



**HEALTH CARE MANAGEMENT SOLUTIONS ... *that work!***

April 19, 2012

Response to RFQ  
Request for Quote (RFQ) No. FLC13003  
Surveys for Medicare and/or Medicaid Certified Nursing Facilities

**Quotation and Technical Proposal  
Original**

*Prepared for:*

Attention: Roberta Wagner  
West Virginia Department of Health & Human Resources  
Department of Administration  
Purchasing Division  
Building 15  
2019 Washington Street, East  
Charleston, WV 25305-0130

*Submitted by:*

Richard Renquest, Vice President of Clinical Quality & Compliance  
Healthcare Management Solutions, LLC  
51 Middletown Road  
White Hall, WV 26554  
Tel: (304) 368-0288  
Fax: (304) 368-0389  
Email: [RRenquest@HCMSLLC.com](mailto:RRenquest@HCMSLLC.com)  
Web: [www.HCMSLLC.com](http://www.HCMSLLC.com)

RECEIVED

2012 APR 19 PM 1:13

WV PURCHASING  
DIVISION

April 18, 2012

Roberta Wagner  
West Virginia Department of Health & Human Resources  
Department of Administration  
Purchasing Division  
Building 15  
2019 Washington Street, East  
Charleston, WV 25305-0130

RE: Surveys for Medicare and/or Medicaid Certified Nursing Facilities  
Request for Quote Number: FLC13003

Dear Ms. Wagner:

Healthcare Management Solutions, LLC (HMS) is submitting a Request for Quote Response for the above referenced project. Enclosed please find the original Quotation and Technical Proposal and a courtesy copy as requested. Would you kindly confirm receipt of this response at [dgraham@hcmsllc.com](mailto:dgraham@hcmsllc.com)?

If you have any questions concerning this response, please contact me at (304) 368-0288.

Sincerely,



Diane E. Graham  
Proposal Manager

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## A. Quotation Form

Request for Quotations # FLC13003

Item Description	Estimated Quantity	Unit Price	Total Price
Surveys for Medicare and/or Medicaid certified nursing facilities	70 each.	\$34,341.00	\$2,403,870.00

Grand Total Price:

Award will be made according to each vendor's response and lowest cost. Low bid will be designated as FLC13003A, next lowest bid will be designated as FLC13003B, and so on. The Agency will contact Vendor "A" first to provide their needs. If Vendor "A" cannot provide services, Agency will go to Vendor "B", and so on. Each vendor that responds who meets specifications, will be awarded a contract.

Healthcare Management Solutions, LLC  
Vendor Name (Print)

51 Middletown Road

White Hall, WV 26554  
Vendor Order Address

51 Middletown Road

White Hall, WV 26554  
Vendor "Remit To Address"

304-368-0288                      304-368-0389  
Phone #                      AND                      Fax #

Principals@Hem5LLC.com  
E-mail

4/10/2012  
Date

[Signature]  
Signature

## **B. Addendum Acknowledgement**



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  
 FLC13003

PAGE  
 1

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

VENDOR

\*C04083155      304-368-0288  
 HEALTHCARE MANAGEMENT SOL LLC  
 51 MIDDLETOWN RD  
 WHITE HALL WV 26554

SHIP TO

HEALTH AND HUMAN RESOURCES  
 OIG - OHFLAC  
 408 LEON SULLIVAN WAY  
 CHARLESTON, WV  
 25301-1713      304-558-2026

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
04/05/2012				

BID OPENING DATE: 04/19/2012      BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 1						
1.				QUESTIONS AND ANSWERS ARE 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.: FLC13003						
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 ✓		
				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	TELEPHONE	DATE
TITLE	FEIN	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. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
4. 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.
5. Payment may only be made after the delivery and acceptance of goods or services.
6. Interest may be paid for late payment in accordance with the *West Virginia Code*.
7. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
10. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern the purchasing process.
11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
12. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
13. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at [www.state.wv.us/admin/purchase/vrc/hipaa.html](http://www.state.wv.us/admin/purchase/vrc/hipaa.html) and 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.
14. **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. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf>.
15. **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, and the West Virginia Insurance Commission. 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.
16. **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 material, 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.

**INSTRUCTIONS TO BIDDERS**

1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
2. 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. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
4. 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
5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).





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  
 FLC13003

PAGE  
 2

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

VENDOR

\*C04083155 304-368-0288  
 HEALTHCARE MANAGEMENT SOL LLC  
 51 MIDDLETOWN RD  
 WHITE HALL WV 26554

SHIP TO

HEALTH AND HUMAN RESOURCES  
 OIG - OHFLAC  
 408 LEON SULLIVAN WAY  
 CHARLESTON, WV  
 25301-1713 304-558-2026

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
04/05/2012				

BID OPENING DATE: 04/19/2012 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: right;"><i>A. C. H. H. H. H. H.</i> SIGNATURE</p> <p style="text-align: right;"><i>Healthcare Management Solutions, LLC</i> COMPANY</p> <p style="text-align: right;">... 4/10/2012 ... DATE</p> <p>NOTE: THIS ADDENDUM ACKNOWLEDGEMENT SHOULD BE SUBMITTED WITH THE BID.</p> <p>REV. 09/21/2009</p> <p style="text-align: center;">END OF ADDENDUM NO. 1</p>						
0001	1	YR		948-55		
ANNUAL FEDERAL SURVEYS OF CERTIFIED NURSING FACILITI						

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'



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  
 FLC13003

PAGE  
 3

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

PROPERTY

\*C04083155      304-368-0288  
 HEALTHCARE MANAGEMENT SOL LLC  
 51 MIDDLETOWN RD  
 WHITE HALL WV 26554

SHIP TO

HEALTH AND HUMAN RESOURCES  
 OIG - OHFLAC  
 408 LEON SULLIVAN WAY  
 CHARLESTON, WV  
 25301-1713      304-558-2026

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
04/05/2012				

BID OPENING DATE: 04/19/2012      BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	QAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
***** THIS IS THE END OF RFQ    FLC13003    ***** 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'

Response to vendor Questions for FLC13003 as follows:

Question:

**General**

- 1) When is the proposal due?

Response: Bid due date is listed in the RFQ on page 1: April 19, 2012 at 1:30 PM.

