag, vinyl, with or w/o tube, each *XX Denotes French Size	10	$1.50	Coloplast UB0600 Coloplast UB0950 AMSINO AS300 Series Coloplast 9000
(26)	OZ	A4402 Lubricant	10 OZ.	$.23	Triad Lubricating Jelly 10-8919
(27)	EA	T4521 Adult size brief / diaper small, each	300	$.35	Select PBE 2620 Tranquility Full Fit PBE 2120 Attends BRBX10 Hook & Loop Covidien 63062 Tenna Specialty Brief SCA 66150 FQ IB Brief IB-011 KN66032 Small Wings Choice Plus Quilted
(28)	EA	T4522 Adult size brief / diaper medium, each	300	$.33	Select Full fit, PBE 2624 Hook & Loop Covidien 63063 Attends BR20 Attends BRB20 Tena Ultra Brief Med SCA 68121 FQ Per-Fit Breathable PF-012/1 KN66033 Med Wings Choice Plus Quilted Wings Choice Adult Brief Medium, Covidien KN60043DP
(29)	EA	T4523 Adult size brief / diaper large, each	300	$.41	Select Full Fit, PBE 2634 Hook & Loop Covidien 63064 Attends BR30 Attends BRB30 Tena Ultra Brief Large SCA68122 FQ Per-Fit Breathable PF-013/1 KN66034 Large Wings Choice Plus Quilted Wings Choice Adult Brief Large, Covidien KN60044DP

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(30)	EA	T4524 Adult size brief / diaper x-large, each	300	$.49	Select Full Fit, PBE 2635 Hook & Loop Covidien 63065 Attends BR40 Attends BRB40 FQ Per-Fit Breathable PF-014/1 KN66035 X-Large Wings Choice Plus Quilted Wings Choice Adult Brief XLG, Covidien KN60045DP
(31)	EA	T4525 Adult size pull on small, each	150	$.48	Select Sm, PBE 2604 Sure Care Protective Underwear Covidien 1605 Attends 7 PaperPak APP0710 Dignity Humanicare 46076 First Quality, PV-511
(32)	EA	T4526 Adult size pull on medium, each	150	$.49	Select Med, PBE 2605 Sure Care Protective Underwear Covidien 1605 Attends 7 APP0720 Dignity Humanicare 46077 Tena Plus SCA 72436 FQ Per-Fit PF-512
(33)	EA	T4527 Adult size pull on large, each	150	$.54	Select Lg, PBE 2606 Sure Care Protective Underwear Covidien 1615 Attends 7 PaperPak APP0730 Dignity Humanicare 46078 Tena Plus SCA 72437 FQ Per-Fit PF-513
(34)	EA	T4528 Adult size pull on x-large, each	150	$.69	Select XLG, PBE 2607 Sure Care Protective Underwear Covidien 1625 Attends 7 PaperPak APP0740 Dignity Humanicare 46079 Tena Plus SCA 72438 FA Per-Fit PF-514 FQ Prevail Extra (XXL-Bariatric PV-517) SureCare Protective Underwear XX-Large 60”-80”, COV1630

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(35)	EA	T4529 Pediatric size brief / diaper small / medium, each	300 up to age 13. Age 13 & over require PA.	$.23	Curity Ultra Fits Covidien 80018 Curity Utra Fits Covidien 80028 Huggies Ultratrim SZ1-2 HG52164 Huggies Ultratrim SZ3 HG211980 Luvs Baby Diapers Size 2, 12-18 lbs. 732921 Luvs Baby Diapers Size 3, 16-28 lbs. 734527 First Quality, CR2001, Cuties TM Baby Diaper-Size 2, 12-18 lbs. First Quality, CR3001, Cuties TM Baby Diaper-Size 3, 16-28 lbs.
(36)	EA	T4530 Pediatric size brief / diaper large, each	300 up to age 13. Age 13 & over require PA.	$.32	Curity Ultra Fits Covidien 80038CF Curity Ultra Fits Covidien 80048 Huggies Ultratrim SZ5 XL HG211994 Huggies Ultratrim SZ4 Lrg HG211987 Luvs Baby Diapers Size 4, 22-37 lbs. 734401 Luvs Baby Diapers Size 5, 27+ lbs. 733187 First Quality, CR4001, Cuties TM Baby Diaper-Size 4, 22-37 lbs. First Quality, CR5001, Cuties TM Baby Diaper-Size 5, 27+ lbs.

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(37)	EA	T4531 Pediatric size pull on small /medium, each	150	$.39	Run Around, Md. Boy Covidien 70063B Run Around, Md. Girl Covidien 70063G Huggies Youth Pull On Briefs 2T-3T MED Boy HG86171, Huggies Youth Pull On Briefs 2T-3T MED Girl HG86172 Curity Sleeppants Covidien 70073 First Quality CR7005 Cute Trn Pant Boy 2t3t CR7006 Cute Trn Pant Girl 2t3t
(38)	EA	T4532 Pediatric size pull on large, each	150	$.43	Run Around Lg. Boy, Covidien 70064B Run Around Lg. Girl, Covidien 70064G Huggies Youth Pull On Briefs 3T-4T BOYS HG86173 Huggies Youth Pull On Briefs 3T-4T GIRLS HG86174 First Quality CR8005 Cute Trn Pant Boy 3t4t CR8006 Cute Trn Pant Girl 4t5t
(39)	EA	T4533 Youth size brief / diaper, each	300	$.33	Tranquility PBE 2166 Select PBE 2666 Select Toddler + PBE 2665 Curity Ultra Fits Covidien 0058 Huggies Ultratrim SZ6 HG212001 Luvs Baby Diapers Size 6, 35+ lbs. 734534 First Quality, CR6001, Cuties TM Baby Diaper-Size 6, 35+ lbs. Attends, BRBY, 20"-28"

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Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(40)	EA	T4534 Youth size pull on, each	150	$.49	Select Extra Small Brief, PBE 2603 RunAround X-Lg. Boy Covidien 70065B RunAround X-Lg. Girl Covidien 70065G Huggies Pull-Up 4T-5T Boy HG86175 Huggies Pull-Up 4T-5T Girl HG86182 Curity Sleeppants Covidien 70074 Curity Sleeppants Covidien 70075 Sleep Overs® Youth Underwear SLP05301 Sleep Overs® Youth Underwear SLP05302, 65-125 lbs. First Quality CR9005 Cute Trn Pant Boy 4t5t CR9006 Cute Trn Pant Girl 4t5t

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Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(41)	EA	T4535 Disposable liner / shield / pad, each	300	$.19	Booster Pad, PBE 2760 Select 4.25x14.5, PBE 2671 Select 7x14, PBE 2691 Select 7x17, PBE 2690 Select Extra Absorb, PBE 2681, PBE 2682 Select Shield PBE 2648 Booster Pad PBE 2072 Tranquility Super Plus Trimshield, PBE 2083 Dignity ThinSerts Humanicare 30054 Humanicare Dignity Natural Liner HC26955, HC26954 Humanicare Stackable Pad HC30053 Humanicare Dignity Plus Super Liner HC30071 Humanicare Dignity Plus Liner HC30074 Humanicare Dignity Briefmates HC30225 Humanicare Spartan Liners HC40340 Covidien Incontinence Liner KN1100B22, KN1140B16 Attends Shaped Pad LP0500 Serenity extra pads(mod) SCA 48900 FQ Prevail/male guard PV-811 FQ Prevail Pantiliner PV-926 FQ Prevail Day Time Liner PL-100/1 and Attends LP0600 Prevail Bladder Control Pad-extra BC-012 Absorbent Products Company 19244 Booster Liner First Quality, PQPPV-915/1 First Quality, PQPPV 923/1
(42)	EA	T4536 Reusable washable underwear any size, each	10	$1.08	PBE 2684 MED PBE 2685 LRG PBE 2686 XL Covidien KN705A Small/Med. Covidien KN706A Large/ X-Large Covidien KN707A XX-Large/ XXX-Large

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(43)	EA	T4541 Disposable underpads (e.g., Chux's), large 23 x 36	180	$.15	Covidien 1093DP, 7176 PBE 2673, 2675 Griffin Medical 1836
(44)	EA	T4542 Disposable underpads (e.g., Chux's), small 17 x 24	180	$.12	PaperPak UFS170 Griffin Medical Underpad 17x24 #2504
(45)	EA	T4543 Bariatric adult size brief / diaper xx-large, each	300	$1.35	Whitestone 43790 Prevail Breathable Bariatric Brief, 63"-94"
(46)	EA	A4649 Misc. Supply	1	P. A. Required	No Reference
(47)	EA	A5112 Urinary leg bag; latex	2	$1.50	Coloplast 4157, 4175
(48)	EA	A5120 Skin barrier, wipes, 50/box (antiseptic), per wipe	100	$.10	Coloplast 44005
(49)	EA	S5199 Personal Care Products / Wipes/Adult/Baby, per wipe	100	$.08	Innovative DermAssist 80-301 ABCO Antiseptic Towelettes NDC634915 Kimberly-Clark Huggies Natural Care Wipes (unscented) HG18600 EM77000 FQPCRW-050
(50)	EA	A6250 Skin sealants, protectants, moisturizers, ointment, any type, any size	2	$2.99	Secura Smith & Nephew 2.47 oz 59431500 Covidien Vaseline Constant Care 2 oz KN8884737500 DermaRite Periguard 3.5 oz 00204

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Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(51)	EA	A4520 Diaper/Incontinent pant, reusable/washable	1	$8.15	Select PBE 3080 series Humanicare 16000 series Humanicare 40200 series Humanicare Spartan Unisex Waterproof Pant HC10000 Series Covidien 689 SML Covidien 691 MED Covidien 694 LRG Covidien 698 XL
(52)	EA	A4354 Insertion Tray with Drainage Bag	10	$5.25	Coloplast UT9183
(53)	EA	A4353 Intermittent Urinary Catheter with Insertion Supplies	150	$3.40	Coloplast 1008, 1012, 1014, 1016, 3110, 3112, 3114, 3116, 3212, 3214, UT8140, UT8150

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Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(1)	EA	A4310 Insertion tray without drainage bag and without catheter (accessories only)	2	$3.85	Coloplast UT7010 10 cc Coloplast UT7030 30 cc AMSINO AS880 10 cc AMSINO AS890 30 cc
(2)	EA	A4311 Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating, (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	2	$9.26	Coloplast UT8100 Series Bard 800 Series
(3)	EA	A4312 Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone	2	$9.50	Bard 720000 Series
(4)	EA	A4314 Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)	2	$13.25	Coloplast UT8183 Series Coloplast UT8163 Series
(5)	EA	A4315 Insertion tray with drainage bag, with indwelling catheter, foley type, two-way, all silicone	2	$13.59	Covidien 6900 Series
(6)	EA	A4320 Irrigation tray with bulb or piston syringe, any purpose	30	$1.92	Coloplast UT1001 (Bulb) Coloplast UT1002 (Piston) AMSINO AS130 (Bulb) AMSINO AS136 (Piston)
(7)	EA	A4322 Irrigation syringe, bulb or piston, each	30	$2.20	Coloplast UT1004 Amsino AS011 (Bulb) Bard 750379
(8)	EA	A4349 Male external catheter (G)	96	$.83	Coloplast 9200 Coloplast 5000 Series Coloplast 8000 Series
(9)	EA	A4349 Male external catheter (G) with adhesive strip, each	96	$.83	Coloplast 7200 Series
(10)	EA	A4326 Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each	30	$7.14	Coloplast 7800, 7850, 8205, 8100, 8200, 8305, 8400 Hollister 9897, 9898
(11)	EA	A4328 Female external urinary collection device; pouch, each	10	$7.10	Hollister 9840

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Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(12)	EA	A4330 Perianal fecal collection pouch with adhesive, each	10	$6.86	Hollister 9821, 9822 Convatec 650078
(13)	EA	A4331 Extension drainage tubing, any type, any length, with connector/adapter, for us with urinary leg bag or urostomy pouch, each	4	$1.80	Coloplast 475, 7092 AMSINO AS311
(14)	EA	A4333 Urinary catheter anchoring device, adhesive skin attachment	4	$1.12	Coloplast 4065
(15)	EA	A4334 Urinary catheter anchoring device, leg strap	6	$.81	Covidien 8887600149
(16)	EA	A4335 Belted/Unbelted Undergarment WO Sides	150	$.78	Select Belt Less, PBE 2078 Select Day + Belt Less, PBE 2694 Select Belted, PBE 2650 Select Night Time, PBE 2695 Select, PBE 2693 Humanicare 30073 Tranquility Belted Undergarment, PBE 2150 Covidien Belted Undergarment, MD-171B10 Kimberly-Clark Depends 19640, 19696 Prevail Extra Plus Liner BC-013, First Quality
(17)	EA	A4338 Indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.) each	2	$6.45	Coloplast UC2500 Series Coloplast UC2300 Series AMSINO AS4000 Series
(18)	EA	A4340 Indwelling catheter, specialty type, e.g. Coude, mushroom, wing, etc., each	5	$5.45	Coloplast UC6000 and 6500 Series
(19)	EA	A4344 Indwelling catheter, foley type, two-way, all silicone, each *XX Denotes French Size	5	$7.75	Coloplast AA61XX Series Coloplast AA6CXX Series Coloplast AASC23XX Series AMSINO AS40000 Series

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Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(20)	EA	A4351 Intermittent urinary catheter, straight tip, each	150	$1.20	Coloplast NC1000 Series Coloplast UC1000 Coloplast 110 Series Coloplast 200 Series Coloplast 300 Series Coloplast 400 Series AMSINO AS861000 Series Coviden KN8888492025 Coviden KN8888492033 Coviden KN8888492041 Coviden KN8888492058 COV400608 8FR COV400610 10FR COV400612 12FR COV400614 14FR COV400616 16FR COV400618 18FR COV8887660903 14FR 6"
(21)	EA	A4351-U4 Intermittent urinary catheter, straight tip, each	150 Under age 21	$2.25	Astra-Tech (Lofric) 900000, 940000, 9300000 Series Coloplast 4100, 4200, 4300, 4400 Series Coloplast 28578 SpeediCath Compact Female, 8FR. Coloplast 28580 SpeediCath Compact Female,10FR. Coloplast 28582 SpeediCath Compact Female, 12FR Coloplast 28584 SpeediCath Compact Female, 14FR. Coloplast 28408 Speedicath Male Ready-To-Use, 8 FR. Coloplast 28410 Speedicath Male Ready-To-Use, 10 FR. Coloplast 28412 Speedicath Male Ready-To-Use, 12 FR. Coloplast 28414 Speedicath Male Ready-To-Use, 14 FR. Coloplast 28416 Speedicath Male Ready-To-Use, 16 FR. Coloplast 28418 Speedicath Male Ready-To-Use, 18 FR.

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Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(22)	EA	A4352 Intermittent urinary catheter, coude (curved) tip, each	150	$2.45	Coloplast 500 Series Coloplast 600 Series Coloplast 800 Series Coloplast UC6000 Series
(23)	EA	A4352-U4 Intermittent urinary catheter, coude (curved) tip, each	150 Under age 21	$2.90	Astra-Tech (Lofric) 960000 Series Coloplast 4600, 4800 Series
(24)	EA	A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or w/o tube, each	3	$5.74	Coloplast UB0500 Bard 802001 AMSINO AS332
(25)	EA	A4358 Urinary leg bag, vinyl, with or w/o tube, each *XX Denotes French Size	10	$5.22	Coloplast UB0600 Coloplast UB0950 AMSINO AS300 Series Coloplast 9000
(26)	OZ	A4402 Lubricant	10 OZ.	$.32	Triad Lubricating Jelly 10-8919
(27)	EA	T4521 Adult size brief / diaper small, each	300	$.43	Select PBE 2620 Tranquility Full Fit PBE 2120 Attends BRBX10 Hook & Loop Covidien 63062 Tenna Specialty Brief SCA 66150 FQ IB Brief IB-011 KN66032 Small Wings Choice Plus Quilted
(28)	EA	T4522 Adult size brief / diaper medium, each	300	$.44	Select Full fit, PBE 2624 Hook & Loop Covidien 63063 Attends BR20 Attends BRB20 Tena Ultra Brief Med SCA 68121 FQ Per-Fit Breathable PF-012/1 KN66033 Med Wings Choice Plus Quilted Wings Choice Adult Brief Medium, Covidien KN60043DP

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Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(29)	EA	T4523 Adult size brief / diaper large, each	300	$.58	Select Full Fit, PBE 2634 Hook & Loop Covidien 63064 Attends BR30 Attends BRB30 Tena Ultra Brief Large SCA68122 FQ Per-Fit Breathable PF-013/1 KN66034 Large Wings Choice Plus Quilted Wings Choice Adult Brief Large, Covidien KN60044DP
(30)	EA	T4524 Adult size brief / diaper x-large, each	300	$.65	Select Full Fit, PBE 2635 Hook & Loop Covidien 63065 Attends BR40 Attends BRB40 FQ Per-Fit Breathable PF-014/1 KN66035 X-Large Wings Choice Plus Quilted Wings Choice Adult Brief XLG, Covidien KN60045DP
(31)	EA	T4525 Adult size pull on small, each	150	$.71	Select Sm, PBE 2604 Sure Care Protective Underwear Covidien 1605 Attends 7 PaperPak APP0710 Dignity Humanicare 46076 First Quality, PV-511
(32)	EA	T4526 Adult size pull on medium, each	150	$.71	Select Med, PBE 2605 Sure Care Protective Underwear Covidien 1605 Attends 7 APP0720 Dignity Humanicare 46077 Tena Plus SCA 72436 FQ Per-Fit PF-512
(33)	EA	T4527 Adult size pull on large, each	150	$.79	Select Lg, PBE 2606 Sure Care Protective Underwear Covidien 1615 Attends 7 PaperPak APP0730 Dignity Humanicare 46078 Tena Plus SCA 72437 FQ Per-Fit PF-513

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Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(34)	EA	T4528 Adult size pull on x-large, each	150	$1.02	Select XLG, PBE 2607 Sure Care Protective Underwear Covidien 1625 Attends 7 PaperPak APP0740 Dignity Humanicare 46079 Tena Plus SCA 72438 FA Per-Fit PF-514 FQ Prevail Extra (XXL-Bariatric PV-517) SureCare Protective Underwear XX-Large 60”-80”, COV1630
(35)	EA	T4529 Pediatric size brief / diaper small / medium, each	300 up to age 13. Age 13 & over require PA.	$.40	Curity Ultra Fits Covidien 80018 Curity Utra Fits Covidien 80028 Huggies Ultratrim SZ1-2 HG52164 Huggies Ultratrim SZ3 HG211980 Luvs Baby Diapers Size 2, 12-18 lbs. 732921 Luvs Baby Diapers Size 3, 16-28 lbs. 734527 First Quality, CR2001, Cuties TM Baby Diaper-Size 2, 12-18 lbs. First Quality, CR3001, Cuties TM Baby Diaper-Size 3, 16-28 lbs.
(36)	EA	T4530 Pediatric size brief / diaper large, each	300 up to age 13. Age 13 & over require PA.	$.44	Curity Ultra Fits Covidien 80038CF Curity Ultra Fits Covidien 80048 Huggies Ultratrim SZ5 XL HG211994 Huggies Ultratrim SZ4 Lrg HG211987 Luvs Baby Diapers Size 4, 22-37 lbs. 734401 Luvs Baby Diapers Size 5, 27+ lbs. 733187 First Quality, CR4001, Cuties TM Baby Diaper-Size 4, 22-37 lbs. First Quality, CR5001, Cuties TM Baby Diaper-Size 5, 27+ lbs.

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Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(37)	EA	T4531 Pediatric size pull on small /medium, each	150	$.42	Run Around, Md. Boy Covidien 70063B Run Around, Md. Girl Covidien 70063G Huggies Youth Pull On Briefs 2T-3T MED Boy HG86171, Huggies Youth Pull On Briefs 2T-3T MED Girl HG86172 Curity Sleeppants Covidien 70073 First Quality, CR7005 Cute Trn Pant Boy 2t3t CR7006 Cute Trn Pant Girl 2t3t
(38)	EA	T4532 Pediatric size pull on large, each	150	$.44	Run Around Lg. Boy, Covidien 70064B Run Around Lg. Girl, Covidien 70064G Huggies Youth Pull On Briefs 3T-4T BOYS HG86173 Huggies Youth Pull On Briefs 3T-4T GIRLS HG86174 First Quality CR8005 Cute Trn Pant Boy 3t4t CR8006 Cute Trn Pant Girl 4t5t
(39)	EA	T4533 Youth size brief / diaper, each	300	$.46	Tranquility PBE 2166 Select PBE 2666 Select Toddler + PBE 2665 Curity Ultra Fits Covidien 0058 Huggies Ultratrim SZ6 HG212001 Luvs Baby Diapers Size 6, 35+ lbs. 734534

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Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
					First Quality, CR6001, Cuties TM Baby Diaper-Size 6, 35+ lbs. Attends, BRBY, 20"-28"
(40)	EA	T4534 Youth size pull on, each	150	$.64	Select Extra Small Brief, PBE 2603 RunAround X-Lg. Boy Covidien 70065B RunAround X-Lg. Girl Covidien 70065G Huggies Pull-Up 4T-5T Boy HG86175 Huggies Pull-Up 4T-5T Girl HG86182 Curity Sleeppants Covidien 70074 Curity Sleeppants Covidien 70075 Sleep Overs® Youth Underwear SLP05301 Sleep Overs® Youth Underwear SLP05302, 65-125 lbs. First Quality CR9005 Cute Trn Pant Boy 4t5t CR9006 Cute Trn Pant Girl 4t5t

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Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(41)	EA	T4535 Disposable liner / shield / pad, each	300	$.29	Booster Pad, PBE 2760 Select 4.25x14.5, PBE 2671 Select 7x14, PBE 2691 Select 7x17, PBE 2690 Select Extra Absorb, PBE 2681, PBE 2682 Select Shield PBE 2648 Booster Pad PBE 2072 Tranquility Super Plus Trimshield, PBE 2083 Dignity ThinSerts Humanicare 30054 Humanicare Dignity Natural Liner HC26955, HC26954 Humanicare Stackable Pad HC30053 Humanicare Dignity Plus Super Liner HC30071 Humanicare Dignity Plus Liner HC30074 Humanicare Dignity Briefmates HC30225 Humanicare Spartan Liners HC40340 Covidien Incontinence Liner KN1100B22, KN1140B16 Attends Shaped Pad LP0500 Serenity extra pads(mod) SCA 48900 FQ Prevail/male guard PV-811 FQ Prevail Pantiliner PV-926 FQ Prevail Day Time Liner PL-100/1 and Attends LP0600 Prevail Bladder Control Pad-extra BC-012 Absorbent Products Company 19244 Booster Liner First Quality, PQPPV-915/1 First Quality, PQPPV 923/1

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Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(42)	EA	T4536 Reusable washable underwear any size, each	10	$7.72	PBE 2684 MED PBE 2685 LRG PBE 2686 XL Covidien KN705A Small/Med. Covidien KN706A Large/ X-Large Covidien KN707A XX-Large/ XXX-Large
(43)	EA	T4541 Disposable underpads (e.g., Chux's), large 23 x 36	180	$.25	Covidien 1093DP, 7176 PBE 2673, 2675 Griffin Medical 1836
(44)	EA	T4542 Disposable underpads (e.g., Chux's), small 17 x 24	180	$.25	PaperPak UFS170 Griffin Medical Underpad 17x24 #2504
(45)	EA	T4543 Bariatric adult size brief / diaper xx-large, each	300	$1.89	Whitestone 43790 Prevail Breathable Bariatric Brief, 63"-94"
(46)	EA	A4649 Misc. Supply	1	P. A. Required	No Reference
(47)	EA	A5112 Urinary leg bag; latex	2	$22.91	Coloplast 4157, 4175
(48)	EA	A5120 Skin barrier, wipes, 50/box (antiseptic), per wipe	100	$.16	Coloplast 44005
(49)	EA	S5199 Personal Care Products / Wipes/Adult/Baby, per wipe	100	$.09	Innovative DermAssist 80-301 ABCO Antiseptic Towelettes NDC634915 Kimberly-Clark Huggies Natural Care Wipes (unscented) HG18600 EM77000 FQPCRW-050
(50)	EA	A6250 Skin sealants, protectants, moisturizers, ointment, any type, any size	2	$3.71	Secura Smith & Nephew 2.47 oz 59431500 Covidien Vaseline Constant Care 2 oz KN8884737500 DermaRite Periguard 3.5 oz 00204

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Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(51)	EA	A4520 Diaper/Incontinent pant, reusable/washable	1	$10.25	Select PBE 3080 series Humanicare 16000 series Humanicare 40200 series Humanicare Spartan Unisex Waterproof Pant HC10000 Series Covidien 689 SML Covidien 691 MED Covidien 694 LRG Covidien 698 XL
(52)	EA	A4354 Insertion Tray with Drainage Bag	10	$6.35	Coloplast UT9183
(53)	EA	A4353 Intermittent Urinary Catheter with Insertion Supplies	150	$3.80	Coloplast 1008, 1012, 1014, 1016, 3110, 3112, 3114, 3116, 3212, 3214, UT8140, UT8150

Form No. DTMB-3521 (Rev. 4/2012)
AUTHORITY: Act 431 of 1984
COMPLETION: Required
PENALTY: Contract change will not be executed unless form is filed

STATE OF MICHIGAN
DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET
PROCUREMENT
P.O. BOX 30026, LANSING, MI 48909
OR
530 W. ALLEGAN, LANSING, MI 48933

CHANGE NOTICE NO. 19
to
CONTRACT NO. 071B8200196
between
THE STATE OF MICHIGAN
and

NAME & ADDRESS OF CONTRACTOR:	PRIMARY CONTACT	EMAIL
J & B Medical Supply Co., Inc.	Loren Bennett	lbennet@jandbmedical.com
50496 West Pontiac Trail	TELEPHONE	CONTRACTOR #, MAIL CODE
Wixom, MI 48393	(800) 737-0045	

STATE CONTACTS	AGENCY	NAME	PHONE	EMAIL
CONTRACT COMPLIANCE INSPECTOR	DCH	Greg Rivet	(517) 335-5096	rivetg@michigan.gov
BUYER	DTMB	Sue Cieciwa	(517) 373-0301	cieciwas@michigan.gov

CONTRACT SUMMARY:			
DESCRIPTION: Mail Order Incontinent Supplies and Services – Department of Community Health			
INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL AVAILABLE OPTIONS	EXPIRATION DATE BEFORE CHANGE(S) NOTED BELOW
July 2, 2008	July 1, 2011	Two One Year Options	December 31, 2013
PAYMENT TERMS	F.O.B	SHIPPED	SHIPPED FROM
N/A	Delivered	As Required	Wixom, MI
ALTERNATE PAYMENT OPTIONS:			AVAILABLE TO MiDEAL PARTICIPANTS
☐ P-card ☐ Direct Voucher (DV) ☐ Other			☐ Yes ☒ No
MINIMUM DELIVERY REQUIREMENTS:			
None			

DESCRIPTION OF CHANGE NOTICE:				
EXTEND CONTRACT EXPIRATION DATE	EXERCISE CONTRACT OPTION YEAR(S)	EXTENSION BEYOND CONTRACT OPTION YEARS	LENGTH OF OPTION/EXTENSION	EXPIRATION DATE AFTER CHANGE
☒ No ☐ Yes	☐	☐		December 31, 2013
VALUE/COST OF CHANGE NOTICE:		ESTIMATED AGGREGATE CONTRACT VALUE REMAINS:		
$0.00		$95,479,538.22		

Effective March 1, 2013, Appendix I is revised as follows:

The following Brand/Manufacturer is ADDED to Item No. 31 T4525 Adult Size pull on small, each:

Brand/Manufacturer:
First Quality, PV-511

Effective April 1, 2013, Appendix I is revised as follows:

The following Brand/Manufacturer is ADDED to Item No. 41 T4535 Disposable liner/shield/pad, each:

Brand/Manufacturer:

Contract No. 071B8200196

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

First Quality, PQPPV-915/1

Revised Appendix I and Appendix I – Wisconsin are attached. All other terms, conditions, specifications, and pricing remain unchanged.

Per vendor request by email dated March 1, 2013 and April 2, 2013 and agency request dated March 26, 2013 and April 4, 2013.

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(1)	EA	A4310 Insertion tray without drainage bag and without catheter (accessories only)	2	$1.68	Coloplast UT7010 10 cc Coloplast UT7030 30 cc AMSINO AS880 10 cc AMSINO AS890 30 cc
(2)	EA	A4311 Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating, (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	2	$3.55	Coloplast UT8100 Series Bard 800 Series
(3)	EA	A4312 Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone	2	$3.75	Bard 720000 Series
(4)	EA	A4314 Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)	2	$3.25	Coloplast UT8183 Series Coloplast UT8163 Series
(5)	EA	A4315 Insertion tray with drainage bag, with indwelling catheter, foley type, two-way, all silicone	2	$5.00	Covidien 6900 Series
(6)	EA	A4320 Irrigation tray with bulb or piston syringe, any purpose	30	$.82	Coloplast UT1001 (Bulb) Coloplast UT1002 (Piston) AMSINO AS130 (Bulb) AMSINO AS136 (Piston)
(7)	EA	A4322 Irrigation syringe, bulb or piston, each	30	$.44	Coloplast UT1004 Amsino AS011 (Bulb) Bard 750379
(8)	EA	A4349 Male external catheter (G)	96	$.62	Coloplast 9200 Coloplast 5000 Series Coloplast 8000 Series
(9)	EA	A4349 Male external catheter (G) with adhesive strip, each	96	$.47	Coloplast 7200 Series
(10)	EA	A4326 Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each	30	$.88	Coloplast 7800, 7850, 8205, 8100, 8200, 8305, 8400 Hollister 9897, 9898
(11)	EA	A4328 Female external urinary collection device; pouch, each	10	$2.25	Hollister 9840
(12)	EA	A4330 Perianal fecal collection pouch with adhesive, each	10	$6.11	Hollister 9821, 9822 Convatec 650078

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(13)	EA	A4331 Extension drainage tubing, any type, any length, with connector/adapter, for us with urinary leg bag or urostomy pouch, each	4	$1.55	Coloplast 475, 7092 AMSINO AS311
(14)	EA	A4333 Urinary catheter anchoring device, adhesive skin attachment	4	$.70	Coloplast 4065
(15)	EA	A4334 Urinary catheter anchoring device, leg strap	6	$.61	Covidien 8887600149
(16)	EA	A4335 Belted/Unbelted Undergarment WO Sides	150	$.42	Select Belt Less, PBE 2078 Select Day + Belt Less, PBE 2694 Select Belted, PBE 2650 Select Night Time, PBE 2695 Select, PBE 2693 Humanicare 30073 Tranquility Belted Undergarment, PBE 2150 Covidien Belted Undergarment, MD-171B10 Kimberly-Clark Depends 19640, 19696 Prevail Extra Plus Liner BC-013, First Quality
(17)	EA	A4338 Indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.) each	2	$.92	Coloplast UC2500 Series Coloplast UC2300 Series AMSINO AS4000 Series
(18)	EA	A4340 Indwelling catheter, specialty type, e.g. Coude, mushroom, wing, etc., each	5	$2.25	Coloplast UC6000 and 6500 Series
(19)	EA	A4344 Indwelling catheter, foley type, two-way, all silicone, each *XX Denotes French Size	5	$3.50	Coloplast AA61XX Series Coloplast AA6CXX Series Coloplast AASC23XX Series AMSINO AS40000 Series

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(20)	EA	A4351 Intermittent urinary catheter, straight tip, each	150	$.52	Coloplast NC1000 Series Coloplast UC1000 Coloplast 110 Series Coloplast 200 Series Coloplast 300 Series Coloplast 400 Series AMSINO AS861000 Series Coviden KN8888492025 Coviden KN8888492033 Coviden KN8888492041 Coviden KN8888492058 COV400608 8FR COV400610 10FR COV400612 12FR COV400614 14FR COV400616 16FR COV400618 18FR COV8887660903 14FR 6"
(21)	EA	A4351-U4 Intermittent urinary catheter, straight tip, each	150 Under age 21	$1.70	Astra-Tech (Lofric) 900000, 940000, 9300000 Series Coloplast 4100, 4200, 4300, 4400 Series Coloplast 28578 SpeediCath Compact Female, 8FR. Coloplast 28580 SpeediCath Compact Female,10FR. Coloplast 28582 SpeediCath Compact Female, 12FR Coloplast 28584 SpeediCath Compact Female, 14FR. Coloplast 28408 Speedicath Male Ready-To-Use, 8 FR. Coloplast 28410 Speedicath Male Ready-To-Use, 10 FR. Coloplast 28412 Speedicath Male Ready-To-Use, 12 FR. Coloplast 28414 Speedicath Male Ready-To-Use, 14 FR. Coloplast 28416 Speedicath Male Ready-To-Use, 16 FR. Coloplast 28418 Speedicath Male Ready-To-Use, 18 FR.
(22)	EA	A4352 Intermittent urinary catheter, coude (curved) tip, each	150	$1.42	Coloplast 500 Series Coloplast 600 Series Coloplast 800 Series Coloplast UC6000 Series
(23)	EA	A4352-U4 Intermittent urinary catheter, coude (curved) tip, each	150 Under age 21	$2.31	Astra-Tech (Lofric) 960000 Series Coloplast 4600, 4800 Series

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(24)	EA	A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or w/o tube, each	3	$1.55	Coloplast UB0500 Bard 802001 AMSINO AS332
(25)	EA	A4358 Urinary leg bag, vinyl, with or w/o tube, each *XX Denotes French Size	10	$1.50	Coloplast UB0600 Coloplast UB0950 AMSINO AS300 Series Coloplast 9000
(26)	OZ	A4402 Lubricant	10 OZ.	$.23	Triad Lubricating Jelly 10-8919
(27)	EA	T4521 Adult size brief / diaper small, each	300	$.35	Select PBE 2620 Tranquility Full Fit PBE 2120 Attends BRBX10 Hook & Loop Covidien 63062 Tenna Specialty Brief SCA 66150 FQ IB Brief IB-011 KN66032 Small Wings Choice Plus Quilted
(28)	EA	T4522 Adult size brief / diaper medium, each	300	$.33	Select Full fit, PBE 2624 Hook & Loop Covidien 63063 Attends BR20 Attends BRB20 Tena Ultra Brief Med SCA 68121 FQ Per-Fit Breathable PF-012/1 KN66033 Med Wings Choice Plus Quilted Wings Choice Adult Brief Medium, Covidien KN60043DP
(29)	EA	T4523 Adult size brief / diaper large, each	300	$.41	Select Full Fit, PBE 2634 Hook & Loop Covidien 63064 Attends BR30 Attends BRB30 Tena Ultra Brief Large SCA68122 FQ Per-Fit Breathable PF-013/1 KN66034 Large Wings Choice Plus Quilted Wings Choice Adult Brief Large, Covidien KN60044DP

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(30)	EA	T4524 Adult size brief / diaper x-large, each	300	$.49	Select Full Fit, PBE 2635 Hook & Loop Covidien 63065 Attends BR40 Attends BRB40 FQ Per-Fit Breathable PF-014/1 KN66035 X-Large Wings Choice Plus Quilted Wings Choice Adult Brief XLG, Covidien KN60045DP
(31)	EA	T4525 Adult size pull on small, each	150	$.48	Select Sm, PBE 2604 Sure Care Protective Underwear Covidien 1605 Attends 7 PaperPak APP0710 Dignity Humanicare 46076 First Quality, PV-511
(32)	EA	T4526 Adult size pull on medium, each	150	$.49	Select Med, PBE 2605 Sure Care Protective Underwear Covidien 1605 Attends 7 APP0720 Dignity Humanicare 46077 Tena Plus SCA 72436 FQ Per-Fit PF-512
(33)	EA	T4527 Adult size pull on large, each	150	$.54	Select Lg, PBE 2606 Sure Care Protective Underwear Covidien 1615 Attends 7 PaperPak APP0730 Dignity Humanicare 46078 Tena Plus SCA 72437 FQ Per-Fit PF-513
(34)	EA	T4528 Adult size pull on x-large, each	150	$.69	Select XLG, PBE 2607 Sure Care Protective Underwear Covidien 1625 Attends 7 PaperPak APP0740 Dignity Humanicare 46079 Tena Plus SCA 72438 FA Per-Fit PF-514 FQ Prevail Extra (XXL-Bariatric PV-517) SureCare Protective Underwear XX-Large 60”-80”, COV1630

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(35)	EA	T4529 Pediatric size brief / diaper small / medium, each	300 up to age 13. Age 13 & over require PA.	$.23	Curity Ultra Fits Covidien 80018 Curity Utra Fits Covidien 80028 Huggies Ultratrim SZ1-2 HG52164 Huggies Ultratrim SZ3 HG211980 Luvs Baby Diapers Size 2, 12-18 lbs. 732921 Luvs Baby Diapers Size 3, 16-28 lbs. 734527 First Quality, CR2001, Cuties TM Baby Diaper-Size 2, 12-18 lbs. First Quality, CR3001, Cuties TM Baby Diaper-Size 3, 16-28 lbs.
(36)	EA	T4530 Pediatric size brief / diaper large, each	300 up to age 13. Age 13 & over require PA.	$.32	Curity Ultra Fits Covidien 80038CF Curity Ultra Fits Covidien 80048 Huggies Ultratrim SZ5 XL HG211994 Huggies Ultratrim SZ4 Lrg HG211987 Luvs Baby Diapers Size 4, 22-37 lbs. 734401 Luvs Baby Diapers Size 5, 27+ lbs. 733187 First Quality, CR4001, Cuties TM Baby Diaper-Size 4, 22-37 lbs. First Quality, CR5001, Cuties TM Baby Diaper-Size 5, 27+ lbs.
(37)	EA	T4531 Pediatric size pull on small /medium, each	150	$.39	Run Around, Md. Boy Covidien 70063B Run Around, Md. Girl Covidien 70063G Huggies Youth Pull On Briefs 2T-3T MED Boy HG86171, Huggies Youth Pull On Briefs 2T-3T MED Girl HG86172 Curity Sleeppants Covidien 70073 First Quality CR7005 Cute Trn Pant Boy 2t3t CR7006 Cute Trn Pant Girl 2t3t

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(38)	EA	T4532 Pediatric size pull on large, each	150	$.43	Run Around Lg. Boy, Covidien 70064B Run Around Lg. Girl, Covidien 70064G Huggies Youth Pull On Briefs 3T-4T BOYS HG86173 Huggies Youth Pull On Briefs 3T-4T GIRLS HG86174 First Quality CR8005 Cute Trn Pant Boy 3t4t CR8006 Cute Trn Pant Girl 4t5t
(39)	EA	T4533 Youth size brief / diaper, each	300	$.33	Tranquility PBE 2166 Select PBE 2666 Select Toddler + PBE 2665 Curity Ultra Fits Covidien 0058 Huggies Ultratrim SZ6 HG212001 Luvs Baby Diapers Size 6, 35+ lbs. 734534 First Quality, CR6001, Cuties TM Baby Diaper-Size 6, 35+ lbs. Attends, BRBY, 20"-28"
(40)	EA	T4534 Youth size pull on, each	150	$.49	Select Extra Small Brief, PBE 2603 RunAround X-Lg. Boy Covidien 70065B RunAround X-Lg. Girl Covidien 70065G Huggies Pull-Up 4T-5T Boy HG86175 Huggies Pull-Up 4T-5T Girl HG86182 Curity Sleeppants Covidien 70074 Curity Sleeppants Covidien 70075 Sleep Overs® Youth Underwear SLP05301 Sleep Overs® Youth Underwear SLP05302, 65-125 lbs. First Quality CR9005 Cute Trn Pant Boy 4t5t CR9006 Cute Trn Pant Girl 4t5t

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(41)	EA	T4535 Disposable liner / shield / pad, each	300	$.19	Booster Pad, PBE 2760 Select 4.25x14.5, PBE 2671 Select 7x14, PBE 2691 Select 7x17, PBE 2690 Select Extra Absorb, PBE 2681, PBE 2682 Select Shield PBE 2648 Booster Pad PBE 2072 Tranquility Super Plus Trimshield, PBE 2083 Dignity ThinSerts Humanicare 30054 Humanicare Dignity Natural Liner HC26955, HC26954 Humanicare Stackable Pad HC30053 Humanicare Dignity Plus Super Liner HC30071 Humanicare Dignity Plus Liner HC30074 Humanicare Dignity Briefmates HC30225 Humanicare Spartan Liners HC40340 Covidien Incontinence Liner KN1100B22, KN1140B16 Attends Shaped Pad LP0500 Serenity extra pads(mod) SCA 48900 FQ Prevail/male guard PV-811 FQ Prevail Pantiliner PV-926 FQ Prevail Day Time Liner PL-100/1 and Attends LP0600 Prevail Bladder Control Pad-extra BC-012 Absorbent Products Company 19244 Booster Liner First Quality, PQPPV-915/1
(42)	EA	T4536 Reusable washable underwear any size, each	10	$1.08	PBE 2684 MED PBE 2685 LRG PBE 2686 XL Covidien KN705A Small/Med. Covidien KN706A Large/ X-Large Covidien KN707A XX-Large/ XXX-Large

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(43)	EA	T4541 Disposable underpads (e.g., Chux's), large 23 x 36	180	$.15	Covidien 1093DP, 7176 PBE 2673, 2675 Griffin Medical 1836
(44)	EA	T4542 Disposable underpads (e.g., Chux's), small 17 x 24	180	$.12	PaperPak UFS170 Griffin Medical Underpad 17x24 #2504
(45)	EA	T4543 Bariatric adult size brief / diaper xx-large, each	300	$1.35	Whitestone 43790 Prevail Breathable Bariatric Brief, 63"-94"
(46)	EA	A4649 Misc. Supply	1	P. A. Required	No Reference
(47)	EA	A5112 Urinary leg bag; latex	2	$1.50	Coloplast 4157, 4175
(48)	EA	A5120 Skin barrier, wipes, 50/box (antiseptic), per wipe	100	$.10	Coloplast 44005
(49)	EA	S5199 Personal Care Products / Wipes/Adult/Baby, per wipe	100	$.08	Innovative DermAssist 80-301 ABCO Antiseptic Towelettes NDC634915 Kimberly-Clark Huggies Natural Care Wipes (unscented) HG18600 EM77000 FQPCRW-050
(50)	EA	A6250 Skin sealants, protectants, moisturizers, ointment, any type, any size	2	$2.99	Secura Smith & Nephew 2.47 oz 59431500 Covidien Vaseline Constant Care 2 oz KN8884737500 DermaRite Periguard 3.5 oz 00204
(51)	EA	A4520 Diaper/Incontinent pant, reusable/washable	1	$8.15	Select PBE 3080 series Humanicare 16000 series Humanicare 40200 series Humanicare Spartan Unisex Waterproof Pant HC10000 Series Covidien 689 SML Covidien 691 MED Covidien 694 LRG Covidien 698 XL
(52)	EA	A4354 Insertion Tray with Drainage Bag	10	$5.25	Coloplast UT9183

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(53)	EA	A4353 Intermittent Urinary Catheter with Insertion Supplies	150	$3.40	Coloplast 1008, 1012, 1014, 1016, 3110, 3112, 3114, 3116, 3212, 3214, UT8140, UT8150

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(1)	EA	A4310 Insertion tray without drainage bag and without catheter (accessories only)	2	$3.85	Coloplast UT7010 10 cc Coloplast UT7030 30 cc AMSINO AS880 10 cc AMSINO AS890 30 cc
(2)	EA	A4311 Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating, (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	2	$9.26	Coloplast UT8100 Series Bard 800 Series
(3)	EA	A4312 Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone	2	$9.50	Bard 720000 Series
(4)	EA	A4314 Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)	2	$13.25	Coloplast UT8183 Series Coloplast UT8163 Series
(5)	EA	A4315 Insertion tray with drainage bag, with indwelling catheter, foley type, two-way, all silicone	2	$13.59	Covidien 6900 Series
(6)	EA	A4320 Irrigation tray with bulb or piston syringe, any purpose	30	$1.92	Coloplast UT1001 (Bulb) Coloplast UT1002 (Piston) AMSINO AS130 (Bulb) AMSINO AS136 (Piston)
(7)	EA	A4322 Irrigation syringe, bulb or piston, each	30	$2.20	Coloplast UT1004 Amsino AS011 (Bulb) Bard 750379
(8)	EA	A4349 Male external catheter (G)	96	$.83	Coloplast 9200 Coloplast 5000 Series Coloplast 8000 Series
(9)	EA	A4349 Male external catheter (G) with adhesive strip, each	96	$.83	Coloplast 7200 Series
(10)	EA	A4326 Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each	30	$7.14	Coloplast 7800, 7850, 8205, 8100, 8200, 8305, 8400 Hollister 9897, 9898
(11)	EA	A4328 Female external urinary collection device; pouch, each	10	$7.10	Hollister 9840
(12)	EA	A4330 Perianal fecal collection pouch with adhesive, each	10	$6.86	Hollister 9821, 9822 Convatec 650078

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(13)	EA	A4331 Extension drainage tubing, any type, any length, with connector/adapter, for us with urinary leg bag or urostomy pouch, each	4	$1.80	Coloplast 475, 7092 AMSINO AS311
(14)	EA	A4333 Urinary catheter anchoring device, adhesive skin attachment	4	$1.12	Coloplast 4065
(15)	EA	A4334 Urinary catheter anchoring device, leg strap	6	$.81	Covidien 8887600149
(16)	EA	A4335 Belted/Unbelted Undergarment WO Sides	150	$.78	Select Belt Less, PBE 2078 Select Day + Belt Less, PBE 2694 Select Belted, PBE 2650 Select Night Time, PBE 2695 Select, PBE 2693 Humanicare 30073 Tranquility Belted Undergarment, PBE 2150 Covidien Belted Undergarment, MD-171B10 Kimberly-Clark Depends 19640, 19696 Prevail Extra Plus Liner BC-013, First Quality
(17)	EA	A4338 Indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.) each	2	$6.45	Coloplast UC2500 Series Coloplast UC2300 Series AMSINO AS4000 Series
(18)	EA	A4340 Indwelling catheter, specialty type, e.g. Coude, mushroom, wing, etc., each	5	$5.45	Coloplast UC6000 and 6500 Series
(19)	EA	A4344 Indwelling catheter, foley type, two-way, all silicone, each *XX Denotes French Size	5	$7.75	Coloplast AA61XX Series Coloplast AA6CXX Series Coloplast AASC23XX Series AMSINO AS40000 Series

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(20)	EA	A4351 Intermittent urinary catheter, straight tip, each	150	$1.20	Coloplast NC1000 Series Coloplast UC1000 Coloplast 110 Series Coloplast 200 Series Coloplast 300 Series Coloplast 400 Series AMSINO AS861000 Series Coviden KN8888492025 Coviden KN8888492033 Coviden KN8888492041 Coviden KN8888492058 COV400608 8FR COV400610 10FR COV400612 12FR COV400614 14FR COV400616 16FR COV400618 18FR COV8887660903 14FR 6"
(21)	EA	A4351-U4 Intermittent urinary catheter, straight tip, each	150 Under age 21	$2.25	Astra-Tech (Lofric) 900000, 940000, 9300000 Series Coloplast 4100, 4200, 4300, 4400 Series Coloplast 28578 SpeediCath Compact Female, 8FR. Coloplast 28580 SpeediCath Compact Female,10FR. Coloplast 28582 SpeediCath Compact Female, 12FR Coloplast 28584 SpeediCath Compact Female, 14FR. Coloplast 28408 Speedicath Male Ready-To-Use, 8 FR. Coloplast 28410 Speedicath Male Ready-To-Use, 10 FR. Coloplast 28412 Speedicath Male Ready-To-Use, 12 FR. Coloplast 28414 Speedicath Male Ready-To-Use, 14 FR. Coloplast 28416 Speedicath Male Ready-To-Use, 16 FR. Coloplast 28418 Speedicath Male Ready-To-Use, 18 FR.
(22)	EA	A4352 Intermittent urinary catheter, coude (curved) tip, each	150	$2.45	Coloplast 500 Series Coloplast 600 Series Coloplast 800 Series Coloplast UC6000 Series
(23)	EA	A4352-U4 Intermittent urinary catheter, coude (curved) tip, each	150 Under age 21	$2.90	Astra-Tech (Lofric) 960000 Series Coloplast 4600, 4800 Series
(24)	EA	A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or w/o tube, each	3	$5.74	Coloplast UB0500 Bard 802001 AMSINO AS332

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(25)	EA	A4358 Urinary leg bag, vinyl, with or w/o tube, each *XX Denotes French Size	10	$5.22	Coloplast UB0600 Coloplast UB0950 AMSINO AS300 Series Coloplast 9000
(26)	OZ	A4402 Lubricant	10 OZ.	$.32	Triad Lubricating Jelly 10-8919
(27)	EA	T4521 Adult size brief / diaper small, each	300	$.43	Select PBE 2620 Tranquility Full Fit PBE 2120 Attends BRBX10 Hook & Loop Covidien 63062 Tenna Specialty Brief SCA 66150 FQ IB Brief IB-011 KN66032 Small Wings Choice Plus Quilted
(28)	EA	T4522 Adult size brief / diaper medium, each	300	$.44	Select Full fit, PBE 2624 Hook & Loop Covidien 63063 Attends BR20 Attends BRB20 Tena Ultra Brief Med SCA 68121 FQ Per-Fit Breathable PF-012/1 KN66033 Med Wings Choice Plus Quilted Wings Choice Adult Brief Medium, Covidien KN60043DP
(29)	EA	T4523 Adult size brief / diaper large, each	300	$.58	Select Full Fit, PBE 2634 Hook & Loop Covidien 63064 Attends BR30 Attends BRB30 Tena Ultra Brief Large SCA68122 FQ Per-Fit Breathable PF-013/1 KN66034 Large Wings Choice Plus Quilted Wings Choice Adult Brief Large, Covidien KN60044DP

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(30)	EA	T4524 Adult size brief / diaper x-large, each	300	$.65	Select Full Fit, PBE 2635 Hook & Loop Covidien 63065 Attends BR40 Attends BRB40 FQ Per-Fit Breathable PF-014/1 KN66035 X-Large Wings Choice Plus Quilted Wings Choice Adult Brief XLG, Covidien KN60045DP
(31)	EA	T4525 Adult size pull on small, each	150	$.71	Select Sm, PBE 2604 Sure Care Protective Underwear Covidien 1605 Attends 7 PaperPak APP0710 Dignity Humanicare 46076 First Quality, PV-511
(32)	EA	T4526 Adult size pull on medium, each	150	$.71	Select Med, PBE 2605 Sure Care Protective Underwear Covidien 1605 Attends 7 APP0720 Dignity Humanicare 46077 Tena Plus SCA 72436 FQ Per-Fit PF-512
(33)	EA	T4527 Adult size pull on large, each	150	$.79	Select Lg, PBE 2606 Sure Care Protective Underwear Covidien 1615 Attends 7 PaperPak APP0730 Dignity Humanicare 46078 Tena Plus SCA 72437 FQ Per-Fit PF-513
(34)	EA	T4528 Adult size pull on x-large, each	150	$1.02	Select XLG, PBE 2607 Sure Care Protective Underwear Covidien 1625 Attends 7 PaperPak APP0740 Dignity Humanicare 46079 Tena Plus SCA 72438 FA Per-Fit PF-514 FQ Prevail Extra (XXL-Bariatric PV-517) SureCare Protective Underwear XX-Large 60”-80”, COV1630

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(35)	EA	T4529 Pediatric size brief / diaper small / medium, each	300 up to age 13. Age 13 & over require PA.	$.40	Curity Ultra Fits Covidien 80018 Curity Utra Fits Covidien 80028 Huggies Ultratrim SZ1-2 HG52164 Huggies Ultratrim SZ3 HG211980 Luvs Baby Diapers Size 2, 12-18 lbs. 732921 Luvs Baby Diapers Size 3, 16-28 lbs. 734527 First Quality, CR2001, Cuties TM Baby Diaper-Size 2, 12-18 lbs. First Quality, CR3001, Cuties TM Baby Diaper-Size 3, 16-28 lbs.
(36)	EA	T4530 Pediatric size brief / diaper large, each	300 up to age 13. Age 13 & over require PA.	$.44	Curity Ultra Fits Covidien 80038CF Curity Ultra Fits Covidien 80048 Huggies Ultratrim SZ5 XL HG211994 Huggies Ultratrim SZ4 Lrg HG211987 Luvs Baby Diapers Size 4, 22-37 lbs. 734401 Luvs Baby Diapers Size 5, 27+ lbs. 733187 First Quality, CR4001, Cuties TM Baby Diaper-Size 4, 22-37 lbs. First Quality, CR5001, Cuties TM Baby Diaper-Size 5, 27+ lbs.
(37)	EA	T4531 Pediatric size pull on small /medium, each	150	$.42	Run Around, Md. Boy Covidien 70063B Run Around, Md. Girl Covidien 70063G Huggies Youth Pull On Briefs 2T-3T MED Boy HG86171, Huggies Youth Pull On Briefs 2T-3T MED Girl HG86172 Curity Sleeppants Covidien 70073 First Quality, CR7005 Cute Trn Pant Boy 2t3t CR7006 Cute Trn Pant Girl 2t3t

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(38)	EA	T4532 Pediatric size pull on large, each	150	$.44	Run Around Lg. Boy, Covidien 70064B Run Around Lg. Girl, Covidien 70064G Huggies Youth Pull On Briefs 3T-4T BOYS HG86173 Huggies Youth Pull On Briefs 3T-4T GIRLS HG86174 First Quality CR8005 Cute Trn Pant Boy 3t4t CR8006 Cute Trn Pant Girl 4t5t
(39)	EA	T4533 Youth size brief / diaper, each	300	$.46	Tranquility PBE 2166 Select PBE 2666 Select Toddler + PBE 2665 Curity Ultra Fits Covidien 0058 Huggies Ultratrim SZ6 HG212001 Luvs Baby Diapers Size 6, 35+ lbs. 734534 First Quality, CR6001, Cuties TM Baby Diaper-Size 6, 35+ lbs. Attends, BRBY, 20"-28"
(40)	EA	T4534 Youth size pull on, each	150	$.64	Select Extra Small Brief, PBE 2603 RunAround X-Lg. Boy Covidien 70065B RunAround X-Lg. Girl Covidien 70065G Huggies Pull-Up 4T-5T Boy HG86175 Huggies Pull-Up 4T-5T Girl HG86182 Curity Sleeppants Covidien 70074 Curity Sleeppants Covidien 70075 Sleep Overs® Youth Underwear SLP05301 Sleep Overs® Youth Underwear SLP05302, 65-125 lbs. First Quality CR9005 Cute Trn Pant Boy 4t5t CR9006 Cute Trn Pant Girl 4t5t

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(41)	EA	T4535 Disposable liner / shield / pad, each	300	$.29	Booster Pad, PBE 2760 Select 4.25x14.5, PBE 2671 Select 7x14, PBE 2691 Select 7x17, PBE 2690 Select Extra Absorb, PBE 2681, PBE 2682 Select Shield PBE 2648 Booster Pad PBE 2072 Tranquility Super Plus Trimshield, PBE 2083 Dignity ThinSerts Humanicare 30054 Humanicare Dignity Natural Liner HC26955, HC26954 Humanicare Stackable Pad HC30053 Humanicare Dignity Plus Super Liner HC30071 Humanicare Dignity Plus Liner HC30074 Humanicare Dignity Briefmates HC30225 Humanicare Spartan Liners HC40340 Covidien Incontinence Liner KN1100B22, KN1140B16 Attends Shaped Pad LP0500 Serenity extra pads(mod) SCA 48900 FQ Prevail/male guard PV-811 FQ Prevail Pantiliner PV-926 FQ Prevail Day Time Liner PL-100/1 and Attends LP0600 Prevail Bladder Control Pad-extra BC-012 Absorbent Products Company 19244 Booster Liner First Quality, PQPPV-915/1
(42)	EA	T4536 Reusable washable underwear any size, each	10	$7.72	PBE 2684 MED PBE 2685 LRG PBE 2686 XL Covidien KN705A Small/Med. Covidien KN706A Large/ X-Large Covidien KN707A XX-Large/ XXX-Large

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(43)	EA	T4541 Disposable underpads (e.g., Chux's), large 23 x 36	180	$.25	Covidien 1093DP, 7176 PBE 2673, 2675 Griffin Medical 1836
(44)	EA	T4542 Disposable underpads (e.g., Chux's), small 17 x 24	180	$.25	PaperPak UFS170 Griffin Medical Underpad 17x24 #2504
(45)	EA	T4543 Bariatric adult size brief / diaper xx-large, each	300	$1.89	Whitestone 43790 Prevail Breathable Bariatric Brief, 63"-94"
(46)	EA	A4649 Misc. Supply	1	P. A. Required	No Reference
(47)	EA	A5112 Urinary leg bag; latex	2	$22.91	Coloplast 4157, 4175
(48)	EA	A5120 Skin barrier, wipes, 50/box (antiseptic), per wipe	100	$.16	Coloplast 44005
(49)	EA	S5199 Personal Care Products / Wipes/Adult/Baby, per wipe	100	$.09	Innovative DermAssist 80-301 ABCO Antiseptic Towelettes NDC634915 Kimberly-Clark Huggies Natural Care Wipes (unscented) HG18600 EM77000 FQPCRW-050
(50)	EA	A6250 Skin sealants, protectants, moisturizers, ointment, any type, any size	2	$3.71	Secura Smith & Nephew 2.47 oz 59431500 Covidien Vaseline Constant Care 2 oz KN8884737500 DermaRite Periguard 3.5 oz 00204
(51)	EA	A4520 Diaper/Incontinent pant, reusable/washable	1	$10.25	Select PBE 3080 series Humanicare 16000 series Humanicare 40200 series Humanicare Spartan Unisex Waterproof Pant HC10000 Series Covidien 689 SML Covidien 691 MED Covidien 694 LRG Covidien 698 XL
(52)	EA	A4354 Insertion Tray with Drainage Bag	10	$6.35	Coloplast UT9183

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(53)	EA	A4353 Intermittent Urinary Catheter with Insertion Supplies	150	$3.80	Coloplast 1008, 1012, 1014, 1016, 3110, 3112, 3114, 3116, 3212, 3214, UT8140, UT8150

Form No. DTMB-3521 (Rev. 4/2012)
AUTHORITY: Act 431 of 1984
COMPLETION: Required
PENALTY: Contract change will not be executed unless form is filed

STATE OF MICHIGAN
DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET
PROCUREMENT
P.O. BOX 30026, LANSING, MI 48909
OR
530 W. ALLEGAN, LANSING, MI 48933

CHANGE NOTICE NO. 18

to

CONTRACT NO. 071B8200196

between

THE STATE OF MICHIGAN

and

NAME & ADDRESS OF CONTRACTOR:	PRIMARY CONTACT	EMAIL
J & B Medical Supply Co., Inc.	Loren Bennett	lbennet@jandbmedical.com
50496 West Pontiac Trail	TELEPHONE	CONTRACTOR #, MAIL CODE
Wixom, MI 48393	(800) 737-0045	

STATE CONTACTS	AGENCY	NAME	PHONE	EMAIL
CONTRACT COMPLIANCE INSPECTOR	DCH	Greg Rivet	(517) 335-5096	rivetg@michigan.gov
BUYER	DTMB	Sue Cieciwa	(517) 373-0301	cieciwas@michigan.gov

CONTRACT SUMMARY:

DESCRIPTION: **Mail Order Incontinent Supplies and Services – Department of Community Health**

INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL AVAILABLE OPTIONS	EXPIRATION DATE BEFORE CHANGE(S) NOTED BELOW
July 2, 2008	July 1, 2011	Two One Year Options	July 1, 2013
PAYMENT TERMS	F.O.B	SHIPPED	SHIPPED FROM
N/A	Delivered	As Required	Wixom, MI

ALTERNATE PAYMENT OPTIONS:	AVAILABLE TO MiDEAL PARTICIPANTS
☐ P-card ☐ Direct Voucher (DV) ☐ Other	☐ Yes ☒ No

MINIMUM DELIVERY REQUIREMENTS:

None

DESCRIPTION OF CHANGE NOTICE:

EXTEND CONTRACT EXPIRATION DATE	EXERCISE CONTRACT OPTION YEAR(S)	EXTENSION BEYOND CONTRACT OPTION YEARS	LENGTH OF OPTION/EXTENSION	EXPIRATION DATE AFTER CHANGE
☐ No ☒ Yes	☐	☒	Six Months	December 31, 2013

VALUE/COST OF CHANGE NOTICE:	ESTIMATED REVISED AGGREGATE CONTRACT VALUE:
$8,679,958.02	$95,479,538.22

Effective February 19, 2013, this Contract is hereby EXTENDED six months from July 1, 2013 to December 31, 2013. In addition, this Contract is hereby INCREASED by $8,679,958.02. All other terms, conditions, specifications, and pricing remain unchanged. Per agency request dated January 25, 2013, DTMB, Procurement request dated January 30, 2013, vendor agreement by email dated January 30, 2013 and State Administrative Board approval on March 5, 2013.

Form No. DTMB-3521 (Rev. 4/2012)
AUTHORITY: Act 431 of 1984
COMPLETION: Required
PENALTY: Contract change will not be executed unless form is filed

STATE OF MICHIGAN
DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET
PROCUREMENT
P.O. BOX 30026, LANSING, MI 48909
OR
530 W. ALLEGAN, LANSING, MI 48933

September 19, 2012

CHANGE NOTICE NO. 17

to

CONTRACT NO. 071B8200196

between

THE STATE OF MICHIGAN

and

NAME & ADDRESS OF CONTRACTOR:	PRIMARY CONTACT	EMAIL
J & B Medical Supply Co., Inc.	Loren Bennett	lbennet@jandbmedical.com
50496 West Pontiac Trail	TELEPHONE	CONTRACTOR #, MAIL CODE
Wixom, MI 48393	(800) 737-0045	

STATE CONTACTS	AGENCY	NAME	PHONE	EMAIL
CONTRACT COMPLIANCE INSPECTOR	DCH	Greg Rivet	(517) 335-5096	rivetg@michigan.gov
BUYER	DTMB	Sue Cieciwa	(517) 373-0301	cieciwas@michigan.gov

CONTRACT SUMMARY:

DESCRIPTION: **Mail Order Incontinent Supplies and Services – Department of Community Health**

INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL AVAILABLE OPTIONS	EXPIRATION DATE BEFORE CHANGE(S) NOTED BELOW
July 2, 2008	July 1, 2011	Two One Year Options	July 1, 2013
PAYMENT TERMS	F.O.B	SHIPPED	SHIPPED FROM
N/A	Delivered	As Required	Wixom, MI

ALTERNATE PAYMENT OPTIONS:	AVAILABLE TO MiDEAL PARTICIPANTS
☐ P-card ☐ Direct Voucher (DV) ☐ Other	☐ Yes ☒ No

MINIMUM DELIVERY REQUIREMENTS:

None

DESCRIPTION OF CHANGE NOTICE:

EXTEND CONTRACT EXPIRATION DATE	EXERCISE CONTRACT OPTION YEAR(S)	EXTENSION BEYOND CONTRACT OPTION YEARS	LENGTH OF OPTION/EXTENSION	EXPIRATION DATE AFTER CHANGE
☒ No ☐ Yes	☐	☐		

VALUE/COST OF CHANGE NOTICE:	ESTIMATED REVISED AGGREGATE CONTRACT VALUE:
$0.00	$86,799,580.20

<u>Effective May 1, 2012, Appendix I is revised as follows</u>:

The following Brand/Manufacturer is ADDED to Item No. 49 S5199 Personal Care Products / Wipes/Adult/Baby, per wipe:

Brand/Manufacturer:
FQPCRW-050

The following Brands/Manufacturers are ADDED to Item No. 20 A4351 Intermittent urinary catheter, straight tip, each:

Brand/Manufacturer:
COV400608 8FR
COV400610 10FR
COV400612 12FR
COV400614 14FR
COV400616 16FR
COV400618 18FR
COV8887660903 14FR 6"

Effective June 1, 2012, Appendix I is revised as follows:

The following Brand/Manufacturer is ADDED to Item No. 39 T4533 Youth Size brief/diaper, each:

Brand/Manufacturer:
Attends, BRBY, 20"-28"

The following Brand/Manufacturer is DELETED from Item No. 39 T4533 Youth Size brief/diaper, each:

Brand/Manufacturer:
Attends Briefs 10 Classic Youth Diaper BRCL1000

Effective July 1, 2012, Appendix I is revised as follows:

The following Brands/Manufacturers are ADDED to Item No. 37 T4531 Pediatric size pull on small /medium, each:

Brand/Manufacturer:
First Quality, CR7005 Cute Trn Pant Boy 2t3t
CR7006 Cute Trn Pant Girl 2t3t

The following Brands/Manufacturers are ADDED to Item No. 38 T4532 Pediatric size pull on large, each:

Brand/Manufacturer:
First Quality, CR8005 Cute Trn Pant Boy 3t4t
CR8006 Cute Trn Pant Girl 4t5t

The following Brands/Manufacturers are ADDED to Item No. 40 T4534, Youth Size pull on, each:

Brand/Manufacturer:
First Quality, CR9005 CuteTrn Pant Boy 4t5t
CR9006 Cute Trn Pant Girl 4t5t

Revised Appendix I and Appendix I – Wisconsin are attached. All other terms, conditions, specifications, and pricing remain unchanged.

Per vendor request by email dated May 9, 2012, May 31, 2012 and July 24, 2012 and agency request dated September 6, 2012.

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(1)	EA	A4310 Insertion tray without drainage bag and without catheter (accessories only)	2	$1.68	Coloplast UT7010 10 cc Coloplast UT7030 30 cc AMSINO AS880 10 cc AMSINO AS890 30 cc
(2)	EA	A4311 Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating, (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	2	$3.55	Coloplast UT8100 Series Bard 800 Series
(3)	EA	A4312 Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone	2	$3.75	Bard 720000 Series
(4)	EA	A4314 Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)	2	$3.25	Coloplast UT8183 Series Coloplast UT8163 Series
(5)	EA	A4315 Insertion tray with drainage bag, with indwelling catheter, foley type, two-way, all silicone	2	$5.00	Covidien 6900 Series
(6)	EA	A4320 Irrigation tray with bulb or piston syringe, any purpose	30	$.82	Coloplast UT1001 (Bulb) Coloplast UT1002 (Piston) AMSINO AS130 (Bulb) AMSINO AS136 (Piston)
(7)	EA	A4322 Irrigation syringe, bulb or piston, each	30	$.44	Coloplast UT1004 Amsino AS011 (Bulb) Bard 750379
(8)	EA	A4349 Male external catheter (G)	96	$.62	Coloplast 9200 Coloplast 5000 Series Coloplast 8000 Series
(9)	EA	A4349 Male external catheter (G) with adhesive strip, each	96	$.47	Coloplast 7200 Series
(10)	EA	A4326 Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each	30	$.88	Coloplast 7800, 7850, 8205, 8100, 8200, 8305, 8400 Hollister 9897, 9898
(11)	EA	A4328 Female external urinary collection device; pouch, each	10	$2.25	Hollister 9840
(12)	EA	A4330 Perianal fecal collection pouch with adhesive, each	10	$6.11	Hollister 9821, 9822 Convatec 650078
(13)	EA	A4331 Extension drainage tubing, any type, any length, with connector/adapter, for us with urinary leg bag or urostomy pouch, each	4	$1.55	Coloplast 475, 7092 AMSINO AS311

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(14)	EA	A4333 Urinary catheter anchoring device, adhesive skin attachment	4	$.70	Coloplast 4065
(15)	EA	A4334 Urinary catheter anchoring device, leg strap	6	$.61	Covidien 8887600149
(16)	EA	A4335 Belted/Unbelted Undergarment WO Sides	150	$.42	Select Belt Less, PBE 2078 Select Day + Belt Less, PBE 2694 Select Belted, PBE 2650 Select Night Time, PBE 2695 Select, PBE 2693 Humanicare 30073 Tranquility Belted Undergarment, PBE 2150 Covidien Belted Undergarment, MD-171B10 Kimberly-Clark Depends 19640, 19696 Prevail Extra Plus Liner BC-013, First Quality
(17)	EA	A4338 Indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.) each	2	$.92	Coloplast UC2500 Series Coloplast UC2300 Series AMSINO AS4000 Series
(18)	EA	A4340 Indwelling catheter, specialty type, e.g. Coude, mushroom, wing, etc., each	5	$2.25	Coloplast UC6000 and 6500 Series
(19)	EA	A4344 Indwelling catheter, foley type, two-way, all silicone, each *XX Denotes French Size	5	$3.50	Coloplast AA61XX Series Coloplast AA6CXX Series Coloplast AASC23XX Series AMSINO AS40000 Series
(20)	EA	A4351 Intermittent urinary catheter, straight tip, each	150	$.52	Coloplast NC1000 Series Coloplast UC1000 Coloplast 110 Series Coloplast 200 Series Coloplast 300 Series Coloplast 400 Series AMSINO AS861000 Series Coviden KN8888492025 Coviden KN8888492033 Coviden KN8888492041 Coviden KN8888492058 COV400608 8FR COV400610 10FR COV400612 12FR COV400614 14FR COV400616 16FR COV400618 18FR COV8887660903 14FR 6"

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(21)	EA	A4351-U4 Intermittent urinary catheter, straight tip, each	150 Under age 21	$1.70	Astra-Tech (Lofric) 900000, 940000, 9300000 Series Coloplast 4100, 4200, 4300, 4400 Series Coloplast 28578 SpeediCath Compact Female, 8FR. Coloplast 28580 SpeediCath Compact Female,10FR. Coloplast 28582 SpeediCath Compact Female, 12FR Coloplast 28584 SpeediCath Compact Female, 14FR. Coloplast 28408 Speedicath Male Ready-To-Use, 8 FR. Coloplast 28410 Speedicath Male Ready-To-Use, 10 FR. Coloplast 28412 Speedicath Male Ready-To-Use, 12 FR. Coloplast 28414 Speedicath Male Ready-To-Use, 14 FR. Coloplast 28416 Speedicath Male Ready-To-Use, 16 FR. Coloplast 28418 Speedicath Male Ready-To-Use, 18 FR.
(22)	EA	A4352 Intermittent urinary catheter, coude (curved) tip, each	150	$1.42	Coloplast 500 Series Coloplast 600 Series Coloplast 800 Series Coloplast UC6000 Series
(23)	EA	A4352-U4 Intermittent urinary catheter, coude (curved) tip, each	150 Under age 21	$2.31	Astra-Tech (Lofric) 960000 Series Coloplast 4600, 4800 Series
(24)	EA	A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or w/o tube, each	3	$1.55	Coloplast UB0500 Bard 802001 AMSINO AS332
(25)	EA	A4358 Urinary leg bag, vinyl, with or w/o tube, each *XX Denotes French Size	10	$1.50	Coloplast UB0600 Coloplast UB0950 AMSINO AS300 Series Coloplast 9000
(26)	OZ	A4402 Lubricant	10 OZ.	$.23	Triad Lubricating Jelly 10-8919
(27)	EA	T4521 Adult size brief / diaper small, each	300	$.35	Select PBE 2620 Tranquility Full Fit PBE 2120 Attends BRBX10 Hook & Loop Covidien 63062 Tenna Specialty Brief SCA 66150 FQ IB Brief IB-011 KN66032 Small Wings Choice Plus Quilted

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(28)	EA	T4522 Adult size brief / diaper medium, each	300	$.33	Select Full fit, PBE 2624 Hook & Loop Covidien 63063 Attends BR20 Attends BRB20 Tena Ultra Brief Med SCA 68121 FQ Per-Fit Breathable PF-012/1 KN66033 Med Wings Choice Plus Quilted Wings Choice Adult Brief Medium, Covidien KN60043DP
(29)	EA	T4523 Adult size brief / diaper large, each	300	$.41	Select Full Fit, PBE 2634 Hook & Loop Covidien 63064 Attends BR30 Attends BRB30 Tena Ultra Brief Large SCA68122 FQ Per-Fit Breathable PF-013/1 KN66034 Large Wings Choice Plus Quilted Wings Choice Adult Brief Large, Covidien KN60044DP
(30)	EA	T4524 Adult size brief / diaper x-large, each	300	$.49	Select Full Fit, PBE 2635 Hook & Loop Covidien 63065 Attends BR40 Attends BRB40 FQ Per-Fit Breathable PF-014/1 KN66035 X-Large Wings Choice Plus Quilted Wings Choice Adult Brief XLG, Covidien KN60045DP
(31)	EA	T4525 Adult size pull on small, each	150	$.48	Select Sm, PBE 2604 Sure Care Protective Underwear Covidien 1605 Attends 7 PaperPak APP0710 Dignity Humanicare 46076
(32)	EA	T4526 Adult size pull on medium, each	150	$.49	Select Med, PBE 2605 Sure Care Protective Underwear Covidien 1605 Attends 7 APP0720 Dignity Humanicare 46077 Tena Plus SCA 72436 FQ Per-Fit PF-512
(33)	EA	T4527 Adult size pull on large, each	150	$.54	Select Lg, PBE 2606 Sure Care Protective Underwear Covidien 1615 Attends 7 PaperPak APP0730 Dignity Humanicare 46078 Tena Plus SCA 72437 FQ Per-Fit PF-513

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(34)	EA	T4528 Adult size pull on x-large, each	150	$.69	Select XLG, PBE 2607 Sure Care Protective Underwear Covidien 1625 Attends 7 PaperPak APP0740 Dignity Humanicare 46079 Tena Plus SCA 72438 FA Per-Fit PF-514 FQ Prevail Extra (XXL-Bariatric PV-517) SureCare Protective Underwear XX-Large 60”-80”, COV1630
(35)	EA	T4529 Pediatric size brief / diaper small / medium, each	300 up to age 13. Age 13 & over require PA.	$.23	Curity Ultra Fits Covidien 80018 Curity Utra Fits Covidien 80028 Huggies Ultratrim SZ1-2 HG52164 Huggies Ultratrim SZ3 HG211980 Luvs Baby Diapers Size 2, 12-18 lbs. 732921 Luvs Baby Diapers Size 3, 16-28 lbs. 734527 First Quality, CR2001, Cuties TM Baby Diaper-Size 2, 12-18 lbs. First Quality, CR3001, Cuties TM Baby Diaper-Size 3, 16-28 lbs.
(36)	EA	T4530 Pediatric size brief / diaper large, each	300 up to age 13. Age 13 & over require PA.	$.32	Curity Ultra Fits Covidien 80038CF Curity Ultra Fits Covidien 80048 Huggies Ultratrim SZ5 XL HG211994 Huggies Ultratrim SZ4 Lrg HG211987 Luvs Baby Diapers Size 4, 22-37 lbs. 734401 Luvs Baby Diapers Size 5, 27+ lbs. 733187 First Quality, CR4001, Cuties TM Baby Diaper-Size 4, 22-37 lbs. First Quality, CR5001, Cuties TM Baby Diaper-Size 5, 27+ lbs.

