



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

# State of West Virginia Delivery Order

Order Date: 04-25-2024

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

<b>Order Number:</b>	CDO 0511 3986 BMS2300000018 5	<b>Procurement Folder:</b>	1116613
<b>Document Name:</b>	Change Order 1 Base Year Three Delivery Order: Operations	<b>Reason for Modification:</b>	
<b>Document Description:</b>	Change Order 1 Base Year Three Delivery Order: Operations	Change Order No. 1 is issued to cancel the balance per the attached documentation.	
<b>Procurement Type:</b>	Central Delivery Order		
<b>Buyer Name:</b>	Crystal G Hustead		
<b>Telephone:</b>	(304) 558-2402		
<b>Email:</b>	crystal.g.hustead@wv.gov		
<b>Shipping Method:</b>	Best Way	<b>Master Agreement Number:</b>	CMA 0511 BMS2100000003 5
<b>Free on Board:</b>	FOB Dest, Freight Prepaid		

VENDOR				DEPARTMENT CONTACT	
<b>Vendor Customer Code:</b>	VS0000018497			<b>Requestor Name:</b>	Lakendra R Burdette
HOMECARE SOFTWARE SOLUTIONS LLC				<b>Requestor Phone:</b>	304-352-4319
130 WEST 42ND ST 2ND FL				<b>Requestor Email:</b>	lakendra.burdette@wv.gov
NEW YORK	NY	10036		<div style="font-size: 48pt; font-weight: bold;">24</div> <div style="font-weight: bold;">FILE LOCATION _____</div>	
US					
<b>Vendor Contact Phone:</b>	7189646036	<b>Extension:</b>			
<b>Discount Details:</b>					
	<b>Discount Allowed</b>	<b>Discount Percentage</b>	<b>Discount Days</b>		
#1	No	0.0000	0		
#2	No				
#3	No				
#4	No				

INVOICE TO	SHIP TO
PROCUREMENT OFFICER: 304-352-4286	PROCUREMENT OFFICER: 304-352-4286
HEALTH AND HUMAN RESOURCES	HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES	BUREAU FOR MEDICAL SERVICES
350 CAPITOL ST, RM 251	350 CAPITOL ST, RM 251
CHARLESTON WV 25301-3709	CHARLESTON WV 25301-3709
US	US

Purchasing Division's File Copy

<b>Total Order Amount:</b>	\$260,314.89
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CH 4/30/24  
 PURCHASING DIVISION AUTHORIZATION  
 DATE: *T. Waite* 4/30/24  
 ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION  
 DATE: *Lee Day* 4-30-24  
 ELECTRONIC SIGNATURE ON FILE

**Extended Description:**

Change Order 1 to cancel the balance on the delivery order from \$260,532.00 to \$260,314.89 per attached document.

Original Contract Total: \$260,532.00

Change Order No. 1 cancellation: (\$217.11)

New Contract Total: \$260,314.89

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$260,314.89
Service From	Service To	Manufacturer	Model No	Delivery Date	
2022-10-19	2023-10-18				

**Commodity Line Description:** Base Year Three Operations

**Extended Description:**

Base Year Three Operations

See attached pricing pages.

\$21,711/Month X 12 Months=\$260,532.00

Service Period: 10/19/22-10/18/23

Change Order 1

Actual amount used: \$260,314.89



STATE OF WEST VIRGINIA  
DEPARTMENT OF HUMAN SERVICES  
BUREAU FOR MEDICAL SERVICES

Cynthia A. Persily, Ph.D.  
Cabinet Secretary

Cynthia Beane  
Commissioner

DATE: March 22, 2024  
TO: Homecare Software Solutions LLC  
FROM: Lakendra Burdette *LB*  
Procurement Specialist  
RE: Balance Closure of CDO BMS23\*18  
Dept 0511

Please be advised that there is a remaining balance on CDO BMS23\*18 for Homecare Software Solutions LLC. This agency contract expired on 10/18/2023. If you agree that all work has been invoiced, and that a remaining balance of \$217.11 exists, please sign and date in the space provided below and return it to my attention. If you dispute this amount, please contact me at (304) 352-4319 or [Lakendra.burdette@wv.gov](mailto:Lakendra.burdette@wv.gov). If no response is received by April 21, 2024, the Bureau for Medical Services (BMS) will proceed with cancellation of the remaining balance.

Thank you for your time and consideration in this matter.

Signature:

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Date:

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<sup>OK</sup>  
*Althea Greenhowe*





STATE OF WEST VIRGINIA  
DEPARTMENT OF HUMAN SERVICES  
BUREAU FOR MEDICAL SERVICES

Cynthia A. Persily, Ph.D.  
Cabinet Secretary

Cynthia Beane  
Commissioner

DATE: April 25, 2024

TO: Crystal Husted  
Senior Buyer  
State of West Virginia Purchasing Division

FROM: Althea Greenhowe *Althea Greenhowe*  
Procurement Specialist, Senior  
Office of Shared Administration

RE: PF1116613, CDO BMS23\*18  
Dept 0511

The West Virginia Bureau for Medical Services (BMS) respectfully requests the cancellation of the unused balance of \$217.11 on the above referenced CDO with Homecare Software Solutions LLC. The vendor has not responded to the balance cancellation letter that was emailed to them on 03/22/2024 (per attachment) on the status of all invoices being paid. It is concluded that the vendor was able to perform all required services at a lesser cost than was originally budgeted and approved. BMS is requesting cancellation of the remaining balance to roll back dollars for future budgeting use.

Please feel free to contact me if additional documentation or details are needed. I can be reached at 304-352-3924 or [althea.m.greenhowe@wv.gov](mailto:althea.m.greenhowe@wv.gov). Thank you for your time and consideration in this matter.