Question:

**License Requirement 2 (page 8)**

- 2) Since surveyors must complete the Basic Long-Term Care Surveyor course to qualify to take CMS's Surveyor Minimum Qualifications Test (SMQT), is evidence of SMQT certification sufficient to demonstrate completion of the Basic Long-Term Care Surveyor course?

Response: Yes.

Questions:

**General**

- 3) The RFQ indicates that the quantities listed in the requisition (70) are "approximations only and that the contract shall cover the quantities actually ordered for delivery during the term of the contract, whether more or less and the quantities shown." Is the contractor obligated to complete the full number of surveys specified during the contract period, or will completion of a lower quantity of surveys be acceptable depending on the contractors' resource capacity/limitations?

Response: Bids will be accepted for a lower number of surveys depending on the contractors' resource capacity/limitations. DHHR reserves the right to award multiple contracts based on specification and pricing, not to exceed 70.

- 4) Will bids be accepted only in hardcopy form as outlined in the RFQ, or is there an option to submit via e-mail?

Response: Bids must be submitted in hardcopy form as outlined in the RFQ.

- 5) Are all pages of the "Request for Quotation" document to be completed, signed, and submitted as part of the bid? Or are only the Cost Sheet and Purchasing Affidavit (when applicable) required?

Response: All pages should be completed, signed, and submitted.

## C. Agreement Addendum

**AGREEMENT ADDENDUM**

In the event of conflict between this addendum and the agreement, this addendum shall control:

1. **DISPUTES** - Any references in the agreement to arbitration or to the jurisdiction of any court are hereby deleted. Disputes arising out of the agreement shall be presented to the West Virginia Court of Claims.
2. **HOLD HARMLESS** - Any provision requiring the Agency to indemnify or hold harmless any party is hereby deleted in its entirety.
3. **GOVERNING LAW** - The agreement shall be governed by the laws of the State of West Virginia. This provision replaces any references to any other State's governing law.
4. **TAXES** - Provisions in the agreement requiring the Agency to pay taxes are deleted. As a State entity, the Agency is exempt from Federal, State, and local taxes and will not pay taxes for any Vendor including individuals, nor will the Agency file any tax returns or reports on behalf of Vendor or any other party.
5. **PAYMENT** - Any references to prepayment are deleted. Payment will be in arrears.
6. **INTEREST** - Any provision for interest or charges on late payments is deleted. The Agency has no statutory authority to pay interest or late fees.
7. **NO WAIVER** - Any language in the agreement requiring the Agency to waive any rights, claims or defenses is hereby deleted.
8. **FISCAL YEAR FUNDING** - Service performed under the agreement may be continued in succeeding fiscal years for the term of the agreement, contingent upon funds being appropriated by the Legislature or otherwise being available for this service. In the event funds are not appropriated or otherwise available for this service, the agreement shall terminate without penalty on June 30. After that date, the agreement becomes of no effect and is null and void. However, the Agency agrees to use its best efforts to have the amounts contemplated under the agreement included in its budget. Non-appropriation or non-funding shall not be considered an event of default.
9. **STATUTE OF LIMITATION** - Any clauses limiting the time in which the Agency may bring suit against the Vendor, lessor, individual, or any other party are deleted.
10. **SIMILAR SERVICES** - Any provisions limiting the Agency's right to obtain similar services or equipment in the event of default or non-funding during the term of the agreement are hereby deleted.
11. **FEES OR COSTS** - The Agency recognizes an obligation to pay attorney's fees or costs only when assessed by a court of competent jurisdiction. Any other provision is invalid and considered null and void.
12. **ASSIGNMENT** - Notwithstanding any clause to the contrary, the Agency reserves the right to assign the agreement to another State of West Virginia agency, board or commission upon thirty (30) days written notice to the Vendor and Vendor shall obtain the written consent of Agency prior to assigning the agreement.
13. **LIMITATION OF LIABILITY** - The Agency, as a State entity, cannot agree to assume the potential liability of a Vendor. Accordingly, any provision limiting the Vendor's liability for direct damages to a certain dollar amount or to the amount of the agreement is hereby deleted. Limitations on special, incidental or consequential damages are acceptable. In addition, any limitation is null and void to the extent that it precludes any action for injury to persons or for damages to personal property.
14. **RIGHT TO TERMINATE** - Agency shall have the right to terminate the agreement upon thirty (30) days written notice to Vendor. Agency agrees to pay Vendor for services rendered or goods received prior to the effective date of termination.
15. **TERMINATION CHARGES** - Any provision requiring the Agency to pay a fixed amount or liquidated damages upon termination of the agreement is hereby deleted. The Agency may only agree to reimburse a Vendor for actual costs incurred or losses sustained during the current fiscal year due to wrongful termination by the Agency prior to the end of any current agreement term.
16. **RENEWAL** - Any reference to automatic renewal is deleted. The agreement may be renewed only upon mutual written agreement of the parties.
17. **INSURANCE** - Any provision requiring the Agency to purchase insurance for Vendor's property is deleted. The State of West Virginia is insured through the Board of Risk and Insurance Management, and will provide a certificate of property insurance upon request.
18. **RIGHT TO NOTICE** - Any provision for repossession of equipment without notice is hereby deleted. However, the Agency does recognize a right of repossession with notice.
19. **ACCELERATION** - Any reference to acceleration of payments in the event of default or non-funding is hereby deleted.
20. **CONFIDENTIALITY** - Any provision regarding confidentiality of the terms and conditions of the agreement is hereby deleted. State contracts are public records under the West Virginia Freedom of Information Act.
21. **AMENDMENTS** - All amendments, modifications, alterations or changes to the agreement shall be in writing and signed by both parties. No amendment, modification, alteration or change may be made to this addendum without the express written approval of the Purchasing Division and the Attorney General.

**ACCEPTED BY:**

**STATE OF WEST VIRGINIA**

Spending Unit: \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**VENDOR**

Company Name: Healthcare Management Solutions, LLC

Signed: [Signature]

Title: Principal

Date: 4/18/2012

## **D. Purchasing Affidavit**

STATE OF WEST VIRGINIA  
Purchasing Division**PURCHASING AFFIDAVIT**

**West Virginia Code §5A-3-10a states:** 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.

**DEFINITIONS:**

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Debtor" means any individual, corporation, partnership, association, limited liability company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities. "Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

**EXCEPTION:** The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

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

**WITNESS THE FOLLOWING SIGNATURE**Vendor's Name: Healthcare Management Solutions, LLCAuthorized Signature: [Signature] Date: 4/10/2012State of WVCounty of Marion, to-wit:Taken, subscribed, and sworn to before me this 10<sup>th</sup> day of April, 2012.My Commission expires May, 23, 2021.

