



The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at wvOASIS.gov. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at WVPurchasing.gov with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

Header 0

[List View](#)

General Information Contact Default Values Checklist Document Information Clarification Request

Procurement Folder: 1039502

Procurement Type: Central Master Agreement

Vendor ID: V50000027000

Legal Name: ADELPHI MEDICAL STAFFING LLC

Alias/DBA:

Total Bid: 3022,569.89

Response Date: 03/27/2024

Response Time: 12:45

Responded By User ID: Madsen01

First Name: Jayne

Last Name: Trospe

Email: ctrospe@adelpmedicalstaffing.com

Phone: 678-438-0747

SO Doc Code: CRFG

SO Dept: 0013

SO Doc ID: V1972500000011

Published Date: 3/26/25

Close Date: 3/27/25

Close Time: 15:30

Status: Closed

Solicitation Description: Medical Director and Attending Physician

Total of Header Attachments: 4

Total of All Attachments: 4

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Medical Director and Attending Physician				822000.00

Comm Code	Manufacturer	Specification	Model #
85121502			

Commodity Line Comments: The contract amount is based on hourly rate calculations for the medical director and the attending physician on-site and on-call rates.

Extended Description:

See Pricing Pages to input pricing.
 Medical Director for the WVNF One freedom Way Clarksburg WV 26301

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COST FORMS

REQUEST FOR QUOTATION
Medical Director and Attending Physician
CRQM VNF250000006

EXHIBIT B - PRICING PAGE

Contracted Services	Visits per Year*	Fee per Visit	Annual Total	Separate Contract Required? (Yes or No)
ATTENDING PHYSICIAN	150	\$ 1560	\$ 234,000	No

PAYMENT FOR PHYSICIAN SERVICES:

Vendor

must comply with the following invoicing requirements as listed in the Specifications:

7.1 Physician Services for NON-Service Connected (NSC) Residents and/or Uninsured:

7.1.1 Vendor must bill and collect from Medicare, Medicaid, and third-party insurance for services rendered for non-Service-Connected (NSC) residents only.

7.1.2 Vendor shall not "double bill" or collect from more than one source, whether it be Medicare, Medicaid, third-party insurance, private pay or Agency for any services rendered.

7.1.3 Vendor must agree that the Agency will not be held responsible for payment in any cases of non-collection from Medicare, Medicaid, or third-party insurance.

7.1.4 Vendor may bill the Agency for copay amounts not paid by Medicare, Medicaid, or third-party insurance. Proof of non-payment and amount of same must be submitted with the Vendor's invoice to Agency.

7.1.5 Vendor shall bill the Agency at the rate awarded in the contract document for each visit for any non-Service Connected resident who does not have Medicare, Medicaid, or third-party insurance.

7.2 Physician Services for Service-Connected (SC) Residents:

7.2.1 In accordance with Federal regulations, services rendered for Service-Connected (SC) residents may NOT be collected from Medicare, Medicaid, or third-party insurance.

7.2.2 Vendor shall bill the Agency ONLY, and NOT other insurance or Medicare etc. for all services rendered to Service-Connected (SC) residents at the rate awarded in the contract.

- Vendor shall be responsible for all mileage and travel costs, including travel time and incidentals, associated with performance of this Contract. These costs may be included in the flat fee or hourly rate listed on Vendor's bid, but such costs will not be paid by the Agency separately.

- * Visits per year are estimated based on 20% of 120 beds for two (2) visits per year to SC or Uninsured NSC Residents. These are estimates only. No future use of the Contract or any individual item is guaranteed or implied.

Attending Physician Vendor Information	
Vendor: <u>Adelphi Staffing, LLC</u>	Printed Name: <u>Dayne Troupe</u>
Address: <u>3651 Peachtree Pkwy, Suite E439,</u> <u>Suwanee, GA 30024</u>	Title: <u>Managing Partner</u>
Office Phone: _____	*Signature 
Cell Phone: <u>678-365-1101</u>	<i>*I hereby certify I am authorized by the Vendor to sign this document.</i>
Fax: <u>678-257-2992</u>	Email: <u>govt@adelphistaffing.com</u>

REQUEST FOR QUOTATION
Medical Director and Attending Physician
CRQM VNF250000006
EXHIBIT C - PRICING PAGE
ANNUAL TOTALS

Contracted Services	Annual Total	Separate Contract Required (Yes or No)
Medical Director - Annual Total from Exhibit A:	\$ 588,000	No
Attending Physician - Annual Total from Exhibit B:	\$ 234,000	No
GRAND TOTAL ANNUAL AMOUNT:	\$ 822,000	

IMPORTANT:

Please read all Terms, Conditions and Specifications prior to bidding!
Your bid is your commitment to perform all services as listed.

