



# Huntington Behavioral Health

1415 Sixth Avenue • Huntington, WV 25701 • (304) 523-1142 • (304) 523-2966 FAX

## FAX COVER SHEET

TO: ROBERTA WALUMB - Sr. Buyer  
STATE OF WV  
RE: RFQ No: LSW 90089

FAX: (304) 558-2063

FROM: **Huntington Behavioral Health**

SENDER: PETE PETERS

FAX: 304-523-2966

DATE: 12/02/2008

TIME: 3:12 PM

RECEIVED  
 2008 DEC -2 P 3:13  
 HUNTINGTON DIVISION  
 STATE OF WV

TOTAL NUMBER OF PAGES, INCLUDING COVER SHEET: 7

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12/2006

Addendum for  
RFQ No: LSW 90089

RE: Addendum to Bid - RFQ Number - LSH90089

Show Header

Print Hide Envelope

From: Wagner, Roberta A [Add to Address Book](#)  
To: ppeters  
Date: Tuesday, December 02, 2008 2:09:56 PM  
Subject: RE: Addendum to Bid - RFQ Number - LSH90089

Mr. Pete Peters,  
You can fax it to this number and they will put it with the bids to be opened.  
(304) 558-2063  
Hope that this information is helpful to you.  
Good Luck  
Regards,

Roberta Wagner, CPIM  
Senior Buyer  
P (304) 558-0067  
F (304) 558-4115

---

**From:** ppeters [mailto:ppeters@mail.wvdsi.net]  
**Sent:** Tuesday, December 02, 2008 1:56 PM  
**To:** Wagner, Roberta A  
**Subject:** Addendum to Bid - RFQ Number - LSH90089

Ms Wagner:

I have already submitted the Huntington Mental Health Associates Inc. bid for the Lakin Hospital contract. Today, I received an Addendum. It indicates that this is to be submitted with the bid. What do I do now??

Pete Peters



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

**Request for Quotation**

RFQ NUMBER:  
 LSH90089

PAGE:  
 1

ADDRESS CORRESPONDENCE TO ATTENTION OF:  
 ROBERTA WAGNER  
 304-558-0067

RESPONSE TO

\*A28144918 304-523-1142  
 HUNTINGTON MENTAL HEALTH ASSOC  
 1415 6TH AVE  
 HUNTINGTON WV 25701-2420

RFQ TO

HEALTH AND HUMAN RESOURCES  
 LAKIN HOSPITAL  
 1 BATEMAN CIRCLE  
 LAKIN, WV  
 25287 304-675-0860

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
11/26/2008				
BID OPENING DATE: 12/11/2008		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 1 1. QUESTIONS AND ANSWERS ATTACHED. 2. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.  EXHIBIT 10  REQUISITION NO.: LSH90089  ADDENDUM ACKNOWLEDGEMENT  I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.  ADDENDUM NO.'S: NO. 1 <i>AP</i> ..... NO. 2 ..... NO. 3 ..... NO. 4 ..... NO. 5 .....  I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS.						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Robert Wagner</i>	TELEPHONE <i>(304) 523-1142</i>	DATE 12/02/2008
TITLE ADMINISTRATOR	FEIN 20-0219026	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