AFFIX SEAL HERE

NOTARY PUBLIC [Signature]

## **E. Vendor Preference Certificate**



# 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: Healthcare Management Solutions, LLC Signed: [Signature]

Date: 4/10/2012 Title: Principal

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

## **F. Proof of WV Vendor Registration**

STATE OF WEST VIRGINIA  
DEPARTMENT OF ADMINISTRATION  
PURCHASING DIVISION  
2019 WASHINGTON STREET, EAST  
POST OFFICE BOX 50130  
CHARLESTON, WEST VIRGINIA 25305-0130  
10/03/2011

MICHAEL RHOADES  
HEALTHCARE MANAGEMENT SOL LLC  
51 MIDDLETOWN RD

WHITE HALL WV 26554

THIS IS TO CONFIRM RECEIPT OF YOUR VENDOR REGISTRATION FEE. PAYMENT OF THE FEE ENABLES YOU TO PARTICIPATE IN THE PURCHASING DIVISION'S COMPETITIVE BID PROCESS AND ENTITLES YOU TO A ONE-YEAR SUBSCRIPTION TO THE WEST VIRGINIA PURCHASING BULLETIN. A NEW ISSUE OF THE WEST VIRGINIA PURCHASING BULLETIN IS POSTED ON OUR WEB SITE EACH WEEK. BID OPPORTUNITIES ESTIMATED AT \$25,000 OR MORE ARE ADVERTISED IN THIS PUBLICATION. WE ENCOURAGE YOU TO LOG ON AND VIEW THE BULLETIN EVERY FRIDAY SO AS NOT TO MISS IMPORTANT BIDDING OPPORTUNITIES. OUR WEB ADDRESS IS:

[HTTP://WWW.STATE.WV.US/ADMIN/PURCHASE](http://www.state.wv.us/admin/purchase)

IN ORDER TO ACCESS THE WEST VIRGINIA PURCHASING BULLETIN, YOU WILL NEED YOUR VENDOR NUMBER, GROUP NUMBER (IF ANY), AND YOUR PASSWORD WHICH ARE PRINTED BELOW. YOUR ACCESS WILL BECOME EFFECTIVE ON THE FIRST MONDAY AFTER 10/03/2011, STATE HOLIDAYS EXCLUDED.




HELPFUL TIPS: YOUR COMPUTER-GENERATED VENDOR NUMBER BEGINS WITH AN ASTERISK, BUT DO NOT USE THE ASTERISK WHEN LOGGING IN. ALSO, OUR LOGIN SCRIPT IS CASE SENSITIVE. THEREFORE, IF YOUR VENDOR NUMBER CONTAINS A CHARACTER LIKE A, B, OR C, PLEASE TYPE IT IN UPPER CASE.

IF YOU HAVE QUESTIONS, FEEL FREE TO CONTACT US AT 304-558-2311 OR JEANNE.B.BARNHART@WV.GOV. THANK YOU.

SINCERELY YOURS,

*Jeanne B. Barnhart*

VENDOR REGISTRATION

VENDOR NUMBER :   
GROUP NUMBER :   
PASSWORD : 

1001

OCT 04

## G. Technical Proposal

**Healthcare Management Solutions, LLC (HMS)** is a multiple GSA schedule holder (*MOBIS and IT Schedule 70*), certified, small disadvantaged, woman-owned business with offices in White Hall, WV and Columbia, MD. We provide high-impact services based on our proven, in-depth understanding of the needs of government health services organizations. Our solutions capitalize on the real-world experience of our over 100 multi-discipline clinicians and Information Technology (IT) solutions professionals who work in partnership with our clients. Our demonstrated expertise helps customers develop effective processes and systems that enable them to manage complexity, improve operations, and establish beneficial relations with partners across the entire spectrum of health services.

HMS is pleased to submit this response to the West Virginia (WV) Department of Health & Human Resources (WVDHHR) to provide up to seventy (70) surveys for Medicare and/or Medicaid Certified Nursing Facilities. As a WV company located in the heart of “Mountaineer Country,” we are very excited to have the opportunity to work collaboratively with our home State to aid in the completion of its missions and goals. A substantial amount of our survey and certification work has been performed primarily within Federal Agencies such as the Centers for Medicare and Medicaid Services (CMS) where we have gained valuable experience and expertise. This entails HMS providing expertise to the CMS Survey and Certification Group on several projects including; Federal Oversight and Training in Intermediate Care Facilities for Persons with Mental Retardation (ICFs/MR), Surveying Organ Transplant Programs (SOTP), Improved Oversight of Long Term Care (LTC), and End Stage Renal Disease Surveys (ESRD). Most recently, HMS was awarded a contract from the State of West Virginia to conduct seven (7) of these same surveys within the State. We would be delighted to serve the State of West Virginia by performing surveys in up to 70 certified nursing facilities throughout WV, and offering our experience and expertise.

#### The HMS Advantage

*Its combination of capabilities and maturity of a large company and its agility as a small business gives customers the HMS Advantage*

- High-impact services based on proven understanding of customer needs and demonstrated ability to meet those needs
- Solutions built on expertise and real-world experience of HMS staff - over 100 multi-discipline clinicians and IT professionals
- Significant “reach back” into healthcare and IT communities providing access to qualified staff
- Aggressive approach to workflow management leading to highly efficient and cost-effective solutions
- Strong communications with clients and stakeholders ensuring effective working relationship between HMS and its customers
- Use of established processes, systems, and standards to ensure reliability and high level performance in operations
- 8(a) certified, small disadvantaged, woman-owned business

***This proposal is being submitted on or before April 19, 2012 by:***

Richard Renquest, Jr., MBA, MA, LPC, NCC  
Vice President of Clinical Quality & Compliance  
Healthcare Management Solutions, LLC  
51 Middletown Road White Hall, WV 26554  
Tel: (304) 368-0288  
Fax: (304) 368-0389  
Email: [RRenquest@HCMSLLC.com](mailto:RRenquest@HCMSLLC.com)  
Web: [www.HCMSLLC.com](http://www.HCMSLLC.com)