Include all three (3) Exhibits A, B and C, with your bid.
Failure to do so may result in your bid being disqualified.
Vendor should enter the Grand Total Annual Amount in wvOASIS.
Failure to do so may result in your bid being disqualified.

PAYMENT: Agency shall pay the rate(s) awarded, as shown on the Pricing Pages, for all Contract Services performed and accepted under this Contract. The vendor must accept payment methods as stated in the General Terms and Conditions made part of this solicitation.

Medical Director Vendor Information			
Vendor:	<u>Adelphi Staffing, LLC</u>	Printed Name:	<u>Dayne Troupe</u>
Address:	<u>3651 Peachtree Pkwy, Suite E439,</u> <u>Suwanee, GA 30024</u>	Title:	<u>Managing Partner</u>
Office Phone:	_____	*Signature	
Cell Phone:	<u>678-365-1101</u>	<i>*I hereby certify I am authorized by the Vendor to sign this document.</i>	
Fax:	<u>678-257-2992</u>	Email:	<u>govt@adelpistaffing.com</u>

Attending Physician Vendor Information			
Vendor:	<u>Adelphi Staffing, LLC</u>	Printed Name:	<u>Dayne Troupe</u>
Address:	<u>3651 Peachtree Pkwy, Suite E439,</u> <u>Suwanee, GA 30024</u>	Title:	<u>Managing Partner</u>
Office Phone:	_____	*Signature	
Cell Phone:	<u>678-365-1101</u>	<i>*I hereby certify I am authorized by the Vendor to sign this document.</i>	
Fax:	<u>678-257-2992</u>	Email:	<u>govt@adelpistaffing.com</u>

COST SERVICES BREAKDOWN

Medical Director:

Hourly On-site rate = \$300/h
On-call rate = \$50/h

Calculations:

Medical Director rate = $(50 \times 300) + ((730 - 50) \times 50) = \$49,000$ per month

* Using the 50h a month on-site estimation given and

* Assuming 730 hours are in a month (730-50 = on call hours, monthly)

N.B: The monthly rate is based on the on-site rate and 24/7 on call rate.

Attending Physician:

Hourly Clinical rate = \$260/h
On-call rate = \$50/h

Calculations:

Attending physician rate = $260 \times 6 = \$1560$ per visit

* Assuming an average of 6h of clinical hours per visit (given minimum = 4h and assumed maximum = 8h)

ADDENDUM ACKNOWLEDGEMENT



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

**State of West Virginia
 Centralized Request for Quote**

Proc Folder: 1639582			Reason for Modification: Addendum No. 1
Doc Description: Medical Director and Attending Physician			
Proc Type: Central Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2025-03-26	2025-03-27 13:30	CRFQ 0613 VNF2500000010	2

BID RECEIVING LOCATION

BID CLERK
 DEPARTMENT OF ADMINISTRATION
 PURCHASING DIVISION
 2019 WASHINGTON ST E
 CHARLESTON WV 25305
 US

VENDOR

Vendor Customer Code: VS0000037603
Vendor Name : Adelphi Staffing, LLC
Address : 3651 Peachtree Pkwy, Suite E439
Street :
City : Suwanee
State : GA **Country :** USA **Zip :** 30024
Principal Contact : Dayne Troupe
Vendor Contact Phone: 678-365-1101 **Extension:** N/A

FOR INFORMATION CONTACT THE BUYER

David H Pauline
 304-558-0067
 david.h.pauline@wv.gov

Vendor Signature X

FEIN# 81-4797062

DATE 03/26/2025

All offers subject to all terms and conditions contained in this solicitation

ADDITIONAL INFORMATION

Addendum No. 1

To move the bid opening date and time to March 27, 2025, at 1:30 pm., EST.

No other changes.

INVOICE TO**SHIP TO**DIVISION OF VETERANS
AFFAIRS
1 FREEDOMS WAYVETERAN'S NURSING
FACILITY
1 FREEDOMS WAYCLARKSBURG WV
USCLARKSBURG WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Medical Director and Attending Physician				

Comm Code	Manufacturer	Specification	Model #
85121502			

Extended Description:

See Pricing Pages to input pricing.

