

**1. PARTIES**

The Montana Department of Corrections (**DEPARTMENT**) and Alternatives, Inc. (**CONTRACTOR**) enter into this Memorandum of Understanding (**MOU15-Passages Dental**). The parties' addresses, and telephone numbers are as follows:

Montana Department of Corrections  
Clinical Services Division  
5 S. Last Chance Gulch  
PO Box 201301  
Helena, MT 59620-1301  
(406) 444-3930

Alternatives, Inc.  
  
1001 South 27<sup>th</sup> Street  
Billings, MT 59101  
(406) 294-9609

**DEPARTMENT AND CONTRACTOR, AS PARTIES TO THIS MEMORANDUM OF UNDERSTANDING AND FOR THE CONSIDERATION SET FORTH BELOW, AGREE AS FOLLOWS:**

**2. DUTIES/RESPONSIBILITIES OF DEPARTMENT AND CONTRACTOR**

- A. DEPARTMENT will provide a dentist chair to be located at the Passages facility. This dental chair is the sole property of the DEPARTMENT and shall be returned to the DEPARTMENT upon the conclusion of this agreement.
- B. Dental services will be provided exclusively to female Culinary Arts Program (CAP) program participants, female Inmate Workers (IW), and females in the Passages Alcohol and Drug Treatment (ADT) and Assessment Sanction and Revocation Center (ASRC) programs.
- C. Dental services consisting of dental evaluations and triaged treatment plans will be performed under Department contract #12-058-MWP and provided by Jim Hicks, DDS.
- D. The services of appropriate specialists may be engaged, if dentally indicated, and only if authorized by the DEPARTMENT.
- E. Services will be provided on-site at the Passages facility on days, and for a number of hours, mutually agreed upon by CONTRACTOR and DEPARTMENT. Services may not exceed two (2) hours per week.

**4. TIME OF PERFORMANCE**

This Memorandum of Understanding shall take effect upon final signature and shall terminate on **December 31, 2016**, unless terminated earlier in accordance with the terms of this Memorandum of Understanding. This Memorandum of Understanding may, upon mutual agreement and according to the terms of the existing Memorandum of Understanding, be renewed for a period not to exceed a total of five (5) additional years.

Upon expiration of this Memorandum of Understanding, and in the absence of a new written agreement, the terms listed herein shall continue to govern the agreement between the parties until such time as a new Memorandum of Understanding is signed.

**SIGNATURE**

**DEPARTMENT**

Connie Winner

Connie Winner, Administrator  
Clinical Services Division

7-14-16  
Date

**CONTRACTOR**

David Armstrong

David Armstrong, Administrator  
Passages

7/29/2016  
Date

Approved for Legal Content by:

Colleen Ambrose

Legal Counsel  
Department of Corrections

6-29-16  
Date