## Technical Understanding

HMS understands that the State of WV is requesting technical assistance to conduct annual federal surveys for Medicare and/or Medicaid certified nursing facilities based on federal regulations. These surveys will be conducted pursuant to the State's agreement with the CMS and the WVDHHR requirement of performing annual surveys at each nursing home licensed by the State. HMS understands that "Skilled Nursing Facilities (SNFs) and Nursing Facilities (NFs) are required to be in compliance with the requirements at 42 CFR Part 483, Subpart B, to receive payment under the Medicare or Medicaid programs" and, that "to certify as a SNF or NF, they must complete at least a: Life Safety Code (LSC) survey; and a Standard Survey." It is HMS' understanding that we will be completing the Standard Surveys as part of this requirement.

As mentioned above, HMS is currently contracted with CMS to provide surveys of ICF/MR facilities, Organ Transplant Programs, LTC facilities, and ESRD facilities. As a result of these current survey contracts with CMS, HMS has become very familiar with the survey process and the regulations outlined in the State Operations Manual (SOM) and the various appendices.

HMS is prepared to provide the State of WV with additional resources to complete its annual survey requirements by offering survey teams that are Surveyor Minimum Qualification Test (SMQT) qualified to complete up to 70 additional annual surveys in licensed nursing homes throughout the State of WV.

## Technical Approach

HMS understands that, as the contractor, we would employ a Project Director (PD) to oversee all daily operational tasks. The PD would maintain frequent contact with the Office of Health Facilities Licensure and Certification (OHFLAC). HMS also understands that we would employ a team of qualified surveyors whose time will be primarily involved in surveying or survey related activities. HMS would also employ a Project Coordinator (PC) that would attend to the logistical travel arrangements for the surveyors traveling to various facilities throughout WV. HMS has demonstrated experience working with CMS in this type of service; and we understand the demands of surveying, travelling, and documenting issues in regards to compliance with Medicare and Medicaid regulations and the conditions of participation.

HMS also understands that we are expected to provide and possess:

- ✦ At a minimum, one surveyor per team who is a licensed registered professional nurse with knowledge and understanding of long-term care regulations and current standards of professional practice. Proof of a current, valid, unimpaired license, registration, and/or certification in their field of practice must also be provided by HMS.
- ✦ The Director with documentation of verification that, at a minimum, each survey team member has successfully completed the Basic LTC Surveyor Course offered by CMS, and has successfully passed CMS's SMQT. HMS must supply documentation of the SMQT certification to the Director as well. HMS would also supply the Director with documentation of verification of any Quality Indicator Survey (QIS) registered surveyors prior to completion of any QIS surveys.

- ✦ If we intend to utilize any surveyors previously employed by OHFLAC, the employee left employment in good standing and that OHFLAC will determine if utilization of any previously employed OHFLAC employee will not present a Conflict of Interest (COI).
- ✦ Professionals with current or prior experience with the application of Federal laws, regulations, guidelines, and SOM and Federal survey protocols related to the survey and certification process for long-term care.
- ✦ Adequate administrative support to support the wide range of operational procedures necessary to conduct contract tasks,
- ✦ Financial resources needed to efficiently and effectively conduct and sustain contract tasks.
- ✦ Technology and professional expertise to develop and maintain communication with contract team members, and the OHFLAC office.
- ✦ Data system technology, which includes the use of computers, printers, electronic mail, fax, and teleconference capabilities.
- ✦ Quality-assurance-internal evaluation for accuracy and consistency of results.
- ✦ Logistical and financial support for staff's travel related activities, (i.e. scheduling and arranging contract team travel including air and ground transportation and hotel accommodation).
- ✦ Post survey reports and materials submitted to OHFLAC in predetermined time frames.
- ✦ Disbursement of per diem for professional staff in accordance with Government Travel Rates (GTR).
- ✦ Data entry following the Automated Survey Processing Environment (ASPEN) and system guidelines within timeframes as specified by OHFLAC.
- ✦ A quality assurance (QA) system that ensures consistency and accuracy between surveyors, the survey teams and the survey process.

#### Mandatory Requirements:

1. *The Contractor will survey nursing home facilities based on federal regulations and CMS established parameters. The contractor may determine whether the Surveys will be completed under the traditional or QIS process and must inform OHFLAC which process will be utilized.*

HMS plans to utilize SMQT qualified surveyors for this endeavor with previous LTC survey experience. We would utilize a traditional survey process in most cases; however, we would strive to obtain QIS certified surveyors and/or implement training in the long-term to train our surveyors in the QIS process. This training process would depend on the longevity of the contract as well as availability of the training and efficiencies involved. The goal would be to assist the State in eliminating its backlog of surveys through a process that would prove to be most efficient, whether it be the traditional or QIS process. HMS intends to utilize teams of four (4) SMQT qualified surveyors for most surveys utilizing the traditional survey process. The number of team members will be adjusted according to the size of the facility to accommodate the process in an efficient manner.

- 2. The Contractor will be responsible for all aspects of the survey process, including conducting the survey, citing deficiencies in accordance with the principles of documentation, producing written documentation and reporting findings to OHFLAC.*

HMS is keenly aware that we will be responsible for all aspects of the survey process, including: a) conducting the survey, b) citing deficiencies in accordance with the principles of documentation, and c) producing written documentation and reporting findings to OHFLAC. HMS will work with the OHFLAC office to schedule these facilities in an efficient manner and deploy teams to the facility to conduct the survey. Pre and post survey conferences will be held by the HMS team, as well as frequent team meetings during the actual survey. After exit from the facility, each surveyor will submit their deficiency reports to the survey team leader, who will then compile the survey report. This, in turn, will go to the Quality Analyst for review and correction. Thereafter, the survey results will then be exported from ASPEN to allow upload by the OHFLAC office.

