



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: 01-18-2023

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 0506 2818 HHR2000000011 5	Procurement Folder:	680594
Document Name:	Change Order No. 3	Reason for Modification:	Change Order No. 3 to Renew.
Document Description:	Accounting Technician II Temporary Staffing		
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2020-02-10
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2024-02-09

VENDOR				DEPARTMENT CONTACT	
Vendor Customer Code:	VS0000008443			Requestor Name:	Tara L Buckner
HOME CARE ADVANTAGE INC				Requestor Phone:	(304) 558-9138
1179 S 6TH ST				Requestor Email:	tara.l.buckner@wv.gov
INDIANA	PA	15701-3733		<div style="font-size: 48pt; font-weight: bold;">23</div> <div style="font-weight: bold;">FILE LOCATION</div>	
US					
Vendor Contact Phone:	724-465-5863	Extension:			
Discount Details:					
	Discount Allowed	Discount Percentage	Discount Days		
#1	No	0.0000	0		
#2	No				
#3	No				
#4	No				

INVOICE TO		SHIP TO	
BUYER - 304-957-0209		BUYER - 304-957-0209	
HEALTH AND HUMAN RESOURCES		HEALTH AND HUMAN RESOURCES	
FINANCE		ADMINISTRATION AND FINANCE	
ONE DAVIS SQUARE, STE 300		ONE DAVIS SQUARE, RM 300	
CHARLESTON	WV 25301	CHARLESTON	WV 25301
US		US	

Total Order Amount:	Open End
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Purchasing Division's File Copy

ENTERED

PURCHASING DIVISION AUTHORIZATION
 DATE: *Tara L Buckner 1/18/2023*
 ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM
 DATE: *1/24/2023*
 ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
 DATE: *1/25/2023*
 ELECTRONIC SIGNATURE ON FILE

Extended Description:

Change Order Change Order No. 3 is issued to renew the original contract according to all terms, conditions, prices and specifications contained in the original contract including all authorized change orders.

Effective date of renewal 02/10/2023 through 02/09/2024

Renewal Years Remaining: ZERO.

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	80111605			HOUR	26.840000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Change Order #3
Accounting Technician II

Extended Description:

Change Order #3 Accounting Technician II



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Finance

One Davis Square, Suite 300
Charleston, WV 25301

Telephone: (304) 352-6634 Fax: (304) 558-1003

Jeffrey H. Coben, MD
Interim Cabinet Secretary

Tara L. Buckner
Chief Financial Officer

MEMORANDUM

DATE: January 5, 2023

TO: Robert Price, CPPO, CPPB, WVDHHR Buyer Supervisor
WVDHHR – Office of Purchasing

FROM: Tara L. Buckner, Chief Financial Officer *TLB*
WV Department of Health and Human Resources

SUBJECT: Renewal of Contract for Accounting Technician II Staff

We are requesting that Contract Number CMA 0506 2818 HHR20*11 be renewed because the need still exists for additional staff in order to maintain timely processing.

Attached is the result of the letter going to the Home Care Advantage, Inc. for renewal. If you have any questions, please do not hesitate to contact me at (304) 558-9138.

TB/eaw

Attachment

Kimberly S. Jobe

ok to renew



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Finance

One Davis Square, Suite 300
Charleston, WV 25301

Telephone: (304) 352-6634 Fax: (304) 558-1003

Jeffrey H. Cohen, MD
Interim Cabinet Secretary

Tara L. Buckner
Chief Financial Officer


December 27, 2022

Home Care Advantage, Inc.
1179 South 6th Street
Indiana, PA 15701

Dear Vendor:

DHHR Finance would like to renew Contract Number CMA 0506 2818 HHR20*11 for the period of February 10, 2023 through February 9, 2024 under the same pricing, terms and conditions as the original contract including any subsequent change orders or modifications. We will need an insurance certificate showing a minimum of \$1 million general liability insurance with the State listed as the certificate holder and an additional insured.

Please sign, date and print your name and title below in acceptance of the renewal. A Purchasing Affidavit is also attached. Please return the affidavit, notarized along with this letter to email Elizabeth.A.Webb@wv.gov.

Accepted:  1-3-23
Signature Date

Larry Manners Director of Operations
Printed Name Date

If you have any questions or need additional information, please contact Ms. Webb via email.

Sincerely,



Tara L. Buckner, Chief Financial Officer
West Virginia Department of Health and Human Resources

Kimberly S. Jobe

ok to renew

Attachment