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Header @ 8

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- General Information
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Procurement Folder: 1329614

Procurement Type: Central Master Agreement

Vendor ID: VS0000019670

Legal Name: BIRCHWOOD SOLUTIONS LLC

Alias/DBA: ELIZABETH S TEMPLE

Total Bid: \$0.00

Response Date: 12/26/2023

Response Time: 12:32

Responded By User ID: estemple1982

First Name: Elizabeth

Last Name: Temple

Email: estemple@birchwoodsolutk

Phone: 8133345070

SO Doc Code: CRFQ

SO Dept: 0907

SO Doc ID: RNB2400000008

Published Date: 12/18/23

Close Date: 12/27/23

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Status: Closed

Solicitation Description: WV RESTORE -FACILITATED SUPPORT GROUP MANAGEMENT

Total of Header Attachments: 8

Total of All Attachments: 8



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

**State of West Virginia
 Solicitation Response**

Proc Folder: 1329614
Solicitation Description: WV RESTORE -FACILITATED SUPPORT GROUP MANAGEMENT
Proc Type: Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2023-12-27 13:30	SR 0907 ESR12122300000002801	1

VENDOR
 VS0000019670
 BIRCHWOOD SOLUTIONS LLC

Solicitation Number: CRFQ 0907 RNB2400000008
Total Bid: 0
Response Date: 2023-12-26
Response Time: 12:32:54
Comments:

FOR INFORMATION CONTACT THE BUYER

Larry D McDonnell
 304-558-2063
 larry.d.mcdonnell@wv.gov

Vendor Signature X **FEIN#** **DATE**

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Facilitated Support Group Management - Total Overall Cost	0.00000	EA	65.000000	0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments: Total Overall Cost for Commodity lines 1-4, based on the calculations using spreadsheet provided in Exhibit A of Addendum 3 is \$240,300.00
Please refer to the submission of Exhibit A for detailed numbers.

Extended Description:

For further details see attached documentation and all addendums.
Provide Total Overall Cost

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Use Commodity Line 1	0.00000	EA	65.000000	0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments: Total Overall Cost for Commodity lines 1-4, based on the calculations using spreadsheet provided in Exhibit A of Addendum 3 is \$240,300.00
Please refer to the submission of Exhibit A for detailed numbers.

Extended Description:

Put total overall cost calculated on Exhibit A - Pricing Page on Commodity Line 1

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	Use Commodity Line 1	0.00000	EA	67.000000	0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments: Total Overall Cost for Commodity lines 1-4, based on the calculations using spreadsheet provided in Exhibit A of Addendum 3 is \$240,300.00
Please refer to the submission of Exhibit A for detailed numbers.

Extended Description:

Put total overall cost calculated on Exhibit A - Pricing Page on Commodity Line 1

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	Use Commodity Line 1	0.00000	EA	70.000000	0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments: Total Overall Cost for Commodity lines 1-4, based on the calculations using spreadsheet provided in Exhibit A of Addendum 3 is \$240,300.00
Please refer to the submission of Exhibit A for detailed numbers.

Extended Description:

Put total overall cost calculated on Exhibit A - Pricing Page on Commodity Line 1

December 8, 2023



Larry D. McDonnell
Department of Administration, Purchasing Division
2019 Washington Street, East
Charleston, WV 25305-0130

Subject: REQUEST FOR QUOTATION NURSE HEALTH PROGRAM – WV
RESTORE Facilitated Support Group Management CRFQ RNB24*08

Dear Mr. McDonnell:

In 2020, Birchwood Solutions, LLC (BWS), was awarded the contract via the WV Purchasing Division's RFQ process to manage support groups for nurses enrolled in RESTORE. It's been a remarkable experience.

The collaboration and transparent relationship between BWS, the WV Board of Nursing, and RESTORE's administrative staff has grown into a remarkable partnership with the common goal of ensuring the Board's mission of protecting the public and providing nurses struggling with substance use or behavioral health issues the opportunity to retain their license and continuing to practice while documenting recovery and safe practice.

Attached is our response to the RFQ and invite for the opportunity to continue managing RESTORE's support group services.

Included in our response are the following:

1. This cover letter,
2. Vendor Preference Certificate,
3. Executive Summary,
4. Birchwood's formal response to each contract line item,
5. Pricing Pages,
6. Required Proof of Insurance

I have read the entire agreement and am excited for the opportunity to continue providing excellent support group services to the RESTORE participants.

We're confident that our proposal showcases our commitment to providing all stakeholders with the highest service and value. We look forward to learning the results of the review of our proposal.

Respectively submitted,

A handwritten signature in black ink that reads "Elizabeth Temple". The signature is fluid and cursive.

Elizabeth Temple
Chief Executive Officer

Birchwood Solution's Executive Summary

Since 2020, Birchwood Solutions leadership and staff have provided compassion, unwavering dedication, and support to WV nurses by managing support groups for nurses enrolled in RESTORE.

Our leadership and staff work from the core values of perseverance, consideration, and unwavering dedication to the nurses we support in their journey to recovery and the Boards of Nursing that entrusts us with this privilege.

While there have been challenges, including an unprecedented worldwide pandemic, we have been excited with the positive trends we continue to see. Birchwood is honored for the opportunity to work with the WV Board of Nursing and RESTORE staff. The collaboration between all stakeholders is shown to be beneficial to the nurses enrolled in RESTORE.

BWS's Solutions for Success

Reporting

- BWS utilizes a proprietary software for reporting and participant management system to provide attendance, participant, and statistical reports to the Board, demonstrating each nurse's progress in their journey.
- At each BON meeting, BWS provides a year-to-date statistical report demonstrating current and historical enrollment and discharge trends.