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(37)	EA	T4531 Pediatric size pull on small /medium, each	150	$.39	Run Around, Md. Boy Covidien 70063B Run Around, Md. Girl Covidien 70063G Huggies Youth Pull On Briefs 2T-3T MED Boy HG86171, Huggies Youth Pull On Briefs 2T-3T MED Girl HG86172 Curity Sleeppants Covidien 70073 **First Quality CR7005 Cute Trn Pant Boy 2t3t** **CR7006 Cute Trn Pant Girl 2t3t**
(38)	EA	T4532 Pediatric size pull on large, each	150	$.43	Run Around Lg. Boy, Covidien 70064B Run Around Lg. Girl, Covidien 70064G Huggies Youth Pull On Briefs 3T-4T BOYS HG86173 Huggies Youth Pull On Briefs 3T-4T GIRLS HG86174 **First Quality CR8005 Cute Trn Pant Boy 3t4t** **CR8006 Cute Trn Pant Girl 4t5t**
(39)	EA	T4533 Youth size brief / diaper, each	300	$.33	Tranquility PBE 2166 Select PBE 2666 Select Toddler + PBE 2665 Curity Ultra Fits Covidien 0058 Huggies Ultratrim SZ6 HG212001 Luvs Baby Diapers Size 6, 35+ lbs. 734534 First Quality, CR6001, Cuties TM Baby Diaper-Size 6, 35+ lbs. Attends, BRBY, 20"-28"

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(40)	EA	T4534 Youth size pull on, each	150	$.49	Select Extra Small Brief, PBE 2603 RunAround X-Lg. Boy Covidien 70065B RunAround X-Lg. Girl Covidien 70065G Huggies Pull-Up 4T-5T Boy HG86175 Huggies Pull-Up 4T-5T Girl HG86182 Curity Sleeppants Covidien 70074 Curity Sleeppants Covidien 70075 Sleep Overs® Youth Underwear SLP05301 Sleep Overs® Youth Underwear SLP05302, 65-125 lbs. First Quality CR9005 Cute Trn Pant Boy 4t5t CR9006 Cute Trn Pant Girl 4t5t

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(41)	EA	T4535 Disposable liner / shield / pad, each	300	$.19	Booster Pad, PBE 2760 Select 4.25x14.5, PBE 2671 Select 7x14, PBE 2691 Select 7x17, PBE 2690 Select Extra Absorb, PBE 2681, PBE 2682 Select Shield PBE 2648 Booster Pad PBE 2072 Tranquility Super Plus Trimshield, PBE 2083 Dignity ThinSerts Humanicare 30054 Humanicare Dignity Natural Liner HC26955, HC26954 Humanicare Stackable Pad HC30053 Humanicare Dignity Plus Super Liner HC30071 Humanicare Dignity Plus Liner HC30074 Humanicare Dignity Briefmates HC30225 Humanicare Spartan Liners HC40340 Covidien Incontinence Liner KN1100B22, KN1140B16 Attends Shaped Pad LP0500 Serenity extra pads(mod) SCA 48900 FQ Prevail/male guard PV-811 FQ Prevail Pantiliner PV-926 FQ Prevail Day Time Liner PL-100/1 and Attends LP0600 Prevail Bladder Control Pad-extra BC-012 Absorbent Products Company 19244 Booster Liner
(42)	EA	T4536 Reusable washable underwear any size, each	10	$1.08	PBE 2684 MED PBE 2685 LRG PBE 2686 XL Covidien KN705A Small/Med. Covidien KN706A Large/ X-Large Covidien KN707A XX-Large/ XXX-Large
(43)	EA	T4541 Disposable underpads (e.g., Chux's), large 23 x 36	180	$.15	Covidien 1093DP, 7176 PBE 2673, 2675 Griffin Medical 1836
(44)	EA	T4542 Disposable underpads (e.g., Chux's), small 17 x 24	180	$.12	PaperPak UFS170 Griffin Medical Underpad 17x24 #2504

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(45)	EA	T4543 Bariatric adult size brief / diaper xx-large, each	300	$1.35	Whitestone 43790 Prevail Breathable Bariatric Brief, 63”-94”
(46)	EA	A4649 Misc. Supply	1	P. A. Required	No Reference
(47)	EA	A5112 Urinary leg bag; latex	2	$1.50	Coloplast 4157, 4175
(48)	EA	A5120 Skin barrier, wipes, 50/box (antiseptic), per wipe	100	$.10	Coloplast 44005
(49)	EA	S5199 Personal Care Products / Wipes/Adult/Baby, per wipe	100	$.08	Innovative DermAssist 80-301 ABCO Antiseptic Towelettes NDC634915 Kimberly-Clark Huggies Natural Care Wipes (unscented) HG18600 EM77000 FQPCRW-050
(50)	EA	A6250 Skin sealants, protectants, moisturizers, ointment, any type, any size	2	$2.99	Secura Smith & Nephew 2.47 oz 59431500 Covidien Vaseline Constant Care 2 oz KN8884737500 DermaRite Periguard 3.5 oz 00204
(51)	EA	A4520 Diaper/Incontinent pant, reusable/washable	1	$8.15	Select PBE 3080 series Humanicare 16000 series Humanicare 40200 series Humanicare Spartan Unisex Waterproof Pant HC10000 Series Covidien 689 SML Covidien 691 MED Covidien 694 LRG Covidien 698 XL
(52)	EA	A4354 Insertion Tray with Drainage Bag	10	$5.25	Coloplast UT9183
(53)	EA	A4353 Intermittent Urinary Catheter with Insertion Supplies	150	$3.40	Coloplast 1008, 1012, 1014, 1016, 3110, 3112, 3114, 3116, 3212, 3214, UT8140, UT8150

Appendix I Wisconsin
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(1)	EA	A4310 Insertion tray without drainage bag and without catheter (accessories only)	2	$3.85	Coloplast UT7010 10 cc Coloplast UT7030 30 cc AMSINO AS880 10 cc AMSINO AS890 30 cc
(2)	EA	A4311 Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating, (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	2	$9.26	Coloplast UT8100 Series Bard 800 Series
(3)	EA	A4312 Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone	2	$9.50	Bard 720000 Series
(4)	EA	A4314 Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)	2	$13.25	Coloplast UT8183 Series Coloplast UT8163 Series
(5)	EA	A4315 Insertion tray with drainage bag, with indwelling catheter, foley type, two-way, all silicone	2	$13.59	Covidien 6900 Series
(6)	EA	A4320 Irrigation tray with bulb or piston syringe, any purpose	30	$1.92	Coloplast UT1001 (Bulb) Coloplast UT1002 (Piston) AMSINO AS130 (Bulb) AMSINO AS136 (Piston)
(7)	EA	A4322 Irrigation syringe, bulb or piston, each	30	$2.20	Coloplast UT1004 Amsino AS011 (Bulb) Bard 750379
(8)	EA	A4349 Male external catheter (G)	96	$.83	Coloplast 9200 Coloplast 5000 Series Coloplast 8000 Series
(9)	EA	A4349 Male external catheter (G) with adhesive strip, each	96	$.83	Coloplast 7200 Series
(10)	EA	A4326 Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each	30	$7.14	Coloplast 7800, 7850, 8205, 8100, 8200, 8305, 8400 Hollister 9897, 9898
(11)	EA	A4328 Female external urinary collection device; pouch, each	10	$7.10	Hollister 9840
(12)	EA	A4330 Perianal fecal collection pouch with adhesive, each	10	$6.86	Hollister 9821, 9822 Convatec 650078

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(13)	EA	A4331 Extension drainage tubing, any type, any length, with connector/adapter, for us with urinary leg bag or urostomy pouch, each	4	$1.80	Coloplast 475, 7092 AMSINO AS311
(14)	EA	A4333 Urinary catheter anchoring device, adhesive skin attachment	4	$1.12	Coloplast 4065
(15)	EA	A4334 Urinary catheter anchoring device, leg strap	6	$.81	Covidien 8887600149
(16)	EA	A4335 Belted/Unbelted Undergarment WO Sides	150	$.78	Select Belt Less, PBE 2078 Select Day + Belt Less, PBE 2694 Select Belted, PBE 2650 Select Night Time, PBE 2695 Select, PBE 2693 Humanicare 30073 Tranquility Belted Undergarment, PBE 2150 Covidien Belted Undergarment, MD-171B10 Kimberly-Clark Depends 19640, 19696 Prevail Extra Plus Liner BC-013, First Quality
(17)	EA	A4338 Indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.) each	2	$6.45	Coloplast UC2500 Series Coloplast UC2300 Series AMSINO AS4000 Series
(18)	EA	A4340 Indwelling catheter, specialty type, e.g. Coude, mushroom, wing, etc., each	5	$5.45	Coloplast UC6000 and 6500 Series
(19)	EA	A4344 Indwelling catheter, foley type, two-way, all silicone, each *XX Denotes French Size	5	$7.75	Coloplast AA61XX Series Coloplast AA6CXX Series Coloplast AASC23XX Series AMSINO AS40000 Series

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(20)	EA	A4351 Intermittent urinary catheter, straight tip, each	150	$1.20	Coloplast NC1000 Series Coloplast UC1000 Coloplast 110 Series Coloplast 200 Series Coloplast 300 Series Coloplast 400 Series AMSINO AS861000 Series Coviden KN8888492025 Coviden KN8888492033 Coviden KN8888492041 Coviden KN8888492058 COV400608 8FR COV400610 10FR COV400612 12FR COV400614 14FR COV400616 16FR COV400618 18FR COV8887660903 14FR 6"
(21)	EA	A4351-U4 Intermittent urinary catheter, straight tip, each	150 Under age 21	$2.25	Astra-Tech (Lofric) 900000, 940000, 9300000 Series Coloplast 4100, 4200, 4300, 4400 Series Coloplast 28578 SpeediCath Compact Female, 8FR. Coloplast 28580 SpeediCath Compact Female,10FR. Coloplast 28582 SpeediCath Compact Female, 12FR Coloplast 28584 SpeediCath Compact Female, 14FR. Coloplast 28408 Speedicath Male Ready-To-Use, 8 FR. Coloplast 28410 Speedicath Male Ready-To-Use, 10 FR. Coloplast 28412 Speedicath Male Ready-To-Use, 12 FR. Coloplast 28414 Speedicath Male Ready-To-Use, 14 FR. Coloplast 28416 Speedicath Male Ready-To-Use, 16 FR. Coloplast 28418 Speedicath Male Ready-To-Use, 18 FR.
(22)	EA	A4352 Intermittent urinary catheter, coude (curved) tip, each	150	$2.45	Coloplast 500 Series Coloplast 600 Series Coloplast 800 Series Coloplast UC6000 Series
(23)	EA	A4352-U4 Intermittent urinary catheter, coude (curved) tip, each	150 Under age 21	$2.90	Astra-Tech (Lofric) 960000 Series Coloplast 4600, 4800 Series

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(24)	EA	A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or w/o tube, each	3	$5.74	Coloplast UB0500 Bard 802001 AMSINO AS332
(25)	EA	A4358 Urinary leg bag, vinyl, with or w/o tube, each *XX Denotes French Size	10	$5.22	Coloplast UB0600 Coloplast UB0950 AMSINO AS300 Series Coloplast 9000
(26)	OZ	A4402 Lubricant	10 OZ.	$.32	Triad Lubricating Jelly 10-8919
(27)	EA	T4521 Adult size brief / diaper small, each	300	$.43	Select PBE 2620 Tranquility Full Fit PBE 2120 Attends BRBX10 Hook & Loop Covidien 63062 Tenna Specialty Brief SCA 66150 FQ IB Brief IB-011 KN66032 Small Wings Choice Plus Quilted
(28)	EA	T4522 Adult size brief / diaper medium, each	300	$.44	Select Full fit, PBE 2624 Hook & Loop Covidien 63063 Attends BR20 Attends BRB20 Tena Ultra Brief Med SCA 68121 FQ Per-Fit Breathable PF-012/1 KN66033 Med Wings Choice Plus Quilted Wings Choice Adult Brief Medium, Covidien KN60043DP
(29)	EA	T4523 Adult size brief / diaper large, each	300	$.58	Select Full Fit, PBE 2634 Hook & Loop Covidien 63064 Attends BR30 Attends BRB30 Tena Ultra Brief Large SCA68122 FQ Per-Fit Breathable PF-013/1 KN66034 Large Wings Choice Plus Quilted Wings Choice Adult Brief Large, Covidien KN60044DP

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(30)	EA	T4524 Adult size brief / diaper x-large, each	300	$.65	Select Full Fit, PBE 2635 Hook & Loop Covidien 63065 Attends BR40 Attends BRB40 FQ Per-Fit Breathable PF-014/1 KN66035 X-Large Wings Choice Plus Quilted Wings Choice Adult Brief XLG, Covidien KN60045DP
(31)	EA	T4525 Adult size pull on small, each	150	$.71	Select Sm, PBE 2604 Sure Care Protective Underwear Covidien 1605 Attends 7 PaperPak APP0710 Dignity Humanicare 46076
(32)	EA	T4526 Adult size pull on medium, each	150	$.71	Select Med, PBE 2605 Sure Care Protective Underwear Covidien 1605 Attends 7 APP0720 Dignity Humanicare 46077 Tena Plus SCA 72436 FQ Per-Fit PF-512
(33)	EA	T4527 Adult size pull on large, each	150	$.79	Select Lg, PBE 2606 Sure Care Protective Underwear Covidien 1615 Attends 7 PaperPak APP0730 Dignity Humanicare 46078 Tena Plus SCA 72437 FQ Per-Fit PF-513
(34)	EA	T4528 Adult size pull on x-large, each	150	$1.02	Select XLG, PBE 2607 Sure Care Protective Underwear Covidien 1625 Attends 7 PaperPak APP0740 Dignity Humanicare 46079 Tena Plus SCA 72438 FA Per-Fit PF-514 FQ Prevail Extra (XXL-Bariatric PV-517) SureCare Protective Underwear XX-Large 60”-80”, COV1630

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(35)	EA	T4529 Pediatric size brief / diaper small / medium, each	300 up to age 13. Age 13 & over require PA.	$.40	Curity Ultra Fits Covidien 80018 Curity Utra Fits Covidien 80028 Huggies Ultratrim SZ1-2 HG52164 Huggies Ultratrim SZ3 HG211980 Luvs Baby Diapers Size 2, 12-18 lbs. 732921 Luvs Baby Diapers Size 3, 16-28 lbs. 734527 First Quality, CR2001, Cuties TM Baby Diaper-Size 2, 12-18 lbs. First Quality, CR3001, Cuties TM Baby Diaper-Size 3, 16-28 lbs.
(36)	EA	T4530 Pediatric size brief / diaper large, each	300 up to age 13. Age 13 & over require PA.	$.44	Curity Ultra Fits Covidien 80038CF Curity Ultra Fits Covidien 80048 Huggies Ultratrim SZ5 XL HG211994 Huggies Ultratrim SZ4 Lrg HG211987 Luvs Baby Diapers Size 4, 22-37 lbs. 734401 Luvs Baby Diapers Size 5, 27+ lbs. 733187 First Quality, CR4001, Cuties TM Baby Diaper-Size 4, 22-37 lbs. First Quality, CR5001, Cuties TM Baby Diaper-Size 5, 27+ lbs.
(37)	EA	T4531 Pediatric size pull on small /medium, each	150	$.42	Run Around, Md. Boy Covidien 70063B Run Around, Md. Girl Covidien 70063G Huggies Youth Pull On Briefs 2T-3T MED Boy HG86171, Huggies Youth Pull On Briefs 2T-3T MED Girl HG86172 Curity Sleeppants Covidien 70073 First Quality, CR7005 Cute Trn Pant Boy 2t3t CR7006 Cute Trn Pant Girl 2t3t

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(38)	EA	T4532 Pediatric size pull on large, each	150	$.44	Run Around Lg. Boy, Covidien 70064B Run Around Lg. Girl, Covidien 70064G Huggies Youth Pull On Briefs 3T-4T BOYS HG86173 Huggies Youth Pull On Briefs 3T-4T GIRLS HG86174 First Quality CR8005 Cute Trn Pant Boy 3t4t CR8006 Cute Trn Pant Girl 4t5t
(39)	EA	T4533 Youth size brief / diaper, each	300	$.46	Tranquility PBE 2166 Select PBE 2666 Select Toddler + PBE 2665 Curity Ultra Fits Covidien 0058 Huggies Ultratrim SZ6 HG212001 Luvs Baby Diapers Size 6, 35+ lbs. 734534 First Quality, CR6001, Cuties TM Baby Diaper-Size 6, 35+ lbs. Attends, BRBY, 20"-28"

Appendix I Wisconsin
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(40)	EA	T4534 Youth size pull on, each	150	$.64	Select Extra Small Brief, PBE 2603 RunAround X-Lg. Boy Covidien 70065B RunAround X-Lg. Girl Covidien 70065G Huggies Pull-Up 4T-5T Boy HG86175 Huggies Pull-Up 4T-5T Girl HG86182 Curity Sleeppants Covidien 70074 Curity Sleeppants Covidien 70075 Sleep Overs® Youth Underwear SLP05301 Sleep Overs® Youth Underwear SLP05302, 65-125 lbs. First Quality CR9005 Cute Trn Pant Boy 4t5t CR9006 Cute Trn Pant Girl 4t5t

Appendix I Wisconsin
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(41)	EA	T4535 Disposable liner / shield / pad, each	300	$.29	Booster Pad, PBE 2760 Select 4.25x14.5, PBE 2671 Select 7x14, PBE 2691 Select 7x17, PBE 2690 Select Extra Absorb, PBE 2681, PBE 2682 Select Shield PBE 2648 Booster Pad PBE 2072 Tranquility Super Plus Trimshield, PBE 2083 Dignity ThinSerts Humanicare 30054 Humanicare Dignity Natural Liner HC26955, HC26954 Humanicare Stackable Pad HC30053 Humanicare Dignity Plus Super Liner HC30071 Humanicare Dignity Plus Liner HC30074 Humanicare Dignity Briefmates HC30225 Humanicare Spartan Liners HC40340 Covidien Incontinence Liner KN1100B22, KN1140B16 Attends Shaped Pad LP0500 Serenity extra pads(mod) SCA 48900 FQ Prevail/male guard PV-811 FQ Prevail Pantiliner PV-926 FQ Prevail Day Time Liner PL-100/1 and Attends LP0600 Prevail Bladder Control Pad-extra BC-012 Absorbent Products Company 19244 Booster Liner
(42)	EA	T4536 Reusable washable underwear any size, each	10	$7.72	PBE 2684 MED PBE 2685 LRG PBE 2686 XL Covidien KN705A Small/Med. Covidien KN706A Large/ X-Large Covidien KN707A XX-Large/ XXX-Large
(43)	EA	T4541 Disposable underpads (e.g., Chux's), large 23 x 36	180	$.25	Covidien 1093DP, 7176 PBE 2673, 2675 Griffin Medical 1836

Appendix I Wisconsin
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(44)	EA	T4542 Disposable underpads (e.g., Chux's), small 17 x 24	180	$.25	PaperPak UFS170 Griffin Medical Underpad 17x24 #2504
(45)	EA	T4543 Bariatric adult size brief / diaper xx-large, each	300	$1.89	Whitestone 43790 Prevail Breathable Bariatric Brief, 63"-94"
(46)	EA	A4649 Misc. Supply	1	P. A. Required	No Reference
(47)	EA	A5112 Urinary leg bag; latex	2	$22.91	Coloplast 4157, 4175
(48)	EA	A5120 Skin barrier, wipes, 50/box (antiseptic), per wipe	100	$.16	Coloplast 44005
(49)	EA	S5199 Personal Care Products / Wipes/Adult/Baby, per wipe	100	$.09	Innovative DermAssist 80-301 ABCO Antiseptic Towelettes NDC634915 Kimberly-Clark Huggies Natural Care Wipes (unscented) HG18600 EM77000 FQPCRW-050
(50)	EA	A6250 Skin sealants, protectants, moisturizers, ointment, any type, any size	2	$3.71	Secura Smith & Nephew 2.47 oz 59431500 Covidien Vaseline Constant Care 2 oz KN8884737500 DermaRite Periguard 3.5 oz 00204
(51)	EA	A4520 Diaper/Incontinent pant, reusable/washable	1	$10.25	Select PBE 3080 series Humanicare 16000 series Humanicare 40200 series Humanicare Spartan Unisex Waterproof Pant HC10000 Series Covidien 689 SML Covidien 691 MED Covidien 694 LRG Covidien 698 XL
(52)	EA	A4354 Insertion Tray with Drainage Bag	10	$6.35	Coloplast UT9183
(53)	EA	A4353 Intermittent Urinary Catheter with Insertion Supplies	150	$3.80	Coloplast 1008, 1012, 1014, 1016, 3110, 3112, 3114, 3116, 3212, 3214, UT8140, UT8150

Form No. DMB 234A (Rev. 1/96)
AUTHORITY: Act 431 of 1984
COMPLETION: Required
PENALTY: Failure to deliver in accordance with Contract terms and conditions and this notice may be considered in default of Contract

STATE OF MICHIGAN
DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET
PROCUREMENT
P.O. BOX 30026, LANSING, MI 48909
OR
530 W. ALLEGAN, LANSING, MI 48913

May 15, 2012

CHANGE NOTICE NO. 16
To
CONTRACT NO. 071B8200196
Between
THE STATE OF MICHIGAN
And

NAME & ADDRESS OF CONTRACTOR:	PRIMARY CONTACT	EMAIL
J & B Medical Supply Co., Inc.	**Loren Bennett**	**lbennet@jandbmedical.com**
50496 West Pontiac Trail	TELEPHONE	CONTRACTOR #, MAIL CODE
Wixom, MI 48393	**(800) 737-0045**	

STATE CONTACTS	AGENCY	NAME	PHONE	EMAIL
CONTRACT COMPLIANCE INSPECTOR:	**DCH**	**Greg Rivet**	**(517) 335-5096**	**rivetg@michigan.gov**
BUYER:	**DTMB**	**Sue Cieciwa**	**(517) 373-0301**	**cieciwas@michigan.gov**

INITIAL CONTRACT SUMMARY:			
DESCRIPTION: **Mail Order Incontinent Supplies and Services – Department of Community Health**			
INITIAL TERM	EFFECTIVE DATE	INITIAL EXPIRATION DATE	AVAILABLE OPTIONS
Three Years	**July 2, 2008**	**July 1, 2011**	**Two One Year Options**
PAYMENT TERMS	F.O.B	SHIPPED	SHIPPED FROM
N/A	**Delivered**	**As Required**	**Wixom, MI**
ALTERNATE PAYMENT OPTIONS:			AVAILABLE TO MiDEAL PARTICIPANTS
☐ P-card ☐ Direct Voucher (DV) ☐ Other			☐ YES ☒ NO
MINIMUM DELIVERY REQUIREMENTS:			
None			

DESCRIPTION OF CHANGE NOTICE:	
OPTION EXERCISED: ☒ NO ☐ YES	IF YES, NEW EXPIRATION DATE:

Effective immediately, Section 1.301 Time Frames, paragraph (c) of the Contract is hereby CHANGED to:

(c) If a Product is not available for scheduled shipment (backorder) and the Beneficiary has not previously selected an alternative product, the Contractor shall contact the Beneficiary by letter or phone call upon notification of the backorder. If the Product continues to be unavailable, the Contractor shall contact the Beneficiary by telephone not less than one (1) business day before the scheduled due date to inform the Beneficiary of the delay and the expected date of shipment and offer the Beneficiary the option to wait for the Product or choose an alternate Product. The Contractor will ship the remaining order as scheduled if the supplies are in stock. If

an emergency situation exists (ALL UROLOGICAL SUPPLIES), and an alternate product is not available to the Beneficiary, the Contractor shall utilize a Statewide Network Provider to deliver the original Product to the Beneficiary by the agreed upon DOM (day of month). If the Beneficiary cannot be contacted by phone, the Contractor shall send the Beneficiary written notification.

In addition, the Contract Compliance Inspector is hereby CHANGED to:

Greg Rivet, Contract Compliance Inspector
MDCH Grants and Purchasing Division
320 S. Walnut Street
Lansing, MI 48823
Email: rivetg@michigan.gov
Phone: (517) 335-5096
Fax: (517) 241-4845

All other terms, conditions, specifications, and pricing remain unchanged.

Per agency request dated March 20, 2012 and April 17, 2012 and vendor acceptance by email dated May 9, 2012.

VALUE/COST OF CHANGE NOTICE:	**$0.00**
ESTIMATED CONTRACT VALUE REMAINS:	**$86,799,580.20**

Form No. DMB 234A (Rev. 1/96)
AUTHORITY: Act 431 of 1984
COMPLETION: Required
PENALTY: Failure to deliver in accordance with Contract terms and conditions and this notice may be considered in default of Contract

STATE OF MICHIGAN
DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET **November 30, 2011**
PROCUREMENT
P.O. BOX 30026, LANSING, MI 48909
OR
530 W. ALLEGAN, LANSING, MI 48933

CHANGE NOTICE NO. 15
TO
CONTRACT NO. 071B8200196

between
THE STATE OF MICHIGAN
and

NAME & ADDRESS OF CONTRACTOR **J & B Medical Supply Co., Inc.** **50496 West Pontiac Trail** **Wixom, MI 48393** **Email: lbennet@jandbmedical.com**	TELEPHONE (800) 737-0045 **Loren Bennett ext. 227** CONTRACTOR NUMBER/MAIL CODE BUYER/CA (517) 373-0301 **Sue Cieciwa**
CONTRACT COMPLIANCE INSPECTOR: **Penny Saites (517) 335-5096** **Mail Order Incontinent Supplies and Services – Department of Community Health**	
CONTRACT PERIOD: **3 yrs. + 2 one-year options** From: **July 2, 2008** To: **July 1, 2013**	
TERMS **N/A**	SHIPMENT **As Required**
F.O.B. **Delivered**	SHIPPED FROM **Wixom, MI**
ALTERNATE PAYMENT OPTIONS: ☐ P-card ☐ Direct Voucher (DV) ☐ Other	
MINIMUM DELIVERY REQUIREMENTS **None**	

NATURE OF CHANGE:

Effective November 1, 2008, Appendix I is revised as follows:

The following Brand/Manufacturer is ADDED to Item No. 49 S5119 Personal Care Products / Wipes/Adult/Baby, per wipe:

Brand/Manufacturer:
EM77000

Revised Appendix I and Appendix I – Wisconsin are attached. All other terms, conditions, specifications and pricing remain unchanged.

AUTHORITY/REASON:

Per vendor request by email dated October 12, 2011 and agency request dated November 21, 2011.

TOTAL ESTIMATED CONTRACT VALUE REMAINS: $86,799,580.20

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(1)	EA	A4310 Insertion tray without drainage bag and without catheter (accessories only)	2	$1.68	Coloplast UT7010 10 cc Coloplast UT7030 30 cc AMSINO AS880 10 cc AMSINO AS890 30 cc
(2)	EA	A4311 Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating, (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	2	$3.55	Coloplast UT8100 Series Bard 800 Series
(3)	EA	A4312 Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone	2	$3.75	Bard 720000 Series
(4)	EA	A4314 Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)	2	$3.25	Coloplast UT8183 Series Coloplast UT8163 Series
(5)	EA	A4315 Insertion tray with drainage bag, with indwelling catheter, foley type, two-way, all silicone	2	$5.00	Covidien 6900 Series
(6)	EA	A4320 Irrigation tray with bulb or piston syringe, any purpose	30	$.82	Coloplast UT1001 (Bulb) Coloplast UT1002 (Piston) AMSINO AS130 (Bulb) AMSINO AS136 (Piston)
(7)	EA	A4322 Irrigation syringe, bulb or piston, each	30	$.44	Coloplast UT1004 Amsino AS011 (Bulb) Bard 750379
(8)	EA	A4349 Male external catheter (G)	96	$.62	Coloplast 9200 Coloplast 5000 Series Coloplast 8000 Series
(9)	EA	A4349 Male external catheter (G) with adhesive strip, each	96	$.47	Coloplast 7200 Series
(10)	EA	A4326 Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each	30	$.88	Coloplast 7800, 7850, 8205, 8100, 8200, 8305, 8400 Hollister 9897, 9898
(11)	EA	A4328 Female external urinary collection device; pouch, each	10	$2.25	Hollister 9840
(12)	EA	A4330 Perianal fecal collection pouch with adhesive, each	10	$6.11	Hollister 9821, 9822 Convatec 650078

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(13)	EA	A4331 Extension drainage tubing, any type, any length, with connector/adapter, for us with urinary leg bag or urostomy pouch, each	4	$1.55	Coloplast 475, 7092 AMSINO AS311
(14)	EA	A4333 Urinary catheter anchoring device, adhesive skin attachment	4	$.70	Coloplast 4065
(15)	EA	A4334 Urinary catheter anchoring device, leg strap	6	$.61	Covidien 8887600149
(16)	EA	A4335 Belted/Unbelted Undergarment WO Sides	150	$.42	Select Belt Less, PBE 2078 Select Day + Belt Less, PBE 2694 Select Belted, PBE 2650 Select Night Time, PBE 2695 Select, PBE 2693 Humanicare 30073 Tranquility Belted Undergarment, PBE 2150 Covidien Belted Undergarment, MD-171B10 Kimberly-Clark Depends 19640, 19696 Prevail Extra Plus Liner BC-013, First Quality
(17)	EA	A4338 Indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.) each	2	$.92	Coloplast UC2500 Series Coloplast UC2300 Series AMSINO AS4000 Series
(18)	EA	A4340 Indwelling catheter, specialty type, e.g. Coude, mushroom, wing, etc., each	5	$2.25	Coloplast UC6000 and 6500 Series
(19)	EA	A4344 Indwelling catheter, foley type, two-way, all silicone, each *XX Denotes French Size	5	$3.50	Coloplast AA61XX Series Coloplast AA6CXX Series Coloplast AASC23XX Series AMSINO AS40000 Series

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(20)	EA	A4351 Intermittent urinary catheter, straight tip, each	150	$.52	Coloplast NC1000 Series Coloplast UC1000 Coloplast 110 Series Coloplast 200 Series Coloplast 300 Series Coloplast 400 Series AMSINO AS861000 Series Coviden KN8888492025 Coviden KN8888492033 Coviden KN8888492041 Coviden KN8888492058
(21)	EA	A4351-U4 Intermittent urinary catheter, straight tip, each	150 Under age 21	$1.70	Astra-Tech (Lofric) 900000, 940000, 9300000 Series Coloplast 4100, 4200, 4300, 4400 Series Coloplast 28578 SpeediCath Compact Female, 8FR. Coloplast 28580 SpeediCath Compact Female,10FR. Coloplast 28582 SpeediCath Compact Female, 12FR Coloplast 28584 SpeediCath Compact Female, 14FR. Coloplast 28408 Speedicath Male Ready-To-Use, 8 FR. Coloplast 28410 Speedicath Male Ready-To-Use, 10 FR. Coloplast 28412 Speedicath Male Ready-To-Use, 12 FR. Coloplast 28414 Speedicath Male Ready-To-Use, 14 FR. Coloplast 28416 Speedicath Male Ready-To-Use, 16 FR. Coloplast 28418 Speedicath Male Ready-To-Use, 18 FR.
(22)	EA	A4352 Intermittent urinary catheter, coude (curved) tip, each	150	$1.42	Coloplast 500 Series Coloplast 600 Series Coloplast 800 Series Coloplast UC6000 Series
(23)	EA	A4352-U4 Intermittent urinary catheter, coude (curved) tip, each	150 Under age 21	$2.31	Astra-Tech (Lofric) 960000 Series Coloplast 4600, 4800 Series
(24)	EA	A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or w/o tube, each	3	$1.55	Coloplast UB0500 Bard 802001 AMSINO AS332

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(25)	EA	A4358 Urinary leg bag, vinyl, with or w/o tube, each *XX Denotes French Size	10	$1.50	Coloplast UB0600 Coloplast UB0950 AMSINO AS300 Series Coloplast 9000
(26)	OZ	A4402 Lubricant	10 OZ.	$.23	Triad Lubricating Jelly 10-8919
(27)	EA	T4521 Adult size brief / diaper small, each	300	$.35	Select PBE 2620 Tranquility Full Fit PBE 2120 Attends BRBX10 Hook & Loop Covidien 63062 Tenna Specialty Brief SCA 66150 FQ IB Brief IB-011 KN66032 Small Wings Choice Plus Quilted
(28)	EA	T4522 Adult size brief / diaper medium, each	300	$.33	Select Full fit, PBE 2624 Hook & Loop Covidien 63063 Attends BR20 Attends BRB20 Tena Ultra Brief Med SCA 68121 FQ Per-Fit Breathable PF-012/1 KN66033 Med Wings Choice Plus Quilted Wings Choice Adult Brief Medium, Covidien KN60043DP
(29)	EA	T4523 Adult size brief / diaper large, each	300	$.41	Select Full Fit, PBE 2634 Hook & Loop Covidien 63064 Attends BR30 Attends BRB30 Tena Ultra Brief Large SCA68122 FQ Per-Fit Breathable PF-013/1 KN66034 Large Wings Choice Plus Quilted Wings Choice Adult Brief Large, Covidien KN60044DP
(30)	EA	T4524 Adult size brief / diaper x-large, each	300	$.49	Select Full Fit, PBE 2635 Hook & Loop Covidien 63065 Attends BR40 Attends BRB40 FQ Per-Fit Breathable PF-014/1 KN66035 X-Large Wings Choice Plus Quilted Wings Choice Adult Brief XLG, Covidien KN60045DP

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(31)	EA	T4525 Adult size pull on small, each	150	$.48	Select Sm, PBE 2604 Sure Care Protective Underwear Covidien 1605 Attends 7 PaperPak APP0710 Dignity Humanicare 46076
(32)	EA	T4526 Adult size pull on medium, each	150	$.49	Select Med, PBE 2605 Sure Care Protective Underwear Covidien 1605 Attends 7 APP0720 Dignity Humanicare 46077 Tena Plus SCA 72436 FQ Per-Fit PF-512
(33)	EA	T4527 Adult size pull on large, each	150	$.54	Select Lg, PBE 2606 Sure Care Protective Underwear Covidien 1615 Attends 7 PaperPak APP0730 Dignity Humanicare 46078 Tena Plus SCA 72437 FQ Per-Fit PF-513
(34)	EA	T4528 Adult size pull on x-large, each	150	$.69	Select XLG, PBE 2607 Sure Care Protective Underwear Covidien 1625 Attends 7 PaperPak APP0740 Dignity Humanicare 46079 Tena Plus SCA 72438 FA Per-Fit PF-514 FQ Prevail Extra (XXL-Bariatric PV-517) SureCare Protective Underwear XX-Large 60”-80”, COV1630
(35)	EA	T4529 Pediatric size brief / diaper small / medium, each	300 up to age 13. Age 13 & over require PA.	$.23	Curity Ultra Fits Covidien 80018 Curity Utra Fits Covidien 80028 Huggies Ultratrim SZ1-2 HG52164 Huggies Ultratrim SZ3 HG211980 Luvs Baby Diapers Size 2, 12-18 lbs. 732921 Luvs Baby Diapers Size 3, 16-28 lbs. 734527 First Quality, CR2001, Cuties TM Baby Diaper-Size 2, 12-18 lbs. First Quality, CR3001, Cuties TM Baby Diaper-Size 3, 16-28 lbs.

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(36)	EA	T4530 Pediatric size brief / diaper large, each	300 up to age 13. Age 13 & over require PA.	$.32	Curity Ultra Fits Covidien 80038CF Curity Ultra Fits Covidien 80048 Huggies Ultratrim SZ5 XL HG211994 Huggies Ultratrim SZ4 Lrg HG211987 Luvs Baby Diapers Size 4, 22-37 lbs. 734401 Luvs Baby Diapers Size 5, 27+ lbs. 733187 First Quality, CR4001, Cuties TM Baby Diaper-Size 4, 22-37 lbs. First Quality, CR5001, Cuties TM Baby Diaper-Size 5, 27+ lbs.
(37)	EA	T4531 Pediatric size pull on small /medium, each	150	$.39	Run Around, Md. Boy Covidien 70063B Run Around, Md. Girl Covidien 70063G Huggies Youth Pull On Briefs 2T-3T MED Boy HG86171, Huggies Youth Pull On Briefs 2T-3T MED Girl HG86172 Curity Sleeppants Covidien 70073
(38)	EA	T4532 Pediatric size pull on large, each	150	$.43	Run Around Lg. Boy, Covidien 70064B Run Around Lg. Girl, Covidien 70064G Huggies Youth Pull On Briefs 3T-4T BOYS HG86173 Huggies Youth Pull On Briefs 3T-4T GIRLS HG86174
(39)	EA	T4533 Youth size brief / diaper, each	300	$.33	Tranquility PBE 2166 Select PBE 2666 Select Toddler + PBE 2665 Attends Briefs 10 Classic Youth Diaper BRCL1000 Curity Ultra Fits Covidien 0058 Huggies Ultratrim SZ6 HG212001 Luvs Baby Diapers Size 6, 35+ lbs. 734534 First Quality, CR6001, Cuties TM Baby Diaper-Size 6, 35+ lbs.

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(40)	EA	T4534 Youth size pull on, each	150	$.49	Select Extra Small Brief, PBE 2603 RunAround X-Lg. Boy Covidien 70065B RunAround X-Lg. Girl Covidien 70065G Huggies Pull-Up 4T-5T Boy HG86175 Huggies Pull-Up 4T-5T Girl HG86182 Curity Sleeppants Covidien 70074 Curity Sleeppants Covidien 70075 Sleep Overs® Youth Underwear SLP05301 Sleep Overs® Youth Underwear SLP05302, 65-125 lbs.

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(41)	EA	T4535 Disposable liner / shield / pad, each	300	$.19	Booster Pad, PBE 2760 Select 4.25x14.5, PBE 2671 Select 7x14, PBE 2691 Select 7x17, PBE 2690 Select Extra Absorb, PBE 2681, PBE 2682 Select Shield PBE 2648 Booster Pad PBE 2072 Tranquility Super Plus Trimshield, PBE 2083 Dignity ThinSerts Humanicare 30054 Humanicare Dignity Natural Liner HC26955, HC26954 Humanicare Stackable Pad HC30053 Humanicare Dignity Plus Super Liner HC30071 Humanicare Dignity Plus Liner HC30074 Humanicare Dignity Briefmates HC30225 Humanicare Spartan Liners HC40340 Covidien Incontinence Liner KN1100B22, KN1140B16 Attends Shaped Pad LP0500 Serenity extra pads(mod) SCA 48900 FQ Prevail/male guard PV-811 FQ Prevail Pantiliner PV-926 FQ Prevail Day Time Liner PL-100/1 and Attends LP0600 Prevail Bladder Control Pad-extra BC-012 Absorbent Products Company 19244 Booster Liner
(42)	EA	T4536 Reusable washable underwear any size, each	10	$1.08	PBE 2684 MED PBE 2685 LRG PBE 2686 XL Covidien KN705A Small/Med. Covidien KN706A Large/ X-Large Covidien KN707A XX-Large/ XXX-Large
(43)	EA	T4541 Disposable underpads (e.g., Chux's), large 23 x 36	180	$.15	Covidien 1093DP, 7176 PBE 2673, 2675 Griffin Medical 1836

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(44)	EA	T4542 Disposable underpads (e.g., Chux's), small 17 x 24	180	$.12	PaperPak UFS170 Griffin Medical Underpad 17x24 #2504
(45)	EA	T4543 Bariatric adult size brief / diaper xx-large, each	300	$1.35	Whitestone 43790 Prevail Breathable Bariatric Brief, 63"-94"
(46)	EA	A4649 Misc. Supply	1	P. A. Required	No Reference
(47)	EA	A5112 Urinary leg bag; latex	2	$1.50	Coloplast 4157, 4175
(48)	EA	A5120 Skin barrier, wipes, 50/box (antiseptic), per wipe	100	$.10	Coloplast 44005
(49)	EA	S5199 Personal Care Products / Wipes/Adult/Baby, per wipe	100	$.08	Innovative DermAssist 80-301 ABCO Antiseptic Towelettes NDC634915 Kimberly-Clark Huggies Natural Care Wipes (unscented) HG18600 EM77000
(50)	EA	A6250 Skin sealants, protectants, moisturizers, ointment, any type, any size	2	$2.99	Secura Smith & Nephew 2.47 oz 59431500 Covidien Vaseline Constant Care 2 oz KN8884737500 DermaRite Periguard 3.5 oz 00204
(51)	EA	A4520 Diaper/Incontinent pant, reusable/washable	1	$8.15	Select PBE 3080 series Humanicare 16000 series Humanicare 40200 series Humanicare Spartan Unisex Waterproof Pant HC10000 Series Covidien 689 SML Covidien 691 MED Covidien 694 LRG Covidien 698 XL
(52)	EA	A4354 Insertion Tray with Drainage Bag	10	$5.25	Coloplast UT9183
(53)	EA	A4353 Intermittent Urinary Catheter with Insertion Supplies	150	$3.40	Coloplast 1008, 1012, 1014, 1016, 3110, 3112, 3114, 3116, 3212, 3214, UT8140, UT8150

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(1)	EA	A4310 Insertion tray without drainage bag and without catheter (accessories only)	2	$3.85	Coloplast UT7010 10 cc Coloplast UT7030 30 cc AMSINO AS880 10 cc AMSINO AS890 30 cc
(2)	EA	A4311 Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating, (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	2	$9.26	Coloplast UT8100 Series Bard 800 Series
(3)	EA	A4312 Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone	2	$9.50	Bard 720000 Series
(4)	EA	A4314 Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)	2	$13.25	Coloplast UT8183 Series Coloplast UT8163 Series
(5)	EA	A4315 Insertion tray with drainage bag, with indwelling catheter, foley type, two-way, all silicone	2	$13.59	Covidien 6900 Series
(6)	EA	A4320 Irrigation tray with bulb or piston syringe, any purpose	30	$1.92	Coloplast UT1001 (Bulb) Coloplast UT1002 (Piston) AMSINO AS130 (Bulb) AMSINO AS136 (Piston)
(7)	EA	A4322 Irrigation syringe, bulb or piston, each	30	$2.20	Coloplast UT1004 Amsino AS011 (Bulb) Bard 750379
(8)	EA	A4349 Male external catheter (G)	96	$.83	Coloplast 9200 Coloplast 5000 Series Coloplast 8000 Series
(9)	EA	A4349 Male external catheter (G) with adhesive strip, each	96	$.83	Coloplast 7200 Series
(10)	EA	A4326 Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each	30	$7.14	Coloplast 7800, 7850, 8205, 8100, 8200, 8305, 8400 Hollister 9897, 9898
(11)	EA	A4328 Female external urinary collection device; pouch, each	10	$7.10	Hollister 9840
(12)	EA	A4330 Perianal fecal collection pouch with adhesive, each	10	$6.86	Hollister 9821, 9822 Convatec 650078

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(13)	EA	A4331 Extension drainage tubing, any type, any length, with connector/adapter, for us with urinary leg bag or urostomy pouch, each	4	$1.80	Coloplast 475, 7092 AMSINO AS311
(14)	EA	A4333 Urinary catheter anchoring device, adhesive skin attachment	4	$1.12	Coloplast 4065
(15)	EA	A4334 Urinary catheter anchoring device, leg strap	6	$.81	Covidien 8887600149
(16)	EA	A4335 Belted/Unbelted Undergarment WO Sides	150	$.78	Select Belt Less, PBE 2078 Select Day + Belt Less, PBE 2694 Select Belted, PBE 2650 Select Night Time, PBE 2695 Select, PBE 2693 Humanicare 30073 Tranquility Belted Undergarment, PBE 2150 Covidien Belted Undergarment, MD-171B10 Kimberly-Clark Depends 19640, 19696 Prevail Extra Plus Liner BC-013, First Quality
(17)	EA	A4338 Indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.) each	2	$6.45	Coloplast UC2500 Series Coloplast UC2300 Series AMSINO AS4000 Series
(18)	EA	A4340 Indwelling catheter, specialty type, e.g. Coude, mushroom, wing, etc., each	5	$5.45	Coloplast UC6000 and 6500 Series
(19)	EA	A4344 Indwelling catheter, foley type, two-way, all silicone, each *XX Denotes French Size	5	$7.75	Coloplast AA61XX Series Coloplast AA6CXX Series Coloplast AASC23XX Series AMSINO AS40000 Series

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(20)	EA	A4351 Intermittent urinary catheter, straight tip, each	150	$1.20	Coloplast NC1000 Series Coloplast UC1000 Coloplast 110 Series Coloplast 200 Series Coloplast 300 Series Coloplast 400 Series AMSINO AS861000 Series Coviden KN8888492025 Coviden KN8888492033 Coviden KN8888492041 Coviden KN8888492058
(21)	EA	A4351-U4 Intermittent urinary catheter, straight tip, each	150 Under age 21	$2.25	Astra-Tech (Lofric) 900000, 940000, 9300000 Series Coloplast 4100, 4200, 4300, 4400 Series Coloplast 28578 SpeediCath Compact Female, 8FR. Coloplast 28580 SpeediCath Compact Female,10FR. Coloplast 28582 SpeediCath Compact Female, 12FR Coloplast 28584 SpeediCath Compact Female, 14FR. Coloplast 28408 Speedicath Male Ready-To-Use, 8 FR. Coloplast 28410 Speedicath Male Ready-To-Use, 10 FR. Coloplast 28412 Speedicath Male Ready-To-Use, 12 FR. Coloplast 28414 Speedicath Male Ready-To-Use, 14 FR. Coloplast 28416 Speedicath Male Ready-To-Use, 16 FR. Coloplast 28418 Speedicath Male Ready-To-Use, 18 FR.
(22)	EA	A4352 Intermittent urinary catheter, coude (curved) tip, each	150	$2.45	Coloplast 500 Series Coloplast 600 Series Coloplast 800 Series Coloplast UC6000 Series
(23)	EA	A4352-U4 Intermittent urinary catheter, coude (curved) tip, each	150 Under age 21	$2.90	Astra-Tech (Lofric) 960000 Series Coloplast 4600, 4800 Series
(24)	EA	A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or w/o tube, each	3	$5.74	Coloplast UB0500 Bard 802001 AMSINO AS332

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(25)	EA	A4358 Urinary leg bag, vinyl, with or w/o tube, each *XX Denotes French Size	10	$5.22	Coloplast UB0600 Coloplast UB0950 AMSINO AS300 Series Coloplast 9000
(26)	OZ	A4402 Lubricant	10 OZ.	$.32	Triad Lubricating Jelly 10-8919
(27)	EA	T4521 Adult size brief / diaper small, each	300	$.43	Select PBE 2620 Tranquility Full Fit PBE 2120 Attends BRBX10 Hook & Loop Covidien 63062 Tenna Specialty Brief SCA 66150 FQ IB Brief IB-011 KN66032 Small Wings Choice Plus Quilted
(28)	EA	T4522 Adult size brief / diaper medium, each	300	$.44	Select Full fit, PBE 2624 Hook & Loop Covidien 63063 Attends BR20 Attends BRB20 Tena Ultra Brief Med SCA 68121 FQ Per-Fit Breathable PF-012/1 KN66033 Med Wings Choice Plus Quilted Wings Choice Adult Brief Medium, Covidien KN60043DP
(29)	EA	T4523 Adult size brief / diaper large, each	300	$.58	Select Full Fit, PBE 2634 Hook & Loop Covidien 63064 Attends BR30 Attends BRB30 Tena Ultra Brief Large SCA68122 FQ Per-Fit Breathable PF-013/1 KN66034 Large Wings Choice Plus Quilted Wings Choice Adult Brief Large, Covidien KN60044DP
(30)	EA	T4524 Adult size brief / diaper x-large, each	300	$.65	Select Full Fit, PBE 2635 Hook & Loop Covidien 63065 Attends BR40 Attends BRB40 FQ Per-Fit Breathable PF-014/1 KN66035 X-Large Wings Choice Plus Quilted Wings Choice Adult Brief XLG, Covidien KN60045DP

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(31)	EA	T4525 Adult size pull on small, each	150	$.71	Select Sm, PBE 2604 Sure Care Protective Underwear Covidien 1605 Attends 7 PaperPak APP0710 Dignity Humanicare 46076
(32)	EA	T4526 Adult size pull on medium, each	150	$.71	Select Med, PBE 2605 Sure Care Protective Underwear Covidien 1605 Attends 7 APP0720 Dignity Humanicare 46077 Tena Plus SCA 72436 FQ Per-Fit PF-512
(33)	EA	T4527 Adult size pull on large, each	150	$.79	Select Lg, PBE 2606 Sure Care Protective Underwear Covidien 1615 Attends 7 PaperPak APP0730 Dignity Humanicare 46078 Tena Plus SCA 72437 FQ Per-Fit PF-513
(34)	EA	T4528 Adult size pull on x-large, each	150	$1.02	Select XLG, PBE 2607 Sure Care Protective Underwear Covidien 1625 Attends 7 PaperPak APP0740 Dignity Humanicare 46079 Tena Plus SCA 72438 FA Per-Fit PF-514 FQ Prevail Extra (XXL-Bariatric PV-517) SureCare Protective Underwear XX-Large 60”-80”, COV1630
(35)	EA	T4529 Pediatric size brief / diaper small / medium, each	300 up to age 13. Age 13 & over require PA.	$.40	Curity Ultra Fits Covidien 80018 Curity Utra Fits Covidien 80028 Huggies Ultratrim SZ1-2 HG52164 Huggies Ultratrim SZ3 HG211980 Luvs Baby Diapers Size 2, 12-18 lbs. 732921 Luvs Baby Diapers Size 3, 16-28 lbs. 734527 First Quality, CR2001, Cuties TM Baby Diaper-Size 2, 12-18 lbs. First Quality, CR3001, Cuties TM Baby Diaper-Size 3, 16-28 lbs.

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(36)	EA	T4530 Pediatric size brief / diaper large, each	300 up to age 13. Age 13 & over require PA.	$.44	Curity Ultra Fits Covidien 80038CF Curity Ultra Fits Covidien 80048 Huggies Ultratrim SZ5 XL HG211994 Huggies Ultratrim SZ4 Lrg HG211987 Luvs Baby Diapers Size 4, 22-37 lbs. 734401 Luvs Baby Diapers Size 5, 27+ lbs. 733187 First Quality, CR4001, Cuties TM Baby Diaper-Size 4, 22-37 lbs. First Quality, CR5001, Cuties TM Baby Diaper-Size 5, 27+ lbs.
(37)	EA	T4531 Pediatric size pull on small /medium, each	150	$.42	Run Around, Md. Boy Covidien 70063B Run Around, Md. Girl Covidien 70063G Huggies Youth Pull On Briefs 2T-3T MED Boy HG86171, Huggies Youth Pull On Briefs 2T-3T MED Girl HG86172 Curity Sleeppants Covidien 70073
(38)	EA	T4532 Pediatric size pull on large, each	150	$.44	Run Around Lg. Boy, Covidien 70064B Run Around Lg. Girl, Covidien 70064G Huggies Youth Pull On Briefs 3T-4T BOYS HG86173 Huggies Youth Pull On Briefs 3T-4T GIRLS HG86174
(39)	EA	T4533 Youth size brief / diaper, each	300	$.46	Tranquility PBE 2166 Select PBE 2666 Select Toddler + PBE 2665 Attends Briefs 10 Classic Youth Diaper BRCL1000 Curity Ultra Fits Covidien 0058 Huggies Ultratrim SZ6 HG212001 Luvs Baby Diapers Size 6, 35+ lbs. 734534 First Quality, CR6001, Cuties TM Baby Diaper-Size 6, 35+ lbs.

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(40)	EA	T4534 Youth size pull on, each	150	$.64	Select Extra Small Brief, PBE 2603 RunAround X-Lg. Boy Covidien 70065B RunAround X-Lg. Girl Covidien 70065G Huggies Pull-Up 4T-5T Boy HG86175 Huggies Pull-Up 4T-5T Girl HG86182 Curity Sleeppants Covidien 70074 Curity Sleeppants Covidien 70075 Sleep Overs® Youth Underwear SLP05301 Sleep Overs® Youth Underwear SLP05302, 65-125 lbs.

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(41)	EA	T4535 Disposable liner / shield / pad, each	300	$.29	Booster Pad, PBE 2760 Select 4.25x14.5, PBE 2671 Select 7x14, PBE 2691 Select 7x17, PBE 2690 Select Extra Absorb, PBE 2681, PBE 2682 Select Shield PBE 2648 Booster Pad PBE 2072 Tranquility Super Plus Trimshield, PBE 2083 Dignity ThinSerts Humanicare 30054 Humanicare Dignity Natural Liner HC26955, HC26954 Humanicare Stackable Pad HC30053 Humanicare Dignity Plus Super Liner HC30071 Humanicare Dignity Plus Liner HC30074 Humanicare Dignity Briefmates HC30225 Humanicare Spartan Liners HC40340 Covidien Incontinence Liner KN1100B22, KN1140B16 Attends Shaped Pad LP0500 Serenity extra pads(mod) SCA 48900 FQ Prevail/male guard PV-811 FQ Prevail Pantiliner PV-926 FQ Prevail Day Time Liner PL-100/1 and Attends LP0600 Prevail Bladder Control Pad-extra BC-012 Absorbent Products Company 19244 Booster Liner
(42)	EA	T4536 Reusable washable underwear any size, each	10	$7.72	PBE 2684 MED PBE 2685 LRG PBE 2686 XL Covidien KN705A Small/Med. Covidien KN706A Large/ X-Large Covidien KN707A XX-Large/ XXX-Large
(43)	EA	T4541 Disposable underpads (e.g., Chux's), large 23 x 36	180	$.25	Covidien 1093DP, 7176 PBE 2673, 2675 Griffin Medical 1836

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(44)	EA	T4542 Disposable underpads (e.g., Chux's), small 17 x 24	180	$.25	PaperPak UFS170 Griffin Medical Underpad 17x24 #2504
(45)	EA	T4543 Bariatric adult size brief / diaper xx-large, each	300	$1.89	Whitestone 43790 Prevail Breathable Bariatric Brief, 63"-94"
(46)	EA	A4649 Misc. Supply	1	P. A. Required	No Reference
(47)	EA	A5112 Urinary leg bag; latex	2	$22.91	Coloplast 4157, 4175
(48)	EA	A5120 Skin barrier, wipes, 50/box (antiseptic), per wipe	100	$.16	Coloplast 44005
(49)	EA	S5199 Personal Care Products / Wipes/Adult/Baby, per wipe	100	$.09	Innovative DermAssist 80-301 ABCO Antiseptic Towelettes NDC634915 Kimberly-Clark Huggies Natural Care Wipes (unscented) HG18600 EM77000
(50)	EA	A6250 Skin sealants, protectants, moisturizers, ointment, any type, any size	2	$3.71	Secura Smith & Nephew 2.47 oz 59431500 Covidien Vaseline Constant Care 2 oz KN8884737500 DermaRite Periguard 3.5 oz 00204
(51)	EA	A4520 Diaper/Incontinent pant, reusable/washable	1	$10.25	Select PBE 3080 series Humanicare 16000 series Humanicare 40200 series Humanicare Spartan Unisex Waterproof Pant HC10000 Series Covidien 689 SML Covidien 691 MED Covidien 694 LRG Covidien 698 XL
(52)	EA	A4354 Insertion Tray with Drainage Bag	10	$6.35	Coloplast UT9183
(53)	EA	A4353 Intermittent Urinary Catheter with Insertion Supplies	150	$3.80	Coloplast 1008, 1012, 1014, 1016, 3110, 3112, 3114, 3116, 3212, 3214, UT8140, UT8150

Form No. DMB 234A (Rev. 1/96)
AUTHORITY: Act 431 of 1984
COMPLETION: Required
PENALTY: Failure to deliver in accordance with Contract terms and conditions and this notice may be considered in default of Contract

STATE OF MICHIGAN
DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET September 20, 2011
PURCHASING OPERATIONS
P.O. BOX 30026, LANSING, MI 48909
OR
530 W. ALLEGAN, LANSING, MI 48933

CHANGE NOTICE NO. 14
TO
CONTRACT NO. 071B8200196

between
THE STATE OF MICHIGAN
and

NAME & ADDRESS OF CONTRACTOR **J & B Medical Supply Co., Inc.** **50496 West Pontiac Trail** **Wixom, MI 48393** **Email: lbennet@jandbmedical.com**	TELEPHONE (800) 737-0045 **Loren Bennett ext. 227** CONTRACTOR NUMBER/MAIL CODE BUYER/CA (517) 373-0301 **Sue Cieciwa**
CONTRACT COMPLIANCE INSPECTOR: **Penny Saites (517) 335-5096** **Mail Order Incontinent Supplies and Services – Department of Community Health**	
CONTRACT PERIOD: **3 yrs. + 2 one-year options** From: **July 2, 2008** To: **July 1, 2013**	
TERMS **N/A**	SHIPMENT **As Required**
F.O.B. **Delivered**	SHIPPED FROM **Wixom, MI**
ALTERNATE PAYMENT OPTIONS: ☐ P-card ☐ Direct Voucher (DV) ☐ Other	
MINIMUM DELIVERY REQUIREMENTS **None**	

NATURE OF CHANGE:

Effective August 1, 2011, Appendix I is revised as follows:

The following Brand/Manufacturer is ADDED to Item No. 21 A4351-U4 Intermittent urinary catheter, straight tip, each:

Brand/Manufacturer: Coloplast:
28578 SpeediCath Compact Female, 8FR.
28580 SpeediCath Compact Female,10FR.
28582 SpeediCath Compact Female, 12FR
28584 SpeediCath Compact Female, 14FR.
28408 Speedicath Male Ready-To-Use, 8 FR.
28410 Speedicath Male Ready-To-Use, 10 FR.
28412 Speedicath Male Ready-To-Use, 12 FR.
28414 Speedicath Male Ready-To-Use, 14 FR.
28416 Speedicath Male Ready-To-Use, 16 FR.

28418 Speedicath Male Ready-To-Use, 18 FR.

<u>Effective September 1, 2011, Appendix I is revised as follows:</u>

The following Brand/Manufacturer is ADDED to Item No. 43 T4541 Disposable underpads (e.g., Chux's), large 23 x 36:

Covidien 7176

Revised Appendix I and Appendix I – Wisconsin are attached. All other terms, conditions, specifications and pricing remain unchanged.

AUTHORITY/REASON:

Per vendor request by email dated July 26, 2011 and August 9, 2011 and agency request dated September 13, 2011.

TOTAL ESTIMATED CONTRACT VALUE REMAINS: $86,799,580.20

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(1)	**EA**	**A4310 Insertion tray without drainage bag and without catheter (accessories only)**	**2**	**$1.68**	**Coloplast UT7010 10 cc Coloplast UT7030 30 cc AMSINO AS880 10 cc AMSINO AS890 30 cc**
(2)	**EA**	**A4311 Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating, (Teflon, silicone, silicone elastomer or hydrophilic, etc.)**	**2**	**$3.55**	**Coloplast UT8100 Series Bard 800 Series**
(3)	**EA**	**A4312 Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone**	**2**	**$3.75**	**Bard 720000 Series**
(4)	**EA**	**A4314 Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)**	**2**	**$3.25**	**Coloplast UT8183 Series Coloplast UT8163 Series**
(5)	**EA**	**A4315 Insertion tray with drainage bag, with indwelling catheter, foley type, two-way, all silicone**	**2**	**$5.00**	**Covidien 6900 Series**
(6)	**EA**	**A4320 Irrigation tray with bulb or piston syringe, any purpose**	**30**	**$.82**	**Coloplast UT1001 (Bulb) Coloplast UT1002 (Piston) AMSINO AS130 (Bulb) AMSINO AS136 (Piston)**
(7)	**EA**	**A4322 Irrigation syringe, bulb or piston, each**	**30**	**$.44**	**Coloplast UT1004 Amsino AS011 (Bulb) Bard 750379**
(8)	**EA**	**A4349 Male external catheter (G)**	**96**	**$.62**	**Coloplast 9200 Coloplast 5000 Series Coloplast 8000 Series**
(9)	**EA**	**A4349 Male external catheter (G) with adhesive strip, each**	**96**	**$.47**	**Coloplast 7200 Series**
(10)	**EA**	**A4326 Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each**	**30**	**$.88**	**Coloplast 7800, 7850, 8205, 8100, 8200, 8305, 8400 Hollister 9897, 9898**
(11)	**EA**	**A4328 Female external urinary collection device; pouch, each**	**10**	**$2.25**	**Hollister 9840**
(12)	**EA**	**A4330 Perianal fecal collection pouch with adhesive, each**	**10**	**$6.11**	**Hollister 9821, 9822 Convatec 650078**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(13)	**EA**	**A4331 Extension drainage tubing, any type, any length, with connector/adapter, for us with urinary leg bag or urostomy pouch, each**	**4**	**$1.55**	**Coloplast 475, 7092 AMSINO AS311**
(14)	**EA**	**A4333 Urinary catheter anchoring device, adhesive skin attachment**	**4**	**$.70**	**Coloplast 4065**
(15)	**EA**	**A4334 Urinary catheter anchoring device, leg strap**	**6**	**$.61**	**Covidien 8887600149**
(16)	**EA**	**A4335 Belted/Unbelted Undergarment WO Sides**	**150**	**$.42**	**Select Belt Less, PBE 2078 Select Day + Belt Less, PBE 2694 Select Belted, PBE 2650 Select Night Time, PBE 2695 Select, PBE 2693 Humanicare 30073 Tranquility Belted Undergarment, PBE 2150 Covidien Belted Undergarment, MD-171B10 Kimberly-Clark Depends 19640, 19696 Prevail Extra Plus Liner BC-013, First Quality**
(17)	**EA**	**A4338 Indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.) each**	**2**	**$.92**	**Coloplast UC2500 Series Coloplast UC2300 Series AMSINO AS4000 Series**
(18)	**EA**	**A4340 Indwelling catheter, specialty type, e.g. Coude, mushroom, wing, etc., each**	**5**	**$2.25**	**Coloplast UC6000 and 6500 Series**
(19)	**EA**	**A4344 Indwelling catheter, foley type, two-way, all silicone, each *XX Denotes French Size**	**5**	**$3.50**	**Coloplast AA61XX Series Coloplast AA6CXX Series Coloplast AASC23XX Series AMSINO AS40000 Series**
(20)	**EA**	**A4351 Intermittent urinary catheter, straight tip, each**	**150**	**$.52**	**Coloplast NC1000 Series Coloplast UC1000 Coloplast 110 Series Coloplast 200 Series Coloplast 300 Series Coloplast 400 Series AMSINO AS861000 Series Coviden KN8888492025 Coviden KN8888492033 Coviden KN8888492041 Coviden KN8888492058**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(21)	**EA**	**A4351-U4 Intermittent urinary catheter, straight tip, each**	**150 Under age 21**	**$1.70**	**Astra-Tech (Lofric) 900000, 940000, 9300000 Series Coloplast 4100, 4200, 4300, 4400 Series Coloplast 28578 SpeediCath Compact Female, 8FR. Coloplast 28580 SpeediCath Compact Female,10FR. Coloplast 28582 SpeediCath Compact Female, 12FR Coloplast 28584 SpeediCath Compact Female, 14FR. Coloplast 28408 Speedicath Male Ready-To-Use, 8 FR. Coloplast 28410 Speedicath Male Ready-To-Use, 10 FR. Coloplast 28412 Speedicath Male Ready-To-Use, 12 FR. Coloplast 28414 Speedicath Male Ready-To-Use, 14 FR. Coloplast 28416 Speedicath Male Ready-To-Use, 16 FR. Coloplast 28418 Speedicath Male Ready-To-Use, 18 FR.**
(22)	**EA**	**A4352 Intermittent urinary catheter, coude (curved) tip, each**	**150**	**$1.42**	**Coloplast 500 Series Coloplast 600 Series Coloplast 800 Series Coloplast UC6000 Series**
(23)	**EA**	**A4352-U4 Intermittent urinary catheter, coude (curved) tip, each**	**150 Under age 21**	**$2.31**	**Astra-Tech (Lofric) 960000 Series Coloplast 4600, 4800 Series**
(24)	**EA**	**A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or w/o tube, each**	**3**	**$1.55**	**Coloplast UB0500 Bard 802001 AMSINO AS332**
(25)	**EA**	**A4358 Urinary leg bag, vinyl, with or w/o tube, each *XX Denotes French Size**	**10**	**$1.50**	**Coloplast UB0600 Coloplast UB0950 AMSINO AS300 Series Coloplast 9000**
(26)	**OZ**	**A4402 Lubricant**	**10 OZ.**	**$.23**	**Triad Lubricating Jelly 10-8919**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(27)	**EA**	**T4521 Adult size brief / diaper small, each**	**300**	**$.35**	**Select PBE 2620 Tranquility Full Fit PBE 2120 Attends BRBX10 Hook & Loop Covidien 63062 Tenna Specialty Brief SCA 66150 FQ IB Brief IB-011 KN66032 Small Wings Choice Plus Quilted**
(28)	**EA**	**T4522 Adult size brief / diaper medium, each**	**300**	**$.33**	**Select Full fit, PBE 2624 Hook & Loop Covidien 63063 Attends BR20 Attends BRB20 Tena Ultra Brief Med SCA 68121 FQ Per-Fit Breathable PF-012/1 KN66033 Med Wings Choice Plus Quilted Wings Choice Adult Brief Medium, Covidien KN60043DP**
(29)	**EA**	**T4523 Adult size brief / diaper large, each**	**300**	**$.41**	**Select Full Fit, PBE 2634 Hook & Loop Covidien 63064 Attends BR30 Attends BRB30 Tena Ultra Brief Large SCA68122 FQ Per-Fit Breathable PF-013/1 KN66034 Large Wings Choice Plus Quilted Wings Choice Adult Brief Large, Covidien KN60044DP**
(30)	**EA**	**T4524 Adult size brief / diaper x-large, each**	**300**	**$.49**	**Select Full Fit, PBE 2635 Hook & Loop Covidien 63065 Attends BR40 Attends BRB40 FQ Per-Fit Breathable PF-014/1 KN66035 X-Large Wings Choice Plus Quilted Wings Choice Adult Brief XLG, Covidien KN60045DP**
(31)	**EA**	**T4525 Adult size pull on small, each**	**150**	**$.48**	**Select Sm, PBE 2604 Sure Care Protective Underwear Covidien 1605 Attends 7 PaperPak APP0710 Dignity Humanicare 46076**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(32)	**EA**	**T4526 Adult size pull on medium, each**	**150**	**$.49**	**Select Med, PBE 2605 Sure Care Protective Underwear Covidien 1605 Attends 7 APP0720 Dignity Humanicare 46077 Tena Plus SCA 72436 FQ Per-Fit PF-512**
(33)	**EA**	**T4527 Adult size pull on large, each**	**150**	**$.54**	**Select Lg, PBE 2606 Sure Care Protective Underwear Covidien 1615 Attends 7 PaperPak APP0730 Dignity Humanicare 46078 Tena Plus SCA 72437 FQ Per-Fit PF-513**
(34)	**EA**	**T4528 Adult size pull on x-large, each**	**150**	**$.69**	**Select XLG, PBE 2607 Sure Care Protective Underwear Covidien 1625 Attends 7 PaperPak APP0740 Dignity Humanicare 46079 Tena Plus SCA 72438 FA Per-Fit PF-514 FQ Prevail Extra (XXL-Bariatric PV-517) SureCare Protective Underwear XX-Large 60”-80”, COV1630**
(35)	**EA**	**T4529 Pediatric size brief / diaper small / medium, each**	**300 up to age 13. Age 13 & over require PA.**	**$.23**	**Curity Ultra Fits Covidien 80018 Curity Utra Fits Covidien 80028 Huggies Ultratrim SZ1-2 HG52164 Huggies Ultratrim SZ3 HG211980 Luvs Baby Diapers Size 2, 12-18 lbs. 732921 Luvs Baby Diapers Size 3, 16-28 lbs. 734527 First Quality, CR2001, Cuties TM Baby Diaper-Size 2, 12-18 lbs. First Quality, CR3001, Cuties TM Baby Diaper-Size 3, 16-28 lbs.**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(36)	**EA**	**T4530 Pediatric size brief / diaper large, each**	**300 up to age 13. Age 13 & over require PA.**	**$.32**	**Curity Ultra Fits Covidien 80038CF** **Curity Ultra Fits Covidien 80048** **Huggies Ultratrim SZ5 XL HG211994** **Huggies Ultratrim SZ4 Lrg HG211987** **Luvs Baby Diapers Size 4, 22-37 lbs. 734401** **Luvs Baby Diapers Size 5, 27+ lbs. 733187** **First Quality, CR4001, Cuties TM Baby Diaper-Size 4, 22-37 lbs.** **First Quality, CR5001, Cuties TM Baby Diaper-Size 5, 27+ lbs.**
(37)	**EA**	**T4531 Pediatric size pull on small /medium, each**	**150**	**$.39**	**Run Around, Md. Boy Covidien 70063B** **Run Around, Md. Girl Covidien 70063G** **Huggies Youth Pull On Briefs 2T-3T MED Boy HG86171,** **Huggies Youth Pull On Briefs 2T-3T MED Girl HG86172** **Curity Sleeppants Covidien 70073**
(38)	**EA**	**T4532 Pediatric size pull on large, each**	**150**	**$.43**	**Run Around Lg. Boy, Covidien 70064B** **Run Around Lg. Girl, Covidien 70064G** **Huggies Youth Pull On Briefs 3T-4T BOYS HG86173** **Huggies Youth Pull On Briefs 3T-4T GIRLS HG86174**
(39)	**EA**	**T4533 Youth size brief / diaper, each**	**300**	**$.33**	**Tranquility PBE 2166** **Select PBE 2666** **Select Toddler + PBE 2665** **Attends Briefs 10 Classic Youth Diaper BRCL1000** **Curity Ultra Fits Covidien 0058** **Huggies Ultratrim SZ6 HG212001** **Luvs Baby Diapers Size 6, 35+ lbs. 734534** **First Quality, CR6001, Cuties TM Baby Diaper-Size 6, 35+ lbs.**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(40)	**EA**	**T4534 Youth size pull on, each**	**150**	**$.49**	**Select Extra Small Brief, PBE 2603** **RunAround X-Lg. Boy Covidien 70065B** **RunAround X-Lg. Girl Covidien 70065G** **Huggies Pull-Up 4T-5T Boy HG86175** **Huggies Pull-Up 4T-5T Girl HG86182** **Curity Sleeppants Covidien 70074** **Curity Sleeppants Covidien 70075** **Sleep Overs® Youth Underwear SLP05301** **Sleep Overs® Youth Underwear SLP05302, 65-125 lbs.**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(41)	**EA**	**T4535 Disposable liner / shield / pad, each**	**300**	**$.19**	**Booster Pad, PBE 2760 Select 4.25x14.5, PBE 2671 Select 7x14, PBE 2691 Select 7x17, PBE 2690 Select Extra Absorb, PBE 2681, PBE 2682 Select Shield PBE 2648 Booster Pad PBE 2072 Tranquility Super Plus Trimshield, PBE 2083 Dignity ThinSerts Humanicare 30054 Humanicare Dignity Natural Liner HC26955, HC26954 Humanicare Stackable Pad HC30053 Humanicare Dignity Plus Super Liner HC30071 Humanicare Dignity Plus Liner HC30074 Humanicare Dignity Briefmates HC30225 Humanicare Spartan Liners HC40340 Covidien Incontinence Liner KN1100B22, KN1140B16 Attends Shaped Pad LP0500 Serenity extra pads(mod) SCA 48900 FQ Prevail/male guard PV-811 FQ Prevail Pantiliner PV-926 FQ Prevail Day Time Liner PL-100/1 and Attends LP0600 Prevail Bladder Control Pad-extra BC-012 Absorbent Products Company 19244 Booster Liner**
(42)	**EA**	**T4536 Reusable washable underwear any size, each**	**10**	**$1.08**	**PBE 2684 MED PBE 2685 LRG PBE 2686 XL Covidien KN705A Small/Med. Covidien KN706A Large/ X-Large Covidien KN707A XX-Large/ XXX-Large**
(43)	**EA**	**T4541 Disposable underpads (e.g., Chux's), large 23 x 36**	**180**	**$.15**	**Covidien 1093DP, 7176 PBE 2673, 2675 Griffin Medical 1836**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(44)	**EA**	**T4542 Disposable underpads (e.g., Chux's), small 17 x 24**	**180**	**$.12**	**PaperPak UFS170 Griffin Medical Underpad 17x24 #2504**
(45)	**EA**	**T4543 Bariatric adult size brief / diaper xx-large, each**	**300**	**$1.35**	**Whitestone 43790 Prevail Breathable Bariatric Brief, 63"-94"**
(46)	**EA**	**A4649 Misc. Supply**	**1**	**P. A. Required**	**No Reference**
(47)	**EA**	**A5112 Urinary leg bag; latex**	**2**	**$1.50**	**Coloplast 4157, 4175**
(48)	**EA**	**A5120 Skin barrier, wipes, 50/box (antiseptic), per wipe**	**100**	**$.10**	**Coloplast 44005**
(49)	**EA**	**S5199 Personal Care Products / Wipes/Adult/Baby, per wipe**	**100**	**$.08**	**Innovative DermAssist 80-301 ABCO Antiseptic Towelettes NDC634915 Kimberly-Clark Huggies Natural Care Wipes (unscented) HG18600**
(50)	**EA**	**A6250 Skin sealants, protectants, moisturizers, ointment, any type, any size**	**2**	**$2.99**	**Secura Smith & Nephew 2.47 oz 59431500 Covidien Vaseline Constant Care 2 oz KN8884737500 DermaRite Periguard 3.5 oz 00204**
(51)	**EA**	**A4520 Diaper/Incontinent pant, reusable/washable**	**1**	**$8.15**	**Select PBE 3080 series Humanicare 16000 series Humanicare 40200 series Humanicare Spartan Unisex Waterproof Pant HC10000 Series Covidien 689 SML Covidien 691 MED Covidien 694 LRG Covidien 698 XL**
(52)	**EA**	**A4354 Insertion Tray with Drainage Bag**	**10**	**$5.25**	**Coloplast UT9183**
(53)	**EA**	**A4353 Intermittent Urinary Catheter with Insertion Supplies**	**150**	**$3.40**	**Coloplast 1008, 1012, 1014, 1016, 3110, 3112, 3114, 3116, 3212, 3214, UT8140, UT8150**

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(1)	**EA**	**A4310 Insertion tray without drainage bag and without catheter (accessories only)**	**2**	**$3.85**	**Coloplast UT7010 10 cc Coloplast UT7030 30 cc AMSINO AS880 10 cc AMSINO AS890 30 cc**
(2)	**EA**	**A4311 Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating, (Teflon, silicone, silicone elastomer or hydrophilic, etc.)**	**2**	**$9.26**	**Coloplast UT8100 Series Bard 800 Series**
(3)	**EA**	**A4312 Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone**	**2**	**$9.50**	**Bard 720000 Series**
(4)	**EA**	**A4314 Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)**	**2**	**$13.25**	**Coloplast UT8183 Series Coloplast UT8163 Series**
(5)	**EA**	**A4315 Insertion tray with drainage bag, with indwelling catheter, foley type, two-way, all silicone**	**2**	**$13.59**	**Covidien 6900 Series**
(6)	**EA**	**A4320 Irrigation tray with bulb or piston syringe, any purpose**	**30**	**$1.92**	**Coloplast UT1001 (Bulb) Coloplast UT1002 (Piston) AMSINO AS130 (Bulb) AMSINO AS136 (Piston)**
(7)	**EA**	**A4322 Irrigation syringe, bulb or piston, each**	**30**	**$2.20**	**Coloplast UT1004 Amsino AS011 (Bulb) Bard 750379**
(8)	**EA**	**A4349 Male external catheter (G)**	**96**	**$.83**	**Coloplast 9200 Coloplast 5000 Series Coloplast 8000 Series**
(9)	**EA**	**A4349 Male external catheter (G) with adhesive strip, each**	**96**	**$.83**	**Coloplast 7200 Series**
(10)	**EA**	**A4326 Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each**	**30**	**$7.14**	**Coloplast 7800, 7850, 8205, 8100, 8200, 8305, 8400 Hollister 9897, 9898**
(11)	**EA**	**A4328 Female external urinary collection device; pouch, each**	**10**	**$7.10**	**Hollister 9840**
(12)	**EA**	**A4330 Perianal fecal collection pouch with adhesive, each**	**10**	**$6.86**	**Hollister 9821, 9822 Convatec 650078**

