

Department of Administration Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130

State of West Virginia Master Agreement

Order Date: 12-09-2024

CORRECT ORDER NUMBER MUST APPEAR ON ALL PACKAGES, INVOICES, AND SHIPPING PAPERS. QUESTIONS CONCERNING THIS ORDER SHOULD BE DIRECTED TO THE DEPARTMENT CONTACT.

Order Number:	CMA 0613 9905 VNF23000001C 3	Procurement Folder:	1147666	
Document Name:	Prequalified Vendors for Direct Care Staffing Service	Reason for Modification:		
Document Description:	Prequalified Vendors for Direct Care Nurse Staffing Services	Change Order No. 02 To Renew Contract		
Procurement Type:	Central Master Agreement	,		
Buyer Name:				
Telephone:				
Email:				
Shipping Method:	Best Way	Effective Start Date:	2023-01-01	
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2025-12-31	

	VENDOR			DEPARTMENT CONTACT
Vendor Customer Code:	VS0000008443		Requestor Name:	Peggy L Alexander
HOME CARE ADVANTAGE	INC		Requestor Phone:	(304) 626-1600
1179 S 6TH ST			Requestor Email:	peggy.l.alexander@wv.gov
INDIANA	PA	15701-3733		
US				
Vendor Contact Phone:	724-465-5863 Extensi	on:		
Discount Details:				
Discount Allowed	Discount Percentage	Discount Days	_	2005
#1 No	0.0000	0	_	2025
#1 No			- 1	
#1 No				
				LE LOCATION

	VOICE TO		SHIP TO
DIVISION OF VETERANS AFFAIR	S	VETERAN'S NURSING FACILITY	·
1 FREEDOMS WAY		1 FREEDOMS WAY	
CLARKSBURG	WV 26301	CLARKSBURG	WV 26301
us		us	

CR 12-18-24

Total Order Amount: Open End

Purchasing Division's File Copy

PURCHASING DIVISION AUTHORIZATION

DATE: 94 12.17. 24

ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM

DATE:

ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION

DATE:

Page: 1

ELECTRONIC SIGNATURE ON FILE

Date Printed: Dec 11, 2024 Order Number: CMA 0613 9905 VNF23000001C 3

FORM ID: WV-PRC-CMA-002 2020/01

Extended Description:

Change Order

Change Order No. 02 is issued to renew the original contract according to all terms, conditions, prices, and specifications contained in the original contract, including all authorized change orders.

Effective date of renewal 1/1/2025 through 12/31/2025.

Renewal Years Remaining: 0

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	85101601				0.000000
	Service From	Service To		Service Cont	tract Amount
	2023-01-01	2025-12-31		1000000.00	

Commodity Line Description:

Registered Nurse (RN)

Extended Description:

Registered Nurse (RN) to be billed using Delivery Order

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	85101601				0.000000
	Service From	Service To		Service Contract Amount	
	2023-01-01	2025-12-31		1000000.00	

Commodity Line Description:

Licensed Practical Nurse (LPN)

Extended Description:

Licensed Practical Nurse (LPN) to be billed using Delivery Order

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
3	85101601				0.000000
	Service From	Service To		Service Con	tract Amount
	2023-01-01	2025-12-31		1000000.00	

Commodity Line Description:

Health Service Worker (HSW)

Extended Description:

Health Service Worker (HSW) to be billed using Delivery Order

Date Printed: Dec 11, 2024 Order Number: CMA 0613 9905 VNF23000001C 3

Page: 2



West Virginia Veterans Nursing Facility One Freedoms Way Clarksburg WV 26301

December 3, 2024

Heather Gault Home Care Advantage 1179 S 6th St. Indiana, PA 15701

RE: Renewal CMA 0613 9905 VNF23*01C

Dear Ms. Gault,

Provisions were included in the original contract documents to renew the referenced contract under the same terms, conditions, and pricing. The renewal dates are 1/1/2025 to 12/31/2025. If your company agrees to this renewal, please sign below and return to my attention as soon as possible.

If you have any questions or concerns, feel free to contact me at (304) 626-1600.

Regards,

Michael Clevenger
Procurement Supervisor

We agree to renew the contract for the period stated above under the same terms, conditions, and pricing as in the original Purchase Order and any subsequent Change Orders.

X Dr. Michael Gehosky SIGNATURE

12/03/2024 DATE

Dr. Michael Gehosky, President

PRINT NAME

COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

Purchasing Division Use:	Agency:
Buyer: <u>8</u> Date: <u>12/11/24</u>	WVVNF
Solicitation NoCMA_VNF23*01C	Procurement Officer Submitting Requisition: Michael Clevenger
	Requisition No. CMA VNF23*01C
	PF No.: 1147666

This checklist **MUST** be completed by a state agency's designated procurement officer and submitted with the Purchase Requisition to the Purchasing Division. The purpose of the checklist is to verify that an agency procurement officer has obtained and included required documentation necessary for the Purchasing Division to process the requisition without future processing disruptions. At the agency's preference, the agency **MUST** either submit the checklist by attaching it to the requisition's Header **OR** by placing it in the requisition's Procurement Folder.