**GENERAL TERMS & CONDITIONS**  
**REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)**

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. All quotations are governed by the *West Virginia Code* and the *Legislative Rules* of the Purchasing Division.
4. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
5. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, this Purchase Order/Contract becomes void and of no effect after June 30.
6. Payment may only be made after the delivery and acceptance of goods or services.
7. Interest may be paid for late payment in accordance with the *West Virginia Code*.
8. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
9. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
10. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
11. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.
12. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
13. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, this Contract may be deemed null and void, and terminated without further order.
14. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (<http://www.state.wv.us/admin/purchase/vrc/hipaa.htm>) is hereby made part of the agreement. Provided that, the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
15. **WEST VIRGINIA ALCOHOL & DRUG-FREE WORKPLACE ACT:** If this Contract constitutes a public improvement construction contract as set forth in Article 1D, Chapter 21 of the West Virginia Code ("The West Virginia Alcohol and Drug-Free Workplace Act"), then the following language shall hereby become part of this Contract: "The contractor and its subcontractors shall implement and maintain a written drug-free workplace policy in compliance with the West Virginia Alcohol and Drug-Free Workplace Act, as set forth in Article 1D, Chapter 21 of the West Virginia Code. The contractor and its subcontractors shall provide a sworn statement in writing, under the penalties of perjury, that they maintain a valid drug-free work place policy in compliance with the West Virginia and Drug-Free Workplace Act. It is understood and agreed that this Contract shall be cancelled by the awarding authority if the Contractor: 1) Fails to implement its drug-free workplace policy; 2) Fails to provide information regarding implementation of the contractor's drug-free workplace policy at the request of the public authority; or 3) Provides to the public authority false information regarding the contractor's drug-free workplace policy."

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**INSTRUCTIONS TO BIDDERS**

1. Use the quotation forms provided by the Purchasing Division.
2. **SPECIFICATIONS:** Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Complete all sections of the quotation form.
4. Unit prices shall prevail in case of discrepancy.
5. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
6. **BID SUBMISSION:** All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130



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

**Request for Quotation**

RFQ NUMBER
LSH90089

PAGE
2

ADDRESS CORRESPONDENCE TO ATTENTION OF
ROBERTA WAGNER 304-558-0067

VENDOR

\*A28144918 304-523-1142  
 HUNTINGTON MENTAL HEALTH ASSOC  
 1415 6TH AVE  
 HUNTINGTON WV 25701-2420

H.P.T.O.

HEALTH AND HUMAN RESOURCES  
 LAKIN HOSPITAL  
 1 BATEMAN CIRCLE  
 LAKIN, WV 25287 304-675-0860

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
11/26/2008				

BID OPENING DATE: 12/11/2008 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>VENDOR MUST CLEARLY 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.</p> <p style="text-align: center;">                       SIGNATURE                      Huntington Mental Health Associates, Inc.                      COMPANY                      12/02/2008                      DATE                 </p> <p>REV. 11/96</p> <p style="text-align: right;">END OF ADDENDUM NO. 1</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS		
SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

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11/26/2008				

BID OPENING DATE: 12/11/2008 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	JB		948-74		
OPEN END CONTRACT TO PROVIDE PSYCHIATRIC SERVICES						
***** THIS IS THE END OF RFQ LSH90089 ***** TCTAL:						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

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**ADDENDUM LSH90089**

**QUESTIONS:**

1. "Will it be acceptable for the vendor to recruit the qualified services providers (Psychiatrists) after the contract has been awarded?"

**ANSWER:** No. Vendor will provide Lakin Hospital with a copy of all applicable licenses to practice in West Virginia at the time of award. Acceptable license will be a copy of the medical license (Psychiatrist/MD).

2. "Do the resumes of providers need to be submitted along with the bid?"

**ANSWER:** No, only medical license (Psychiatrist/MD).

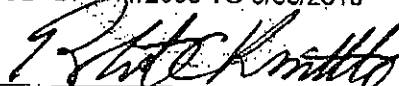
**WEST VIRGINIA BOARD OF MEDICINE**

LICENSE NO. 15702 ISSUED 1/9/1989

THIS IS TO CERTIFY THAT THE LICENSE OF

NANCY LYNN BUELL GRAHAM, M.D.

