



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: 10-04-2022

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

Order Number:	CDO 0511 3986 BMS2300000018 1	Procurement Folder:	1116613
Document Name:	Base Year Three Delivery Order: Operations	Reason for Modification:	
Document Description:	Base Year Three Delivery Order: Operations		
Procurement Type:	Central Delivery Order		
Buyer Name:	Crystal G Hustead		
Telephone:	(304) 558-2402		
Email:	crystal.g.hustead@wv.gov		
Shipping Method:	Best Way	Master Agreement Number:	CMA 0511 BMS2100000003 1
Free on Board:	FOB Dest, Freight Prepaid		10/18/25 OK

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: VS0000018497 HOMECARE SOFTWARE SOLUTIONS LLC 130 WEST 42ND ST 2ND FL NEW YORK NY 10036 US Vendor Contact Phone: 7189646036 Extension: Discount Details: <table border="1"> <thead> <tr> <th></th> <th>Discount Allowed</th> <th>Discount Percentage</th> <th>Discount Days</th> </tr> </thead> <tbody> <tr> <td>#1</td> <td>No</td> <td>0.0000</td> <td>0</td> </tr> <tr> <td>#2</td> <td>No</td> <td></td> <td></td> </tr> <tr> <td>#3</td> <td>No</td> <td></td> <td></td> </tr> <tr> <td>#4</td> <td>No</td> <td></td> <td></td> </tr> </tbody> </table>		Discount Allowed	Discount Percentage	Discount Days	#1	No	0.0000	0	#2	No			#3	No			#4	No			Requestor Name: Kelly (Jimmy) Dowden Requestor Phone: (304) 356-4861 Requestor Email: jimmy.k.dowden@wv.gov <div style="text-align: center; font-size: 2em; font-weight: bold;">23</div> FILE LOCATION _____
	Discount Allowed	Discount Percentage	Discount Days																		
#1	No	0.0000	0																		
#2	No																				
#3	No																				
#4	No																				

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

Purchasing Division's File Cop,

Total Order Amount:	\$260,532.00
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CH 10/17/22

PURCHASING DIVISION AUTHORIZATION
 DATE: *Tanya H. 10/11/22*
 ELECTRONIC SIGNATURE ON FILE

ENTERED

ENCUMBRANCE CERTIFICATION
 DATE: *10/12/2022*
 ELECTRONIC SIGNATURE ON FILE

Extended Description:

Base Year Three Delivery Order: Operations

Total: \$260,532.00

Service Period: 10/19/2022-10/18/2023

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$260,532.00
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

Medicaid Electronic Visit Verification RFP

Table 13: Total Cost			
Implementation Cost (All Inclusive) - 6 Months			
Expense		Cost	
1. Payment Milestone Total (see Table 14)		1)	\$ 322,100
2. Project Management Recurring Deliverables Total (see Table 15)		2)	\$ 5,500
3. Training and Meeting Facility		3)	\$ 205,250
Total Not to Exceed 6-Month Implementation Cost^{1,2} <i>(Sum of Expense Costs.)</i>			\$ 532,850
Operations Cost			
Contract Year	Monthly Operations Cost^{4,5}		Annual Cost <i>(Sum of Monthly Operational Cost and Cost of all Enhancement hours for each year.)</i>
	Enhancement Cost⁶ <i>(Use Tables 16 and 17 to calculate)</i>		
Base Contract Period:			
Base 1 st year (excluding 6 month implementation). ² <i>(See Instruction 1.6)^{3,5,6}</i>	\$ 21,711	x 6	\$ 273,767
	\$ 143,500	(2,000 hours)	
Base Year 2: <i>(See Instruction 1.6)^{5,6}</i>	\$ 21,711	x 12	\$ 547,535
	\$ 287,000	(4,000 hours)	
Base Year 3: <i>(See Instruction 1.6)^{5,6}</i>	\$ 21,711	x 12	\$ 547,535
	\$ 287,000	(4,000 hours)	
Base Year 4: <i>(See Instruction 1.6)^{5,6}</i>	\$ 21,711	x 12	\$ 547,535
	\$ 287,000	(4,000 hours)	
Base Year 5: <i>(See Instruction 1.6)^{5,6}</i>	\$ 21,711	x 12	\$ 547,535
	\$ 287,000	(4,000 hours)	
Optional Renewal Year 1: <i>(See Instruction 1.6)^{5,6}</i>	\$ 21,711	x 12	\$ 547,535
	\$ 287,000	(4,000 hours)	
Optional Renewal Year 2: <i>(See Instruction 1.6)^{5,6}</i>	\$ 21,711	x 12	\$ 547,535
	\$ 287,000	(4,000 hours)	
Optional Renewal Year 3: <i>(See Instruction 1.6)^{5,6}</i>	\$ 21,711	x 12	\$ 547,535
	\$ 287,000	(4,000 hours)	
Total Operations Cost⁴ <i>(Sum of Operations Costs for all Contract Years.)</i>			\$ 4,106,512
Total Vendor Cost			\$ 4,639,362

Table 13




STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES

Bill J. Crouch
Cabinet Secretary

Procurement Services
350 Capitol Street, Room 251
Charleston, West Virginia 25301-3712
Telephone: (304) 558-1700 Fax: (304) 558-4398

Cynthia E. Beane
Commissioner

TO: Robert L. Price, CPPO, CPPB, NIGP-CPP
Administrative Services Manager II
WVDHHR-Office of Purchasing

FROM: Kelly J. Dowden, WWPBC 
Director, BMS Procurement Services

DATE: October 4, 2022

RE: PF1116613, CDO BMS23*18

The West Virginia Bureau for Medical Services (BMS) respectfully requests approval of the above-referenced CDO for Year Three (3) Operations in accordance with the terms and conditions of the Electronic Visit Verification contract (CMA BMS21*03) to be performed by HOMECARE SOFTWARE SOLUTIONS LLC, d/b/a HHAExchange.

The Year Three (3) Operations cost is \$260,532. Dates of service for this delivery order are 10/19/22-10/18/23.

Thank you for your time and consideration in this matter. If you have questions or need additional information, please feel free to contact me at 304-352-4286 or jimmy.k.dowden@wv.gov.


Agree




STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES

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Cynthia E. Beane
Commissioner

TO: DHHR Finance

FROM: Kelly J. Dowden, WVPBC 
Director, BMS Procurement Services

DATE: November 30, 2021

RE: PF1116613, CDO BMS23*18Funding Memo

The West Virginia Bureau for Medical Services (BMS) respectfully submits the funding memo below for the above-referenced CDO.

BMS anticipates making payment for months 1-7 in SFY23 and 8-12 in SFY24.

Months 1-7: $\$21,711 \times 7 = \$151,977$
Months 8-12: $\$21,711 \times 5 = \$108,555$

Total: \$260,532.00

Thank you for your time and consideration in this matter. If you have questions or need additional information, please feel free to contact me at 304-352-4286 or jimmy.k.dowden@wv.gov.