



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: 01-08-2024

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>	CMA 0613 9905 VNF23000001C 2	<b>Procurement Folder:</b>	1147666
<b>Document Name:</b>	Prequalified Vendors for Direct Care Staffing Service	<b>Reason for Modification:</b>	Change Order No. 01 To Renew Contract
<b>Document Description:</b>	Prequalified Vendors for Direct Care Nurse Staffing Services		
<b>Procurement Type:</b>	Central Master Agreement		
<b>Buyer Name:</b>			
<b>Telephone:</b>			
<b>Email:</b>			
<b>Shipping Method:</b>	Best Way	<b>Effective Start Date:</b>	2023-01-01
<b>Free on Board:</b>	FOB Dest, Freight Prepaid	<b>Effective End Date:</b>	2024-12-31

VENDOR		DEPARTMENT CONTACT	
<b>Vendor Customer Code:</b>	VS0000008443	<b>Requestor Name:</b>	Peggy L Alexander
HOME CARE ADVANTAGE INC		<b>Requestor Phone:</b>	(304) 626-1600
1179 S 6TH ST		<b>Requestor Email:</b>	peggy.l.alexander@wv.gov
INDIANA	PA		
US	15701-3733		
<b>Vendor Contact Phone:</b>	724-465-5863	<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		

**24**  
 FILE LOCATION \_\_\_\_\_

INVOICE TO	SHIP TO
DIVISION OF VETERANS AFFAIRS	VETERAN'S NURSING FACILITY
1 FREEDOMS WAY	1 FREEDOMS WAY
CLARKSBURG WV 26301	CLARKSBURG WV 26301
US	US

1-9-24 GC

<b>Total Order Amount:</b>	Open End
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Purchasing Division's File Copy

*1/9/24*  
**PURCHASING DIVISION AUTHORIZATION**  
 DATE: *Tauhe 1/9/2024*  
 ELECTRONIC SIGNATURE ON FILE

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

*1/18/2024*

**ENCUMBRANCE CERTIFICATION**  
 DATE: *1-19-24*  
 ELECTRONIC SIGNATURE ON FILE

**Extended Description:**

Change Order

Change Order No. 01 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 1/1/2024 through 12/31/2024.

Renewal Years Remaining: 1

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	85101601				0.000000
	<b>Service From</b>	<b>Service To</b>		<b>Service Contract Amount</b>	
	2023-01-01	2024-12-31		1000000.00	

**Commodity Line Description:** Registered Nurse (RN)

**Extended Description:**

Registered Nurse (RN) to be billed using Delivery Order

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	85101601				0.000000
	<b>Service From</b>	<b>Service To</b>		<b>Service Contract Amount</b>	
	2023-01-01	2024-12-31		1000000.00	

**Commodity Line Description:** Licensed Practical Nurse (LPN)

**Extended Description:**

Licensed Practical Nurse (LPN) to be billed using Delivery Order

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
3	85101601				0.000000
	<b>Service From</b>	<b>Service To</b>		<b>Service Contract Amount</b>	
	2023-01-01	2024-12-31		1000000.00	

**Commodity Line Description:** Health Service Worker (HSW)

**Extended Description:**

Health Service Worker (HSW) to be billed using Delivery Order



*West Virginia Veterans Nursing Facility  
One Freedom Way  
Clarksburg WV 26301*

December 5, 2023

Michael Gehosky  
Home Care Advantage Inc  
1179 S 6<sup>th</sup> St  
Indiana, PA 15701

RE: Renewal CMA 0613 9905 VNF23\*01C

Dear Mr. Gehosky,

Provisions were included in the original contract documents to renew the referenced contract under the same terms, conditions, and pricing. The renewal dates are 1/1/2024 to 12/31/2024. If your company agrees to this renewal, please sign below and return to my attention as soon as possible.

If you have any questions or concerns, feel free to contact me at (304) 626-1600.

Regards,

Michael Clevenger  
Procurement Supervisor

We agree to renew the contract for the period stated above under the same terms, conditions, and pricing as in the original Purchase Order and any subsequent Change Orders.

X Dr. Michael Gehosky  
SIGNATURE

12/05/2023  
DATE

Michael Gehosky, PhD, President  
PRINT NAME

# COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>8</u> Date: <u>12/19/23</u> Solicitation No. <u>CMA VNF23*01C</u>	Agency: WVNF Procurement Officer Submitting Requisition: Michael Clevenger Requisition No. CMA 0613 9905 VNF23*01C PF No.: 1147666
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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Use of correct specification template	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Maximum budgeted amount in wvOASIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Suggested vendors in wvOASIS	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b>	Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b>	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b>	Secretary of State Verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b>	State debarment verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b>	Federal debarment verification	<input checked="" type="checkbox"/>	<input checked="" 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: \_\_\_\_\_