TO PRACTICE **MEDICINE AND SURGERY** IN THE  
STATE OF WEST VIRGINIA HAS BEEN RENEWED FOR  
THE PERIOD OF 7/1/2008 TO 6/30/2010



ROBERT C. KNITTLE, Executive Director





State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
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 HUNTINGTON WV 25701-2420

SHIP TO

HEALTH AND HUMAN RESOURCES  
 LAKIN HOSPITAL  
  
 1 BATEMAN CIRCLE  
 LAKIN, WV  
 25287      304-675-0860

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
11/06/2008				

BID OPENING DATE: **12/11/2008**      BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	JB		948-74		
<p>OPEN END CONTRACT TO PROVIDE PSYCHIATRIC SERVICES</p> <p>OPEN END CONTRACT</p> <p>TO PROVIDE CLINICAL PSYCHIATRIC SERVICES, TO RESIDENTS AT LAKIN HOSPITAL PER THE FOLLOWING SPECIFICATIONS.</p> <p>EXHIBIT 3</p> <p>LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON 1/1/2009 AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS WRITTEN NOTICE.</p> <p>UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT, THE TERMS, CONDITIONS AND PRICING SET HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT.</p> <p>RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS.</p>						

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08 NOV 18 AM 9:41

PURCHASING DIVISION  
STATE OF WV

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
<i>[Signature]</i>	304/523-1142	11/17/08
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
ADMINISTRATOR	20-0219026	

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



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11/06/2008				

BID OPENING DATE: 12/11/2008      BID OPENING TIME 01:30PM

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<p><b>CANCELLATION:</b> THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICES SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.</p> <p><b>OPEN MARKET CLAUSE:</b> THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)</p> <p><b>QUANTITIES:</b> QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY THE STATE SPENDING UNIT. IT IS UNDERSTOOD AND AGREED THAT THE CONTRACT SHALL COVER THE QUANTITIES ACTUALLY ORDERED FOR DELIVERY DURING THE TERM OF THE CONTRACT, WHETHER MORE OR LESS THAN THE QUANTITIES SHOWN.</p> <p><b>ORDERING PROCEDURE:</b> SPENDING UNIT(S) SHALL ISSUE A WRITTEN STATE CONTRACT ORDER (FORM NUMBER WV-39) TO THE VENDOR FOR COMMODITIES COVERED BY THIS CONTRACT. THE ORIGINAL COPY OF THE WV-39 SHALL BE MAILED TO THE VENDOR AS AUTHORIZATION FOR SHIPMENT, A SECOND COPY MAILED TO THE PURCHASING DIVISION, AND A THIRD COPY RETAINED BY THE SPENDING UNIT.</p> <p><b>BANKRUPTCY:</b> IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THIS CONTRACT IS AUTOMATICALLY NULL AND VOID, AND IS TERMINATED WITHOUT FURTHER ORDER.</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS			
SIGNATURE	TELEPHONE	DATE	
<i>[Signature]</i>	304 523-1142	11/17/2008	
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE	
ADMINISTRATOR	20-0219026		

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



State of West Virginia  
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ADDRESS CORRESPONDENCE TO ATTENTION OF:
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\*A28144918                      304-523-1142  
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SHIP TO

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DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
11/06/2008				

BID OPENING DATE: 12/11/2008                                      BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>THE TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT SHALL SUPERSEDE ANY AND ALL SUBSEQUENT TERMS AND CONDITIONS WHICH MAY APPEAR ON ANY ATTACHED PRINTED DOCUMENTS SUCH AS PRICE LISTS, ORDER FORMS, SALES AGREEMENTS OR MAINTENANCE AGREEMENTS, INCLUDING ANY ELECTRONIC MEDIUM SUCH AS CD-ROM.</p> <p>REV. 04/11/2001</p> <p>INQUIRIES:            WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 11/25/2008. QUESTIONS MAY BE SENT VIA USPS, FAX, COURIER OR E-MAIL. IN ORDER TO ASSURE NO VENDOR RECEIVES AN UNFAIR ADVANTAGE, NO SUBSTANTIVE QUESTIONS WILL BE ANSWERED ORALLY. IF POSSIBLE, E-MAIL QUESTIONS ARE PREFERRED. ADDRESS INQUIRIES TO:</p> <p>ROBERTA WAGNER            DEPARTMENT OF ADMINISTRATION            PURCHASING DIVISION            2019 WASHINGTON STREET, EAST            CHARLESTON, WV 25311</p> <p>FAX: (304) 558-4115            E-MAIL: ROBERTA.A.WAGNER@WV.GOV</p> <p>PURCHASING CARD ACCEPTANCE: THE STATE OF WEST VIRGINIA CURRENTLY UTILIZES A VISA PURCHASING CARD PROGRAM WHICH IS ISSUED THROUGH A BANK. THE SUCCESSFUL VENDOR MUST ACCEPT THE STATE OF WEST VIRGINIA VISA PURCHASING CARD FOR PAYMENT OF ALL ORDERS PLACED BY ANY STATE</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
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TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
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11/06/2008				