Feedback

- BWS asks each nurse to complete an anonymous survey at least annually. Utilizing anonymous feedback incentivizes nurses to candidly assess their support group experience and solicit ideas for group improvements. The participant survey results are shared with all stakeholders.
- Nurses consistently state that BWS groups are highly beneficial to their recovery journey.

Communication

- Group Members
 - BWS provides each nurse quarterly with a newsletter that includes an invitation to contact the CEO or administrative staff with any program questions, concerns, or suggestions.
 - BWS communicates clearly to group members its role (management of support group component of their monitoring agreement) and RESTORE's responsibilities of monitoring and ensuring compliance with all Agreement terms.

REQUEST FOR QUOTATION NURSE HEALTH PROGRAM – WV RESTORE
Facilitated Support Group Management CRFQ RNB24*08

- RESTORE. BWS immediately notifies RESTORE whenever a nurse's behavioral changes, missing group consistently, change in attitude, behavior, or relapse concerns
- Group Facilitators
 - Birchwood's team of certified Support Group Facilitators have years of experience. They are trained specifically to serve each participant in a manner that ensures their long-term success and compliance with state licensing board requirements.
 - Birchwood provides a monthly peer-to-peer meeting, allowing facilitators to collaborate informally with their peers.
 - Facilitators can access a library of educational materials to share with their groups.
 - The CEO and administrative staff meet with facilitators regularly to share information. A link to the recorded meeting is given to facilitators who cannot attend the meeting.

Engagement

- Birchwood's unique online learning and social management platform provides participants access to a closed and secure community that is tailored to the program. This community provides participants access to a wealth of resources, content, engagement and much more.

Looking Toward the Future

- Given the positive partnership that has evolved since 2020, we believe continuing the relationship with BWS is in the best interest of the BON, RESTORE, and WV nurses.
- Continuing an environment of understanding, respect, mutual empowerment, and support to group members to stay engaged in the recovery process, reduce the likelihood of relapse, and promote a return to safe practice.

BIRCHWOOD SOLUTIONS FORMAL RESPONSE TO REQUEST FOR QUOTATION
 NURSE HEALTH PROGRAM – WV RESTORE Facilitated Support Group Management
 CRFQ RNB24*08

Section	Title	Description	Response	BWS Meets/agrees to the Requirement
	SPECIFICATIONS			
1.	PURPOSE AND SCOPE:	The West Virginia Purchasing Division is soliciting bids on behalf of the West Virginia Board of Registered Nurses (Agency) to establish an open-end contract for the Support Group Management segment of the nursing health program referred to hereafter as “West Virginia Restore” (WVR). This program encourages voluntary participation in monitored alcohol, chemical dependency, or major mental health conditions. The WVR program provides ongoing support to approximately seventy-five (75) participants per year. This support consists of a formal written agreement outlining the requirements for participation which must be met, which include support group participation. Public speaking, face-to-face education and outreach shall be approved by the Agency Executive Director, but should be limited, as the main purpose of this segment of WVR is the monitoring of its participants in the support group.	The WV Purchasing Division is inviting bids for managing the Group Support segment of the WV Restore nursing health program. The program provides ongoing support to approximately 75 nurses each year who are struggling with substance abuse/dependence or significant mental health conditions. The support includes a formal agreement that requires attendance at weekly support group attendance. While the Agency Executive Director will approve public speaking education and outreach to promote Restore services the primary purpose is to monitor participants. <i>Birchwood will comply.</i>	✓
2.	DEFINITIONS:	The terms listed below shall have the meanings assigned to them below. Additional definitions can be found in section 2 of the General Terms and Conditions.	The Birchwood Solutions team has reviewed the definitions within Section 2 of the Specifications (2.1 – 2.8) and will comply with the scope of services and mandatory requirements described within the RFQ.	✓
3.	QUALIFICATIONS:	Vendor, or Vendor’s staff if requirements are inherently limited to individuals rather than corporate entities, shall have the following minimum qualifications and must meet the following requirements: Vendors must provide any documentation requested by the State/Agency to assist in confirmation of compliance with this provision. References, documentation, or other information to confirm compliance with this experience requirement may be requested.	<i>Birchwood meets or exceeds this, understands this requirement, and will provide documentation upon request by the State or Agency.</i>	✓

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3.1		A minimum of 5 years' experience operating a professional healthcare support group management program for alternative to discipline programs for state boards. The experience must include separate and distinct support groups for alumni, substance use disorder, and mental health groups.	BWS has been managing nurse support group programs for state board and alternative programs since 2011. BWS maintain sperate groups specific to substance use disorder, mental health, and program alumni. <i>The BWS team exceeds this requirement and is willing to provide documentation upon request by the State or Agency.</i>	✓
3.2		Provide a network of facilitators. A facilitator must be licensed in West Virginia with an active, unencumbered license as a Social Worker, Professional Counselor, Registered Professional Nurse, Advanced Practice Nurse, and other health professionals mutually agreed upon by Vendor and Agency. Each facilitator must have 5 years' experience as a facilitator of peer support groups in substance use disorder.	Birchwood's network of facilitators is extensive and currently includes multiple WV licensed professionals that are deemed highly qualified to facilitate groups. All WV facilitators exceed 5 years of experience.	✓
3.3		Provide structure, coordination, training, and oversight, in accordance with program policies, of a network of trained support group facilitators which facilitate weekly monitoring and support groups which participants are required to attend in their RMA.	Birchwood maintains a refined, documented training and oversight program of all facilitators.	✓
3.4		Provide an established job registry that is a place where participants, facilitators, and other professionals can post job openings in the communities that the participants will have direct access to.	Birchwood provides a platform for nurses, facilitators, and other professionals to share job openings that participants have direct access to.	✓
3.5		Provide established wellness tools and continuing education for participants.	BWS offers a range of wellness resources that are accessible to our facilitators for use with groups and continuing education. New content is added frequently.	✓
3.6		Quality Improvement Program includes an internal program for quality assurance as well as outcomes research and reports improvement activities to the Agency,	BWS maintain a quality improvement program that evaluates progress and feedback on an ongoing basis to ensure that requirements are met or exceeded. Furthermore, Birchwood believes that this process is essential in determining areas of potential improvement and growth to best serve the Agency and its participants.	✓
3.7		Provide and require check-ins via the engagement portal with check-in question sets sent virtually to participants to ensure identity.	To ensure the safety and security of all participants, the vendor shall make check-in via the engagement portal mandatory. Additionally, they can send out interactive question sets virtually to keep the participants engaged and ensure their identity.	✓