- 3. The Contractor will notify OHFLAC via e-mail of availability of survey teams. OHFLAC will e-mail the Contractor facilities to be surveyed and a survey shell from Automated Survey Processing Environment (ASPEN) Central Office (ACO). The shell may be opened in ASPEN Surveyor Explorer Quality (ASE-Q).*

HMS intends to maintain open communication with the OHFLAC office to ensure that an effective and efficient survey schedule is maintained. HMS will notify the OHFLAC office of available survey teams, via email, and schedule surveys based on response from OHFLAC of which facilities are to be surveyed. The survey teams will be provided the ASPEN shell in ASPEN Survey Explorer Quality (ASE-Q) and will complete the survey and the required documentation for each event.

HMS is very familiar with ASPEN software. Our survey teams began using Version 9.0 of the ASPEN software in October 2007 and advanced through 4 (four) upgrades. Based on our utilization of the software, HMS has been instrumental in providing feedback for upgrades leading to the most current version, ASE – Q Version 10.1.2.1. HMS is fully capable of utilizing the ASPEN software for the survey process to import survey shells, generate 2567s, 670s, complaint reports, Microsoft Word or PDF documents from the 2567s and export 2567s successfully to State Survey Agencies (SSAs) and Regional Offices (ROs). In addition, ASPEN training is a routine component of the HMS surveyor training.

HMS will capitalize on our experience with ASPEN ASE-Q to ensure that our surveyors surveying LTC facilities in WV receive training regarding the use of ASPEN ASE-Q and those documents are received by the OHFLAC office within established timeframes.

- 4. If the Contractor suspects immediate jeopardy or other serious concerns, they must immediately notify OHFLAC. Based upon the surveyor's findings, OHFLAC will make the determination of whether or not there is an immediate jeopardy. (Note: This item was omitted from the 70 survey RFQ. Because of its importance, we opted to add it and describe our proposed approach).*



HMS understands that in cases where harm, substandard quality of care, and/or immediate jeopardy are suspected in a given facility, we will immediately notify the OHFLAC office regarding the suspected issue, share findings with OHFLAC that lead to the suspected concern. We will hold discussion with the OHFLAC office to explore the concern in detail together. HMS will then proceed with direction from OHFLAC as to the determination of whether or not the concern is an immediate jeopardy situation.

- 5. The Contractor will complete a report detailing any deficient practices in ASE-Q. Once complete, the report must be exported and e-mailed to OHFLAC no later than 5 calendar days after the exit of a facility. At the same time, the Contractor must mail any survey related documents and notes to OHFLAC.*

In keeping with our commitment of open and frequent communication with the OHFLAC office, once a survey is completed and deficiencies are documented, a report will be created and reviewed by a Quality Analyst prior to submission to OHFLAC. After final review by the team, the deficiency report will be exported from ASE-Q and emailed to OHFLAC no later than five (5) calendar days after the exit from a facility. All survey related documents and survey notes will be mailed to OHFLAC, when the final report is submitted.

- 6. The Contractor must be available to answer questions and to supply additional information or clarification to OHFLAC relating to the survey process and for any form of dispute resolution.*

HMS will make survey staff and survey team leaders available to answer questions and supply any additional information regarding a particular survey to the OHFLAC office. These staff members will also be made available to OHFLAC for dispute resolution regarding surveys that HMS performs.

- 7. The Contractor will refer any enforcement or non-survey related questions from facilities to OHFLAC.*

HMS will refer any enforcement decisions and/or actions to OHFLAC. All non-survey related questions from facilities will be referred to the appropriate contact person in the OHFLAC office. HMS understands that we are performing a service for the State of WV and OHFLAC and will refer these questions to the OHFLAC office.

- 8. The Contractor will communicate with OHFLAC during the survey process, upon entry and exit to all facilities, as well as relating any concerns, questions, or issues raised by a facility.*

HMS is deeply committed to open communication with the OHFLAC office before, during, and after each survey. This communication will be maintained through the PD and the survey staff assigned to each survey. HMS will notify OHFLAC when entering and exiting each facility assigned. We will report all incidents of suspected harm, substandard quality of care, and/or immediate jeopardy, and we will work with OHFLAC on their determinations. HMS will communicate all concerns, questions, or issues raised by an assigned facility to the OHFLAC.

9. *The Contractor must be available to survey throughout the entire State of West Virginia.*

As an experienced and reputable contractor, HMS clearly understands the expectation of the State of West Virginia and its obligation to be available to conduct surveys throughout the entire State. We have an extensive and seasoned pool of qualified surveyors who will be deployed for each assignment in a manner that is the most effective, efficient, and reliable. Our current surveyors are located in varying geographic areas that will enable us to make survey assignments that encompass all areas of the State.

## H. Staffing Plan

## License Requirements

1. *The Contractor must employ at a minimum one surveyor per team who is a licensed registered professional nurse with knowledge and understanding of long-term care regulation and current standards of professional practice. Proof of a current valid, unimpaired license, registration, and/or certification in their field of practice must be provided by the Contractor.*

HMS will employ at least one (1) person assigned to each survey team who is a licensed registered professional nurse with knowledge and understanding of LTC regulations and current standards of professional practice. HMS understands that proof of a current, valid, unimpaired license, registration, and/or certification in the surveyors' field of practice must also be provided. HMS plans to utilize mostly SMQT surveyors that also hold an RN license. We also plan to utilize surveyors that are Registered Dietitians (RDs), Licensed Social Workers, and Generalist Surveyors that are SMQT certified in order to have a cadre of diverse backgrounds on the survey teams.

2. *At a minimum, the Contractor must have survey staff that has successfully completed the Basic Long-Term Care Surveyor Course offered by the Centers for Medicare & Medicaid Services (CMS), and have successfully passed CMS' Surveyor Minimum Qualification Test (SMQT). For surveys to be completed via the Quality Indicator Survey (QIS) process, all team members must be QIS registered surveyors. Verifications must be presented in the bid.*

HMS understands that all members of each survey team must have completed the Basic LTC Surveyor Course offered by CMS and have successfully passed CMS' SMQT. We will provide documentation of verification of SMQT certification for all members of each survey team. In anticipation of the possibility to complete surveys via the QIS process, we have included verification of representative proposed team members who are registered QIS surveyors. The table below includes some of the individuals who will be assigned to support the State of WV on this project. Other individuals are also available to lend support as needed:

HMS Staff Name	RN	SMQT	QIS	RD
Debra Bragg, RN	X	X	X	
Donna Demaree, BA		X		
Debra Gibbs Allen, RN	X	X		
Pamela Richardson, RN, BSN	X	X		
Shane Reed, MS, RD, LD		X	X	X
Mary-Elizabeth Crawford, RN	X	X		

3. *The Contractor must supply evidence of a current valid, unimpaired license, registration, and/or certification in their field of practice and a valid federal identification number for each individual participating in survey activities. Verifications must be presented in the bid.*

HMS understands its obligation to and has included in this bid, proof of a current, valid, unimpaired license, registration, and/or certification in the surveyors' field of practice. We plan

to utilize SMQT surveyors, primarily those who hold an RN license. We also plan to utilize surveyors that are Registered Dietitians (RDs), Licensed Social Workers, and Generalist Surveyors that are also SMQT certified to ensure diverse backgrounds on the survey team composition.