Medical Director for the WVNF One freedom Way Clarksburg WV 26301

SCHEDULE OF EVENTS

Line	Event	Event Date
1	Vendor Technical Questions Due By 11:00 am., est.	2025-03-17

	Document Phase	Document Description	Page
VNF250000010	Final	Medical Director and Attending Physician	3

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

(Printed Name and Title) _____

(Address) _____

(Phone Number) / (Fax Number) _____

(email address) _____

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation/Contract in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; that I am authorized by the Vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on Vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.

(Company)



(Signature of Authorized Representative)

(Printed Name and Title of Authorized Representative) (Date)

(Phone Number) (Fax Number)

(Email Address)

BIDDER LICENSES AND CERTIFICATIONS

State of West Virginia



Certificate

I, Mac Warner, Secretary of State of the State of West Virginia, hereby certify that

ADELPHI MEDICAL STAFFING, LLC

was duly authorized under the laws of this state to transact business in West Virginia as a foreign limited liability company on November 04, 2021.

The company is filed as an at-will company, for an indefinite period.

I further certify that the company has not been revoked or administratively dissolved by the State of West Virginia nor has the West Virginia Secretary of State issued a Certificate of Cancellation or Termination to the company.

Accordingly, I hereby issue this Certificate of Authorization

CERTIFICATE OF AUTHORIZATION

Validation ID:8WV0Q_A3DME



*Given under my hand and the
Great Seal of the State of
West Virginia on this day of*

April 30, 2024

Mac Warner

Secretary of State

WEST VIRGINIA
STATE TAX DEPARTMENT
BUSINESS REGISTRATION
CERTIFICATE

ISSUED TO:
ADELPHI MEDICAL STAFFING, LLC
965 GENEVA WALK NW
KENNESAW, GA 30152-2895

BUSINESS REGISTRATION ACCOUNT NUMBER: **2415-3273**

This certificate is issued on: **11/05/2021**

*This certificate is issued by
the West Virginia State Tax Commissioner
in accordance with Chapter 11, Article 12, of the West Virginia Code.*

*The person or organization identified on this certificate is registered
to conduct business in the State of West Virginia at the location above.*

This certificate is not transferrable and must be displayed at the location for which issued.

This certificate shall be permanent until cessation of the business for which the certificate of registration was granted or until it is suspended, revoked or cancelled by the Tax Commissioner.

Change in name or change of location shall be considered a cessation of the business and a new certificate shall be required.

TRAVELING/STREET VENDORS: Must carry a copy of this certificate in every vehicle operated by them.
CONTRACTORS, DRILLING OPERATORS, TIMBER/LOGGING OPERATIONS: Must have a copy of this certificate displayed at every job site within West Virginia.

atL006 v.19
L0007482912

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Adelphi Medical Staffing, LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 26928815
Date Inc/Auth/Filed: 01/17/2017
Jurisdiction : Georgia
Print Date : 03/15/2024
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF AMENDMENT

NAME CHANGE

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

Adelphi Medical Staffing, LLC
a Domestic Limited Liability Company

has filed articles/certificate of amendment in the Office of the Secretary of State on 10/29/2024 changing its name to

Adelphi Staffing, LLC
a Domestic Limited Liability Company

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/ certificate of amendment.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on 10/31/2024.



Brad Raffensperger

Brad Raffensperger
Secretary of State

STATE OF GEORGIA
Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

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This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 28194780
Date Inc/Auth/Filed: 01/17/2017
Jurisdiction : Georgia
Print Date : 11/01/2024
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State

CERTIFICATE OF DISTINCTION

has been awarded to

Adelphi Medical Staffing, LLC
Kennesaw, GA

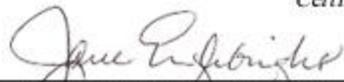
for
Health Care Staffing
by



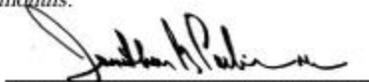
The Joint Commission
based on a review of compliance with national standards.

September 22, 2022

Certification is customarily valid for up to 24 months.