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3.8		Provide a white-labeled, secure, closed online learning content and social management system (platform) tailored to meet the program's needs.	Birchwood has an established secure, closed online learning content and social management system that has been tailored to the needs of the Agency and its participants. This platform has been white-labeled for the Agency's program. <i>Birchwood meets and exceeds this requirement.</i>	✓
3.9		The Vendor will survey on a quarterly basis the participants to satisfaction/dissatisfaction with the program offerings and make appropriate changes if indicated in agreement with the Agency.	Birchwood currently provides several opportunities to survey participants through the year and during their contract term. This feedback is essential to our Quality Improvement Program.	✓
3.10		Upon award of this contract, submit a Program Implementation Plan with a timeline for Agency approval within 15 days. Conduct a review and analysis of the current program and discuss options and parameters that may need to be altered. Tailor all necessary documents, policies, procedures, program requirements, training, notification, communications, etc., to reflect West Virginia Restore. Provide a bi-weekly report of the implementation plan and progress for the first six (6) months of the contract.	<i>Within 15 days of being awarded the contract, BWS shall submit a Program Implementation Plan for Agency approval. The Plan shall include, but may not be limited to:</i> <ul style="list-style-type: none"> • Conduct a review and analysis of the current program and discuss options and parameters needing modification. • <i>Tailor all necessary documents, policies, procedures, program requirements, training, notifications, communications, etc., to reflect WV Restore.</i> • <i>Provide a bi-weekly report of the implementation plan and progress for the contract's first six months.</i> <i>The Birchwood team commits to meeting this requirement.</i>	✓
3.11		Vendors must be an approved provider of nursing continuing education in West Virginia or reciprocal state. Evidence shall be provided prior to the award of the contract,	BWS is currently an approved provider of continuing nursing education in West Virginia. CE Broker # 50-18205	✓
4.	MANDATORY REQUIREMENTS			
4.1	MANDATORY CONTRACT SERVICES REQUIREMENTS AND DELIVERABLES:			
4.1.1	Management of Services			
4.1.1.1		Adequate support services must be provided to meet the program needs. Support staff should have good communication and technical skills. The hours of operation shall be Monday through Friday from 9:00 AM. To 5:00 PM.	Birchwood's support services and staff receive superior feedback from participant surveys that include adequate response time, and clear, professional communication. Our established staff has been perfecting their skills for over a decade. Operating hours shall be Monday – Friday, 9 a.m. – 5	✓

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		EST unless other hours are needed to meet the participant's support groups. excluding State holidays.	p.m. EST, except for State holidays. Hours may be extended to accommodate support groups if needed. <i>Birchwood meets and exceeds this requirement.</i>	
4.1.1.2		WVR facilitators employed by the previous vendor shall be considered to remain as facilitators.	As the current vendor, BWS facilitators will remain in place, if deemed appropriate, avoiding disruption to the participants.	✓
4.1.1.3		Provide for each facilitator performance evaluations and performance outcomes analysis at intervals mutually agreed upon by Vendor and Agency. Also, reporting of continuing education and training as well as their professional development plans	BWS provides performance evaluation and outcome analysis on a rotational basis as a part of the Quality Improvement Program. Facilitators continuing education and training is documented and reviewed along with their annual professional development plans (PDP's).	✓
4.1.1.4		Provide structure, coordination, training, and oversight, in accordance with program policies, of a network of trained support group facilitators which facilitate weekly monitoring and support groups which participants are required to attend in their RMA.	Birchwood maintains a refined, documented training and oversight program of all facilitators.	✓
4.1.1.5		Provide an established job registry that is a place where participants, facilitators, and other professionals can post job openings in the communities that the participants will have direct access to.	Birchwood provides a platform for nurses, facilitators, and other professionals to share job openings that participants have direct access to.	✓
4.1.1.6		Provide established wellness tools and continuing education for participants.	Birchwood meets this requirement by offering a range of wellness educational resources that our facilitators can utilize for group content and continuing education.	✓
4.1.1.7		Quality Improvement Program includes an internal program for quality assurance and outcome research and reports improvement activities to the Agency.	BWS maintain a quality improvement program that evaluates progress and feedback on an ongoing basis to ensure that requirements are met or exceeded. Furthermore, Birchwood believes that this process is essential in determining areas of potential improvement and growth to best serve the Agency and its participants.	✓
4.1.1.8		Provide and require check-in via the engagement portal with check-in questions sent virtually to participants to ensure identity.	To ensure the safety and security of all participants, the vendor shall make check-in via the engagement portal mandatory. Additionally, they can send out interactive question sets virtually to keep the participants engaged and ensure their identity.	✓