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(13)	**EA**	**A4331 Extension drainage tubing, any type, any length, with connector/adapter, for us with urinary leg bag or urostomy pouch, each**	**4**	**$1.80**	**Coloplast 475, 7092 AMSINO AS311**
(14)	**EA**	**A4333 Urinary catheter anchoring device, adhesive skin attachment**	**4**	**$1.12**	**Coloplast 4065**
(15)	**EA**	**A4334 Urinary catheter anchoring device, leg strap**	**6**	**$.81**	**Covidien 8887600149**
(16)	**EA**	**A4335 Belted/Unbelted Undergarment WO Sides**	**150**	**$.78**	**Select Belt Less, PBE 2078 Select Day + Belt Less, PBE 2694 Select Belted, PBE 2650 Select Night Time, PBE 2695 Select, PBE 2693 Humanicare 30073 Tranquility Belted Undergarment, PBE 2150 Covidien Belted Undergarment, MD-171B10 Kimberly-Clark Depends 19640, 19696 Prevail Extra Plus Liner BC-013, First Quality**
(17)	**EA**	**A4338 Indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.) each**	**2**	**$6.45**	**Coloplast UC2500 Series Coloplast UC2300 Series AMSINO AS4000 Series**
(18)	**EA**	**A4340 Indwelling catheter, specialty type, e.g. Coude, mushroom, wing, etc., each**	**5**	**$5.45**	**Coloplast UC6000 and 6500 Series**
(19)	**EA**	**A4344 Indwelling catheter, foley type, two-way, all silicone, each *XX Denotes French Size**	**5**	**$7.75**	**Coloplast AA61XX Series Coloplast AA6CXX Series Coloplast AASC23XX Series AMSINO AS40000 Series**
(20)	**EA**	**A4351 Intermittent urinary catheter, straight tip, each**	**150**	**$1.20**	**Coloplast NC1000 Series Coloplast UC1000 Coloplast 110 Series Coloplast 200 Series Coloplast 300 Series Coloplast 400 Series AMSINO AS861000 Series Coviden KN8888492025 Coviden KN8888492033 Coviden KN8888492041 Coviden KN8888492058**

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(21)	**EA**	**A4351-U4 Intermittent urinary catheter, straight tip, each**	**150 Under age 21**	**$2.25**	**Astra-Tech (Lofric) 900000, 940000, 9300000 Series Coloplast 4100, 4200, 4300, 4400 Series Coloplast 28578 SpeediCath Compact Female, 8FR. Coloplast 28580 SpeediCath Compact Female,10FR. Coloplast 28582 SpeediCath Compact Female, 12FR Coloplast 28584 SpeediCath Compact Female, 14FR. Coloplast 28408 Speedicath Male Ready-To-Use, 8 FR. Coloplast 28410 Speedicath Male Ready-To-Use, 10 FR. Coloplast 28412 Speedicath Male Ready-To-Use, 12 FR. Coloplast 28414 Speedicath Male Ready-To-Use, 14 FR. Coloplast 28416 Speedicath Male Ready-To-Use, 16 FR. Coloplast 28418 Speedicath Male Ready-To-Use, 18 FR.**
(22)	**EA**	**A4352 Intermittent urinary catheter, coude (curved) tip, each**	**150**	**$2.45**	**Coloplast 500 Series Coloplast 600 Series Coloplast 800 Series Coloplast UC6000 Series**
(23)	**EA**	**A4352-U4 Intermittent urinary catheter, coude (curved) tip, each**	**150 Under age 21**	**$2.90**	**Astra-Tech (Lofric) 960000 Series Coloplast 4600, 4800 Series**
(24)	**EA**	**A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or w/o tube, each**	**3**	**$5.74**	**Coloplast UB0500 Bard 802001 AMSINO AS332**
(25)	**EA**	**A4358 Urinary leg bag, vinyl, with or w/o tube, each *XX Denotes French Size**	**10**	**$5.22**	**Coloplast UB0600 Coloplast UB0950 AMSINO AS300 Series Coloplast 9000**
(26)	**OZ**	**A4402 Lubricant**	**10 OZ.**	**$.32**	**Triad Lubricating Jelly 10-8919**
(27)	**EA**	**T4521 Adult size brief / diaper small, each**	**300**	**$.43**	**Select PBE 2620 Tranquility Full Fit PBE 2120 Attends BRBX10 Hook & Loop Covidien 63062 Tenna Specialty Brief SCA 66150 FQ IB Brief IB-011 KN66032 Small Wings Choice Plus Quilted**

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(28)	**EA**	**T4522 Adult size brief / diaper medium, each**	**300**	**$.44**	**Select Full fit, PBE 2624 Hook & Loop Covidien 63063 Attends BR20 Attends BRB20 Tena Ultra Brief Med SCA 68121 FQ Per-Fit Breathable PF-012/1 KN66033 Med Wings Choice Plus Quilted Wings Choice Adult Brief Medium, Covidien KN60043DP**
(29)	**EA**	**T4523 Adult size brief / diaper large, each**	**300**	**$.58**	**Select Full Fit, PBE 2634 Hook & Loop Covidien 63064 Attends BR30 Attends BRB30 Tena Ultra Brief Large SCA68122 FQ Per-Fit Breathable PF-013/1 KN66034 Large Wings Choice Plus Quilted Wings Choice Adult Brief Large, Covidien KN60044DP**
(30)	**EA**	**T4524 Adult size brief / diaper x-large, each**	**300**	**$.65**	**Select Full Fit, PBE 2635 Hook & Loop Covidien 63065 Attends BR40 Attends BRB40 FQ Per-Fit Breathable PF-014/1 KN66035 X-Large Wings Choice Plus Quilted Wings Choice Adult Brief XLG, Covidien KN60045DP**
(31)	**EA**	**T4525 Adult size pull on small, each**	**150**	**$.71**	**Select Sm, PBE 2604 Sure Care Protective Underwear Covidien 1605 Attends 7 PaperPak APP0710 Dignity Humanicare 46076**
(32)	**EA**	**T4526 Adult size pull on medium, each**	**150**	**$.71**	**Select Med, PBE 2605 Sure Care Protective Underwear Covidien 1605 Attends 7 APP0720 Dignity Humanicare 46077 Tena Plus SCA 72436 FQ Per-Fit PF-512**

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(33)	**EA**	**T4527 Adult size pull on large, each**	**150**	**$.79**	**Select Lg, PBE 2606 Sure Care Protective Underwear Covidien 1615 Attends 7 PaperPak APP0730 Dignity Humanicare 46078 Tena Plus SCA 72437 FQ Per-Fit PF-513**
(34)	**EA**	**T4528 Adult size pull on x-large, each**	**150**	**$1.02**	**Select XLG, PBE 2607 Sure Care Protective Underwear Covidien 1625 Attends 7 PaperPak APP0740 Dignity Humanicare 46079 Tena Plus SCA 72438 FA Per-Fit PF-514 FQ Prevail Extra (XXL-Bariatric PV-517) SureCare Protective Underwear XX-Large 60”-80”, COV1630**
(35)	**EA**	**T4529 Pediatric size brief / diaper small / medium, each**	**300 up to age 13. Age 13 & over require PA.**	**$.40**	**Curity Ultra Fits Covidien 80018 Curity Utra Fits Covidien 80028 Huggies Ultratrim SZ1-2 HG52164 Huggies Ultratrim SZ3 HG211980 Luvs Baby Diapers Size 2, 12-18 lbs. 732921 Luvs Baby Diapers Size 3, 16-28 lbs. 734527 First Quality, CR2001, Cuties TM Baby Diaper-Size 2, 12-18 lbs. First Quality, CR3001, Cuties TM Baby Diaper-Size 3, 16-28 lbs.**
(36)	**EA**	**T4530 Pediatric size brief / diaper large, each**	**300 up to age 13. Age 13 & over require PA.**	**$.44**	**Curity Ultra Fits Covidien 80038CF Curity Ultra Fits Covidien 80048 Huggies Ultratrim SZ5 XL HG211994 Huggies Ultratrim SZ4 Lrg HG211987 Luvs Baby Diapers Size 4, 22-37 lbs. 734401 Luvs Baby Diapers Size 5, 27+ lbs. 733187 First Quality, CR4001, Cuties TM Baby Diaper-Size 4, 22-37 lbs. First Quality, CR5001, Cuties TM Baby Diaper-Size 5, 27+ lbs.**

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(37)	**EA**	**T4531 Pediatric size pull on small /medium, each**	**150**	**$.42**	**Run Around, Md. Boy Covidien 70063B Run Around, Md. Girl Covidien 70063G Huggies Youth Pull On Briefs 2T-3T MED Boy HG86171, Huggies Youth Pull On Briefs 2T-3T MED Girl HG86172 Curity Sleeppants Covidien 70073**
(38)	**EA**	**T4532 Pediatric size pull on large, each**	**150**	**$.44**	**Run Around Lg. Boy, Covidien 70064B Run Around Lg. Girl, Covidien 70064G Huggies Youth Pull On Briefs 3T-4T BOYS HG86173 Huggies Youth Pull On Briefs 3T-4T GIRLS HG86174**
(39)	**EA**	**T4533 Youth size brief / diaper, each**	**300**	**$.46**	**Tranquility PBE 2166 Select PBE 2666 Select Toddler + PBE 2665 Attends Briefs 10 Classic Youth Diaper BRCL1000 Curity Ultra Fits Covidien 0058 Huggies Ultratrim SZ6 HG212001 Luvs Baby Diapers Size 6, 35+ lbs. 734534 First Quality, CR6001, Cuties TM Baby Diaper-Size 6, 35+ lbs.**
(40)	**EA**	**T4534 Youth size pull on, each**	**150**	**$.64**	**Select Extra Small Brief, PBE 2603 RunAround X-Lg. Boy Covidien 70065B RunAround X-Lg. Girl Covidien 70065G Huggies Pull-Up 4T-5T Boy HG86175 Huggies Pull-Up 4T-5T Girl HG86182 Curity Sleeppants Covidien 70074 Curity Sleeppants Covidien 70075 Sleep Overs® Youth Underwear SLP05301 Sleep Overs® Youth Underwear SLP05302, 65-125 lbs.**

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(41)	**EA**	**T4535 Disposable liner / shield / pad, each**	**300**	**$.29**	**Booster Pad, PBE 2760 Select 4.25x14.5, PBE 2671 Select 7x14, PBE 2691 Select 7x17, PBE 2690 Select Extra Absorb, PBE 2681, PBE 2682 Select Shield PBE 2648 Booster Pad PBE 2072 Tranquility Super Plus Trimshield, PBE 2083 Dignity ThinSerts Humanicare 30054 Humanicare Dignity Natural Liner HC26955, HC26954 Humanicare Stackable Pad HC30053 Humanicare Dignity Plus Super Liner HC30071 Humanicare Dignity Plus Liner HC30074 Humanicare Dignity Briefmates HC30225 Humanicare Spartan Liners HC40340 Covidien Incontinence Liner KN1100B22, KN1140B16 Attends Shaped Pad LP0500 Serenity extra pads(mod) SCA 48900 FQ Prevail/male guard PV-811 FQ Prevail Pantiliner PV-926 FQ Prevail Day Time Liner PL-100/1 and Attends LP0600 Prevail Bladder Control Pad-extra BC-012 Absorbent Products Company 19244 Booster Liner**
(42)	**EA**	**T4536 Reusable washable underwear any size, each**	**10**	**$7.72**	**PBE 2684 MED PBE 2685 LRG PBE 2686 XL Covidien KN705A Small/Med. Covidien KN706A Large/ X-Large Covidien KN707A XX-Large/ XXX-Large**
(43)	**EA**	**T4541 Disposable underpads (e.g., Chux's), large 23 x 36**	**180**	**$.25**	**Covidien 1093DP, 7176 PBE 2673, 2675 Griffin Medical 1836**
(44)	**EA**	**T4542 Disposable underpads (e.g., Chux's), small 17 x 24**	**180**	**$.25**	**PaperPak UFS170 Griffin Medical Underpad 17x24 #2504**

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(45)	**EA**	**T4543 Bariatric adult size brief / diaper xx-large, each**	**300**	**$1.89**	**Whitestone 43790 Prevail Breathable Bariatric Brief, 63”-94”**
(46)	**EA**	**A4649 Misc. Supply**	**1**	**P. A. Required**	**No Reference**
(47)	**EA**	**A5112 Urinary leg bag; latex**	**2**	**$22.91**	**Coloplast 4157, 4175**
(48)	**EA**	**A5120 Skin barrier, wipes, 50/box (antiseptic), per wipe**	**100**	**$.16**	**Coloplast 44005**
(49)	**EA**	**S5199 Personal Care Products / Wipes/Adult/Baby, per wipe**	**100**	**$.09**	**Innovative DermAssist 80-301 ABCO Antiseptic Towelettes NDC634915 Kimberly-Clark Huggies Natural Care Wipes (unscented) HG18600**
(50)	**EA**	**A6250 Skin sealants, protectants, moisturizers, ointment, any type, any size**	**2**	**$3.71**	**Secura Smith & Nephew 2.47 oz 59431500 Covidien Vaseline Constant Care 2 oz KN8884737500 DermaRite Periguard 3.5 oz 00204**
(51)	**EA**	**A4520 Diaper/Incontinent pant, reusable/washable**	**1**	**$10.25**	**Select PBE 3080 series Humanicare 16000 series Humanicare 40200 series Humanicare Spartan Unisex Waterproof Pant HC10000 Series Covidien 689 SML Covidien 691 MED Covidien 694 LRG Covidien 698 XL**
(52)	**EA**	**A4354 Insertion Tray with Drainage Bag**	**10**	**$6.35**	**Coloplast UT9183**
(53)	**EA**	**A4353 Intermittent Urinary Catheter with Insertion Supplies**	**150**	**$3.80**	**Coloplast 1008, 1012, 1014, 1016, 3110, 3112, 3114, 3116, 3212, 3214, UT8140, UT8150**

Form No. DMB 234A (Rev. 1/96)
AUTHORITY: Act 431 of 1984
COMPLETION: Required
PENALTY: Failure to deliver in accordance with Contract terms and conditions and this notice may be considered in default of Contract

STATE OF MICHIGAN
DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET **August 12, 2011**
PURCHASING OPERATIONS
P.O. BOX 30026, LANSING, MI 48909
OR
530 W. ALLEGAN, LANSING, MI 48933

CHANGE NOTICE NO. 13
TO
CONTRACT NO. 071B8200196

between
THE STATE OF MICHIGAN
and

NAME & ADDRESS OF CONTRACTOR **J & B Medical Supply Co., Inc.** **50496 West Pontiac Trail** **Wixom, MI 48393** **Email: lbennet@jandbmedical.com**	TELEPHONE (800) 737-0045 **Loren Bennett ext. 227** CONTRACTOR NUMBER/MAIL CODE BUYER/CA (517) 373-0301 **Sue Cieciwa**
CONTRACT COMPLIANCE INSPECTOR: **Penny Saites (517) 335-5096** **Mail Order Incontinent Supplies and Services – Department of Community Health**	
CONTRACT PERIOD: **3 yrs. + 2 one-year options** From: **July 2, 2008** To: **July 1, 2013**	
TERMS **N/A**	SHIPMENT **As Required**
F.O.B. **Delivered**	SHIPPED FROM **Wixom, MI**
ALTERNATE PAYMENT OPTIONS: ☐ P-card ☐ Direct Voucher (DV) ☐ Other	
MINIMUM DELIVERY REQUIREMENTS **None**	

NATURE OF CHANGE:

Effective June 1, 2011, Appendix I is revised as follows:

The following Brand/Manufacturer is ADDED to Item No. 45 T4543 Bariatric adult size brief / diaper xx-large, each:

Prevail Breathable Bariatric Brief, 63”-94”

Effective July 1, 2011, Appendix I is revised as follows:

The following Brand/Manufacturer is ADDED to Item No. 35 T4529 Pediatric size brief / diaper, small / medium, each:

First Quality, CR2001, Cuties TM Baby Diaper-Size 2, 12-18 lbs.
First Quality, CR3001, Cuties TM Baby Diaper-Size 3, 16-28 lbs.

The following Brand/Manufacturer is ADDED to Item No. 36 T4530 Pediatric size brief / diaper, large, each:

First Quality, CR4001, Cuties TM Baby Diaper-Size 4, 22-37 lbs.
First Quality, CR5001, Cuties TM Baby Diaper-Size 5, 27+ lbs.

The following Brand/Manufacturer is ADDED to Item No. 39 T4533 Youth size brief / diaper, each:

First Quality, CR6001, Cuties TM Baby Diaper-Size 6, 35+ lbs.

Revised Appendix I and Appendix I – Wisconsin are attached. All other terms, conditions, specifications and pricing remain unchanged.

AUTHORITY/REASON:

Per vendor request by email dated June 7, 2011 and July 5, 2011 and agency request dated August 3, 2011.

TOTAL ESTIMATED CONTRACT VALUE REMAINS: $86,799,580.20

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(1)	**EA**	**A4310 Insertion tray without drainage bag and without catheter (accessories only)**	**2**	**$1.68**	**Coloplast UT7010 10 cc Coloplast UT7030 30 cc AMSINO AS880 10 cc AMSINO AS890 30 cc**
(2)	**EA**	**A4311 Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating, (Teflon, silicone, silicone elastomer or hydrophilic, etc.)**	**2**	**$3.55**	**Coloplast UT8100 Series Bard 800 Series**
(3)	**EA**	**A4312 Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone**	**2**	**$3.75**	**Bard 720000 Series**
(4)	**EA**	**A4314 Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)**	**2**	**$3.25**	**Coloplast UT8183 Series Coloplast UT8163 Series**
(5)	**EA**	**A4315 Insertion tray with drainage bag, with indwelling catheter, foley type, two-way, all silicone**	**2**	**$5.00**	**Covidien 6900 Series**
(6)	**EA**	**A4320 Irrigation tray with bulb or piston syringe, any purpose**	**30**	**$.82**	**Coloplast UT1001 (Bulb) Coloplast UT1002 (Piston) AMSINO AS130 (Bulb) AMSINO AS136 (Piston)**
(7)	**EA**	**A4322 Irrigation syringe, bulb or piston, each**	**30**	**$.44**	**Coloplast UT1004 Amsino AS011 (Bulb) Bard 750379**
(8)	**EA**	**A4349 Male external catheter (G)**	**96**	**$.62**	**Coloplast 9200 Coloplast 5000 Series Coloplast 8000 Series**
(9)	**EA**	**A4349 Male external catheter (G) with adhesive strip, each**	**96**	**$.47**	**Coloplast 7200 Series**
(10)	**EA**	**A4326 Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each**	**30**	**$.88**	**Coloplast 7800, 7850, 8205, 8100, 8200, 8305, 8400 Hollister 9897, 9898**
(11)	**EA**	**A4328 Female external urinary collection device; pouch, each**	**10**	**$2.25**	**Hollister 9840**
(12)	**EA**	**A4330 Perianal fecal collection pouch with adhesive, each**	**10**	**$6.11**	**Hollister 9821, 9822 Convatec 650078**

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(13)	**EA**	**A4331 Extension drainage tubing, any type, any length, with connector/adapter, for us with urinary leg bag or urostomy pouch, each**	**4**	**$1.55**	**Coloplast 475, 7092 AMSINO AS311**
(14)	**EA**	**A4333 Urinary catheter anchoring device, adhesive skin attachment**	**4**	**$.70**	**Coloplast 4065**
(15)	**EA**	**A4334 Urinary catheter anchoring device, leg strap**	**6**	**$.61**	**Covidien 8887600149**
(16)	**EA**	**A4335 Belted/Unbelted Undergarment WO Sides**	**150**	**$.42**	**Select Belt Less, PBE 2078 Select Day + Belt Less, PBE 2694 Select Belted, PBE 2650 Select Night Time, PBE 2695 Select, PBE 2693 Humanicare 30073 Tranquility Belted Undergarment, PBE 2150 Covidien Belted Undergarment, MD-171B10 Kimberly-Clark Depends 19640, 19696 Prevail Extra Plus Liner BC-013, First Quality**
(17)	**EA**	**A4338 Indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.) each**	**2**	**$.92**	**Coloplast UC2500 Series Coloplast UC2300 Series AMSINO AS4000 Series**
(18)	**EA**	**A4340 Indwelling catheter, specialty type, e.g. Coude, mushroom, wing, etc., each**	**5**	**$2.25**	**Coloplast UC6000 and 6500 Series**
(19)	**EA**	**A4344 Indwelling catheter, foley type, two-way, all silicone, each *XX Denotes French Size**	**5**	**$3.50**	**Coloplast AA61XX Series Coloplast AA6CXX Series Coloplast AASC23XX Series AMSINO AS40000 Series**
(20)	**EA**	**A4351 Intermittent urinary catheter, straight tip, each**	**150**	**$.52**	**Coloplast NC1000 Series Coloplast UC1000 Coloplast 110 Series Coloplast 200 Series Coloplast 300 Series Coloplast 400 Series AMSINO AS861000 Series Coviden KN8888492025 Coviden KN8888492033 Coviden KN8888492041 Coviden KN8888492058**

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(21)	**EA**	**A4351-U4 Intermittent urinary catheter, straight tip, each**	**150 Under age 21**	**$1.70**	**Astra-Tech (Lofric) 900000, 940000, 9300000 Series Coloplast 4100, 4200, 4300, 4400 Series**
(22)	**EA**	**A4352 Intermittent urinary catheter, coude (curved) tip, each**	**150**	**$1.42**	**Coloplast 500 Series Coloplast 600 Series Coloplast 800 Series Coloplast UC6000 Series**
(23)	**EA**	**A4352-U4 Intermittent urinary catheter, coude (curved) tip, each**	**150 Under age 21**	**$2.31**	**Astra-Tech (Lofric) 960000 Series Coloplast 4600, 4800 Series**
(24)	**EA**	**A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or w/o tube, each**	**3**	**$1.55**	**Coloplast UB0500 Bard 802001 AMSINO AS332**
(25)	**EA**	**A4358 Urinary leg bag, vinyl, with or w/o tube, each *XX Denotes French Size**	**10**	**$1.50**	**Coloplast UB0600 Coloplast UB0950 AMSINO AS300 Series Coloplast 9000**
(26)	**OZ**	**A4402 Lubricant**	**10 OZ.**	**$.23**	**Triad Lubricating Jelly 10-8919**
(27)	**EA**	**T4521 Adult size brief / diaper small, each**	**300**	**$.35**	**Select PBE 2620 Tranquility Full Fit PBE 2120 Attends BRBX10 Hook & Loop Covidien 63062 Tenna Specialty Brief SCA 66150 FQ IB Brief IB-011 KN66032 Small Wings Choice Plus Quilted**
(28)	**EA**	**T4522 Adult size brief / diaper medium, each**	**300**	**$.33**	**Select Full fit, PBE 2624 Hook & Loop Covidien 63063 Attends BR20 Attends BRB20 Tena Ultra Brief Med SCA 68121 FQ Per-Fit Breathable PF-012/1 KN66033 Med Wings Choice Plus Quilted Wings Choice Adult Brief Medium, Covidien KN60043DP**

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(29)	**EA**	**T4523 Adult size brief / diaper large, each**	**300**	**$.41**	**Select Full Fit, PBE 2634 Hook & Loop Covidien 63064 Attends BR30 Attends BRB30 Tena Ultra Brief Large SCA68122 FQ Per-Fit Breathable PF-013/1 KN66034 Large Wings Choice Plus Quilted Wings Choice Adult Brief Large, Covidien KN60044DP**
(30)	**EA**	**T4524 Adult size brief / diaper x-large, each**	**300**	**$.49**	**Select Full Fit, PBE 2635 Hook & Loop Covidien 63065 Attends BR40 Attends BRB40 FQ Per-Fit Breathable PF-014/1 KN66035 X-Large Wings Choice Plus Quilted Wings Choice Adult Brief XLG, Covidien KN60045DP**
(31)	**EA**	**T4525 Adult size pull on small, each**	**150**	**$.48**	**Select Sm, PBE 2604 Sure Care Protective Underwear Covidien 1605 Attends 7 PaperPak APP0710 Dignity Humanicare 46076**
(32)	**EA**	**T4526 Adult size pull on medium, each**	**150**	**$.49**	**Select Med, PBE 2605 Sure Care Protective Underwear Covidien 1605 Attends 7 APP0720 Dignity Humanicare 46077 Tena Plus SCA 72436 FQ Per-Fit PF-512**
(33)	**EA**	**T4527 Adult size pull on large, each**	**150**	**$.54**	**Select Lg, PBE 2606 Sure Care Protective Underwear Covidien 1615 Attends 7 PaperPak APP0730 Dignity Humanicare 46078 Tena Plus SCA 72437 FQ Per-Fit PF-513**
(34)	**EA**	**T4528 Adult size pull on x-large, each**	**150**	**$.69**	**Select XLG, PBE 2607 Sure Care Protective Underwear Covidien 1625 Attends 7 PaperPak APP0740 Dignity Humanicare 46079 Tena Plus SCA 72438 FA Per-Fit PF-514 FQ Prevail Extra (XXL-Bariatric PV-517) SureCare Protective Underwear XX-Large 60”-80”, COV1630**

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Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(35)	**EA**	**T4529 Pediatric size brief / diaper small / medium, each**	**300 up to age 13. Age 13 & over require PA.**	**$.23**	**Curity Ultra Fits Covidien 80018 Curity Utra Fits Covidien 80028 Huggies Ultratrim SZ1-2 HG52164 Huggies Ultratrim SZ3 HG211980 Luvs Baby Diapers Size 2, 12-18 lbs. 732921 Luvs Baby Diapers Size 3, 16-28 lbs. 734527 First Quality, CR2001, Cuties TM Baby Diaper-Size 2, 12-18 lbs. First Quality, CR3001, Cuties TM Baby Diaper-Size 3, 16-28 lbs.**
(36)	**EA**	**T4530 Pediatric size brief / diaper large, each**	**300 up to age 13. Age 13 & over require PA.**	**$.32**	**Curity Ultra Fits Covidien 80038CF Curity Ultra Fits Covidien 80048 Huggies Ultratrim SZ5 XL HG211994 Huggies Ultratrim SZ4 Lrg HG211987 Luvs Baby Diapers Size 4, 22-37 lbs. 734401 Luvs Baby Diapers Size 5, 27+ lbs. 733187 First Quality, CR4001, Cuties TM Baby Diaper-Size 4, 22-37 lbs. First Quality, CR5001, Cuties TM Baby Diaper-Size 5, 27+ lbs.**
(37)	**EA**	**T4531 Pediatric size pull on small /medium, each**	**150**	**$.39**	**Run Around, Md. Boy Covidien 70063B Run Around, Md. Girl Covidien 70063G Huggies Youth Pull On Briefs 2T-3T MED Boy HG86171, Huggies Youth Pull On Briefs 2T-3T MED Girl HG86172 Curity Sleeppants Covidien 70073**
(38)	**EA**	**T4532 Pediatric size pull on large, each**	**150**	**$.43**	**Run Around Lg. Boy, Covidien 70064B Run Around Lg. Girl, Covidien 70064G Huggies Youth Pull On Briefs 3T-4T BOYS HG86173 Huggies Youth Pull On Briefs 3T-4T GIRLS HG86174**

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(39)	**EA**	**T4533 Youth size brief / diaper, each**	**300**	**$.33**	**Tranquility PBE 2166 Select PBE 2666 Select Toddler + PBE 2665 Attends Briefs 10 Classic Youth Diaper BRCL1000 Curity Ultra Fits Covidien 0058 Huggies Ultratrim SZ6 HG212001 Luvs Baby Diapers Size 6, 35+ lbs. 734534**
					First Quality, CR6001, Cuties TM Baby Diaper-Size 6, 35+ lbs.
(40)	**EA**	**T4534 Youth size pull on, each**	**150**	**$.49**	**Select Extra Small Brief, PBE 2603 RunAround X-Lg. Boy Covidien 70065B RunAround X-Lg. Girl Covidien 70065G Huggies Pull-Up 4T-5T Boy HG86175 Huggies Pull-Up 4T-5T Girl HG86182 Curity Sleeppants Covidien 70074 Curity Sleeppants Covidien 70075 Sleep Overs® Youth Underwear SLP05301 Sleep Overs® Youth Underwear SLP05302, 65-125 lbs.**

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(41)	**EA**	**T4535 Disposable liner / shield / pad, each**	**300**	**$.19**	**Booster Pad, PBE 2760 Select 4.25x14.5, PBE 2671 Select 7x14, PBE 2691 Select 7x17, PBE 2690 Select Extra Absorb, PBE 2681, PBE 2682 Select Shield PBE 2648 Booster Pad PBE 2072 Tranquility Super Plus Trimshield, PBE 2083 Dignity ThinSerts Humanicare 30054 Humanicare Dignity Natural Liner HC26955, HC26954 Humanicare Stackable Pad HC30053 Humanicare Dignity Plus Super Liner HC30071 Humanicare Dignity Plus Liner HC30074 Humanicare Dignity Briefmates HC30225 Humanicare Spartan Liners HC40340 Covidien Incontinence Liner KN1100B22, KN1140B16 Attends Shaped Pad LP0500 Serenity extra pads(mod) SCA 48900 FQ Prevail/male guard PV-811 FQ Prevail Pantiliner PV-926 FQ Prevail Day Time Liner PL-100/1 and Attends LP0600 Prevail Bladder Control Pad-extra BC-012 Absorbent Products Company 19244 Booster Liner**
(42)	**EA**	**T4536 Reusable washable underwear any size, each**	**10**	**$1.08**	**PBE 2684 MED PBE 2685 LRG PBE 2686 XL Covidien KN705A Small/Med. Covidien KN706A Large/ X-Large Covidien KN707A XX-Large/ XXX-Large**
(43)	**EA**	**T4541 Disposable underpads (e.g., Chux's), large 23 x 36**	**180**	**$.15**	**Covidien 1093DP PBE 2673, 2675 Griffin Medical 1836**
(44)	**EA**	**T4542 Disposable underpads (e.g., Chux's), small 17 x 24**	**180**	**$.12**	**PaperPak UFS170 Griffin Medical Underpad 17x24 #2504**

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(45)	**EA**	**T4543 Bariatric adult size brief / diaper xx-large, each**	**300**	**$1.35**	**Whitestone 43790 Prevail Breathable Bariatric Brief, 63”-94”**
(46)	**EA**	**A4649 Misc. Supply**	**1**	**P. A. Required**	**No Reference**
(47)	**EA**	**A5112 Urinary leg bag; latex**	**2**	**$1.50**	**Coloplast 4157, 4175**
(48)	**EA**	**A5120 Skin barrier, wipes, 50/box (antiseptic), per wipe**	**100**	**$.10**	**Coloplast 44005**
(49)	**EA**	**S5199 Personal Care Products / Wipes/Adult/Baby, per wipe**	**100**	**$.08**	**Innovative DermAssist 80-301 ABCO Antiseptic Towelettes NDC634915 Kimberly-Clark Huggies Natural Care Wipes (unscented) HG18600**
(50)	**EA**	**A6250 Skin sealants, protectants, moisturizers, ointment, any type, any size**	**2**	**$2.99**	**Secura Smith & Nephew 2.47 oz 59431500 Covidien Vaseline Constant Care 2 oz KN8884737500 DermaRite Periguard 3.5 oz 00204**
(51)	**EA**	**A4520 Diaper/Incontinent pant, reusable/washable**	**1**	**$8.15**	**Select PBE 3080 series Humanicare 16000 series Humanicare 40200 series Humanicare Spartan Unisex Waterproof Pant HC10000 Series Covidien 689 SML Covidien 691 MED Covidien 694 LRG Covidien 698 XL**
(52)	**EA**	**A4354 Insertion Tray with Drainage Bag**	**10**	**$5.25**	**Coloplast UT9183**
(53)	**EA**	**A4353 Intermittent Urinary Catheter with Insertion Supplies**	**150**	**$3.40**	**Coloplast 1008, 1012, 1014, 1016, 3110, 3112, 3114, 3116, 3212, 3214, UT8140, UT8150**

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(1)	**EA**	**A4310 Insertion tray without drainage bag and without catheter (accessories only)**	**2**	**$3.85**	**Coloplast UT7010 10 cc Coloplast UT7030 30 cc AMSINO AS880 10 cc AMSINO AS890 30 cc**
(2)	**EA**	**A4311 Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating, (Teflon, silicone, silicone elastomer or hydrophilic, etc.)**	**2**	**$9.26**	**Coloplast UT8100 Series Bard 800 Series**
(3)	**EA**	**A4312 Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone**	**2**	**$9.50**	**Bard 720000 Series**
(4)	**EA**	**A4314 Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)**	**2**	**$13.25**	**Coloplast UT8183 Series Coloplast UT8163 Series**
(5)	**EA**	**A4315 Insertion tray with drainage bag, with indwelling catheter, foley type, two-way, all silicone**	**2**	**$13.59**	**Covidien 6900 Series**
(6)	**EA**	**A4320 Irrigation tray with bulb or piston syringe, any purpose**	**30**	**$1.92**	**Coloplast UT1001 (Bulb) Coloplast UT1002 (Piston) AMSINO AS130 (Bulb) AMSINO AS136 (Piston)**
(7)	**EA**	**A4322 Irrigation syringe, bulb or piston, each**	**30**	**$2.20**	**Coloplast UT1004 Amsino AS011 (Bulb) Bard 750379**
(8)	**EA**	**A4349 Male external catheter (G)**	**96**	**$.83**	**Coloplast 9200 Coloplast 5000 Series Coloplast 8000 Series**
(9)	**EA**	**A4349 Male external catheter (G) with adhesive strip, each**	**96**	**$.83**	**Coloplast 7200 Series**
(10)	**EA**	**A4326 Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each**	**30**	**$7.14**	**Coloplast 7800, 7850, 8205, 8100, 8200, 8305, 8400 Hollister 9897, 9898**
(11)	**EA**	**A4328 Female external urinary collection device; pouch, each**	**10**	**$7.10**	**Hollister 9840**
(12)	**EA**	**A4330 Perianal fecal collection pouch with adhesive, each**	**10**	**$6.86**	**Hollister 9821, 9822 Convatec 650078**

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(13)	**EA**	**A4331 Extension drainage tubing, any type, any length, with connector/adapter, for us with urinary leg bag or urostomy pouch, each**	**4**	**$1.80**	**Coloplast 475, 7092 AMSINO AS311**
(14)	**EA**	**A4333 Urinary catheter anchoring device, adhesive skin attachment**	**4**	**$1.12**	**Coloplast 4065**
(15)	**EA**	**A4334 Urinary catheter anchoring device, leg strap**	**6**	**$.81**	**Covidien 8887600149**
(16)	**EA**	**A4335 Belted/Unbelted Undergarment WO Sides**	**150**	**$.78**	**Select Belt Less, PBE 2078 Select Day + Belt Less, PBE 2694 Select Belted, PBE 2650 Select Night Time, PBE 2695 Select, PBE 2693 Humanicare 30073 Tranquility Belted Undergarment, PBE 2150 Covidien Belted Undergarment, MD-171B10 Kimberly-Clark Depends 19640, 19696 Prevail Extra Plus Liner BC-013, First Quality**
(17)	**EA**	**A4338 Indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.) each**	**2**	**$6.45**	**Coloplast UC2500 Series Coloplast UC2300 Series AMSINO AS4000 Series**
(18)	**EA**	**A4340 Indwelling catheter, specialty type, e.g. Coude, mushroom, wing, etc., each**	**5**	**$5.45**	**Coloplast UC6000 and 6500 Series**
(19)	**EA**	**A4344 Indwelling catheter, foley type, two-way, all silicone, each *XX Denotes French Size**	**5**	**$7.75**	**Coloplast AA61XX Series Coloplast AA6CXX Series Coloplast AASC23XX Series AMSINO AS40000 Series**
(20)	**EA**	**A4351 Intermittent urinary catheter, straight tip, each**	**150**	**$1.20**	**Coloplast NC1000 Series Coloplast UC1000 Coloplast 110 Series Coloplast 200 Series Coloplast 300 Series Coloplast 400 Series AMSINO AS861000 Series Coviden KN8888492025 Coviden KN8888492033 Coviden KN8888492041 Coviden KN8888492058**

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Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(21)	**EA**	**A4351-U4 Intermittent urinary catheter, straight tip, each**	**150 Under age 21**	**$2.25**	**Astra-Tech (Lofric) 900000, 940000, 9300000 Series Coloplast 4100, 4200, 4300, 4400 Series**
(22)	**EA**	**A4352 Intermittent urinary catheter, coude (curved) tip, each**	**150**	**$2.45**	**Coloplast 500 Series Coloplast 600 Series Coloplast 800 Series Coloplast UC6000 Series**
(23)	**EA**	**A4352-U4 Intermittent urinary catheter, coude (curved) tip, each**	**150 Under age 21**	**$2.90**	**Astra-Tech (Lofric) 960000 Series Coloplast 4600, 4800 Series**
(24)	**EA**	**A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or w/o tube, each**	**3**	**$5.74**	**Coloplast UB0500 Bard 802001 AMSINO AS332**
(25)	**EA**	**A4358 Urinary leg bag, vinyl, with or w/o tube, each *XX Denotes French Size**	**10**	**$5.22**	**Coloplast UB0600 Coloplast UB0950 AMSINO AS300 Series Coloplast 9000**
(26)	**OZ**	**A4402 Lubricant**	**10 OZ.**	**$.32**	**Triad Lubricating Jelly 10-8919**
(27)	**EA**	**T4521 Adult size brief / diaper small, each**	**300**	**$.43**	**Select PBE 2620 Tranquility Full Fit PBE 2120 Attends BRBX10 Hook & Loop Covidien 63062 Tenna Specialty Brief SCA 66150 FQ IB Brief IB-011 KN66032 Small Wings Choice Plus Quilted**
(28)	**EA**	**T4522 Adult size brief / diaper medium, each**	**300**	**$.44**	**Select Full fit, PBE 2624 Hook & Loop Covidien 63063 Attends BR20 Attends BRB20 Tena Ultra Brief Med SCA 68121 FQ Per-Fit Breathable PF-012/1 KN66033 Med Wings Choice Plus Quilted Wings Choice Adult Brief Medium, Covidien KN60043DP**

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Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(29)	**EA**	**T4523 Adult size brief / diaper large, each**	**300**	**$.58**	**Select Full Fit, PBE 2634 Hook & Loop Covidien 63064 Attends BR30 Attends BRB30 Tena Ultra Brief Large SCA68122 FQ Per-Fit Breathable PF-013/1 KN66034 Large Wings Choice Plus Quilted Wings Choice Adult Brief Large, Covidien KN60044DP**
(30)	**EA**	**T4524 Adult size brief / diaper x-large, each**	**300**	**$.65**	**Select Full Fit, PBE 2635 Hook & Loop Covidien 63065 Attends BR40 Attends BRB40 FQ Per-Fit Breathable PF-014/1 KN66035 X-Large Wings Choice Plus Quilted Wings Choice Adult Brief XLG, Covidien KN60045DP**
(31)	**EA**	**T4525 Adult size pull on small, each**	**150**	**$.71**	**Select Sm, PBE 2604 Sure Care Protective Underwear Covidien 1605 Attends 7 PaperPak APP0710 Dignity Humanicare 46076**
(32)	**EA**	**T4526 Adult size pull on medium, each**	**150**	**$.71**	**Select Med, PBE 2605 Sure Care Protective Underwear Covidien 1605 Attends 7 APP0720 Dignity Humanicare 46077 Tena Plus SCA 72436 FQ Per-Fit PF-512**
(33)	**EA**	**T4527 Adult size pull on large, each**	**150**	**$.79**	**Select Lg, PBE 2606 Sure Care Protective Underwear Covidien 1615 Attends 7 PaperPak APP0730 Dignity Humanicare 46078 Tena Plus SCA 72437 FQ Per-Fit PF-513**

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Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(34)	**EA**	**T4528 Adult size pull on x-large, each**	**150**	**$1.02**	**Select XLG, PBE 2607 Sure Care Protective Underwear Covidien 1625 Attends 7 PaperPak APP0740 Dignity Humanicare 46079 Tena Plus SCA 72438 FA Per-Fit PF-514 FQ Prevail Extra (XXL-Bariatric PV-517) SureCare Protective Underwear XX-Large 60”-80”, COV1630**
(35)	**EA**	**T4529 Pediatric size brief / diaper small / medium, each**	**300 up to age 13. Age 13 & over require PA.**	**$.40**	**Curity Ultra Fits Covidien 80018 Curity Utra Fits Covidien 80028 Huggies Ultratrim SZ1-2 HG52164 Huggies Ultratrim SZ3 HG211980 Luvs Baby Diapers Size 2, 12-18 lbs. 732921 Luvs Baby Diapers Size 3, 16-28 lbs. 734527 First Quality, CR2001, Cuties TM Baby Diaper-Size 2, 12-18 lbs. First Quality, CR3001, Cuties TM Baby Diaper-Size 3, 16-28 lbs.**
(36)	**EA**	**T4530 Pediatric size brief / diaper large, each**	**300 up to age 13. Age 13 & over require PA.**	**$.44**	**Curity Ultra Fits Covidien 80038CF Curity Ultra Fits Covidien 80048 Huggies Ultratrim SZ5 XL HG211994 Huggies Ultratrim SZ4 Lrg HG211987 Luvs Baby Diapers Size 4, 22-37 lbs. 734401 Luvs Baby Diapers Size 5, 27+ lbs. 733187 First Quality, CR4001, Cuties TM Baby Diaper-Size 4, 22-37 lbs. First Quality, CR5001, Cuties TM Baby Diaper-Size 5, 27+ lbs.**

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Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(37)	**EA**	**T4531 Pediatric size pull on small /medium, each**	**150**	**$.42**	**Run Around, Md. Boy Covidien 70063B Run Around, Md. Girl Covidien 70063G Huggies Youth Pull On Briefs 2T-3T MED Boy HG86171, Huggies Youth Pull On Briefs 2T-3T MED Girl HG86172 Curity Sleeppants Covidien 70073**
(38)	**EA**	**T4532 Pediatric size pull on large, each**	**150**	**$.44**	**Run Around Lg. Boy, Covidien 70064B Run Around Lg. Girl, Covidien 70064G Huggies Youth Pull On Briefs 3T-4T BOYS HG86173 Huggies Youth Pull On Briefs 3T-4T GIRLS HG86174**
(39)	**EA**	**T4533 Youth size brief / diaper, each**	**300**	**$.46**	**Tranquility PBE 2166 Select PBE 2666 Select Toddler + PBE 2665 Attends Briefs 10 Classic Youth Diaper BRCL1000 Curity Ultra Fits Covidien 0058 Huggies Ultratrim SZ6 HG212001 Luvs Baby Diapers Size 6, 35+ lbs. 734534**
					First Quality, CR6001, Cuties TM Baby Diaper-Size 6, 35+ lbs.
(40)	**EA**	**T4534 Youth size pull on, each**	**150**	**$.64**	**Select Extra Small Brief, PBE 2603 RunAround X-Lg. Boy Covidien 70065B RunAround X-Lg. Girl Covidien 70065G Huggies Pull-Up 4T-5T Boy HG86175 Huggies Pull-Up 4T-5T Girl HG86182 Curity Sleeppants Covidien 70074 Curity Sleeppants Covidien 70075 Sleep Overs® Youth Underwear SLP05301 Sleep Overs® Youth Underwear SLP05302, 65-125 lbs.**

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(41)	**EA**	**T4535 Disposable liner / shield / pad, each**	**300**	**$.29**	**Booster Pad, PBE 2760 Select 4.25x14.5, PBE 2671 Select 7x14, PBE 2691 Select 7x17, PBE 2690 Select Extra Absorb, PBE 2681, PBE 2682 Select Shield PBE 2648 Booster Pad PBE 2072 Tranquility Super Plus Trimshield, PBE 2083 Dignity ThinSerts Humanicare 30054 Humanicare Dignity Natural Liner HC26955, HC26954 Humanicare Stackable Pad HC30053 Humanicare Dignity Plus Super Liner HC30071 Humanicare Dignity Plus Liner HC30074 Humanicare Dignity Briefmates HC30225 Humanicare Spartan Liners HC40340 Covidien Incontinence Liner KN1100B22, KN1140B16 Attends Shaped Pad LP0500 Serenity extra pads(mod) SCA 48900 FQ Prevail/male guard PV-811 FQ Prevail Pantiliner PV-926 FQ Prevail Day Time Liner PL-100/1 and Attends LP0600 Prevail Bladder Control Pad-extra BC-012 Absorbent Products Company 19244 Booster Liner**
(42)	**EA**	**T4536 Reusable washable underwear any size, each**	**10**	**$7.72**	**PBE 2684 MED PBE 2685 LRG PBE 2686 XL Covidien KN705A Small/Med. Covidien KN706A Large/ X-Large Covidien KN707A XX-Large/ XXX-Large**
(43)	**EA**	**T4541 Disposable underpads (e.g., Chux's), large 23 x 36**	**180**	**$.25**	**Covidien 1093DP PBE 2673, 2675 Griffin Medical 1836**

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(44)	**EA**	**T4542 Disposable underpads (e.g., Chux's), small 17 x 24**	**180**	**$.25**	**PaperPak UFS170 Griffin Medical Underpad 17x24 #2504**
(45)	**EA**	**T4543 Bariatric adult size brief / diaper xx-large, each**	**300**	**$1.89**	**Whitestone 43790 Prevail Breathable Bariatric Brief, 63"-94"**
(46)	**EA**	**A4649 Misc. Supply**	**1**	**P. A. Required**	**No Reference**
(47)	**EA**	**A5112 Urinary leg bag; latex**	**2**	**$22.91**	**Coloplast 4157, 4175**
(48)	**EA**	**A5120 Skin barrier, wipes, 50/box (antiseptic), per wipe**	**100**	**$.16**	**Coloplast 44005**
(49)	**EA**	**S5199 Personal Care Products / Wipes/Adult/Baby, per wipe**	**100**	**$.09**	**Innovative DermAssist 80-301 ABCO Antiseptic Towelettes NDC634915 Kimberly-Clark Huggies Natural Care Wipes (unscented) HG18600**
(50)	**EA**	**A6250 Skin sealants, protectants, moisturizers, ointment, any type, any size**	**2**	**$3.71**	**Secura Smith & Nephew 2.47 oz 59431500 Covidien Vaseline Constant Care 2 oz KN8884737500 DermaRite Periguard 3.5 oz 00204**
(51)	**EA**	**A4520 Diaper/Incontinent pant, reusable/washable**	**1**	**$10.25**	**Select PBE 3080 series Humanicare 16000 series Humanicare 40200 series Humanicare Spartan Unisex Waterproof Pant HC10000 Series Covidien 689 SML Covidien 691 MED Covidien 694 LRG Covidien 698 XL**
(52)	**EA**	**A4354 Insertion Tray with Drainage Bag**	**10**	**$6.35**	**Coloplast UT9183**
(53)	**EA**	**A4353 Intermittent Urinary Catheter with Insertion Supplies**	**150**	**$3.80**	**Coloplast 1008, 1012, 1014, 1016, 3110, 3112, 3114, 3116, 3212, 3214, UT8140, UT8150**

Form No. DMB 234A (Rev. 1/96)
AUTHORITY: Act 431 of 1984
COMPLETION: Required
PENALTY: Failure to deliver in accordance with Contract terms and conditions and this notice may be considered in default of Contract

STATE OF MICHIGAN
DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET **June 22, 2011**
PURCHASING OPERATIONS
P.O. BOX 30026, LANSING, MI 48909
OR
530 W. ALLEGAN, LANSING, MI 48933

CHANGE NOTICE NO. 12
TO
CONTRACT NO. 071B8200196

between
THE STATE OF MICHIGAN
and

NAME & ADDRESS OF CONTRACTOR **J & B Medical Supply Co., Inc.** **50496 West Pontiac Trail** **Wixom, MI 48393** **Email: lbennet@jandbmedical.com**	TELEPHONE (800) 737-0045 **Loren Bennett ext. 227** CONTRACTOR NUMBER/MAIL CODE BUYER/CA (517) 373-0301 **Sue Cieciwa**
CONTRACT COMPLIANCE INSPECTOR: **Penny Saites (517) 335-5096** **Mail Order Incontinent Supplies and Services – Department of Community Health**	
CONTRACT PERIOD: **3 yrs. + 2 one-year options** From: **July 2, 2008** To: **July 1, 2013**	
TERMS **N/A**	SHIPMENT **As Required**
F.O.B. **Delivered**	SHIPPED FROM **Wixom, MI**
ALTERNATE PAYMENT OPTIONS: ☐ P-card ☐ Direct Voucher (DV) ☐ Other	
MINIMUM DELIVERY REQUIREMENTS **None**	

NATURE OF CHANGE:

Effective April 1, 2011, Appendix I is revised as follows:

The following Brand/Manufacturer is ADDED to Item No. 34 T4528 Adult size pull on x-large, each:

SureCare Protective Underwear XX-Large 60”-80”, COV1630

Revised Appendix I and Appendix I – Wisconsin are attached. All other terms, conditions, specifications and pricing remain unchanged.

AUTHORITY/REASON:

Per vendor request by email dated May 23, 2011 and agency request dated June 17, 2011.

TOTAL ESTIMATED CONTRACT VALUE REMAINS: $86,799,580.20

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(1)	**EA**	**A4310 Insertion tray without drainage bag and without catheter (accessories only)**	**2**	**$1.68**	**Coloplast UT7010 10 cc Coloplast UT7030 30 cc AMSINO AS880 10 cc AMSINO AS890 30 cc**
(2)	**EA**	**A4311 Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating, (Teflon, silicone, silicone elastomer or hydrophilic, etc.)**	**2**	**$3.55**	**Coloplast UT8100 Series Bard 800 Series**
(3)	**EA**	**A4312 Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone**	**2**	**$3.75**	**Bard 720000 Series**
(4)	**EA**	**A4314 Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)**	**2**	**$3.25**	**Coloplast UT8183 Series Coloplast UT8163 Series**
(5)	**EA**	**A4315 Insertion tray with drainage bag, with indwelling catheter, foley type, two-way, all silicone**	**2**	**$5.00**	**Covidien 6900 Series**
(6)	**EA**	**A4320 Irrigation tray with bulb or piston syringe, any purpose**	**30**	**$.82**	**Coloplast UT1001 (Bulb) Coloplast UT1002 (Piston) AMSINO AS130 (Bulb) AMSINO AS136 (Piston)**
(7)	**EA**	**A4322 Irrigation syringe, bulb or piston, each**	**30**	**$.44**	**Coloplast UT1004 Amsino AS011 (Bulb) Bard 750379**
(8)	**EA**	**A4349 Male external catheter (G)**	**96**	**$.62**	**Coloplast 9200 Coloplast 5000 Series Coloplast 8000 Series**
(9)	**EA**	**A4349 Male external catheter (G) with adhesive strip, each**	**96**	**$.47**	**Coloplast 7200 Series**
(10)	**EA**	**A4326 Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each**	**30**	**$.88**	**Coloplast 7800, 7850, 8205, 8100, 8200, 8305, 8400 Hollister 9897, 9898**
(11)	**EA**	**A4328 Female external urinary collection device; pouch, each**	**10**	**$2.25**	**Hollister 9840**
(12)	**EA**	**A4330 Perianal fecal collection pouch with adhesive, each**	**10**	**$6.11**	**Hollister 9821, 9822 Convatec 650078**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(13)	**EA**	**A4331 Extension drainage tubing, any type, any length, with connector/adapter, for us with urinary leg bag or urostomy pouch, each**	**4**	**$1.55**	**Coloplast 475, 7092 AMSINO AS311**
(14)	**EA**	**A4333 Urinary catheter anchoring device, adhesive skin attachment**	**4**	**$.70**	**Coloplast 4065**
(15)	**EA**	**A4334 Urinary catheter anchoring device, leg strap**	**6**	**$.61**	**Covidien 8887600149**
(16)	**EA**	**A4335 Belted/Unbelted Undergarment WO Sides**	**150**	**$.42**	**Select Belt Less, PBE 2078 Select Day + Belt Less, PBE 2694 Select Belted, PBE 2650 Select Night Time, PBE 2695 Select, PBE 2693 Humanicare 30073 Tranquility Belted Undergarment, PBE 2150 Covidien Belted Undergarment, MD-171B10 Kimberly-Clark Depends 19640, 19696 Prevail Extra Plus Liner BC-013, First Quality**
(17)	**EA**	**A4338 Indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.) each**	**2**	**$.92**	**Coloplast UC2500 Series Coloplast UC2300 Series AMSINO AS4000 Series**
(18)	**EA**	**A4340 Indwelling catheter, specialty type, e.g. Coude, mushroom, wing, etc., each**	**5**	**$2.25**	**Coloplast UC6000 and 6500 Series**
(19)	**EA**	**A4344 Indwelling catheter, foley type, two-way, all silicone, each *XX Denotes French Size**	**5**	**$3.50**	**Coloplast AA61XX Series Coloplast AA6CXX Series Coloplast AASC23XX Series AMSINO AS40000 Series**
(20)	**EA**	**A4351 Intermittent urinary catheter, straight tip, each**	**150**	**$.52**	**Coloplast NC1000 Series Coloplast UC1000 Coloplast 110 Series Coloplast 200 Series Coloplast 300 Series Coloplast 400 Series AMSINO AS861000 Series Coviden KN8888492025 Coviden KN8888492033 Coviden KN8888492041 Coviden KN8888492058**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(21)	**EA**	**A4351-U4 Intermittent urinary catheter, straight tip, each**	**150 Under age 21**	**$1.70**	**Astra-Tech (Lofric) 900000, 940000, 9300000 Series Coloplast 4100, 4200, 4300, 4400 Series**
(22)	**EA**	**A4352 Intermittent urinary catheter, coude (curved) tip, each**	**150**	**$1.42**	**Coloplast 500 Series Coloplast 600 Series Coloplast 800 Series Coloplast UC6000 Series**
(23)	**EA**	**A4352-U4 Intermittent urinary catheter, coude (curved) tip, each**	**150 Under age 21**	**$2.31**	**Astra-Tech (Lofric) 960000 Series Coloplast 4600, 4800 Series**
(24)	**EA**	**A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or w/o tube, each**	**3**	**$1.55**	**Coloplast UB0500 Bard 802001 AMSINO AS332**
(25)	**EA**	**A4358 Urinary leg bag, vinyl, with or w/o tube, each *XX Denotes French Size**	**10**	**$1.50**	**Coloplast UB0600 Coloplast UB0950 AMSINO AS300 Series Coloplast 9000**
(26)	**OZ**	**A4402 Lubricant**	**10 OZ.**	**$.23**	**Triad Lubricating Jelly 10-8919**
(27)	**EA**	**T4521 Adult size brief / diaper small, each**	**300**	**$.35**	**Select PBE 2620 Tranquility Full Fit PBE 2120 Attends BRBX10 Hook & Loop Covidien 63062 Tenna Specialty Brief SCA 66150 FQ IB Brief IB-011 KN66032 Small Wings Choice Plus Quilted**
(28)	**EA**	**T4522 Adult size brief / diaper medium, each**	**300**	**$.33**	**Select Full fit, PBE 2624 Hook & Loop Covidien 63063 Attends BR20 Attends BRB20 Tena Ultra Brief Med SCA 68121 FQ Per-Fit Breathable PF-012/1 KN66033 Med Wings Choice Plus Quilted Wings Choice Adult Brief Medium, Covidien KN60043DP**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(29)	**EA**	**T4523 Adult size brief / diaper large, each**	**300**	**$.41**	**Select Full Fit, PBE 2634 Hook & Loop Covidien 63064 Attends BR30 Attends BRB30 Tena Ultra Brief Large SCA68122 FQ Per-Fit Breathable PF-013/1 KN66034 Large Wings Choice Plus Quilted Wings Choice Adult Brief Large, Covidien KN60044DP**
(30)	**EA**	**T4524 Adult size brief / diaper x-large, each**	**300**	**$.49**	**Select Full Fit, PBE 2635 Hook & Loop Covidien 63065 Attends BR40 Attends BRB40 FQ Per-Fit Breathable PF-014/1 KN66035 X-Large Wings Choice Plus Quilted Wings Choice Adult Brief XLG, Covidien KN60045DP**
(31)	**EA**	**T4525 Adult size pull on small, each**	**150**	**$.48**	**Select Sm, PBE 2604 Sure Care Protective Underwear Covidien 1605 Attends 7 PaperPak APP0710 Dignity Humanicare 46076**
(32)	**EA**	**T4526 Adult size pull on medium, each**	**150**	**$.49**	**Select Med, PBE 2605 Sure Care Protective Underwear Covidien 1605 Attends 7 APP0720 Dignity Humanicare 46077 Tena Plus SCA 72436 FQ Per-Fit PF-512**
(33)	**EA**	**T4527 Adult size pull on large, each**	**150**	**$.54**	**Select Lg, PBE 2606 Sure Care Protective Underwear Covidien 1615 Attends 7 PaperPak APP0730 Dignity Humanicare 46078 Tena Plus SCA 72437 FQ Per-Fit PF-513**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(34)	**EA**	**T4528 Adult size pull on x-large, each**	**150**	**$.69**	**Select XLG, PBE 2607 Sure Care Protective Underwear Covidien 1625 Attends 7 PaperPak APP0740 Dignity Humanicare 46079 Tena Plus SCA 72438 FA Per-Fit PF-514 FQ Prevail Extra (XXL-Bariatric PV-517) SureCare Protective Underwear XX-Large 60”-80”, COV1630**
(35)	**EA**	**T4529 Pediatric size brief / diaper small / medium, each**	**300 up to age 13. Age 13 & over require PA.**	**$.23**	**Curity Ultra Fits Covidien 80018 Curity Utra Fits Covidien 80028 Huggies Ultratrim SZ1-2 HG52164 Huggies Ultratrim SZ3 HG211980 Luvs Baby Diapers Size 2, 12-18 lbs. 732921 Luvs Baby Diapers Size 3, 16-28 lbs. 734527**
(36)	**EA**	**T4530 Pediatric size brief / diaper large, each**	**300 up to age 13. Age 13 & over require PA.**	**$.32**	**Curity Ultra Fits Covidien 80038CF Curity Ultra Fits Covidien 80048 Huggies Ultratrim SZ5 XL HG211994 Huggies Ultratrim SZ4 Lrg HG211987 Luvs Baby Diapers Size 4, 22-37 lbs. 734401 Luvs Baby Diapers Size 5, 27+ lbs. 733187**
(37)	**EA**	**T4531 Pediatric size pull on small /medium, each**	**150**	**$.39**	**Run Around, Md. Boy Covidien 70063B Run Around, Md. Girl Covidien 70063G Huggies Youth Pull On Briefs 2T-3T MED Boy HG86171, Huggies Youth Pull On Briefs 2T-3T MED Girl HG86172 Curity Sleeppants Covidien 70073**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(38)	**EA**	**T4532 Pediatric size pull on large, each**	**150**	**$.43**	**Run Around Lg. Boy, Covidien 70064B** **Run Around Lg. Girl, Covidien 70064G** **Huggies Youth Pull On Briefs 3T-4T BOYS HG86173** **Huggies Youth Pull On Briefs 3T-4T GIRLS HG86174**
(39)	**EA**	**T4533 Youth size brief / diaper, each**	**300**	**$.33**	**Tranquility PBE 2166** **Select PBE 2666** **Select Toddler + PBE 2665** **Attends Briefs 10 Classic Youth Diaper BRCL1000** **Curity Ultra Fits Covidien 0058** **Huggies Ultratrim SZ6 HG212001** **Luvs Baby Diapers Size 6, 35+ lbs. 734534**
(40)	**EA**	**T4534 Youth size pull on, each**	**150**	**$.49**	**Select Extra Small Brief, PBE 2603** **RunAround X-Lg. Boy Covidien 70065B** **RunAround X-Lg. Girl Covidien 70065G** **Huggies Pull-Up 4T-5T Boy HG86175** **Huggies Pull-Up 4T-5T Girl HG86182** **Curity Sleeppants Covidien 70074** **Curity Sleeppants Covidien 70075** **Sleep Overs® Youth Underwear SLP05301** **Sleep Overs® Youth Underwear SLP05302, 65-125 lbs.**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(41)	**EA**	**T4535 Disposable liner / shield / pad, each**	**300**	**$.19**	**Booster Pad, PBE 2760 Select 4.25x14.5, PBE 2671 Select 7x14, PBE 2691 Select 7x17, PBE 2690 Select Extra Absorb, PBE 2681, PBE 2682 Select Shield PBE 2648 Booster Pad PBE 2072 Tranquility Super Plus Trimshield, PBE 2083 Dignity ThinSerts Humanicare 30054 Humanicare Dignity Natural Liner HC26955, HC26954 Humanicare Stackable Pad HC30053 Humanicare Dignity Plus Super Liner HC30071 Humanicare Dignity Plus Liner HC30074 Humanicare Dignity Briefmates HC30225 Humanicare Spartan Liners HC40340 Covidien Incontinence Liner KN1100B22, KN1140B16 Attends Shaped Pad LP0500 Serenity extra pads(mod) SCA 48900 FQ Prevail/male guard PV-811 FQ Prevail Pantiliner PV-926 FQ Prevail Day Time Liner PL-100/1 and Attends LP0600 Prevail Bladder Control Pad-extra BC-012 Absorbent Products Company 19244 Booster Liner**
(42)	**EA**	**T4536 Reusable washable underwear any size, each**	**10**	**$1.08**	**PBE 2684 MED PBE 2685 LRG PBE 2686 XL Covidien KN705A Small/Med. Covidien KN706A Large/ X-Large Covidien KN707A XX-Large/ XXX-Large**
(43)	**EA**	**T4541 Disposable underpads (e.g., Chux's), large 23 x 36**	**180**	**$.15**	**Covidien 1093DP PBE 2673, 2675 Griffin Medical 1836**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(44)	**EA**	**T4542 Disposable underpads (e.g., Chux's), small 17 x 24**	**180**	**$.12**	**PaperPak UFS170 Griffin Medical Underpad 17x24 #2504**
(45)	**EA**	**T4543 Bariatric adult size brief / diaper xx-large, each**	**300**	**$1.35**	**Whitestone 43790**
(46)	**EA**	**A4649 Misc. Supply**	**1**	**P. A. Required**	**No Reference**
(47)	**EA**	**A5112 Urinary leg bag; latex**	**2**	**$1.50**	**Coloplast 4157, 4175**
(48)	**EA**	**A5120 Skin barrier, wipes, 50/box (antiseptic), per wipe**	**100**	**$.10**	**Coloplast 44005**
(49)	**EA**	**S5199 Personal Care Products / Wipes/Adult/Baby, per wipe**	**100**	**$.08**	**Innovative DermAssist 80-301 ABCO Antiseptic Towelettes NDC634915 Kimberly-Clark Huggies Natural Care Wipes (unscented) HG18600**
(50)	**EA**	**A6250 Skin sealants, protectants, moisturizers, ointment, any type, any size**	**2**	**$2.99**	**Secura Smith & Nephew 2.47 oz 59431500 Covidien Vaseline Constant Care 2 oz KN8884737500 DermaRite Periguard 3.5 oz 00204**
(51)	**EA**	**A4520 Diaper/Incontinent pant, reusable/washable**	**1**	**$8.15**	**Select PBE 3080 series Humanicare 16000 series Humanicare 40200 series Humanicare Spartan Unisex Waterproof Pant HC10000 Series Covidien 689 SML Covidien 691 MED Covidien 694 LRG Covidien 698 XL**
(52)	**EA**	**A4354 Insertion Tray with Drainage Bag**	**10**	**$5.25**	**Coloplast UT9183**
(53)	**EA**	**A4353 Intermittent Urinary Catheter with Insertion Supplies**	**150**	**$3.40**	**Coloplast 1008, 1012, 1014, 1016, 3110, 3112, 3114, 3116, 3212, 3214, UT8140, UT8150**

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(1)	**EA**	**A4310 Insertion tray without drainage bag and without catheter (accessories only)**	**2**	**$3.85**	**Coloplast UT7010 10 cc Coloplast UT7030 30 cc AMSINO AS880 10 cc AMSINO AS890 30 cc**
(2)	**EA**	**A4311 Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating, (Teflon, silicone, silicone elastomer or hydrophilic, etc.)**	**2**	**$9.26**	**Coloplast UT8100 Series Bard 800 Series**
(3)	**EA**	**A4312 Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone**	**2**	**$9.50**	**Bard 720000 Series**
(4)	**EA**	**A4314 Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)**	**2**	**$13.25**	**Coloplast UT8183 Series Coloplast UT8163 Series**
(5)	**EA**	**A4315 Insertion tray with drainage bag, with indwelling catheter, foley type, two-way, all silicone**	**2**	**$13.59**	**Covidien 6900 Series**
(6)	**EA**	**A4320 Irrigation tray with bulb or piston syringe, any purpose**	**30**	**$1.92**	**Coloplast UT1001 (Bulb) Coloplast UT1002 (Piston) AMSINO AS130 (Bulb) AMSINO AS136 (Piston)**
(7)	**EA**	**A4322 Irrigation syringe, bulb or piston, each**	**30**	**$2.20**	**Coloplast UT1004 Amsino AS011 (Bulb) Bard 750379**
(8)	**EA**	**A4349 Male external catheter (G)**	**96**	**$.83**	**Coloplast 9200 Coloplast 5000 Series Coloplast 8000 Series**
(9)	**EA**	**A4349 Male external catheter (G) with adhesive strip, each**	**96**	**$.83**	**Coloplast 7200 Series**
(10)	**EA**	**A4326 Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each**	**30**	**$7.14**	**Coloplast 7800, 7850, 8205, 8100, 8200, 8305, 8400 Hollister 9897, 9898**
(11)	**EA**	**A4328 Female external urinary collection device; pouch, each**	**10**	**$7.10**	**Hollister 9840**
(12)	**EA**	**A4330 Perianal fecal collection pouch with adhesive, each**	**10**	**$6.86**	**Hollister 9821, 9822 Convatec 650078**
(13)	**EA**	**A4331 Extension drainage tubing, any type, any length, with connector/adapter, for us with urinary leg bag or urostomy pouch, each**	**4**	**$1.80**	**Coloplast 475, 7092 AMSINO AS311**

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(14)	**EA**	**A4333 Urinary catheter anchoring device, adhesive skin attachment**	**4**	**$1.12**	**Coloplast 4065**
(15)	**EA**	**A4334 Urinary catheter anchoring device, leg strap**	**6**	**$.81**	**Covidien 8887600149**
(16)	**EA**	**A4335 Belted/Unbelted Undergarment WO Sides**	**150**	**$.78**	**Select Belt Less, PBE 2078 Select Day + Belt Less, PBE 2694 Select Belted, PBE 2650 Select Night Time, PBE 2695 Select, PBE 2693 Humanicare 30073 Tranquility Belted Undergarment, PBE 2150 Covidien Belted Undergarment, MD-171B10 Kimberly-Clark Depends 19640, 19696 Prevail Extra Plus Liner BC-013, First Quality**
(17)	**EA**	**A4338 Indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.) each**	**2**	**$6.45**	**Coloplast UC2500 Series Coloplast UC2300 Series AMSINO AS4000 Series**
(18)	**EA**	**A4340 Indwelling catheter, specialty type, e.g. Coude, mushroom, wing, etc., each**	**5**	**$5.45**	**Coloplast UC6000 and 6500 Series**
(19)	**EA**	**A4344 Indwelling catheter, foley type, two-way, all silicone, each *XX Denotes French Size**	**5**	**$7.75**	**Coloplast AA61XX Series Coloplast AA6CXX Series Coloplast AASC23XX Series AMSINO AS40000 Series**
(20)	**EA**	**A4351 Intermittent urinary catheter, straight tip, each**	**150**	**$1.20**	**Coloplast NC1000 Series Coloplast UC1000 Coloplast 110 Series Coloplast 200 Series Coloplast 300 Series Coloplast 400 Series AMSINO AS861000 Series Coviden KN8888492025 Coviden KN8888492033 Coviden KN8888492041 Coviden KN8888492058**
(21)	**EA**	**A4351-U4 Intermittent urinary catheter, straight tip, each**	**150 Under age 21**	**$2.25**	**Astra-Tech (Lofric) 900000, 940000, 9300000 Series Coloplast 4100, 4200, 4300, 4400 Series**
(22)	**EA**	**A4352 Intermittent urinary catheter, coude (curved) tip, each**	**150**	**$2.45**	**Coloplast 500 Series Coloplast 600 Series Coloplast 800 Series Coloplast UC6000 Series**

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(23)	**EA**	**A4352-U4 Intermittent urinary catheter, coude (curved) tip, each**	**150 Under age 21**	**$2.90**	**Astra-Tech (Lofric) 960000 Series** **Coloplast 4600, 4800 Series**
(24)	**EA**	**A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or w/o tube, each**	**3**	**$5.74**	**Coloplast UB0500** **Bard 802001** **AMSINO AS332**
(25)	**EA**	**A4358 Urinary leg bag, vinyl, with or w/o tube, each** ***XX Denotes French Size**	**10**	**$5.22**	**Coloplast UB0600** **Coloplast UB0950** **AMSINO AS300 Series** **Coloplast 9000**
(26)	**OZ**	**A4402 Lubricant**	**10 OZ.**	**$.32**	**Triad Lubricating Jelly 10-8919**
(27)	**EA**	**T4521 Adult size brief / diaper small, each**	**300**	**$.43**	**Select PBE 2620** **Tranquility Full Fit PBE 2120** **Attends BRBX10** **Hook & Loop Covidien 63062** **Tenna Specialty Brief SCA 66150** **FQ IB Brief IB-011** **KN66032 Small Wings Choice Plus Quilted**
(28)	**EA**	**T4522 Adult size brief / diaper medium, each**	**300**	**$.44**	**Select Full fit, PBE 2624** **Hook & Loop Covidien 63063** **Attends BR20** **Attends BRB20** **Tena Ultra Brief Med SCA 68121** **FQ Per-Fit Breathable PF-012/1** **KN66033 Med Wings Choice Plus Quilted** **Wings Choice Adult Brief Medium, Covidien KN60043DP**
(29)	**EA**	**T4523 Adult size brief / diaper large, each**	**300**	**$.58**	**Select Full Fit, PBE 2634** **Hook & Loop Covidien 63064** **Attends BR30** **Attends BRB30** **Tena Ultra Brief Large SCA68122** **FQ Per-Fit Breathable PF-013/1** **KN66034 Large Wings Choice Plus Quilted** **Wings Choice Adult Brief Large, Covidien KN60044DP**

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(30)	**EA**	**T4524 Adult size brief / diaper x-large, each**	**300**	**$.65**	**Select Full Fit, PBE 2635 Hook & Loop Covidien 63065 Attends BR40 Attends BRB40 FQ Per-Fit Breathable PF-014/1 KN66035 X-Large Wings Choice Plus Quilted Wings Choice Adult Brief XLG, Covidien KN60045DP**
(31)	**EA**	**T4525 Adult size pull on small, each**	**150**	**$.71**	**Select Sm, PBE 2604 Sure Care Protective Underwear Covidien 1605 Attends 7 PaperPak APP0710 Dignity Humanicare 46076**
(32)	**EA**	**T4526 Adult size pull on medium, each**	**150**	**$.71**	**Select Med, PBE 2605 Sure Care Protective Underwear Covidien 1605 Attends 7 APP0720 Dignity Humanicare 46077 Tena Plus SCA 72436 FQ Per-Fit PF-512**
(33)	**EA**	**T4527 Adult size pull on large, each**	**150**	**$.79**	**Select Lg, PBE 2606 Sure Care Protective Underwear Covidien 1615 Attends 7 PaperPak APP0730 Dignity Humanicare 46078 Tena Plus SCA 72437 FQ Per-Fit PF-513**
(34)	**EA**	**T4528 Adult size pull on x-large, each**	**150**	**$1.02**	**Select XLG, PBE 2607 Sure Care Protective Underwear Covidien 1625 Attends 7 PaperPak APP0740 Dignity Humanicare 46079 Tena Plus SCA 72438 FA Per-Fit PF-514 FQ Prevail Extra (XXL-Bariatric PV-517) SureCare Protective Underwear XX-Large 60”-80”, COV1630**
(35)	**EA**	**T4529 Pediatric size brief / diaper small / medium, each**	**300 up to age 13. Age 13 & over require PA.**	**$.40**	**Curity Ultra Fits Covidien 80018 Curity Utra Fits Covidien 80028 Huggies Ultratrim SZ1-2 HG52164 Huggies Ultratrim SZ3 HG211980 Luvs Baby Diapers Size 2, 12-18 lbs. 732921 Luvs Baby Diapers Size 3, 16-28 lbs. 734527**

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(36)	**EA**	**T4530 Pediatric size brief / diaper large, each**	**300 up to age 13. Age 13 & over require PA.**	**$.44**	**Curity Ultra Fits Covidien 80038CF** **Curity Ultra Fits Covidien 80048** **Huggies Ultratrim SZ5 XL HG211994** **Huggies Ultratrim SZ4 Lrg HG211987** **Luvs Baby Diapers Size 4, 22-37 lbs. 734401** **Luvs Baby Diapers Size 5, 27+ lbs. 733187**
(37)	**EA**	**T4531 Pediatric size pull on small /medium, each**	**150**	**$.42**	**Run Around, Md. Boy Covidien 70063B** **Run Around, Md. Girl Covidien 70063G** **Huggies Youth Pull On Briefs 2T-3T MED Boy HG86171,** **Huggies Youth Pull On Briefs 2T-3T MED Girl HG86172** **Curity Sleeppants Covidien 70073**
(38)	**EA**	**T4532 Pediatric size pull on large, each**	**150**	**$.44**	**Run Around Lg. Boy, Covidien 70064B** **Run Around Lg. Girl, Covidien 70064G** **Huggies Youth Pull On Briefs 3T-4T BOYS HG86173** **Huggies Youth Pull On Briefs 3T-4T GIRLS HG86174**
(39)	**EA**	**T4533 Youth size brief / diaper, each**	**300**	**$.46**	**Tranquility PBE 2166** **Select PBE 2666** **Select Toddler + PBE 2665** **Attends Briefs 10 Classic Youth Diaper BRCL1000** **Curity Ultra Fits Covidien 0058** **Huggies Ultratrim SZ6 HG212001** **Luvs Baby Diapers Size 6, 35+ lbs. 734534**

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(40)	**EA**	**T4534 Youth size pull on, each**	**150**	**$.64**	**Select Extra Small Brief, PBE 2603** **RunAround X-Lg. Boy Covidien 70065B** **RunAround X-Lg. Girl Covidien 70065G** **Huggies Pull-Up 4T-5T Boy HG86175** **Huggies Pull-Up 4T-5T Girl HG86182** **Curity Sleeppants Covidien 70074** **Curity Sleeppants Covidien 70075** **Sleep Overs® Youth Underwear SLP05301** **Sleep Overs® Youth Underwear SLP05302, 65-125 lbs.**

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(41)	**EA**	**T4535 Disposable liner / shield / pad, each**	**300**	**$.29**	**Booster Pad, PBE 2760 Select 4.25x14.5, PBE 2671 Select 7x14, PBE 2691 Select 7x17, PBE 2690 Select Extra Absorb, PBE 2681, PBE 2682 Select Shield PBE 2648 Booster Pad PBE 2072 Tranquility Super Plus Trimshield, PBE 2083 Dignity ThinSerts Humanicare 30054 Humanicare Dignity Natural Liner HC26955, HC26954 Humanicare Stackable Pad HC30053 Humanicare Dignity Plus Super Liner HC30071 Humanicare Dignity Plus Liner HC30074 Humanicare Dignity Briefmates HC30225 Humanicare Spartan Liners HC40340 Covidien Incontinence Liner KN1100B22, KN1140B16 Attends Shaped Pad LP0500 Serenity extra pads(mod) SCA 48900 FQ Prevail/male guard PV-811 FQ Prevail Pantiliner PV-926 FQ Prevail Day Time Liner PL-100/1 and Attends LP0600 Prevail Bladder Control Pad-extra BC-012 Absorbent Products Company 19244 Booster Liner**
(42)	**EA**	**T4536 Reusable washable underwear any size, each**	**10**	**$7.72**	**PBE 2684 MED PBE 2685 LRG PBE 2686 XL Covidien KN705A Small/Med. Covidien KN706A Large/ X-Large Covidien KN707A XX-Large/ XXX-Large**
(43)	**EA**	**T4541 Disposable underpads (e.g., Chux's), large 23 x 36**	**180**	**$.25**	**Covidien 1093DP PBE 2673, 2675 Griffin Medical 1836**
(44)	**EA**	**T4542 Disposable underpads (e.g., Chux's), small 17 x 24**	**180**	**$.25**	**PaperPak UFS170 Griffin Medical Underpad 17x24 #2504**

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(45)	**EA**	**T4543 Bariatric adult size brief / diaper xx-large, each**	**300**	**$1.89**	**Whitestone 43790**
(46)	**EA**	**A4649 Misc. Supply**	**1**	**P. A. Required**	**No Reference**
(47)	**EA**	**A5112 Urinary leg bag; latex**	**2**	**$22.91**	**Coloplast 4157, 4175**
(48)	**EA**	**A5120 Skin barrier, wipes, 50/box (antiseptic), per wipe**	**100**	**$.16**	**Coloplast 44005**
(49)	**EA**	**S5199 Personal Care Products / Wipes/Adult/Baby, per wipe**	**100**	**$.09**	**Innovative DermAssist 80-301 ABCO Antiseptic Towelettes NDC634915 Kimberly-Clark Huggies Natural Care Wipes (unscented) HG18600**
(50)	**EA**	**A6250 Skin sealants, protectants, moisturizers, ointment, any type, any size**	**2**	**$3.71**	**Secura Smith & Nephew 2.47 oz 59431500 Covidien Vaseline Constant Care 2 oz KN8884737500 DermaRite Periguard 3.5 oz 00204**
(51)	**EA**	**A4520 Diaper/Incontinent pant, reusable/washable**	**1**	**$10.25**	**Select PBE 3080 series Humanicare 16000 series Humanicare 40200 series Humanicare Spartan Unisex Waterproof Pant HC10000 Series Covidien 689 SML Covidien 691 MED Covidien 694 LRG Covidien 698 XL**
(52)	**EA**	**A4354 Insertion Tray with Drainage Bag**	**10**	**$6.35**	**Coloplast UT9183**
(53)	**EA**	**A4353 Intermittent Urinary Catheter with Insertion Supplies**	**150**	**$3.80**	**Coloplast 1008, 1012, 1014, 1016, 3110, 3112, 3114, 3116, 3212, 3214, UT8140, UT8150**

Form No. DMB 234 (Rev. 1/96)
AUTHORITY: Act 431 of 1984
COMPLETION: Required

STATE OF MICHIGAN
DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET **April 4, 2011**
PURCHASING OPERATIONS
P.O. BOX 30026, LANSING, MI 48909
OR
530 W. ALLEGAN, LANSING, MI 48933

CHANGE NOTICE NO. 11
TO
CONTRACT NO.___071B8200196_____
between
THE STATE OF MICHIGAN
and

NAME & ADDRESS OF VENDOR **J & B Medical Supply Co., Inc.** **50496 West Pontiac Trail** **Wixom, MI 48393** **Email: lbennet@jandbmedical.com**	TELEPHONE (800) 737-0045 **Loren Bennett ext. 227** VENDOR NUMBER/MAIL CODE BUYER (517) 373-0301 **Sue Cieciwa**
Contract Compliance Inspector: Penny Saites (517) 335-5096 **Mail Order Incontinent Supplies and Services – Department of Community Health**	
CONTRACT PERIOD: **3 yrs. + 2 one-year options** From: **July 2, 2008** To: **July 1, 2013**	
TERMS **N/A**	SHIPMENT **As Required**
F.O.B. **Delivered**	SHIPPED FROM **Wixom, MI**
MINIMUM DELIVERY REQUIREMENTS **None**	
MISCELLANEOUS INFORMATION:	

NATURE OF CHANGE:

<u>Effective January 1, 2011, Appendix I is revised as follows:</u>

The following Brand/Manufacturer is ADDED to Item No. 44 T4542 Disposable underpads (e.g. Chux's), small 17x24:

Griffin Medical Underpad 17x24 #2504

<u>Effective February 1, 2011, Appendix I is revised as follows:</u>

The following Brand/Manufacturer is ADDED to Item No. 41 T4535 Disposable liner/shield/pad, each:

Absorbent Products Company 19244 Booster Liner

Revised Appendix I and Appendix I – Wisconsin are attached. All other terms, conditions, specifications and pricing remain unchanged.