## I. Past Performance Examples

<b>Company</b>	<b>Healthcare Management Solutions, LLC</b>
<b>Name of Company or Agency:</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Project Title:</b>	Improved Oversight of Long Term Care Facilities Contract (LTC)
<b>Contract Number:</b>	HHSM-500-2011-00078C
<b>Period of Performance:</b>	09/06/2011-09/05/2014
<b>Contract Type:</b>	Cost Plus Fixed Fee
<b>Project Description:</b> HMS was awarded a contract by CMS to provide CMS Regional Offices with additional resources to assess state survey performance of long-term care facilities by conducting additional comparative surveys with an ultimate goal of gaining a better understanding of issues affecting individual performance and to enable targeted interventions that will lead to performance improvement. A second purpose of this contract is for HMS to develop a detailed research design for CMS that will evaluate nursing home decision making in administering antipsychotic medications.	

<b>Company</b>	<b>Healthcare Management Solutions, LLC</b>
<b>Name of Company or Agency:</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Project Title:</b>	Survey of End Stage Renal Disease Facilities (ESRD)
<b>Contract Number:</b>	HHSM-500-2011-00081C
<b>Period of Performance:</b>	09/30/2011-09/29/2015
<b>Contract Type:</b>	Cost Plus Fixed Fee
<b>Project Description:</b> HMS was awarded a contract by CMS to assist in assuring the quality of ESRD Services in Medicare-participating facilities through the survey and certification process. As directed by the CMS COTR, HMS is responsible for initial surveys for ERSD programs that are new to Medicare as well as re-certification surveys for programs that are already Medicare participants within the certification period, follow-up and Federal Oversight (comparative) surveys. These surveys are conducted using 42 CFR parts, 405, 410, 413, 414, 488, and 494 Conditions of Coverage for End-Stage Renal Disease Facilities; Final Rule, survey protocol and survey guidelines.	

<b>Company</b>	<b>Healthcare Management Solutions, LLC</b>
<b>Name of Company or Agency:</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Project Title:</b>	Intermediate Care Facilities for the Mentally Retarded (ICF/MR)
<b>Contract Number:</b>	HHSM-500-2008-00042C
<b>Period of Performance:</b>	09/22/2008-09/21/2012
<b>Contract Type:</b>	Cost Plus Fixed Fee
<b>Project Description:</b> HMS was awarded a contract by CMS to assure its constituency that ICF/MR surveys funded by CMS and conducted by State survey agencies are consistent with the intent of the ICF/MR regulations and clarifications. HMS works with CMS to develop additional resources to assist State surveyors in understanding, interpreting and applying the ICF/MR regulations. HMS provides CMS with an available cadre of key professional staff to conduct surveys and a limited number of training sessions for state survey agency staff. HMS works with CMS to develop training modules to improve accuracy and efficiency of ICF/MR.	

<b>Company</b>	<b>Healthcare Management Solutions, LLC</b>
<b>Name of Company or Agency:</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Project Title:</b>	Surveying Organ Transplant Programs (SOTP) 2
<b>Contract Number:</b>	HHSM-500-2010-00053C
<b>Period of Performance:</b>	09/15/2010 – 09/14/2013
<b>Contract Type:</b>	Cost Plus Fixed Fee severable term type contract
<b>Project Description:</b> HMS employees conduct onsite surveys of organ transplant programs in facilities throughout the U.S. including Initial, Follow-up, Complaint, Re-approval, State Assist (Guided and Assistant/Participant), Federal oversight (Comparative), and Focused and Organ Procurement Organization (OPO) surveys. This is achieved through medical record review, staff/patient interviews, policy review, and facility observation. Our personnel then cite identified deficiencies in the CMS 2567 form and input information regarding each survey into ASPEN.	

<b>Company</b>	<b>Healthcare Management Solutions, LLC</b>
<b>Name of Company or Agency:</b>	West Virginia Department Health and Human Resources (WV DHHR), Office of Inspector General (OIG), Office of Health Facilities Licensure and Certification (OHFLAC)
<b>Project Title:</b>	Annual Federal Surveys of Certified Nursing Facilities
<b>Purchase Order:</b>	FLC12133B
<b>Period of Performance:</b>	03/30/2012-06/30/2012
<b>Contract Type:</b>	Firm Fixed Price
<b>Project Description:</b> HMS was awarded a contract by WV DHHR to provide conduct nursing home facility surveys based on federal regulations and CMS established parameters throughout the State of West Virginia. These surveys are completed either under the traditional model or the Quality Indicator Survey (QIS) model. HMS is responsible for all aspects of the survey process including conducting the survey, citing deficiencies in accordance with the principles of documentation, producing written documentation, and reporting findings to OHFLAC.	