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4.1.1.9		Provide a white-labeled, secure, closed online learning content and social management system (platform) tailored to the program's needs.	Birchwood has an established secure, closed online learning content and social management system that has been tailored to the needs of the Agency and its participants. This platform has been white-labeled for the Agency's program. <i>Birchwood meets and exceeds this requirement.</i>	✓
4.1.1.10		The Vendor will survey on a quarterly basis the participants to measure satisfaction/dissatisfaction with the program offerings and make appropriate changes if indicated in agreement with the Agency.	The Vendor will survey the Restore participants quarterly to measure satisfaction/dissatisfaction with the program offerings. If changes are appropriate, recommendations will be provided to the Agency for consideration. <i>The utilization to measure satisfaction/dissatisfaction is currently being used by BWS. If awarded the contract, the survey schedule will increase from twice yearly to quarterly.</i>	✓
4.1.1.11		Upon award of this contract, submit a Program Implementation Plan with timeline or Agency approval within 15 days. Conduct a review and analysis of current program and discuss options and parameters which may need altered. Tailor all necessary documents, policies and procedures, program requirements, training, notification, communications, etc. to reflect West Virginia Restore. Provide a bi-weekly report of the implementation plan and progress for the first six (6) months of the contract.	After the Contract is awarded, the Vendor must submit a Program Implementation Plan to the Agency within 15 days. <ul style="list-style-type: none"> • A review of the current program and necessary alterations, if any. • Tailor all documents, policies, procedures, program requirements, training, notifications, communications, etc., to reflect WV Restore. • Provide a bi-weekly report of the implementation plan and progress for the first six months of the Contract. <i>Birchwood will prepare and update the Implementation Plan as outlined in the requirement.</i>	✓
4.1.1.12		Deliver a status report of the overall transition of participants to the selected vendor who were participants in the program as operated by the predecessor selected vendor,	The Vendor is to provide a transition status report of participants received from the previous vendor to the selected vendor. <i>Birchwood will adhere to this requirement and submit the report to the Agency.</i>	✓
4.1.1.13		Collect the participant support group fee of \$40.00 per month which will be paid by the participant. Collection of the fees from the participant shall remain the full responsibility of the vendor. Vendors shall use a secure electronic payment collection process and provide participants with access to their financial account information.	As per the Agreement, the Vendor is responsible for securely collecting the monthly participant support group fee of \$40 from the participant through electronic payment. <i>Birchwood's team will comply with this stipulation. The process is already being used.</i>	✓
4.1.1.14		Capability to upload required participant data into the existing report system (Affinity eHealth).	Birchwood currently has the capability to meet this requirement and already has an established working relationship with Affinity eHealth)	✓
4.1.1.15		Receive eligible individuals into the professional peer support program who have been accepted into WV Restore in conjunction with the participant's case manager.	In conjunction with the Agency's case managers, accept eligible individuals into WV Restore's peer support program. <i>Birchwood will comply with the condition.</i>	✓

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4.1.1.16		May only disclose information about an agency investigation to the student, applicant, or licensee with written approval of the agency and only to the extent that it is necessary to carry out the vendor's duties.	Information about an Agency's investigation may only be disclosed to the student, applicant, or licensee with written permission of the Agency. A disclosure should only be made to the extent necessary for the investigation. <i>Birchwood's team will comply with the requirement.</i>	✓
4.1.1.17		Collaborate with the selected vendor for the Referral, Treatment, and Monitoring contract to exchange appropriate data related to participant compliance with their RMA.	BWS will collaborate with the selected vendor for Monitoring to exchange participant compliance data for the Restore. <i>Birchwood currently does and will continue to adhere to this stipulation.</i>	✓
4.1.1.18		Meet with facilitators online with Vendor staff for a minimum of 1 hour a month for education and training during the initial contract year. Agency and Vendor will assess the need to continue after the first year or change the meetings to quarterly meetings with an annual in-person meeting in West Virginia.	Monthly online meetings with Vendor staff and facilitators for education and training are required during the initial year. After that meetings may be quarterly with an annual in-person meeting in WV. <i>Birchwood complies with the requirement.</i>	✓
4.1.1.19		Provide weekly support groups using an online, secure password protected and HIPAA compliant platform with facilitators. Follow an Agency approved relapse prevention curriculum and other resources deemed appropriate by Vendor and Agency.	Birchwood currently conducts weekly support groups using a secure, HIPAA-compliant online platform with facilitators following an agency-approved relapse prevention curriculum and other appropriate resources. <i>Birchwood complies with the requirement.</i>	✓
4.1.1.20		Provide a secure, closed online learning content and social management system (platform) for nurses to engage with the program and each other synchronously or asynchronously. Create Agency approved educational content, promote it, and make it available using the required platform.	BWS already maintains a secure online learning platform for nurses to engage with educational content and each other. Educational content is already established and is continuing to be developed. <i>Birchwood complies with the requirement.</i>	✓
4.1.2.1	SERVICES FOR PARTICIPATION			
4.1.2.1		Provide services for students, applicants or licensees who are licensed, registered, certified and/or regulated by the Agency under Chapter 30, Article 7, et. seq. of the West Virginia Code. Contact the Agency should a dispute over eligibility determination arise, the final eligibility determination will be made by the Agency at its sole discretion,	The Agency serves students, applicants, licensees, and those regulated under Chapter 30, Article 7. seq. of the WV Code. If there is a dispute over eligibility, the Vendor must contact the Agency. The Agency will make the final decision on eligibility at its sole discretion. <i>Birchwood agrees to comply with the requirement.</i>	✓
4.1.2.2		Assign each participant to a support group. Assignment shall not exceed twelve (12) participants to a single group. Therefore, the ratio of participants to a facilitator shall not exceed 12 participants per occurrence.	The task is to assign each participant to a support group. Each group is limited to 12 participants per facilitator (ratio 12:1). <i>Birchwood meets this requirement.</i>	✓
4.1.2.3		Ensure Facilitated Support Group Meetings include a variety of meeting options including days, times and virtual or face-to-face	BWS provides a variety of support group options including days, times, and venue/delivery method. Each group meets weekly for one hour.	✓