AUTHORITY/REASON:

Per vendor request by email dated January 7, 2011 and January 31, 2011 and agency request dated March 31, 2011.

TOTAL ESTIMATED CONTRACT VALUE REMAINS: $86,799,580.20

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(1)	**EA**	**A4310 Insertion tray without drainage bag and without catheter (accessories only)**	**2**	**$1.68**	**Coloplast UT7010 10 cc Coloplast UT7030 30 cc AMSINO AS880 10 cc AMSINO AS890 30 cc**
(2)	**EA**	**A4311 Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating, (Teflon, silicone, silicone elastomer or hydrophilic, etc.)**	**2**	**$3.55**	**Coloplast UT8100 Series Bard 800 Series**
(3)	**EA**	**A4312 Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone**	**2**	**$3.75**	**Bard 720000 Series**
(4)	**EA**	**A4314 Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)**	**2**	**$3.25**	**Coloplast UT8183 Series Coloplast UT8163 Series**
(5)	**EA**	**A4315 Insertion tray with drainage bag, with indwelling catheter, foley type, two-way, all silicone**	**2**	**$5.00**	**Covidien 6900 Series**
(6)	**EA**	**A4320 Irrigation tray with bulb or piston syringe, any purpose**	**30**	**$.82**	**Coloplast UT1001 (Bulb) Coloplast UT1002 (Piston) AMSINO AS130 (Bulb) AMSINO AS136 (Piston)**
(7)	**EA**	**A4322 Irrigation syringe, bulb or piston, each**	**30**	**$.44**	**Coloplast UT1004 Amsino AS011 (Bulb) Bard 750379**
(8)	**EA**	**A4349 Male external catheter (G)**	**96**	**$.62**	**Coloplast 9200 Coloplast 5000 Series Coloplast 8000 Series**
(9)	**EA**	**A4349 Male external catheter (G) with adhesive strip, each**	**96**	**$.47**	**Coloplast 7200 Series**
(10)	**EA**	**A4326 Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each**	**30**	**$.88**	**Coloplast 7800, 7850, 8205, 8100, 8200, 8305, 8400 Hollister 9897, 9898**
(11)	**EA**	**A4328 Female external urinary collection device; pouch, each**	**10**	**$2.25**	**Hollister 9840**
(12)	**EA**	**A4330 Perianal fecal collection pouch with adhesive, each**	**10**	**$6.11**	**Hollister 9821, 9822 Convatec 650078**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(13)	**EA**	**A4331 Extension drainage tubing, any type, any length, with connector/adapter, for us with urinary leg bag or urostomy pouch, each**	**4**	**$1.55**	**Coloplast 475, 7092 AMSINO AS311**
(14)	**EA**	**A4333 Urinary catheter anchoring device, adhesive skin attachment**	**4**	**$.70**	**Coloplast 4065**
(15)	**EA**	**A4334 Urinary catheter anchoring device, leg strap**	**6**	**$.61**	**Covidien 8887600149**
(16)	**EA**	**A4335 Belted/Unbelted Undergarment WO Sides**	**150**	**$.42**	**Select Belt Less, PBE 2078 Select Day + Belt Less, PBE 2694 Select Belted, PBE 2650 Select Night Time, PBE 2695 Select, PBE 2693 Humanicare 30073 Tranquility Belted Undergarment, PBE 2150 Covidien Belted Undergarment, MD-171B10 Kimberly-Clark Depends 19640, 19696 Prevail Extra Plus Liner BC-013, First Quality**
(17)	**EA**	**A4338 Indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.) each**	**2**	**$.92**	**Coloplast UC2500 Series Coloplast UC2300 Series AMSINO AS4000 Series**
(18)	**EA**	**A4340 Indwelling catheter, specialty type, e.g. Coude, mushroom, wing, etc., each**	**5**	**$2.25**	**Coloplast UC6000 and 6500 Series**
(19)	**EA**	**A4344 Indwelling catheter, foley type, two-way, all silicone, each *XX Denotes French Size**	**5**	**$3.50**	**Coloplast AA61XX Series Coloplast AA6CXX Series Coloplast AASC23XX Series AMSINO AS40000 Series**
(20)	**EA**	**A4351 Intermittent urinary catheter, straight tip, each**	**150**	**$.52**	**Coloplast NC1000 Series Coloplast UC1000 Coloplast 110 Series Coloplast 200 Series Coloplast 300 Series Coloplast 400 Series AMSINO AS861000 Series Coviden KN8888492025 Coviden KN8888492033 Coviden KN8888492041 Coviden KN8888492058**

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(21)	**EA**	**A4351-U4 Intermittent urinary catheter, straight tip, each**	**150 Under age 21**	**$1.70**	**Astra-Tech (Lofric) 900000, 940000, 9300000 Series Coloplast 4100, 4200, 4300, 4400 Series**
(22)	**EA**	**A4352 Intermittent urinary catheter, coude (curved) tip, each**	**150**	**$1.42**	**Coloplast 500 Series Coloplast 600 Series Coloplast 800 Series Coloplast UC6000 Series**
(23)	**EA**	**A4352-U4 Intermittent urinary catheter, coude (curved) tip, each**	**150 Under age 21**	**$2.31**	**Astra-Tech (Lofric) 960000 Series Coloplast 4600, 4800 Series**
(24)	**EA**	**A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or w/o tube, each**	**3**	**$1.55**	**Coloplast UB0500 Bard 802001 AMSINO AS332**
(25)	**EA**	**A4358 Urinary leg bag, vinyl, with or w/o tube, each *XX Denotes French Size**	**10**	**$1.50**	**Coloplast UB0600 Coloplast UB0950 AMSINO AS300 Series Coloplast 9000**
(26)	**OZ**	**A4402 Lubricant**	**10 OZ.**	**$.23**	**Triad Lubricating Jelly 10-8919**
(27)	**EA**	**T4521 Adult size brief / diaper small, each**	**300**	**$.35**	**Select PBE 2620 Tranquility Full Fit PBE 2120 Attends BRBX10 Hook & Loop Covidien 63062 Tenna Specialty Brief SCA 66150 FQ IB Brief IB-011 KN66032 Small Wings Choice Plus Quilted**
(28)	**EA**	**T4522 Adult size brief / diaper medium, each**	**300**	**$.33**	**Select Full fit, PBE 2624 Hook & Loop Covidien 63063 Attends BR20 Attends BRB20 Tena Ultra Brief Med SCA 68121 FQ Per-Fit Breathable PF-012/1 KN66033 Med Wings Choice Plus Quilted Wings Choice Adult Brief Medium, Covidien KN60043DP**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(29)	**EA**	**T4523 Adult size brief / diaper large, each**	**300**	**$.41**	**Select Full Fit, PBE 2634 Hook & Loop Covidien 63064 Attends BR30 Attends BRB30 Tena Ultra Brief Large SCA68122 FQ Per-Fit Breathable PF-013/1 KN66034 Large Wings Choice Plus Quilted Wings Choice Adult Brief Large, Covidien KN60044DP**
(30)	**EA**	**T4524 Adult size brief / diaper x-large, each**	**300**	**$.49**	**Select Full Fit, PBE 2635 Hook & Loop Covidien 63065 Attends BR40 Attends BRB40 FQ Per-Fit Breathable PF-014/1 KN66035 X-Large Wings Choice Plus Quilted Wings Choice Adult Brief XLG, Covidien KN60045DP**
(31)	**EA**	**T4525 Adult size pull on small, each**	**150**	**$.48**	**Select Sm, PBE 2604 Sure Care Protective Underwear Covidien 1605 Attends 7 PaperPak APP0710 Dignity Humanicare 46076**
(32)	**EA**	**T4526 Adult size pull on medium, each**	**150**	**$.49**	**Select Med, PBE 2605 Sure Care Protective Underwear Covidien 1605 Attends 7 APP0720 Dignity Humanicare 46077 Tena Plus SCA 72436 FQ Per-Fit PF-512**
(33)	**EA**	**T4527 Adult size pull on large, each**	**150**	**$.54**	**Select Lg, PBE 2606 Sure Care Protective Underwear Covidien 1615 Attends 7 PaperPak APP0730 Dignity Humanicare 46078 Tena Plus SCA 72437 FQ Per-Fit PF-513**
(34)	**EA**	**T4528 Adult size pull on x-large, each**	**150**	**$.69**	**Select XLG, PBE 2607 Sure Care Protective Underwear Covidien 1625 Attends 7 PaperPak APP0740 Dignity Humanicare 46079 Tena Plus SCA 72438 FA Per-Fit PF-514 FQ Prevail Extra (XXL-Bariatric PV-517)**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(35)	**EA**	**T4529 Pediatric size brief / diaper small / medium, each**	**300 up to age 13. Age 13 & over require PA.**	**$.23**	**Curity Ultra Fits Covidien 80018 Curity Utra Fits Covidien 80028 Huggies Ultratrim SZ1-2 HG52164 Huggies Ultratrim SZ3 HG211980 Luvs Baby Diapers Size 2, 12-18 lbs. 732921 Luvs Baby Diapers Size 3, 16-28 lbs. 734527**
(36)	**EA**	**T4530 Pediatric size brief / diaper large, each**	**300 up to age 13. Age 13 & over require PA.**	**$.32**	**Curity Ultra Fits Covidien 80038CF Curity Ultra Fits Covidien 80048 Huggies Ultratrim SZ5 XL HG211994 Huggies Ultratrim SZ4 Lrg HG211987 Luvs Baby Diapers Size 4, 22-37 lbs. 734401 Luvs Baby Diapers Size 5, 27+ lbs. 733187**
(37)	**EA**	**T4531 Pediatric size pull on small /medium, each**	**150**	**$.39**	**Run Around, Md. Boy Covidien 70063B Run Around, Md. Girl Covidien 70063G Huggies Youth Pull On Briefs 2T-3T MED Boy HG86171, Huggies Youth Pull On Briefs 2T-3T MED Girl HG86172 Curity Sleeppants Covidien 70073**
(38)	**EA**	**T4532 Pediatric size pull on large, each**	**150**	**$.43**	**Run Around Lg. Boy, Covidien 70064B Run Around Lg. Girl, Covidien 70064G Huggies Youth Pull On Briefs 3T-4T BOYS HG86173 Huggies Youth Pull On Briefs 3T-4T GIRLS HG86174**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(39)	**EA**	**T4533 Youth size brief / diaper, each**	**300**	**$.33**	**Tranquility PBE 2166 Select PBE 2666 Select Toddler + PBE 2665 Attends Briefs 10 Classic Youth Diaper BRCL1000 Curity Ultra Fits Covidien 0058 Huggies Ultratrim SZ6 HG212001 Luvs Baby Diapers Size 6, 35+ lbs. 734534**
(40)	**EA**	**T4534 Youth size pull on, each**	**150**	**$.49**	**Select Extra Small Brief, PBE 2603 RunAround X-Lg. Boy Covidien 70065B RunAround X-Lg. Girl Covidien 70065G Huggies Pull-Up 4T-5T Boy HG86175 Huggies Pull-Up 4T-5T Girl HG86182 Curity Sleeppants Covidien 70074 Curity Sleeppants Covidien 70075 Sleep Overs® Youth Underwear SLP05301 Sleep Overs® Youth Underwear SLP05302, 65-125 lbs.**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(41)	**EA**	**T4535 Disposable liner / shield / pad, each**	**300**	**$.19**	**Booster Pad, PBE 2760 Select 4.25x14.5, PBE 2671 Select 7x14, PBE 2691 Select 7x17, PBE 2690 Select Extra Absorb, PBE 2681, PBE 2682 Select Shield PBE 2648 Booster Pad PBE 2072 Tranquility Super Plus Trimshield, PBE 2083 Dignity ThinSerts Humanicare 30054 Humanicare Dignity Natural Liner HC26955, HC26954 Humanicare Stackable Pad HC30053 Humanicare Dignity Plus Super Liner HC30071 Humanicare Dignity Plus Liner HC30074 Humanicare Dignity Briefmates HC30225 Humanicare Spartan Liners HC40340 Covidien Incontinence Liner KN1100B22, KN1140B16 Attends Shaped Pad LP0500 Serenity extra pads(mod) SCA 48900 FQ Prevail/male guard PV-811 FQ Prevail Pantiliner PV-926 FQ Prevail Day Time Liner PL-100/1 and Attends LP0600 Prevail Bladder Control Pad-extra BC-012 Absorbent Products Company 19244 Booster Liner**
(42)	**EA**	**T4536 Reusable washable underwear any size, each**	**10**	**$1.08**	**PBE 2684 MED PBE 2685 LRG PBE 2686 XL Covidien KN705A Small/Med. Covidien KN706A Large/ X-Large Covidien KN707A XX-Large/ XXX-Large**
(43)	**EA**	**T4541 Disposable underpads (e.g., Chux's), large 23 x 36**	**180**	**$.15**	**Covidien 1093DP PBE 2673, 2675 Griffin Medical 1836**
(44)	**EA**	**T4542 Disposable underpads (e.g., Chux's), small 17 x 24**	**180**	**$.12**	**PaperPak UFS170 Griffin Medical Underpad 17x24 #2504**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(45)	**EA**	**T4543 Bariatric adult size brief / diaper xx-large, each**	**300**	**$1.35**	**Whitestone 43790**
(46)	**EA**	**A4649 Misc. Supply**	**1**	**P. A. Required**	**No Reference**
(47)	**EA**	**A5112 Urinary leg bag; latex**	**2**	**$1.50**	**Coloplast 4157, 4175**
(48)	**EA**	**A5120 Skin barrier, wipes, 50/box (antiseptic), per wipe**	**100**	**$.10**	**Coloplast 44005**
(49)	**EA**	**S5199 Personal Care Products / Wipes/Adult/Baby, per wipe**	**100**	**$.08**	**Innovative DermAssist 80-301 ABCO Antiseptic Towelettes NDC634915 Kimberly-Clark Huggies Natural Care Wipes (unscented) HG18600**
(50)	**EA**	**A6250 Skin sealants, protectants, moisturizers, ointment, any type, any size**	**2**	**$2.99**	**Secura Smith & Nephew 2.47 oz 59431500 Covidien Vaseline Constant Care 2 oz KN8884737500 DermaRite Periguard 3.5 oz 00204**
(51)	**EA**	**A4520 Diaper/Incontinent pant, reusable/washable**	**1**	**$8.15**	**Select PBE 3080 series Humanicare 16000 series Humanicare 40200 series Humanicare Spartan Unisex Waterproof Pant HC10000 Series Covidien 689 SML Covidien 691 MED Covidien 694 LRG Covidien 698 XL**
(52)	**EA**	**A4354 Insertion Tray with Drainage Bag**	**10**	**$5.25**	**Coloplast UT9183**
(53)	**EA**	**A4353 Intermittent Urinary Catheter with Insertion Supplies**	**150**	**$3.40**	**Coloplast 1008, 1012, 1014, 1016, 3110, 3112, 3114, 3116, 3212, 3214, UT8140, UT8150**

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(1)	**EA**	**A4310 Insertion tray without drainage bag and without catheter (accessories only)**	**2**	**$3.85**	**Coloplast UT7010 10 cc Coloplast UT7030 30 cc AMSINO AS880 10 cc AMSINO AS890 30 cc**
(2)	**EA**	**A4311 Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating, (Teflon, silicone, silicone elastomer or hydrophilic, etc.)**	**2**	**$9.26**	**Coloplast UT8100 Series Bard 800 Series**
(3)	**EA**	**A4312 Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone**	**2**	**$9.50**	**Bard 720000 Series**
(4)	**EA**	**A4314 Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)**	**2**	**$13.25**	**Coloplast UT8183 Series Coloplast UT8163 Series**
(5)	**EA**	**A4315 Insertion tray with drainage bag, with indwelling catheter, foley type, two-way, all silicone**	**2**	**$13.59**	**Covidien 6900 Series**
(6)	**EA**	**A4320 Irrigation tray with bulb or piston syringe, any purpose**	**30**	**$1.92**	**Coloplast UT1001 (Bulb) Coloplast UT1002 (Piston) AMSINO AS130 (Bulb) AMSINO AS136 (Piston)**
(7)	**EA**	**A4322 Irrigation syringe, bulb or piston, each**	**30**	**$2.20**	**Coloplast UT1004 Amsino AS011 (Bulb) Bard 750379**
(8)	**EA**	**A4349 Male external catheter (G)**	**96**	**$.83**	**Coloplast 9200 Coloplast 5000 Series Coloplast 8000 Series**
(9)	**EA**	**A4349 Male external catheter (G) with adhesive strip, each**	**96**	**$.83**	**Coloplast 7200 Series**
(10)	**EA**	**A4326 Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each**	**30**	**$7.14**	**Coloplast 7800, 7850, 8205, 8100, 8200, 8305, 8400 Hollister 9897, 9898**
(11)	**EA**	**A4328 Female external urinary collection device; pouch, each**	**10**	**$7.10**	**Hollister 9840**
(12)	**EA**	**A4330 Perianal fecal collection pouch with adhesive, each**	**10**	**$6.86**	**Hollister 9821, 9822 Convatec 650078**

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(13)	**EA**	**A4331 Extension drainage tubing, any type, any length, with connector/adapter, for us with urinary leg bag or urostomy pouch, each**	**4**	**$1.80**	**Coloplast 475, 7092 AMSINO AS311**
(14)	**EA**	**A4333 Urinary catheter anchoring device, adhesive skin attachment**	**4**	**$1.12**	**Coloplast 4065**
(15)	**EA**	**A4334 Urinary catheter anchoring device, leg strap**	**6**	**$.81**	**Covidien 8887600149**
(16)	**EA**	**A4335 Belted/Unbelted Undergarment WO Sides**	**150**	**$.78**	**Select Belt Less, PBE 2078 Select Day + Belt Less, PBE 2694 Select Belted, PBE 2650 Select Night Time, PBE 2695 Select, PBE 2693 Humanicare 30073 Tranquility Belted Undergarment, PBE 2150 Covidien Belted Undergarment, MD-171B10 Kimberly-Clark Depends 19640, 19696 Prevail Extra Plus Liner BC-013, First Quality**
(17)	**EA**	**A4338 Indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.) each**	**2**	**$6.45**	**Coloplast UC2500 Series Coloplast UC2300 Series AMSINO AS4000 Series**
(18)	**EA**	**A4340 Indwelling catheter, specialty type, e.g. Coude, mushroom, wing, etc., each**	**5**	**$5.45**	**Coloplast UC6000 and 6500 Series**
(19)	**EA**	**A4344 Indwelling catheter, foley type, two-way, all silicone, each *XX Denotes French Size**	**5**	**$7.75**	**Coloplast AA61XX Series Coloplast AA6CXX Series Coloplast AASC23XX Series AMSINO AS40000 Series**
(20)	**EA**	**A4351 Intermittent urinary catheter, straight tip, each**	**150**	**$1.20**	**Coloplast NC1000 Series Coloplast UC1000 Coloplast 110 Series Coloplast 200 Series Coloplast 300 Series Coloplast 400 Series AMSINO AS861000 Series Coviden KN8888492025 Coviden KN8888492033 Coviden KN8888492041 Coviden KN8888492058**

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(21)	**EA**	**A4351-U4 Intermittent urinary catheter, straight tip, each**	**150 Under age 21**	**$2.25**	**Astra-Tech (Lofric) 900000, 940000, 9300000 Series Coloplast 4100, 4200, 4300, 4400 Series**
(22)	**EA**	**A4352 Intermittent urinary catheter, coude (curved) tip, each**	**150**	**$2.45**	**Coloplast 500 Series Coloplast 600 Series Coloplast 800 Series Coloplast UC6000 Series**
(23)	**EA**	**A4352-U4 Intermittent urinary catheter, coude (curved) tip, each**	**150 Under age 21**	**$2.90**	**Astra-Tech (Lofric) 960000 Series Coloplast 4600, 4800 Series**
(24)	**EA**	**A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or w/o tube, each**	**3**	**$5.74**	**Coloplast UB0500 Bard 802001 AMSINO AS332**
(25)	**EA**	**A4358 Urinary leg bag, vinyl, with or w/o tube, each *XX Denotes French Size**	**10**	**$5.22**	**Coloplast UB0600 Coloplast UB0950 AMSINO AS300 Series Coloplast 9000**
(26)	**OZ**	**A4402 Lubricant**	**10 OZ.**	**$.32**	**Triad Lubricating Jelly 10-8919**
(27)	**EA**	**T4521 Adult size brief / diaper small, each**	**300**	**$.43**	**Select PBE 2620 Tranquility Full Fit PBE 2120 Attends BRBX10 Hook & Loop Covidien 63062 Tenna Specialty Brief SCA 66150 FQ IB Brief IB-011 KN66032 Small Wings Choice Plus Quilted**
(28)	**EA**	**T4522 Adult size brief / diaper medium, each**	**300**	**$.44**	**Select Full fit, PBE 2624 Hook & Loop Covidien 63063 Attends BR20 Attends BRB20 Tena Ultra Brief Med SCA 68121 FQ Per-Fit Breathable PF-012/1 KN66033 Med Wings Choice Plus Quilted Wings Choice Adult Brief Medium, Covidien KN60043DP**

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(29)	**EA**	**T4523 Adult size brief / diaper large, each**	**300**	**$.58**	**Select Full Fit, PBE 2634 Hook & Loop Covidien 63064 Attends BR30 Attends BRB30 Tena Ultra Brief Large SCA68122 FQ Per-Fit Breathable PF-013/1 KN66034 Large Wings Choice Plus Quilted Wings Choice Adult Brief Large, Covidien KN60044DP**
(30)	**EA**	**T4524 Adult size brief / diaper x-large, each**	**300**	**$.65**	**Select Full Fit, PBE 2635 Hook & Loop Covidien 63065 Attends BR40 Attends BRB40 FQ Per-Fit Breathable PF-014/1 KN66035 X-Large Wings Choice Plus Quilted Wings Choice Adult Brief XLG, Covidien KN60045DP**
(31)	**EA**	**T4525 Adult size pull on small, each**	**150**	**$.71**	**Select Sm, PBE 2604 Sure Care Protective Underwear Covidien 1605 Attends 7 PaperPak APP0710 Dignity Humanicare 46076**
(32)	**EA**	**T4526 Adult size pull on medium, each**	**150**	**$.71**	**Select Med, PBE 2605 Sure Care Protective Underwear Covidien 1605 Attends 7 APP0720 Dignity Humanicare 46077 Tena Plus SCA 72436 FQ Per-Fit PF-512**
(33)	**EA**	**T4527 Adult size pull on large, each**	**150**	**$.79**	**Select Lg, PBE 2606 Sure Care Protective Underwear Covidien 1615 Attends 7 PaperPak APP0730 Dignity Humanicare 46078 Tena Plus SCA 72437 FQ Per-Fit PF-513**
(34)	**EA**	**T4528 Adult size pull on x-large, each**	**150**	**$1.02**	**Select XLG, PBE 2607 Sure Care Protective Underwear Covidien 1625 Attends 7 PaperPak APP0740 Dignity Humanicare 46079 Tena Plus SCA 72438 FA Per-Fit PF-514 FQ Prevail Extra (XXL-Bariatric PV-517)**

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(35)	**EA**	**T4529 Pediatric size brief / diaper small / medium, each**	**300 up to age 13. Age 13 & over require PA.**	**$.40**	**Curity Ultra Fits Covidien 80018 Curity Utra Fits Covidien 80028 Huggies Ultratrim SZ1-2 HG52164 Huggies Ultratrim SZ3 HG211980 Luvs Baby Diapers Size 2, 12-18 lbs. 732921 Luvs Baby Diapers Size 3, 16-28 lbs. 734527**
(36)	**EA**	**T4530 Pediatric size brief / diaper large, each**	**300 up to age 13. Age 13 & over require PA.**	**$.44**	**Curity Ultra Fits Covidien 80038CF Curity Ultra Fits Covidien 80048 Huggies Ultratrim SZ5 XL HG211994 Huggies Ultratrim SZ4 Lrg HG211987 Luvs Baby Diapers Size 4, 22-37 lbs. 734401 Luvs Baby Diapers Size 5, 27+ lbs. 733187**
(37)	**EA**	**T4531 Pediatric size pull on small /medium, each**	**150**	**$.42**	**Run Around, Md. Boy Covidien 70063B Run Around, Md. Girl Covidien 70063G Huggies Youth Pull On Briefs 2T-3T MED Boy HG86171, Huggies Youth Pull On Briefs 2T-3T MED Girl HG86172 Curity Sleeppants Covidien 70073**
(38)	**EA**	**T4532 Pediatric size pull on large, each**	**150**	**$.44**	**Run Around Lg. Boy, Covidien 70064B Run Around Lg. Girl, Covidien 70064G Huggies Youth Pull On Briefs 3T-4T BOYS HG86173 Huggies Youth Pull On Briefs 3T-4T GIRLS HG86174**

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(39)	**EA**	**T4533 Youth size brief / diaper, each**	**300**	**$.46**	**Tranquility PBE 2166 Select PBE 2666 Select Toddler + PBE 2665 Attends Briefs 10 Classic Youth Diaper BRCL1000 Curity Ultra Fits Covidien 0058 Huggies Ultratrim SZ6 HG212001 Luvs Baby Diapers Size 6, 35+ lbs. 734534**
(40)	**EA**	**T4534 Youth size pull on, each**	**150**	**$.64**	**Select Extra Small Brief, PBE 2603 RunAround X-Lg. Boy Covidien 70065B RunAround X-Lg. Girl Covidien 70065G Huggies Pull-Up 4T-5T Boy HG86175 Huggies Pull-Up 4T-5T Girl HG86182 Curity Sleeppants Covidien 70074 Curity Sleeppants Covidien 70075 Sleep Overs® Youth Underwear SLP05301 Sleep Overs® Youth Underwear SLP05302, 65-125 lbs.**

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(41)	**EA**	**T4535 Disposable liner / shield / pad, each**	**300**	**$.29**	**Booster Pad, PBE 2760 Select 4.25x14.5, PBE 2671 Select 7x14, PBE 2691 Select 7x17, PBE 2690 Select Extra Absorb, PBE 2681, PBE 2682 Select Shield PBE 2648 Booster Pad PBE 2072 Tranquility Super Plus Trimshield, PBE 2083 Dignity ThinSerts Humanicare 30054 Humanicare Dignity Natural Liner HC26955, HC26954 Humanicare Stackable Pad HC30053 Humanicare Dignity Plus Super Liner HC30071 Humanicare Dignity Plus Liner HC30074 Humanicare Dignity Briefmates HC30225 Humanicare Spartan Liners HC40340 Covidien Incontinence Liner KN1100B22, KN1140B16 Attends Shaped Pad LP0500 Serenity extra pads(mod) SCA 48900 FQ Prevail/male guard PV-811 FQ Prevail Pantiliner PV-926 FQ Prevail Day Time Liner PL-100/1 and Attends LP0600 Prevail Bladder Control Pad-extra BC-012 Absorbent Products Company 19244 Booster Liner**
(42)	**EA**	**T4536 Reusable washable underwear any size, each**	**10**	**$7.72**	**PBE 2684 MED PBE 2685 LRG PBE 2686 XL Covidien KN705A Small/Med. Covidien KN706A Large/ X-Large Covidien KN707A XX-Large/ XXX-Large**
(43)	**EA**	**T4541 Disposable underpads (e.g., Chux's), large 23 x 36**	**180**	**$.25**	**Covidien 1093DP PBE 2673, 2675 Griffin Medical 1836**
(44)	**EA**	**T4542 Disposable underpads (e.g., Chux's), small 17 x 24**	**180**	**$.25**	**PaperPak UFS170 Griffin Medical Underpad 17x24 #2504**

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(45)	**EA**	**T4543 Bariatric adult size brief / diaper xx-large, each**	**300**	**$1.89**	**Whitestone 43790**
(46)	**EA**	**A4649 Misc. Supply**	**1**	**P. A. Required**	**No Reference**
(47)	**EA**	**A5112 Urinary leg bag; latex**	**2**	**$22.91**	**Coloplast 4157, 4175**
(48)	**EA**	**A5120 Skin barrier, wipes, 50/box (antiseptic), per wipe**	**100**	**$.16**	**Coloplast 44005**
(49)	**EA**	**S5199 Personal Care Products / Wipes/Adult/Baby, per wipe**	**100**	**$.09**	**Innovative DermAssist 80-301 ABCO Antiseptic Towelettes NDC634915 Kimberly-Clark Huggies Natural Care Wipes (unscented) HG18600**
(50)	**EA**	**A6250 Skin sealants, protectants, moisturizers, ointment, any type, any size**	**2**	**$3.71**	**Secura Smith & Nephew 2.47 oz 59431500 Covidien Vaseline Constant Care 2 oz KN8884737500 DermaRite Periguard 3.5 oz 00204**
(51)	**EA**	**A4520 Diaper/Incontinent pant, reusable/washable**	**1**	**$10.25**	**Select PBE 3080 series Humanicare 16000 series Humanicare 40200 series Humanicare Spartan Unisex Waterproof Pant HC10000 Series Covidien 689 SML Covidien 691 MED Covidien 694 LRG Covidien 698 XL**
(52)	**EA**	**A4354 Insertion Tray with Drainage Bag**	**10**	**$6.35**	**Coloplast UT9183**
(53)	**EA**	**A4353 Intermittent Urinary Catheter with Insertion Supplies**	**150**	**$3.80**	**Coloplast 1008, 1012, 1014, 1016, 3110, 3112, 3114, 3116, 3212, 3214, UT8140, UT8150**

Form No. DMB 234 (Rev. 1/96)
AUTHORITY: Act 431 of 1984
COMPLETION: Required

STATE OF MICHIGAN
DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET **December 1, 2010**
PURCHASING OPERATIONS
P.O. BOX 30026, LANSING, MI 48909
OR
530 W. ALLEGAN, LANSING, MI 48933

CHANGE NOTICE NO. 10
TO
CONTRACT NO. 071B8200196
between
THE STATE OF MICHIGAN
and

NAME & ADDRESS OF VENDOR **J & B Medical Supply Co., Inc.** **50496 West Pontiac Trail** **Wixom, MI 48393** **Email: lbennet@jandbmedical.com**	TELEPHONE (800) 737-0045 **Loren Bennett ext. 227** VENDOR NUMBER/MAIL CODE BUYER (517) 373-0301 **Sue Cieciwa**
Contract Compliance Inspector: Penny Saites (517) 335-5096 **Mail Order Incontinent Supplies and Services – Department of Community Health**	
CONTRACT PERIOD: **3 yrs. + 2 one-year options** From: **July 2, 2008** To: **July 1, 2013**	
TERMS **N/A**	SHIPMENT **As Required**
F.O.B. **Delivered**	SHIPPED FROM **Wixom, MI**
MINIMUM DELIVERY REQUIREMENTS **None**	
MISCELLANEOUS INFORMATION:	

NATURE OF CHANGE:

Effective August 1, 2010, Appendix I is revised as follows:

The following Brand/Manufacturer is DELETED from Item No. 16 A4335 Belted/Unbelted Undergarment WO Sides:

Covidien Surety Beltless, 23230

The following Brand/Manufacturer is ADDED to Item No. 16 A4335 Belted/Unbelted Undergarment WO Sides:

Prevail Extra Plus Liner BC-013, First Quality

The following Brand/Manufacturer is DELETED from Item No. 28 T4522 Adult size brief/diaper medium, each:

Wings Supreme Covidien 9501

The following Brand/Manufacturer is ADDED to Item No. 28 T4522 Adult size brief/diaper medium, each:

Wings Choice Adult Brief Medium, Covidien KN60043DP

The following Brand/Manufacturer is DELETED from Item No. 29 T4523 Adult size brief/diaper large, each:

Wings Supreme Covidien 9502

The following Brand/Manufacturer is ADDED to Item No. 29 T4523 Adult size brief/diaper large, each:

Wings Choice Adult Brief Large, Covidien KN60044DP

The following Brand/Manufacturer is ADDED to Item No. 30 T4524 Adult size brief/diaper x-large, each:

Wings Choice Adult Brief XLG, Covidien KN60045DP

Effective September 1, 2010, Appendix I is revised as follows:

The following Brands/Manufacturers are ADDED to Item No. 40 T4534 Youth size pull on, each:

Sleep Overs® Youth Underwear SLP05301
Sleep Overs® Youth Underwear SLP05302, 65-125 lbs.

Effective October 1, 2010, Appendix I is revised as follows:

Item No. 35 T4529 Pediatric size brief / diaper small / medium, each and
Item No. 36 T4530 Pediatric size brief / diaper large, each

The monthly quantity limit is hereby changed from 300 to: 300 up to age 13. Age 13 & over require PA.

In addition, the Contract Compliance Inspector is hereby changed to:

Penny Saites, Contract Compliance Inspector
MDCH Grants and Purchasing Division
320 S. Walnut Street
Lansing, MI 48823
Email: saitesp@michigan.gov
Phone: (517) 335-5096
Fax: (517) 241-4845

Revised Appendix I and Appendix I – Wisconsin are attached. All other terms, conditions, specifications and pricing remain unchanged.

AUTHORITY/REASON:

Per vendor request by email dated August 13, 2010 and September 21, 2010 and agency request dated November 17, 2010.

TOTAL ESTIMATED CONTRACT VALUE REMAINS: $86,799,580.20

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(1)	**EA**	**A4310 Insertion tray without drainage bag and without catheter (accessories only)**	**2**	**$1.68**	**Coloplast UT7010 10 cc Coloplast UT7030 30 cc AMSINO AS880 10 cc AMSINO AS890 30 cc**
(2)	**EA**	**A4311 Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating, (Teflon, silicone, silicone elastomer or hydrophilic, etc.)**	**2**	**$3.55**	**Coloplast UT8100 Series Bard 800 Series**
(3)	**EA**	**A4312 Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone**	**2**	**$3.75**	**Bard 720000 Series**
(4)	**EA**	**A4314 Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)**	**2**	**$3.25**	**Coloplast UT8183 Series Coloplast UT8163 Series**
(5)	**EA**	**A4315 Insertion tray with drainage bag, with indwelling catheter, foley type, two-way, all silicone**	**2**	**$5.00**	**Covidien 6900 Series**
(6)	**EA**	**A4320 Irrigation tray with bulb or piston syringe, any purpose**	**30**	**$.82**	**Coloplast UT1001 (Bulb) Coloplast UT1002 (Piston) AMSINO AS130 (Bulb) AMSINO AS136 (Piston)**
(7)	**EA**	**A4322 Irrigation syringe, bulb or piston, each**	**30**	**$.44**	**Coloplast UT1004 Amsino AS011 (Bulb) Bard 750379**
(8)	**EA**	**A4349 Male external catheter (G)**	**96**	**$.62**	**Coloplast 9200 Coloplast 5000 Series Coloplast 8000 Series**
(9)	**EA**	**A4349 Male external catheter (G) with adhesive strip, each**	**96**	**$.47**	**Coloplast 7200 Series**
(10)	**EA**	**A4326 Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each**	**30**	**$.88**	**Coloplast 7800, 7850, 8205, 8100, 8200, 8305, 8400 Hollister 9897, 9898**
(11)	**EA**	**A4328 Female external urinary collection device; pouch, each**	**10**	**$2.25**	**Hollister 9840**
(12)	**EA**	**A4330 Perianal fecal collection pouch with adhesive, each**	**10**	**$6.11**	**Hollister 9821, 9822 Convatec 650078**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(13)	**EA**	**A4331 Extension drainage tubing, any type, any length, with connector/adapter, for us with urinary leg bag or urostomy pouch, each**	**4**	**$1.55**	**Coloplast 475, 7092 AMSINO AS311**
(14)	**EA**	**A4333 Urinary catheter anchoring device, adhesive skin attachment**	**4**	**$.70**	**Coloplast 4065**
(15)	**EA**	**A4334 Urinary catheter anchoring device, leg strap**	**6**	**$.61**	**Covidien 8887600149**
(16)	**EA**	**A4335 Belted/Unbelted Undergarment WO Sides**	**150**	**$.42**	**Select Belt Less, PBE 2078 Select Day + Belt Less, PBE 2694 Select Belted, PBE 2650 Select Night Time, PBE 2695 Select, PBE 2693 Humanicare 30073 Tranquility Belted Undergarment, PBE 2150 Covidien Belted Undergarment, MD-171B10 Kimberly-Clark Depends 19640, 19696 Prevail Extra Plus Liner BC-013, First Quality**
(17)	**EA**	**A4338 Indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.) each**	**2**	**$.92**	**Coloplast UC2500 Series Coloplast UC2300 Series AMSINO AS4000 Series**
(18)	**EA**	**A4340 Indwelling catheter, specialty type, e.g. Coude, mushroom, wing, etc., each**	**5**	**$2.25**	**Coloplast UC6000 and 6500 Series**
(19)	**EA**	**A4344 Indwelling catheter, foley type, two-way, all silicone, each *XX Denotes French Size**	**5**	**$3.50**	**Coloplast AA61XX Series Coloplast AA6CXX Series Coloplast AASC23XX Series AMSINO AS40000 Series**
(20)	**EA**	**A4351 Intermittent urinary catheter, straight tip, each**	**150**	**$.52**	**Coloplast NC1000 Series Coloplast UC1000 Coloplast 110 Series Coloplast 200 Series Coloplast 300 Series Coloplast 400 Series AMSINO AS861000 Series Coviden KN8888492025 Coviden KN8888492033 Coviden KN8888492041 Coviden KN8888492058**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(21)	**EA**	**A4351-U4 Intermittent urinary catheter, straight tip, each**	**150 Under age 21**	**$1.70**	**Astra-Tech (Lofric) 900000, 940000, 9300000 Series Coloplast 4100, 4200, 4300, 4400 Series**
(22)	**EA**	**A4352 Intermittent urinary catheter, coude (curved) tip, each**	**150**	**$1.42**	**Coloplast 500 Series Coloplast 600 Series Coloplast 800 Series Coloplast UC6000 Series**
(23)	**EA**	**A4352-U4 Intermittent urinary catheter, coude (curved) tip, each**	**150 Under age 21**	**$2.31**	**Astra-Tech (Lofric) 960000 Series Coloplast 4600, 4800 Series**
(24)	**EA**	**A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or w/o tube, each**	**3**	**$1.55**	**Coloplast UB0500 Bard 802001 AMSINO AS332**
(25)	**EA**	**A4358 Urinary leg bag, vinyl, with or w/o tube, each *XX Denotes French Size**	**10**	**$1.50**	**Coloplast UB0600 Coloplast UB0950 AMSINO AS300 Series Coloplast 9000**
(26)	**OZ**	**A4402 Lubricant**	**10 OZ.**	**$.23**	**Triad Lubricating Jelly 10-8919**
(27)	**EA**	**T4521 Adult size brief / diaper small, each**	**300**	**$.35**	**Select PBE 2620 Tranquility Full Fit PBE 2120 Attends BRBX10 Hook & Loop Covidien 63062 Tenna Specialty Brief SCA 66150 FQ IB Brief IB-011 KN66032 Small Wings Choice Plus Quilted**
(28)	**EA**	**T4522 Adult size brief / diaper medium, each**	**300**	**$.33**	**Select Full fit, PBE 2624 Hook & Loop Covidien 63063 Attends BR20 Attends BRB20 Tena Ultra Brief Med SCA 68121 FQ Per-Fit Breathable PF-012/1 KN66033 Med Wings Choice Plus Quilted Wings Choice Adult Brief Medium, Covidien KN60043DP**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(29)	**EA**	**T4523 Adult size brief / diaper large, each**	**300**	**$.41**	**Select Full Fit, PBE 2634 Hook & Loop Covidien 63064 Attends BR30 Attends BRB30 Tena Ultra Brief Large SCA68122 FQ Per-Fit Breathable PF-013/1 KN66034 Large Wings Choice Plus Quilted Wings Choice Adult Brief Large, Covidien KN60044DP**
(30)	**EA**	**T4524 Adult size brief / diaper x-large, each**	**300**	**$.49**	**Select Full Fit, PBE 2635 Hook & Loop Covidien 63065 Attends BR40 Attends BRB40 FQ Per-Fit Breathable PF-014/1 KN66035 X-Large Wings Choice Plus Quilted Wings Choice Adult Brief XLG, Covidien KN60045DP**
(31)	**EA**	**T4525 Adult size pull on small, each**	**150**	**$.48**	**Select Sm, PBE 2604 Sure Care Protective Underwear Covidien 1605 Attends 7 PaperPak APP0710 Dignity Humanicare 46076**
(32)	**EA**	**T4526 Adult size pull on medium, each**	**150**	**$.49**	**Select Med, PBE 2605 Sure Care Protective Underwear Covidien 1605 Attends 7 APP0720 Dignity Humanicare 46077 Tena Plus SCA 72436 FQ Per-Fit PF-512**
(33)	**EA**	**T4527 Adult size pull on large, each**	**150**	**$.54**	**Select Lg, PBE 2606 Sure Care Protective Underwear Covidien 1615 Attends 7 PaperPak APP0730 Dignity Humanicare 46078 Tena Plus SCA 72437 FQ Per-Fit PF-513**

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(34)	**EA**	**T4528 Adult size pull on x-large, each**	**150**	**$.69**	**Select XLG, PBE 2607 Sure Care Protective Underwear Covidien 1625 Attends 7 PaperPak APP0740 Dignity Humanicare 46079 Tena Plus SCA 72438 FA Per-Fit PF-514 FQ Prevail Extra (XXL-Bariatric PV-517)**
(35)	**EA**	**T4529 Pediatric size brief / diaper small / medium, each**	**300 up to age 13. Age 13 & over require PA.**	**$.23**	**Curity Ultra Fits Covidien 80018 Curity Utra Fits Covidien 80028 Huggies Ultratrim SZ1-2 HG52164 Huggies Ultratrim SZ3 HG211980 Luvs Baby Diapers Size 2, 12-18 lbs. 732921 Luvs Baby Diapers Size 3, 16-28 lbs. 734527**
(36)	**EA**	**T4530 Pediatric size brief / diaper large, each**	**300 up to age 13. Age 13 & over require PA.**	**$.32**	**Curity Ultra Fits Covidien 80038CF Curity Ultra Fits Covidien 80048 Huggies Ultratrim SZ5 XL HG211994 Huggies Ultratrim SZ4 Lrg HG211987 Luvs Baby Diapers Size 4, 22-37 lbs. 734401 Luvs Baby Diapers Size 5, 27+ lbs. 733187**
(37)	**EA**	**T4531 Pediatric size pull on small /medium, each**	**150**	**$.39**	**Run Around, Md. Boy Covidien 70063B Run Around, Md. Girl Covidien 70063G Huggies Youth Pull On Briefs 2T-3T MED Boy HG86171, Huggies Youth Pull On Briefs 2T-3T MED Girl HG86172 Curity Sleeppants Covidien 70073**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(38)	**EA**	**T4532 Pediatric size pull on large, each**	**150**	**$.43**	**Run Around Lg. Boy, Covidien 70064B Run Around Lg. Girl, Covidien 70064G Huggies Youth Pull On Briefs 3T-4T BOYS HG86173 Huggies Youth Pull On Briefs 3T-4T GIRLS HG86174**
(39)	**EA**	**T4533 Youth size brief / diaper, each**	**300**	**$.33**	**Tranquility PBE 2166 Select PBE 2666 Select Toddler + PBE 2665 Attends Briefs 10 Classic Youth Diaper BRCL1000 Curity Ultra Fits Covidien 0058 Huggies Ultratrim SZ6 HG212001 Luvs Baby Diapers Size 6, 35+ lbs. 734534**
(40)	**EA**	**T4534 Youth size pull on, each**	**150**	**$.49**	**Select Extra Small Brief, PBE 2603 RunAround X-Lg. Boy Covidien 70065B RunAround X-Lg. Girl Covidien 70065G Huggies Pull-Up 4T-5T Boy HG86175 Huggies Pull-Up 4T-5T Girl HG86182 Curity Sleeppants Covidien 70074 Curity Sleeppants Covidien 70075 Sleep Overs® Youth Underwear SLP05301 Sleep Overs® Youth Underwear SLP05302, 65-125 lbs.**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(41)	**EA**	**T4535 Disposable liner / shield / pad, each**	**300**	**$.19**	**Booster Pad, PBE 2760 Select 4.25x14.5, PBE 2671 Select 7x14, PBE 2691 Select 7x17, PBE 2690 Select Extra Absorb, PBE 2681, PBE 2682 Select Shield PBE 2648 Booster Pad PBE 2072 Tranquility Super Plus Trimshield, PBE 2083 Dignity ThinSerts Humanicare 30054 Humanicare Dignity Natural Liner HC26955, HC26954 Humanicare Stackable Pad HC30053 Humanicare Dignity Plus Super Liner HC30071 Humanicare Dignity Plus Liner HC30074 Humanicare Dignity Briefmates HC30225 Humanicare Spartan Liners HC40340 Covidien Incontinence Liner KN1100B22, KN1140B16 Attends Shaped Pad LP0500 Serenity extra pads(mod) SCA 48900 FQ Prevail/male guard PV-811 FQ Prevail Pantiliner PV-926 FQ Prevail Day Time Liner PL-100/1 and Attends LP0600 Prevail Bladder Control Pad-extra BC-012**
(42)	**EA**	**T4536 Reusable washable underwear any size, each**	**10**	**$1.08**	**PBE 2684 MED PBE 2685 LRG PBE 2686 XL Covidien KN705A Small/Med. Covidien KN706A Large/ X-Large Covidien KN707A XX-Large/ XXX-Large**
(43)	**EA**	**T4541 Disposable underpads (e.g., Chux's), large 23 x 36**	**180**	**$.15**	**Covidien 1093DP PBE 2673, 2675 Griffin Medical 1836**
(44)	**EA**	**T4542 Disposable underpads (e.g., Chux's), small 17 x 24**	**180**	**$.12**	**PaperPak UFS170**

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(45)	**EA**	**T4543 Bariatric adult size brief / diaper xx-large, each**	**300**	**$1.35**	**Whitestone 43790**
(46)	**EA**	**A4649 Misc. Supply**	**1**	**P. A. Required**	**No Reference**
(47)	**EA**	**A5112 Urinary leg bag; latex**	**2**	**$1.50**	**Coloplast 4157, 4175**
(48)	**EA**	**A5120 Skin barrier, wipes, 50/box (antiseptic), per wipe**	**100**	**$.10**	**Coloplast 44005**
(49)	**EA**	**S5199 Personal Care Products / Wipes/Adult/Baby, per wipe**	**100**	**$.08**	**Innovative DermAssist 80-301 ABCO Antiseptic Towelettes NDC634915 Kimberly-Clark Huggies Natural Care Wipes (unscented) HG18600**
(50)	**EA**	**A6250 Skin sealants, protectants, moisturizers, ointment, any type, any size**	**2**	**$2.99**	**Secura Smith & Nephew 2.47 oz 59431500 Covidien Vaseline Constant Care 2 oz KN8884737500 DermaRite Periguard 3.5 oz 00204**
(51)	**EA**	**A4520 Diaper/Incontinent pant, reusable/washable**	**1**	**$8.15**	**Select PBE 3080 series Humanicare 16000 series Humanicare 40200 series Humanicare Spartan Unisex Waterproof Pant HC10000 Series Covidien 689 SML Covidien 691 MED Covidien 694 LRG Covidien 698 XL**
(52)	**EA**	**A4354 Insertion Tray with Drainage Bag**	**10**	**$5.25**	**Coloplast UT9183**
(53)	**EA**	**A4353 Intermittent Urinary Catheter with Insertion Supplies**	**150**	**$3.40**	**Coloplast 1008, 1012, 1014, 1016, 3110, 3112, 3114, 3116, 3212, 3214, UT8140, UT8150**

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(1)	**EA**	**A4310 Insertion tray without drainage bag and without catheter (accessories only)**	**2**	**$3.85**	**Coloplast UT7010 10 cc Coloplast UT7030 30 cc AMSINO AS880 10 cc AMSINO AS890 30 cc**
(2)	**EA**	**A4311 Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating, (Teflon, silicone, silicone elastomer or hydrophilic, etc.)**	**2**	**$9.26**	**Coloplast UT8100 Series Bard 800 Series**
(3)	**EA**	**A4312 Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone**	**2**	**$9.50**	**Bard 720000 Series**
(4)	**EA**	**A4314 Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)**	**2**	**$13.25**	**Coloplast UT8183 Series Coloplast UT8163 Series**
(5)	**EA**	**A4315 Insertion tray with drainage bag, with indwelling catheter, foley type, two-way, all silicone**	**2**	**$13.59**	**Covidien 6900 Series**
(6)	**EA**	**A4320 Irrigation tray with bulb or piston syringe, any purpose**	**30**	**$1.92**	**Coloplast UT1001 (Bulb) Coloplast UT1002 (Piston) AMSINO AS130 (Bulb) AMSINO AS136 (Piston)**
(7)	**EA**	**A4322 Irrigation syringe, bulb or piston, each**	**30**	**$2.20**	**Coloplast UT1004 Amsino AS011 (Bulb) Bard 750379**
(8)	**EA**	**A4349 Male external catheter (G)**	**96**	**$.83**	**Coloplast 9200 Coloplast 5000 Series Coloplast 8000 Series**
(9)	**EA**	**A4349 Male external catheter (G) with adhesive strip, each**	**96**	**$.83**	**Coloplast 7200 Series**
(10)	**EA**	**A4326 Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each**	**30**	**$7.14**	**Coloplast 7800, 7850, 8205, 8100, 8200, 8305, 8400 Hollister 9897, 9898**
(11)	**EA**	**A4328 Female external urinary collection device; pouch, each**	**10**	**$7.10**	**Hollister 9840**

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(12)	**EA**	**A4330 Perianal fecal collection pouch with adhesive, each**	**10**	**$6.86**	**Hollister 9821, 9822 Convatec 650078**
(13)	**EA**	**A4331 Extension drainage tubing, any type, any length, with connector/adapter, for us with urinary leg bag or urostomy pouch, each**	**4**	**$1.80**	**Coloplast 475, 7092 AMSINO AS311**
(14)	**EA**	**A4333 Urinary catheter anchoring device, adhesive skin attachment**	**4**	**$1.12**	**Coloplast 4065**
(15)	**EA**	**A4334 Urinary catheter anchoring device, leg strap**	**6**	**$.81**	**Covidien 8887600149**
(16)	**EA**	**A4335 Belted/Unbelted Undergarment WO Sides**	**150**	**$.78**	**Select Belt Less, PBE 2078 Select Day + Belt Less, PBE 2694 Select Belted, PBE 2650 Select Night Time, PBE 2695 Select, PBE 2693 Humanicare 30073 Tranquility Belted Undergarment, PBE 2150 Covidien Belted Undergarment, MD-171B10 Kimberly-Clark Depends 19640, 19696 Prevail Extra Plus Liner BC-013, First Quality**
(17)	**EA**	**A4338 Indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.) each**	**2**	**$6.45**	**Coloplast UC2500 Series Coloplast UC2300 Series AMSINO AS4000 Series**
(18)	**EA**	**A4340 Indwelling catheter, specialty type, e.g. Coude, mushroom, wing, etc., each**	**5**	**$5.45**	**Coloplast UC6000 and 6500 Series**
(19)	**EA**	**A4344 Indwelling catheter, foley type, two-way, all silicone, each *XX Denotes French Size**	**5**	**$7.75**	**Coloplast AA61XX Series Coloplast AA6CXX Series Coloplast AASC23XX Series AMSINO AS40000 Series**

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(20)	**EA**	**A4351 Intermittent urinary catheter, straight tip, each**	**150**	**$1.20**	**Coloplast NC1000 Series Coloplast UC1000 Coloplast 110 Series Coloplast 200 Series Coloplast 300 Series Coloplast 400 Series AMSINO AS861000 Series Coviden KN8888492025 Coviden KN8888492033 Coviden KN8888492041 Coviden KN8888492058**
(21)	**EA**	**A4351-U4 Intermittent urinary catheter, straight tip, each**	**150 Under age 21**	**$2.25**	**Astra-Tech (Lofric) 900000, 940000, 9300000 Series Coloplast 4100, 4200, 4300, 4400 Series**
(22)	**EA**	**A4352 Intermittent urinary catheter, coude (curved) tip, each**	**150**	**$2.45**	**Coloplast 500 Series Coloplast 600 Series Coloplast 800 Series Coloplast UC6000 Series**
(23)	**EA**	**A4352-U4 Intermittent urinary catheter, coude (curved) tip, each**	**150 Under age 21**	**$2.90**	**Astra-Tech (Lofric) 960000 Series Coloplast 4600, 4800 Series**
(24)	**EA**	**A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or w/o tube, each**	**3**	**$5.74**	**Coloplast UB0500 Bard 802001 AMSINO AS332**
(25)	**EA**	**A4358 Urinary leg bag, vinyl, with or w/o tube, each *XX Denotes French Size**	**10**	**$5.22**	**Coloplast UB0600 Coloplast UB0950 AMSINO AS300 Series Coloplast 9000**
(26)	**OZ**	**A4402 Lubricant**	**10 OZ.**	**$.32**	**Triad Lubricating Jelly 10-8919**
(27)	**EA**	**T4521 Adult size brief / diaper small, each**	**300**	**$.43**	**Select PBE 2620 Tranquility Full Fit PBE 2120 Attends BRBX10 Hook & Loop Covidien 63062 Tenna Specialty Brief SCA 66150 FQ IB Brief IB-011 KN66032 Small Wings Choice Plus Quilted**

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(28)	**EA**	**T4522 Adult size brief / diaper medium, each**	**300**	**$.44**	**Select Full fit, PBE 2624 Hook & Loop Covidien 63063 Attends BR20 Attends BRB20 Tena Ultra Brief Med SCA 68121 FQ Per-Fit Breathable PF-012/1 KN66033 Med Wings Choice Plus Quilted Wings Choice Adult Brief Medium, Covidien KN60043DP**
(29)	**EA**	**T4523 Adult size brief / diaper large, each**	**300**	**$.58**	**Select Full Fit, PBE 2634 Hook & Loop Covidien 63064 Attends BR30 Attends BRB30 Tena Ultra Brief Large SCA68122 FQ Per-Fit Breathable PF-013/1 KN66034 Large Wings Choice Plus Quilted Wings Choice Adult Brief Large, Covidien KN60044DP**
(30)	**EA**	**T4524 Adult size brief / diaper x-large, each**	**300**	**$.65**	**Select Full Fit, PBE 2635 Hook & Loop Covidien 63065 Attends BR40 Attends BRB40 FQ Per-Fit Breathable PF-014/1 KN66035 X-Large Wings Choice Plus Quilted Wings Choice Adult Brief XLG, Covidien KN60045DP**
(31)	**EA**	**T4525 Adult size pull on small, each**	**150**	**$.71**	**Select Sm, PBE 2604 Sure Care Protective Underwear Covidien 1605 Attends 7 PaperPak APP0710 Dignity Humanicare 46076**
(32)	**EA**	**T4526 Adult size pull on medium, each**	**150**	**$.71**	**Select Med, PBE 2605 Sure Care Protective Underwear Covidien 1605 Attends 7 APP0720 Dignity Humanicare 46077 Tena Plus SCA 72436 FQ Per-Fit PF-512**

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PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(33)	**EA**	**T4527 Adult size pull on large, each**	**150**	**$.79**	**Select Lg, PBE 2606 Sure Care Protective Underwear Covidien 1615 Attends 7 PaperPak APP0730 Dignity Humanicare 46078 Tena Plus SCA 72437 FQ Per-Fit PF-513**
(34)	**EA**	**T4528 Adult size pull on x-large, each**	**150**	**$1.02**	**Select XLG, PBE 2607 Sure Care Protective Underwear Covidien 1625 Attends 7 PaperPak APP0740 Dignity Humanicare 46079 Tena Plus SCA 72438 FA Per-Fit PF-514 FQ Prevail Extra (XXL-Bariatric PV-517)**
(35)	**EA**	**T4529 Pediatric size brief / diaper small / medium, each**	**300 up to age 13. Age 13 & over require PA.**	**$.40**	**Curity Ultra Fits Covidien 80018 Curity Utra Fits Covidien 80028 Huggies Ultratrim SZ1-2 HG52164 Huggies Ultratrim SZ3 HG211980 Luvs Baby Diapers Size 2, 12-18 lbs. 732921 Luvs Baby Diapers Size 3, 16-28 lbs. 734527**
(36)	**EA**	**T4530 Pediatric size brief / diaper large, each**	**300 up to age 13. Age 13 & over require PA.**	**$.44**	**Curity Ultra Fits Covidien 80038CF Curity Ultra Fits Covidien 80048 Huggies Ultratrim SZ5 XL HG211994 Huggies Ultratrim SZ4 Lrg HG211987 Luvs Baby Diapers Size 4, 22-37 lbs. 734401 Luvs Baby Diapers Size 5, 27+ lbs. 733187**

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(37)	**EA**	**T4531 Pediatric size pull on small /medium, each**	**150**	**$.42**	**Run Around, Md. Boy Covidien 70063B Run Around, Md. Girl Covidien 70063G Huggies Youth Pull On Briefs 2T-3T MED Boy HG86171, Huggies Youth Pull On Briefs 2T-3T MED Girl HG86172 Curity Sleeppants Covidien 70073**
(38)	**EA**	**T4532 Pediatric size pull on large, each**	**150**	**$.44**	**Run Around Lg. Boy, Covidien 70064B Run Around Lg. Girl, Covidien 70064G Huggies Youth Pull On Briefs 3T-4T BOYS HG86173 Huggies Youth Pull On Briefs 3T-4T GIRLS HG86174**
(39)	**EA**	**T4533 Youth size brief / diaper, each**	**300**	**$.46**	**Tranquility PBE 2166 Select PBE 2666 Select Toddler + PBE 2665 Attends Briefs 10 Classic Youth Diaper BRCL1000 Curity Ultra Fits Covidien 0058 Huggies Ultratrim SZ6 HG212001 Luvs Baby Diapers Size 6, 35+ lbs. 734534**
(40)	**EA**	**T4534 Youth size pull on, each**	**150**	**$.64**	**Select Extra Small Brief, PBE 2603 RunAround X-Lg. Boy Covidien 70065B RunAround X-Lg. Girl Covidien 70065G Huggies Pull-Up 4T-5T Boy HG86175 Huggies Pull-Up 4T-5T Girl HG86182 Curity Sleeppants Covidien 70074 Curity Sleeppants Covidien 70075 Sleep Overs® Youth Underwear SLP05301 Sleep Overs® Youth Underwear SLP05302, 65-125 lbs.**

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(41)	**EA**	**T4535 Disposable liner / shield / pad, each**	**300**	**$.29**	**Booster Pad, PBE 2760 Select 4.25x14.5, PBE 2671 Select 7x14, PBE 2691 Select 7x17, PBE 2690 Select Extra Absorb, PBE 2681, PBE 2682 Select Shield PBE 2648 Booster Pad PBE 2072 Tranquility Super Plus Trimshield, PBE 2083 Dignity ThinSerts Humanicare 30054 Humanicare Dignity Natural Liner HC26955, HC26954 Humanicare Stackable Pad HC30053 Humanicare Dignity Plus Super Liner HC30071 Humanicare Dignity Plus Liner HC30074 Humanicare Dignity Briefmates HC30225 Humanicare Spartan Liners HC40340 Covidien Incontinence Liner KN1100B22, KN1140B16 Attends Shaped Pad LP0500 Serenity extra pads(mod) SCA 48900 FQ Prevail/male guard PV-811 FQ Prevail Pantiliner PV-926 FQ Prevail Day Time Liner PL-100/1 and Attends LP0600 Prevail Bladder Control Pad-extra BC-012**
(42)	**EA**	**T4536 Reusable washable underwear any size, each**	**10**	**$7.72**	**PBE 2684 MED PBE 2685 LRG PBE 2686 XL Covidien KN705A Small/Med. Covidien KN706A Large/ X-Large Covidien KN707A XX-Large/ XXX-Large**
(43)	**EA**	**T4541 Disposable underpads (e.g., Chux's), large 23 x 36**	**180**	**$.25**	**Covidien 1093DP PBE 2673, 2675 Griffin Medical 1836**
(44)	**EA**	**T4542 Disposable underpads (e.g., Chux's), small 17 x 24**	**180**	**$.25**	**PaperPak UFS170**

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(45)	**EA**	**T4543 Bariatric adult size brief / diaper xx-large, each**	**300**	**$1.89**	**Whitestone 43790**
(46)	**EA**	**A4649 Misc. Supply**	**1**	**P. A. Required**	**No Reference**
(47)	**EA**	**A5112 Urinary leg bag; latex**	**2**	**$22.91**	**Coloplast 4157, 4175**
(48)	**EA**	**A5120 Skin barrier, wipes, 50/box (antiseptic), per wipe**	**100**	**$.16**	**Coloplast 44005**
(49)	**EA**	**S5199 Personal Care Products / Wipes/Adult/Baby, per wipe**	**100**	**$.09**	**Innovative DermAssist 80-301 ABCO Antiseptic Towelettes NDC634915 Kimberly-Clark Huggies Natural Care Wipes (unscented) HG18600**
(50)	**EA**	**A6250 Skin sealants, protectants, moisturizers, ointment, any type, any size**	**2**	**$3.71**	**Secura Smith & Nephew 2.47 oz 59431500 Covidien Vaseline Constant Care 2 oz KN8884737500 DermaRite Periguard 3.5 oz 00204**
(51)	**EA**	**A4520 Diaper/Incontinent pant, reusable/washable**	**1**	**$10.25**	**Select PBE 3080 series Humanicare 16000 series Humanicare 40200 series Humanicare Spartan Unisex Waterproof Pant HC10000 Series Covidien 689 SML Covidien 691 MED Covidien 694 LRG Covidien 698 XL**
(52)	**EA**	**A4354 Insertion Tray with Drainage Bag**	**10**	**$6.35**	**Coloplast UT9183**
(53)	**EA**	**A4353 Intermittent Urinary Catheter with Insertion Supplies**	**150**	**$3.80**	**Coloplast 1008, 1012, 1014, 1016, 3110, 3112, 3114, 3116, 3212, 3214, UT8140, UT8150**

Form No. DMB 234 (Rev. 1/96)
AUTHORITY: Act 431 of 1984
COMPLETION: Required

STATE OF MICHIGAN
DEPARTMENT OF MANAGEMENT AND BUDGET
PURCHASING OPERATIONS
P.O. BOX 30026, LANSING, MI 48909
OR
530 W. ALLEGAN, LANSING, MI 48933

December 17, 2009

CHANGE NOTICE NO. 9
TO
CONTRACT NO. 071B8200196
between
THE STATE OF MICHIGAN
and

NAME & ADDRESS OF VENDOR	TELEPHONE (800) 737-0045 **Loren Bennett ext. 227**
J & B Medical Supply Co., Inc. **50496 West Pontiac Trail** **Wixom, MI 48393** **Email: lbennet@jandbmedical.com**	VENDOR NUMBER/MAIL CODE
	BUYER (517) 373-0301 **Sue Cieciwa**

Contract Compliance Inspector: Laura Dotson (517) 241-4686
Mail Order Incontinent Supplies and Services – Department of Community Health

CONTRACT PERIOD: **3 yrs. + 2 one-year options**	From: **July 2, 2008**	To: **July 1, 2013**

TERMS	SHIPMENT
N/A	**As Required**
F.O.B.	SHIPPED FROM
Delivered	**Wixom, MI**

MINIMUM DELIVERY REQUIREMENTS
None

MISCELLANEOUS INFORMATION:

NATURE OF CHANGE:

Effective immediately, this Contract is hereby EXTENDED two (2) years from July 1, 2011 to July 1, 2013.

In addition, a 1% price reduction is effective October 1, 2009. MDCH will implement this 1% price reduction through a lump sum quarterly adjustment to payments to J & B Medical, after the end of the quarter, beginning December 31, 2009 with the payment adjustment approximately January 15, 2010.

Furthermore, J & B Medical will be required to re-evaluate contract pricing for further opportunities for cost reductions effective December 1, 2010, subject to the State's review and acceptance.

This Contract is hereby INCREASED by $34,719,832.08.

All other terms, conditions, specifications and pricing remain unchanged.

AUTHORITY/REASON:

Per DMB, Purchasing Operations request by letter dated August 5, 2009, vendor proposal dated September 14, 2009, agency request dated November 13, 2009, and State Administrative Board approval on December 15, 2009.

INCREASE: $ 34,719,832.08

TOTAL REVISED ESTIMATED CONTRACT VALUE: $86,799,580.20

Form No. DMB 234 (Rev. 1/96)
AUTHORITY: Act 431 of 1984
COMPLETION: Required

STATE OF MICHIGAN
DEPARTMENT OF MANAGEMENT AND BUDGET
PURCHASING OPERATIONS
P.O. BOX 30026, LANSING, MI 48909
OR
530 W. ALLEGAN, LANSING, MI 48933

December 9, 2009

CHANGE NOTICE NO. 8
TO
CONTRACT NO. 071B8200196
between
THE STATE OF MICHIGAN
and

NAME & ADDRESS OF VENDOR	TELEPHONE (800) 737-0045 **Loren Bennett ext. 227**
J & B Medical Supply Co., Inc. **50496 West Pontiac Trail** **Wixom, MI 48393** **Email: lbennet@jandbmedical.com**	VENDOR NUMBER/MAIL CODE BUYER (517) 373-0301 **Sue Cieciwa**
Contract Compliance Inspector: Laura Dotson (517) 241-4686 **Mail Order Incontinent Supplies and Services – Department of Community Health**	
CONTRACT PERIOD: **3 yrs. + 2 one-year options** From: **July 2, 2008** To: **July 1, 2011**	
TERMS **N/A**	SHIPMENT **As Required**
F.O.B. **Delivered**	SHIPPED FROM **Wixom, MI**
MINIMUM DELIVERY REQUIREMENTS **None**	
MISCELLANEOUS INFORMATION:	

NATURE OF CHANGE:

Effective December 1, 2009, the following incontinent supplies are not covered by the Children's Special Health Care Services (CSHCS) Benefit Plan:

HCPCS Code	Description
A4335	Incontinence Supply
A4520	Incontinence Garment Any Type
T4521	Adult Size Brief/Diaper SM
T4522	Adult Size Brief/Diaper MED
T4523	Adult Size Brief/Diaper LG
T4524	Adult Size Brief/Diaper XL
T4525	Adult Size Pull-On SM
T4526	Adult Size Pull-On MED
T4527	Adult Sized Pull-On LG
T4528	Adult Size Pull-on XL
T4529	Ped, size Brief/Diaper SM/MED
T4530	Ped Size Brief/Diaper LG
T4531	Ped Size Pull-On SM/MED
T4532	Ped Size Pull-On LG
T4533	Youth Size Brief/Diaper

HCPCS Code	Description
T4534	Youth Size Pull-On
T4535	Disposable Liner/Shield/Pad
T4536	Reusable Pull-On Any Size
T4541	Large Disposable Underpad
T4542	Small Disposable Underpad
T4543	Bariatric Disposable Incontinent Brief/Diaper
S5199	Personal Care Item, NOS (Incontinent Wipe)

Current prior authorizations are considered null and void as of the effective date of the policy change. Reimbursement for incontinent supplies will not be made for dates of service on or after December 1, 2009, even if the service had been prior authorized.

AUTHORITY/REASON:

Per agency request (Laura Dotson) dated November 3, 2009 and the Michigan Department of Community Health Bulletin MSA 09-57 issued November 3, 2009.

TOTAL ESTIMATED CONTRACT VALUE REMAINS: $52,079,748.12

Form No. DMB 234 (Rev. 1/96)
AUTHORITY: Act 431 of 1984
COMPLETION: Required

STATE OF MICHIGAN
DEPARTMENT OF MANAGEMENT AND BUDGET
PURCHASING OPERATIONS
P.O. BOX 30026, LANSING, MI 48909
OR
530 W. ALLEGAN, LANSING, MI 48933

November 2, 2009

CHANGE NOTICE NO. 7
TO
CONTRACT NO. 071B8200196
between
THE STATE OF MICHIGAN
and

NAME & ADDRESS OF VENDOR	TELEPHONE (800) 737-0045 **Loren Bennett ext. 227**
J & B Medical Supply Co., Inc. **50496 West Pontiac Trail** **Wixom, MI 48393** **Email: lbennet@jandbmedical.com**	VENDOR NUMBER/MAIL CODE
	BUYER (517) 373-0301 **Sue Cieciwa**

Contract Compliance Inspector: Laura Dotson (517) 241-4686
Mail Order Incontinent Supplies and Services – Department of Community Health

CONTRACT PERIOD: **3 yrs. + 2 one-year options**	From: **July 2, 2008**	To: **July 1, 2011**

TERMS	SHIPMENT
N/A	**As Required**
F.O.B.	SHIPPED FROM
Delivered	**Wixom, MI**

MINIMUM DELIVERY REQUIREMENTS
None

MISCELLANEOUS INFORMATION:

NATURE OF CHANGE:

Effective October 1, 2009, Appendix I is revised as follows:

The following Brands/Manufacturers are ADDED to Item No. 20 A4351 Intermittent urinary catheter, straight tip, each (red rubber latex free catheters):

Coviden KN8888492025 10fr Dover Rob-nel Catheter
Coviden KN8888492033 12fr Dover Rob-nel Catheter
Coviden KN8888492041 14fr Dover Rob-nel Catheter
Coviden KN8888492058 16fr Dover Rob-nel Catheter

Revised Appendix I and Appendix I – Wisconsin are attached. All other terms, conditions, specifications and pricing remain unchanged.

AUTHORITY/REASON:

Per agency request (Laura Dotson) dated October 8, 2009 and J & B Medical request by email dated October 2, 2009.