## J. Representative Resumes

**DEBORAH BRAGG, RN**

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**EXPERIENCE**

**State Surveyor** **January 2005 - Present**  
**Jacksonville, FL**  
*Registered Nurse Specialist*

- QIS certified
- SMQT qualified
- Survey Long Term Care Facilities, Hospice Facilities, Home Health Care Agencies, Nurse Registries, Home Sitter Companion Agencies, ICF/MR
- Assess facilities to ensure compliance with all Federal and State Regulations
- Provide follow up visits, complaint surveys, discharge hearings, and appraisal visits

**Clay County Health Department** **July 2003 – January 2005**  
**Green Cove Springs, FL**  
*We Care Coordinator*

- Coordinated medical and dental care for the Indigent of Clay County
- Arranged specialty care as needed
- Negotiated services and rates with medical facilities and physicians

**Self-Employed** **July 2002 – July 2003**  
**Middleburg, FL**  
*MDS Consultant*

- Performed audits of Long Term Care facilities related to federally required Minimum Data Sets
- Assisted with the development of plans of correction
- Educated facility staff relative to compliance with Federal and State regulations

**Mariner Health of Jacksonville** **April 2001 – February 2002**  
**Jacksonville, FL**  
*MDS Coordinator*

- Responsible for all resident assessments
- Accurate completion and submission of the Minimum Data Set (MDS)
- Chaired utilization review meetings
- Supervised and trained all MDS staff

**St. Augustine Healthcare** **October 2000 – April 2001**  
**St. Augustine, FL**  
*MDS Coordinator*

- Resident assessments
- Educated nursing staff relative to Federal compliance
- Provided timely and accurate MDS information

### EDUCATION

**Florida Community College of Jacksonville, Jacksonville, FL**  
*AS, Nursing*



Surveyor Minimum Qualifications Test Results

Candidate: DEBORAH BRAGG  
Surveyor ID Number: 20891  
State/Regional Office: FLORIDA  
Date of Testing: JUNE 13, 2005

4

Your performance on the SMQT indicates SUCCESSFUL COMPLETION.

*Copy: Surveyor  
Personnel file*

7

# License Verification

Data As Of 12/5/2011

**DEBORAH ANN BRAGG**LICENSE NUMBER: RN3269202

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**Profession**

REGISTERED NURSE

**License/Activity Status**

CLEAR/ACTIVE

**License Expiration Date**

4/30/2013

**License Original Issue Date**

04/15/1998

**Discipline on File**

NO

**Public Complaint**

NO

**Address of Record**3448 RUSTIC OAK TRAIL  
MIDDLEBURG, FL 32068  
UNITED STATES

The information on this page is a secure, primary source for license verification provided by The Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

**DONNA DEMAREE, BA**

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**EXPERIENCE**

**Demaree Consulting**  
*Owner*

**2008 - 2012**

Provide forensic consulting on long term care compliance issues. Services include medical record review to determine potential liability and recoverable actions, deposition and trial preparation and expert witness testimony.

**Ascellon Corporation**

**2009 – 2010**

- Under contract to the Veterans Administration, developed new Long Term Care survey process for State Veterans Homes (SVH.) This process, based on The Centers for Medicare and Medicaid Services (CMS) model, was implemented nationwide in 2010. In addition to surveying for regulatory compliance in these facilities, provided training, and performance improvement plans to staff of SVH. Trainer for contract staff assigned to Long Term Care project. Provided Quality Assurance review of written reports of survey findings.
- Under contract to CMS, conducted look-behind surveys on a national level to verify accuracy of State Survey Agency (SSA) findings. Determined compliance with Life Safety Code requirements, and provided written reports of findings for CMS use.

**Office of Inspector General - Commonwealth of Kentucky**

**1994 – 2008**

- Served in multiple roles for SSA, including SMQT-qualified Surveyor, Complaints Supervisor, Regional Program Manager, and State Trainer.
- As surveyor, inspected 50+ levels of care for compliance with regulatory requirements. Focus of regulatory oversight on Long Term Care facilities. Duties included conducting surveys and investigations, completing written reports/Statements of Deficiencies, and providing consultation to assist facilities in obtaining and achieving ongoing compliance.
- As Complaints Supervisor, responsible for intake, assignment, and review of all complaints completed by professional staff.
- As Regional Program Manager, supervised 20+ professional staff engaged in surveying for regulatory compliance. Assigned and reviewed all completed work from staff for accuracy, use of protocols, and compliance with state and federal guidelines. During tenure as manager, regional office routinely met CMS standards for timeliness and performance of survey activities.
- Agency-wide responsibilities included Quality Assurance activities, membership on Informal Dispute Resolution panels, and development of standardized training program for all surveyors (TASK – Training Academy for Surveyors in Kentucky).
- Routinely testified in administrative hearings, state and federal appeals of enforcement activities.

- Cabinet-wide committee service included Strategic Planning and Language Accessibility committees.

**Office of Vital Records – Commonwealth of Kentucky**

**1989 - 1994**

- Supervised Field Services Branch, providing oversight of Hospitals, Local Health Departments, Coroners, and Funeral Directors to assure birth/death certificates completed and filed in accordance with regulations.
- Regulatory Coordinator for Division, drafting regulations and testifying before State Legislative committees as to their purpose, intent, and impact.

**EDUCATION**

**University of Kentucky**

*BA, Political Science/Spanish*

*Minor; European History*

**CERTIFICATIONS**

CMS Long Term Care – Health (SMQT)

CMS – Long Term Care – Life Safety Code



Surveyor Minimum Qualifications Test  
Module A Results

Candidate: DONNA J. DEMARE  
Surveyor ID Number: 12157  
State/Regional Office: Alabama  
Date of Testing: MARCH 1997

Your performance on Module A indicates SUCCESSFUL COMPLETION.



**DEBRA GIBBS-ALLEN, RN**

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**EXPERIENCE**

**Healthcare Management Solutions, LLC**  
**White Hall, WV**  
*Clinical Specialist*

**January 2012 – Present**

- Responsible for completion of Technical Advisory Visits for the Program of All-Inclusive Care for the Elderly (PACE) under the *Part C Programs: Application and Contracting Business Process Improvements* contract with CMS

**Centers for Medicare & Medicaid Services (CMS)**  
*Registered Nurse Surveyor/Contractor*

**2006 – 2011**

- Applied survey process guidelines to assess compliance with Federal regulations in long term care facilities
- Performed team lead responsibilities which included coordination of the survey, assigned survey tasks to team members and coordinated deficiency documentation

**State of Florida**  
**Jacksonville, FL**  
*Registered Nurse Surveyor*

**2003 – 2005**

- Team Leader/Member of the survey team for Area 4 Office
- Applied survey process guidelines to assess compliance with Federal and State regulations in hospitals, dialysis centers, home health agencies, and long term care facilities
- Served as team leader, responsible for coordination of the survey and assigned appropriate duties to team members
- Participated in re-visits and compliant investigations
- Attended CMS training for Hospital, Dialysis, Home Health and Long Term Care programs
- Surveyor Minimum Qualification Test (SMQT) Qualified