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		locations based on participant demographics specifically participant location. Each group shall meet weekly for 1 (one) hour.	<i>Birchwood meets this requirement.</i> <i>BWS considers requests from group members for date and time changes when in the best interest of the group and facilitator.</i>	
4.1.2.4		Permit the participants to choose the support group day, time, and location that works best for their schedule to optimize participation.	BWS currently has a process in place for enrollment that will allow the participant to choose from our variety of group offerings. <i>Birchwood meets this requirement.</i>	✓
4.1.2.5		Develop and maintain a process for participants who have completed monitoring through WVR to elect to continue participating in support through alumni specific support groups, mentoring opportunities, and engaging with relapse prevention.	Birchwood already maintains a process for alumni-specific groups to support life-long recovery available to Restore graduates. <i>Birchwood currently offers alumni groups. We meet the requirements.</i>	✓
4.1.2.6		Access to help desk assistance with the technology, training and support which is available during the hours of operation.	Help desk support will be available during business hours for technology assistance, training, and support. BWS meets this requirement.	✓
4.1.2.7		Allow for session make-up include monitoring while on vacation, ravel and/or during illness and shall be reconciled with missed meetings.	Participants can make up a missed group session when they are on vacation, traveling, or ill. The missed meeting can be made up and reconciled for reporting. Birchwood currently allows participants to make up missed meetings. BWS meets this requirement	✓
4.1.3	SERVICES FOR THE AGENCY:			
4.1.3.1		Reporting Parameters are approved by the Agency at the award of the contract and reports will be provided based on the mutually agreed upon requirements per a Facilitated Peer Support Group Report Card with will be provided by the Agency. These are on the due date each quarter, with an annual report on the designated date.	Agency-approved Reporting Parameters and mutually agreed-upon requirements will determine the frequency and timing of reports. <i>The Birchwood team will adhere to the requirement.</i>	✓
4.1.3.2		Submit the following within ninety days of being awarded this contract and by September 1 st of each contract year thereafter.	Within 90 days of the award of the Contract, and on or before September 1st of each contract year thereafter, the Vendor shall:	✓
4.1.3.2.1		<ul style="list-style-type: none"> Recommendation(s) for changes to the policies and procedures to be approved by the Agency. 	<ul style="list-style-type: none"> BWS will submit identified and amended policies and procedures to the Agency for review and approval. 	✓
4.1.3.2.2		<ul style="list-style-type: none"> List of all facilitators as well as staff members associated with the Vendor and their credentials. 	<ul style="list-style-type: none"> BWS will give the Agency a list of all group facilitators, staff members, and credentials associated with the Vendor. 	✓

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4.1.3.2.3		<ul style="list-style-type: none"> Copy of any forms or documents used by the Vendor in conjunction with the services of this contract. 	<ul style="list-style-type: none"> BWS will provide a copy of forms or documents used by the Vendor in conjunction with the Contract services to the Agency. 	✓
5.	CONTRACT AWARD:			
5.1	CONTRACT AWARD:	The Contract is intended to provide Agencies with a purchase price on all Contract Items. The Contract shall be awarded to the Vendor that provides the Contract Items meeting the required specifications for the lowest overall total cost as shown on the Pricing Pages.	The Contract defines the services, requirements, and price the Vendor will charge to perform them. The Agency will choose the Vendor that best meets the requirements at the lowest cost. Cost details are on the Pricing Pages. <i>The Birchwood CEO understands the two-step process the State/Agency will use to select a Vendor.</i>	✓
5.2	PRICING PAGES:	Vendor should complete the Pricing Pages by providing a monthly rate for each participant. Vendor will invoice for exact number of participants monthly. Vendor should complete the Pricing Pages in their entirety as failure to do so may result in Vendor's bids being disqualified. The Pricing Pages contain a list of the Contract Items and estimated purchase volume. The estimated purchase volume for each item represents the approximate volume of anticipated purchases only. No future use of the Contract or any individual item is guaranteed or implied. Vendor should electronically enter the information into the Pricing Pages through wvOASIS	Provide monthly rates for each participant and complete the Pricing Pages. Failure to do so may disqualify the Vendor's bid. The Pricing Pages include Contract Items and estimated purchase volume, which is approximate. The Vendor should enter the information electronically through wvOASIS. <i>Birchwood will follow these directions to complete the Pricing Pages.</i>	✓
6.	PERFORMANCE:	Vendor and Agency shall agree upon a schedule for performance of Contract Services and Contract Services Deliverables, unless such a schedule is already included herein by Agency. In the event that this Contract is designated as an open-end contract, Vendor shall perform in accordance with the release orders that may be issued against this Contract.	The Vendor and Agency agree on a schedule for Contract Services and Deliverables, or the Agency may give a schedule to the Vendor. An open-end Contract requires the Vendor to perform according to the release order. <i>The Birchwood CEO has read and understands this requirement.</i>	✓
7.	PAYMENT:	Agency shall pay a monthly rate for each as shown on the Pricing Pages, for all Contract Services performed and accepted under this Contract. The vendor shall	Under this Contract, the Agency shall pay a monthly rate for all Contract Services performed and accepted, as shown on the Pricing Pages, following the State of WV payment procedures.	✓