TOTAL ESTIMATED CONTRACT VALUE REMAINS: $52,079,748.12

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(1)	**EA**	**A4310 Insertion tray without drainage bag and without catheter (accessories only)**	**2**	**$1.68**	**Coloplast UT7010 10 cc Coloplast UT7030 30 cc AMSINO AS880 10 cc AMSINO AS890 30 cc**
(2)	**EA**	**A4311 Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating, (Teflon, silicone, silicone elastomer or hydrophilic, etc.)**	**2**	**$3.55**	**Coloplast UT8100 Series Bard 800 Series**
(3)	**EA**	**A4312 Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone**	**2**	**$3.75**	**Bard 720000 Series**
(4)	**EA**	**A4314 Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)**	**2**	**$3.25**	**Coloplast UT8183 Series Coloplast UT8163 Series**
(5)	**EA**	**A4315 Insertion tray with drainage bag, with indwelling catheter, foley type, two-way, all silicone**	**2**	**$5.00**	**Covidien 6900 Series**
(6)	**EA**	**A4320 Irrigation tray with bulb or piston syringe, any purpose**	**30**	**$.82**	**Coloplast UT1001 (Bulb) Coloplast UT1002 (Piston) AMSINO AS130 (Bulb) AMSINO AS136 (Piston)**
(7)	**EA**	**A4322 Irrigation syringe, bulb or piston, each**	**30**	**$.44**	**Coloplast UT1004 Amsino AS011 (Bulb) Bard 750379**
(8)	**EA**	**A4349 Male external catheter (G)**	**96**	**$.62**	**Coloplast 9200 Coloplast 5000 Series Coloplast 8000 Series**
(9)	**EA**	**A4349 Male external catheter (G) with adhesive strip, each**	**96**	**$.47**	**Coloplast 7200 Series**
(10)	**EA**	**A4326 Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each**	**30**	**$.88**	**Coloplast 7800, 7850, 8205, 8100, 8200, 8305, 8400 Hollister 9897, 9898**
(11)	**EA**	**A4328 Female external urinary collection device; pouch, each**	**10**	**$2.25**	**Hollister 9840**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(12)	**EA**	**A4330 Perianal fecal collection pouch with adhesive, each**	**10**	**$6.11**	**Hollister 9821, 9822 Convatec 650078**
(13)	**EA**	**A4331 Extension drainage tubing, any type, any length, with connector/adapter, for us with urinary leg bag or urostomy pouch, each**	**4**	**$1.55**	**Coloplast 475, 7092 AMSINO AS311**
(14)	**EA**	**A4333 Urinary catheter anchoring device, adhesive skin attachment**	**4**	**$.70**	**Coloplast 4065**
(15)	**EA**	**A4334 Urinary catheter anchoring device, leg strap**	**6**	**$.61**	**Covidien 8887600149**
(16)	**EA**	**A4335 Belted/Unbelted Undergarment WO Sides**	**150**	**$.42**	**Select Belt Less, PBE 2078 Select Day + Belt Less, PBE 2694 Select Belted, PBE 2650 Select Night Time, PBE 2695 Select, PBE 2693 Covidien Surety Beltless, 23230 Humanicare 30073 Tranquility Belted Undergarment, PBE 2150 Covidien Belted Undergarment, MD-171B10 Kimberly-Clark Depends 19640, 19696**
(17)	**EA**	**A4338 Indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.) each**	**2**	**$.92**	**Coloplast UC2500 Series Coloplast UC2300 Series AMSINO AS4000 Series**
(18)	**EA**	**A4340 Indwelling catheter, specialty type, e.g. Coude, mushroom, wing, etc., each**	**5**	**$2.25**	**Coloplast UC6000 and 6500 Series**
(19)	**EA**	**A4344 Indwelling catheter, foley type, two-way, all silicone, each *XX Denotes French Size**	**5**	**$3.50**	**Coloplast AA61XX Series Coloplast AA6CXX Series Coloplast AASC23XX Series AMSINO AS40000 Series**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(20)	**EA**	**A4351 Intermittent urinary catheter, straight tip, each**	**150**	**$.52**	**Coloplast NC1000 Series Coloplast UC1000 Coloplast 110 Series Coloplast 200 Series Coloplast 300 Series Coloplast 400 Series AMSINO AS861000 Series Coviden KN8888492025 Coviden KN8888492033 Coviden KN8888492041 Coviden KN8888492058**
(21)	**EA**	**A4351-U4 Intermittent urinary catheter, straight tip, each**	**150 Under age 21**	**$1.70**	**Astra-Tech (Lofric) 900000, 940000, 9300000 Series Coloplast 4100, 4200, 4300, 4400 Series**
(22)	**EA**	**A4352 Intermittent urinary catheter, coude (curved) tip, each**	**150**	**$1.42**	**Coloplast 500 Series Coloplast 600 Series Coloplast 800 Series Coloplast UC6000 Series**
(23)	**EA**	**A4352-U4 Intermittent urinary catheter, coude (curved) tip, each**	**150 Under age 21**	**$2.31**	**Astra-Tech (Lofric) 960000 Series Coloplast 4600, 4800 Series**
(24)	**EA**	**A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or w/o tube, each**	**3**	**$1.55**	**Coloplast UB0500 Bard 802001 AMSINO AS332**
(25)	**EA**	**A4358 Urinary leg bag, vinyl, with or w/o tube, each *XX Denotes French Size**	**10**	**$1.50**	**Coloplast UB0600 Coloplast UB0950 AMSINO AS300 Series Coloplast 9000**
(26)	**OZ**	**A4402 Lubricant**	**10 OZ.**	**$.23**	**Triad Lubricating Jelly 10-8919**
(27)	**EA**	**T4521 Adult size brief / diaper small, each**	**300**	**$.35**	**Select PBE 2620 Tranquility Full Fit PBE 2120 Attends BRBX10 Hook & Loop Covidien 63062 Tenna Specialty Brief SCA 66150 FQ IB Brief IB-011 KN66032 Small Wings Choice Plus Quilted**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(28)	**EA**	**T4522 Adult size brief / diaper medium, each**	**300**	**$.33**	**Select Full fit, PBE 2624 Wings Supreme Covidien 9501 Hook & Loop Covidien 63063 Attends BR20 Attends BRB20 Tena Ultra Brief Med SCA 68121 FQ Per-Fit Breathable PF-012/1 KN66033 Med Wings Choice Plus Quilted**
(29)	**EA**	**T4523 Adult size brief / diaper large, each**	**300**	**$.41**	**Select Full Fit, PBE 2634 Wings Supreme Covidien 9502 Hook & Loop Covidien 63064 Attends BR30 Attends BRB30 Tena Ultra Brief Large SCA68122 FQ Per-Fit Breathable PF-013/1 KN66034 Large Wings Choice Plus Quilted**
(30)	**EA**	**T4524 Adult size brief / diaper x-large, each**	**300**	**$.49**	**Select Full Fit, PBE 2635 Hook & Loop Covidien 63065 Attends BR40 Attends BRB40 FQ Per-Fit Breathable PF-014/1 KN66035 X-Large Wings Choice Plus Quilted**
(31)	**EA**	**T4525 Adult size pull on small, each**	**150**	**$.48**	**Select Sm, PBE 2604 Sure Care Protective Underwear Covidien 1605 Attends 7 PaperPak APP0710 Dignity Humanicare 46076**
(32)	**EA**	**T4526 Adult size pull on medium, each**	**150**	**$.49**	**Select Med, PBE 2605 Sure Care Protective Underwear Covidien 1605 Attends 7 APP0720 Dignity Humanicare 46077 Tena Plus SCA 72436 FQ Per-Fit PF-512**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(33)	**EA**	**T4527 Adult size pull on large, each**	**150**	**$.54**	**Select Lg, PBE 2606 Sure Care Protective Underwear Covidien 1615 Attends 7 PaperPak APP0730 Dignity Humanicare 46078 Tena Plus SCA 72437 FQ Per-Fit PF-513**
(34)	**EA**	**T4528 Adult size pull on x-large, each**	**150**	**$.69**	**Select XLG, PBE 2607 Sure Care Protective Underwear Covidien 1625 Attends 7 PaperPak APP0740 Dignity Humanicare 46079 Tena Plus SCA 72438 FA Per-Fit PF-514 FQ Prevail Extra (XXL-Bariatric PV-517)**
(35)	**EA**	**T4529 Pediatric size brief / diaper small / medium, each**	**300**	**$.23**	**Curity Ultra Fits Covidien 80018 Curity Utra Fits Covidien 80028 Huggies Ultratrim SZ1-2 HG52164 Huggies Ultratrim SZ3 HG211980 Luvs Baby Diapers Size 2, 12-18 lbs. 732921 Luvs Baby Diapers Size 3, 16-28 lbs. 734527**
(36)	**EA**	**T4530 Pediatric size brief / diaper large, each**	**300**	**$.32**	**Curity Ultra Fits Covidien 80038CF Curity Ultra Fits Covidien 80048 Huggies Ultratrim SZ5 XL HG211994 Huggies Ultratrim SZ4 Lrg HG211987 Luvs Baby Diapers Size 4, 22-37 lbs. 734401 Luvs Baby Diapers Size 5, 27+ lbs. 733187**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(37)	**EA**	**T4531 Pediatric size pull on small /medium, each**	**150**	**$.39**	**Run Around, Md. Boy Covidien 70063B Run Around, Md. Girl Covidien 70063G Huggies Youth Pull On Briefs 2T-3T MED Boy HG86171, Huggies Youth Pull On Briefs 2T-3T MED Girl HG86172 Curity Sleeppants Covidien 70073**
(38)	**EA**	**T4532 Pediatric size pull on large, each**	**150**	**$.43**	**Run Around Lg. Boy, Covidien 70064B Run Around Lg. Girl, Covidien 70064G Huggies Youth Pull On Briefs 3T-4T BOYS HG86173 Huggies Youth Pull On Briefs 3T-4T GIRLS HG86174**
(39)	**EA**	**T4533 Youth size brief / diaper, each**	**300**	**$.33**	**Tranquility PBE 2166 Select PBE 2666 Select Toddler + PBE 2665 Attends Briefs 10 Classic Youth Diaper BRCL1000 Curity Ultra Fits Covidien 0058 Huggies Ultratrim SZ6 HG212001 Luvs Baby Diapers Size 6, 35+ lbs. 734534**
(40)	**EA**	**T4534 Youth size pull on, each**	**150**	**$.49**	**Select Extra Small Brief, PBE 2603 RunAround X-Lg. Boy Covidien 70065B RunAround X-Lg. Girl Covidien 70065G Huggies Pull-Up 4T-5T Boy HG86175 Huggies Pull-Up 4T-5T Girl HG86182 Curity Sleeppants Covidien 70074 Curity Sleeppants Covidien 70075**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(41)	**EA**	**T4535 Disposable liner / shield / pad, each**	**300**	**$.19**	**Booster Pad, PBE 2760 Select 4.25x14.5, PBE 2671 Select 7x14, PBE 2691 Select 7x17, PBE 2690 Select Extra Absorb, PBE 2681, PBE 2682 Select Shield PBE 2648 Booster Pad PBE 2072 Tranquility Super Plus Trimshield, PBE 2083 Dignity ThinSerts Humanicare 30054 Humanicare Dignity Natural Liner HC26955, HC26954 Humanicare Stackable Pad HC30053 Humanicare Dignity Plus Super Liner HC30071 Humanicare Dignity Plus Liner HC30074 Humanicare Dignity Briefmates HC30225 Humanicare Spartan Liners HC40340 Covidien Incontinence Liner KN1100B22, KN1140B16 Attends Shaped Pad LP0500 Serenity extra pads(mod) SCA 48900 FQ Prevail/male guard PV-811 FQ Prevail Pantiliner PV-926 FQ Prevail Day Time Liner PL-100/1 and Attends LP0600 Prevail Bladder Control Pad-extra BC-012**
(42)	**EA**	**T4536 Reusable washable underwear any size, each**	**10**	**$1.08**	**PBE 2684 MED PBE 2685 LRG PBE 2686 XL Covidien KN705A Small/Med. Covidien KN706A Large/ X-Large Covidien KN707A XX-Large/ XXX-Large**
(43)	**EA**	**T4541 Disposable underpads (e.g., Chux's), large 23 x 36**	**180**	**$.15**	**Covidien 1093DP PBE 2673, 2675 Griffin Medical 1836**
(44)	**EA**	**T4542 Disposable underpads (e.g., Chux's), small 17 x 24**	**180**	**$.12**	**PaperPak UFS170**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(45)	**EA**	**T4543 Bariatric adult size brief / diaper xx-large, each**	**300**	**$1.35**	**Whitestone 43790**
(46)	**EA**	**A4649 Misc. Supply**	**1**	**P. A. Required**	**No Reference**
(47)	**EA**	**A5112 Urinary leg bag; latex**	**2**	**$1.50**	**Coloplast 4157, 4175**
(48)	**EA**	**A5120 Skin barrier, wipes, 50/box (antiseptic), per wipe**	**100**	**$.10**	**Coloplast 44005**
(49)	**EA**	**S5199 Personal Care Products / Wipes/Adult/Baby, per wipe**	**100**	**$.08**	**Innovative DermAssist 80-301 ABCO Antiseptic Towelettes NDC634915 Kimberly-Clark Huggies Natural Care Wipes (unscented) HG18600**
(50)	**EA**	**A6250 Skin sealants, protectants, moisturizers, ointment, any type, any size**	**2**	**$2.99**	**Secura Smith & Nephew 2.47 oz 59431500 Covidien Vaseline Constant Care 2 oz KN8884737500 DermaRite Periguard 3.5 oz 00204**
(51)	**EA**	**A4520 Diaper/Incontinent pant, reusable/washable**	**1**	**$8.15**	**Select PBE 3080 series Humanicare 16000 series Humanicare 40200 series Humanicare Spartan Unisex Waterproof Pant HC10000 Series Covidien 689 SML Covidien 691 MED Covidien 694 LRG Covidien 698 XL**
(52)	**EA**	**A4354 Insertion Tray with Drainage Bag**	**10**	**$5.25**	**Coloplast UT9183**
(53)	**EA**	**A4353 Intermittent Urinary Catheter with Insertion Supplies**	**150**	**$3.40**	**Coloplast 1008, 1012, 1014, 1016, 3110, 3112, 3114, 3116, 3212, 3214, UT8140, UT8150**

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(1)	**EA**	**A4310 Insertion tray without drainage bag and without catheter (accessories only)**	**2**	**$3.85**	**Coloplast UT7010 10 cc Coloplast UT7030 30 cc AMSINO AS880 10 cc AMSINO AS890 30 cc**
(2)	**EA**	**A4311 Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating, (Teflon, silicone, silicone elastomer or hydrophilic, etc.)**	**2**	**$9.26**	**Coloplast UT8100 Series Bard 800 Series**
(3)	**EA**	**A4312 Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone**	**2**	**$9.50**	**Bard 720000 Series**
(4)	**EA**	**A4314 Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)**	**2**	**$13.25**	**Coloplast UT8183 Series Coloplast UT8163 Series**
(5)	**EA**	**A4315 Insertion tray with drainage bag, with indwelling catheter, foley type, two-way, all silicone**	**2**	**$13.59**	**Covidien 6900 Series**
(6)	**EA**	**A4320 Irrigation tray with bulb or piston syringe, any purpose**	**30**	**$1.92**	**Coloplast UT1001 (Bulb) Coloplast UT1002 (Piston) AMSINO AS130 (Bulb) AMSINO AS136 (Piston)**
(7)	**EA**	**A4322 Irrigation syringe, bulb or piston, each**	**30**	**$2.20**	**Coloplast UT1004 Amsino AS011 (Bulb) Bard 750379**
(8)	**EA**	**A4349 Male external catheter (G)**	**96**	**$.83**	**Coloplast 9200 Coloplast 5000 Series Coloplast 8000 Series**
(9)	**EA**	**A4349 Male external catheter (G) with adhesive strip, each**	**96**	**$.83**	**Coloplast 7200 Series**
(10)	**EA**	**A4326 Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each**	**30**	**$7.14**	**Coloplast 7800, 7850, 8205, 8100, 8200, 8305, 8400 Hollister 9897, 9898**
(11)	**EA**	**A4328 Female external urinary collection device; pouch, each**	**10**	**$7.10**	**Hollister 9840**
(12)	**EA**	**A4330 Perianal fecal collection pouch with adhesive, each**	**10**	**$6.86**	**Hollister 9821, 9822 Convatec 650078**

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(13)	**EA**	**A4331 Extension drainage tubing, any type, any length, with connector/adapter, for us with urinary leg bag or urostomy pouch, each**	**4**	**$1.80**	**Coloplast 475, 7092 AMSINO AS311**
(14)	**EA**	**A4333 Urinary catheter anchoring device, adhesive skin attachment**	**4**	**$1.12**	**Coloplast 4065**
(15)	**EA**	**A4334 Urinary catheter anchoring device, leg strap**	**6**	**$.81**	**Covidien 8887600149**
(16)	**EA**	**A4335 Belted/Unbelted Undergarment WO Sides**	**150**	**$.78**	**Select Belt Less, PBE 2078 Select Day + Belt Less, PBE 2694 Select Belted, PBE 2650 Select Night Time, PBE 2695 Select, PBE 2693 Covidien Surety Beltless, 23230 Humanicare 30073 Tranquility Belted Undergarment, PBE 2150 Covidien Belted Undergarment, MD-171B10 Kimberly-Clark Depends 19640, 19696**
(17)	**EA**	**A4338 Indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.) each**	**2**	**$6.45**	**Coloplast UC2500 Series Coloplast UC2300 Series AMSINO AS4000 Series**
(18)	**EA**	**A4340 Indwelling catheter, specialty type, e.g. Coude, mushroom, wing, etc., each**	**5**	**$5.45**	**Coloplast UC6000 and 6500 Series**
(19)	**EA**	**A4344 Indwelling catheter, foley type, two-way, all silicone, each *XX Denotes French Size**	**5**	**$7.75**	**Coloplast AA61XX Series Coloplast AA6CXX Series Coloplast AASC23XX Series AMSINO AS40000 Series**
(20)	**EA**	**A4351 Intermittent urinary catheter, straight tip, each**	**150**	**$1.20**	**Coloplast NC1000 Series Coloplast UC1000 Coloplast 110 Series Coloplast 200 Series Coloplast 300 Series Coloplast 400 Series AMSINO AS861000 Series Coviden KN8888492025 Coviden KN8888492033 Coviden KN8888492041 Coviden KN8888492058**

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(21)	**EA**	**A4351-U4 Intermittent urinary catheter, straight tip, each**	**150 Under age 21**	**$2.25**	**Astra-Tech (Lofric) 900000, 940000, 9300000 Series Coloplast 4100, 4200, 4300, 4400 Series**
(22)	**EA**	**A4352 Intermittent urinary catheter, coude (curved) tip, each**	**150**	**$2.45**	**Coloplast 500 Series Coloplast 600 Series Coloplast 800 Series Coloplast UC6000 Series**
(23)	**EA**	**A4352-U4 Intermittent urinary catheter, coude (curved) tip, each**	**150 Under age 21**	**$2.90**	**Astra-Tech (Lofric) 960000 Series Coloplast 4600, 4800 Series**
(24)	**EA**	**A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or w/o tube, each**	**3**	**$5.74**	**Coloplast UB0500 Bard 802001 AMSINO AS332**
(25)	**EA**	**A4358 Urinary leg bag, vinyl, with or w/o tube, each *XX Denotes French Size**	**10**	**$5.22**	**Coloplast UB0600 Coloplast UB0950 AMSINO AS300 Series Coloplast 9000**
(26)	**OZ**	**A4402 Lubricant**	**10 OZ.**	**$.32**	**Triad Lubricating Jelly 10-8919**
(27)	**EA**	**T4521 Adult size brief / diaper small, each**	**300**	**$.43**	**Select PBE 2620 Tranquility Full Fit PBE 2120 Attends BRBX10 Hook & Loop Covidien 63062 Tenna Specialty Brief SCA 66150 FQ IB Brief IB-011 KN66032 Small Wings Choice Plus Quilted**
(28)	**EA**	**T4522 Adult size brief / diaper medium, each**	**300**	**$.44**	**Select Full fit, PBE 2624 Wings Supreme Covidien 9501 Hook & Loop Covidien 63063 Attends BR20 Attends BRB20 Tena Ultra Brief Med SCA 68121 FQ Per-Fit Breathable PF-012/1 KN66033 Med Wings Choice Plus Quilted**

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(29)	**EA**	**T4523 Adult size brief / diaper large, each**	**300**	**$.58**	**Select Full Fit, PBE 2634 Wings Supreme Covidien 9502 Hook & Loop Covidien 63064 Attends BR30 Attends BRB30 Tena Ultra Brief Large SCA68122 FQ Per-Fit Breathable PF-013/1 KN66034 Large Wings Choice Plus Quilted**
(30)	**EA**	**T4524 Adult size brief / diaper x-large, each**	**300**	**$.65**	**Select Full Fit, PBE 2635 Hook & Loop Covidien 63065 Attends BR40 Attends BRB40 FQ Per-Fit Breathable PF-014/1 KN66035 X-Large Wings Choice Plus Quilted**
(31)	**EA**	**T4525 Adult size pull on small, each**	**150**	**$.71**	**Select Sm, PBE 2604 Sure Care Protective Underwear Covidien 1605 Attends 7 PaperPak APP0710 Dignity Humanicare 46076**
(32)	**EA**	**T4526 Adult size pull on medium, each**	**150**	**$.71**	**Select Med, PBE 2605 Sure Care Protective Underwear Covidien 1605 Attends 7 APP0720 Dignity Humanicare 46077 Tena Plus SCA 72436 FQ Per-Fit PF-512**
(33)	**EA**	**T4527 Adult size pull on large, each**	**150**	**$.79**	**Select Lg, PBE 2606 Sure Care Protective Underwear Covidien 1615 Attends 7 PaperPak APP0730 Dignity Humanicare 46078 Tena Plus SCA 72437 FQ Per-Fit PF-513**
(34)	**EA**	**T4528 Adult size pull on x-large, each**	**150**	**$1.02**	**Select XLG, PBE 2607 Sure Care Protective Underwear Covidien 1625 Attends 7 PaperPak APP0740 Dignity Humanicare 46079 Tena Plus SCA 72438 FA Per-Fit PF-514 FQ Prevail Extra (XXL-Bariatric PV-517)**

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(35)	**EA**	**T4529 Pediatric size brief / diaper small / medium, each**	**300**	**$.40**	**Curity Ultra Fits Covidien 80018 Curity Utra Fits Covidien 80028 Huggies Ultratrim SZ1-2 HG52164 Huggies Ultratrim SZ3 HG211980 Luvs Baby Diapers Size 2, 12-18 lbs. 732921 Luvs Baby Diapers Size 3, 16-28 lbs. 734527**
(36)	**EA**	**T4530 Pediatric size brief / diaper large, each**	**300**	**$.44**	**Curity Ultra Fits Covidien 80038CF Curity Ultra Fits Covidien 80048 Huggies Ultratrim SZ5 XL HG211994 Huggies Ultratrim SZ4 Lrg HG211987 Luvs Baby Diapers Size 4, 22-37 lbs. 734401 Luvs Baby Diapers Size 5, 27+ lbs. 733187**
(37)	**EA**	**T4531 Pediatric size pull on small /medium, each**	**150**	**$.42**	**Run Around, Md. Boy Covidien 70063B Run Around, Md. Girl Covidien 70063G Huggies Youth Pull On Briefs 2T-3T MED Boy HG86171, Huggies Youth Pull On Briefs 2T-3T MED Girl HG86172 Curity Sleeppants Covidien 70073**
(38)	**EA**	**T4532 Pediatric size pull on large, each**	**150**	**$.44**	**Run Around Lg. Boy, Covidien 70064B Run Around Lg. Girl, Covidien 70064G Huggies Youth Pull On Briefs 3T-4T BOYS HG86173 Huggies Youth Pull On Briefs 3T-4T GIRLS HG86174**

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(39)	**EA**	**T4533 Youth size brief / diaper, each**	**300**	**$.46**	**Tranquility PBE 2166 Select PBE 2666 Select Toddler + PBE 2665 Attends Briefs 10 Classic Youth Diaper BRCL1000 Curity Ultra Fits Covidien 0058 Huggies Ultratrim SZ6 HG212001 Luvs Baby Diapers Size 6, 35+ lbs. 734534**
(40)	**EA**	**T4534 Youth size pull on, each**	**150**	**$.64**	**Select Extra Small Brief, PBE 2603 RunAround X-Lg. Boy Covidien 70065B RunAround X-Lg. Girl Covidien 70065G Huggies Pull-Up 4T-5T Boy HG86175 Huggies Pull-Up 4T-5T Girl HG86182 Curity Sleeppants Covidien 70074 Curity Sleeppants Covidien 70075**

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(41)	**EA**	**T4535 Disposable liner / shield / pad, each**	**300**	**$.29**	**Booster Pad, PBE 2760 Select 4.25x14.5, PBE 2671 Select 7x14, PBE 2691 Select 7x17, PBE 2690 Select Extra Absorb, PBE 2681, PBE 2682 Select Shield PBE 2648 Booster Pad PBE 2072 Tranquility Super Plus Trimshield, PBE 2083 Dignity ThinSerts Humanicare 30054 Humanicare Dignity Natural Liner HC26955, HC26954 Humanicare Stackable Pad HC30053 Humanicare Dignity Plus Super Liner HC30071 Humanicare Dignity Plus Liner HC30074 Humanicare Dignity Briefmates HC30225 Humanicare Spartan Liners HC40340 Covidien Incontinence Liner KN1100B22, KN1140B16 Attends Shaped Pad LP0500 Serenity extra pads(mod) SCA 48900 FQ Prevail/male guard PV-811 FQ Prevail Pantiliner PV-926 FQ Prevail Day Time Liner PL-100/1 and Attends LP0600 Prevail Bladder Control Pad-extra BC-012**
(42)	**EA**	**T4536 Reusable washable underwear any size, each**	**10**	**$7.72**	**PBE 2684 MED PBE 2685 LRG PBE 2686 XL Covidien KN705A Small/Med. Covidien KN706A Large/ X-Large Covidien KN707A XX-Large/ XXX-Large**
(43)	**EA**	**T4541 Disposable underpads (e.g., Chux's), large 23 x 36**	**180**	**$.25**	**Covidien 1093DP PBE 2673, 2675 Griffin Medical 1836**
(44)	**EA**	**T4542 Disposable underpads (e.g., Chux's), small 17 x 24**	**180**	**$.25**	**PaperPak UFS170**
(45)	**EA**	**T4543 Bariatric adult size brief / diaper xx-large, each**	**300**	**$1.89**	**Whitestone 43790**

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(46)	**EA**	**A4649 Misc. Supply**	**1**	**P. A. Required**	**No Reference**
(47)	**EA**	**A5112 Urinary leg bag; latex**	**2**	**$22.91**	**Coloplast 4157, 4175**
(48)	**EA**	**A5120 Skin barrier, wipes, 50/box (antiseptic), per wipe**	**100**	**$.16**	**Coloplast 44005**
(49)	**EA**	**S5199 Personal Care Products / Wipes/Adult/Baby, per wipe**	**100**	**$.09**	**Innovative DermAssist 80-301 ABCO Antiseptic Towelettes NDC634915 Kimberly-Clark Huggies Natural Care Wipes (unscented) HG18600**
(50)	**EA**	**A6250 Skin sealants, protectants, moisturizers, ointment, any type, any size**	**2**	**$3.71**	**Secura Smith & Nephew 2.47 oz 59431500 Covidien Vaseline Constant Care 2 oz KN8884737500 DermaRite Periguard 3.5 oz 00204**
(51)	**EA**	**A4520 Diaper/Incontinent pant, reusable/washable**	**1**	**$10.25**	**Select PBE 3080 series Humanicare 16000 series Humanicare 40200 series Humanicare Spartan Unisex Waterproof Pant HC10000 Series Covidien 689 SML Covidien 691 MED Covidien 694 LRG Covidien 698 XL**
(52)	**EA**	**A4354 Insertion Tray with Drainage Bag**	**10**	**$6.35**	**Coloplast UT9183**
(53)	**EA**	**A4353 Intermittent Urinary Catheter with Insertion Supplies**	**150**	**$3.80**	**Coloplast 1008, 1012, 1014, 1016, 3110, 3112, 3114, 3116, 3212, 3214, UT8140, UT8150**

Form No. DMB 234 (Rev. 1/96)
AUTHORITY: Act 431 of 1984
COMPLETION: Required

STATE OF MICHIGAN
DEPARTMENT OF MANAGEMENT AND BUDGET
PURCHASING OPERATIONS
P.O. BOX 30026, LANSING, MI 48909
OR
530 W. ALLEGAN, LANSING, MI 48933

October 12, 2009

CHANGE NOTICE NO. 6
TO
CONTRACT NO. 071B8200196
between
THE STATE OF MICHIGAN
and

NAME & ADDRESS OF VENDOR	TELEPHONE (800) 737-0045 **Loren Bennett ext. 227**
J & B Medical Supply Co., Inc. **50496 West Pontiac Trail** **Wixom, MI 48393** **Email: lbennet@jandbmedical.com**	VENDOR NUMBER/MAIL CODE BUYER (517) 373-0301 **Sue Cieciwa**
Contract Compliance Inspector: Laura Dotson (517) 241-4686 **Mail Order Incontinent Supplies and Services – Department of Community Health**	
CONTRACT PERIOD: **3 yrs. + 2 one-year options** From: **July 2, 2008** To: **July 1, 2011**	
TERMS **N/A**	SHIPMENT **As Required**
F.O.B. **Delivered**	SHIPPED FROM **Wixom, MI**
MINIMUM DELIVERY REQUIREMENTS **None**	
MISCELLANEOUS INFORMATION:	

NATURE OF CHANGE:

Effective August 1, 2009, Appendix I is revised as follows:

The following Brand/Manufacturer is ADDED to Item No. 43 T4541 Disposable underpads (e.g., Chux's), large 23 x 36, each:

Griffin Medical 1836

Effective September 1, 2009, Appendix I is revised as follows:

The following Brand/Manufacturer is ADDED to Item No. 35 T4529 Pediatric size brief / diaper small / medium, each:

Luvs Baby Diapers Size 2, 12-18 lbs. 732921
Luvs Baby Diapers Size 3, 16-28 lbs. 734527

The following Brand/Manufacturer is ADDED to Item No. 36 T4530 Pediatric size brief / diaper large, each:
Luvs Baby Diapers Size 4, 22-37 lbs. 734401
Luvs Baby Diapers Size 5, 27+ lbs. 733187

The following Brand/Manufacturer is ADDED to Item No. 39 T4533 Youth size brief / diaper, each:

Luvs Baby Diapers Size 6, 35+ lbs. 734534

Revised Appendix I and Appendix I – Wisconsin are attached. All other terms, conditions, specifications and pricing remain unchanged.

AUTHORITY/REASON:

Per agency request (Laura Dotson) dated September 25, 2009 and J & B Medical request by email dated August 18, 2009 and September 4, 2009.

TOTAL ESTIMATED CONTRACT VALUE REMAINS: $52,079,748.12

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(1)	EA	A4310 Insertion tray without drainage bag and without catheter (accessories only)	2	$1.68	Coloplast UT7010 10 cc Coloplast UT7030 30 cc AMSINO AS880 10 cc AMSINO AS890 30 cc
(2)	EA	A4311 Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating, (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	2	$3.55	Coloplast UT8100 Series Bard 800 Series
(3)	EA	A4312 Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone	2	$3.75	Bard 720000 Series
(4)	EA	A4314 Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)	2	$3.25	Coloplast UT8183 Series Coloplast UT8163 Series
(5)	EA	A4315 Insertion tray with drainage bag, with indwelling catheter, foley type, two-way, all silicone	2	$5.00	Covidien 6900 Series
(6)	EA	A4320 Irrigation tray with bulb or piston syringe, any purpose	30	$.82	Coloplast UT1001 (Bulb) Coloplast UT1002 (Piston) AMSINO AS130 (Bulb) AMSINO AS136 (Piston)
(7)	EA	A4322 Irrigation syringe, bulb or piston, each	30	$.44	Coloplast UT1004 Amsino AS011 (Bulb) Bard 750379
(8)	EA	A4349 Male external catheter (G)	96	$.62	Coloplast 9200 Coloplast 5000 Series Coloplast 8000 Series
(9)	EA	A4349 Male external catheter (G) with adhesive strip, each	96	$.47	Coloplast 7200 Series
(10)	EA	A4326 Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each	30	$.88	Coloplast 7800, 7850, 8205, 8100, 8200, 8305, 8400 Hollister 9897, 9898
(11)	EA	A4328 Female external urinary collection device; pouch, each	10	$2.25	Hollister 9840

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(12)	**EA**	**A4330 Perianal fecal collection pouch with adhesive, each**	**10**	**$6.11**	**Hollister 9821, 9822 Convatec 650078**
(13)	**EA**	**A4331 Extension drainage tubing, any type, any length, with connector/adapter, for us with urinary leg bag or urostomy pouch, each**	**4**	**$1.55**	**Coloplast 475, 7092 AMSINO AS311**
(14)	**EA**	**A4333 Urinary catheter anchoring device, adhesive skin attachment**	**4**	**$.70**	**Coloplast 4065**
(15)	**EA**	**A4334 Urinary catheter anchoring device, leg strap**	**6**	**$.61**	**Covidien 8887600149**
(16)	**EA**	**A4335 Belted/Unbelted Undergarment WO Sides**	**150**	**$.42**	**Select Belt Less, PBE 2078 Select Day + Belt Less, PBE 2694 Select Belted, PBE 2650 Select Night Time, PBE 2695 Select, PBE 2693 Covidien Surety Beltless, 23230 Humanicare 30073 Tranquility Belted Undergarment, PBE 2150 Covidien Belted Undergarment, MD-171B10 Kimberly-Clark Depends 19640, 19696**
(17)	**EA**	**A4338 Indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.) each**	**2**	**$.92**	**Coloplast UC2500 Series Coloplast UC2300 Series AMSINO AS4000 Series**
(18)	**EA**	**A4340 Indwelling catheter, specialty type, e.g. Coude, mushroom, wing, etc., each**	**5**	**$2.25**	**Coloplast UC6000 and 6500 Series**
(19)	**EA**	**A4344 Indwelling catheter, foley type, two-way, all silicone, each *XX Denotes French Size**	**5**	**$3.50**	**Coloplast AA61XX Series Coloplast AA6CXX Series Coloplast AASC23XX Series AMSINO AS40000 Series**
(20)	**EA**	**A4351 Intermittent urinary catheter, straight tip, each**	**150**	**$.52**	**Coloplast NC1000 Series Coloplast UC1000 Coloplast 110 Series Coloplast 200 Series Coloplast 300 Series Coloplast 400 Series AMSINO AS861000 Series**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(21)	**EA**	**A4351-U4 Intermittent urinary catheter, straight tip, each**	**150 Under age 21**	**$1.70**	**Astra-Tech (Lofric) 900000, 940000, 9300000 Series Coloplast 4100, 4200, 4300, 4400 Series**
(22)	**EA**	**A4352 Intermittent urinary catheter, coude (curved) tip, each**	**150**	**$1.42**	**Coloplast 500 Series Coloplast 600 Series Coloplast 800 Series Coloplast UC6000 Series**
(23)	**EA**	**A4352-U4 Intermittent urinary catheter, coude (curved) tip, each**	**150 Under age 21**	**$2.31**	**Astra-Tech (Lofric) 960000 Series Coloplast 4600, 4800 Series**
(24)	**EA**	**A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or w/o tube, each**	**3**	**$1.55**	**Coloplast UB0500 Bard 802001 AMSINO AS332**
(25)	**EA**	**A4358 Urinary leg bag, vinyl, with or w/o tube, each *XX Denotes French Size**	**10**	**$1.50**	**Coloplast UB0600 Coloplast UB0950 AMSINO AS300 Series Coloplast 9000**
(26)	**OZ**	**A4402 Lubricant**	**10 OZ.**	**$.23**	**Triad Lubricating Jelly 10-8919**
(27)	**EA**	**T4521 Adult size brief / diaper small, each**	**300**	**$.35**	**Select PBE 2620 Tranquility Full Fit PBE 2120 Attends BRBX10 Hook & Loop Covidien 63062 Tenna Specialty Brief SCA 66150 FQ IB Brief IB-011 KN66032 Small Wings Choice Plus Quilted**
(28)	**EA**	**T4522 Adult size brief / diaper medium, each**	**300**	**$.33**	**Select Full fit, PBE 2624 Wings Supreme Covidien 9501 Hook & Loop Covidien 63063 Attends BR20 Attends BRB20 Tena Ultra Brief Med SCA 68121 FQ Per-Fit Breathable PF-012/1 KN66033 Med Wings Choice Plus Quilted**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(29)	**EA**	**T4523 Adult size brief / diaper large, each**	**300**	**$.41**	**Select Full Fit, PBE 2634 Wings Supreme Covidien 9502 Hook & Loop Covidien 63064 Attends BR30 Attends BRB30 Tena Ultra Brief Large SCA68122 FQ Per-Fit Breathable PF-013/1 KN66034 Large Wings Choice Plus Quilted**
(30)	**EA**	**T4524 Adult size brief / diaper x-large, each**	**300**	**$.49**	**Select Full Fit, PBE 2635 Hook & Loop Covidien 63065 Attends BR40 Attends BRB40 FQ Per-Fit Breathable PF-014/1 KN66035 X-Large Wings Choice Plus Quilted**
(31)	**EA**	**T4525 Adult size pull on small, each**	**150**	**$.48**	**Select Sm, PBE 2604 Sure Care Protective Underwear Covidien 1605 Attends 7 PaperPak APP0710 Dignity Humanicare 46076**
(32)	**EA**	**T4526 Adult size pull on medium, each**	**150**	**$.49**	**Select Med, PBE 2605 Sure Care Protective Underwear Covidien 1605 Attends 7 APP0720 Dignity Humanicare 46077 Tena Plus SCA 72436 FQ Per-Fit PF-512**
(33)	**EA**	**T4527 Adult size pull on large, each**	**150**	**$.54**	**Select Lg, PBE 2606 Sure Care Protective Underwear Covidien 1615 Attends 7 PaperPak APP0730 Dignity Humanicare 46078 Tena Plus SCA 72437 FQ Per-Fit PF-513**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(34)	**EA**	**T4528 Adult size pull on x-large, each**	**150**	**$.69**	**Select XLG, PBE 2607 Sure Care Protective Underwear Covidien 1625 Attends 7 PaperPak APP0740 Dignity Humanicare 46079 Tena Plus SCA 72438 FA Per-Fit PF-514 FQ Prevail Extra (XXL-Bariatric PV-517)**
(35)	**EA**	**T4529 Pediatric size brief / diaper small / medium, each**	**300**	**$.23**	**Curity Ultra Fits Covidien 80018 Curity Utra Fits Covidien 80028 Huggies Ultratrim SZ1-2 HG52164 Huggies Ultratrim SZ3 HG211980 Luvs Baby Diapers Size 2, 12-18 lbs. 732921 Luvs Baby Diapers Size 3, 16-28 lbs. 734527**
(36)	**EA**	**T4530 Pediatric size brief / diaper large, each**	**300**	**$.32**	**Curity Ultra Fits Covidien 80038CF Curity Ultra Fits Covidien 80048 Huggies Ultratrim SZ5 XL HG211994 Huggies Ultratrim SZ4 Lrg HG211987 Luvs Baby Diapers Size 4, 22-37 lbs. 734401 Luvs Baby Diapers Size 5, 27+ lbs. 733187**
(37)	**EA**	**T4531 Pediatric size pull on small /medium, each**	**150**	**$.39**	**Run Around, Md. Boy Covidien 70063B Run Around, Md. Girl Covidien 70063G Huggies Youth Pull On Briefs 2T-3T MED Boy HG86171, Huggies Youth Pull On Briefs 2T-3T MED Girl HG86172 Curity Sleeppants Covidien 70073**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(38)	**EA**	**T4532 Pediatric size pull on large, each**	**150**	**$.43**	**Run Around Lg. Boy, Covidien 70064B Run Around Lg. Girl, Covidien 70064G Huggies Youth Pull On Briefs 3T-4T BOYS HG86173 Huggies Youth Pull On Briefs 3T-4T GIRLS HG86174**
(39)	**EA**	**T4533 Youth size brief / diaper, each**	**300**	**$.33**	**Tranquility PBE 2166 Select PBE 2666 Select Toddler + PBE 2665 Attends Briefs 10 Classic Youth Diaper BRCL1000 Curity Ultra Fits Covidien 0058 Huggies Ultratrim SZ6 HG212001 Luvs Baby Diapers Size 6, 35+ lbs. 734534**
(40)	**EA**	**T4534 Youth size pull on, each**	**150**	**$.49**	**Select Extra Small Brief, PBE 2603 RunAround X-Lg. Boy Covidien 70065B RunAround X-Lg. Girl Covidien 70065G Huggies Pull-Up 4T-5T Boy HG86175 Huggies Pull-Up 4T-5T Girl HG86182 Curity Sleeppants Covidien 70074 Curity Sleeppants Covidien 70075**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(41)	**EA**	**T4535 Disposable liner / shield / pad, each**	**300**	**$.19**	**Booster Pad, PBE 2760 Select 4.25x14.5, PBE 2671 Select 7x14, PBE 2691 Select 7x17, PBE 2690 Select Extra Absorb, PBE 2681, PBE 2682 Select Shield PBE 2648 Booster Pad PBE 2072 Tranquility Super Plus Trimshield, PBE 2083 Dignity ThinSerts Humanicare 30054 Humanicare Dignity Natural Liner HC26955, HC26954 Humanicare Stackable Pad HC30053 Humanicare Dignity Plus Super Liner HC30071 Humanicare Dignity Plus Liner HC30074 Humanicare Dignity Briefmates HC30225 Humanicare Spartan Liners HC40340 Covidien Incontinence Liner KN1100B22, KN1140B16 Attends Shaped Pad LP0500 Serenity extra pads(mod) SCA 48900 FQ Prevail/male guard PV-811 FQ Prevail Pantiliner PV-926 FQ Prevail Day Time Liner PL-100/1 and Attends LP0600 Prevail Bladder Control Pad-extra BC-012**
(42)	**EA**	**T4536 Reusable washable underwear any size, each**	**10**	**$1.08**	**PBE 2684 MED PBE 2685 LRG PBE 2686 XL Covidien KN705A Small/Med. Covidien KN706A Large/ X-Large Covidien KN707A XX-Large/ XXX-Large**
(43)	**EA**	**T4541 Disposable underpads (e.g., Chux's), large 23 x 36**	**180**	**$.15**	**Covidien 1093DP PBE 2673, 2675 Griffin Medical 1836**
(44)	**EA**	**T4542 Disposable underpads (e.g., Chux's), small 17 x 24**	**180**	**$.12**	**PaperPak UFS170**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(45)	**EA**	**T4543 Bariatric adult size brief / diaper xx-large, each**	**300**	**$1.35**	**Whitestone 43790**
(46)	**EA**	**A4649 Misc. Supply**	**1**	**P. A. Required**	**No Reference**
(47)	**EA**	**A5112 Urinary leg bag; latex**	**2**	**$1.50**	**Coloplast 4157, 4175**
(48)	**EA**	**A5120 Skin barrier, wipes, 50/box (antiseptic), per wipe**	**100**	**$.10**	**Coloplast 44005**
(49)	**EA**	**S5199 Personal Care Products / Wipes/Adult/Baby, per wipe**	**100**	**$.08**	**Innovative DermAssist 80-301 ABCO Antiseptic Towelettes NDC634915 Kimberly-Clark Huggies Natural Care Wipes (unscented) HG18600**
(50)	**EA**	**A6250 Skin sealants, protectants, moisturizers, ointment, any type, any size**	**2**	**$2.99**	**Secura Smith & Nephew 2.47 oz 59431500 Covidien Vaseline Constant Care 2 oz KN8884737500 DermaRite Periguard 3.5 oz 00204**
(51)	**EA**	**A4520 Diaper/Incontinent pant, reusable/washable**	**1**	**$8.15**	**Select PBE 3080 series Humanicare 16000 series Humanicare 40200 series Humanicare Spartan Unisex Waterproof Pant HC10000 Series Covidien 689 SML Covidien 691 MED Covidien 694 LRG Covidien 698 XL**
(52)	**EA**	**A4354 Insertion Tray with Drainage Bag**	**10**	**$5.25**	**Coloplast UT9183**
(53)	**EA**	**A4353 Intermittent Urinary Catheter with Insertion Supplies**	**150**	**$3.40**	**Coloplast 1008, 1012, 1014, 1016, 3110, 3112, 3114, 3116, 3212, 3214, UT8140, UT8150**

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(1)	EA	A4310 Insertion tray without drainage bag and without catheter (accessories only)	2	$3.85	Coloplast UT7010 10 cc Coloplast UT7030 30 cc AMSINO AS880 10 cc AMSINO AS890 30 cc
(2)	EA	A4311 Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating, (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	2	$9.26	Coloplast UT8100 Series Bard 800 Series
(3)	EA	A4312 Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone	2	$9.50	Bard 720000 Series
(4)	EA	A4314 Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)	2	$13.25	Coloplast UT8183 Series Coloplast UT8163 Series
(5)	EA	A4315 Insertion tray with drainage bag, with indwelling catheter, foley type, two-way, all silicone	2	$13.59	Covidien 6900 Series
(6)	EA	A4320 Irrigation tray with bulb or piston syringe, any purpose	30	$1.92	Coloplast UT1001 (Bulb) Coloplast UT1002 (Piston) AMSINO AS130 (Bulb) AMSINO AS136 (Piston)
(7)	EA	A4322 Irrigation syringe, bulb or piston, each	30	$2.20	Coloplast UT1004 Amsino AS011 (Bulb) Bard 750379
(8)	EA	A4349 Male external catheter (G)	96	$.83	Coloplast 9200 Coloplast 5000 Series Coloplast 8000 Series
(9)	EA	A4349 Male external catheter (G) with adhesive strip, each	96	$.83	Coloplast 7200 Series
(10)	EA	A4326 Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each	30	$7.14	Coloplast 7800, 7850, 8205, 8100, 8200, 8305, 8400 Hollister 9897, 9898
(11)	EA	A4328 Female external urinary collection device; pouch, each	10	$7.10	Hollister 9840
(12)	EA	A4330 Perianal fecal collection pouch with adhesive, each	10	$6.86	Hollister 9821, 9822 Convatec 650078

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(13)	**EA**	**A4331 Extension drainage tubing, any type, any length, with connector/adapter, for us with urinary leg bag or urostomy pouch, each**	**4**	**$1.80**	**Coloplast 475, 7092 AMSINO AS311**
(14)	**EA**	**A4333 Urinary catheter anchoring device, adhesive skin attachment**	**4**	**$1.12**	**Coloplast 4065**
(15)	**EA**	**A4334 Urinary catheter anchoring device, leg strap**	**6**	**$.81**	**Covidien 8887600149**
(16)	**EA**	**A4335 Belted/Unbelted Undergarment WO Sides**	**150**	**$.78**	**Select Belt Less, PBE 2078 Select Day + Belt Less, PBE 2694 Select Belted, PBE 2650 Select Night Time, PBE 2695 Select, PBE 2693 Covidien Surety Beltless, 23230 Humanicare 30073 Tranquility Belted Undergarment, PBE 2150 Covidien Belted Undergarment, MD-171B10 Kimberly-Clark Depends 19640, 19696**
(17)	**EA**	**A4338 Indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.) each**	**2**	**$6.45**	**Coloplast UC2500 Series Coloplast UC2300 Series AMSINO AS4000 Series**
(18)	**EA**	**A4340 Indwelling catheter, specialty type, e.g. Coude, mushroom, wing, etc., each**	**5**	**$5.45**	**Coloplast UC6000 and 6500 Series**
(19)	**EA**	**A4344 Indwelling catheter, foley type, two-way, all silicone, each *XX Denotes French Size**	**5**	**$7.75**	**Coloplast AA61XX Series Coloplast AA6CXX Series Coloplast AASC23XX Series AMSINO AS40000 Series**
(20)	**EA**	**A4351 Intermittent urinary catheter, straight tip, each**	**150**	**$1.20**	**Coloplast NC1000 Series Coloplast UC1000 Coloplast 110 Series Coloplast 200 Series Coloplast 300 Series Coloplast 400 Series AMSINO AS861000 Series**

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(21)	**EA**	**A4351-U4 Intermittent urinary catheter, straight tip, each**	**150 Under age 21**	**$2.25**	**Astra-Tech (Lofric) 900000, 940000, 9300000 Series Coloplast 4100, 4200, 4300, 4400 Series**
(22)	**EA**	**A4352 Intermittent urinary catheter, coude (curved) tip, each**	**150**	**$2.45**	**Coloplast 500 Series Coloplast 600 Series Coloplast 800 Series Coloplast UC6000 Series**
(23)	**EA**	**A4352-U4 Intermittent urinary catheter, coude (curved) tip, each**	**150 Under age 21**	**$2.90**	**Astra-Tech (Lofric) 960000 Series Coloplast 4600, 4800 Series**
(24)	**EA**	**A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or w/o tube, each**	**3**	**$5.74**	**Coloplast UB0500 Bard 802001 AMSINO AS332**
(25)	**EA**	**A4358 Urinary leg bag, vinyl, with or w/o tube, each *XX Denotes French Size**	**10**	**$5.22**	**Coloplast UB0600 Coloplast UB0950 AMSINO AS300 Series Coloplast 9000**
(26)	**OZ**	**A4402 Lubricant**	**10 OZ.**	**$.32**	**Triad Lubricating Jelly 10-8919**
(27)	**EA**	**T4521 Adult size brief / diaper small, each**	**300**	**$.43**	**Select PBE 2620 Tranquility Full Fit PBE 2120 Attends BRBX10 Hook & Loop Covidien 63062 Tenna Specialty Brief SCA 66150 FQ IB Brief IB-011 KN66032 Small Wings Choice Plus Quilted**
(28)	**EA**	**T4522 Adult size brief / diaper medium, each**	**300**	**$.44**	**Select Full fit, PBE 2624 Wings Supreme Covidien 9501 Hook & Loop Covidien 63063 Attends BR20 Attends BRB20 Tena Ultra Brief Med SCA 68121 FQ Per-Fit Breathable PF-012/1 KN66033 Med Wings Choice Plus Quilted**

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(29)	**EA**	**T4523 Adult size brief / diaper large, each**	**300**	**$.58**	**Select Full Fit, PBE 2634 Wings Supreme Covidien 9502 Hook & Loop Covidien 63064 Attends BR30 Attends BRB30 Tena Ultra Brief Large SCA68122 FQ Per-Fit Breathable PF-013/1 KN66034 Large Wings Choice Plus Quilted**
(30)	**EA**	**T4524 Adult size brief / diaper x-large, each**	**300**	**$.65**	**Select Full Fit, PBE 2635 Hook & Loop Covidien 63065 Attends BR40 Attends BRB40 FQ Per-Fit Breathable PF-014/1 KN66035 X-Large Wings Choice Plus Quilted**
(31)	**EA**	**T4525 Adult size pull on small, each**	**150**	**$.71**	**Select Sm, PBE 2604 Sure Care Protective Underwear Covidien 1605 Attends 7 PaperPak APP0710 Dignity Humanicare 46076**
(32)	**EA**	**T4526 Adult size pull on medium, each**	**150**	**$.71**	**Select Med, PBE 2605 Sure Care Protective Underwear Covidien 1605 Attends 7 APP0720 Dignity Humanicare 46077 Tena Plus SCA 72436 FQ Per-Fit PF-512**
(33)	**EA**	**T4527 Adult size pull on large, each**	**150**	**$.79**	**Select Lg, PBE 2606 Sure Care Protective Underwear Covidien 1615 Attends 7 PaperPak APP0730 Dignity Humanicare 46078 Tena Plus SCA 72437 FQ Per-Fit PF-513**

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(34)	**EA**	**T4528 Adult size pull on x-large, each**	**150**	**$1.02**	**Select XLG, PBE 2607 Sure Care Protective Underwear Covidien 1625 Attends 7 PaperPak APP0740 Dignity Humanicare 46079 Tena Plus SCA 72438 FA Per-Fit PF-514 FQ Prevail Extra (XXL-Bariatric PV-517)**
(35)	**EA**	**T4529 Pediatric size brief / diaper small / medium, each**	**300**	**$.40**	**Curity Ultra Fits Covidien 80018 Curity Utra Fits Covidien 80028 Huggies Ultratrim SZ1-2 HG52164 Huggies Ultratrim SZ3 HG211980 Luvs Baby Diapers Size 2, 12-18 lbs. 732921 Luvs Baby Diapers Size 3, 16-28 lbs. 734527**
(36)	**EA**	**T4530 Pediatric size brief / diaper large, each**	**300**	**$.44**	**Curity Ultra Fits Covidien 80038CF Curity Ultra Fits Covidien 80048 Huggies Ultratrim SZ5 XL HG211994 Huggies Ultratrim SZ4 Lrg HG211987 Luvs Baby Diapers Size 4, 22-37 lbs. 734401 Luvs Baby Diapers Size 5, 27+ lbs. 733187**
(37)	**EA**	**T4531 Pediatric size pull on small /medium, each**	**150**	**$.42**	**Run Around, Md. Boy Covidien 70063B Run Around, Md. Girl Covidien 70063G Huggies Youth Pull On Briefs 2T-3T MED Boy HG86171, Huggies Youth Pull On Briefs 2T-3T MED Girl HG86172 Curity Sleeppants Covidien 70073**

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(38)	**EA**	**T4532 Pediatric size pull on large, each**	**150**	**$.44**	**Run Around Lg. Boy, Covidien 70064B Run Around Lg. Girl, Covidien 70064G Huggies Youth Pull On Briefs 3T-4T BOYS HG86173 Huggies Youth Pull On Briefs 3T-4T GIRLS HG86174**
(39)	**EA**	**T4533 Youth size brief / diaper, each**	**300**	**$.46**	**Tranquility PBE 2166 Select PBE 2666 Select Toddler + PBE 2665 Attends Briefs 10 Classic Youth Diaper BRCL1000 Curity Ultra Fits Covidien 0058 Huggies Ultratrim SZ6 HG212001 Luvs Baby Diapers Size 6, 35+ lbs. 734534**
(40)	**EA**	**T4534 Youth size pull on, each**	**150**	**$.64**	**Select Extra Small Brief, PBE 2603 RunAround X-Lg. Boy Covidien 70065B RunAround X-Lg. Girl Covidien 70065G Huggies Pull-Up 4T-5T Boy HG86175 Huggies Pull-Up 4T-5T Girl HG86182 Curity Sleeppants Covidien 70074 Curity Sleeppants Covidien 70075**

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(41)	**EA**	**T4535 Disposable liner / shield / pad, each**	**300**	**$.29**	**Booster Pad, PBE 2760 Select 4.25x14.5, PBE 2671 Select 7x14, PBE 2691 Select 7x17, PBE 2690 Select Extra Absorb, PBE 2681, PBE 2682 Select Shield PBE 2648 Booster Pad PBE 2072 Tranquility Super Plus Trimshield, PBE 2083 Dignity ThinSerts Humanicare 30054 Humanicare Dignity Natural Liner HC26955, HC26954 Humanicare Stackable Pad HC30053 Humanicare Dignity Plus Super Liner HC30071 Humanicare Dignity Plus Liner HC30074 Humanicare Dignity Briefmates HC30225 Humanicare Spartan Liners HC40340 Covidien Incontinence Liner KN1100B22, KN1140B16 Attends Shaped Pad LP0500 Serenity extra pads(mod) SCA 48900 FQ Prevail/male guard PV-811 FQ Prevail Pantiliner PV-926 FQ Prevail Day Time Liner PL-100/1 and Attends LP0600 Prevail Bladder Control Pad-extra BC-012**
(42)	**EA**	**T4536 Reusable washable underwear any size, each**	**10**	**$7.72**	**PBE 2684 MED PBE 2685 LRG PBE 2686 XL Covidien KN705A Small/Med. Covidien KN706A Large/ X-Large Covidien KN707A XX-Large/ XXX-Large**
(43)	**EA**	**T4541 Disposable underpads (e.g., Chux's), large 23 x 36**	**180**	**$.25**	**Covidien 1093DP PBE 2673, 2675 Griffin Medical 1836**
(44)	**EA**	**T4542 Disposable underpads (e.g., Chux's), small 17 x 24**	**180**	**$.25**	**PaperPak UFS170**

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(45)	**EA**	**T4543 Bariatric adult size brief / diaper xx-large, each**	**300**	**$1.89**	**Whitestone 43790**
(46)	**EA**	**A4649 Misc. Supply**	**1**	**P. A. Required**	**No Reference**
(47)	**EA**	**A5112 Urinary leg bag; latex**	**2**	**$22.91**	**Coloplast 4157, 4175**
(48)	**EA**	**A5120 Skin barrier, wipes, 50/box (antiseptic), per wipe**	**100**	**$.16**	**Coloplast 44005**
(49)	**EA**	**S5199 Personal Care Products / Wipes/Adult/Baby, per wipe**	**100**	**$.09**	**Innovative DermAssist 80-301 ABCO Antiseptic Towelettes NDC634915 Kimberly-Clark Huggies Natural Care Wipes (unscented) HG18600**
(50)	**EA**	**A6250 Skin sealants, protectants, moisturizers, ointment, any type, any size**	**2**	**$3.71**	**Secura Smith & Nephew 2.47 oz 59431500 Covidien Vaseline Constant Care 2 oz KN8884737500 DermaRite Periguard 3.5 oz 00204**
(51)	**EA**	**A4520 Diaper/Incontinent pant, reusable/washable**	**1**	**$10.25**	**Select PBE 3080 series Humanicare 16000 series Humanicare 40200 series Humanicare Spartan Unisex Waterproof Pant HC10000 Series Covidien 689 SML Covidien 691 MED Covidien 694 LRG Covidien 698 XL**
(52)	**EA**	**A4354 Insertion Tray with Drainage Bag**	**10**	**$6.35**	**Coloplast UT9183**
(53)	**EA**	**A4353 Intermittent Urinary Catheter with Insertion Supplies**	**150**	**$3.80**	**Coloplast 1008, 1012, 1014, 1016, 3110, 3112, 3114, 3116, 3212, 3214, UT8140, UT8150**

Form No. DMB 234 (Rev. 1/96)
AUTHORITY: Act 431 of 1984
COMPLETION: Required

STATE OF MICHIGAN
DEPARTMENT OF MANAGEMENT AND BUDGET
PURCHASING OPERATIONS
P.O. BOX 30026, LANSING, MI 48909
OR
530 W. ALLEGAN, LANSING, MI 48933

June 10, 2009

CHANGE NOTICE NO. 5
TO
CONTRACT NO. 071B8200196
between
THE STATE OF MICHIGAN
and

NAME & ADDRESS OF VENDOR **J & B Medical Supply Co., Inc.** **50496 West Pontiac Trail** **Wixom, MI 48393** **Email: lbennett@jandbmedical.com**	TELEPHONE (800) 737-0045 **Loren Bennett ext. 227** VENDOR NUMBER/MAIL CODE BUYER (517) 373-0301 **Sue Cieciwa**
Contract Compliance Inspector: Laura Dotson (517) 241-4686 **Mail Order Incontinent Supplies and Services – Department of Community Health**	
CONTRACT PERIOD: **3 yrs. + 2 one-year options** From: **July 2, 2008** To: **July 1, 2011**	
TERMS **N/A**	SHIPMENT **As Required**
F.O.B. **Delivered**	SHIPPED FROM **Wixom, MI**
MINIMUM DELIVERY REQUIREMENTS **None**	
MISCELLANEOUS INFORMATION:	

NATURE OF CHANGE:

Effective immediately, other National Association of State Procurement Officials (NASPO) member states and governmental agencies may use this Contract.

The State of Wisconsin's pricing is hereby added to this Contract. Appendix I – Wisconsin is attached.

The following language is hereby added to <u>Article 1.401 Proposal Pricing</u>:

State Administrative Fee

The Contractor must collect an Administrative Fee on the sales from NASPO member states and governmental agencies transacted under this Contract. The Contractor must remit the Administrative Fee in U.S. dollars within 30 days after the end of the quarterly sales reporting period. The Administrative Fee equals one percent (1%) of the total quarterly sales reported. Contractor must include the Administrative Fee in their prices.

The Contractor must remit any monies due as a result of the close-out report at the time the close-out report is submitted to Purchasing Operations.

The Contractor must pay the Administrative Fee by check. To ensure the payment is credited properly, the Contractor must identify the check as an "Administrative Fee" and include the

following information with the payment: ***Applicable State BPO Number, report amount(s), and reporting period covered.***

Contractor must forward the check to the following address:

Department of Management and Budget
Financial Services – Cashier Unit
Lewis Cass Building
320 South Walnut St.
P.O. Box 30681
Lansing, MI 48909

Please make check payable to: State of Michigan

In addition, the following language is hereby added to Article 1.203 Reporting:

Contractor must submit reports of purchasing activities of NASPO member states and governmental agencies to DMB, Purchasing Operations on a quarterly basis. Reports shall include, at a minimum, an itemized listing of purchasing activities by each NASPO member state or governmental agency, with the NASPO member state or governmental agency name, and the total value of purchases for each NASPO member state or governmental agency, and a grand total of all purchases.

All other terms, conditions, specifications and pricing remain unchanged.

AUTHORITY/REASON:

Per State of Wisconsin (Jacqueline Sommers Smith) request by email dated June 2, 2009, agency agreement and J & B Medical proposal dated March 31, 2009.

TOTAL ESTIMATED CONTRACT VALUE REMAINS: $52,079,748.12

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(1)	EA	A4310 Insertion tray without drainage bag and without catheter (accessories only)	2	$3.85	Coloplast UT7010 10 cc Coloplast UT7030 30 cc AMSINO AS880 10 cc AMSINO AS890 30 cc
(2)	EA	A4311 Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating, (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	2	$9.26	Coloplast UT8100 Series Bard 800 Series
(3)	EA	A4312 Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone	2	$9.50	Bard 720000 Series
(4)	EA	A4314 Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)	2	$13.25	Coloplast UT8183 Series Coloplast UT8163 Series
(5)	EA	A4315 Insertion tray with drainage bag, with indwelling catheter, foley type, two-way, all silicone	2	$13.59	Covidien 6900 Series
(6)	EA	A4320 Irrigation tray with bulb or piston syringe, any purpose	30	$1.92	Coloplast UT1001 (Bulb) Coloplast UT1002 (Piston) AMSINO AS130 (Bulb) AMSINO AS136 (Piston)
(7)	EA	A4322 Irrigation syringe, bulb or piston, each	30	$2.20	Coloplast UT1004 Amsino AS011 (Bulb) Bard 750379
(8)	EA	A4349 Male external catheter (G)	96	$.83	Coloplast 9200 Coloplast 5000 Series Coloplast 8000 Series
(9)	EA	A4349 Male external catheter (G) with adhesive strip, each	96	$.83	Coloplast 7200 Series
(10)	EA	A4326 Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each	30	$7.14	Coloplast 7800, 7850, 8205, 8100, 8200, 8305, 8400 Hollister 9897, 9898
(11)	EA	A4328 Female external urinary collection device; pouch, each	10	$7.10	Hollister 9840
(12)	EA	A4330 Perianal fecal collection pouch with adhesive, each	10	$6.86	Hollister 9821, 9822 Convatec 650078

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(13)	**EA**	**A4331 Extension drainage tubing, any type, any length, with connector/adapter, for us with urinary leg bag or urostomy pouch, each**	**4**	**$1.80**	**Coloplast 475, 7092 AMSINO AS311**
(14)	**EA**	**A4333 Urinary catheter anchoring device, adhesive skin attachment**	**4**	**$1.12**	**Coloplast 4065**
(15)	**EA**	**A4334 Urinary catheter anchoring device, leg strap**	**6**	**$.81**	**Covidien 8887600149**
(16)	**EA**	**A4335 Belted/Unbelted Undergarment WO Sides**	**150**	**$.78**	**Select Belt Less, PBE 2078 Select Day + Belt Less, PBE 2694 Select Belted, PBE 2650 Select Night Time, PBE 2695 Select, PBE 2693 Covidien Surety Beltless, 23230 Humanicare 30073 Tranquility Belted Undergarment, PBE 2150 Covidien Belted Undergarment, MD-171B10 Kimberly-Clark Depends 19640, 19696**
(17)	**EA**	**A4338 Indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.) each**	**2**	**$6.45**	**Coloplast UC2500 Series Coloplast UC2300 Series AMSINO AS4000 Series**
(18)	**EA**	**A4340 Indwelling catheter, specialty type, e.g. Coude, mushroom, wing, etc., each**	**5**	**$5.45**	**Coloplast UC6000 and 6500 Series**
(19)	**EA**	**A4344 Indwelling catheter, foley type, two-way, all silicone, each *XX Denotes French Size**	**5**	**$7.75**	**Coloplast AA61XX Series Coloplast AA6CXX Series Coloplast AASC23XX Series AMSINO AS40000 Series**
(20)	**EA**	**A4351 Intermittent urinary catheter, straight tip, each**	**150**	**$1.20**	**Coloplast NC1000 Series Coloplast UC1000 Coloplast 110 Series Coloplast 200 Series Coloplast 300 Series Coloplast 400 Series AMSINO AS861000 Series**

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(21)	**EA**	**A4351-U4 Intermittent urinary catheter, straight tip, each**	**150 Under age 21**	**$2.25**	**Astra-Tech (Lofric) 900000, 940000, 9300000 Series Coloplast 4100, 4200, 4300, 4400 Series**
(22)	**EA**	**A4352 Intermittent urinary catheter, coude (curved) tip, each**	**150**	**$2.45**	**Coloplast 500 Series Coloplast 600 Series Coloplast 800 Series Coloplast UC6000 Series**
(23)	**EA**	**A4352-U4 Intermittent urinary catheter, coude (curved) tip, each**	**150 Under age 21**	**$2.90**	**Astra-Tech (Lofric) 960000 Series Coloplast 4600, 4800 Series**
(24)	**EA**	**A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or w/o tube, each**	**3**	**$5.74**	**Coloplast UB0500 Bard 802001 AMSINO AS332**
(25)	**EA**	**A4358 Urinary leg bag, vinyl, with or w/o tube, each *XX Denotes French Size**	**10**	**$5.22**	**Coloplast UB0600 Coloplast UB0950 AMSINO AS300 Series Coloplast 9000**
(26)	**OZ**	**A4402 Lubricant**	**10 OZ.**	**$.32**	**Triad Lubricating Jelly 10-8919**
(27)	**EA**	**T4521 Adult size brief / diaper small, each**	**300**	**$.43**	**Select PBE 2620 Tranquility Full Fit PBE 2120 Attends BRBX10 Hook & Loop Covidien 63062 Tenna Specialty Brief SCA 66150 FQ IB Brief IB-011 KN66032 Small Wings Choice Plus Quilted**
(28)	**EA**	**T4522 Adult size brief / diaper medium, each**	**300**	**$.44**	**Select Full fit, PBE 2624 Wings Supreme Covidien 9501 Hook & Loop Covidien 63063 Attends BR20 Attends BRB20 Tena Ultra Brief Med SCA 68121 FQ Per-Fit Breathable PF-012/1 KN66033 Med Wings Choice Plus Quilted**

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(29)	**EA**	**T4523 Adult size brief / diaper large, each**	**300**	**$.58**	**Select Full Fit, PBE 2634 Wings Supreme Covidien 9502 Hook & Loop Covidien 63064 Attends BR30 Attends BRB30 Tena Ultra Brief Large SCA68122 FQ Per-Fit Breathable PF-013/1 KN66034 Large Wings Choice Plus Quilted**
(30)	**EA**	**T4524 Adult size brief / diaper x-large, each**	**300**	**$.65**	**Select Full Fit, PBE 2635 Hook & Loop Covidien 63065 Attends BR40 Attends BRB40 FQ Per-Fit Breathable PF-014/1 KN66035 X-Large Wings Choice Plus Quilted**
(31)	**EA**	**T4525 Adult size pull on small, each**	**150**	**$.71**	**Select Sm, PBE 2604 Sure Care Protective Underwear Covidien 1605 Attends 7 PaperPak APP0710 Dignity Humanicare 46076**
(32)	**EA**	**T4526 Adult size pull on medium, each**	**150**	**$.71**	**Select Med, PBE 2605 Sure Care Protective Underwear Covidien 1605 Attends 7 APP0720 Dignity Humanicare 46077 Tena Plus SCA 72436 FQ Per-Fit PF-512**
(33)	**EA**	**T4527 Adult size pull on large, each**	**150**	**$.79**	**Select Lg, PBE 2606 Sure Care Protective Underwear Covidien 1615 Attends 7 PaperPak APP0730 Dignity Humanicare 46078 Tena Plus SCA 72437 FQ Per-Fit PF-513**

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(34)	**EA**	**T4528 Adult size pull on x-large, each**	**150**	**$1.02**	**Select XLG, PBE 2607 Sure Care Protective Underwear Covidien 1625 Attends 7 PaperPak APP0740 Dignity Humanicare 46079 Tena Plus SCA 72438 FA Per-Fit PF-514 FQ Prevail Extra (XXL-Bariatric PV-517)**
(35)	**EA**	**T4529 Pediatric size brief / diaper small / medium, each**	**300**	**$.40**	**Curity Ultra Fits Covidien 80018 Curity Utra Fits Covidien 80028 Huggies Ultratrim SZ1-2 HG52164 Huggies Ultratrim SZ3 HG211980**
(36)	**EA**	**T4530 Pediatric size brief / diaper large, each**	**300**	**$.44**	**Curity Ultra Fits Covidien 80038CF Curity Ultra Fits Covidien 80048 Huggies Ultratrim SZ5 XL HG211994 Huggies Ultratrim SZ4 Lrg HG211987**
(37)	**EA**	**T4531 Pediatric size pull on small /medium, each**	**150**	**$.42**	**Run Around, Md. Boy Covidien 70063B Run Around, Md. Girl Covidien 70063G Huggies Youth Pull On Briefs 2T-3T MED Boy HG86171, Huggies Youth Pull On Briefs 2T-3T MED Girl HG86172 Curity Sleeppants Covidien 70073**
(38)	**EA**	**T4532 Pediatric size pull on large, each**	**150**	**$.44**	**Run Around Lg. Boy, Covidien 70064B Run Around Lg. Girl, Covidien 70064G Huggies Youth Pull On Briefs 3T-4T BOYS HG86173 Huggies Youth Pull On Briefs 3T-4T GIRLS HG86174**

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(39)	**EA**	**T4533 Youth size brief / diaper, each**	**300**	**$.46**	**Tranquility PBE 2166 Select PBE 2666 Select Toddler + PBE 2665 Attends Briefs 10 Classic Youth Diaper BRCL1000 Curity Ultra Fits Covidien 0058 Huggies Ultratrim SZ6 HG212001**
(40)	**EA**	**T4534 Youth size pull on, each**	**150**	**$.64**	**Select Extra Small Brief, PBE 2603 RunAround X-Lg. Boy Covidien 70065B RunAround X-Lg. Girl Covidien 70065G Huggies Pull-Up 4T-5T Boy HG86175 Huggies Pull-Up 4T-5T Girl HG86182 Curity Sleeppants Covidien 70074 Curity Sleeppants Covidien 70075**

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(41)	**EA**	**T4535 Disposable liner / shield / pad, each**	**300**	**$.29**	**Booster Pad, PBE 2760 Select 4.25x14.5, PBE 2671 Select 7x14, PBE 2691 Select 7x17, PBE 2690 Select Extra Absorb, PBE 2681, PBE 2682 Select Shield PBE 2648 Booster Pad PBE 2072 Tranquility Super Plus Trimshield, PBE 2083 Dignity ThinSerts Humanicare 30054 Humanicare Dignity Natural Liner HC26955, HC26954 Humanicare Stackable Pad HC30053 Humanicare Dignity Plus Super Liner HC30071 Humanicare Dignity Plus Liner HC30074 Humanicare Dignity Briefmates HC30225 Humanicare Spartan Liners HC40340 Covidien Incontinence Liner KN1100B22, KN1140B16 Attends Shaped Pad LP0500 Serenity extra pads(mod) SCA 48900 FQ Prevail/male guard PV-811 FQ Prevail Pantiliner PV-926 FQ Prevail Day Time Liner PL-100/1 and Attends LP0600 Prevail Bladder Control Pad-extra BC-012**
(42)	**EA**	**T4536 Reusable washable underwear any size, each**	**10**	**$7.72**	**PBE 2684 MED PBE 2685 LRG PBE 2686 XL Covidien KN705A Small/Med. Covidien KN706A Large/ X-Large Covidien KN707A XX-Large/ XXX-Large**
(43)	**EA**	**T4541 Disposable underpads (e.g., Chux's), large 23 x 36**	**180**	**$.25**	**Covidien 1093DP PBE 2673, 2675**
(44)	**EA**	**T4542 Disposable underpads (e.g., Chux's), small 17 x 24**	**180**	**$.25**	**PaperPak UFS170**

Appendix I-WISCONSIN
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(45)	**EA**	**T4543 Bariatric adult size brief / diaper xx-large, each**	**300**	**$1.89**	**Whitestone 43790**
(46)	**EA**	**A4649 Misc. Supply**	**1**	**P. A. Required**	**No Reference**
(47)	**EA**	**A5112 Urinary leg bag; latex**	**2**	**$22.91**	**Coloplast 4157, 4175**
(48)	**EA**	**A5120 Skin barrier, wipes, 50/box (antiseptic), per wipe**	**100**	**$.16**	**Coloplast 44005**
(49)	**EA**	**S5199 Personal Care Products / Wipes/Adult/Baby, per wipe**	**100**	**$.09**	**Innovative DermAssist 80-301 ABCO Antiseptic Towelettes NDC634915 Kimberly-Clark Huggies Natural Care Wipes (unscented) HG18600**
(50)	**EA**	**A6250 Skin sealants, protectants, moisturizers, ointment, any type, any size**	**2**	**$3.71**	**Secura Smith & Nephew 2.47 oz 59431500 Covidien Vaseline Constant Care 2 oz KN8884737500 DermaRite Periguard 3.5 oz 00204**
(51)	**EA**	**A4520 Diaper/Incontinent pant, reusable/washable**	**1**	**$10.25**	**Select PBE 3080 series Humanicare 16000 series Humanicare 40200 series Humanicare Spartan Unisex Waterproof Pant HC10000 Series Covidien 689 SML Covidien 691 MED Covidien 694 LRG Covidien 698 XL**
(52)	**EA**	**A4354 Insertion Tray with Drainage Bag**	**10**	**$6.35**	**Coloplast UT9183**
(53)	**EA**	**A4353 Intermittent Urinary Catheter with Insertion Supplies**	**150**	**$3.80**	**Coloplast 1008, 1012, 1014, 1016, 3110, 3112, 3114, 3116, 3212, 3214, UT8140, UT8150**

Form No. DMB 234 (Rev. 1/96)
AUTHORITY: Act 431 of 1984
COMPLETION: Required

STATE OF MICHIGAN
DEPARTMENT OF MANAGEMENT AND BUDGET
PURCHASING OPERATIONS
P.O. BOX 30026, LANSING, MI 48909
OR
530 W. ALLEGAN, LANSING, MI 48933

March 23, 2009

CHANGE NOTICE NO. 4
TO
CONTRACT NO. 071B8200196
between
THE STATE OF MICHIGAN
and

NAME & ADDRESS OF VENDOR	TELEPHONE (800) 737-0045 **Loren Bennett ext. 227**
J & B Medical Supply Co., Inc. **50496 West Pontiac Trail** **Wixom, MI 48393** **Email: lbennett@jandbmedical.com**	VENDOR NUMBER/MAIL CODE BUYER (517) 373-0301 **Sue Cieciwa**
Contract Compliance Inspector: Laura Dotson (517) 241-4686 **Mail Order Incontinent Supplies and Services – Department of Community Health**	
CONTRACT PERIOD: **3 yrs. + 2 one-year options** From: **July 2, 2008** To: **July 1, 2011**	
TERMS **N/A**	SHIPMENT **As Required**
F.O.B. **Delivered**	SHIPPED FROM **Wixom, MI**
MINIMUM DELIVERY REQUIREMENTS **None**	
MISCELLANEOUS INFORMATION:	

NATURE OF CHANGE:

Effective February 1, 2009, Appendix I is revised as follows:

The following Brand/Manufacturer is DELETED from Item No. 16 A4335 Belted/Unbelted Undergarment WO Sides, each:

Covidien Slip-On UG Belted, 1500A

The following Brand/Manufacturer is ADDED to Item No. 16 A4335 Belted/Unbelted Undergarment WO Sides, each:

Tranquility Belted Undergarment, PBE 2150

In addition, the following Brand/Manufacturers are DISCONTINUED from Item No. 42 T4536 Reusable washable underwear any size, each, and REPLACED with the following Brand/Manufacturers:

Discontinued Product	Replacement Product
Covidien KN700 SMALL	Covidien KN705A Small/Medium
Covidien KN701 MED	Covidien KN705A Small/Medium

Covidien KN702 LRG	**Covidien KN706A Large/X-Large**
Covidien KN703 XL	**Covidien KN706A Large/X-Large**
Covidien KN704M XXL	**Covidien KN707A XX-Large/XXX-Large**

Revised Appendix I is attached. All other terms, conditions, specifications and pricing remain unchanged.