BID OPENING DATE: 12/11/2008      BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEMNUMBER	UNIT PRICE	AMOUNT
<p>AGENCY AS A CONDITION OF AWARD.</p> <p>NOTICE</p> <p>A SIGNED BID MUST BE SUBMITTED TO:</p> <p>DEPARTMENT OF ADMINISTRATION            PURCHASING DIVISION            BUILDING 15            2019 WASHINGTON STREET, EAST            CHARLESTON, WV 25305-0130</p> <p>PLEASE NOTE: A CONVENIENCE COPY WOULD BE APPRECIATED.</p> <p>THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:</p> <p>SEALED BID</p> <p>BUYER:-----RW/FILE 22-----</p> <p>RFQ. NO.:-----LSH90089-----</p> <p>BID OPENING DATE:-----12/11/2008-----</p> <p>BID OPENING TIME:-----1:30 PM-----</p> <p>PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:</p> <p>----- (304) 523-2966 -----</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

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State of West Virginia  
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LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
CONTACT PERSON (PLEASE PRINT CLEARLY):						
----- PETE PETERS, ADMINISTRATOR -----						
***** THIS IS THE END OF RFQ LSH90089 ***** TOTAL: _____						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS			
SIGNATURE	TELEPHONE	DATE	
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE	

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

LSH90089

**OPEN END CONTRACT PROVIDE PSYCHIATRIC SERVICES**

VENDOR SHALL MEET THE FOLLOWING MINIMUM REQUIREMENTS:

Services must be provided by a licensed psychiatrist (MD). Prior experience in a long term care setting is not mandatory. No minimum number of years experience is required. Vendor must be board certified and eligible to practice in West Virginia. Lakin Hospital will work with the successful vendor and coordinate the visit times.

SERVICES SHALL INCLUDE:

Vendor shall provide clinical psychiatric services by making rounds and seeing patients regularly, emergency evaluations and treatment, as needed.

Vendor will annually review all patients on psychotropic medication and review other patients as requested by care conference team/physician.

Vendor shall provide in-service presentation, by arrangement (i.e. staff training in areas of behavior management techniques, effective treatment strategies, understanding cognitive impairment, and other areas deemed necessary by the facility.)

Vendor shall make intervention recommendations which are, to the degree possible, realistic and within the scope of services offered or arranged by the facility coordinating with needed disciplines and services.

Vendor shall seek reimbursement for services via Medicaid, Medicare, insurance companies, and other third-party payors, as deemed appropriate for all billable services. Lakin Hospital will be billed a per hour rate for all non-billable services.

Vendor will provide Lakin Hospital with a copy of all applicable licenses to practice in West Virginia; in a 114 bed long term care facility and proof of appropriate insurance. Acceptable license will be a copy of the medical license (Psychiatrist/MD). Acceptable insurance will be a copy of their medical malpractice insurance certificate, showing Lakin Hospital's name and address as the certificate holder. A DEA Certificate is not required to provide services at Lakin Hospital.