BIRCHWOOD SOLUTIONS FORMAL RESPONSE TO REQUEST FOR QUOTATION
 NURSE HEALTH PROGRAM – WV RESTORE Facilitated Support Group Management
 CRFQ RNB24*08

		accept payment in accordance with the payment procedures of the State of West Virginia.	<i>The Birchwood team will adhere to this stipulation.</i>	
7.1		The Agency shall pay the Provider on a monthly basis, upon satisfactory completion of Contract Services for that month. The pricing quoted on the Pricing Pages must be inclusive of all expenses associated with providing the Contract Services and includes travel expenses. Payment is based upon the written submission of an acceptable invoice to the Board at 5001 MacConkle Avenue, SW, South Charleston, WV 25309 by the 15 th of each month. The invoice shall be typed and include the following information. The Provider’s mailing address to which payment should be sent, the provider’s invoice point of contact and their phone number to which inquiries can be made, invoice number, the number of the contract governing the period in which services were rendered, a complete description of services charged and total amount due.	The Agency pays the Provider monthly upon acceptable completion of services performed and accepted under the Contract. <ul style="list-style-type: none"> • Payment is based on a written invoice submitted by the 15th of each month to the Board at <ul style="list-style-type: none"> • 5001 MacCorkle Avenue, SW, South Charleston, WV 25309. • It is recommended that the invoice include the Provider’s mailing address, point of contact, phone number, invoice number, contract number, service description, and total amount due. • The Vendor shall accept payment following the State of WV’s payment procedures. <p style="margin-left: 40px;"><i>The CEO and Birchwood team understand the requesting and receiving service payment procedure, will comply, and welcome the clarity provided.</i></p> 	✓
8.	TRAVEL:	Vendor shall be responsible for all mileage and travel costs, including travel time, associated with performance of this Contract. Any anticipated mileage or travel costs may be indicated in the flat fee or hourly rate listed on Vendor’s bid, but such costs will not be paid by the Agency separately.	The Vendor is accountable for covering all costs related to mileage and travel, including travel time, associated with carrying out this Contract. Although the expected travel or mileage expenses could be mentioned in the hourly rate or flat fee mentioned in the Vendor’s bid, the Agency will not pay such expenses separately. <p style="text-align: center;"><i>The Birchwood CEO understands and will prepare the Pricing Pages following the directions.</i></p>	✓
9.	FACILITIES ACCESS:	Performance of Contract Services may require access cards and/or keys to gain entrance to the Agency’s facilities. In the event that access cards and/or keys are required:	Anyone performing under this Contract will be subject to the security protocol. The Vendor shall inform all staff of the Agency’s security as specified in 9.1, 9.2, 9.3, 9.4, 9.5. <p style="text-align: center;"><i>The Birchwood team agrees to adhere to the Agency’s security instructions.</i></p>	✓
9.1		<ul style="list-style-type: none"> • Vendor must identify principal services personnel which will be issued access cards and/or keys to perform service. 	See 9 above for response.	✓

BIRCHWOOD SOLUTIONS FORMAL RESPONSE TO REQUEST FOR QUOTATION
 NURSE HEALTH PROGRAM – WV RESTORE Facilitated Support Group Management
 CRFQ RNB24*08

9.2		<ul style="list-style-type: none"> Vendor will be responsible for controlling cards and keys and will pay replacement fee, if the cards or keys become lost or stolen. 	See 9 above for response.	✓
9.3		<ul style="list-style-type: none"> Vendor shall notify Agency immediately of any lost, stolen, or missing card or key. 	See 9 above for response.	✓
9.4		<ul style="list-style-type: none"> Anyone performing under this Contract will be subject to Agency security protocol. 	See 9 above for response.	✓
9.5		<ul style="list-style-type: none"> Vendor shall inform all staff of the Agency’s security protocol and procedures. 	See 9 above for response.	✓
10.	VENDOR DEFAULT:			
10.1		The following shall be considered a vendor default under this Contract.	<p>Section 10 expressly sections 10.1.1. – 10.1.4 informs the Vendor (bidder) of the reasons for non-compliance with the Contract.</p> <p style="text-align: center;"><i>The Birchwood CEO has read and understands the importance of maintaining compliance with the Contract terms.</i></p>	✓
10.1.1		<ul style="list-style-type: none"> Failure to perform Contract Services in accordance with the requirements contained herein. 	See 10.1. response.	✓
10.1.2		<ul style="list-style-type: none"> Failure to comply with other specifications and requirements contained herein. 	See 10.1. response.	✓
10.1.3		<ul style="list-style-type: none"> Failure to comply with any laws, rules, and ordinances applicable to the Contract Services provided under this Contract. 	See 10.1. response.	✓
10.1.4		<ul style="list-style-type: none"> Failure to remedy deficient performance upon request. 	See 10.1. response.	✓
10.2		The following remedies shall be available to the Agency upon default.	<p>Section 10.2, expressly 10.2.1. – 10.2.3 informs the Vendor (the bidder) of the remedies available to the Agency should a Vendor become noncompliant with the Contract.</p> <p style="text-align: center;"><i>The Birchwood CEO has read and understands the solutions available to the Agency should a Vendor become non-compliant with the terms of the Contract.</i></p>	✓
10.2.1		<ul style="list-style-type: none"> Immediate cancellation of the Contract. 		✓
10.2.2		<ul style="list-style-type: none"> Immediate cancellation of one or more release orders issued under this Contract. 		✓

BIRCHWOOD SOLUTIONS FORMAL RESPONSE TO REQUEST FOR QUOTATION
 NURSE HEALTH PROGRAM – WV RESTORE Facilitated Support Group Management
 CRFQ RNB24*08

10.2.3		<ul style="list-style-type: none"> Any other remedies available in law or equity. 		✓
11.	MISCELLANEOUS:			
1.1	CONTRACT MANAGER:	<p>During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor’s responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below:</p>	<p>Section 11 requires a bidder to designate a Contract Manager and provide their contact information.</p> <p style="text-align: right;"><i>Birchwood complied with this section below.</i></p>	✓
	Contract Manager: Telephone Number: Fax Number: Email Address:	Elizabeth Temple 855-313-2457 866-385-7014 etemple@birchwoodsolutions.net		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/22/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Zander Insurance Agency 6213 Charlotte Pike Nashville, TN 37209	CONTACT NAME: PHONE (A/C, No, Ext): (615) 356-1700	FAX (A/C, No): (615) 352-2850
	E-MAIL ADDRESS: 	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Birchwood Solutions, LLC 99 E. Main St., Ste. 200, Box 15 Franklin, TN 37064	INSURER A : HARTFORD INSURANCE	
	INSURER B : Chubb Indemnity Insurance Company	
	INSURER C :	
	INSURER D :	
	INSURER E :	
INSURER F :		12777