AUTHORITY/REASON:

Per agency request (Laura Dotson) dated March 5, 2009 and J & B Medical request by email dated February 20, 2009.

TOTAL ESTIMATED CONTRACT VALUE REMAINS: $52,079,748.12

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(1)	EA	A4310 Insertion tray without drainage bag and without catheter (accessories only)	2	$1.68	Coloplast UT7010 10 cc Coloplast UT7030 30 cc AMSINO AS880 10 cc AMSINO AS890 30 cc
(2)	EA	A4311 Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating, (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	2	$3.55	Coloplast UT8100 Series Bard 800 Series
(3)	EA	A4312 Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone	2	$3.75	Bard 720000 Series
(4)	EA	A4314 Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)	2	$3.25	Coloplast UT8183 Series Coloplast UT8163 Series
(5)	EA	A4315 Insertion tray with drainage bag, with indwelling catheter, foley type, two-way, all silicone	2	$5.00	Covidien 6900 Series
(6)	EA	A4320 Irrigation tray with bulb or piston syringe, any purpose	30	$.82	Coloplast UT1001 (Bulb) Coloplast UT1002 (Piston) AMSINO AS130 (Bulb) AMSINO AS136 (Piston)
(7)	EA	A4322 Irrigation syringe, bulb or piston, each	30	$.44	Coloplast UT1004 Amsino AS011 (Bulb) Bard 750379
(8)	EA	A4349 Male external catheter (G)	96	$.62	Coloplast 9200 Coloplast 5000 Series Coloplast 8000 Series
(9)	EA	A4349 Male external catheter (G) with adhesive strip, each	96	$.47	Coloplast 7200 Series
(10)	EA	A4326 Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each	30	$.88	Coloplast 7800, 7850, 8205, 8100, 8200, 8305, 8400 Hollister 9897, 9898
(11)	EA	A4328 Female external urinary collection device; pouch, each	10	$2.25	Hollister 9840
(12)	EA	A4330 Perianal fecal collection pouch with adhesive, each	10	$6.11	Hollister 9821, 9822 Convatec 650078

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(13)	**EA**	**A4331 Extension drainage tubing, any type, any length, with connector/adapter, for us with urinary leg bag or urostomy pouch, each**	**4**	**$1.55**	**Coloplast 475, 7092 AMSINO AS311**
(14)	**EA**	**A4333 Urinary catheter anchoring device, adhesive skin attachment**	**4**	**$.70**	**Coloplast 4065**
(15)	**EA**	**A4334 Urinary catheter anchoring device, leg strap**	**6**	**$.61**	**Covidien 8887600149**
(16)	**EA**	**A4335 Belted/Unbelted Undergarment WO Sides**	**150**	**$.42**	**Select Belt Less, PBE 2078 Select Day + Belt Less, PBE 2694 Select Belted, PBE 2650 Select Night Time, PBE 2695 Select, PBE 2693 Covidien Surety Beltless, 23230 Humanicare 30073 Tranquility Belted Undergarment, PBE 2150 Covidien Belted Undergarment, MD-171B10 Kimberly-Clark Depends 19640, 19696**
(17)	**EA**	**A4338 Indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.) each**	**2**	**$.92**	**Coloplast UC2500 Series Coloplast UC2300 Series AMSINO AS4000 Series**
(18)	**EA**	**A4340 Indwelling catheter, specialty type, e.g. Coude, mushroom, wing, etc., each**	**5**	**$2.25**	**Coloplast UC6000 and 6500 Series**
(19)	**EA**	**A4344 Indwelling catheter, foley type, two-way, all silicone, each *XX Denotes French Size**	**5**	**$3.50**	**Coloplast AA61XX Series Coloplast AA6CXX Series Coloplast AASC23XX Series AMSINO AS40000 Series**
(20)	**EA**	**A4351 Intermittent urinary catheter, straight tip, each**	**150**	**$.52**	**Coloplast NC1000 Series Coloplast UC1000 Coloplast 110 Series Coloplast 200 Series Coloplast 300 Series Coloplast 400 Series AMSINO AS861000 Series**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(21)	**EA**	**A4351-U4 Intermittent urinary catheter, straight tip, each**	**150 Under age 21**	**$1.70**	**Astra-Tech (Lofric) 900000, 940000, 9300000 Series Coloplast 4100, 4200, 4300, 4400 Series**
(22)	**EA**	**A4352 Intermittent urinary catheter, coude (curved) tip, each**	**150**	**$1.42**	**Coloplast 500 Series Coloplast 600 Series Coloplast 800 Series Coloplast UC6000 Series**
(23)	**EA**	**A4352-U4 Intermittent urinary catheter, coude (curved) tip, each**	**150 Under age 21**	**$2.31**	**Astra-Tech (Lofric) 960000 Series Coloplast 4600, 4800 Series**
(24)	**EA**	**A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or w/o tube, each**	**3**	**$1.55**	**Coloplast UB0500 Bard 802001 AMSINO AS332**
(25)	**EA**	**A4358 Urinary leg bag, vinyl, with or w/o tube, each *XX Denotes French Size**	**10**	**$1.50**	**Coloplast UB0600 Coloplast UB0950 AMSINO AS300 Series Coloplast 9000**
(26)	**OZ**	**A4402 Lubricant**	**10 OZ.**	**$.23**	**Triad Lubricating Jelly 10-8919**
(27)	**EA**	**T4521 Adult size brief / diaper small, each**	**300**	**$.35**	**Select PBE 2620 Tranquility Full Fit PBE 2120 Attends BRBX10 Hook & Loop Covidien 63062 Tenna Specialty Brief SCA 66150 FQ IB Brief IB-011 KN66032 Small Wings Choice Plus Quilted**
(28)	**EA**	**T4522 Adult size brief / diaper medium, each**	**300**	**$.33**	**Select Full fit, PBE 2624 Wings Supreme Covidien 9501 Hook & Loop Covidien 63063 Attends BR20 Attends BRB20 Tena Ultra Brief Med SCA 68121 FQ Per-Fit Breathable PF-012/1 KN66033 Med Wings Choice Plus Quilted**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(29)	**EA**	**T4523 Adult size brief / diaper large, each**	**300**	**$.41**	**Select Full Fit, PBE 2634 Wings Supreme Covidien 9502 Hook & Loop Covidien 63064 Attends BR30 Attends BRB30 Tena Ultra Brief Large SCA68122 FQ Per-Fit Breathable PF-013/1 KN66034 Large Wings Choice Plus Quilted**
(30)	**EA**	**T4524 Adult size brief / diaper x-large, each**	**300**	**$.49**	**Select Full Fit, PBE 2635 Hook & Loop Covidien 63065 Attends BR40 Attends BRB40 FQ Per-Fit Breathable PF-014/1 KN66035 X-Large Wings Choice Plus Quilted**
(31)	**EA**	**T4525 Adult size pull on small, each**	**150**	**$.48**	**Select Sm, PBE 2604 Sure Care Protective Underwear Covidien 1605 Attends 7 PaperPak APP0710 Dignity Humanicare 46076**
(32)	**EA**	**T4526 Adult size pull on medium, each**	**150**	**$.49**	**Select Med, PBE 2605 Sure Care Protective Underwear Covidien 1605 Attends 7 APP0720 Dignity Humanicare 46077 Tena Plus SCA 72436 FQ Per-Fit PF-512**
(33)	**EA**	**T4527 Adult size pull on large, each**	**150**	**$.54**	**Select Lg, PBE 2606 Sure Care Protective Underwear Covidien 1615 Attends 7 PaperPak APP0730 Dignity Humanicare 46078 Tena Plus SCA 72437 FQ Per-Fit PF-513**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(34)	**EA**	**T4528 Adult size pull on x-large, each**	**150**	**$.69**	**Select XLG, PBE 2607 Sure Care Protective Underwear Covidien 1625 Attends 7 PaperPak APP0740 Dignity Humanicare 46079 Tena Plus SCA 72438 FA Per-Fit PF-514 FQ Prevail Extra (XXL-Bariatric PV-517)**
(35)	**EA**	**T4529 Pediatric size brief / diaper small / medium, each**	**300**	**$.23**	**Curity Ultra Fits Covidien 80018 Curity Utra Fits Covidien 80028 Huggies Ultratrim SZ1-2 HG52164 Huggies Ultratrim SZ3 HG211980**
(36)	**EA**	**T4530 Pediatric size brief / diaper large, each**	**300**	**$.32**	**Curity Ultra Fits Covidien 80038CF Curity Ultra Fits Covidien 80048 Huggies Ultratrim SZ5 XL HG211994 Huggies Ultratrim SZ4 Lrg HG211987**
(37)	**EA**	**T4531 Pediatric size pull on small /medium, each**	**150**	**$.39**	**Run Around, Md. Boy Covidien 70063B Run Around, Md. Girl Covidien 70063G Huggies Youth Pull On Briefs 2T-3T MED Boy HG86171, Huggies Youth Pull On Briefs 2T-3T MED Girl HG86172 Curity Sleeppants Covidien 70073**
(38)	**EA**	**T4532 Pediatric size pull on large, each**	**150**	**$.43**	**Run Around Lg. Boy, Covidien 70064B Run Around Lg. Girl, Covidien 70064G Huggies Youth Pull On Briefs 3T-4T BOYS HG86173 Huggies Youth Pull On Briefs 3T-4T GIRLS HG86174**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(39)	**EA**	**T4533 Youth size brief / diaper, each**	**300**	**$.33**	**Tranquility PBE 2166 Select PBE 2666 Select Toddler + PBE 2665 Attends Briefs 10 Classic Youth Diaper BRCL1000 Curity Ultra Fits Covidien 0058 Huggies Ultratrim SZ6 HG212001**
(40)	**EA**	**T4534 Youth size pull on, each**	**150**	**$.49**	**Select Extra Small Brief, PBE 2603 RunAround X-Lg. Boy Covidien 70065B RunAround X-Lg. Girl Covidien 70065G Huggies Pull-Up 4T-5T Boy HG86175 Huggies Pull-Up 4T-5T Girl HG86182 Curity Sleeppants Covidien 70074 Curity Sleeppants Covidien 70075**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(41)	**EA**	**T4535 Disposable liner / shield / pad, each**	**300**	**$.19**	**Booster Pad, PBE 2760 Select 4.25x14.5, PBE 2671 Select 7x14, PBE 2691 Select 7x17, PBE 2690 Select Extra Absorb, PBE 2681, PBE 2682 Select Shield PBE 2648 Booster Pad PBE 2072 Tranquility Super Plus Trimshield, PBE 2083 Dignity ThinSerts Humanicare 30054 Humanicare Dignity Natural Liner HC26955, HC26954 Humanicare Stackable Pad HC30053 Humanicare Dignity Plus Super Liner HC30071 Humanicare Dignity Plus Liner HC30074 Humanicare Dignity Briefmates HC30225 Humanicare Spartan Liners HC40340 Covidien Incontinence Liner KN1100B22, KN1140B16 Attends Shaped Pad LP0500 Serenity extra pads(mod) SCA 48900 FQ Prevail/male guard PV-811 FQ Prevail Pantiliner PV-926 FQ Prevail Day Time Liner PL-100/1 and Attends LP0600 Prevail Bladder Control Pad-extra BC-012**
(42)	**EA**	**T4536 Reusable washable underwear any size, each**	**10**	**$1.08**	**PBE 2684 MED PBE 2685 LRG PBE 2686 XL Covidien KN705A Small/Med. Covidien KN706A Large/ X-Large Covidien KN707A XX-Large/ XXX-Large**
(43)	**EA**	**T4541 Disposable underpads (e.g., Chux's), large 23 x 36**	**180**	**$.15**	**Covidien 1093DP PBE 2673, 2675**
(44)	**EA**	**T4542 Disposable underpads (e.g., Chux's), small 17 x 24**	**180**	**$.12**	**PaperPak UFS170**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(45)	**EA**	**T4543 Bariatric adult size brief / diaper xx-large, each**	**300**	**$1.35**	**Whitestone 43790**
(46)	**EA**	**A4649 Misc. Supply**	**1**	**P. A. Required**	**No Reference**
(47)	**EA**	**A5112 Urinary leg bag; latex**	**2**	**$1.50**	**Coloplast 4157, 4175**
(48)	**EA**	**A5120 Skin barrier, wipes, 50/box (antiseptic), per wipe**	**100**	**$.10**	**Coloplast 44005**
(49)	**EA**	**S5199 Personal Care Products / Wipes/Adult/Baby, per wipe**	**100**	**$.08**	**Innovative DermAssist 80-301 ABCO Antiseptic Towelettes NDC634915 Kimberly-Clark Huggies Natural Care Wipes (unscented) HG18600**
(50)	**EA**	**A6250 Skin sealants, protectants, moisturizers, ointment, any type, any size**	**2**	**$2.99**	**Secura Smith & Nephew 2.47 oz 59431500 Covidien Vaseline Constant Care 2 oz KN8884737500 DermaRite Periguard 3.5 oz 00204**
(51)	**EA**	**A4520 Diaper/Incontinent pant, reusable/washable**	**1**	**$8.15**	**Select PBE 3080 series Humanicare 16000 series Humanicare 40200 series Humanicare Spartan Unisex Waterproof Pant HC10000 Series Covidien 689 SML Covidien 691 MED Covidien 694 LRG Covidien 698 XL**
(52)	**EA**	**A4354 Insertion Tray with Drainage Bag**	**10**	**$5.25**	**Coloplast UT9183**
(53)	**EA**	**A4353 Intermittent Urinary Catheter with Insertion Supplies**	**150**	**$3.40**	**Coloplast 1008, 1012, 1014, 1016, 3110, 3112, 3114, 3116, 3212, 3214, UT8140, UT8150**

Contract No. 071B8200196

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Form No. DMB 234 (Rev. 1/96)
AUTHORITY: Act 431 of 1984
COMPLETION: Required

STATE OF MICHIGAN
DEPARTMENT OF MANAGEMENT AND BUDGET
PURCHASING OPERATIONS
P.O. BOX 30026, LANSING, MI 48909
OR
530 W. ALLEGAN, LANSING, MI 48933

December 10, 2008

CHANGE NOTICE NO. 3
TO
CONTRACT NO. 071B8200196
between
THE STATE OF MICHIGAN
and

NAME & ADDRESS OF VENDOR **J & B Medical Supply Co., Inc.** **50496 West Pontiac Trail** **Wixom, MI 48393** **Email: lbennett@jandbmedical.com**	TELEPHONE (800) 737-0045 **Loren Bennett ext. 227** VENDOR NUMBER/MAIL CODE BUYER (517) 373-0301 **Sue Cieciwa**
Contract Compliance Inspector: Laura Dotson (517) 241-4686 **Mail Order Incontinent Supplies and Services – Department of Community Health**	
CONTRACT PERIOD: **3 yrs. + 2 one-year options** From: **July 2, 2008** To: **July 1, 2011**	
TERMS **N/A**	SHIPMENT **As Required**
F.O.B. **Delivered**	SHIPPED FROM **Wixom, MI**
MINIMUM DELIVERY REQUIREMENTS **None**	
MISCELLANEOUS INFORMATION:	

NATURE OF CHANGE:

Effective immediately, Appendix I is revised as follows:

The following Brand/Manufacturer is DELETED from Item No. 41 T4535 Disposable liner / shield / pad, each:

PL-100

The following Brand/Manufacturer is ADDED to Item No. 41 T4535 Disposable liner / shield / pad, each:

PL-100/1

Revised Appendix I is attached. All other terms, conditions, specifications and pricing remain unchanged.

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

AUTHORITY/REASON:

Per agency request (Laura Dotson) dated November 17, 2008 and J & B Medical request by email dated November 6, 2008.

TOTAL ESTIMATED CONTRACT VALUE REMAINS: $52,079,748.12

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(1)	**EA**	**A4310 Insertion tray without drainage bag and without catheter (accessories only)**	**2**	**$1.68**	**Coloplast UT7010 10 cc Coloplast UT7030 30 cc AMSINO AS880 10 cc AMSINO AS890 30 cc**
(2)	**EA**	**A4311 Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating, (Teflon, silicone, silicone elastomer or hydrophilic, etc.)**	**2**	**$3.55**	**Coloplast UT8100 Series Bard 800 Series**
(3)	**EA**	**A4312 Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone**	**2**	**$3.75**	**Bard 720000 Series**
(4)	**EA**	**A4314 Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)**	**2**	**$3.25**	**Coloplast UT8183 Series Coloplast UT8163 Series**
(5)	**EA**	**A4315 Insertion tray with drainage bag, with indwelling catheter, foley type, two-way, all silicone**	**2**	**$5.00**	**Covidien 6900 Series**
(6)	**EA**	**A4320 Irrigation tray with bulb or piston syringe, any purpose**	**30**	**$.82**	**Coloplast UT1001 (Bulb) Coloplast UT1002 (Piston) AMSINO AS130 (Bulb) AMSINO AS136 (Piston)**
(7)	**EA**	**A4322 Irrigation syringe, bulb or piston, each**	**30**	**$.44**	**Coloplast UT1004 Amsino AS011 (Bulb) Bard 750379**
(8)	**EA**	**A4349 Male external catheter (G)**	**96**	**$.62**	**Coloplast 9200 Coloplast 5000 Series Coloplast 8000 Series**
(9)	**EA**	**A4349 Male external catheter (G) with adhesive strip, each**	**96**	**$.47**	**Coloplast 7200 Series**
(10)	**EA**	**A4326 Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each**	**30**	**$.88**	**Coloplast 7800, 7850, 8205, 8100, 8200, 8305, 8400 Hollister 9897, 9898**
(11)	**EA**	**A4328 Female external urinary collection device; pouch, each**	**10**	**$2.25**	**Hollister 9840**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(12)	**EA**	**A4330 Perianal fecal collection pouch with adhesive, each**	**10**	**$6.11**	**Hollister 9821, 9822 Convatec 650078**
(13)	**EA**	**A4331 Extension drainage tubing, any type, any length, with connector/adapter, for us with urinary leg bag or urostomy pouch, each**	**4**	**$1.55**	**Coloplast 475, 7092 AMSINO AS311**
(14)	**EA**	**A4333 Urinary catheter anchoring device, adhesive skin attachment**	**4**	**$.70**	**Coloplast 4065**
(15)	**EA**	**A4334 Urinary catheter anchoring device, leg strap**	**6**	**$.61**	**Covidien 8887600149**
(16)	**EA**	**A4335 Belted/Unbelted Undergarment WO Sides**	**150**	**$.42**	**Select Belt Less, PBE 2078 Select Day + Belt Less, PBE 2694 Select Belted, PBE 2650 Select Night Time, PBE 2695 Select, PBE 2693 Covidien Surety Beltless, 23230 Humanicare 30073 Covidien Slip-On UG Belted 1500A Covidien Belted Undergarment MD-171B10 Kimberly-Clark Depends 19640, 19696**
(17)	**EA**	**A4338 Indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.) each**	**2**	**$.92**	**Coloplast UC2500 Series Coloplast UC2300 Series AMSINO AS4000 Series**
(18)	**EA**	**A4340 Indwelling catheter, specialty type, e.g. Coude, mushroom, wing, etc., each**	**5**	**$2.25**	**Coloplast UC6000 and 6500 Series**
(19)	**EA**	**A4344 Indwelling catheter, foley type, two-way, all silicone, each *XX Denotes French Size**	**5**	**$3.50**	**Coloplast AA61XX Series Coloplast AA6CXX Series Coloplast AASC23XX Series AMSINO AS40000 Series**
(20)	**EA**	**A4351 Intermittent urinary catheter, straight tip, each**	**150**	**$.52**	**Coloplast NC1000 Series Coloplast UC1000 Coloplast 110 Series Coloplast 200 Series Coloplast 300 Series Coloplast 400 Series AMSINO AS861000 Series**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(21)	**EA**	**A4351-U4 Intermittent urinary catheter, straight tip, each**	**150 Under age 21**	**$1.70**	**Astra-Tech (Lofric) 900000, 940000, 9300000 Series Coloplast 4100, 4200, 4300, 4400 Series**
(22)	**EA**	**A4352 Intermittent urinary catheter, coude (curved) tip, each**	**150**	**$1.42**	**Coloplast 500 Series Coloplast 600 Series Coloplast 800 Series Coloplast UC6000 Series**
(23)	**EA**	**A4352-U4 Intermittent urinary catheter, coude (curved) tip, each**	**150 Under age 21**	**$2.31**	**Astra-Tech (Lofric) 960000 Series Coloplast 4600, 4800 Series**
(24)	**EA**	**A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or w/o tube, each**	**3**	**$1.55**	**Coloplast UB0500 Bard 802001 AMSINO AS332**
(25)	**EA**	**A4358 Urinary leg bag, vinyl, with or w/o tube, each *XX Denotes French Size**	**10**	**$1.50**	**Coloplast UB0600 Coloplast UB0950 AMSINO AS300 Series Coloplast 9000**
(26)	**OZ**	**A4402 Lubricant**	**10 OZ.**	**$.23**	**Triad Lubricating Jelly 10-8919**
(27)	**EA**	**T4521 Adult size brief / diaper small, each**	**300**	**$.35**	**Select PBE 2620 Tranquility Full Fit PBE 2120 Attends BRBX10 Hook & Loop Covidien 63062 Tenna Specialty Brief SCA 66150 FQ IB Brief IB-011 KN66032 Small Wings Choice Plus Quilted**
(28)	**EA**	**T4522 Adult size brief / diaper medium, each**	**300**	**$.33**	**Select Full fit, PBE 2624 Wings Supreme Covidien 9501 Hook & Loop Covidien 63063 Attends BR20 Attends BRB20 Tena Ultra Brief Med SCA 68121 FQ Per-Fit Breathable PF-012/1 KN66033 Med Wings Choice Plus Quilted**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(29)	**EA**	**T4523 Adult size brief / diaper large, each**	**300**	**$.41**	**Select Full Fit, PBE 2634 Wings Supreme Covidien 9502 Hook & Loop Covidien 63064 Attends BR30 Attends BRB30 Tena Ultra Brief Large SCA68122 FQ Per-Fit Breathable PF-013/1 KN66034 Large Wings Choice Plus Quilted**
(30)	**EA**	**T4524 Adult size brief / diaper x-large, each**	**300**	**$.49**	**Select Full Fit, PBE 2635 Hook & Loop Covidien 63065 Attends BR40 Attends BRB40 FQ Per-Fit Breathable PF-014/1 KN66035 X-Large Wings Choice Plus Quilted**
(31)	**EA**	**T4525 Adult size pull on small, each**	**150**	**$.48**	**Select Sm, PBE 2604 Sure Care Protective Underwear Covidien 1605 Attends 7 PaperPak APP0710 Dignity Humanicare 46076**
(32)	**EA**	**T4526 Adult size pull on medium, each**	**150**	**$.49**	**Select Med, PBE 2605 Sure Care Protective Underwear Covidien 1605 Attends 7 APP0720 Dignity Humanicare 46077 Tena Plus SCA 72436 FQ Per-Fit PF-512**
(33)	**EA**	**T4527 Adult size pull on large, each**	**150**	**$.54**	**Select Lg, PBE 2606 Sure Care Protective Underwear Covidien 1615 Attends 7 PaperPak APP0730 Dignity Humanicare 46078 Tena Plus SCA 72437 FQ Per-Fit PF-513**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(34)	**EA**	**T4528 Adult size pull on x-large, each**	**150**	**$.69**	**Select XLG, PBE 2607 Sure Care Protective Underwear Covidien 1625 Attends 7 PaperPak APP0740 Dignity Humanicare 46079 Tena Plus SCA 72438 FA Per-Fit PF-514 FQ Prevail Extra (XXL-Bariatric PV-517)**
(35)	**EA**	**T4529 Pediatric size brief / diaper small / medium, each**	**300**	**$.23**	**Curity Ultra Fits Covidien 80018 Curity Utra Fits Covidien 80028 Huggies Ultratrim SZ1-2 HG52164 Huggies Ultratrim SZ3 HG211980**
(36)	**EA**	**T4530 Pediatric size brief / diaper large, each**	**300**	**$.32**	**Curity Ultra Fits Covidien 80038CF Curity Ultra Fits Covidien 80048 Huggies Ultratrim SZ5 XL HG211994 Huggies Ultratrim SZ4 Lrg HG211987**
(37)	**EA**	**T4531 Pediatric size pull on small /medium, each**	**150**	**$.39**	**Run Around, Md. Boy Covidien 70063B Run Around, Md. Girl Covidien 70063G Huggies Youth Pull On Briefs 2T-3T MED Boy HG86171, Huggies Youth Pull On Briefs 2T-3T MED Girl HG86172 Curity Sleeppants Covidien 70073**
(38)	**EA**	**T4532 Pediatric size pull on large, each**	**150**	**$.43**	**Run Around Lg. Boy, Covidien 70064B Run Around Lg. Girl, Covidien 70064G Huggies Youth Pull On Briefs 3T-4T BOYS HG86173 Huggies Youth Pull On Briefs 3T-4T GIRLS HG86174**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(39)	**EA**	**T4533 Youth size brief / diaper, each**	**300**	**$.33**	**Tranquility PBE 2166 Select PBE 2666 Select Toddler + PBE 2665 Attends Briefs 10 Classic Youth Diaper BRCL1000 Curity Ultra Fits Covidien 0058 Huggies Ultratrim SZ6 HG212001**
(40)	**EA**	**T4534 Youth size pull on, each**	**150**	**$.49**	**Select Extra Small Brief, PBE 2603 RunAround X-Lg. Boy Covidien 70065B RunAround X-Lg. Girl Covidien 70065G Huggies Pull-Up 4T-5T Boy HG86175 Huggies Pull-Up 4T-5T Girl HG86182 Curity Sleeppants Covidien 70074 Curity Sleeppants Covidien 70075**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(41)	**EA**	**T4535 Disposable liner / shield / pad, each**	**300**	**$.19**	**Booster Pad, PBE 2760 Select 4.25x14.5, PBE 2671 Select 7x14, PBE 2691 Select 7x17, PBE 2690 Select Extra Absorb, PBE 2681, PBE 2682 Select Shield PBE 2648 Booster Pad PBE 2072 Tranquility Super Plus Trimshield, PBE 2083 Dignity ThinSerts Humanicare 30054 Humanicare Dignity Natural Liner HC26955, HC26954 Humanicare Stackable Pad HC30053 Humanicare Dignity Plus Super Liner HC30071 Humanicare Dignity Plus Liner HC30074 Humanicare Dignity Briefmates HC30225 Humanicare Spartan Liners HC40340 Covidien Incontinence Liner KN1100B22, KN1140B16 Attends Shaped Pad LP0500 Serenity extra pads(mod) SCA 48900 FQ Prevail/male guard PV-811 FQ Prevail Pantiliner PV-926 FQ Prevail Day Time Liner PL-100/1 and Attends LP0600 Prevail Bladder Control Pad-extra BC-012**
(42)	**EA**	**T4536 Reusable washable underwear any size, each**	**10**	**$1.08**	**PBE 2684 MED PBE 2685 LRG PBE 2686 XL Covidien KN700 SMALL Covidien KN701 MED Covidien KN702 LRG Covidien KN703 XL Covidien KN704M XXL**
(43)	**EA**	**T4541 Disposable underpads (e.g., Chux's), large 23 x 36**	**180**	**$.15**	**Covidien 1093DP PBE 2673, 2675**
(44)	**EA**	**T4542 Disposable underpads (e.g., Chux's), small 17 x 24**	**180**	**$.12**	**PaperPak UFS170**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(45)	**EA**	**T4543 Bariatric adult size brief / diaper xx-large, each**	**300**	**$1.35**	**Whitestone 43790**
(46)	**EA**	**A4649 Misc. Supply**	**1**	**P. A. Required**	**No Reference**
(47)	**EA**	**A5112 Urinary leg bag; latex**	**2**	**$1.50**	**Coloplast 4157, 4175**
(48)	**EA**	**A5120 Skin barrier, wipes, 50/box (antiseptic), per wipe**	**100**	**$.10**	**Coloplast 44005**
(49)	**EA**	**S5199 Personal Care Products / Wipes/Adult/Baby, per wipe**	**100**	**$.08**	**Innovative DermAssist 80-301 ABCO Antiseptic Towelettes NDC634915 Kimberly-Clark Huggies Natural Care Wipes (unscented) HG18600**
(50)	**EA**	**A6250 Skin sealants, protectants, moisturizers, ointment, any type, any size**	**2**	**$2.99**	**Secura Smith & Nephew 2.47 oz 59431500 Covidien Vaseline Constant Care 2 oz KN8884737500 DermaRite Periguard 3.5 oz 00204**
(51)	**EA**	**A4520 Diaper/Incontinent pant, reusable/washable**	**1**	**$8.15**	**Select PBE 3080 series Humanicare 16000 series Humanicare 40200 series Humanicare Spartan Unisex Waterproof Pant HC10000 Series Covidien 689 SML Covidien 691 MED Covidien 694 LRG Covidien 698 XL**
(52)	**EA**	**A4354 Insertion Tray with Drainage Bag**	**10**	**$5.25**	**Coloplast UT9183**
(53)	**EA**	**A4353 Intermittent Urinary Catheter with Insertion Supplies**	**150**	**$3.40**	**Coloplast 1008, 1012, 1014, 1016, 3110, 3112, 3114, 3116, 3212, 3214, UT8140, UT8150**

Form No. DMB 234 (Rev. 1/96)
AUTHORITY: Act 431 of 1984
COMPLETION: Required

STATE OF MICHIGAN
DEPARTMENT OF MANAGEMENT AND BUDGET
PURCHASING OPERATIONS
P.O. BOX 30026, LANSING, MI 48909
OR
530 W. ALLEGAN, LANSING, MI 48933

September 17, 2008

CHANGE NOTICE NO. 2
TO
CONTRACT NO. 071B8200196
between
THE STATE OF MICHIGAN
and

NAME & ADDRESS OF VENDOR **J & B Medical Supply Co., Inc.** **50496 West Pontiac Trail** **Wixom, MI 48393** **Email: lbennett@jandbmedical.com**	TELEPHONE Loren Bennett **(800) 737-0045 ext. 227** VENDOR NUMBER/MAIL CODE BUYER (517) 373-0301 **Sue Cieciwa**
Contract Compliance Inspector: Laura Dotson (517) 241-4686 **Mail Order Incontinent Supplies and Services – Department of Community Health**	
CONTRACT PERIOD: **3 yrs. + 2 one-year options** From: **July 2, 2008** To: **July 1, 2011**	
TERMS **N/A**	SHIPMENT **As Required**
F.O.B. **Delivered**	SHIPPED FROM **Wixom, MI**
MINIMUM DELIVERY REQUIREMENTS **None**	
MISCELLANEOUS INFORMATION:	

NATURE OF CHANGE:

Effective immediately, Appendix I is revised as follows:

The following Brands/Manufacturers are ADDED to the following Items:

Item No.	Code and Description	Brands/Manufacturers
27	T4521 Adult size brief / diaper small, each	KN66032 Small Wings Choice Plus Quilted
28	T4522 Adult size brief / diaper med., each	KN66033 Med. Wings Choice Plus Quilted
29	T4523 Adult size brief / diaper large, each	KN66034 Large Wings Choice Plus Quilted
30	T4524 Adult size brief / diaper x-large, each	KN66035 X-Large Wings Choice Plus Quilted

In addition, the following Referenced Brand/Manufacturer is DELETED from Item No. 26 A4402 Lubricant:

Fougera 20536, 20537, and 20543

The following Referenced Brand/Manufacturer is ADDED to Item No. 26 A4402 Lubricant:

Triad Lubricating Jelly 10-8919

Revised Appendix I is attached.

All other terms, conditions, specifications and pricing remain unchanged.

AUTHORITY/REASON:

Per agency request (Laura Dotson) dated September 4, 2008 and J & B Medical request by email dated September 3, 2008.

TOTAL ESTIMATED CONTRACT VALUE REMAINS: $52,079,748.12

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(1)	**EA**	**A4310 Insertion tray without drainage bag and without catheter (accessories only)**	**2**	**$1.68**	**Coloplast UT7010 10 cc Coloplast UT7030 30 cc AMSINO AS880 10 cc AMSINO AS890 30 cc**
(2)	**EA**	**A4311 Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating, (Teflon, silicone, silicone elastomer or hydrophilic, etc.)**	**2**	**$3.55**	**Coloplast UT8100 Series Bard 800 Series**
(3)	**EA**	**A4312 Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone**	**2**	**$3.75**	**Bard 720000 Series**
(4)	**EA**	**A4314 Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)**	**2**	**$3.25**	**Coloplast UT8183 Series Coloplast UT8163 Series**
(5)	**EA**	**A4315 Insertion tray with drainage bag, with indwelling catheter, foley type, two-way, all silicone**	**2**	**$5.00**	**Covidien 6900 Series**
(6)	**EA**	**A4320 Irrigation tray with bulb or piston syringe, any purpose**	**30**	**$.82**	**Coloplast UT1001 (Bulb) Coloplast UT1002 (Piston) AMSINO AS130 (Bulb) AMSINO AS136 (Piston)**
(7)	**EA**	**A4322 Irrigation syringe, bulb or piston, each**	**30**	**$.44**	**Coloplast UT1004 Amsino AS011 (Bulb) Bard 750379**
(8)	**EA**	**A4349 Male external catheter (G)**	**96**	**$.62**	**Coloplast 9200 Coloplast 5000 Series Coloplast 8000 Series**
(9)	**EA**	**A4349 Male external catheter (G) with adhesive strip, each**	**96**	**$.47**	**Coloplast 7200 Series**
(10)	**EA**	**A4326 Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each**	**30**	**$.88**	**Coloplast 7800, 7850, 8205, 8100, 8200, 8305, 8400 Hollister 9897, 9898**
(11)	**EA**	**A4328 Female external urinary collection device; pouch, each**	**10**	**$2.25**	**Hollister 9840**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(12)	**EA**	**A4330 Perianal fecal collection pouch with adhesive, each**	**10**	**$6.11**	**Hollister 9821, 9822 Convatec 650078**
(13)	**EA**	**A4331 Extension drainage tubing, any type, any length, with connector/adapter, for us with urinary leg bag or urostomy pouch, each**	**4**	**$1.55**	**Coloplast 475, 7092 AMSINO AS311**
(14)	**EA**	**A4333 Urinary catheter anchoring device, adhesive skin attachment**	**4**	**$.70**	**Coloplast 4065**
(15)	**EA**	**A4334 Urinary catheter anchoring device, leg strap**	**6**	**$.61**	**Covidien 8887600149**
(16)	**EA**	**A4335 Belted/Unbelted Undergarment WO Sides**	**150**	**$.42**	**Select Belt Less, PBE 2078 Select Day + Belt Less, PBE 2694 Select Belted, PBE 2650 Select Night Time, PBE 2695 Select, PBE 2693 Covidien Surety Beltless, 23230 Humanicare 30073 Covidien Slip-On UG Belted 1500A Covidien Belted Undergarment MD-171B10 Kimberly-Clark Depends 19640, 19696**
(17)	**EA**	**A4338 Indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.) each**	**2**	**$.92**	**Coloplast UC2500 Series Coloplast UC2300 Series AMSINO AS4000 Series**
(18)	**EA**	**A4340 Indwelling catheter, specialty type, e.g. Coude, mushroom, wing, etc., each**	**5**	**$2.25**	**Coloplast UC6000 and 6500 Series**
(19)	**EA**	**A4344 Indwelling catheter, foley type, two-way, all silicone, each *XX Denotes French Size**	**5**	**$3.50**	**Coloplast AA61XX Series Coloplast AA6CXX Series Coloplast AASC23XX Series AMSINO AS40000 Series**
(20)	**EA**	**A4351 Intermittent urinary catheter, straight tip, each**	**150**	**$.52**	**Coloplast NC1000 Series Coloplast UC1000 Coloplast 110 Series Coloplast 200 Series Coloplast 300 Series Coloplast 400 Series AMSINO AS861000 Series**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(21)	**EA**	**A4351-U4 Intermittent urinary catheter, straight tip, each**	**150 Under age 21**	**$1.70**	**Astra-Tech (Lofric) 900000, 940000, 9300000 Series Coloplast 4100, 4200, 4300, 4400 Series**
(22)	**EA**	**A4352 Intermittent urinary catheter, coude (curved) tip, each**	**150**	**$1.42**	**Coloplast 500 Series Coloplast 600 Series Coloplast 800 Series Coloplast UC6000 Series**
(23)	**EA**	**A4352-U4 Intermittent urinary catheter, coude (curved) tip, each**	**150 Under age 21**	**$2.31**	**Astra-Tech (Lofric) 960000 Series Coloplast 4600, 4800 Series**
(24)	**EA**	**A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or w/o tube, each**	**3**	**$1.55**	**Coloplast UB0500 Bard 802001 AMSINO AS332**
(25)	**EA**	**A4358 Urinary leg bag, vinyl, with or w/o tube, each *XX Denotes French Size**	**10**	**$1.50**	**Coloplast UB0600 Coloplast UB0950 AMSINO AS300 Series Coloplast 9000**
(26)	**OZ**	**A4402 Lubricant**	**10 OZ.**	**$.23**	**Triad Lubricating Jelly 10-8919**
(27)	**EA**	**T4521 Adult size brief / diaper small, each**	**300**	**$.35**	**Select PBE 2620 Tranquility Full Fit PBE 2120 Attends BRBX10 Hook & Loop Covidien 63062 Tenna Specialty Brief SCA 66150 FQ IB Brief IB-011 KN66032 Small Wings Choice Plus Quilted**
(28)	**EA**	**T4522 Adult size brief / diaper medium, each**	**300**	**$.33**	**Select Full fit, PBE 2624 Wings Supreme Covidien 9501 Hook & Loop Covidien 63063 Attends BR20 Attends BRB20 Tena Ultra Brief Med SCA 68121 FQ Per-Fit Breathable PF 012/1 KN66033 Med Wings Choice Plus Quilted**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(29)	**EA**	**T4523 Adult size brief / diaper large, each**	**300**	**$.41**	**Select Full Fit, PBE 2634 Wings Supreme Covidien 9502 Hook & Loop Covidien 63064 Attends BR30 Attends BRB30 Tena Ultra Brief Large SCA68122 FQ Per-Fit Breathable PF-013/1 KN66034 Large Wings Choice Plus Quilted**
(30)	**EA**	**T4524 Adult size brief / diaper x-large, each**	**300**	**$.49**	**Select Full Fit, PBE 2635 Hook & Loop Covidien 63065 Attends BR40 Attends BRB40 FQ Per-Fit Breathable PF-014/1 KN66035 X-Large Wings Choice Plus Quilted**
(31)	**EA**	**T4525 Adult size pull on small, each**	**150**	**$.48**	**Select Sm, PBE 2604 Sure Care Protective Underwear Covidien 1605 Attends 7 PaperPak APP0710 Dignity Humanicare 46076**
(32)	**EA**	**T4526 Adult size pull on medium, each**	**150**	**$.49**	**Select Med, PBE 2605 Sure Care Protective Underwear Covidien 1605 Attends 7 APP0720 Dignity Humanicare 46077 Tena Plus SCA 72436 FQ Per-Fit PF-512**
(33)	**EA**	**T4527 Adult size pull on large, each**	**150**	**$.54**	**Select Lg, PBE 2606 Sure Care Protective Underwear Covidien 1615 Attends 7 PaperPak APP0730 Dignity Humanicare 46078 Tena Plus SCA 72437 FQ Per-Fit PF-513**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(34)	**EA**	**T4528 Adult size pull on x-large, each**	**150**	**$.69**	**Select XLG, PBE 2607 Sure Care Protective Underwear Covidien 1625 Attends 7 PaperPak APP0740 Dignity Humanicare 46079 Tena Plus SCA 72438 FA Per-Fit PF-514 FQ Prevail Extra (XXL-Bariatric PV-517)**
(35)	**EA**	**T4529 Pediatric size brief / diaper small / medium, each**	**300**	**$.23**	**Curity Ultra Fits Covidien 80018 Curity Utra Fits Covidien 80028 Huggies Ultratrim SZ1-2 HG52164 Huggies Ultratrim SZ3 HG211980**
(36)	**EA**	**T4530 Pediatric size brief / diaper large, each**	**300**	**$.32**	**Curity Ultra Fits Covidien 80038CF Curity Ultra Fits Covidien 80048 Huggies Ultratrim SZ5 XL HG211994 Huggies Ultratrim SZ4 Lrg HG211987**
(37)	**EA**	**T4531 Pediatric size pull on small /medium, each**	**150**	**$.39**	**Run Around, Md. Boy Covidien 70063B Run Around, Md. Girl Covidien 70063G Huggies Youth Pull On Briefs 2T-3T MED Boy HG86171, Huggies Youth Pull On Briefs 2T-3T MED Girl HG86172 Curity Sleeppants Covidien 70073**
(38)	**EA**	**T4532 Pediatric size pull on large, each**	**150**	**$.43**	**Run Around Lg. Boy, Covidien 70064B Run Around Lg. Girl, Covidien 70064G Huggies Youth Pull On Briefs 3T-4T BOYS HG86173 Huggies Youth Pull On Briefs 3T-4T GIRLS HG86174**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(39)	**EA**	**T4533 Youth size brief / diaper, each**	**300**	**$.33**	**Tranquility PBE 2166 Select PBE 2666 Select Toddler + PBE 2665 Attends Briefs 10 Classic Youth Diaper BRCL1000 Curity Ultra Fits Covidien 80058 Huggies Ultratrim SZ6 HG212001**
(40)	**EA**	**T4534 Youth size pull on, each**	**150**	**$.49**	**Select Extra Small Brief, PBE 2603 RunAround X-Lg. Boy Covidien 70065B RunAround X-Lg. Girl Covidien 70065G Huggies Pull-Up 4T-5T Boy HG86175 Huggies Pull-Up 4T-5T Girl HG86182 Curity Sleeppants Covidien 70074 Curity Sleeppants Covidien 70075**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(41)	**EA**	**T4535 Disposable liner / shield / pad, each**	**300**	**$.19**	**Booster Pad, PBE 2760 Select 4.25x14.5, PBE 2671 Select 7x14, PBE 2691 Select 7x17, PBE 2690 Select Extra Absorb, PBE 2681, PBE 2682 Select Shield PBE 2648 Booster Pad PBE 2072 Tranquility Super Plus Trimshield, PBE 2083 Dignity ThinSerts Humanicare 30054 Humanicare Dignity Natural Liner HC26955, HC26954 Humanicare Stackable Pad HC30053 Humanicare Dignity Plus Super Liner HC30071 Humanicare Dignity Plus Liner HC30074 Humanicare Dignity Briefmates HC30225 Humanicare Spartan Liners HC40340 Covidien Incontinence Liner KN1100B22, KN1140B16 Attends Shaped Pad LP0500 Serenity extra pads(mod) SCA 48900 FQ Prevail/male guard PV-811 FQ Prevail Pantiliner PV-926 FQ Prevail Day Time Liner PL-100 and Attends LP0600 Prevail Bladder Control Pad-extra BC-012**
(42)	**EA**	**T4536 Reusable washable underwear any size, each**	**10**	**$1.08**	**PBE 2684 MED PBE 2685 LRG PBE 2686 XL Covidien KN700 SMALL Covidien KN701 MED Covidien KN702 LRG Covidien KN703 XL Covidien KN704M XXL**
(43)	**EA**	**T4541 Disposable underpads (e.g., Chux's), large 23 x 36**	**180**	**$.15**	**Covidien 1093DP PBE 2673, 2675**
(44)	**EA**	**T4542 Disposable underpads (e.g., Chux's), small 17 x 24**	**180**	**$.12**	**PaperPak UFS170**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(45)	**EA**	**T4543 Bariatric adult size brief / diaper xx-large, each**	**300**	**$1.35**	**Whitestone 43790**
(46)	**EA**	**A4649 Misc. Supply**	**1**	**P. A. Required**	**No Reference**
(47)	**EA**	**A5112 Urinary leg bag; latex**	**2**	**$1.50**	**Coloplast 4157, 4175**
(48)	**EA**	**A5120 Skin barrier, wipes, 50/box (antiseptic), per wipe**	**100**	**$.10**	**Coloplast 44005**
(49)	**EA**	**S5199 Personal Care Products / Wipes/Adult/Baby, per wipe**	**100**	**$.08**	**Innovative DermAssist 80-301 ABCO Antiseptic Towelettes NDC634915 Kimberly-Clark Huggies Natural Care Wipes (unscented) HG18600**
(50)	**EA**	**A6250 Skin sealants, protectants, moisturizers, ointment, any type, any size**	**2**	**$2.99**	**Secura Smith & Nephew 2.47 oz 59431500 Covidien Vaseline Constant Care 2 oz KN8884737500 DermaRite Periguard 3.5 oz 00204**
(51)	**EA**	**A4520 Diaper/Incontinent pant, reusable/washable**	**1**	**$8.15**	**Select PBE 3080 series Humanicare 16000 series Humanicare 40200 series Humanicare Spartan Unisex Waterproof Pant HC10000 Series Covidien 689 SML Covidien 691 MED Covidien 694 LRG Covidien 698 XL**
(52)	**EA**	**A4354 Insertion Tray with Drainage Bag**	**10**	**$5.25**	**Coloplast UT9183**
(53)	**EA**	**A4353 Intermittent Urinary Catheter with Insertion Supplies**	**150**	**$3.40**	**Coloplast 1008, 1012, 1014, 1016, 3110, 3112, 3114, 3116, 3212, 3214, UT8140, UT8150**

Form No. DMB 234 (Rev. 1/96)
AUTHORITY: Act 431 of 1984
COMPLETION: Required

STATE OF MICHIGAN
DEPARTMENT OF MANAGEMENT AND BUDGET
PURCHASING OPERATIONS
P.O. BOX 30026, LANSING, MI 48909
OR
530 W. ALLEGAN, LANSING, MI 48933

September 5, 2008

CHANGE NOTICE NO. 1
TO
CONTRACT NO.___071B8200196_____
between
THE STATE OF MICHIGAN
and

NAME & ADDRESS OF VENDOR	TELEPHONE (800) 737-0045 **Loren Bennett ext. 227**
J & B Medical Supply Co., Inc. **50496 West Pontiac Trail** **Wixom, MI 48393** **Email: lbennett@jandbmedical.com**	VENDOR NUMBER/MAIL CODE BUYER (517) 373-0301 **Sue Cieciwa**
Contract Compliance Inspector: Laura Dotson (517) 241-4686 **Mail Order Incontinent Supplies and Services – Department of Community Health**	
CONTRACT PERIOD: **3 yrs. + 2 one-year options** From: **July 2, 2008** To: **July 1, 2011**	
TERMS **N/A**	SHIPMENT **As Required**
F.O.B. **Delivered**	SHIPPED FROM **Wixom, MI**
MINIMUM DELIVERY REQUIREMENTS **None**	
MISCELLANEOUS INFORMATION:	

NATURE OF CHANGE:

Effective July 2, 2008, Appendix I is revised as follows:

The following Brand/Manufacturer is ADDED to the following Item:

Item No.	Code and Description	Brands/Manufacturers
41	T4535 Disposable liner/shield/pad, each	Prevail Bladder Control Pad-extra BC-012

Revised Appendix I is attached.

All other terms, conditions, specifications and pricing remain unchanged.

AUTHORITY/REASON:

Per agency request (Laura Dotson) dated August 26, 2008 and J & B Medical request by email dated August 13, 2008.

TOTAL ESTIMATED CONTRACT VALUE REMAINS: $52,079,748.12

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(1)	**EA**	**A4310 Insertion tray without drainage bag and without catheter (accessories only)**	**2**	**$1.68**	**Coloplast UT7010 10 cc Coloplast UT7030 30 cc AMSINO AS880 10 cc AMSINO AS890 30 cc**
(2)	**EA**	**A4311 Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating, (Teflon, silicone, silicone elastomer or hydrophilic, etc.)**	**2**	**$3.55**	**Coloplast UT8100 Series Bard 800 Series**
(3)	**EA**	**A4312 Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone**	**2**	**$3.75**	**Bard 720000 Series**
(4)	**EA**	**A4314 Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)**	**2**	**$3.25**	**Coloplast UT8183 Series Coloplast UT8163 Series**
(5)	**EA**	**A4315 Insertion tray with drainage bag, with indwelling catheter, foley type, two-way, all silicone**	**2**	**$5.00**	**Covidien 6900 Series**
(6)	**EA**	**A4320 Irrigation tray with bulb or piston syringe, any purpose**	**30**	**$.82**	**Coloplast UT1001 (Bulb) Coloplast UT1002 (Piston) AMSINO AS130 (Bulb) AMSINO AS136 (Piston)**
(7)	**EA**	**A4322 Irrigation syringe, bulb or piston, each**	**30**	**$.44**	**Coloplast UT1004 Amsino AS011 (Bulb) Bard 750379**
(8)	**EA**	**A4349 Male external catheter (G)**	**96**	**$.62**	**Coloplast 9200 Coloplast 5000 Series Coloplast 8000 Series**
(9)	**EA**	**A4349 Male external catheter (G) with adhesive strip, each**	**96**	**$.47**	**Coloplast 7200 Series**
(10)	**EA**	**A4326 Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each**	**30**	**$.88**	**Coloplast 7800, 7850, 8205, 8100, 8200, 8305, 8400 Hollister 9897, 9898**
(11)	**EA**	**A4328 Female external urinary collection device; pouch, each**	**10**	**$2.25**	**Hollister 9840**
(12)	**EA**	**A4330 Perianal fecal collection pouch with adhesive, each**	**10**	**$6.11**	**Hollister 9821, 9822 Convatec 650078**

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(13)	**EA**	**A4331 Extension drainage tubing, any type, any length, with connector/adapter, for us with urinary leg bag or urostomy pouch, each**	**4**	**$1.55**	**Coloplast 475, 7092 AMSINO AS311**
(14)	**EA**	**A4333 Urinary catheter anchoring device, adhesive skin attachment**	**4**	**$.70**	**Coloplast 4065**
(15)	**EA**	**A4334 Urinary catheter anchoring device, leg strap**	**6**	**$.61**	**Covidien 8887600149**
(16)	**EA**	**A4335 Belted/Unbelted Undergarment WO Sides**	**150**	**$.42**	**Select Belt Less, PBE 2078 Select Day + Belt Less, PBE 2694 Select Belted, PBE 2650 Select Night Time, PBE 2695 Select, PBE 2693 Covidien Surety Beltless, 23230 Humanicare 30073 Covidien Slip-On UG Belted 1500A Covidien Belted Undergarment MD-171B10 Kimberly-Clark Depends 19640, 19696**
(17)	**EA**	**A4338 Indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.) each**	**2**	**$.92**	**Coloplast UC2500 Series Coloplast UC2300 Series AMSINO AS4000 Series**
(18)	**EA**	**A4340 Indwelling catheter, specialty type, e.g. Coude, mushroom, wing, etc., each**	**5**	**$2.25**	**Coloplast UC6000 and 6500 Series**
(19)	**EA**	**A4344 Indwelling catheter, foley type, two-way, all silicone, each *XX Denotes French Size**	**5**	**$3.50**	**Coloplast AA61XX Series Coloplast AA6CXX Series Coloplast AASC23XX Series AMSINO AS40000 Series**
(20)	**EA**	**A4351 Intermittent urinary catheter, straight tip, each**	**150**	**$.52**	**Coloplast NC1000 Series Coloplast UC1000 Coloplast 110 Series Coloplast 200 Series Coloplast 300 Series Coloplast 400 Series AMSINO AS861000 Series**
(21)	**EA**	**A4351-U4 Intermittent urinary catheter, straight tip, each**	**150 Under age 21**	**$1.70**	**Astra-Tech (Lofric) 900000, 940000, 9300000 Series Coloplast 4100, 4200, 4300, 4400 Series**
(22)	**EA**	**A4352 Intermittent urinary catheter, coude (curved) tip, each**	**150**	**$1.42**	**Coloplast 500 Series Coloplast 600 Series Coloplast 800 Series Coloplast UC6000 Series**

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(23)	**EA**	**A4352-U4 Intermittent urinary catheter, coude (curved) tip, each**	**150 Under age 21**	**$2.31**	**Astra-Tech (Lofric) 960000 Series Coloplast 4600, 4800 Series**
(24)	**EA**	**A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or w/o tube, each**	**3**	**$1.55**	**Coloplast UB0500 Bard 802001 AMSINO AS332**
(25)	**EA**	**A4358 Urinary leg bag, vinyl, with or w/o tube, each *XX Denotes French Size**	**10**	**$1.50**	**Coloplast UB0600 Coloplast UB0950 AMSINO AS300 Series Coloplast 9000**
(26)	**OZ**	**A4402 Lubricant**	**10 OZ.**	**$.23**	**Fougera 20536, 20537 Fougera 20543**
(27)	**EA**	**T4521 Adult size brief / diaper small, each**	**300**	**$.35**	**Select PBE 2620 Tranquility Full Fit PBE 2120 Attends BRBX10 Hook & Loop Covidien 63062 Tenna Specialty Brief SCA 66150 FQ IB Brief IB-011**
(28)	**EA**	**T4522 Adult size brief / diaper medium, each**	**300**	**$.33**	**Select Full fit, PBE 2624 Wings Supreme Covidien 9501 Hook & Loop Covidien 63063 Attends BR20 Attends BRB20 Tena Ultra Brief Med SCA 68121 FQ Per-Fit Breathable PF-012/1**
(29)	**EA**	**T4523 Adult size brief / diaper large, each**	**300**	**$.41**	**Select Full Fit, PBE 2634 Wings Supreme Covidien 9502 Hook & Loop Covidien 63064 Attends BR30 Attends BRB30 Tena Ultra Brief Large SCA68122 FQ Per-Fit Breathable PF-013/1**
(30)	**EA**	**T4524 Adult size brief / diaper x-large, each**	**300**	**$.49**	**Select Full Fit, PBE 2635 Hook & Loop Covidien 63065 Attends BR40 Attends BRB40 FQ Per-Fit Breathable PF-014/1**
(31)	**EA**	**T4525 Adult size pull on small, each**	**150**	**$.48**	**Select Sm, PBE 2604 Sure Care Protective Underwear Covidien 1605 Attends 7 PaperPak APP0710 Dignity Humanicare 46076**

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(32)	**EA**	**T4526 Adult size pull on medium, each**	**150**	**$.49**	**Select Med, PBE 2605 Sure Care Protective Underwear Covidien 1605 Attends 7 APP0720 Dignity Humanicare 46077 Tena Plus SCA 72436 FQ Per-Fit PF-512**
(33)	**EA**	**T4527 Adult size pull on large, each**	**150**	**$.54**	**Select Lg, PBE 2606 Sure Care Protective Underwear Covidien 1615 Attends 7 PaperPak APP0730 Dignity Humanicare 46078 Tena Plus SCA 72437 FQ Per-Fit PF-513**
(34)	**EA**	**T4528 Adult size pull on x-large, each**	**150**	**$.69**	**Select XLG, PBE 2607 Sure Care Protective Underwear Covidien 1625 Attends 7 PaperPak APP0740 Dignity Humanicare 46079 Tena Plus SCA 72438 FA Per-Fit PF-514 FQ Prevail Extra (XXL-Bariatric PV-517)**
(35)	**EA**	**T4529 Pediatric size brief / diaper small / medium, each**	**300**	**$.23**	**Curity Ultra Fits Covidien 80018 Curity Utra Fits Covidien 80028 Huggies Ultratrim SZ1-2 HG52164 Huggies Ultratrim SZ3 HG211980**
(36)	**EA**	**T4530 Pediatric size brief / diaper large, each**	**300**	**$.32**	**Curity Ultra Fits Covidien 80038CF Curity Ultra Fits Covidien 80048 Huggies Ultratrim SZ5 XL HG211994 Huggies Ultratrim SZ4 Lrg HG211987**
(37)	**EA**	**T4531 Pediatric size pull on small /medium, each**	**150**	**$.39**	**Run Around, Md. Boy Covidien 70063B Run Around, Md. Girl Covidien 70063G Huggies Youth Pull On Briefs 2T-3T MED Boy HG86171, Huggies Youth Pull On Briefs 2T-3T MED Girl HG86172 Curity Sleeppants Covidien 70073**

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(38)	**EA**	**T4532 Pediatric size pull on large, each**	**150**	**$.43**	**Run Around Lg. Boy, Covidien 70064B** **Run Around Lg. Girl, Covidien 70064G** **Huggies Youth Pull On Briefs 3T-4T BOYS HG86173** **Huggies Youth Pull On Briefs 3T-4T GIRLS HG86174**
(39)	**EA**	**T4533 Youth size brief / diaper, each**	**300**	**$.33**	**Tranquility PBE 2166** **Select PBE 2666** **Select Toddler + PBE 2665** **Attends Briefs 10 Classic Youth Diaper BRCL1000** **Curity Ultra Fits Covidien 80058** **Huggies Ultratrim SZ6 HG212001**
(40)	**EA**	**T4534 Youth size pull on, each**	**150**	**$.49**	**Select Extra Small Brief, PBE 2603** **RunAround X-Lg. Boy Covidien 70065B** **RunAround X-Lg. Girl Covidien 70065G** **Huggies Pull-Up 4T-5T Boy HG86175** **Huggies Pull-Up 4T-5T Girl HG86182** **Curity Sleeppants Covidien 70074** **Curity Sleeppants Covidien 70075**

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(41)	**EA**	**T4535 Disposable liner / shield / pad, each**	**300**	**$.19**	**Booster Pad, PBE 2760 Select 4.25x14.5, PBE 2671 Select 7x14, PBE 2691 Select 7x17, PBE 2690 Select Extra Absorb, PBE 2681, PBE 2682 Select Shield PBE 2648 Booster Pad PBE 2072 Tranquility Super Plus Trimshield, PBE 2083 Dignity ThinSerts Humanicare 30054 Humanicare Dignity Natural Liner HC26955, HC26954 Humanicare Stackable Pad HC30053 Humanicare Dignity Plus Super Liner HC30071 Humanicare Dignity Plus Liner HC30074 Humanicare Dignity Briefmates HC30225 Humanicare Spartan Liners HC40340 Covidien Incontinence Liner KN1100B22, KN1140B16 Attends Shaped Pad LP0500 Serenity extra pads(mod) SCA 48900 FQ Prevail/male guard PV-811 FQ Prevail Pantiliner PV-926 FQ Prevail Day Time Liner PL-100 and Attends LP0600 Prevail Bladder Control Pad-extra BC-012**
(42)	**EA**	**T4536 Reusable washable underwear any size, each**	**10**	**$1.08**	**PBE 2684 MED PBE 2685 LRG PBE 2686 XL Covidien KN700 SMALL Covidien KN701 MED Covidien KN702 LRG Covidien KN703 XL Covidien KN704M XXL**
(43)	**EA**	**T4541 Disposable underpads (e.g., Chux's), large 23 x 36**	**180**	**$.15**	**Covidien 1093DP PBE 2673, 2675**
(44)	**EA**	**T4542 Disposable underpads (e.g., Chux's), small 17 x 24**	**180**	**$.12**	**PaperPak UFS170**
(45)	**EA**	**T4543 Bariatric adult size brief / diaper xx-large, each**	**300**	**$1.35**	**Whitestone 43790**
(46)	**EA**	**A4649 Misc. Supply**	**1**	**P. A. Required**	**No Reference**
(47)	**EA**	**A5112 Urinary leg bag; latex**	**2**	**$1.50**	**Coloplast 4157, 4175**

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(48)	**EA**	**A5120 Skin barrier, wipes, 50/box (antiseptic), per wipe**	**100**	**$.10**	**Coloplast 44005**
(49)	**EA**	**S5199 Personal Care Products / Wipes/Adult/Baby, per wipe**	**100**	**$.08**	**Innovative DermAssist 80-301 ABCO Antiseptic Towelettes NDC634915 Kimberly-Clark Huggies Natural Care Wipes (unscented) HG18600**
(50)	**EA**	**A6250 Skin sealants, protectants, moisturizers, ointment, any type, any size**	**2**	**$2.99**	**Secura Smith & Nephew 2.47 oz 59431500 Covidien Vaseline Constant Care 2 oz KN8884737500 DermaRite Periguard 3.5 oz 00204**
(51)	**EA**	**A4520 Diaper/Incontinent pant, reusable/washable**	**1**	**$8.15**	**Select PBE 3080 series Humanicare 16000 series Humanicare 40200 series Humanicare Spartan Unisex Waterproof Pant HC10000 Series Covidien 689 SML Covidien 691 MED Covidien 694 LRG Covidien 698 XL**
(52)	**EA**	**A4354 Insertion Tray with Drainage Bag**	**10**	**$5.25**	**Coloplast UT9183**
(53)	**EA**	**A4353 Intermittent Urinary Catheter with Insertion Supplies**	**150**	**$3.40**	**Coloplast 1008, 1012, 1014, 1016, 3110, 3112, 3114, 3116, 3212, 3214, UT8140, UT8150**

Form No. DMB 234 (Rev. 1/96)
AUTHORITY: Act 431 of 1984
COMPLETION: Required
PENALTY: Contract will not be executed unless form is filed

STATE OF MICHIGAN
DEPARTMENT OF MANAGEMENT AND BUDGET
PURCHASING OPERATIONS
P.O. BOX 30026, LANSING, MI 48909
OR
530 W. ALLEGAN, LANSING, MI 48933

July 2, 2008

NOTICE
OF
CONTRACT NO. 071B8200196

Supersedes Contract No. 071B4200174

Between
THE STATE OF MICHIGAN
and

NAME & ADDRESS OF VENDOR **J & B Medical Supply Co., Inc.** **50496 West Pontiac Trail** **Wixom, MI 48393** **Email: lbennett@jandbmedical.com**	TELEPHONE (800) 737-0045 **Loren Bennett ext. 227** VENDOR NUMBER/MAIL CODE BUYER (517) 373-0301 **Sue Cieciwa**
Contract Compliance Inspector: Laura Dotson (517) 241-4686 **Mail Order Incontinent Supplies and Services – Department of Community Health**	
CONTRACT PERIOD: **3 yrs. + 2 one-year options** From: **July 2, 2008** To: **July 1, 2011**	
TERMS **N/A**	SHIPMENT **As Required**
F.O.B. **Delivered**	SHIPPED FROM **Wixom, MI**
MINIMUM DELIVERY REQUIREMENTS **None**	
MISCELLANEOUS INFORMATION:	

Estimated Contract Value: $52,079,748.12

Form No. DMB 234 (Rev. 1/96)
AUTHORITY: Act 431 of 1984
COMPLETION: Required
PENALTY: Contract will not be executed unless form is filed

STATE OF MICHIGAN
DEPARTMENT OF MANAGEMENT AND BUDGET
PURCHASING OPERATIONS
P.O. BOX 30026, LANSING, MI 48909
OR
530 W. ALLEGAN, LANSING, MI 48933

CONTRACT NO. 071B8200196

Supersedes Contract No. 071B4200174

Between
THE STATE OF MICHIGAN
and

NAME & ADDRESS OF VENDOR	TELEPHONE (800) 737-0045 **Loren Bennett ext. 227**
J & B Medical Supply Co., Inc. **50496 West Pontiac Trail** **Wixom, MI 48393** **Email: lbennett@jandbmedical.com**	VENDOR NUMBER/MAIL CODE BUYER (517) 373-0301 **Sue Cieciwa**

Contract Compliance Inspector: Laura Dotson (517) 241-4686
Mail Order Incontinent Supplies and Services – Department of Community Health

CONTRACT PERIOD: **3 yrs. + 2 one-year options** From: **July 2, 2008** To: **July 1, 2011**

TERMS	SHIPMENT
N/A	**As Required**
F.O.B.	SHIPPED FROM
Delivered	**Wixom, MI**

MINIMUM DELIVERY REQUIREMENTS
None

MISCELLANEOUS INFORMATION:

The terms and conditions of this Contract are attached. In the event of any conflicts between the specifications, terms and conditions indicated by the State and those indicated by the vendor, those of the State take precedence. This Contract supersedes any existing contract for this similar commodity or service as determined by the State.

Estimated Contract Value: $52,079,748.12

THIS IS NOT AN ORDER: This Contract Agreement is awarded on the basis of our inquiry bearing the ITB No. 071I8200032 . Orders for delivery of equipment will be issued directly by State Agencies through the issuance of a Purchase Order Form.
All terms and conditions of the invitation to bid are made a part hereof.

FOR THE VENDOR:	FOR THE STATE:
J & B Medical Supply Co., Inc. Firm Name	Signature
Authorized Agent Signature	**Elise A. Lancaster, Director** Name/Title
Authorized Agent (Print or Type)	**Purchasing Operations** Division
Date	Date

STATE OF MICHIGAN
Department of Management and Budget
Purchasing Operations

Contract No. 071B8200196
Mail Order Incontinent Supplies and Services
for the Michigan Department of Community Health

Buyer Name: Sue Cieciwa
Telephone Number: (517) 373-0301
E-Mail Address: CieciwaS@michigan.gov

Incontinent Supplies

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Appendix I – Pricing for Selected Incontinence Supplies

A – Key Personnel Organizational Chart
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C – Contractor's Credentialing Process
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Article1 – Statement of Work (SOW)

1.0 Introduction

1.001 DEFINING DOCUMENT

This Contract contains or incorporates defined requirements, the specifications and scope of work, and all contractual terms and conditions.

1.002 PROJECT TITLE AND DESCRIPTION

This Contract is for Mail Order Incontinence Supplies and Services. Article 1 is designed to provide information on requirements associated with this Contract.

Exact quantities to be purchased are unknown, however the Contractor will be required to furnish all such materials and services as may be ordered during the CONTRACT period. Quantities specified if any, are estimates based on prior purchases, and the State is not obligated to purchase in these or any other quantities. Orders for delivery will be issued directly to the Contractor by various State Agencies on the Purchase Order Contract Release Form. Approximately 17,000 Beneficiaries are currently served monthly.

1.003 PROJECT CONTROL

Project Control

a. The Contractor will carry out this project under the direction and control of the Michigan Department of Community Health (MDCH).

b. Although there will be continuous liaison with the Contractor team, the client agency's project director will meet monthly, or at a frequency to be determined by the State as a minimum, with the Contractor's project manager for the purpose of reviewing progress and providing necessary guidance to the Contractor in solving problems that arise.

c. Within twenty (20) working days of the award of the Contract, the Contractor will submit to the MDCH project director for final approval a work plan, which must include the following:

The Contractor's project organizational structure.

(1) The Contractor's staffing table with names and title of personnel assigned to the project. This must be in agreement with staffing of accepted proposal. Necessary substitutions due to change of employment status of key personnel may only be made with prior approval of the State.

The State and the Contractor agree that the following are Key Personnel and Sub-Contractors for purposes of this Contract. Refer to Attachment A - Key Personnel Organizational Chart.

Staff	Title, Responsibility
1. Loren Bennett	Contract Administrator
2. Terry Decoster	RN, Director of Nursing, oversees all nurses, monitors quality of nursing assessments, product and patient training.
3. Ron Baines	Logistics Manager, ensures all packages are delivered on a timely basis.
4. Michele Ott	Customer Service Manager, monitors entire customer service team and helps to manage various contracts with payors.
5. Doris Schenck	Billing Manager
6. Kara Scott	Chief Information Officer, Monitors IT infrastructure and security measures at all times.
7. Julian Shaya	Vice President of Operations, ensures all operational issues are handled expediently.
8. Mary Shaya	President, oversees the entire operation.

9. Charlene Shaya	Vice President of Corporate Affairs, oversees Human Resources and Finance
10. Stephen Shaya	MD, MS, Medical Director, oversees all quality assurance initiatives as well as business development .

Sub-Contractors	Responsibilities
1. FedEx Services	Product delivery to beneficiary's homes.
2. Professional Translating Services, Sterling Hts., MI	Translation and interpretation for 70+ languages
3. Wright & Filippis	Emergency Network

(2) The time-phased plan in the form of a graphic display, e.g. Microsoft Office Project, showing each event, task, and decision point in your work plan.

1.004 COMMENCEMENT OF WORK

Contractor shall show acceptance of this agreement by signing two copies of the contract resulting from this ITB and returning them to the contract administrator. Contractor shall not proceed with performance of the work to be done under this agreement, including the purchase of necessary materials, until both parties have signed this agreement to show acceptance of its terms, and receipt of a contract purchase release order that authorizes and defines specific performance requirements.

1.1 Product Quality

1.101 SPECIFICATIONS

The Contractor must be enrolled in Medicare and be Medicare eligible prior to the first shipping date. The Contractor must maintain their enrollment as a Michigan Medicaid Provider during this Contract and comply with all policies, requirements, and conditions of participation as provided in the Medical Supplier Provider Manual:

http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html

The Contractor shall be responsible for all transaction costs and product costs for verifying eligibility. This includes transaction costs for Medifax to transaction costs for a state eligibility program.

The Contractor agrees not to enter into any sub contractual arrangement with any subcontractor that has been suspended by Medicare and/or Medicaid.

Products:

1. Contractor must provide the brands/products listed in Appendix I - Pricing for Selected Incontinence Supplies. The Contractor will provide the following manufacturers/brands to meet the needs of all Beneficiaries:

1. Amsino
2. Astra-Tech
3. Bard
4. Coloplast
5. Convatec
6. Covidien
7. Dermarite
8. First Quality
9. Fougera
10. Hollister
11. Humanicare/Whitestone
12. Innovative Healthcare
13. Kimberly-Clark
14. Principle Bus. Enterprises
15. Smith & Nephew

16. Tena

The Contractor must submit to MDCH any possible product change for approval. This will require the Contractor to send samples to MDCH of the new product to physically review the quality. Upon approval, Appendix I of this Contract will be changed and updated, as specified in Article 2.803 Modification. MDCH will also require that the Contractor review and update the Appendix I on a quarterly basis. If no change has occurred then the Contractor shall submit to MDCH in writing that no changes have occurred. Appendix I must remain accurate of items being shipped.

2. The brands of diapers provided shall include the following components:

Lining/Topsheet
Absorbent Inner Layers
Backsheet
Leg Gathers
Adhesive
Refastenable, self-adherent tab fasteners (adult sizes must have at a minimum 2 sets of tabs)
Some available brands for adult sizes must consist of waist gathers (with significant stretch)

3. The Contractor shall annually communicate information regarding the products and services provided under this Contract to the medical community through the Contractor's Website or any other appropriate media. The Contractor shall submit all such communications to the Contract Manager for review and approval prior to transmission.

Contractor shall develop a web-based approach for Beneficiaries to participate in the program via the Internet. Contractor must complete the web-based approach within six months of the Contract effective date and must obtain approval from MDCH prior to implementation. Specifications of the Contractor's Internet approach include:

a) User-friendly interface with intuitive layout and flow
b) A warranty and maintenance plan
c) All computer, network and communication hardware used to support the hosted application.
d) Viral scanning programs involved with the communications portion of the application.
e) The ability of at least 250 concurrent users to access the system at the same time; concurrent client requests are same-millisecond, client-initiated clicks, not server sessions. (Concurrent Users).
f) Maintenance and upgrading of the system on a regular basis, including service packs, patches and operating system updates.
g) Average availability (up time) greater than 98 percent of the time for the hours of 7 a.m. and 6 p.m. MT.
h) A maximum of two seconds' response for users of the proposed solution for editing, print initiation and navigation between screens.
i) A maximum of four seconds' response time for users of the proposed solution, including record searches, retrievals and query functions.
j) Graphical user interfaces (GUI) for subsystems and functions accessed by all users. Characteristics of easy navigation that must be incorporated will include but not be limited to the following:
(1) Drop-down menus;
(2) Application-specific toolbars;
(3) Auto-population of persistent data;
(4) Direct links to help; reference information, manuals and documentation;
(5) Shortcut and function key functionality;
(6) Mouse-over captions for all icons and data elements;
(7) Navigation menus, fields and page tabs;
(8) Auto skips from field to field so that the cursor moves automatically to the next field as soon as the last character in the previous field is completely filled; and
(9) "Forward" and "Back" navigation.

k) Assurance that the application will provide within the GUI presentation layer a one-click tab, toolbar of button to navigate from any subsystem or function to any other subsystem or function within the system. The functionality must allow the user to invoke the navigation link and move to and from the related subsystem without losing any data entered on a partially completed record or transaction.

l) Assurance that the application will drill down or navigate directly to specific information on field contents. For example, from a claim or PA Provider ID field, double click to navigate directly to a view of detailed information regarding the Provider.

m) Assurance that the application will provide one-click access to online context-sensitive Help screens and resources. The Help menu will be accessible from all subsystems, windows, tabs and frames, and will include at least the following components:

(1) General information;
(2) User Manuals link;
(3) System documentation link;
(4) Data Element Dictionary;
(5) Provider Handbooks, and
(6) Other Department defined resources.

n) Assurance that GUI fields apply formatting rules and do not truncate data content.

o) Assurance that the proposed solution(s) will provide user configurable resolution, font and color choices.

p) Assurance that the proposed solution(s) will deliver the functionality to organize multiple open windows using standard Windows® methods, such as cascade and tile.

q) Assurance that the proposed solution(s) is/are fully functional using Microsoft Internet Explorer 6.0 or newer. All third-party (e.g. java, shockwave, plug-ins) products required for the proposed solution are fully functional using Microsoft Internet Explorer 6.0 or newer.

r) Assurance that documentation is provided for any configuration or modifications to the provided solution, third-party (e.g. java, shockwave, plug-ins) products, web browser, desktop or laptop computer.

