



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

State of West Virginia
Master Agreement

Order Date: 10-19-2022

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:	CMA 0511 2657 HHR2100000003 2	Procurement Folder:	785940
Document Name:	Change Order No. 1	Reason for Modification:	Change Order No. 1 To execute a supplement Appendix A to the HIPAA Business Associate Addendum per the attached. No other changes.
Document Description:	PROJECT MANAGEMENT SERVICES		
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2021-06-15
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2024-06-14

VENDOR				DEPARTMENT CONTACT	
Vendor Customer Code:	000000100150			Requestor Name:	Kelly (Jimmy) Dowden
BERRY DUNN MCNEIL & PARKER LLC				Requestor Phone:	(304) 356-4861
2211 CONGRESS ST				Requestor Email:	jimmy.k.dowden@wv.gov
PORTLAND	ME	04102		<div style="font-size: 48px; font-weight: bold;">23</div> <div style="font-weight: bold;">FILE LOCATION _____</div>	
US					
Vendor Contact Phone:	6813138905	Extension:			
Discount Details:					
	Discount Allowed	Discount Percentage	Discount Days		
#1	No	0.0000	0		
#2	No				
#3	No				
#4	No				

INVOICE TO	SHIP TO
VARIOUS AGENCY LOCATIONS	VARIOUS AGENCY LOCATIONS
AS INDICATED BY ORDER	AS INDICATED BY ORDER
No City	No City
WV 99999	WV 99999
US	US

Total Order Amount:	Open End
---------------------	----------

Purchasing Division's File Copy

ENTERED

PURCHASING DIVISION AUTHORIZATION
 DATE: *Dan Q...* 10-24-22
 ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM
 DATE: *John S. Gray*
 ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
Beverly Tolson
 DATE: 10-26-2022
 ELECTRONIC SIGNATURE ON FILE

10/26/2022

Extended Description:

Change Order

Change Order No. 1 is issued to execute a supplement Appendix A to the HIPAA Business Associate Addendum per the attached. No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	80101600				0.000000
	Service From	Service To			
	2021-06-15	2024-06-14			

Commodity Line Description: Lead Project Manager: Base Year One

Extended Description:

Lead Project Manager: Base Year One

Hourly Rate: \$215.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	80101600				0.000000
	Service From	Service To			
	2021-06-15	2024-06-14			

Commodity Line Description: Engagement Manager: Base Year One

Extended Description:

Engagement Manager: Base Year One

Hourly Rate: \$270.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
3	80101600				0.000000
	Service From	Service To			
	2021-06-15	2024-06-14			

Commodity Line Description: Lead MMIS Project Manager: Base Year One

Extended Description:

Lead MMIS Project Manager: Base Year One

Hourly Rate: \$205.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
4	80101600				0.000000
	Service From	Service To			
	2021-06-15	2024-06-14			

Commodity Line Description: General Project Manager: Base Year One

Extended Description:

General Project Manager: Base Year One

Hourly Rate: \$175.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
5	80101600				0.000000
	Service From	Service To			
	2021-06-15	2024-06-14			

Commodity Line Description: Project Management Support Staff: Base Year One

Extended Description:

Project Management Support Staff: Base Year One

Hourly Rate: \$80.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
6	80101600				0.000000
	Service From	Service To			
	2021-06-15	2024-06-14			

Commodity Line Description: Lead Child Welfare Project Manager: Base Year One

Extended Description:

Lead Child Welfare Project Manager: Base Year One

Hourly Rate: \$205.00

Appendix A

(To be completed by the Agency's Procurement Officer prior to the execution of the Addendum, and shall be made a part of the Addendum. PHI not identified prior to the execution of the Addendum may only be added by amending Appendix A of the Addendum, via Change Order.)

Name of Associate: Berry Dunn McNeil & Parker LLC d/b/a Berry Dunn

Name of Agency: West Virginia Department of Health and Human Resources

Describe the PHI (do not include any actual PHI). If no applicable, please indicate the same.

For the Bureau for Medical Services:

All [types of PHI listed on App. A] in paper, electronic, verbal, or any other form, including, but not limited to, claims level data, further including member and provider specific data.

For the Bureau for Social Services:

WV Comprehensive Child Welfare Information System data, currently know as Family and Children Tracking System (FACTS) data.

For the Bureau for Behavioral Health:

Program data including, but not limited to identifiable, demographic, service, risk factor, and outcome data for Children's Mental Health Wraparound Services or Interim Wraparound Services, Positive Behavior Support, Assessment Pathway, Children's Mobile Crisis and Response, Children's Crisis and Referral Line, and other Bureau for Behavioral Health programs that provide services to children in the state.

AGREED:

West Virginia Department of
Name of Agency: Health & Human Resources Name of Associate: Berry Dunn McNeil & Parker LLC

Signature: Robert Price

Signature: Nicola J. Bernal

Title: Administrative Services Manger II

Title: Principal

Date: October 17, 2022

Date: October 17, 2022

Form - WVBA-012004
Amended 06.26.2013

APPROVED AS TO FORM THIS 26th
DAY OF Jan 20 23
BY Patrick Morrissey
Attorney General



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES**

Office of Purchasing

One Davis Square, Suite 100 West
Charleston, WV 25301

Telephone: (304) 558-0953 Fax: (304) 558-2892

Bill J. Crouch
Cabinet Secretary

Bryan D. Rosen
Director

MEMORANDUM

TO: Nicole Becnel, PMP
Principal, BerryDunn

FROM: Robert Price, CPPO, CPPB, NIGP-CPP
Administrative Services Manager II *RP*

SUBJECT: Request for Signature

DATE: October 12, 2022

Attached is a supplemental Appendix A to the HIPAA Business Associate Addendum for CMA 0511 2657 HHR2100000003.

If you are in agreement, please sign the attached document and return to me at your earliest convenience.

Thank you.