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		20OH0344986	12/17/2022	12/17/2023	EACH OCCURRENCE \$ 1,000,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
							MED EXP (Any one person) \$	
							PERSONAL & ADV INJURY \$ 1,000,000	
							GENERAL AGGREGATE \$ 2,000,000	
							PRODUCTS - COMP/OP AGG \$ 2,000,000	
							\$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$	
							BODILY INJURY (Per person) \$	
							BODILY INJURY (Per accident) \$	
							PROPERTY DAMAGE (Per accident) \$	
							\$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$	
								AGGREGATE \$
							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
								E.L. EACH ACCIDENT \$
								E.L. DISEASE - EA EMPLOYEE \$
								E.L. DISEASE - POLICY LIMIT \$
B	cyber			F15151237	12/17/2022	12/17/2023	cyber 1,000,000	
A	Professional Liab			20OH0344986	12/17/2022	12/17/2023	professional liab 1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is named as additional insured regarding general liability as their interest may appear.

CERTIFICATE HOLDER

CANCELLATION

The State of WV
2019 Washington St East
Charleston, WV 25305

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

State of West Virginia
VENDOR PREFERENCE CERTIFICATE


Certification and application is hereby made for Preference in accordance with *West Virginia Code*, §5A-3-37. (Does not apply to construction contracts). *West Virginia Code*, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the *West Virginia Code*. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Vendor Preference, if applicable.

1. **Application is made for 2.5% vendor preference for the reason checked:**
 Bidder is an individual resident vendor and has resided continuously in West Virginia, or bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia, for four (4) years immediately preceding the date of this certification; **or**,
 Bidder is a resident vendor partnership, association, or corporation with at least eighty percent of ownership interest of bidder held by another entity that meets the applicable four year residency requirement; **or**,
 Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; **or**,
2. **Application is made for 2.5% vendor preference for the reason checked:**
 Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or**,
3. **Application is made for 2.5% vendor preference for the reason checked:**
 Bidder is a nonresident vendor that employs a minimum of one hundred state residents, or a nonresident vendor which has an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia and employs a minimum of one hundred state residents, and for purposes of producing or distributing the commodities or completing the project which is the subject of the bidder's bid and continuously over the entire term of the project, on average at least seventy-five percent of the bidder's employees or the bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years and the vendor's bid; **or**,
4. **Application is made for 5% vendor preference for the reason checked:**
 Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; **or**,
5. **Application is made for 3.5% vendor preference who is a veteran for the reason checked:**
 Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; **or**,
6. **Application is made for 3.5% vendor preference who is a veteran for the reason checked:**
 Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.
7. **Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with *West Virginia Code* §5A-3-59 and *West Virginia Code of State Rules*.**
 Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.
8. **Application is made for reciprocal preference.**
 Bidder is a West Virginia resident and is requesting reciprocal preference to the extent that it applies.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) rescind the contract or purchase order; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: Birchwood Solutions, Elizabeth Temple Signed: 
Date: December 8, 2023 Title: CEO

*Check any combination of preference consideration(s) indicated above, which you are entitled to receive.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ RNB24*08

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Birchwood Solutions, LLC
Company


Authorized Signature

12-13-23
Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.



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
Medical

Proc Folder: 1329614		Reason for Modification:	
Doc Description: WV RESTORE -FACILITATED SUPPORT GROUP MANAGEMENT		To post addendum 3	
Proc Type: Central Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2023-12-15	2023-12-27 13:30	CRFQ 0907 RNB2400000008	4

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code: VS0000019670
Vendor Name : Birchwood Solutions, LLC
Address : 99 E. Main St., Ste. 200, Box 15
Street :
City : Franklin
State : Tennessee **Country :** USA **Zip :** 37064
Principal Contact : Elizabeth Temple
Vendor Contact Phone: 855-313-2457 **Extension:**

FOR INFORMATION CONTACT THE BUYER
 Larry D McDonnell
 304-558-2063
 larry.d.mcdonnell@wv.gov

Vendor Signature X *Elizabeth Temple* **FEIN#** 47-2874273 **DATE** December 26, 2023

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

ADDITIONAL INFORMATION

Addendum No. 3

1. To attach answers to vendor questions.
2. To revise commodity lines.
3. To attach Exhibit A - Pricing Page
4. To revise section 5.2 - Pricing Pages and section 7 - Payment.
5. To briefly allow additional vendor questions.

Additional vendor questions due by 12/20/2023 by 2:00PM EST.

Bid opening date still remains 12/27/2023 at 1:30PM EST

No other changes

INVOICE TO

WV BOARD OF EXAMINERS
FOR
REGISTERED
PROFESSIONAL NURSES
5001 MACCORKLE AVE SW
SOUTH CHARLESTON WV
US

SHIP TO

WV BOARD OF EXAMINERS
FOR
REGISTERED
PROFESSIONAL NURSES
5001 MACCORKLE AVE SW
SOUTH CHARLESTON WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Facilitated Support Group Management - Total Overall Cost	0.00000	EA		\$240,300.00

Comm Code**Manufacturer****Specification****Model #**

85121700

Extended Description:

For further details see attached documentation and all addendums.