HOURS OF SERVICE: Shall not exceed 26 hours per month, 312 hours in a twelve month period. Vendor will be required to provide the services in a timely manner as needed or as requested by the facility. Any anticipated travel must be incorporated into the vendor's fee. No travel will be reimbursed by the State and is the sole responsibility of the vendor.

\$ 200.00 per hour, shall not exceed 26 hrs. per MONTH, 312 hrs. per year.  
(Two hundred)

Award will be based on the overall lowest Grand Total

LIFE OF CONTRACT: This contract becomes effective on January 1, 2009 through December 31, 2009.

RENEWAL: This contract may be renewed upon the mutual written consent of the spending unit and vendor, submitted to the director of DHHR Purchasing, thirty (30) days prior to the expiration date. Such renewal shall be in accordance with the terms and conditions of the original contract and shall be limited to two (2) one (1) year periods.

CANCELLATION: The director of DHHR purchasing reserves the right to cancel this contract immediately upon written notice of the vendor if the commodities and/or services supplies are of an inferior quality or do not conform to the specifications of the bid and contract herein.

"Purchasing Affidavit"

West Virginia State Code 5A-3-10a requires that all vendors submit an affidavit setting forth any debt owed to the State of West Virginia. The purchasing affidavit must be submitted prior to award.

HIPAA COMPLIANCE:

Vendor may need to have access to private and confidential data maintained by the Department of Health and Human Resources (DHHR) to perform the duties and responsibilities defined in this contract. Vendor agrees to maintain the confidentiality and security of any data provided in accordance with all applicable confidentiality laws and shall indemnify and hold harmless the State of West Virginia and the Department of Health and Human Resources against all claims brought by any party alleging breach of confidentiality by the vendor. Vendor's subcontractors, or individuals permitted access by vendor. The vendor agrees to meet the requirements of the Health Insurance Portability and Accountability Act (HIPAA), public law 104-191, 110 STAT, 1936 (1996) and regulations promulgated thereunder as applicable. The successful vendor may be determined to be a business associate of the DHHR and if so, the vendor agrees to sign without modification, DHHR's standard HIPAA Business Associate Agreement.

**PAYMENT:**

The Vendor shall submit invoices, in arrears, to the Facility at the address on the face of the purchase order labeled "Invoice To" pursuant to the terms of the contract.

**INSURANCE REQUIREMENTS:**

Insurance certificates are required prior to award but are not required at the time of bid. The vendor shall present evidence of insurance at the time of award in the types and amounts required by the Agency and acceptable to the State. Included in the required insurance coverage shall be the following:

1. Professional and Comprehensive General Liability Insurance: \$500,000 per occurrence and \$1,000,000 annual aggregate.

Policy must show Hospital as Memorandum Holder.



STATE OF WEST VIRGINIA  
Purchasing Division

## PURCHASING AFFIDAVIT

### VENDOR OWING A DEBT TO THE STATE:

*West Virginia Code* §5A-3-10a provides that: No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owed is an amount greater than one thousand dollars in the aggregate.

### PUBLIC IMPROVEMENT CONTRACTS & DRUG-FREE WORKPLACE ACT:

*West Virginia Code* §21-1D-5 provides that: Any solicitation for a public improvement construction contract shall require each vendor that submits a bid for the work to submit at the same time an affidavit that the vendor has a written plan for a drug-free workplace policy in compliance with Article 1D, Chapter 21 of the West Virginia Code. A public improvement construction contract may not be awarded to a vendor who does not have a written plan for a drug-free workplace policy in compliance with Article 1D, Chapter 21 of the West Virginia Code and who has not submitted that plan to the appropriate contracting authority in timely fashion. For a vendor who is a subcontractor, compliance with Section 5, Article 1D, Chapter 21 of the West Virginia Code may take place before their work on the public improvement is begun.