FOR ALL SOLICITATION TYPES:

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
1	Specifications and Pricing Page included		✓		
2	Use of correct specification template		√		
3	Use of correct requisition type [CRQS → CCT or CPO] or [CRQM → CMA]		7		
4	Use of most current terms and conditions (www.state.wv.us/admin/purchase/TCP.pdf)	abla	V		
5	Maximum budgeted amount in wvOASIS		V	A CANCELLA AND AND AND AND AND CANCELLA AND AND AND AND AND AND AND AND AND AN	
6	Suggested vendors in wvOASIS			Control PRAME STATES CONTROL C	
7	Capitol Building Commission pre-approval	F WALL SOLD AND THE PROPERTY OF THE PROPERTY O		Statement of Court Statement Stateme	
8	Financing (Governor's Office) pre-approval	7: Valuation valuation and val		V	
9	Fleet Management Division pre-approval				

Form No. WV-36 Rev. 10/26/2022

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
10	Insurance requirements				
	Commercial General Liability	december person and of a definition of the state of the s		√	
-	Automobile Liability		The second secon	V	
1004304 1901 SM	Workers' Compensation/Employer's Liability	* NACORPINS (PARTY) (AL 122 MA)		V	
ţ	Cyber Liability	I SOME STATE OF STATE		A CONTROL OF THE CONT	MOCOMMON OF MANAGEMENT SEE
	Builder's Risk/Installation Floater			V	
	Professional Liability			V	
	Other (specify)				September Spranning is administrative and contractive and
11	Office of Technology CIO pre-approval			V	All colored specific and specif
12	Treasurer's Office (banking) pre-approval			V	
FOR	CHANGE ORDERS/RENEWALS	S:			
1	Two-party agreement		✓		✓
2	Standard change order language		\checkmark		V
3	Office of Technology CIO approval			\checkmark	V
4	Justification for price increases/backdating/other	-		V	\checkmark
5	Bond Rider (Construction)	- Separate S		✓	V
6	Secretary of State Verification	abla	\checkmark		✓
7	State debarment verification		✓ VANDONARY.		V
8	Federal debarment verification	\square	V	22-Manual APP 1-Modella (1971 - 1994 - 27-1	√
to com agency The ref	ems pre-checked are required before a Purchase plete and verify this documentation may result is procurement officer to determine if pre-approverenced information below may be used to make urchasing Division Use Only:	n rejection of the als, insurance, or	be submitted to the requisition back to other documental	ne Purchasing Divis to the agency. It is	up to the
I have My rev	reviewed the requisition identified above and fi riew does not preclude the possibility that the v rn; however, should such issues or concerns aris	endor community se, they will be rev	y, or some other e viewed and addre	ntity, will identify a	an area of
	Signature:	id Pau	line		

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West Virginia Secretary of State — Online Data Services

Business and Licensing

Online Data Services Help

Business Organization Detail

NOTICE: The West Virginia Secretary of State's Office makes every reasonable effort to ensure the accuracy of information. However, we make no representation or warranty as to the correctness or completeness of the information. If information is missing from this page, it is not in the The West Virginia Secretary of State's database.

HOME CARE ADVANTAGE INC.

Organization Informa	ition							
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Туре	Termination Date	Termination Reason
C Corporation	4/5/2017		4/10/2017	Foreign	Profit			

anization Information			
Business Purpose	5613 - Admin/Support Waste Mgt/Remediation Services - Administrative and Support Services - Employment Services (placement, executive search, temporary help, professional employer orgs)	Capital Stock	
Charter County		Control Number	0
Charter State	PA	Excess Acres	
At Will Term		Member Managed	
At Will Term Years		Par Value	
Authorized Shares		Young Entrepreneur	Not Specified

Addresses		
уре	Address	
Local Office Address	1179 S 6TH ST INDIANA, PA, 15701	
Mailing Address	1179 S 6TH ST INDIANA, PA, 15701 USA	
Notice of Process Address	HOME CARE ADVANTAGE, INC. 1179 S 6TH ST INDIANA, PA, 15701	
Principal Office Address	1179 S 6TH ST INDIANA, PA, 15701 USA	
уре	Address	

Officers		
Гуре	Name/Address	
	MICHAEL GEHOSKY	
Director	1179 S 6TH STREET	
	INDIANA, PA, 15701	
	MICHAEL GEHOSKY	
President	1480 INDIAN SPRINGS RD	
	INDIANA, PA, 15701	
уре	Name/Address	

Annual Reports	
Filed For	
2024	
2023	
2022	
2021	
2020	
2019	
2018	X Close —
Date filed	Hi, I'm SOLO! I can help

For more information, please contact the Secretary of State's Office at 304-558-8000.

Wednesday, December 11, 2024 — 7:35 AM

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you file your Annual

Report.

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