Provide Total Overall Cost

INVOICE TO		SHIP TO	
WV BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES 5001 MACCORKLE AVE SW SOUTH CHARLESTON WV US		WV BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES 5001 MACCORKLE AVE SW SOUTH CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Use Commodity Line 1	0.00000	EA		

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Put total overall cost calculated on Exhibit A - Pricing Page on Commodity Line 1

INVOICE TO		SHIP TO	
WV BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES 5001 MACCORKLE AVE SW SOUTH CHARLESTON WV US		WV BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES 5001 MACCORKLE AVE SW SOUTH CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Use Commodity Line 1	0.00000	EA		

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Put total overall cost calculated on Exhibit A - Pricing Page on Commodity Line 1

INVOICE TO		SHIP TO	
WV BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES 5001 MACCORKLE AVE SW SOUTH CHARLESTON WV US		WV BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES 5001 MACCORKLE AVE SW SOUTH CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	Use Commodity Line 1	0.00000	EA		

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Put total overall cost calculated on Exhibit A - Pricing Page on Commodity Line 1

SCHEDULE OF EVENTS

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Vendor Questions Due By 2:00PM EST	2023-12-07
2	Vendor Questions Due By 2:00PM EST	2023-12-20

SOLICITATION NUMBER: CRFQ RNB24*08
Addendum Number: 3

The purpose of this addendum is to modify the solicitation identified as (“Solicitation”) to reflect the change(s) identified and described below.

Applicable Addendum Category:

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

Description of Modification to Solicitation:

1. To attach answers to vendor questions.
2. To revise commodity lines.
3. To attach Exhibit A - Pricing Page
4. To revise section 5.2 - Pricing Pages and section 7 - Payment.
5. To briefly allow additional vendor questions.

Additional vendor questions due by 12/20/2023 by 2:00PM EST.

Bid opening date still remains 12/27/2023 at 1:30PM EST

No other changes

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ATTACHMENT A

Addendum 03

Nurse Health Program – WV Restore
Facilitated Support Group Management - CRFQ RNB24-08

Vendor Question 01:

I am requesting clarification on the Unit of Measurement in the CRFQ RNB24*08. I see Quantity for the 1st year is 140, however it's not clear what Unit issue refers to whether group or individual participant.

Agency Answer 01:

Commodity line 1 for first year's quantity of 140 is being revised to add the overall total cost listed on Exhibit A – Pricing Page. Vendor's will need to review and complete Exhibit A – Pricing Page

Commodity lines 2 through 4 are being removed.

Agency is revising section 5.2 Pricing Page to read as follows:

5.2 Pricing Pages: Vendor should complete the Pricing Pages by providing a unit price per participant. The unit price per participant is automatically calculated to the monthly rate. The monthly rate will be calculated to the estimated yearly cost. The vendor will provide unit price per participant for optional renewal years 1 through 3. The vendor will take the total overall cost and enter that on commodity line 1. Vendor should complete the Pricing Pages in their entirety as failure to do so may result in Vendor's bids being disqualified.

Example:

Estimated Quantity		Unit Price Per Participant	=	Monthly Rate		Extended Cost (Estimated Yearly Cost)
75	x	\$10.00	=	\$750.00	x 12	= \$9,000.00

Agency is revising section 7 Payment to read as follows:

7. PAYMENT: Agency shall pay the unit price per participant as the monthly rate as shown on Exhibit A – Pricing Page, for all Contract Services performed and accepted under this Contract. Vendor shall accept payment in accordance with the payment procedures of the State of West Virginia.

The WV Purchasing Division is accepting additional Vendor Questions. All questions will need to be submitted on 12/20/2023 by 2:00PM EST.

EXHIBIT A - PRICING PAGE

NURSE HEALTH PROGRAM – WV RESTORE

Facilitated Support Group Management - CRFQ RNB24*08

Contract Item Number	Description	Unit of Measure	Estimated Quantity*	Unit Price Per Participant	Monthly Rate	Extended Cost (estimated yearly cost)
4.1	Facilitated Support Group Management - Intital Year	EA	75	\$65.00	\$4,875.00	\$58,500.00
4.1	Facilitated Support Group Management - Optional Renewal Year 1	EA	75	\$65.00	\$4,875.00	\$58,500.00
4.1	Facilitated Support Group Management - Optional Renewal Year 2	EA	75	\$67.00	\$5,025.00	\$60,300.00
4.1	Facilitated Support Group Management - Optional Renewal Year 3	EA	75	\$70.00	\$5,250.00	\$63,000.00
TOTAL OVERALL COST →						\$240,300.00

*The Pricing Pages contain a list of the Contract Items and estimated purchase volume. The estimated purchase volume for each item represents the approximate volume of anticipated purchases only. No future use of the Contract or any individual item is guaranteed or implied.

Elizabeth Suple

Vendor Signature

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ RNB24*08

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input checked="" type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input checked="" type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Birchwood Solutions, LLC

Company



Authorized Signature

December 26, 2023

Date

December 26, 2023



Larry D. McDonnell
Department of Administration, Purchasing Division
2019 Washington Street, East
Charleston, WV 25305-0130

Subject: REQUEST FOR QUOTATION NURSE HEALTH PROGRAM – WV
RESTORE Facilitated Support Group Management CRFQ RNB24*08

Dear Mr. McDonnell:

In our cover letter, we provided a listing of items being submitted with the bid. Since our original submission prior to the first deadline, we have added acknowledgment to Addendum 1, 2 and now 3.

Upon reviewing Addendum 3, it appears the standard method to responding to an RFQ in West Virginia has been modified for this bid. Based on our interpretation of Addendum 3, we submitted the requested total overall price of the contract years 1-4 using Exhibit A's calculations on Commodity Line 1 only, leaving the optional renewal years 2-4 commodity lines blank, as directed.

Furthermore, due to the unexpected, two additional extensions to the deadline, our insurance documentation has expired. The insurance office is closed until December 27th. We have submitted our renewal paperwork and have paid the policy to bind coverage to avoid a lapse in coverage. However, given the Holiday hours and closures, we have not received the new policy documents. We will provide a copy upon receipt.

Although we believe we have provided all requested items and documentation, given the unexpected changes in a timeframe that is customary for travel, we request consideration if anything is missing.

Respectively submitted,

Elizabeth Temple
Chief Executive Officer