Burdette, Lakendra <lakendra.burdette@wv.gov>

**Balance Closure Requests Letter - CDO BMS 23\*18-**

1 message

**Burdette, Lakendra** <lakendra.burdette@wv.gov>

Fri, Mar 22, 2024 at 12:15 PM

To: kmock@hhaexchange.com, Jimmy K Dowden <jimmy.k.dowden@wv.gov>

Good afternoon,

Please see the attached letter. If you agree that all work has been invoiced please sign and return to me by April 21, 2024.

Thank you,





Lakendra Burdette  
**Procurement Specialist**  
 Bureau for Medical Services  
 West Virginia Department of Human Services  
 350 Capitol Street, Rm 251  
 Charleston, WV 25301  
 M: 304.558.1700  
 D: 304.352.4319 | dhhr.wv.gov  
 Email: Lakendra.burdette@wv.gov

DISCLAIMER: The information contained in this electronic message may be legally privileged and confidential under applicable state and federal law and is intended for the individual named above. If the recipient of the message is not the above-named recipient, you are hereby notified that any distribution, copy or disclosure of this communication is strictly prohibited. If you have received this communication in error, please notify the Bureau for Medical Services, West Virginia Department of Human Services, 350 Capitol Street, Rm 251 Charleston, WV 25301 Telephone 304.558.1700 and discard this communication immediately without making any copy or distribution.

 **Balance Cancellation Letter vendor.pdf**  
77K

Any Words 

All Words 

Exact Phrase 

e.g. 123456789, Smith Corp

"HOMECARE SOFTWARE SOLUTIONS LLC" ×

- Classification ▼
- Excluded Individual ▼
- Excluded Entity ▼
- Federal Organizations ▼
- Exclusion Type ▼
- Exclusion Program ▼
- Location ▼
- Dates ▼

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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.*

### HEMOCARE SOFTWARE SOLUTIONS LLC

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
LLC   Limited Liability Company	9/30/2020		9/30/2020	Foreign	Profit			

Organization Information			
<b>Business Purpose</b>	5415 - Professional, Scientific and Technical Services - Professional, Scientific and Technical Services - Computer Systems Design and Related Services (design, programming, facilities mgmt)		<b>Capital Stock</b>
<b>Charter County</b>		<b>Control Number</b>	0
<b>Charter State</b>	NY	<b>Excess Acres</b>	
<b>At Will Term</b>	A	<b>Member Managed</b>	MBR
<b>At Will Term Years</b>		<b>Par Value</b>	
<b>Authorized Shares</b>		<b>Young Entrepreneur</b>	No

<b>Addresses</b>	
Type	Address
<b>Designated Office Address</b>	130 WEST 42ND STREET FLOOR 2 NEW YORK, NY, 10036
<b>Mailing Address</b>	130 WEST 42ND STREET FLOOR 2 NEW YORK, NY, 10036
<b>Notice of Process Address</b>	C T CORPORATION SYSTEM 5098 WASHINGTON ST. W., STE 407 CHARLESTON, WV, 253131561
<b>Principal Office Address</b>	130 WEST 42ND STREET FLOOR 2 NEW YORK, NY, 10036 USA
Type	Address

<b>Officers</b>	
Type	Name/Address
<b>Member</b>	EMMET ACQUISITION, LLC 130 WEST 42 ST., FLOOR 2 NEW YORK, NY, 10036
Type	Name/Address

<b>DBA</b>			
DBA Name	Description	Effective Date	Termination Date
HHAEXCHANGE	TRADENAME	9/30/2020	
DBA Name	Description	Effective Date	Termination Date

<b>Annual Reports</b>	
Filed For	Date filed
2023	
2022	
2021	



[File Your Current Year Annual Report Online Here](#)

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

Wednesday, April 24, 2024 — 10:55 AM

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# COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>Crystal Husband</u> Date: <u>4/30/24</u>	Agency: BMS
Solicitation No. <u>CDO BMS23*18</u>	Procurement Officer Submitting Requisition: Althea Greenhowe
	Requisition No. CDO 0511 BMS23*18
	PF No.: 1116613

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Use of correct specification template	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Use of correct requisition type [CRQS → CCT or CPO] or [CRQM → CMA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Use of most current terms and conditions ( <a href="http://www.state.wv.us/admin/purchase/TCP.pdf">www.state.wv.us/admin/purchase/TCP.pdf</a> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Maximum budgeted amount in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Suggested vendors in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Capitol Building Commission pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Financing (Governor's Office) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Fleet Management Division pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
<b>10</b>	Insurance requirements				
	Commercial General Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Automobile Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Workers' Compensation/Employer's Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cyber Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Builder's Risk/Installation Floater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b>	Office of Technology CIO pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b>	Treasurer's Office (banking) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### FOR CHANGE ORDERS/RENEWALS:

<b>1</b>	Two-party agreement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b>	Standard change order language	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b>	Office of Technology CIO approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>4</b>	Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b>	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>6</b>	Secretary of State Verification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b>	State debarment verification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b>	Federal debarment verification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*\*The items pre-checked are required before a Purchase Requisition may be submitted to the Purchasing Division. Failure to complete and verify this documentation may result in rejection of the requisition back to the agency. It is up to the agency procurement officer to determine if pre-approvals, insurance, or other documentation is needed for the purchase. The referenced information below may be used to make this determination.*

*For Purchasing Division Use Only:*

I have reviewed the requisition identified above and find that it is sufficient to advertise publicly to the vendor community. My review does not preclude the possibility that the vendor community, or some other entity, will identify an area of concern; however, should such issues or concerns arise, they will be reviewed and addressed as may be appropriate.

Signature: \_\_\_\_\_

*Crystal Husked*