### ANTITRUST:

In submitting a bid to any agency for the state of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the state of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the state of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the state of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership or person or entity submitting a bid for the same materials, supplies, equipment or services and is in all respects fair and without collusion or fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

### LICENSING:

Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, West Virginia Insurance Commission, or any other state agencies or political subdivision. Furthermore, the vendor must provide all necessary releases to obtain information to enable the Director or spending unit to verify that the vendor is licensed and in good standing with the above entities.

### CONFIDENTIALITY:

The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures and rules. Vendors should visit [www.state.wv.us/admin/purchase/privacy](http://www.state.wv.us/admin/purchase/privacy) for the Notice of Agency Confidentiality Policies.

Under penalty of law for false swearing (West Virginia Code §61-5-3), it is hereby certified that the vendor acknowledges the information in this said affidavit and is in compliance with the requirements as stated.

Vendor's Name: Hupton-Dutton Mental Health Associates, Inc.  
Authorized Signature: [Signature] ADMINISTRATOR Date: 11/11/2008

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 Resident Vendor Preference, if applicable

- 1. Application is made for 2.5% resident vendor preference for the reason checked: Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; 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 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who 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 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% resident 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% resident vendor preference for the reason checked: Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
4. Application is made for 5% resident 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% resident 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% resident 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.

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) reject the bid; 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

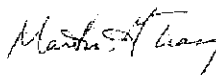
Under penalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: HUNTINGTON MENTAL HEALTH ASSOCIATES INC. Signed: [Signature] Title: ADMINISTRATOR Date: 11/11/2007

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

**THE PSYCHIATRISTS'S PROGRAM  
 APA-ENDORSED PROFESSIONAL LIABILITY INSURANCE PROGRAM  
 Certificate of Insurance**

This certificate is issued as a matter of information only and confers no rights upon the certificate holder.  
 This certificate does not amend, extend or alter the coverage provided by the insurance policy below.

<b>1. NAME AND ADDRESS OF NAMED INSURED</b>			
Nancy Graham, MD Huntington Mental Health Associates, Inc 1415 Sixth Avenue Huntington, WV 25701		The policy of insurance listed below has been issued to the named insured 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 policy described herein is subject to all the terms, exclusions and conditions of such policy. Aggregate limits shown may have been reduced by paid claims.	
<b>2. COMPANY</b>		<b>3. POLICY NUMBER</b>	<b>4. CERTIFICATE NUMBER</b>
National Union Fire Insurance Company of Pittsburgh, PA		GP - PSC01 - 000354415	600531
<b>5. POLICY PERIOD</b>			
<b>From:</b>	April 01, 2008 at 12:01 A M Standard Time	<b>To:</b>	April 01, 2009 at 12:01 A M Standard Time
<b>Retro Date (Group):</b>	N/A at 12:01 A M Standard Time	<b>Retro Date (N.I.):</b>	March 01, 2001 at 12:01 A M Standard Time
<b>6. TYPE OF INSURANCE</b>		<b>7. COVERED SPECIALTY</b>	
Professional Liability		Psychiatry (MD)	
<b>8 EFFECTIVE</b>	<b>LIMITS OF LIABILITY</b>	<b>COVERAGE</b>	<b>STATE/RATING AREA OTHER STATES</b>
Each Medical Incident/Each Policy Period			
04/01/2008	\$1,000,000 / \$3,000,000	Claims Made	WV1
<b>9. NAME AND ADDRESS OF CERTIFICATE HOLDER</b>			
Lakin Hospital 1 Bateman Circle West Columbia, WV 25287		Should the above described policy be canceled before the expiration date thereof, the company will endeavor to mail written notice to the certification holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.	
<b>10. NAME AND ADDRESS OF ADMINISTRATOR</b>			
Professional Risk Management Services, Inc 1515 Wilson Boulevard, Suite 800 Arlington, VA 22209 Telephone: (800) 245-3333			
November 12, 2008 Date		 President and CEO Transatlantic Professional Risk Management Services Inc	