<u>Web Security Access and Maintenance:</u>

The system furnished will be an ASP model where Contractor hosts the application and data. Contractor will provide the following web site security:

a) User access through multiple access rights, role-based security
b) Security, data protection and recovery plans
c) Assurance that unauthorized users do not gain access to data records
d) The meeting or exceeding or all applicable standards for security, including but not limited to HIPAA
e) 24/7 system maintenance and support service, upgrades, consultation, training and technical support
f) Scheduled maintenance hours occurring between midnight and 6 a.m. ET
g) Backup of the database on a regular schedule, at least once each day
h) Restriction of resource access to only those users who have been granted a particular security role; the application must provide tests for authentication (generally a longin process) and authorization (determines whether a user has the required role to access a resource) (Role Based Security)
i) Configurability to allow multiple access rights, and security levels based on the user account.
j) Authentication through username and password
k) Authentication through role-based access control
l) Authentication through a shared core service, which also provides authentication for other applications
m) Maintaining of audit records detailing access to the system and medication of records; audit records should include (at a minimum) date, time, user, record ID and action performed (Auditing).
n) The ability to record audit records to an external database
o) SSL encryption for communication over the Internet
p) User-configurable online and batch audit trail functionality that provides electronic capture and storage of audit trail information related to all data inputs and uploads, changes, modifications, inquiries, authorizations, access

requests, archive and retrieval processes and log files – all available for inquiry, including:

(1) Identification of the date and time of any input, change, and access request, and the date and time the change is to become effective;
(2) Identification of User IDs of any individuals accessing, inquiring, making or approving any changes to the proposed solution;
(3) Identification of the changed data by element name;
(4) Identification of changed data, both before and after the change;
(5) Identification of edits encountered and their outcomes for all proposed solution processes;
(6) Documented reasons for inputs, changes, inquiries, access requests and other functions (when applicable), including standard codes and free-form text fields;
(7) Online real-time querying, retrieving, and report generation of all audit trail and audit history information by authorized users; and
(8) Online real-time viewing and printing of all audit trail and audit history information by authorized users.

4. The Contractor must correct an error when the wrong Product is shipped to the Beneficiary, at no additional cost to the State or the Beneficiary. Upon notice from the Beneficiary or other party that a wrong Product was shipped, Contractor will query its Beneficiary Ship Detail History files and flag the record as Incorrect Product Shipped. The Contractor will then order the correct Product for delivery or for emergency delivery, will deliver a product same day to anywhere in the State of Michigan same day via FedEx Custom Critical, if appropriate, maintain log and report monthly to Contract Manager. The Contractor will simultaneously issue a call tag for pick-up of incorrect Product(s) by the Carrier.

5. The Contractor must provide a mechanism for Beneficiaries to obtain emergency Products when needed, within 24 hours of notification, for conditions (e.g., explosive diarrhea, etc.,) that arise that exhaust Products prior to the next delivery date. When the Contractor is notified of an emergency situation, the Contractor shall ship emergency Products for next day delivery. If more convenient for the Beneficiary, Contractor shall contact its Network Provider closest to the Beneficiary for delivery of emergency Products to the Beneficiary or pick up of emergency Products by the Beneficiary.

   If the Contractor is not able to deliver within 24 hours of identification of an emergency need, the Contractor must be able to arrange for delivery or customer pick-up of the emergency product through a Statewide Provider Network within the specified 24 hours.

   In situations where a Prior Authorization is required from MDCH, shipments must be sent within one (1) business day after the Prior Authorization has been granted.

   For emergency product delivery, Contractor shall utilize its own fleet of trucks, which can deliver to most places within the State within a few hours. In addition, Contractor utilizes Wright & Filippis, which has thirty–six (36) stores around the State where beneficiaries can pick up products from one of their stores, or have Wright & Filippis deliver with their vehicles, in which case Contractor will reimburse Wright & Filippis for these products. Refer to Attachment B – Emergency Network.

6. The Contractor must include, at no additional cost to the State, educational information on proper skin care and Product use as well as any other pertinent medical information to all new Beneficiaries and when the Beneficiary receives a Product with a procedure code which has not been previously used by the Beneficiary. At a minimum the materials should describe how to use the Product, the rights and benefits of Beneficiaries, the process for obtaining services including emergency services and the Beneficiaries responsibilities for notifying the Contractor of any address or order changes within one business day of Contractor completing a nursing assessment. The Contractor's toll-free telephone and toll-free teletype (TTY) numbers must be included in the information. The pamphlets must be updated periodically with any changes. When a new Product is added to the Contract educational material regarding that Product shall be developed by the Contractor.

Contractor has the ability to translate and interpret patient information into numerous languages for the increasing ethnically diverse Medicaid population. Contractor has the ability to translate and interpret 78 languages based on their partnership with Professional Translation Services. Beneficiary education material must be approved by the Contract Manager prior to distribution.

1.102 RESEARCH AND DEVELOPMENT

The Contractor shall invest in new product development and research to stay current with ongoing demands. Manufacturers will notify Contractor of any upcoming products in the marketplace. Contractor will work with manufacturers to develop innovations in new incontinent products. Contractor will communicate with the medical community and will attend shows and conferences.

1.103 QUALITY ASSURANCE PROGRAM

(1) A clinical record for each Beneficiary must be maintained and available for the State's review which includes copies of prescriptions, letters of medical necessity, eligibility check, work order, shipping, delivery, billing and the patient's medical history (for Beneficiaries with medical conditions that may result in changes that necessitate the need for different Products and quantities), and date of service. An appropriate number of clinical records to be determined by the State shall be reviewed for proper documentation on a quarterly basis by the Contractor. Clinical records shall be maintained and readily available for audit purposes for six (6) years beyond the end of the Contract or in accordance with applicable state requirements.

Contractor has been accredited as an Exemplary Provider by the Compliance Team, one of the ten accrediting bodies of the Centers for Medicaid and Medicare (CMS). Contractor shall use a full-time medical director for quality assurance and maintains electronic medical records that include copies of prescriptions, letters of medical necessity, eligibility check, date of service, work order, proof of delivery, and billing. Contractor maintains all of its medical records electronically.

(2) Annually, the Contractor shall provide to the State a letter confirming that all records are properly maintained and are readily available for audit purposes for six (6) years beyond the end of the Contract or in accordance with applicable state requirements.

(3) The Contractor shall use and maintain a credentialing process which includes obtaining copies/documentation of current state licenses of the registered nurses and licensed practical nurses who provide services under this Contract. Copies of current licenses shall be provided to the Contract Manager annually for all professional staff. Refer to Attachment C - Contractor's Credentialing Process

(4) The Contractor shall review and monitor the work of subcontractors. The Contractor shall perform verification of delivery and receipt of Products by Beneficiaries, and monitor the quality of services provided by the carrier. The Contractor shall monitor performance on wrong product shipments, expediency of shipments and special mailings. On a quarterly basis the Contractor shall review the distribution history and complaint file for wrong Product shipped, late delivery, incorrect address, and special mailings not received.

(5) The Contractor's entire quality assurance team includes the following:

- Mary Shaya, President of J & B
- Charlene Shaya, Vice President of Corporate Affairs
- Loren Bennett, Contract Administrator
- Michelle Ott, Customer Service Manager
- Terry Decoster, R.N., Director of Nursing
- Kara Scott, Chief Information Officer
- Stephen Shaya, M.D., M.S., Medical Director
- Julian Shaya, Vice President of Operations
- Ron Baines, Logistics Manager
- Doris Schenck, Billing Manager

The quality assurance team is responsible for quality review (e.g., quality of Products, service, and complaints), and all findings must be documented and all negative findings must be expeditiously corrected. All complaints shall be categorized by and evaluated by type and improvement thresholds will be established and monitored for each type of complaint. Quarterly reports which include all findings and the action taken must be submitted to the Contract Manager within fifteen (15) days of the end of each quarter. Contractor shall search for ways to improve the program with a goal of nearly zero complaints and issues.

(6) The Contractor must maintain documentation of the Contractor's notice to Beneficiaries regarding the need to obtain a new physicians prescription from the physician to continue receiving diapers and incontinence supplies in sufficient time as to not result in a delay in the continuation of service. Refer to Attachment D - Prescription Renewal Process.

(7) The Contractor shall maintain documentation of training provided to customer service staff, and has in-services for staff on manufacturers' products. The Contractor shall provide the Contract Manager with a complete description of the training provided to the Contractor's customer service staff. Refer to Attachment E – Contractor's Training Policies.

(8) As directed by the State, the Contractor shall distribute a Beneficiary satisfaction questionnaire/survey semi annually or annually for Beneficiaries to rate the service that they have received through the Contractor. The questionnaire/survey will be developed by the State. MDCH will transmit to the Contractor a statistically valid sample size of Beneficiaries who are to receive the questionnaire/survey. The Contractor shall be responsible for reproduction of the questionnaire/survey and distribution of the questionnaire/survey to Beneficiaries at no additional cost to the State. A stamped, addressed envelope must be supplied with the questionnaire/survey for return to the Contract Manager at the Contractor's cost. The Contract Manager will relay in writing questionnaire/survey results to the Contractor. Documentation of the plan to address problems identified from the questionnaire/survey must be submitted to the Contract Manager within 30 days after the concerns are received by the Contractor. If the State determines that an insufficient number of responses have been returned for any questionnaire/survey conducted, the Contractor shall send out a follow-up questionnaire/survey.

(9) The Contractor agrees to applicable State or Federal agency's right to audit.

1.104 WARRANTY FOR PRODUCTS OR SERVICES

WARRANTY/SERVICE

The Contractor shall continue delivery of Products and services to existing Beneficiaries for 90 days if requested by the State following one of the following actions:

a. Upon Contract cancellation by the State as a result of Contract default by the Contractor.

b. Upon the Contractor's notification to the State of the inability to meet the terms of the contract.

c. Upon notification to the Contractor by the State at the end of a contract period that the Contract will not be extended for another one-year period.

The Contractor shall align each of its subcontractor's agreements to include a ninety (90) day grace period in the event of Contract cancellation.

In the event that the Contractor subcontractor's cannot perform during this ninety (90) day period, this shall not release the Contractor from liability for performance and delivery service to existing Beneficiaries.

If approved by the State at the time of the Contract cancellation, the Contractor shall allocate Beneficiaries to the Contractor's Statewide Provider Network. These providers shall supply Products of equal or greater quality to Beneficiaries at the same prices as provided in this Contract.

1.2 Service Capabilities

1.201 CUSTOMER SERVICE/ORDERING

The Contractor shall provide a trained customer service staff and other staff as needed. Customer Service staff shall be trained on the category and brands of diapers and other Products available and on general information related to urinary and bowel incontinence. The customer service staff shall return phone calls within one (1) business day of inquiries and shall refer all dissatisfied Beneficiaries to the appropriate customer service team member for complaint resolution. If the Beneficiary continues to not be satisfied, the Beneficiary shall be referred to the nurse for assessment and compliant resolution.

At the time of contact with any new Beneficiary, the Contractor shall do all of the following:

(a) The customer service representative (CSR) must screen Beneficiaries for other insurance information.

(b) The CSR must obtain physician information from the Beneficiary in order to pursue a prescription.

(c) The CSR must establish a monthly ship date for Products that is agreeable with the beneficiary.

(d) The CSR must intake the Beneficiary's current Product request. All requests beyond the limits and guidelines of this Contract shall be referred to the nurse immediately for an assessment.

(e) The CSR will provide the Beneficiary with toll free number and information on emergency procedures.

(f) The CSR will advise the Beneficiary that prior to each month shipment eligibility will be verified. The CSR will advise Beneficiary that general program information and Product information will be mailed within one (1) business day of the completed nursing assessment.

(g) Within one (1) business day of receiving the physicians order the registered nurse or licensed practical nurse must intake the current medical condition for all new Beneficiaries by utilizing the current nursing assessment tool approved by the State. The nurse will determine appropriate Product, appropriate monthly quantities, appropriate alternate diaper brand, and make revisions as deemed necessary, prior to the first shipment.

(h) The nurse must ask the Beneficiary if they are having any difficulty that may require further nurse involvement.

(i) Beneficiaries without a telephone or Beneficiaries who are hearing impaired must be contacted through written correspondence or through the use of a teletypewriter. If the Beneficiary does not respond within fifteen (15) days, the Contractor must send a final notice. Contractor shall meet or exceed the Accessibility Standards of Sections 504 and 508 of the Rehabilitation Act as it pertains to visually impaired persons. Contractor is certified by the National Federation of the Blind as fully accessible to the visually impaired.

<u>Prescriptions:</u> Refer to Attachment D - Prescription Renewal Process.

I. The Contractor shall employ staff to receive physician prescriptions by mail, fax or telephone. The Contractor must maintain all physician prescriptions for Products on file for audit purposes (if a prescription is accepted by telephone, the Contractor is responsible for obtaining a written prescription to be maintained on file). Under this Contract, prescriptions must be renewed every twelve (12) months. Prescriptions must indicate the Beneficiary's medical condition (primary and secondary diagnosis).

a. The following documentation must be filled out by the physician:
   1) Primary Diagnosis
   2) Secondary Diagnosis
   3) Duration
   4) Date
   5) Signature (not stamped or co-signed)

b. The following documentation can be filled out by the Contractor or physician:
   1) Beneficiary name
   2) Beneficiary ID
   3) Date of Birth
   4) Physician name, address and telephone number
   5) Specific item prescribed prior to Dr. review and signature

2. MDCH recognizes that signatures from physician's assistants and nurse practitioners are legal in the state of Michigan. MDCH grants permission to the Contractor to accept signatures from physician's assistants and nurse practitioner professionals for incontinent supplies for CSHCS and Medicaid beneficiaries for the purpose of this contract. Beneficiaries that are Children's Special Health Care Services (CSHCS) only will require a prescription from a sub specialist.

3. The Contractor will send a prescription request to the Beneficiary's physician sixty (60) days before the current prescription expires. If no reply is received in thirty (30) days, the Contractor will send a second request for a prescription to the Beneficiary's physician. If a reply is not received within fifteen (15) days of the second request, the Contractor will contact the Physician by telephone to request the prescription. At the time the physician is contacted by telephone because there has been no response to the second request, the Contractor will notify the Beneficiary and request the Beneficiary's assistance in obtaining the prescription.

Verification Services:

1. Verify the Medicaid, CSHCS and other insurance eligibility of each Beneficiary prior to rendering services one (1) business day prior to shipping the order. Refer to the Medical Supplier Provider Manual, Chapter II verifying Medicaid eligibility.

2. Verify through the Medicaid eligibility system, that the Contractor is listed as an approved provider for CSHCS Beneficiaries who are receiving products and services for the first time, prior to rendering services. If the Contractor is not listed on the Medicaid eligibility system as an approved provider, the Contractor shall contact the Contract Manager. The State will not reimburse the Contractor for shipments to Beneficiaries that are not Medicaid and/or CSHCS eligible one (1) business day prior to the date the Contractor ships the order. The date the Contractor ships the order shall be the date of service.

3. Ship Products to Beneficiaries whose Medicaid or CSHCS eligibility is pending, at the Contractors option. However; if eligibility is denied, the Beneficiary, and not the State, is responsible for payment for all Products received, and the Beneficiary must be billed directly. The Beneficiary must be notified in writing of their possible responsibility prior to servicing.

4. Verify other insurance status by checking the Medicaid eligibility system refer to the Medical Supplier Provider Manual, Chapter II, page 8-9 and Appendix II of the Manual. NOTE: If 38 or 89 appear on the Medicaid eligibility system as the other insurance code, the Contractor must obtain specific insurance relative to the insurance company and type of coverage information from the Beneficiary.

   a. Beneficiaries that are dually enrolled in Medicare and Medicaid are required to participate in the acquisition of services and supplies under this Contract for supplies not covered by Medicare. The Contractor may only bill the contract for supplies not covered by Medicare.

b. Beneficiaries with private insurance must obtain Products and services from the Contractor under this Contract unless the private insurance restricts participation. If the Product is not covered by private insurance, the Beneficiary must obtain the Product from the Contractor. If the Contractor does not receive payment from Medicaid or CSHCS for a Beneficiary with private insurance, the Contractor may pursue payment from the Beneficiary or the private insurance.

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c. Beneficiaries enrolled in a commercial Fee For Service (FFS) plan are not required to receive services and supplies under this Contract if the products are FULLY covered by the plan. If these products are not covered under the commercial FFS plan, the beneficiary must obtain these items through this Contract.

5. Beneficiaries enrolled in private insured HMO's are excluded from receiving services and supplies under this Contract unless the Contractor annually obtains documentation from the HMO that the Products are not covered by the HMO.

6. Beneficiaries enrolled in a Medicaid Health Maintenance Organization (HMO) are also excluded from obtaining services through the Contractor under this contract. However, the Contractor may contract with a Medicaid HMO to provide services and products covered by this Contract. If the Contractor has an exclusive contract with Medicaid HMO's the Contractor must offer the prices that are effective under this contract for comparable services.

<u>Nursing Assessments:</u>

1. The Contractor shall develop and maintain a nursing assessment tool for determining appropriate Products, Product brands, Product quantities and other necessary information for individual Beneficiaries. A registered nurse shall perform the nursing assessment. The Contract Manager must approve the nursing assessment tool and any revisions. The Contractor shall use the most recent revised nursing assessment tool.

2. The Contractor's registered nursing staff shall perform nursing assessments and follow-up calls for medical conditions that may change (acute incontinence and other conditions where changes in the Beneficiary's condition and/or the possibility of bowel and bladder training may be successful). Follow-up assessments of the Beneficiary's changing medical status in these situations must be made once every six months or as determined by the Contract Manager, and Office of Medical Affairs, MDCH. The following guidelines apply:

(a) Nursing assessment format must be approved by MDCH.

(b) The Contractor shall have registered nurses to perform all nursing assessments. The Contractor must have a minimum of one registered nurse for every 2,000 beneficiaries.

(c) The Contractor is required to submit to MDCH licensure copies for professional staff within 14 (fourteen) days of beginning employment.

The following timelines are required for nursing assessment renewals:

(a) Beneficiaries ages 3-20 who are receiving pull ons and are in a bowel and bladder training program must be assessed every 6 months or to be determined by MDCH. Beneficiaries who are in school will be required to submit a school letter for all pull-on reviews detailing the toilet training program and success rate.

(b) Beneficiaries who are ages 3-20, receiving pull ons and who have chronic conditions (such as Muscular Dystrophy, Spina Bifida) that will prevent them from ever achieving toilet training but are cognitively aware and managing on the quantity limits of pull ons must be assessed every 24 months or to be determined by MDCH.

(c) Medicaid Beneficiaries age 21 and over will require an initial nursing assessment. A follow up nursing assessment will be required if there is a prior authorization, change in quantity or medical condition. A medical condition would also include the discharge from a nursing home or hospital.

(d) Beneficiaries age 21 and over with a progressive/degenerative illness (such as Parkinson's, Alzheimer's, Senile Dementia, Multiple Sclerosis) where there could be change in their incontinence level over time must be assessed every 12 months.

(e) Beneficiaries who need a product quantity that exceeds contract limits with a chronic condition must be assessed every 12 months.

Appropriate changes in Products and quantities must be made in accordance with the changing condition of the Beneficiary. Beneficiaries must be provided with a written or documented verbal explanation of any Product change prior to the monthly shipment unless this requirement is waived or modified by the Contract Manager. Additionally, the Contractor's nurses must be available at a minimum during toll-free telephone and TTY hours; to respond to Beneficiary inquiries regarding Product use, skin care, etc. Contractor's nurses performing assessments and/or responding to Beneficiary inquiries must be supervised by a licensed registered nurse who is the Project Coordinator.

3. The Contractor shall provide the appropriate monthly quantities as determined by the nursing assessment to Beneficiary orders along with Prior Authorization procedures, if required, in advance of shipping orders. Refer to Appendix I for procedure codes (and modifiers) that may be provided on a monthly basis without a Prior Authorization. Monthly quantities are also listed in Appendix I.

Contractor shall send customized sample packs at Contractor's expense to beneficiaries prior to shipping the orders, which allows beneficiaries to participate in the process of choosing the products for their care. These samples are based on the needs of the beneficiary and help to ensure the beneficiary is satisfied with the proposed products and helps to eliminate dissatisfaction with the product.

4. In the event that a Beneficiary is not satisfied with the brand of Product provided by the Contractor, the Contractor's first course of action shall be to perform a nursing assessment in order to evaluate the problems and recommend solutions. If necessary, the Contractor shall also pursue the following remedies until the Beneficiary is satisfied:

(a) Contact the Beneficiary's physician for advice on recommended solutions.

(b) Send the Beneficiary adequate sample(s) of applicable other Product brands available under this Contract for evaluation.

(c) Identify a Product Brand for Beneficiaries not available under this Contract at the same price or less than the Product brand available under this Contract.

(d) Identify a Product Brand for Beneficiaries not available under this Contract at a price that exceeds the price of the Product brand available under this Contract. The Contractor must also have Prior Authorization pursuant to Section I, B, 1.i (below) approved by the Contract Manager.

<u>Prior Authorization</u>:

A Prior Authorization will be considered if the following are met: 1) the Contractor shall submit a Prior Authorization request when a Beneficiary needs a Product brand not listed on Contract and the price exceeds the price of the Product available under the Contract or 2) the product needed exceeds the limit of the contract.

A prior Authorization Request must contain the following:

(a) The Contractor documents the Product the Beneficiary is currently receiving and the problems the Beneficiary is experiencing with the Product.

(b) The Contractor has completed a nursing assessment.

(c) When necessary, the Contractor shall provide the Beneficiary with substitute Products (samples) listed in this Contract which have not been used by the Beneficiary. An adequate sample quantity, determined by the nursing assessment, to establish the appropriate size, fit and customer satisfaction shall be sent to the beneficiary.

(d) The Contractor has followed up to see if the substitute Product is acceptable and resolves the problem. If the Product is acceptable, the Contractor shall pick up the original Product and arrange at no cost to the State for a complete shipment of the new Product.

(e) If the substitute Product listed in this Contract does not resolve the problem and the Beneficiary requires a non-Contract Product, the Contractor shall obtain physician documentation stating the Medical reason for the non-Contract Product. The substitute product must be same quality and lowest cost available.

(f) The Contractor shall follow up within 7 calendar days to determine, if the non-Contract Product resolves the Beneficiary's problems.

(g) For a non-contract product, the State agrees to pay the Contractor's acquisition cost plus 20%, which shall be supported by adequate documentation as determined by the Contract Manager. This shall apply only if Prior Authorization was granted by the Contract Manager.

(h) The Contractor must be able to submit paper and electronic Prior Authorizations in format required by the State.

Other Mandatory Requirements:

The Contractor must have a toll-free telephone number, toll-free tele-typewriter, website and HIPAA compliant email or other special means to:

(a) Receive emergency requests for products for medical situations that occur that are expected to deplete supplies prior to the next shipment date. The amount being provided in these situations must be added to the amount previously provided during the current month. If the amount being added to the current month's supply exceeds the monthly limit indicated in Appendix I, a prior authorization must be requested from Medicaid with documentation of medical need for over quantity. Refer to MDCH web site www.michigan.gov/MDCH for information on prior authorization requirements. In cases where the emergency supply plus the amount previously supplied during the current month does not exceed the monthly limit, Prior Authorization is also required due to billing frequency. Documentation of medical necessity that explains the need for additional supplies must be indicated in the Beneficiary's file for audit purposes.

(b) Respond to inquiries from Beneficiaries regarding product use, skin care, etc.

(c) Register complaints, identify problems, inquire about benefits, etc.

The toll-free telephone service (including the TTY) must be appropriately staffed. The hours of operation of the toll-free service must be from 8 a.m. to 5 p.m. and it must have sufficient capacity to handle the volume of inquiries required to service Beneficiaries on any resulting contract. The Contractor shall maintain an average phone queue time for Beneficiaries of two minutes or less. Contractor shall maintain telephone logs and monitor the average wait time and number of dropped calls. Contractor shall follow-up on all dropped calls which shall be called back by Contractor's customer service staff.

The Contractor shall provide after-hour access for emergency situations, 24 hours per day, seven days per week. After-hour calls from Beneficiaries will be forwarded to an answering service and then to the designated on-call Contractor staff for servicing.

1.202 TRAINING

The Contractor shall maintain documentation of training provided to customer service staff, nurses, and warehouse personnel. Contractor shall train staff on product testing protocols, and clinical applications. The Contractor shall utilize manufacturer support in the development and application of training. The Contractor shall provide the Contract Manager with a complete description of the training provided to the Contractor's staff. The Contractor will carry out this project under the direction and control of the Contract Manager.

1.203 REPORTING

The Contractor shall develop and continually maintain Beneficiary information necessary to perform activities under this Contract. This information shall be maintained in a format agreeable to the State using HDMS software. The Contractor shall upgrade software as necessary in order to be compatible with the State. Information shall include but not limited to: Beneficiary name, address, phone number, legal guardian if applicable, diagnosis, doctor, date of prescription, products used, quantity of each Product delivered each month, delivery schedule, dates of phone contact. Contractor will use OnBase, or comparable system, an online scanning tool, to scan in all of the pertinent documents sent to Contractor, so that all prescriptions, doctors' letters, work orders, certificate of medical necessity, etc. are in the system. This information must be backed up on a regular basis to protect against loss or destruction. Contractor shall have all of the necessary redundancies, including off-site servers, system backup every hour, and Contractor's officers take tapes home every night. Contractor shall have a generator that can power Contractor's entire building indefinitely with no loss of functionality.

The Contractor shall provide on-line access of this information to the Contract Manager. This information is considered property of the State of Michigan and the information and any and all copies (electronic and printed) shall be delivered to the State at the expiration or termination of this Contract. All reports must be maintained and available electronically in a format compatible with MDCH programs. Contractor shall provide MDCH on-line access to Contractor's system for authorized users in a HIPAA-compliant way. To view an account using HDMS or Plan of Service, MDCH can establish a secure connection (VPN) back to Contractor's network, which will allow MDCH to log into the system and view any account. This is routed securely through the Internet to allow MDCH to obtain up-to-date information about the accounts serviced by the program.

The Contractor shall submit the following electronic reports to the Contract Manager:

1. A monthly report of the number of Beneficiaries served during the previous month. This report shall be transmitted to the Contract Manager on the next business day following the end of the reporting month.

2. A monthly report of the total amount billed by the Contractor under this Contract for the previous month. This report shall be transmitted to the Contract Manager by the 5th working day of the month following the end of the reporting month or other date negotiated and approved by the Contract Manager.

3. A monthly activity report which includes all telephone activity for the reporting month including the number of incoming calls, the number of answered calls and the average minutes of the answered calls, the number of abandoned calls and the average minutes the calls are abandoned, the number of delayed calls and the average minutes the calls are delayed. This report shall also include a summary of after hours/weekend calls and any problems, concerns, or issues that need to be brought to the Contract Manager's attention. The report shall be transmitted to the Contract Manager by the fifth working day following the end of the reporting month.

4. A daily list of resolved complaints received from Beneficiaries which outlines the problem reported by the Beneficiary, the intervention provided by the Contractor, the resolution, and

any follow-up action by the Contractor if required. This report shall be transmitted to the Contract Manager on the next business day, Monday through Friday or other date negotiated and approved by the Contract Manager or other date negotiated and approved by the Contract Manager.

5. The Contractor shall provide other detailed reports as needed and agreed upon with the Contract Manager. These reports shall include product picking, packaging, labeling, insertion of Beneficiary education and rights material when required, and shipping to the beneficiaries.

An annual audit will be performed by the State. This audit will include, but shall not be limited to a review of nursing assessments and follow-up contacts. There will also be a regular review by the Contract Manager of responses to complaints, grievances, inquiries, and responses to emergency needs.

The State reserves the right to audit the Contractor's performance under this Contract at any time upon notice to the Contractor.

1.204 SPECIAL PROGRAMS

The Contractor shall maintain a grievance process for Beneficiaries. The grievance process must include at a minimum:

1. A toll-free telephone and TTY access for patients;

2. A grievance resolution process involving the Contract Manager. Refer to Attachment E – Contractor's Grievance Process.

3. Documentation of each complaint and grievance and its resolution along with the promptness of its resolution. The Contractor must inform the Contract Manager of all complaints and grievances and copies of all grievance resolutions must be provided to the Contract Manager. If a grievance resolution cannot be obtained, the grievance and copies of all information and documentation must be turned over to the Contract Manager for resolution. The Contractor must maintain these records for six (6) years beyond the end of the Contract, and make these records available upon request by the State.

4. Notification to Beneficiaries of all negative actions. The Beneficiary notification of negative action must include informing Beneficiaries of the reason for the negative action (e.g., a patient request for a specific brand that is not covered under the Contract or a reduction in quantity as a result of unsubstantiated medical necessity as to the need for larger quantities).

5. The Contractor shall be accessible and/or provide information for hearings, if requested by MDCH.

6. The Contractor shall provide written and/or documented verbal notification to Beneficiaries enrolled in a Medicaid Managed Health Care Plan that they are excluded from obtaining services through the Contractor under this Contract.

7. The Contractor must send a negative action letter prepared by the State to Medicaid and Medicaid/CSHCS to dually enrolled Beneficiaries utilizing the appropriate denial statement. An appeals form (MDCH-0092 Hearing Request) and addressed stamped envelope provided by the State must accompany the negative action letter. The negative action letter and appeal form must be sent to the Beneficiary within one (1) business day of the negative action. Copies of all negative action letters shall be sent to the Contract Manager.

8. The Contractor must send a negative action letter prepared by the State to CSHCS Beneficiaries utilizing the appropriate denial statement. A form designated by the State and addressed stamped envelope provided by the State must accompany the negative action letter. The negative action letter and a form designated by the State must be sent to the

Beneficiary within one (1) business day of the negative action. Copies of all negative action letters shall be sent to the Contract Manager.

1.205 SECURITY

The Contractor shall perform background checks on all employees prior to hiring relative to staff associated with this contract. The Contractor shall continue to provide a sophisticated security system at their facility as well as Internet security. Contractor has established and must maintain its continuity of operations plan.

If security background checks are performed on staff, the contractor shall indicate the name of the company that performs the check as well as provide a document stating that each employee has satisfactorily completed a security check and is suitable for assignment to this contract. Upon request by the State, the contractor shall provide the results of all security background checks.

The State may decide to also perform a security background check. If so, the contractor will be required to provide to the State a list of all staff that will service this State of Michigan contract, including name and date of birth (social security number or driver license number would also be helpful).

The Contractor and its subcontractors shall comply with the security access requirements of individual State facilities.

1.3 Delivery Capabilities

1.301 TIME FRAMES

The Contractor must maintain a delivery and tracking system. The Contractor shall deliver products to Beneficiaries in compliance with all of the following:

(a) The Contractor shall deliver Products on a monthly basis to a Beneficiary's residence (home, adult foster care facility, homes for the aged and community living facilities). The Products are to be shipped the same time each month on a Beneficiary-by-Beneficiary basis, dependent upon the date the Contractor receives the physician's prescription and the monthly ship date that is agreeable to the Beneficiary. The Contractor shall deliver each package to only one address. The Contractor shall provide a reasonable solution for occasional need to ship products out of state to a beneficiary. It is the Beneficiary's responsibility to inform the Contractor ten (10) days prior to the delivery date if a new or temporary address will be used. It is also the Beneficiary's responsibility to request changes to their orders ten (10) days prior to their scheduled delivery day. After receipt of an order, the Products will be picked, packaged, labeled and shipped via a Carrier, to each Beneficiary's residence. For new Beneficiaries the package will be shipped within one (1) business day of the Contractor receiving the valid physician's prescription and completing a nursing assessment and will be received by the Beneficiary within three (3) business days of the Contractor receiving the valid physician prescription and nursing assessment. Costs of delivery, including emergency deliveries, shall be included in the unit price of each Product. The Contractor shall not charge the State or the Beneficiary any additional charge for delivery. If the Contractor attempted a delivery and was unsuccessful due to the failure of the Beneficiary to notify the Contractor of a new shipping address or if the Beneficiary refused to accept the delivery, the Contractor shall give instructions to the Beneficiary on how to obtain the package. A valid physician prescription will contain the date, duration, specific item requested, physician signature, physician assistant signature or nurse practitioner signature and the diagnosis.

(b) The Contractor shall mail educational material and Beneficiary Rights material developed by the State to all new Beneficiaries and to Beneficiaries who receive a Product with a procedure code which has not been previously used by the Beneficiary within one (1) business day of the Contractor's completion of the nursing assessment. All new Beneficiaries must be notified in writing by the contractor of their responsibilities in reporting any address or order changes at least 10 days prior to their scheduled delivery day.

(c) If a Product is not available for scheduled shipment and the Beneficiary has not previously selected an alternative product, the Contractor shall contact the Beneficiary by letter or phone call upon notification of the backorder. If the Product continues to be unavailable, the Contractor shall contact the Beneficiary by telephone not less than one (1) business day before the scheduled due date to inform the Beneficiary of the delay and the expected date of shipment and offer the Beneficiary the option to wait for the Product or choose an alternate Product. If an emergency situation exists and an alternate Product is not acceptable to the Beneficiary, the Contractor shall utilize a Statewide Network Provider to deliver the original Product to the Beneficiary. If the Beneficiary cannot be contacted by phone, the Contractor shall send the Beneficiary written notification.

(d) Except as provided in subsection 1(a) above, the Contractor will require that the Carrier attempt three (3) deliveries prior to returning the package. The Carrier will leave a delivery notice with each attempted delivery. A sticker with the Contractor's toll-free phone number will be left at the Beneficiaries door upon the third failed delivery attempt. The Carrier's driver will provide an issue card, and will notify Contractor immediately of any issues that arise so they can be addressed proactively. With the issue card, Beneficiaries can fill out the card with any issues they may have. These cards are sent to the Contractor with any issues that need to be addressed. The Contractor will review the Carrier's exception report and notify Beneficiaries of failed deliveries and give instructions on how to obtain the package.

(e) Upon request by a Beneficiary, the Contractor shall send the Beneficiary a list of products that are regularly shipped to the Beneficiary.

(f) For purposes of the contract the following definitions apply:

Delivery Date (DOM): The day of the month agreed upon with the beneficiary and the contractor that determines when products will be received. The products are to be delivered by the agreed date on a Beneficiary-by- Beneficiary basis. The products are to be received on or a few days before the agreed upon date. This is also known as the delivery date.

Ship Date: The scheduled date products will leave the contractor warehouse. The ship date is also the date of service. The contractor will verify Medicaid eligibility no more than 24 hours prior to shipping products through MPHI to determine that beneficiaries are Medicaid and/or CSHCS eligible.

Billing Date: The billing date (date of service) is the same as the ship date.

1.302 MINIMUM ORDER
There is no minimum order requirement under this Contract.

1.303 PACKAGING
The Contractor is required to provide discreet packaging per HIPAA guidelines on all mail order supplies. The state reserves the right of final approval on packaging offered by the Contractor.

1.304 PALLETIZING-RESERVED

1.305 DELIVERY TERM
Prices are "F.O.B. Delivered" with transportation charges prepaid on all orders.

1.306 RESERVED FOR ACCEPTANCE OF DELIVERABLES/PARE EXPLANATION

1.4 Project Price

1.401 PROPOSAL PRICING

Pricing for the items included on this Contract are specified in Appendix I - Pricing for Selected Incontinence Supplies.

1.402 QUICK PAYMENT TERMS-RESERVED

1.403 PRICE TERM

Prices quoted are the maximum for a period of 365 days from the date the Contract becomes effective.

Prices are subject to change at the end of each 365-day period. Such changes shall be based on changes in actual costs incurred. Documentation of such changes must be provided with the request for price change in order to substantiate any requested change. Purchasing Operations reserves the right to consider various pertinent information sources to evaluate price increase requests (such as the CPI and PPI, US City Average, as published by the US Department of Labor, Bureau of Labor Statistics). Purchasing Operations also reserves the right to consider other information related to special economic and/or industry circumstances, when evaluating a price change request. Changes may be either increases or decreases, and may be requested by either party. Approved changes shall be firm for the remainder of the contract period unless further revised at the end of the next 365-day period.

Requests for price changes shall be RECEIVED IN WRITING AT LEAST SIXTY (60) DAYS PRIOR TO THEIR EFFECTIVE DATE, and are subject to written acceptance before becoming effective. In the event new prices are not acceptable, the CONTRACT may be cancelled. The Contractor remains responsible for performing according to the Contract terms at the Contract price for all orders received before price revisions are approved or before the Contract is cancelled. The continued payment of any charges due after September 30th of any fiscal year will be subject to the availability of an appropriation for this purpose.

1.5 Quantity term

(X) Requirements – Vendor agrees to supply all that the state requires.

Article 2 – General Terms and Conditions

2.0 Introduction

2.001 GENERAL PURPOSE

The Contract is for Mail Order Incontinence Supplies and Services for the State of Michigan. See Appendices I and II for information and requirements associated with this Contract.

2.002 ISSUING OFFICE AND CONTRACT ADMINISTRATOR

The Contract is issued by Purchasing Operations, State of Michigan, Department of Management and Budget, hereinafter known as Purchasing Operations, for the Michigan Department of Community Health, hereinafter known as MDCH. Where actions are a combination of those of Purchasing Operations and the State agencies, the authority will be known as the State.

Purchasing Operations is the sole point of contact in the State with regard to all procurement and contractual matters relating to the commodities and/or services described herein. Purchasing Operations is the only office authorized to negotiate, change, modify, amend, alter, clarify, etc., the specifications, terms, and conditions of the Contract. Purchasing Operations will remain the SOLE POINT OF CONTACT throughout the procurement process.

Contractor proceeds at its own risk if it takes negotiation, changes, modification, alterations, amendments, clarification, etc., of the specifications, terms, or conditions of the contract from any individual or office other than Purchasing Operations and the listed contract administrator

All communications covering this procurement must be addressed to contract administrator indicated below:

Department of Management and Budget
Purchasing Operations
Attn: Sue Cieciwa
2nd Floor, Mason Building
P.O. Box 30026
Lansing, Michigan 48909
Phone: (517) 373-0301
Fax: (517) 335-0046
CieciwaS@michigan.gov

2.003 NOTICE

Any notice given to a party under this Contract must be written and shall be deemed effective, if addressed to such party as addressed below upon (i) delivery, if hand delivered; (ii) receipt of a confirmed transmission by facsimile if a copy of the notice is sent by another means specified in this section; (iii) the third (3rd) Business Day after being sent by U.S. mail, postage pre-paid, return receipt requested; or (iv) the next Business Day after being sent by a nationally recognized overnight express courier with a reliable tracking system.

2.004 CONTRACT TERM

The term of this Contract will be for three (3) years and will commence with the issuance of a Contract. This will be July 2, 2008 through July 1, 2011.

Option. The State reserves the right to exercise 2 one-year options, at the sole option of the State. Contractor performance, quality of products, price, cost savings, and the contractor's ability to deliver on time are some of the criteria that will be used as a basis for any decision by Purchasing Operations to exercise an option year.

Extension. At the sole option of the State, the contract may also be extended. Contractor performance, quality of products, price, cost savings, and the contractor's ability to deliver on time are some of the criteria that will be used as a basis for any decision by Purchasing Operations to exercise an option year.

Written notice will be provided to the Contractor within 30 days, provided that the State gives the Contractor a preliminary written notice of its intent to extend at least 60 days before the contract

expires. The preliminary notice does not commit the Government to an extension. If the Government exercises this option, the extended contract shall be considered to include this option clause.

2.005 GOVERNING LAW

The Contract shall in all respects be governed by, and construed in accordance with, the laws of the State of Michigan. By signing this agreement, vendor consents to personal jurisdiction in the state of Michigan. Any dispute arising herein shall be resolved in the State of Michigan.

2.006 APPLICABLE STATUTES

The following statutes, rules, and laws are applicable to the performance of this contract; some statutes are reflected in the clauses of this contract. This list is NOT exhaustive.

MI Uniform Commercial Code (MIUCC) MCL 440. (All sections unless otherwise altered by agreement)
MI OSHA MCL §§ 408.1001 – 408.1094
Freedom of Information Act (FIOA) MCL §§ 15.231, et seq.
Natural Resources and Environmental Protection Act MCL §§ 324.101, et seq.
MI Consumer Protection Act MCL §§ 445.901 – 445.922
Laws relating to wages, payments of wages, and fringe benefits on state projects MCL §§ 408.551 – 408.558, 408.471 – 408.490, 1965 PA 390.
Department of Civil Service Rules and regulations
Elliot Larsen Civil Rights Act MCL §§ 37.2201, et seq.
Persons with disabilities Civil Rights Act MCL §§ 37.1101, et seq.
MCL §§ 423.321, et seq.
MCL § 18.1264 (law regarding debarment)
Davis-Bacon Act (DBA) 40 USCU §§ 276(a), et seq.
Contract Work Hours and Safety Standards Act (CWHSAA) 40 USCS § 327, et seq.
Business Opportunity Act for Persons with Disabilities MCL §§ 450.791 – 450.795
Rules and regulations of the Environmental Protection Agency
Internal Revenue Code
Rules and regulations of the Equal Employment Opportunity Commission (EEOC)
The Civil Rights Act of 1964, USCS Chapter 42
Title VII, 42 USCS §§ 2000e et seq.
The Americans with Disabilities Act (ADA), 42 USCS §§ 12101 et seq.
The Age Discrimination in Employment Act of 1967 (ADEA), 29 USCS §§ 621, 623 et seq.
The Old Workers Benefit and Protection Act of 1990 (OWBPA), 29 USCS §§ 626, et seq.
The Family Medical Leave Act of 1993 (FMLA), 29 USC §§ 651 et seq.
The Fair Labor Standards Act (FLSA), 29 USC §§ 201 et seq.
Pollution Prevention Act of 1990 (PPA) 42 U.S.C. §13106
Sherman Act, 15 U.S.C.S. § 1 et seq.
Robinson-Patman Act, 15 U.S.C.S. § 13 et. seq.
Clayton Act, 15 U.S.C.S. § 14 et seq.

2.007 RELATIONSHIP OF THE PARTIES

The relationship between the State and the Contractor is that of client and independent Contractor. No agent, employee, or servant of the Contractor or any of its subcontractors shall be or shall be deemed to be an employee, agent, or servant of the State for any reason. The Contractor will be solely and entirely responsible for its acts and the acts of its agents, employees, servants and subcontractors during the performance of this Contract.

2.008 HEADINGS

Captions and headings used in the Contract are for information and organization purposes. Captions and headings, including inaccurate references, do not, in any way, define or limit the requirements or terms and conditions of this Contract.

2.009 MERGER

This document constitutes the complete, final, and exclusive agreement between the parties. All other prior writings and negotiations are ineffective.

2.010 SEVERABILITY
Each provision of the Contract shall be deemed to be severable from all other provisions of the Contract and, if one or more of the provisions of the Contract shall be declared invalid, the remaining provisions of the Contract shall remain in full force and effect.

2.011 SURVIVORSHIP
Any provisions of the Contract that impose continuing obligations on the parties including, but not limited to the Contractor's indemnity and other obligations shall survive the expiration or cancellation of the Contract for any reason.

2.012 NO WAIVER OF DEFAULT
The failure of a party to insist upon strict adherence to any term of the Contract shall not be considered a waiver or deprive the party of the right thereafter to insist upon strict adherence to that term or any other term of the Contract.

2.013 PURCHASE ORDERS-RESERVED

2.1 Vendor/Contractor Obligations

2.101 ACCOUNTING RECORDS
The Contractor and all subcontractors shall maintain all pertinent financial and accounting records and evidence pertaining to the Contract in accordance with generally accepted principles of accounting and other procedures specified by the State of Michigan. Financial and accounting records shall be made available, upon request, to the State of Michigan, its designees, or the Michigan Auditor General at any time during the Contract period and any extension thereof, and for three years from expiration date and final payment on the Contract or extension thereof.

2.102 NOTIFICATION OF OWNERSHIP
The Contractor shall make the following notifications in writing:

1. **When the Contractor becomes aware that a change in its ownership or officers has occurred, or is certain to occur, that could result in changes in the valuation of its capitalized assets in the accounting records, the Contractor shall notify Purchasing Operations within 30 days.**

2. **The Contractor shall also notify the Purchasing Operations within 30 days whenever changes to asset valuations or any other cost changes have occurred or are certain to occur as a result of a change in ownership or officers.**

The Contractor shall:

1. **Maintain current, accurate, and complete inventory records of assets and their costs;**

2. **Provide Purchasing Operations or designated representative ready access to the records upon request;**

3. **Ensure that all individual and grouped assets, their capitalized values, accumulated depreciation or amortization, and remaining useful lives are identified accurately before and after each of the Contractor's ownership or officer changes; and**

4. **Retain and continue to maintain depreciation and amortization schedules based on the asset records maintained before each Contractor ownership or officer change.**

2.103 SOFTWARE COMPLIANCE
The vendor warrants that all software for which the vendor either sells or licenses to the State of Michigan and used by the State prior to, during or after the calendar year 2000, includes or shall include, at no added cost to the State, design and performance so the State shall not experience software abnormality and/or the generation of incorrect results from the software, due to date oriented processing, in the operation of the business of the State of Michigan.

The software design, to insure year 2000 compatibility, shall include, but is not limited to: data structures (databases, data files, etc.) that provide 4-digit date century; stored data that contain date century recognition, including, but not limited to, data stored in databases and hardware device

internal system dates; calculations and program logic (e.g., sort algorithms, calendar generation, event recognition, and all processing actions that use or produce date values) that accommodates same century and multi-century formulas and date values; interfaces that supply data to and receive data from other systems or organizations that prevent non-compliant dates and data from entering any State system; user interfaces (i.e., screens, reports, etc.) that accurately show 4 digit years; and assurance that the year 2000 shall be correctly treated as a leap year within all calculation and calendar logic.

2.104 LIABILITY INSURANCE

A. Insurance

The Contractor is required to provide proof of the minimum levels of insurance coverage as indicated below. The purpose of this coverage shall be to protect the State from claims which may arise out of or result from the Contractor's performance of services under the terms of this Contract, whether such services are performed by the Contractor, or by any subcontractor, or by anyone directly or indirectly employed by any of them, or by anyone for whose acts they may be liable.

The Contractor waives all rights against the State of Michigan, its departments, divisions, agencies, offices, commissions, officers, employees and agents for recovery of damages to the extent these damages are covered by the insurance policies the Contractor is required to maintain pursuant to this Contract.

All insurance coverage provided relative to this Contract/Purchase Order is PRIMARY and NON-CONTRIBUTING to any comparable liability insurance (including self-insurances) carried by the State.

The insurance shall be written for not less than any minimum coverage specified in this Contract or required by law, whichever is greater.

The insurers selected by Contractor shall have an A.M. Best rating of A or better, or as otherwise approved in writing by the State, or if such ratings are no longer available, with a comparable rating from a recognized insurance rating agency. Companies that have been approved to do business in the State shall issue all policies of insurance required in this Contract.

See www.michigan.gov/cis

Where specific limits are shown, they are the minimum acceptable limits. If Contractor's policy contains higher limits, the State shall be entitled to coverage to the extent of such higher limits.

Before both parties sign the Contract or before the purchase order is issued by the State, the Contractor must furnish to the Director of Purchasing Operations, certificate(s) of insurance verifying insurance coverage ("Certificates"). The Certificate must be on the standard "accord" form or equivalent. THE CONTRACT OR PURCHASE ORDER NO. MUST BE SHOWN ON THE CERTIFICATE OF INSURANCE TO ASSURE CORRECT FILING. All Certificate(s) are to be prepared and submitted by the Insurance Provider. All Certificate(s) shall contain a provision indicating that coverage afforded under the policies WILL NOT BE CANCELLED, MATERIALLY CHANGED, OR NOT RENEWED without THIRTY (30) days prior written notice, except for ten (10) days for non-payment of premium, having been given to the Director of Purchasing Operations, Department of Management and Budget. The notice must include the Contract or Purchase Order number affected and be mailed to: Director, Purchasing Operations, Department of Management and Budget, P.O. Box 30026, Lansing, Michigan 48909. Failure to provide evidence of coverage, may, at the State's sole option, result in this Contract's termination.

The Contractor is required to pay for and provide the type and amount of insurance checked below:

☑ **1. Commercial General Liability with the following minimum coverage:**

$2,000,000	**General Aggregate Limit other than Products/Completed Operations**
$2,000,000	**Products/Completed Operations Aggregate Limit**
$1,000,000	**Personal & Advertising Injury Limit**
$1,000,000	**Each Occurrence Limit**
$500,000	**Fire Damage Limit (any one fire)**

The Contractor must list the State of Michigan, its departments, divisions, agencies, offices, commissions, officers, employees and agents as ADDITIONAL INSUREDS on the Commercial General Liability certificate. The Contractor also agrees to provide evidence that insurance policies contain a waiver of subrogation by the insurance company.

☑ **2. If a motor vehicle is used to provide services or products under this Contract, the Contractor must have vehicle liability insurance on any auto including owned, hired and non-owned vehicles used in Contractor's business for bodily injury and property damage as required by law.**

The Contractor must list the State of Michigan, its departments, divisions, agencies, offices, commissions, officers, employees and agents as ADDITIONAL INSUREDS on the vehicle liability certificate. The Contractor also agrees to provide evidence that insurance policies contain a waiver of subrogation by the insurance company.

☑ **3. Workers' compensation coverage must be provided in accordance with applicable laws governing the employees and employers work activities in the state of the Contractor's domicile. If a self-insurer provides the applicable coverage, proof must be provided of approved self-insured authority by the jurisdiction of domicile. For employees working outside of the state of qualification, Contractor must provide appropriate certificates of insurance proving mandated coverage levels for the jurisdictions where the employees' activities occur.**

Any certificates of insurance received must also provide a list of states where the coverage is applicable.

The Contractor also agrees to provide evidence that insurance policies contain a waiver of subrogation by the insurance company. This provision shall not be applicable where prohibited or limited by the laws of the jurisdiction in which the work is to be performed.

☑ **4. Employers liability insurance with the following minimum limits:**

$100,000	**each accident**
$100,000	**each employee by disease**
$500,000	**aggregate disease**

☐ **5. Employee Fidelity, including Computer Crimes, insurance naming the State as a loss payee, providing coverage for direct loss to the State and any legal liability of the State arising out of or related to fraudulent or dishonest acts committed by the employees of Contractor or its Subcontractors, acting alone or in collusion with others, in a minimum amount of one million dollars ($1,000,000.00) with a maximum deductible of fifty thousand dollars ($50,000.00).**

☑ **6. Umbrella or Excess Liability Insurance in a minimum amount of ten million dollars ($10,000,000.00), which shall apply, at a minimum, to the insurance required in Subsection 1 (Commercial General Liability) above.**

☐ **7. Professional Liability (Errors and Omissions) Insurance with the following minimum coverage: three million dollars ($3,000,000.00) each occurrence and three million dollars ($3,000,000.00) annual aggregate.**

☐ 8. Fire and Personal Property Insurance covering against any loss or damage to the office space used by Contractor for any reason under this Contract, and the equipment, software and other contents of such office space, including without limitation, those contents used by Contractor to provide the Services to the State, up to the replacement value thereof, where such office space and its contents are under the care, custody and control of Contractor. Such policy shall cover all risks of direct physical loss or damage, including without limitation, flood and earthquake coverage and coverage for computer hardware and software. The State shall be endorsed on the policy as a loss payee as its interests appear.

B. Subcontractors

Except where the State has approved in writing a Contractor subcontract with other insurance provisions, Contractor shall require all of its Subcontractors under this Contract to purchase and maintain the insurance coverage as described in this Section for the Contractor in connection with the performance of work by those Subcontractors. Alternatively, Contractor may include any Subcontractors under Contractor's insurance on the coverage required in this Section. Subcontractor(s) shall fully comply with the insurance coverage required in this Section. Failure of Subcontractor(s) to comply with insurance requirements does not limit Contractor's liability or responsibility.

C. Certificates of Insurance and Other Requirements

Contractor shall furnish to the Office of Purchasing Operations certificate(s) of insurance verifying insurance coverage or providing satisfactory evidence of self-insurance as required in this Section (the "Certificates"). Before the Contract is signed, and not less than 20 days before the insurance expiration date every year thereafter, the Contractor shall provide evidence that the State and its agents, officers and employees are listed as additional insureds, but only to the extent of liabilities assumed by Contractor as set forth in Indemnification Section of this Contract, under each commercial general liability and commercial automobile liability policy. In the event the State approves the representation of the State by the insurer's attorney, the attorney may be required to be designated as a Special Assistant Attorney General by the Attorney General of the State of Michigan.

Contractor shall maintain all required insurance coverage throughout the term of the Contract and any extensions thereto and, in the case of claims-made Commercial General Liability policies, shall secure tail coverage for at least three (3) years following the expiration or termination for any reason of this Contract. The minimum limits of coverage specified above are not intended, and shall not be construed, to limit any liability or indemnity of Contractor under this Contract to any indemnified party or other persons. Contractor shall be responsible for all deductibles with regard to such insurance. If Contractor fails to pay any premium for required insurance as specified in this Contract, or if any insurer cancels or significantly reduces any required insurance as specified in this Contract without the State's written consent, at the State's election (but without any obligation to do so) after the State has given Contractor at least thirty (30) days written notice, the State may pay such premium or procure similar insurance coverage from another company or companies; and at the State's election, the State may deduct the entire cost (or part thereof) from any payment due Contractor, or Contractor shall pay the entire cost (or any part thereof) upon demand by the State.

2.105 PERFORMANCE AND RELIABILTIY EVALUATION (PARE)-RESERVED

2.106 PREVAILING WAGE-RESERVED

2.107 PAYROLL AND BASIC RECORDS

Payrolls and basic records relating to the performance of this contract shall be maintained by the Contractor during the course of the work and preserved for a period of 3 years thereafter for all laborers and mechanics working at the site of the work. Such records shall contain the name, address, and social security number of each such worker, his or her correct classification, hourly rates of wages paid (including rates of contributions or costs anticipated for bona fide fringe benefits or cash equivalents thereof of the types described in section 1(b)(2)(B) of the Davis-Bacon

Act), daily and weekly number of hours worked, deductions made, and actual wages paid. Contractors employing apprentices or trainees under approved programs shall maintain written evidence of the registration of apprenticeship programs and certification of trainee programs, the registration of the apprentices and trainees, and the ratios and wage rates prescribed in the applicable programs.

The Contractor shall submit a copy of all payrolls to the Contract Administrator upon request. The payrolls submitted shall set out accurately and completely all of the information required to be maintained as indicated above.

The Prime Contractor is responsible for the submission of copies of payrolls by all subcontractors upon request from the Contract Administrator

The Contractor or subcontractor shall permit the Contract Administrator or representatives of the Contract Administrator or the State of Michigan to interview employees during working hours on the job.

If the Contractor or subcontractor fails to submit required records or to make them available, the Contract Administrator may, after written notice to the Contractor, take such action as may be necessary to cause the suspension of any further payment. Furthermore, failure to submit the required records upon request or to make such records available may be grounds for debarment.

2.108 COMPETITION IN SUB-CONTRACTING

The Contractor shall select subcontractors (including suppliers) on a competitive basis to the maximum practical extent consistent with the objectives and requirements of the contract.

2.109 CALL CENTER DISCLOSURE

Vendor and/or all subcontractors involved in the performance of this contract providing call or contact center services to the State of Michigan must disclose the location of its call or contact center services to inbound callers. Failure to disclose this information shall be a material breach of this agreement.

2.110 WORKPLACE DISCRIMINATION

The Contractor represents and warrants that in performing services for the State pursuant to this Contract, the Contractor agrees not to discriminate against any employee or applicant for employment, with respect to their hire, tenure, terms, conditions or privileges of employment, or any matter directly or indirectly related to employment, because of race, color, religion, national origin, ancestry, age, sex, height, weight, marital status, physical or mental handicap or disability. The Contractor further agrees that every subcontract entered into for the performance of any Contract or purchase order resulting here from will contain a provision requiring non-discrimination in employment, as herein specified, binding upon each subcontractor. This covenant is required pursuant to the Elliot Larsen Civil Rights Act, 1976 Public Act 453, as amended, MCL 37.2201, et seq., and the Persons With Disabilities Civil Rights Act, 1976 Public Act 220, as amended, MCL 37.1101, et seq., and any breach thereof may be regarded as a material breach of the Contract or purchase order.

Vendor hereby represents that in performing this contract it will not violate The Civil Rights Act of 1964, USCS Chapter 42, including, but not limited to, Title VII, 42 USCS §§ 2000e et seq.; the Americans with Disabilities Act (ADA), 42 USCS §§ 12101 et seq.; or The Age Discrimination in Employment Act of 1967 (ADEA), 29 USCS §§ 621, 623 et seq.; the Old Workers Benefit and Protection Act of 1990 (OWBPA), 29 USCS §§ 626 et seq.; the Family Medical Leave Act of 1993 (FMLA), 29 USC §§ 651 et seq.; or the Fair Labor Standards Act (FLSA), 29 USC §§ 201 et seq.

2.111 LABOR RELATIONS

Pursuant to 1980 Public Act 278, as amended, MCL 423.231, et seq., the State shall not award a Contract or subcontract to an employer whose name appears in the current register of employers failing to correct an unfair labor practice compiled pursuant to Section 2 of the Act. A Contractor of the State, in relation to the Contract, shall not enter into a Contract with a subcontractor, manufacturer, or supplier whose name appears in this register. Pursuant to Section 4 of 1980 Public Act 278, MCL 423.324, the State may void any Contract if, subsequent to award of the

Contract, the name of the Contractor as an employer, or the name of the subcontractor, manufacturer or supplier of the Contractor appears in the register.

The Contractor represents and warrants that the company does not appear in the current register of employers failing to correct an unfair labor practice.

2.112 HIPAA REGULATIONS

The parties to this Contract will be the State of Michigan, acting by and through the Department of Management and Budget, on behalf of the Department of Community Mental Health.

For purposes of this term, the State is:

(() Covered Entity ("CE")

and the Contractor shall be:

(() Business Associate ("Associate")

RECITALS

A. Pursuant to the terms of this Contract, CE wishes to disclose certain information to associate, some of which may constitute Protected Health Information ("PHI") (defined below). In consideration of the receipt of PHI, Associate agrees to protect the privacy and security of the information as set forth in this HIPAA requirement.

B. CE and Associate intend to protect the privacy and provide for the security of PHI disclosed to Associate pursuant to the Contract, in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA") and regulations promulgated thereunder by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws, as amended.

C. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) requires CE to enter into a contract containing specific requirements with Associate prior to the disclosure of PHI, as set forth in, but not limited to, 45 CFR §§ 160.103, 164.502(e), 164.504(e), and 164.314 and contained in this HIPAA requirement.

In consideration of the mutual promises below and the exchange of information pursuant to this HIPAA requirement, the parties agree as follows:

1. Definitions.

a. Except as otherwise defined herein, capitalized terms in this HIPAA requirement shall have the definitions set forth in the HIPAA Regulations at 45 CFR Parts 160, 162 and 164, as amended, including, but not limited to, subpart A, subpart C ("Security Rule") and subpart E ("Privacy Rule").

b. "Agreement" means both the Contract and this HIPAA requirement.

c. "Contract" means the underlying written agreement or purchase order between the parties for the goods or services to which this HIPAA requirement is added.

d. "Protected Health Information" or "PHI" means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 CFR § 164.501.

e. "Protected Information" shall mean PHI provided by CE to Associate or created or received by Associate on CE's behalf.

2. **Obligations of Associate.**

a. **Permitted Uses.** Associate shall not use Protected Information except for the purpose of performing Associate's obligations under the Contract and as permitted under this Agreement. Further, Associate shall not use Protected Information in any manner that would constitute a violation of the HIPAA Regulations if so used by CE, except that Associate may use Protected Information: (i) for the proper management and administration of Associate; (ii) to carry out the legal responsibilities of Associate; or (iii) for Data Aggregation purposes for the Health Care Operations of CE. Additional provisions, if any, governing permitted uses of Protected Information are set forth in Attachment A to this HIPAA requirement.

b. **Permitted Disclosures.** Associate shall not disclose Protected Information in any manner that would constitute a violation of the HIPAA Regulations if disclosed by CE, except that Associate may disclose Protected Information: (i) in a manner permitted pursuant to the Contract and this HIPAA requirement; (ii) for the proper management and administration of Associate; (iii) as required by law; (iv) for Data Aggregation purposes for the Health Care Operations of CE; or (v) to report violations of law to appropriate federal or state authorities, consistent with 45 CFR § 164.502(j)(1). To the extent that Associate discloses Protected Information to a third party, Associate must obtain, prior to making any such disclosure: (i) reasonable assurances from such third party that such Protected Information will be held confidential as provided pursuant to this HIPAA requirement and only disclosed as required by law or for the purposes for which it was disclosed to such third party; and (ii) an agreement to implement reasonable and appropriate safeguards to protect the Protected Information; and (iii) an agreement from such third party to immediately notify Associate of any breaches of confidentiality of the Protected Information or any Security Incident, to the extent it has obtained knowledge of such breach. Additional provisions, if any, governing permitted disclosures of Protected Information are set forth in Attachment A.

c. **Appropriate Safeguards.** Associate shall implement appropriate Security Measures as are necessary to protect against the use or disclosure of Protected Information other than as permitted by the Contract or this HIPAA requirement. Associate shall maintain a comprehensive written information privacy and security program that includes Security Measures that reasonably and appropriately protect the Confidentiality, Integrity, and Availability of Protected Information relative to the size and complexity of the Associate's operations and the nature and scope of its activities.

d. **Reporting of Improper Use or Disclosure.** Associate shall report to CE in writing any use or disclosure of Protected Information, whether suspected or actual, other than as provided for by the Contract and this HIPAA requirement within ten (10) days of becoming aware of such use or disclosure. If the disclosure is a Major Disclosure, then the improper use or disclosure shall be reported within three (3) days. A Major Disclosure means any improper use or disclosure of over twenty-five percent (25%) of the Protected Information held by the Associate. CE and Associate will cooperate to mitigate the effects of any unauthorized use or disclosure and document the outcome.

e. **Associate's Agents.** If Associate uses one or more subcontractors or agents to provide services under this Agreement, and such subcontractors or agents receive or have access to Protected Information, each subcontractor or agent shall sign an agreement with Associate containing substantially the same provisions as this HIPAA requirement and further identifying CE as a third party beneficiary of the agreement with such subcontractors or agents in the event of any violation of such subcontractor or agent agreement. Associate shall implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation.

f. **Access to Protected Information.** Associate shall make Protected Information maintained by Associate or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within ten (10) days of a request by CE to enable CE to fulfill its obligations to permit individual access to PHI under the Privacy Rule, including, but not limited to, 45 CFR § 164.524.

g. Amendment of PHI. Within ten (10) days of receipt of a request from CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, Associate or its agents or subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment to enable CE to fulfill its obligations with respect to requests by individuals to amend their PHI under the Privacy Rule, including, but not limited to, 45 CFR § 164.526. If any individual requests an amendment of Protected Information directly from Associate or its agents or subcontractors, Associate must notify CE in writing within ten (10) days of receipt of the request. Any denial of amendment of Protected Information maintained by Associate or its agents or subcontractors shall be the responsibility of CE.

h. Accounting Rights. Within ten (10) days of notice by CE of a request for an accounting of disclosures of Protected Information, Associate and its agents or subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.528. As set forth in, and as limited by, 45 CFR § 164.528, Associate shall not provide an accounting to CE of disclosures made: (i) to carry out treatment, payment or health care operations, as set forth in 45 CFR § 164.506; (ii) to individuals of Protected Information about them as set forth in 45 CFR § 164.502; (iii) pursuant to an authorization as provided in 45 CFR § 164.508; (iv) to persons involved in the individual's care or other notification purposes as set forth in 45 CFR § 164.510; (v) for national security or intelligence purposes as set forth in 45 CFR § 164.512(k)(2); or (vi) to correctional institutions or law enforcement officials as set forth in 45 CFR § 164.512(k)(5). Associate agrees to implement a process that allows for an accounting to be collected and maintained by Associate and its agents or subcontractors for at least six (6) years prior to the request, but not before the compliance date of the Privacy Rule. At a minimum, such information shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure. In the event that the request for an accounting is delivered directly to Associate or its agents or subcontractors, Associate shall within ten (10) days of the receipt of the request forward it to CE in writing. It shall be CE's responsibility to prepare and deliver any such accounting requested. Associate shall not disclose any Protected Information except as set forth in Section 2(b) of this HIPAA requirement.

i. Governmental Access to Records. Associate shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to the Secretary of the U.S. Department of Health and Human Services (the "Secretary"), in a time and manner designated by the Secretary, for purposes of determining CE's compliance with the HIPAA Regulations. Associate shall provide to CE a copy of any Protected Information that Associate provides to the Secretary concurrently with providing such Protected Information to the Secretary.

j. Minimum Necessary. Associate (and its agents or subcontractors) shall only request, use and disclose the minimum amount of Protected Information necessary to accomplish the purpose of the request, use or disclosure, in accordance with the Minimum Necessary requirements of the Privacy Rule, including, but not limited to 45 CFR §§ 164.502(b) and 164.514(d).

k. Data Ownership. Unless otherwise specified in the Contract, Associate acknowledges that Associate has no ownership rights with respect to the Protected Information. The CE retains all rights with respect to ownership of the Protected Information.

l. Retention of Protected Information. Notwithstanding Section 5(d) of this HIPAA requirement, Associate and its subcontractors or agents shall retain all Protected Information throughout the term of the Contract and shall continue to maintain the information required under Section 2(h) of this HIPAA requirement for a period of six (6) years from the date of creation or the date when it last was in effect, whichever is later, or as required by law. This obligation shall survive the termination of the Contract.

m. Destruction of Protected Information. Associate agrees to implement policies and procedures for the final disposition of electronic Protected Information and/or the hardware and equipment on which it is stored, including but not limited to, removal before re-use.

n. Notification of Breach. During the term of the Contract or this HIPAA requirement, Associate shall notify CE within twenty-four (24) hours of any suspected or actual breach of security, intrusion, or unauthorized use or disclosure of PHI and/or any actual or suspected use or disclosure of data in violation of any applicable federal or state laws or regulations. Associate shall take (i) prompt corrective action to cure any such deficiencies and (ii) any action pertaining to such unauthorized disclosure required by applicable federal and state laws and regulations. CE and Associate will cooperate to mitigate the effects on any breach, Security Incident, intrusion, or unauthorized use and document the Security Incident and its outcome.

o. Audits, Inspection and Enforcement. Within ten (10) days of a written request by CE, Associate and its agents or subcontractors shall allow CE to conduct a reasonable inspection of the facilities, systems, books, records, agreements, policies and procedures relating to the use or disclosure of Protected Information pursuant to this HIPAA requirement for the purpose of determining whether Associate has complied with this HIPAA requirement; provided, however, that: (i) Associate and CE shall mutually agree in advance upon the scope, timing and location of such an inspection; (ii) CE shall protect the confidentiality of all confidential and proprietary information of Associate to which CE has access during the course of such inspection; and (iii) CE or Associate shall execute a nondisclosure agreement, if requested by Associate or CE. The fact that CE inspects, or fails to inspect, or has the right to inspect, Associate's facilities, systems, books, records, agreements, policies and procedures does not relieve Associate of its responsibility to comply with this HIPAA requirement, nor does CE's (i) failure to detect or (ii) detection, but failure to notify Associate or require Associate's remediation of any unsatisfactory practices, constitute acceptance of such practice or a waiver of CE's enforcement rights under this Agreement.

p. Safeguards During Transmission. Associate shall be responsible for using Security Measures to reasonably and appropriately maintain and ensure the Confidentiality, Integrity, and Availability of Protected Information transmitted to CE pursuant to this Agreement, in accordance with the standards and requirements of the HIPAA Regulations, until such Protected Information is received by CE, and in accordance with any specifications set forth in Attachment A.

3. Obligations of CE.

a. Safeguards During Transmission. CE shall be responsible for using Security Measures to reasonably and appropriately maintain and ensure the Confidentiality, Integrity, and Availability of Protected Information transmitted to Associate pursuant to this Agreement, in accordance with the standards and requirements of the HIPAA Regulations, until such Protected Information is received by Associate, and in accordance with any specifications set forth in Attachment A.

b. Notice of Changes. CE shall provide Associate with a copy of its notice of privacy practices produced in accordance with 45 CFR § 164.520, as well as any subsequent changes or limitation(s) to such notice, to the extent such changes or limitations may effect Associate's use or disclosure of Protected Information. CE shall provide Associate with any changes in, or revocation of, permission to use or disclose Protected Information, to the extent it may affect Associate's permitted or required uses or disclosures. To the extent that it may affect Associate's permitted use or disclosure of Protected Information, CE shall notify Associate of any restriction on the use or disclosure of Protected Information that CE has agreed to in accordance with 45 CFR § 164.522.

4. Term. This HIPAA requirement shall continue in effect as to each Contract to which it applies until such Contract is terminated or is replaced with a new contract between the parties containing provisions meeting the requirements of the HIPAA Regulations, whichever first occurs. However, certain obligations will continue as specified in this HIPAA requirement.

5. Termination.

a. Material Breach. In addition to any other provisions in the Contract regarding breach, a breach by Associate of any provision of this HIPAA requirement, as determined by CE, shall constitute a material breach of the Agreement and shall provide grounds for termination of the Contract by CE pursuant to the provisions of the Contract covering termination for cause. If the Contract

contains no express provisions regarding termination for cause, the following shall apply to termination for breach of this HIPAA requirement, subject to 5.b.:

(1) Default. If Associate refuses or fails to timely perform any of the provisions of this HIPAA requirement, CE may notify Associate in writing of the non-performance, and if not corrected within thirty (30) days, CE may immediately terminate the Agreement. Associate shall continue performance of the Agreement to the extent it is not terminated.

2) Associate's Duties. Notwithstanding termination of the Agreement, and subject to any directions from CE, Associate shall take timely, reasonable and necessary action to protect and preserve property in the possession of Associate in which CE has an interest.

(3) Compensation. Payment for completed performance delivered and accepted by CE shall be at the Contract price.

(4) Erroneous Termination for Default. If after such termination it is determined, for any reason, that Associate was not in default, or that Associate's action/inaction was excusable, such termination shall be treated as a termination for convenience, and the rights and obligations of the parties shall be the same as if the contract had been terminated for convenience, as described in this HIPAA requirement or in the Contract.

b. Reasonable Steps to Cure Breach. If CE knows of a pattern of activity or practice of Associate that constitutes a material breach or violation of the Associate's obligations under the provisions of this HIPAA requirement or another arrangement and does not terminate this Agreement pursuant to Section 5(a), then CE shall take reasonable steps to cure such breach or end such violation, as applicable. If CE's efforts to cure such breach or end such violation are unsuccessful, CE shall either (i) terminate this Agreement, if feasible or (ii) if termination of this Agreement is not feasible, CE shall report Associate's breach or violation to the Secretary of the Department of Health and Human Services.

c. Reserved.

d. Effect of Termination.

(1) Except as provided in paragraph (2) of this subsection, upon termination of this Agreement, for any reason, Associate shall return or destroy all Protected Information that Associate or its agents or subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If Associate elects to destroy the Protected Information, Associate shall certify in writing to CE that such Protected Information has been destroyed.

(2) If Associate believes that returning or destroying the Protected Information is not feasible, including but not limited to, a finding that record retention requirements provided by law make return or destruction infeasible, Associate shall promptly provide CE notice of the conditions making return or destruction infeasible. Upon mutual agreement of CE and Associate that return or destruction of Protected Information is infeasible, Associate shall continue to extend the protections of Sections 2(a), 2(b), 2(c), 2(d) and 2(e) of this HIPAA requirement to such information, and shall limit further use of such Protected Information to those purposes that make the return or destruction of such Protected Information infeasible.

6. Reserved.

7. No Waiver of Immunity. No term or condition of this Agreement shall be construed or interpreted as a waiver, express or implied, of any of the immunities, rights, benefits, protection, or other provisions of the Michigan Governmental Immunity Act, MCL 691.1401, *et seq.*, the Federal Tort Claims Act, 28 U.S.C. 2671 *et seq.*, or the common law, as applicable, as now in effect or hereafter amended.

8. Reserved.

9. Disclaimer. CE makes no warranty or representation that compliance by Associate with this HIPAA requirement, HIPAA or the HIPAA Regulations will be adequate or satisfactory for Associate's own purposes. Associate is solely responsible for all decisions made by Associate regarding the safeguarding of Protected Information.

10. Certification. To the extent that CE determines an examination is necessary in order to comply with CE's legal obligations pursuant to HIPAA relating to certification of its security practices, CE or its authorized agents or contractors, may, at CE's expense, examine Associate's facilities, systems, procedures and records as may be necessary for such agents or contractors to certify to CE the extent to which Associate's security safeguards comply with HIPAA, the HIPAA Regulations or this HIPAA requirement.

11. Amendment.

a. Amendment to Comply with Law. The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of this HIPAA requirement may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the Privacy Rule, the Security Rule and other applicable laws relating to the security or privacy of Protected Information. The parties understand and agree that CE must receive satisfactory written assurance from Associate that Associate will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this HIPAA requirement embodying written assurances consistent with the standards and requirements of HIPAA, the Privacy Rule, the Security Rule or other applicable laws. CE may terminate the Agreement upon thirty (30) days written notice in the event (i) Associate does not promptly enter into negotiations to amend this Agreement when requested by CE pursuant to this Section or (ii) Associate does not enter into an amendment to this Agreement providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of HIPAA, the HIPAA Regulations and other applicable laws.

b. Amendment of Attachment A. Attachment A may be modified or amended by mutual agreement of the parties in writing from time to time without formal amendment of this HIPAA requirement.

12. Assistance in Litigation or Administrative Proceedings. Associate shall make itself, and any subcontractors, employees or agents assisting Associate in the performance of its obligations under this Agreement, available to CE, at no cost to CE, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against CE, its directors, officers or employees, departments, agencies, or divisions based upon a claimed violation of HIPAA, the HIPAA Regulations or other laws relating to security and privacy of Protected Information, except where Associate or its subcontractor, employee or agent is a named adverse party.

13. No Third Party Beneficiaries. Nothing express or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than CE, Associate and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

14. Effect on Contract. Except as specifically required to implement the purposes of this HIPAA requirement, or to the extent inconsistent with this HIPAA requirement, all other terms of the Contract shall remain in force and effect. This HIPAA requirement is incorporated into the Contract as if set forth in full therein. The parties expressly acknowledge and agree that sufficient mutual consideration exists to make this HIPAA requirement legally binding in accordance with its terms. Associate and CE expressly waives any claim or defense that this HIPAA requirement is not part of the Agreement between the parties under the Contract.

15. Interpretation and Order of Precedence. This HIPAA requirement is incorporated into and becomes part of each Contract identified herein. Together, this HIPAA requirement and each separate Contract constitute the "Agreement" of the parties with respect to their Business Associate relationship under HIPAA and the HIPAA Regulations. The provisions of this HIPAA requirement shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this HIPAA requirement. This HIPAA requirement and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA and the HIPAA Regulations. The parties agree that any ambiguity in

this HIPAA requirement shall be resolved in favor of a meaning that complies and is consistent with HIPAA and the HIPAA Regulations. This HIPAA requirement supercedes and replaces any previous separately executed HIPAA requirement between the parties. In the event of any conflict between the mandatory provisions of the HIPAA Regulations and the provisions of this HIPAA requirement, the HIPAA Regulations shall control. Where the provisions of this HIPAA requirement differ from those mandated by the HIPAA Regulations, but are nonetheless permitted by the HIPAA Regulations, the provisions of this HIPAA requirement shall control.

16. Effective Date. This HIPAA requirement is effective upon receipt of the last approval necessary and the affixing of the last signature required.