Jane Englebright, PhD, RN, CENP, FAAN
Chair, Board of Commissioners

ID #664336
Print/Reprint Date: 09/22/2022


Jonathan B. Perlman, MD, PhD, MSHA, MACP, FACMI
President and Chief Executive Officer

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in certified organizations. Information about certified organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding certification and the certification performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



This reproduction of the original certification certificate has been issued for use in regulatory/payer agency verification of certification by The Joint Commission. Please consult Quality Check on The Joint Commission's website to confirm the organization's current certification status and for a listing of the organization's locations of care.

REQUEST FOR QUOTATION
Medical Director and Attending Physician
CRQM VNF250000006

EXHIBIT B - PRICING PAGE

Contracted Services	Visits per Year*	Fee per Visit	Annual Total	Separate Contract Required? (Yes or No)
ATTENDING PHYSICIAN	150	\$ 1,560.00	\$ 234,000.00	

PAYMENT FOR PHYSICIAN SERVICES:

Vendor

must comply with the following invoicing requirements as listed in the Specifications:

7.1 Physician Services for NON-Service Connected (NSC) Residents and/or Uninsured:

7.1.1 Vendor must bill and collect from Medicare, Medicaid, and third-party insurance for services rendered for non-Service-Connected (NSC) residents only.

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7.1.5 Vendor shall bill the Agency at the rate awarded in the contract document for each visit for any non-Service Connected resident who does not have Medicare, Medicaid, or third-party insurance.

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7.2.1 In accordance with Federal regulations, services rendered for Service-Connected (SC) residents may NOT be collected from Medicare, Medicaid, or third-party insurance.

7.2.2 Vendor shall bill the Agency ONLY, and NOT other insurance or Medicare etc. for all services rendered to Service-Connected (SC) residents at the rate awarded in the contract.

- Vendor shall be responsible for all mileage and travel costs, including travel time and incidentals, associated with performance of this Contract. These costs may be included in the flat fee or hourly rate listed on Vendor's bid, but such costs will not be paid by the Agency separately.
- * Visits per year are estimated based on 20% of 120 beds for two (2) visits per year to SC or Uninsured NSC Residents. These are estimates only. No future use of the Contract or any individual item is guaranteed or implied.

Attending Physician Vendor Information			
Vendor:	<u>Adelphi Staffing, LLC</u>	Printed Name:	<u>Dayne Troupe</u>
Address:	<u>3651 Peachtree Pkwy, Suite E43</u> <u>Suwanee, GA 30024</u>	Title:	<u>Managing Partner</u>
Office Phone:	_____	*Signature	<u>Dayne Troupe</u>
Cell Phone:	<u>678-365-1101</u>	<i>*I hereby certify I am authorized by the Vendor to sign this document.</i>	
Fax:	<u>678-257-2992</u>	Email:	<u>govt@adelphistaffing.com</u>

REQUEST FOR QUOTATION
Medical Director and Attending Physician
CRQM VNF250000006
EXHIBIT C - PRICING PAGE
ANNUAL TOTALS

Contracted Services	Annual Total	Separate Contract Required (Yes or No)
Medical Director - Annual Total from Exhibit A:	\$ 588,000.00	No
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GRAND TOTAL ANNUAL AMOUNT:	\$ 822,000.00	

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Medical Director Vendor Information

Vendor:	<u>Adelphi Staffing, LLC</u>	Printed Name:	<u>Dayne Troupe</u>
Address:	<u>3651 Peachtree Pkwy, Suite E439,</u> <u>Suwanee, GA 30024</u>	Title:	<u>Managing Partner</u>
Office Phone:	<u></u>	*Signature	<u>Dayne Troupe</u>
Cell Phone:	<u>678-365-1101</u>	<i>*I hereby certify I am authorized by the Vendor to sign this document.</i>	
Fax:	<u>678-257-2992</u>	Email:	<u>govt@adelphistaffing.com</u>

Attending Physician Vendor Information

Vendor:	<u>Adelphi Staffing, LLC</u>	Printed Name:	<u>Dayne Troupe</u>
Address:	<u>3651 Peachtree Pkwy, Suite E439,</u> <u>Suwanee, GA 30024</u>	Title:	<u>Managing Partner</u>
Office Phone:	<u></u>	*Signature	<u>Dayne Troupe</u>
Cell Phone:	<u>678-365-1101</u>	<i>*I hereby certify I am authorized by the Vendor to sign this document.</i>	
Fax:	<u>678-257-2992</u>	Email:	<u>govt@adelphistaffing.com</u>