17. Survival of Certain Contract Terms. Notwithstanding anything herein to the contrary, Associate's obligations under Section 5(d) and record retention laws ("Effect of Termination") and Section 13 ("No Third Party Beneficiaries") shall survive termination of this Agreement and shall be enforceable by CE as provided herein in the event of such failure to perform or comply by the Associate.

18. Representatives and Notice.
    a. Representatives. For the purpose of this Agreement, the individuals identified in this Contract shall be the representatives of the respective parties. If no representatives are identified in the Contract, the individuals listed below are hereby designated as the parties' respective representatives for purposes of this Agreement. Either party may from time to time designate in writing new or substitute representatives.

    b. Notices. All required notices shall be in writing and shall be hand delivered or given by certified or registered mail to the representatives at the addresses set forth in this Contract

Any notice given to a party under this HIPAA requirement shall be deemed effective, if addressed to such party, upon: (i) delivery, if hand delivered; or (ii) the third (3rd) Business Day after being sent by certified or registered mail.

2.2 Contract Performance

2.201 TIME IS OF THE ESSENCE

Contractor/Vendor is on notice that time is of the essence in the performance of this contract. Late performance will be considered a material breach of this contract, giving the State a right to invoke all remedies available to it under this contract.

2.202 CONTRACT PAYMENT SCHEDULE

The specific payment schedule for the Contract(s) will be mutually agreed upon by the State and the Contractor(s). The schedule should show payment amount and should reflect actual work done by the payment dates, less any penalty cost charges accrued by those dates. As a general policy statements shall be forwarded to the designated representative by the 15th day of the following month.

2.203 POSSIBLE PROGRESS PAYMENTS-RESERVED

2.204 POSSIBLE PERFORMANCE-BASED PAYMENTS (Actual performance rendered)-RESERVED

2.205 ELECTRONIC PAYMENT REQUIREMENT

The Contractor will be required to send all billings electronically in the HIPAA compliant 837 professional format, and be able to receive the HIPAA compliant 835 Remittance advice. Both of these types of transactions will be handled through the State of Michigan Data Exchange Gateway.

Vendors are required to register with the State of Michigan Office of Financial Management at www.cpexpress.state.mi.us to receive payments electronically.

2.206 PERFORMANCE OF WORK BY CONTRACTOR -RESERVED

2.3 Contract Rights and Obligations

2.301 INCURRING COSTS

The State of Michigan is not liable for any cost incurred by the Contractor prior to signing of the Contract. The State fiscal year is October 1st through September 30th. The Contractor(s) should realize that payments in any given fiscal year are contingent upon enactment of legislative appropriations. Total liability of the State is limited to terms and conditions of the Contract.

2.302 CONTRACTOR RESPONSIBILITIES

The Contractor will be required to assume responsibility for all contractual activities, whether or not that Contractor performs them. Further, the State will consider the Contractor to be the sole point of contact with regard to contractual matters, including payment of any and all charges resulting from the anticipated Contract. If any part of the work is to be subcontracted, the Contract must include a list of subcontractors, including firm name and address, contact person and a complete description of work to be subcontracted. The State reserves the right to approve subcontractors and to require the Contractor to replace subcontractors found to be unacceptable. The Contractor is totally responsible for adherence by the subcontractor to all provisions of the Contract. Any change in subcontractors must be approved by the State, in writing, prior to such change.

2.303 ASSIGNMENT AND DELEGATION

The Contractor shall not have the right to assign this Contract, to assign its rights under this contract, or delegate any of its duties or obligations under the Contract to any other party (whether by operation of law or otherwise), without the prior written consent of the State. Any purported assignment in violation of this Section shall be null and void. Further, the Contractor may not assign the right to receive money due under the Contract without the prior written consent of the Director of Purchasing Operations.

The Contractor shall not delegate any duties or obligations under the Contract to a subcontractor other than a subcontractor named and approved in the bid unless the Director of Purchasing Operations has given written consent to the delegation.

Bidder must obtain the approval of the Director of Purchasing Operations before using a place of performance that is different from the address that bidder provided in the bid.

2.304 TAXES

<u>Sales Tax</u>: For purchases made directly by the State of Michigan, the State is exempt from State and Local Sales Tax. Prices shall not include such taxes. Exemption Certificates for State Sales Tax will be furnished upon request.

<u>Federal Excise Tax</u>: The State of Michigan may be exempt for Federal Excise Tax, or such taxes may be reimbursable, if articles purchased under this Contract are used for the State's exclusive use. Certificates exclusive use for the purposes of substantiating a tax-free, or tax-reimbursable sale will be sent to the Contractor upon request. If a sale is tax exempt or tax reimbursable under the Internal Revenue Code, prices shall not include the Federal Excise Tax.

The State's Tax Exempt Certification is available for vendor viewing upon request to the Contract Administrator.

Contractors are expected to collect and pay all applicable federal, state, and local employment taxes for all persons involved in the resulting Contract. Also, bidders shall maintain appropriate payroll information on a system that can produce any reports that may be needed by Purchasing Operations.

2.305 INDEMNIFICATION

<u>General Indemnification</u>

To the fullest extent permitted by law, the Contractor shall indemnify, defend and hold harmless the State, its departments, divisions, agencies, sections, commissions, officers, employees and agents, from and against all losses, liabilities, penalties, fines, damages and claims (including taxes), and all related costs and expenses (including reasonable attorneys' fees and disbursements and costs of investigation, litigation, settlement, judgments, interest and penalties), arising from or in connection with any of the following:

1. Any claim, demand, action, citation or legal proceeding against the State, its employees and agents arising out of or resulting from (1) the product provided or (2) performance of the work, duties, responsibilities, actions or omissions of the Contractor or any of its subcontractors under this Contract.

2. Any claim, demand, action, citation or legal proceeding against the State, its employees and agents arising out of or resulting from a breach by the Contractor of any representation or warranty made by the Contractor in the Contract;

3. Any claim, demand, action, citation or legal proceeding against the State, its employees and agents arising out of or related to occurrences that the Contractor is required to insure against as provided for in this Contract;

4. Any claim, demand, action, citation or legal proceeding against the State, its employees and agents arising out of or resulting from the death or bodily injury of any person, or the damage, loss or destruction of any real or tangible personal property, in connection with the performance of services by the Contractor, by any of its subcontractors, by anyone directly or indirectly employed by any of them, or by anyone for whose acts any of them may be liable; provided, however, that this indemnification obligation shall not apply to the extent, if any, that such death, bodily injury or property damage is caused solely by the negligence or reckless or intentional wrongful conduct of the State;

5. Any claim, demand, action, citation or legal proceeding against the State, its employees and agents which results from an act or omission of the Contractor or any of its subcontractors in its or their capacity as an employer of a person.

Patent/Copyright Infringement Indemnification

To the fullest extent permitted by law, the Contractor shall indemnify, defend and hold harmless the State, its employees and agents from and against all losses, liabilities, damages (including taxes), and all related costs and expenses (including reasonable attorneys' fees and disbursements and costs of investigation, litigation, settlement, judgments, interest and penalties) incurred in connection with any action or proceeding threatened or brought against the State to the extent that such action or proceeding is based on a claim that any piece of equipment, software, commodity or service supplied by the Contractor or its subcontractors, or the operation of such equipment, software, commodity or service, or the use or reproduction of any documentation provided with such equipment, software, commodity or service infringes any United States or foreign patent, copyright, trade secret or other proprietary right of any person or entity, which right is enforceable under the laws of the United States. In addition, should the equipment, software, commodity, or service, or the operation thereof, become or in the Contractor's opinion be likely to become the subject of a claim of infringement, the Contractor shall at the Contractor's sole expense (i) procure for the State the right to continue using the equipment, software, commodity or service or, if such option is not reasonably available to the Contractor, (ii) replace or modify the same with equipment, software, commodity or service of equivalent function and performance so that it becomes non-infringing, or, if such option is not reasonably available to Contractor, (iii) accept its return by the State with appropriate credits to the State against the Contractor's charges and reimburse the State for any losses or costs incurred as a consequence of the State ceasing its use and returning it.

Code Indemnification

To the extent permitted by law, the Contractor shall indemnify, defend and hold harmless the State from any claim, loss, or expense arising from Contractor’s breach of the No Surreptitious Code Warranty.

Indemnification Obligation Not Limited

In any and all claims against the State of Michigan, or any of its agents or employees, by any employee of the Contractor or any of its subcontractors, the indemnification obligation under the Contract shall not be limited in any way by the amount or type of damages, compensation or benefits payable by or for the Contractor or any of its subcontractors under worker's disability compensation acts, disability benefits acts, or other employee benefits acts. This indemnification clause is intended to be comprehensive. Any overlap in sub clauses, or the fact that greater

specificity is provided as to some categories of risk, is not intended to limit the scope of indemnification under any other sub clause.

Continuation of Indemnification Obligation
The duty to indemnify will continue in full force and affect not withstanding the expiration or early termination of the Contract with respect to any claims based on facts or conditions, which occurred prior to termination.

Indemnification Procedures
The procedures set forth below shall apply to all indemnity obligations under this Contract.

(a) After receipt by the State of notice of the action or proceeding involving a claim in respect of which it will seek indemnification, the State shall promptly notify Contractor of such claim in writing and take or assist Contractor in taking, as the case may be, any reasonable action to avoid the imposition of a default judgment against Contractor. No failure to so notify Contractor shall relieve Contractor of its indemnification obligations except to the extent that Contractor can demonstrate damages attributable to such failure. Within ten (10) days following receipt of written notice from the State relating to any claim, Contractor shall notify the State in writing whether Contractor agrees to assume control of the defense and settlement of that claim (a "Notice of Election"). After notifying Contractor of a claim and prior to the State receiving Contractor's Notice of Election, the State shall be entitled to defend against the claim, at Contractor's expense, and Contractor will be responsible for any reasonable costs incurred by the State in defending against the claim during such period.

(b) If Contractor delivers a Notice of Election relating to any claim: (i) the State shall be entitled to participate in the defense of such claim and to employ counsel at its own expense to assist in the handling of such claim and to monitor and advise the State about the status and progress of the Defense; (ii) Contractor shall, at the request of the State, demonstrate to the reasonable satisfaction of the State, Contractor's financial ability to carry out its defense and indemnity obligations under this Contract; (iii) Contractor shall periodically advise the State about the status and progress of the defense and shall obtain the prior written approval of the State before entering into any settlement of such claim or ceasing to defend against such claim and (iv) to the extent that any principles of Michigan governmental or public law may be involved or challenged, the State shall have the right, at its own expense, to control the defense of that portion of such claim involving the principles of Michigan governmental or public law. Notwithstanding the foregoing, the State may retain control of the defense and settlement of a claim by written notice to Contractor given within ten (10) days after the State's receipt of Contractor' s information requested by the State pursuant to clause (ii) of this paragraph if the State determines that Contractor has failed to demonstrate to the reasonable satisfaction of the State Contractor's financial ability to carry out its defense and indemnity obligations under this Section. Any litigation activity on behalf of the State of Michigan, or any of its subdivisions pursuant to this Section, must be coordinated with the Department of Attorney General. In the event the insurer's attorney represents the State pursuant to this Section, the insurer's attorney may be required to be designated as a Special Assistant Attorney General by the Attorney General of the State of Michigan.

(c) If Contractor does not deliver a Notice of Election relating to any claim of which it is notified by the State as provided above, the State shall have the right to defend the claim in such manner as it may deem appropriate, at the cost and expense of Contractor. If it is determined that the claim was one against which Contractor was required to indemnify the State, upon request of the State, Contractor shall promptly reimburse the State for all such reasonable costs and expenses.

2.306 LIMITATION OF LIABILITY
The Contractor's liability for damages to the State shall be limited to two times the value of the Contract. The foregoing limitation of liability shall not apply to claims for infringement of United States patent, copyright, trademarks or trade secrets; to claims for personal injury or damage to property caused by the gross negligence or willful misconduct of the Contractor; to claims covered by other specific provisions of this Contract calling for liquidated damages; to Contractor's

indemnification obligations (2.305); or to court costs or attorney's fees awarded by a court in addition to damages after litigation based on this Contract.

The State's liability for damages to the Contractor shall be limited to the value of the Contract.

2.307 CONTRACT DISTRIBUTION
Purchasing Operations shall retain the sole right of Contract distribution to all State agencies and local units of government unless other arrangements are authorized by Purchasing Operations.

2.308 FORM, FUNCTION, AND UTILITY-RESERVED

2.309 ASSIGNMENT OF ANTITRUST CAUSE OF ACTION
For and in consideration of the opportunity to submit a quotation and other good and valuable consideration, the bidder hereby assigns, sells and transfers to the State of Michigan all rights, title and interest in and to all causes of action it may have under the antitrust laws of the United States or this State for price fixing, which causes of action have accrued prior to the date of payment and which relate solely to the particular goods, commodities, or services purchased or procured by this State pursuant to this transaction.

2.310 PURCHASING FROM OTHER STATE AGENCIES-RESERVED

2.311 TRANSITION ASSISTANCE
If this Contract is not renewed at the end of this term, or is canceled prior to its expiration, for any reason, the Contractor must provide for up to *NINETY (90)* after the expiration or cancellation of this Contract, all reasonable transition assistance requested by the State, to allow for the expired or canceled portion of the Services to continue without interruption or adverse effect, and to facilitate the orderly transfer of such services to the State or its designees. Such transition assistance will be deemed by the parties to be governed by the terms and conditions of this Contract, (notwithstanding this expiration or cancellation) except for those Contract terms or conditions that do not reasonably apply to such transition assistance. The State shall pay the Contractor for any resources utilized in performing such transition assistance at the most current rates provided by the Contract for Contract performance.

2.312 RESERVED

2.313 RESERVED

2.314 WEBSITE INCORPORATION

State expressly states that it will not be bound by any content on the Contractor's website, even if the Contractor's documentation specifically referenced that content and attempts to incorporate it into any other communication, unless the State has actual knowledge of such content and has expressly agreed to be bound by it in a writing that has been manually signed by an authorized representation of the State.

2.4 Contract Review and Evaluation

2.401 CONTRACT COMPLIANCE INSPECTOR
Upon receipt at Purchasing Operations of the properly executed Contract Agreement(s), the person named below will be allowed to oversee the Contract performance on a day-to-day basis during the term of the Contract. However, overseeing the Contract implies <u>no authority to negotiate, change, modify, clarify, amend, or otherwise alter the terms, conditions, and specifications of such Contract(s). That authority is retained by Purchasing Operations</u>. The Contract Compliance Inspector and the Contract Manager for this project are:

Laura Dotson, Contract Compliance Inspector
Michigan Department of Community Health
Contract Management Section
320 S. Walnut Street
Lansing, MI 48913
(517) 241-4686

dotsonl1@michigan.gov
Kim Hanson, Contract Manager
Michigan Department of Community Health
Program Review Division
PO Box 30170
Lansing, MI 48909
(517) 373-0931
hansonk@michigan.gov

2.402 PERFORMANCE REVIEWS

Purchasing Operations in conjunction with the MDCH may review with the Contractor their performance under the Contract. Performance reviews shall be conducted quarterly, semi-annually or annually depending on Contractor's past performance with the State. Performance reviews shall include, but not limited to, quality of products/services being delivered and provided, timeliness of delivery, percentage of completion of orders, the amount of back orders, status of such orders, accuracy of billings, customer service, completion and submission of required paperwork, the number of substitutions and the reasons for substitutions, and other requirements of the Contract.

Upon a finding of poor performance, which has been documented by Purchasing Operations, the Contractor shall be given an opportunity to respond and take corrective action. If corrective action is not taken in a reasonable amount of time as determined by Purchasing Operations, the Contract may be canceled for default. Delivery by the Contractor of unsafe and/or adulterated or off-condition products to any State agency is considered a material breach of Contract subject to the cancellation provisions contained herein.

2.403 AUDIT OF CONTRACT COMPLIANCE/ RECORDS AND INSPECTIONS

The Contractor agrees that the State may, upon 24-hour notice, perform an audit at Contractor's location(s) to determine if the Contractor is complying with the requirements of the Contract. The Contractor agrees to cooperate with the State during the audit and produce all records and documentation that verifies compliance with the Contract requirements.

2.5 Quality and Warranties

2.501 PROHIBITED PRODUCTS

The State will not accept salvage, distressed, outdated or discontinued merchandise. Shipping of such merchandise to any State agency, as a result of an order placed against the Contract, shall be considered default by the Contractor of the terms and conditions of the Contract and may result in cancellation of the Contract by the State. The brand and product number offered for all items shall remain consistent for the term of the Contract, unless Purchasing Operations has approved a change.

2.502 QUALITY ASSURANCE

The State reserves the right to periodically test products, which have been received to verify compliance with specifications. If laboratory analysis shows that the product does not meet specifications or fails to perform satisfactorily at any time, the Contractor shall be responsible for:

1. All costs of testing and laboratory analysis.
2. Disposal and/or replacement of all products which fail to meet specifications.
3. All costs of repair and/or replacement of equipment deemed to have been damaged by substandard products as determined by the State.

2.503 INSPECTION

All goods are subject to inspection and testing. In the event goods are defective in material or workmanship, or otherwise fail to meet the requirements of the Contract, the State shall have the right to reject the goods or retain the goods and correct the defects. The Contractor shall pay the State for expenses incurred in correcting defects. Rejected goods will be held for 45 days after delivery. The Contractor must arrange for the return of said goods, including paying for handling, packing, and transportation costs. The State has the authority to dispose of the goods without further liability to the State in the event the Contractor fails to make arrangements within the specified time period.

2.504 GENERAL WARRANTIES (goods)

***Warranty of Merchantability* – Goods provided by vendor under this agreement shall be merchantable. All goods provided under this contract shall be of good quality within the description given by the State, shall be fit for their ordinary purpose, shall be adequately contained and packaged within the description given by the State, shall conform to the agreed upon specifications, and shall conform to the affirmations of fact made by the vendor or on the container or label.**

2.505 CONTRACTOR WARRANTIES

The Contract will contain customary representations and warranties by the Contractor, including, without limitation, the following:

1. **The Contractor will perform all services in accordance with high professional standards in the industry;**

2. **The Contractor will use adequate numbers of qualified individuals with suitable training, education, experience and skill to perform the services;**

3. **The Contractor will use its best efforts to use efficiently any resources or services necessary to provide the services that are separately chargeable to the State;**

4. **The Contractor will use its best efforts to perform the services in the most cost effective manner consistent with the required level of quality and performance;**

5. **The Contractor will perform the services in a manner that does not infringe the proprietary rights of any third party;**

6. **The Contractor will perform the services in a manner that complies with all applicable laws and regulations;**

7. **The Contractor has duly authorized the execution, delivery and performance of the Contract;**

8. **The Contractor is capable in all respects of fulfilling and shall fulfill all of its obligations under this contract.**

9. **The contract appendices, attachments, and exhibits identify all equipment and software services necessary for the deliverable(s) to perform and operate in compliance with the contract's requirements.**

10. **The Contractor is the lawful owner or licensee of any Deliverable licensed or sold to the state by Contractor or developed by Contractor under this contract, and Contractor has all of the rights necessary to convey to the state the ownership rights or license use, as applicable, of any and all Deliverables.**

11. **If, under this Contract, Contractor procures any equipment, software or other Deliverable for the State (including equipment, software and other Deliverables manufactured, re-marketed or otherwise sold by Contractor under Contractor's name), then in addition to Contractor's other responsibilities with respect to such items as set forth in this Contract, Contractor shall assign or otherwise transfer to the State or its designees, or afford the State the benefits of, any manufacturer's warranty for the Deliverable.**

12. **The contract signatory has the power and authority, including any necessary corporate authorizations, necessary to enter this contract, on behalf of Contractor.**

13. **The Contractor is qualified and registered to transact business in all locations where required.**

14. **Neither the Contractor nor any Affiliates, nor any employee of either, has, shall have, or shall acquire, any contractual, financial, business, or other interest, direct or indirect, that would conflict in any manner or degree with Contractor's performance of its duties and**

responsibilities to the State under this Contract or otherwise create an appearance of impropriety with respect to the award or performance of this Agreement. Contractor shall notify the State within two (2) days of any such interest that may be incompatible with the interests of the State.

15. All financial statements, reports, and other information furnished by Contractor to the State as part of its response to the ITB or otherwise in connection with the award of this Contract fairly and accurately represent the business, properties, financial condition, and results of operations of Contractor as of the respective dates, or for the respective periods, covered by such financial statements, reports, other information. Since the respective dates or periods covered by such financial statements, reports, or other information, there have been no material adverse changes in the business, properties, financial condition, or results of operations of Contractor. All written information furnished to the State by or behalf of Contractor in connection with this Contract, including its bid, it true, accurate, and complete, and contains no untrue statement of material fact or omits any material fact necessary to make such information not misleading.

2.506 STAFF

The State reserves the right to approve the Contractor's assignment of Key Personnel to this project and to recommend reassignment of personnel deemed unsatisfactory by the State.

The Contractor shall not remove or reassign, without the State's prior written approval any of the Key Personnel until such time as the Key Personnel have completed all of their planned and assigned responsibilities in connection with performance of the Contractor's obligations under this Contract. The Contractor agrees that the continuity of Key Personnel is critical and agrees to the continuity of Key Personnel. Removal of Key Personnel without the written consent of the State may be considered by the State to be a material breach of this Contract. The prohibition against removal or reassignment shall not apply where Key Personnel must be replaced for reasons beyond the reasonable control of the Contractor including but not limited to illness, disability, resignation or termination of the Key Personnel's employment.

The Contractor agrees not to enter into any sub contractual arrangement with any subcontractor that has been suspended by Medicare and/or Medicaid.

The Contractor must attest that there is no current or previous sanctioning action against any of its principles or related subsidiaries, by any state, federal or foreign governmental agency or private health care payer for health care fraud, abuse or management issues within this state, nation or any other country.

2.507 RESERVED

2.508 RESERVED

2.509 RESERVED

2.6 Breach of Contract

2.601 BREACH DEFINED

Failure to comply with articles, sections, or subsections of this agreement, or making any false statement in this agreement will be considered a material breach of this agreement giving the state authority to invoke any and all remedies available to it under this agreement.

In addition to any remedies available in law and by the terms of this contract, if the Contractor breaches Sections 2.508, 2.509, or 2.510, such a breach may be considered as a default in the performance of a material obligation of this contract.

2.602 NOTICE AND THE RIGHT TO CURE

In the event of a curable breach by the Contractor, the State shall provide the Contractor written notice of the breach and a time period to cure said breach described in the notice. This section requiring notice and an opportunity to cure shall not be applicable in the event of successive or

repeated breaches of the same nature or if the State determines in its sole discretion that the breach poses a serious and imminent threat to the health or safety of any person or the imminent loss, damage or destruction of any real or tangible personal property.

2.603 EXCUSABLE FAILURE

1. Neither party shall be liable for any default or delay in the performance of its obligations under the Contract if and to the extent such default or delay is caused, directly or indirectly, by: fire, flood, earthquake, elements of nature or acts of God; riots, civil disorders, rebellions or revolutions in any country; the failure of the other party to perform its material responsibilities under the Contract (either itself or through another contractor); injunctions (provided the injunction was not issued as a result of any fault or negligence of the party seeking to have its default or delay excused); or any other cause beyond the reasonable control of such party; provided the non-performing party and its subcontractors are without fault in causing such default or delay, and such default or delay could not have been prevented by reasonable precautions and cannot reasonably be circumvented by the non-performing party through the use of alternate sources, workaround plans or other means, including disaster recovery plans. In such event, the non-performing party will be excused from any further performance or observance of the obligation(s) so affected for as long as such circumstances prevail and such party continues to use its best efforts to recommence performance or observance whenever and to whatever extent possible without delay provided such party promptly notifies the other party in writing of the inception of the excusable failure occurrence, and also of its abatement or cessation.

2. If any of the above enumerated circumstances substantially prevent, hinder, or delay performance of the services necessary for the performance of the State's functions for more than 14 consecutive days, and the State determines that performance is not likely to be resumed within a period of time that is satisfactory to the State in its reasonable discretion, then at the State's option: (a) the State may procure the affected services from an alternate source, and the State shall not be liable for payments for the unperformed services under the Contract for so long as the delay in performance shall continue; (b) the State may cancel any portions of the Contract so affected and the charges payable hereunder shall be equitably adjusted to reflect those services canceled; or (c) the Contract will be canceled without liability of the State to the Contractor as of the date specified by the State in a written notice of cancellation to the Contractor. The Contractor will not have the right to any additional payments from the State as a result of any excusable failure occurrence or to payments for services not rendered as a result of the excusable failure condition. Defaults or delays in performance by the Contractor which are caused by acts or omissions of its subcontractors will not relieve the Contractor of its obligations under the Contract except to the extent that a subcontractor is itself subject to any excusable failure condition described above and the Contractor cannot reasonably circumvent the effect of the subcontractor's default or delay in performance through the use of alternate sources, workaround plans or other means.

2.7 Remedies

2.701 CANCELLATION

The State may cancel this Contract without further liability or penalty to the State, its departments, divisions, agencies, offices, commissions, officers, agents, and employees for any of the following reasons:

1. <u>Material Breach by the Contractor</u>. In the event that the Contractor breaches any of its material duties or obligations under the Contract, which are either not capable of or subject to being cured, or are not cured within the time period specified in the written notice of breach provided by the State, or pose a serious and imminent threat to the health and safety of any person, or the imminent loss, damage or destruction of any real or tangible personal property, the State may, having provided written notice of cancellation to the Contractor, cancel this Contract in whole or in part, for cause, as of the date specified in the notice of cancellation.

In the event that this Contract is cancelled for cause, in addition to any legal remedies otherwise available to the State by law or equity, the Contractor shall be responsible for all costs incurred by the State in canceling the Contract, including but not limited to, State administrative costs, attorneys fees and court costs, and any additional costs the State may

incur to procure the services required by this Contract from other sources. All excess re-procurement costs and damages shall not be considered by the parties to be consequential, indirect or incidental, and shall not be excluded by any other terms otherwise included in the Contract.

In the event the State chooses to partially cancel this Contract for cause charges payable under this Contract will be equitably adjusted to reflect those services that are cancelled.

In the event this Contract is cancelled for cause pursuant to this section, and it is therefore determined, for any reason, that the Contractor was not in breach of contract pursuant to the provisions of this section, that cancellation for cause shall be deemed to have been a cancellation for convenience, effective as of the same date, and the rights and obligations of the parties shall be limited to that otherwise provided in the Contract for a cancellation for convenience.

2. Cancellation For Convenience By the State. The State may cancel this Contract for its convenience, in whole or part, if the State determines that such a cancellation is in the State's best interest. Reasons for such cancellation shall be left to the sole discretion of the State and may include, but not limited to (a) the State no longer needs the services or products specified in the Contract, (b) relocation of office, program changes, changes in laws, rules, or regulations make implementation of the Contract services no longer practical or feasible, and (c) unacceptable prices for additional services requested by the State. The State may cancel the Contract for its convenience, in whole or in part, by giving the Contractor written notice 30 days prior to the date of cancellation. If the State chooses to cancel this Contract in part, the charges payable under this Contract shall be equitably adjusted to reflect those services that are cancelled.

3. Non-Appropriation. In the event that funds to enable the State to effect continued payment under this Contract are not appropriated or otherwise made available. The Contractor acknowledges that, if this Contract extends for several fiscal years, continuation of this Contract is subject to appropriation or availability of funds for this project. If funds are not appropriated or otherwise made available, the State shall have the right to cancel this Contract at the end of the last period for which funds have been appropriated or otherwise made available by giving written notice of cancellation to the Contractor. The State shall give the Contractor written notice of such non-appropriation or unavailability within 30 days after it receives notice of such non-appropriation or unavailability.

4. Criminal Conviction. In the event the Contractor, an officer of the Contractor, or an owner of a 25% or greater share of the Contractor, is convicted of a criminal offense incident to the application for or performance of a State, public or private Contract or subcontract; or convicted of a criminal offense including but not limited to any of the following: embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, attempting to influence a public employee to breach the ethical conduct standards for State of Michigan employees; convicted under State or federal antitrust statutes; or convicted of any other criminal offense which in the sole discretion of the State, reflects upon the Contractor's business integrity.

5. Approvals Rescinded. The State may terminate this Contract without further liability or penalty in the event any final administrative or judicial decision or adjudication disapproves a previously approved request for purchase of personal services pursuant to Constitution 1963, Article 11, section 5, and Civil Service Rule 7. Termination may be in whole or in part and may be immediate as of the date of the written notice to Contractor or may be effective as of the date stated in such written notice.

2.702 RIGHTS UPON CANCELLATION

A. Rights and Obligations Upon Termination

(1) If this Contract is terminated by the State for any reason, Contractor shall (a) stop all work as specified in the notice of termination, (b) take any action that may be necessary, or that the State may direct, for preservation and protection of Deliverables or other

property derived or resulting from this Contract that may be in Contractor's possession, (c) return all materials and property provided directly or indirectly to Contractor by any entity, agent or employee of the State, (d) in the event that the Contractor maintains title in equipment and software that is intended to be transferred to the State at the termination of the Contract, Contractor will transfer title in, and deliver to, the State, unless otherwise directed, all Deliverables and other Developed Materials intended to be transferred to the State at the termination of the Contract and which are resulting from the Contract (which shall be provided to the State on an "As-Is" basis except to the extent the amounts paid by the State in respect of such items included compensation to Contractor for the provision of warranty services in respect of such materials), and (e) take any action to mitigate and limit any potential damages, or requests for Contractor adjustment or termination settlement costs, to the maximum practical extent, including terminating or limiting as otherwise applicable those subcontracts and outstanding orders for material and supplies resulting from the terminated Contract.

(2) In the event the State terminates this Contract prior to its expiration for its own convenience, the State shall pay Contractor for all charges due for Services provided prior to the date of termination and, if applicable, as a separate item of payment pursuant to this Contract, for partially completed Deliverables, on a percentage of completion basis. All completed or partially completed Deliverables prepared by Contractor pursuant to this Contract shall, at the option of the State, become the State's property, and Contractor shall be entitled to receive equitable fair compensation for such Deliverables. Regardless of the basis for the termination, the State shall not be obligated to pay, or otherwise compensate, Contractor for any lost expected future profits, costs or expenses incurred with respect to Services not actually performed for the State.

(3.) If any such termination by the State is for cause, the State shall have the right to set-off against any amounts due Contractor the amount of any damages for which Contractor is liable to the State under this Contract or pursuant to law or equity.

(4.) Upon a good faith termination, the State shall have the right to assume, at its option, any and all subcontracts and agreements for services and materials provided under this Contract, and may further pursue completion of the Services under this Contract by replacement contract or otherwise as the State may in its sole judgment deem expedient.

B. Termination Assistance

If the Contract (or any Statement of Work issued under it) is terminated for any reason before completion, Contractor agrees to provide for up to two-hundred seventy (270) calendar days after the termination all reasonable termination assistance requested by the State to facilitate the orderly transfer of such Services to the State or its designees in a manner designed to minimize interruption and adverse effect. Such termination assistance will be deemed by the parties to be governed by the terms and conditions of the Contract (notwithstanding its termination) other than any terms or conditions that do not reasonably apply to such termination assistance. The State shall compensate Contractor for such termination assistance at the same rates and charges set forth in the Contract on a time and materials basis in accordance with the Labor Rates indicated within Contractors pricing section. If the Contract is terminated by Contractor under Section 20, then Contractor may condition its provision of termination assistance under this Section on reasonable assurances of payment by the State for such assistance, and any other amounts owed under the Contract.

C. Reservation of Rights

Any termination of the Contract or any Statement of Work issued under it by a party shall be with full reservation of, and without prejudice to, any rights or remedies otherwise available to such party with respect to any claims arising prior to or as a result of such termination.

D. End of Contract Transition

In the event the Contract is terminated, for convenience or cause, or upon expiration, the Contractor agrees to comply with direction provided by the State to assist in the orderly transition of equipment, services, software, leases, etc. to the State or a third party designated by the State. In the event of termination or the expiration of the Contract, the Contractor agrees to make all reasonable efforts to effect an orderly transition of services within a reasonable period of time that in no event will exceed 270 calendar days. These efforts shall include, but are not limited to, the following:

(1) Personnel - The Contractor shall work with the State, or a specified third party, to develop a transition plan setting forth the specific tasks and schedule to be accomplished by the parties, to effect an orderly transition. The Contractor shall allow as many personnel as practicable to remain on the job to help the State, or a specified third party, maintain the continuity and consistency of the services required by the Contract. In addition, during or following the transition period, in the event the State requires the Services of the Contractor's subcontractors, as necessary to meet its needs, Contractor agrees to reasonably, and with good-faith, work with the State to use the Services of Contractor's subcontractors.

(2) Knowledgeable Personnel. Contractor will make available to the State or a Third Party Provider knowledgeable personnel familiar with the operational processes and procedures used to deliver products and services to the State. The Contractor personnel will work with the State or third party to help develop a mutually agreeable transition plan, work to transition the process of ordering, shipping and invoicing equipment and services to the State.

(3) Information - The Contractor agrees to provide reasonable detailed specifications for all Services needed by the State, or specified third party, to properly provide the services required under the Contract. The Contractor will also provide any licenses required to perform the Services under the Contract.

(4) Software. - The Contractor shall reasonably assist the State in the acquisition of any Contractor software required to perform the Services under the Contract. This shall include any documentation being used by the Contractor to perform the Services under the Contract. If the State transfers any software licenses to the Contractor, those licenses shall, upon expiration of the Contract, transfer back to the State at their current revision level.

(5) Payment - If the transition results from a termination for any reason, reimbursement shall be governed by the termination provisions of the Contract. If the transition results from expiration, the Contractor will be reimbursed for all reasonable transition costs (i.e. costs incurred within the agreed period after Contract expiration that result from transition operations). The hourly rates or fixed price to be charged will be agreed upon prior to the work commencing.

(6) Single Point of Contact. Contractor will maintain a Single Point of Contact (SPOC) for the State after termination of the Contract until all product and service obligations have expired.

E. Transition out of this Contract

(1) In the event that this Contract is terminated, dissolved, voided, rescinded, nullified, or otherwise rendered unenforceable, the Contractor agrees to perform the following obligations, and any others upon which the State and the Contractor agree:

(i) Cooperating with any contractors, vendors, or other entities with whom the State contracts to meet its telecommunication needs, for at least two hundred and seventy (270) days after the termination of this Contract;

(ii) Reserved.

(iii) Providing the State with all asset management data generated from the inception of this Contract through the date on which this Contract is terminated, in a comma-deliminated format unless otherwise required by the Program Office;

(iv) Reconciling all accounts between the State and the Contractor;
(v) Allowing the State to request the winding up of any pending or ongoing projects at the price to which the State and the Contractor agreed at the inception of the project;
(vi) Freezing all non-critical software changes;
(vii) Notifying all of the Contractor's subcontractors of procedures to be followed during the transition out phase;
(viii) Assisting with the communications network turnover, if applicable;
(ix) Assisting in the execution of a parallel operation until the effective date of termination of this Contract
(x) Answering questions regarding post-migration services;
(xi) Delivering to the State any remaining owed reports and documentation still in the Contractor's possession.

(2) In the event that this Contract is terminated, dissolved, voided, rescinded, nullified, or otherwise rendered unenforceable, the State agrees to perform the following obligations, and any others upon which the State and the Contractor agree:

(i) Reconciling all accounts between the State and the Contractor;
(ii) Completing any pending post-project reviews.

2.703 LIQUIDATED DAMAGES

A. The State and the Contractor hereby agree to the specific standards set forth in this Contract, including but not limited to; Nursing Assessments, Response Time, and Delivery Times. It is agreed between the Contractor and the State that the actual damages to the State as a result of Contractor's failure to provide promised services would be difficult or impossible to determine with accuracy. The State and the Contractor therefore agree that liquidated damages as set out herein shall be the exact amount of any and all payments made by the State in regards to failure to meet the standards stated in this contract. Liquidated damages will be set at 100% for all orders in noncompliance with State standards.

Accordingly, in the event of such damages, at the written direction of the State, the Contractor shall pay the State the indicated amount as liquidated damages, and not as a penalty. Amounts due the State as liquidated damages, if not paid by the Contractor within fifteen (15) days of notification of assessment, may be deducted by the State from any money payable to the Contractor pursuant to this Contract.

For audits, liquidated damages will be assessed and subject to extrapolation on all services and orders, within the audit sample which are non-compliant with standards specified in the resulting contract without accepted documentation for delay or reason.

The State will notify the Contractor in writing of any claim for liquidated damages pursuant to this paragraph on or before the date the State deducts such sums from money payable to the Contractor. No delay by the State in assessing or collecting liquidated damages shall be construed as a waiver of such rights.

B. The Contractor shall not be liable for liquidated damages when, in the opinion of the State, incidents or delays result directly from causes beyond the control and without the fault or negligence of the Contractor. Such causes may include, but are not restricted to, acts of God, fires, floods, epidemics, and labor unrest; but in every case the delays must be beyond the control and without the fault or negligence of the Contractor.

2.704 STOP WORK-RESERVED

2.705 SUSPENSION OF WORK

The Contract Administrator may order the Contractor, in writing, to suspend, delay, or interrupt all or any part of the work of this contract for the period of time that the Contract Administrator determines appropriate for the convenience of the Government.

If the performance of all or any part of the work is, for an unreasonable period of time, suspended, delayed, or interrupted (1) by an act of the Contract Administrator in the administration of this contract, or (2) by the Contract Administrator's failure to act within the time specified in this contract (or within a reasonable time if not specified), an adjustment shall be made for any increase in the cost of performance of this contract (excluding profit) necessarily caused by the unreasonable suspension, delay, or interruption, and the contract modified in writing accordingly. However, no adjustment shall be made under this clause for any suspension, delay, or interruption to the extent that performance would have been so suspended, delayed, or interrupted by any other cause, including the fault or negligence of the Contractor, or for which an equitable adjustment is provided for or excluded under any other term or condition of this contract.

A claim under this clause shall not be allowed:

(1) For any costs incurred more than 20 days before the Contractor shall have notified the Contract Administrator in writing of the act or failure to act involved (but this requirement shall not apply as to a claim resulting from a suspension order); and
(2) Unless the claim, in an amount stated, is asserted in writing as soon as practicable after the termination of the suspension, delay, or interruption, but not later than the date of final payment under the contract.

2.8 Changes, Modifications, and Amendments

2.801 APPROVALS

The Contract may not be modified, amended, extended, or augmented except by a writing executed by the parties hereto, and any breach or default by a party shall not be waived or released other than in writing signed by the other party.

2.802 TIME EXTENTIONS

Time extensions for contract changes will depend upon the extent, if any, by which the changes cause delay in the completion of the various elements of performance as described in the statement of work. The change order granting the time extension may provide that the contract completion date will be extended only for those specific elements related to the changed work and that the remaining contract completion dates for all other portions of the work will not be altered. The change order also may provide an equitable readjustment of liquidated damages under the new completion schedule.

2.803 MODIFICATION

Purchasing Operations reserves the right to modify this contract at any time during the contract term. Such modification may include changing the locations to be serviced, additional locations to be serviced, method or manner of performance of the work, number of days service is to be performed, addition or deletion of tasks to be performed, addition or deletion of items, and/or any other modifications deemed necessary. Any changes in pricing proposed by the Contractor resulting from the proposed changes are subject to acceptance by the State. Changes may be increases or decreases. IN THE EVENT PRICES ARE NOT ACCEPTABLE TO THE STATE, THE CONTRACT SHALL BE SUBJECT TO COMPETITIVE BIDDING BASED UPON THE NEW SPECIFICATION.

The State reserves the right to add an item(s) that is not described on the item listing and is available from the Contract vendor. The item(s) may be included on the Contract, only if prior written approval has been granted by Purchasing Operations.

2.804 AUDIT AND RECORDS UPON MODIFICATION

DEFINITION: records includes books, documents, accounting procedures and practices, and other data, regardless of whether such items are in written form, electronic form, or in any other form

Contractor shall be required to submit cost or pricing data with the pricing of any modification of this contract to the Contract Administrator in Purchasing Operations. Data may include accounting records, payroll records, employee time sheets, and other information the state deems necessary to perform a fair evaluation of the modification proposal. Contract Administrator or authorized

representative of the state shall have the right to examine and audit all of the contractor's records, including computations and projections, related to:

1. **The proposal for modification;**
2. **The discussions conducted on the proposal, including those related to negotiation;**
3. **Pricing of the modification; or**
4. **Performance of the modification.**

Contractor shall make available at its office at all reasonable times the materials described in the paragraphs above.

If this contract is completely or partially terminated, the records relating to the work terminated shall be made available for 6 years after any resulting final termination settlement.

2.805 CHANGES

(a) The Contract Administrator may, at any time, without notice to the sureties, if any, by written order designated or indicated to be a change order, make changes in the work within the general scope of the contract, including changes:

(1) In the specifications (including drawings and designs);
(2) In the method or manner of performance of the work;
(3) In the Government-furnished facilities, equipment, materials, services, or site; or
(4) Directing acceleration in the performance of the work.

(b) Any other written or oral order (which, as used in this paragraph (b), includes direction, instruction, interpretation, or determination) from the Contract Administrator that causes a change shall be treated as a change order under this clause; provided, that the Contractor gives the Contract Administrator written notice stating:

(1) The date, circumstances, and source of the order; and
(2) That the Contractor regards the order as a change order.

(c) Except as provided in this clause, no order, statement, or conduct of the Contract Administrator shall be treated as a change under this clause or entitle the Contractor to an equitable adjustment.

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(1)	EA	A4310 Insertion tray without drainage bag and without catheter (accessories only)	2	$1.68	Coloplast UT7010 10 cc Coloplast UT7030 30 cc AMSINO AS880 10 cc AMSINO AS890 30 cc
(2)	EA	A4311 Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating, (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	2	$3.55	Coloplast UT8100 Series Bard 800 Series
(3)	EA	A4312 Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone	2	$3.75	Bard 720000 Series
(4)	EA	A4314 Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)	2	$3.25	Coloplast UT8183 Series Coloplast UT8163 Series
(5)	EA	A4315 Insertion tray with drainage bag, with indwelling catheter, foley type, two-way, all silicone	2	$5.00	Covidien 6900 Series
(6)	EA	A4320 Irrigation tray with bulb or piston syringe, any purpose	30	$.82	Coloplast UT1001 (Bulb) Coloplast UT1002 (Piston) AMSINO AS130 (Bulb) AMSINO AS136 (Piston)
(7)	EA	A4322 Irrigation syringe, bulb or piston, each	30	$.44	Coloplast UT1004 Amsino AS011 (Bulb) Bard 750379
(8)	EA	A4349 Male external catheter (G)	96	$.62	Coloplast 9200 Coloplast 5000 Series Coloplast 8000 Series
(9)	EA	A4349 Male external catheter (G) with adhesive strip, each	96	$.47	Coloplast 7200 Series
(10)	EA	A4326 Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each	30	$.88	Coloplast 7800, 7850, 8205, 8100, 8200, 8305, 8400 Hollister 9897, 9898
(11)	EA	A4328 Female external urinary collection device; pouch, each	10	$2.25	Hollister 9840
(12)	EA	A4330 Perianal fecal collection pouch with adhesive, each	10	$6.11	Hollister 9821, 9822 Convatec 650078

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(13)	**EA**	**A4331 Extension drainage tubing, any type, any length, with connector/adapter, for us with urinary leg bag or urostomy pouch, each**	**4**	**$1.55**	**Coloplast 475, 7092 AMSINO AS311**
(14)	**EA**	**A4333 Urinary catheter anchoring device, adhesive skin attachment**	**4**	**$.70**	**Coloplast 4065**
(15)	**EA**	**A4334 Urinary catheter anchoring device, leg strap**	**6**	**$.61**	**Covidien 8887600149**
(16)	**EA**	**A4335 Belted/Unbelted Undergarment WO Sides**	**150**	**$.42**	**Select Belt Less, PBE 2078 Select Day + Belt Less, PBE 2694 Select Belted, PBE 2650 Select Night Time, PBE 2695 Select, PBE 2693 Covidien Surety Beltless, 23230 Humanicare 30073 Covidien Slip-On UG Belted 1500A Covidien Belted Undergarment MD-171B10 Kimberly-Clark Depends 19640, 19696**
(17)	**EA**	**A4338 Indwelling catheter, foley type, two-way latex w/coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.) each**	**2**	**$.92**	**Coloplast UC2500 Series Coloplast UC2300 Series AMSINO AS4000 Series**
(18)	**EA**	**A4340 Indwelling catheter, specialty type, e.g. Coude, mushroom, wing, etc., each**	**5**	**$2.25**	**Coloplast UC6000 and 6500 Series**
(19)	**EA**	**A4344 Indwelling catheter, foley type, two-way, all silicone, each *XX Denotes French Size**	**5**	**$3.50**	**Coloplast AA61XX Series Coloplast AA6CXX Series Coloplast AASC23XX Series AMSINO AS40000 Series**
(20)	**EA**	**A4351 Intermittent urinary catheter, straight tip, each**	**150**	**$.52**	**Coloplast NC1000 Series Coloplast UC1000 Coloplast 110 Series Coloplast 200 Series Coloplast 300 Series Coloplast 400 Series AMSINO AS861000 Series**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(21)	**EA**	**A4351-U4 Intermittent urinary catheter, straight tip, each**	**150 Under age 21**	**$1.70**	**Astra-Tech (Lofric) 900000, 940000, 9300000 Series Coloplast 4100, 4200, 4300, 4400 Series**
(22)	**EA**	**A4352 Intermittent urinary catheter, coude (curved) tip, each**	**150**	**$1.42**	**Coloplast 500 Series Coloplast 600 Series Coloplast 800 Series Coloplast UC6000 Series**
(23)	**EA**	**A4352-U4 Intermittent urinary catheter, coude (curved) tip, each**	**150 Under age 21**	**$2.31**	**Astra-Tech (Lofric) 960000 Series Coloplast 4600, 4800 Series**
(24)	**EA**	**A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or w/o tube, each**	**3**	**$1.55**	**Coloplast UB0500 Bard 802001 AMSINO AS332**
(25)	**EA**	**A4358 Urinary leg bag, vinyl, with or w/o tube, each *XX Denotes French Size**	**10**	**$1.50**	**Coloplast UB0600 Coloplast UB0950 AMSINO AS300 Series Coloplast 9000**
(26)	**OZ**	**A4402 Lubricant**	**10 OZ.**	**$.23**	**Fougera 20536, 20537 Fougera 20543**
(27)	**EA**	**T4521 Adult size brief / diaper small, each**	**300**	**$.35**	**Select PBE 2620 Tranquility Full Fit PBE 2120 Attends BRBX10 Hook & Loop Covidien 63062 Tenna Specialty Brief SCA 66150 FQ IB Brief IB-011**
(28)	**EA**	**T4522 Adult size brief / diaper medium, each**	**300**	**$.33**	**Select Full fit, PBE 2624 Wings Supreme Covidien 9501 Hook & Loop Covidien 63063 Attends BR20 Attends BRB20 Tena Ultra Brief Med SCA 68121 FQ Per-Fit Breathable PF-012/1**
(29)	**EA**	**T4523 Adult size brief / diaper large, each**	**300**	**$.41**	**Select Full Fit, PBE 2634 Wings Supreme Covidien 9502 Hook & Loop Covidien 63064 Attends BR30 Attends BRB30 Tena Ultra Brief Large SCA68122 FQ Per-Fit Breathable PF-013/1**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(30)	**EA**	**T4524 Adult size brief / diaper x-large, each**	**300**	**$.49**	**Select Full Fit, PBE 2635 Hook & Loop Covidien 63065 Attends BR40 Attends BRB40 FQ Per-Fit Breathable PF-014/1**
(31)	**EA**	**T4525 Adult size pull on small, each**	**150**	**$.48**	**Select Sm, PBE 2604 Sure Care Protective Underwear Covidien 1605 Attends 7 PaperPak APP0710 Dignity Humanicare 46076**
(32)	**EA**	**T4526 Adult size pull on medium, each**	**150**	**$.49**	**Select Med, PBE 2605 Sure Care Protective Underwear Covidien 1605 Attends 7 APP0720 Dignity Humanicare 46077 Tena Plus SCA 72436 FQ Per-Fit PF-512**
(33)	**EA**	**T4527 Adult size pull on large, each**	**150**	**$.54**	**Select Lg, PBE 2606 Sure Care Protective Underwear Covidien 1615 Attends 7 PaperPak APP0730 Dignity Humanicare 46078 Tena Plus SCA 72437 FQ Per-Fit PF-513**
(34)	**EA**	**T4528 Adult size pull on x-large, each**	**150**	**$.69**	**Select XLG, PBE 2607 Sure Care Protective Underwear Covidien 1625 Attends 7 PaperPak APP0740 Dignity Humanicare 46079 Tena Plus SCA 72438 FA Per-Fit PF-514 FQ Prevail Extra (XXL-Bariatric PV-517)**
(35)	**EA**	**T4529 Pediatric size brief / diaper small / medium, each**	**300**	**$.23**	**Curity Ultra Fits Covidien 80018 Curity Utra Fits Covidien 80028 Huggies Ultratrim SZ1-2 HG52164 Huggies Ultratrim SZ3 HG211980**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(36)	**EA**	**T4530 Pediatric size brief / diaper large, each**	**300**	**$.32**	**Curity Ultra Fits Covidien 80038CF Curity Ultra Fits Covidien 80048 Huggies Ultratrim SZ5 XL HG211994 Huggies Ultratrim SZ4 Lrg HG211987**
(37)	**EA**	**T4531 Pediatric size pull on small /medium, each**	**150**	**$.39**	**Run Around, Md. Boy Covidien 70063B Run Around, Md. Girl Covidien 70063G Huggies Youth Pull On Briefs 2T-3T MED Boy HG86171, Huggies Youth Pull On Briefs 2T-3T MED Girl HG86172 Curity Sleeppants Covidien 70073**
(38)	**EA**	**T4532 Pediatric size pull on large, each**	**150**	**$.43**	**Run Around Lg. Boy, Covidien 70064B Run Around Lg. Girl, Covidien 70064G Huggies Youth Pull On Briefs 3T-4T BOYS HG86173 Huggies Youth Pull On Briefs 3T-4T GIRLS HG86174**
(39)	**EA**	**T4533 Youth size brief / diaper, each**	**300**	**$.33**	**Tranquility PBE 2166 Select PBE 2666 Select Toddler + PBE 2665 Attends Briefs 10 Classic Youth Diaper BRCL1000 Curity Ultra Fits Covidien 80058 Huggies Ultratrim SZ6 HG212001**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(40)	**EA**	**T4534 Youth size pull on, each**	**150**	**$.49**	**Select Extra Small Brief, PBE 2603 RunAround X-Lg. Boy Covidien 70065B RunAround X-Lg. Girl Covidien 70065G Huggies Pull-Up 4T-5T Boy HG86175 Huggies Pull-Up 4T-5T Girl HG86182 Curity Sleeppants Covidien 70074 Curity Sleeppants Covidien 70075**
(41)	**EA**	**T4535 Disposable liner / shield / pad, each**	**300**	**$.19**	**Booster Pad, PBE 2760 Select 4.25x14.5, PBE 2671 Select 7x14, PBE 2691 Select 7x17, PBE 2690 Select Extra Absorb, PBE 2681, PBE 2682 Select Shield PBE 2648 Booster Pad PBE 2072 Tranquility Super Plus Trimshield, PBE 2083 Dignity ThinSerts Humanicare 30054 Humanicare Dignity Natural Liner HC26955, HC26954 Humanicare Stackable Pad HC30053 Humanicare Dignity Plus Super Liner HC30071 Humanicare Dignity Plus Liner HC30074 Humanicare Dignity Briefmates HC30225 Humanicare Spartan Liners HC40340 Covidien Incontinence Liner KN1100B22, KN1140B16 Attends Shaped Pad LP0500 Serenity extra pads(mod) SCA 48900 FQ Prevail/male guard PV-811 FQ Prevail Pantiliner PV-926 FQ Prevail Day Time Liner PL-100 and Attends LP0600**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(42)	**EA**	**T4536 Reusable washable underwear any size, each**	**10**	**$1.08**	**PBE 2684 MED PBE 2685 LRG PBE 2686 XL Covidien KN700 SMALL Covidien KN701 MED Covidien KN702 LRG Covidien KN703 XL Covidien KN704M XXL**
(43)	**EA**	**T4541 Disposable underpads (e.g., Chux's), large 23 x 36**	**180**	**$.15**	**Covidien 1093DP PBE 2673, 2675**
(44)	**EA**	**T4542 Disposable underpads (e.g., Chux's), small 17 x 24**	**180**	**$.12**	**PaperPak UFS170**
(45)	**EA**	**T4543 Bariatric adult size brief / diaper xx-large, each**	**300**	**$1.35**	**Whitestone 43790**
(46)	**EA**	**A4649 Misc. Supply**	**1**	**P. A. Required**	**No Reference**
(47)	**EA**	**A5112 Urinary leg bag; latex**	**2**	**$1.50**	**Coloplast 4157, 4175**
(48)	**EA**	**A5120 Skin barrier, wipes, 50/box (antiseptic), per wipe**	**100**	**$.10**	**Coloplast 44005**
(49)	**EA**	**S5199 Personal Care Products / Wipes/Adult/Baby, per wipe**	**100**	**$.08**	**Innovative DermAssist 80-301 ABCO Antiseptic Towelettes NDC634915 Kimberly-Clark Huggies Natural Care Wipes (unscented) HG18600**
(50)	**EA**	**A6250 Skin sealants, protectants, moisturizers, ointment, any type, any size**	**2**	**$2.99**	**Secura Smith & Nephew 2.47 oz 59431500 Covidien Vaseline Constant Care 2 oz KN8884737500 DermaRite Periguard 3.5 oz 00204**

Appendix I
PRICING FOR SELECTED INCONTINENCE SUPPLIES

Item No.	Unit	Code and Description	Monthly Quantity Limit	Unit Cost Per Item	Brands/Manufacturers
(51)	**EA**	**A4520 Diaper/Incontinent pant, reusable/washable**	**1**	**$8.15**	**Select PBE 3080 series Humanicare 16000 series Humanicare 40200 series Humanicare Spartan Unisex Waterproof Pant HC10000 Series Covidien 689 SML Covidien 691 MED Covidien 694 LRG Covidien 698 XL**
(52)	**EA**	**A4354 Insertion Tray with Drainage Bag**	**10**	**$5.25**	**Coloplast UT9183**
(53)	**EA**	**A4353 Intermittent Urinary Catheter with Insertion Supplies**	**150**	**$3.40**	**Coloplast 1008, 1012, 1014, 1016, 3110, 3112, 3114, 3116, 3212, 3214, UT8140, UT8150**

Attachment A – Key Personnel Organizational Chart

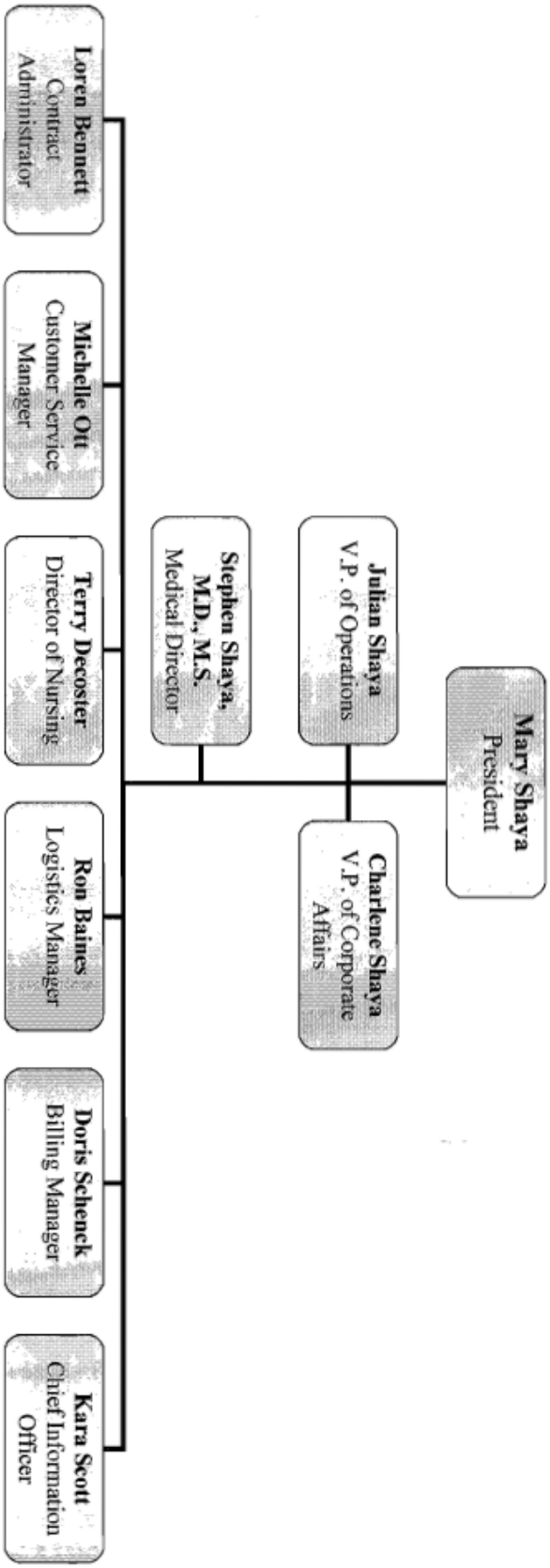

EXHIBIT P

EXHIBIT R

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4050 Fort Street
Lincoln Park, MI 48146
Phone: (313) 386-3330
Fax: (313) 386-3590

29100 Plymouth Rd.
Livonia, MI 48150
Phone: (734) 421-8400
Fax: (734) 421-3086

1100 W. 13 Mile
Madison Heights, MI 48071

1175 W. Washington
Marquette, MI 49855
Phone: (906) 228-6930
Fax: (906) 228-8757

113 E. Williams Street
Owosso, MI 48867
Phone: (989) 729-2442
Fax: (989) 729-9513

4146 24th Ave.
Fort Gratiot Twp., MI 48059
Phone: (810) 385-6330
Fax: (810) 385-6640

3665 Bay Road
Saginaw, MI 48603
Phone: (989) 799-7360
Fax: (989) 799-4294

EXHIBIT R

2901 I-75 Business Spur, Ste. 1
Sault Ste. Marie, MI 49783
Phone: (906) 632-1927
Fax: (906) 632-1381

11570 E. Eleven Mile Road
Warren, MI 48089
Phone: (586) 756-4020
Fax: (586) 756-3424

EXHIBIT I

J&B MEDICAL SUPPLY CO INC
PHYSICIAN LICENSE VERIFICATION PROCESS

Any new doctor that is added to J&B Medical Supply Co Inc system must have his or her license verified with the state licensing board in order to be added.
Their license must be currently active.
Using the below link, we are able to verify a license number for any physician in the United States.

J&B's customer service department has the ability to obtain the information when required. The CMN team member is then responsible for loading the information into the J&B system.

http://healthguideusa.org/medical_license_lookup.htm

J&B will also re-verify that all physician license numbers are still current and active at least once annually.

J&B also requires that the NPI and UPIN are verified as well.

We use the following websites to verify UPIN and NPI numbers. These websites are maintained by contractors of CMS.

UPIN: http://www.upinregistry.com/provider_form.asp
NPI:
https://nppes.cms.hhs.gov/NPPES/NPIRegistrySearch.do?subAction=reset&searchType=ind

EXHIBIT U

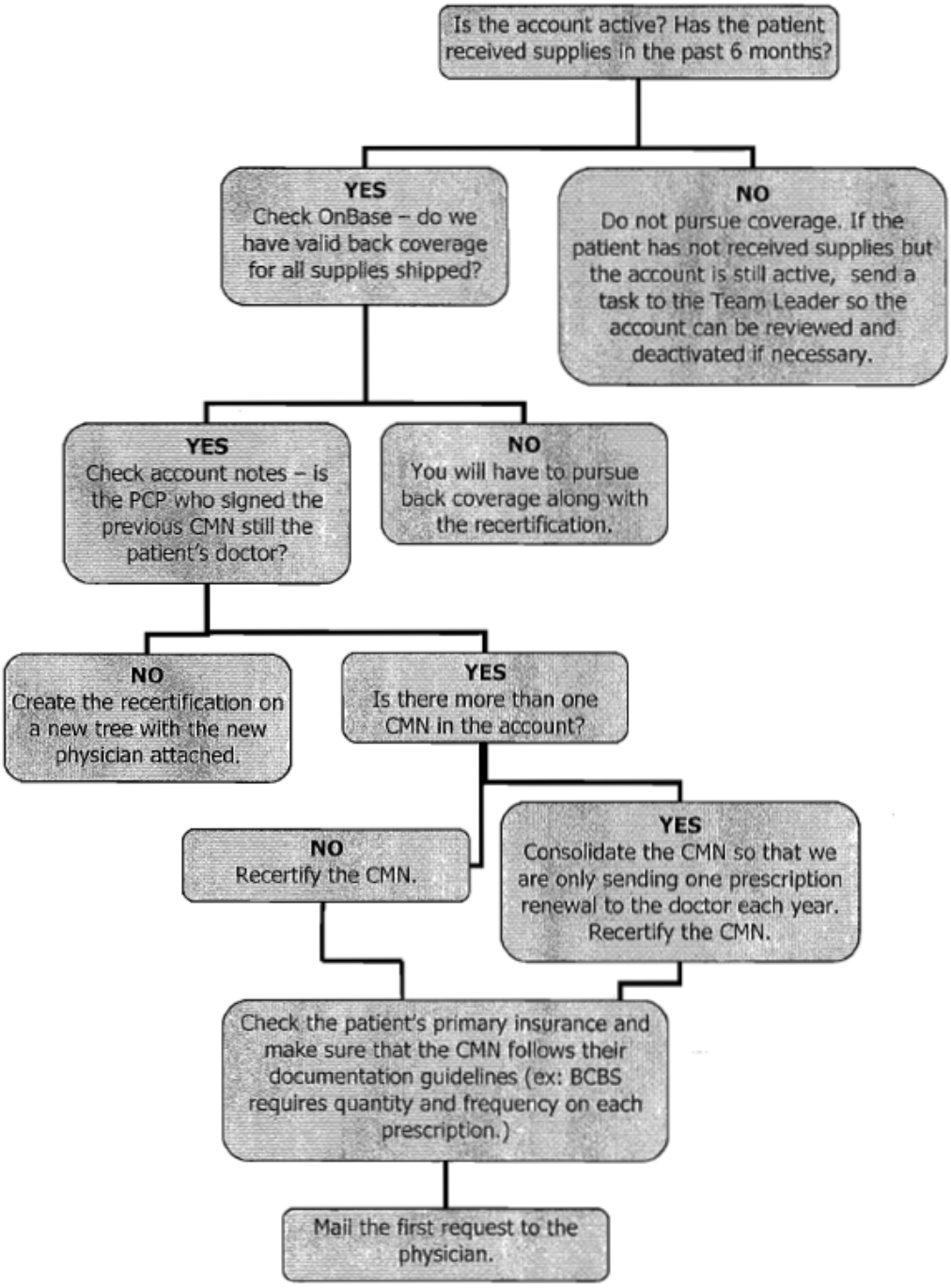
Procedure for Renewing Prescription Coverage As required by the State of Michigan

1) Sixty (60) days before the prescription is due to expire, the first request CMN will be mailed to the physician on file.
2) Thirty (30) days after the first attempt, the CMN department will fax the second request to the physician.
3) Fifteen (15) days after the second request, the CMN department will call the doctor's office, fax the third and final attempt to the physician's office (if requested), and send the advanced action letter to the client and the State of Michigan, stating that the account will be made inactive if prescription coverage is not received within twelve (12) days.
4) Twelve (12) days after the final attempt is sent, the CMN team leader will follow up with the account. If we have not received prescription coverage, the account will be made inactive and products discontinued.

Revised 1/31/07 TLG

1st Attempt Flow Sheet
CMN Recertification

EXHIBIT U



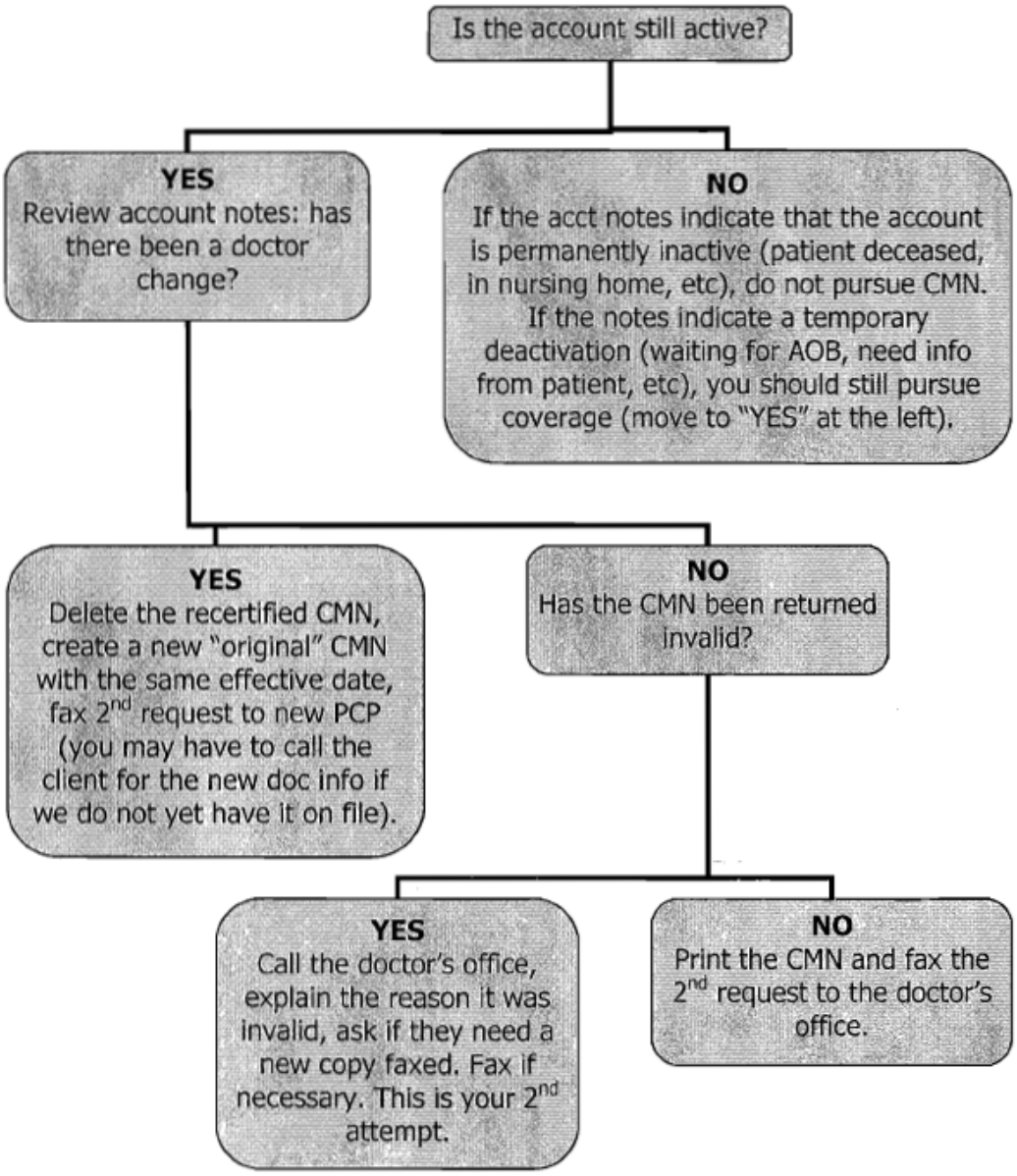
ADM 0002

CMN Rev 03/01/07

EXHIBIT U

2nd Attempt Flow Sheet
CMN Recertification

* On all 2nd attempt faxes, please use the "2nd Attempt" fax coversheet



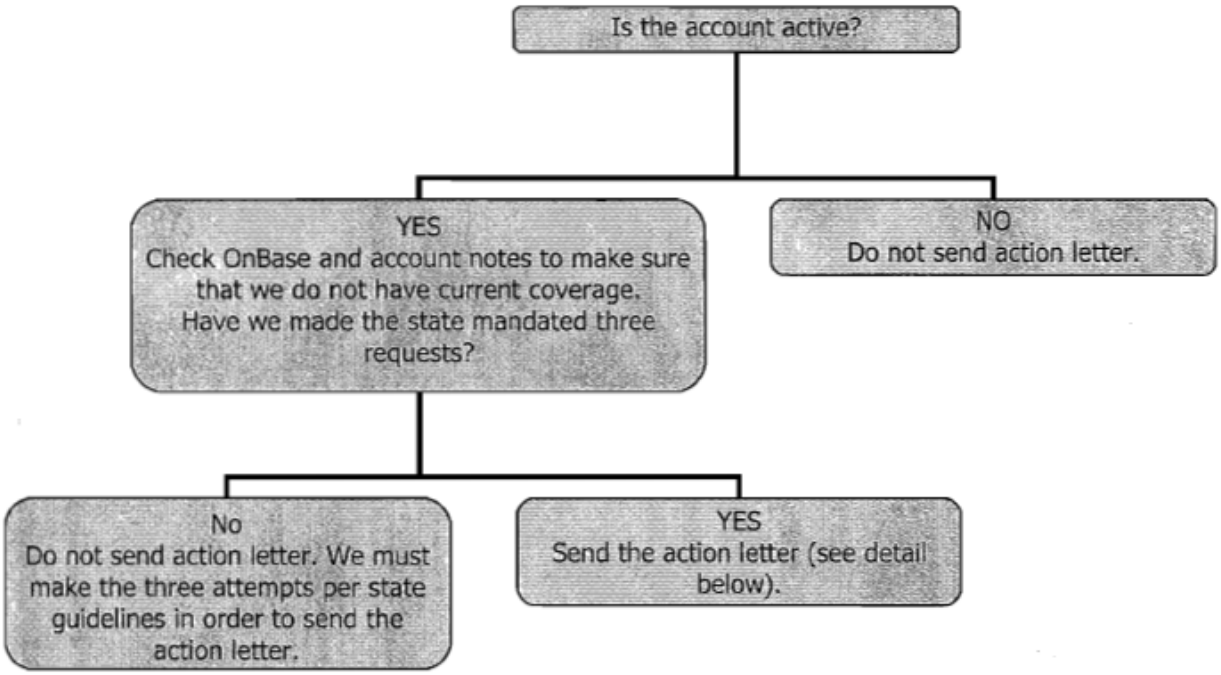
ADM 0046 CMN ITT Rev 03/01/07

Third and Final Requests

EXHIBIT U

After you verify that the CMN has not been returned, call the doctor's office. Let them know that the coverage we have is expiring and that we need the CMN back ASAP so that there is no disruption in the patients order. If requested, fax the third request to the doctor's office. Then follow the action letter process

ADVANCED ACTION LETTER PROCESS:



1. Pull up the action letter spreadsheet and letter (located in your folder in the CMN drive). Check Medifax to see if the patient has Medicaid/CSHCS, just Medicaid, or just CSHCS. For clients with straight Caid or Caid/CSHCS, use the "DIS Advance Caid and Care" letter. For clients that just have CSHCS, use the "DIS CSHCS Advanced Action Notice" letter.

2. Fill out the spreadsheet. The only insurances you need to list are Medicaid and / or CSHCS. Under "Services Provided", list the HCPCS that are on the CMN we are trying to obtain. Type the dates of your first, second and third request under their respective headings. The "Effective Date" is the day that we will deactivate the account if the CMN is not returned. The "Reason" should be either "PRESCRIPTION NOT RETURNED" or "NO PCP ON FILE".

Beneficiary Name-Recipent ID-Insurance	Services Provided	1st Request	2nd Request	3rd Request	Effective Date	Reason
J B Medical-12345678-Medicaid	T4541, T4522, A9270	7/17/2006	8/17/2006	9/1/2006	9/17/2006	PRESCRIPTION NOT RETURNED

EXHIBIT U

3. Fill in the Action Letter – today's date, client's name, address, Medicaid #, the reason for deactivation (either "PRESCRIPTION NOT RETURNED" or "NO PCP ON FILE"), services (products that will be removed from the order if CMN is not returned), and effective date (again, the date of acct deactivation).

4. Leave the following note under the "ACTIVE / INACTIVE" heading:
   ACTION NOTICE HAS BEEN FAXED TO THE STATE AND MAILED TO THE CLIENT. WE DO NOT HAVE CURRENT PRESCRIPTION COVERAGE FOR THIS CLIENT. THE CMN TEAM LEADER WILL FOLLOW UP WITH THIS ACOCUNT IN 12 DAYS TO SEE IF THE CMN HAS BEEN RETURNED. IF NOT, THE ACCOUNT WILL BE MADE INACTIVE.

5. Print two copies of the action letter and e-mail the spreadsheet to the CMN Team Leader along with one copy of the action letter (when all action letters have been done). The Team Leader will fax the action letter and individual spreadsheet to the State so that they are aware of the action we have taken.

6. Mail the second copy of the action letter to the patient along with a hearing request form and a return envelope for the State.

7. The CMN Team Leader will review the account 12 days after the action letter has been sent. If the CMN has not been returned, the CMN Team Leader will deactivate the account, remove the outstanding CMN, and remove all products from the re-occurring work order.

EXHIBIT GG

J&B Complaint Process

- **All complaints will be logged by a CSR either on paper form or via the J&B intranet call log. The CSR receiving the complaint should fill out the form completely and let the client/caregiver know that their concern will be addressed by a supervisor. If follow-up is necessary, a response would be relayed via phone or postal service.**

- **The complaints will be reviewed by management and logged into a spreadsheet.**

- **The complaint log will be forwarded to the state at intervals determined by the contract.**

Furthermore:

(1) J&B has a toll-free telephone and TTY access for Members to report any complaints they may have.
(2) J&B will report all grievances to the Contract Administrator at the State, and produce monthly grievance reports as required by the contract.
(3) Documentation of each complaint and grievance, along with the manner and promptness of its resolution, is maintained and reported to the State. The J&B Medical will inform the Contract Administrator of all complaints through the reports. Copies of all grievance resolutions will be provided to the Contract Administrator upon request. If a grievance resolution cannot be obtained, the Contractor shall notify the Contract Administrator and offer to provide the grievance and copies of all information and documentation for resolution. J&B will maintain these records for five (5) years beyond the end of the Contract, and make these records available upon request by the State.
(4) J&B then provides notification to Members of all negative actions. The Member notification of negative action must inform Members of the reason for the negative action (e.g., a patient requests a specific brand that is not covered under the contract, or a reduction in quantity as a result of unsubstantiated medical necessity as to the need for larger quantities).
(5) J&B will be accessible and/or provide information for hearings, if requested by the State.
(6) J&B will provide written and/or documented verbal notification to Members enrolled in a Medicaid Managed Health Care Plan that they are excluded from obtaining services through the Contractor under this contract. J&B will send a negative (a.k.a. advanced) action letter prepared by the State to Medicaid and Medicaid/Medicare dually enrolled Members utilizing the appropriate denial statement. An appeals form and addressed stamped envelope provided by the State must accompany the negative action letter. The negative action letter and appeal form must be sent to the Members within one (1) business day of the negative action. Copies of all negative action letters will also be sent to the Contract Administrator.

Updated 8/20/07 mdk