**Occupational Health/Walk-in Clinic Bayhealth Medical Center**  
**Dover, DE**  
*Clinical Coordinator*

**2002 – 2003**

- Recruitment and supervision of nursing, laboratory, and radiology staff
- Supervised the day to day operation of Employee Health and Urgent Care clinics in two locations
- Provided mentoring, orientation, and training to all personnel
- Provided case management of Occupational Health program to include: screen workman's compensation cases; fit for duty evaluations; Department of Transportation and state required physical programs

**Bayhealth Medical Center**  
**Dover, DE**  
*Staff Development Educator*

1999 – 2002

- Coordinated orientation program for all new employees
- Conducted orientation training of newly hired nursing staff
- Conducted a skill lab to teach new techniques and introduce new equipment, forms and procedures
- Lectured on a variety of topics such as teamwork, ethics, professionalism, risk management, leadership, communication, and age specific issues

**Bayhealth Medical Center**  
**Dover, DE**

1994 – 1999

*Nurse Manager, 1995 – 1999, Staff Nurse, 1994 - 1995*

- 24-hour accountability of the unit, payroll, evaluations, scheduling, and mentoring of all staff on Medical/Surgical/Oncology unit
- Responsible for hospital-wide nursing supervisor coverage on a rotation basis

**Midlands Community Hospital**  
**Papillion, NE**  
*Staff Nurse*

1991 – 1994

**Immanuel Medical Center**  
**Omaha, NE**  
*Staff Nurse*

1985 – 1991

**Fairbanks Memorial Hospital**  
**Fairbanks, AK**  
*Staff Nurse*

1981 – 1985

**U.S. Air Force Veteran**

## EDUCATION

**Wilmington College, DE**  
*MS, Human Resource Management*

**Wilmington College, DE**  
*BS, Nursing*

**Delaware Tech, Dover, DE**  
*Paralegal Certification*



Surveyor Minimum Qualifications Test Results

Candidate: DEBRA GIBBS-ALLEN  
Surveyor ID Number: 19935  
State/Regional Office: FLORIDA  
Date of Testing: NOVEMBER 5, 2004

Your performance on the SMQT indicates SUCCESSFUL COMPLETION.

*Handwritten signature*  
5-11-04



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Name: DEBRA BERYL GIBBS-ALLEN  
 License #: 228820  
 Nurse Type: RN  
 Original Date of Licensure: 01/07/2009  
 Confirmation #: 5207831W

#### LICENSE STATUS

Status:	ACTIVE
Compact Status:	MULTISTATE
Expiration Date:	10/31/2012
Charges/Discipline Against License/Privilege:	NO

#### Important Notes:

- Multistate Licensure Privilege: Authority to practice as a licensed nurse in a remote state under the current license provided both states are party to the Nurse Licensure Compact and the privilege is not otherwise restricted.
- Single State License: Authority to practice as a licensed nurse only in the state of North Carolina and the privilege is not otherwise restricted.
- The NC Board of Nursing certifies that it maintains the information for the license verification function of this website and considers it to be a secure, primary source for license verification.
- The database used by this web site was last updated 12/02/2011 10:45:14 AM.

**PAMELA RICHARDSON**

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**EXPERIENCE**

**Mollen Immunization Clinics**  
*Seasonal Position*

**August 2011 – Present**

- Provide seasonal flu and other vaccines at various retail and corporate entities in Southeast Texas

**Omnicare National Accounts**

**August 2008 – June 2011**

- QR – QA of pharmacy services in nursing facilities nationwide
- Clean and reorder medication carts, teach medication administration procedures
- Compile results in a comprehensive report

**State of Texas Department of Aging and Disability Services**  
*Nurse Surveyor*

**March 2005 – August 2008**

- SMQT qualified Nurse Surveyor in long term care regulatory
- Licensing, inspection and complaint investigations in nursing homes and assisted living

**Kindred Hospital**  
*Staff RN in Acute Long Term Care*

**May 2002 – April 2005**

**Integrated Diagnostic Centers**

**April 2001 – January 2002**

- Supervised treadmill and chemical stress tests
- Performed non-nursing functions such as monitoring and ordering supplies online, meeting and conferring with salespersons and product selection

**Christus, Sisters of Charity, Dubuis Hospital**  
*Staff RN/Relief Charge Nurse, Acute Long Term Care*

**September 1996 – March 2001**

- Care for ventilator, telemetry, and other patients

**Houston Rehabilitation Institute**  
*Staff RN, general rehab unit*

**July 1991 – December 1995**

**ATH Heights Hospital**  
*Staff RN, post-acute care unit*

**December 1995 – May 1996**

**Houston Rehabilitation Institute**  
*Staff RN, general rehab unit*

**July 1991 – December 1995**

**Medical Staffing Specialists/Carlton Medical Staffing**

**November 1990 – July 1991**

- Agency staffing at various hospitals around Houston

**Huntsville Memorial Hospital**

**November 1986 – June 1989**

- Night shift charge nurse on a 40 bed medical unit with telemetry

**Callaway Memorial Hospital**

**December 1980 – October 1981**

*Staff RN*

- Staff RN in the emergency department and House Supervisor in a 52 bed rural facility

**Fort Hamilton – Hughes Memorial Hospital**

**August 1977 – October 1980**

*Staff RN*

- Staff RN in ICU and step-down unit with a mix of medical and surgical patients

**Reid Memorial Hospital**

**June 1976 – August 1977**

*Staff RN*

- Staff RN in an eight bed ICU and eight bed CCU

**EDUCATION**

**Miami University, Hamilton, OH**

*AS, Nursing*

**University of Phoenix, Phoenix, AZ**

*BSN, Nursing*



Surveyor Minimum Qualifications Test Results

Candidate: PAMELA KELLER-RICHARDSON  
Surveyor ID Number: 21095  
State/Regional Office: TEXAS  
Date of Testing: OCTOBER 17, 2005

Your performance on the SMQT indicates SUCCESSFUL COMPLETION.

**PAMELA JEAN RICHARDSON**

- License Type: **REGISTERED NURSE**
  - Resides in: **GRAND PRAIRIE TX 75052**
  - Issued on: **10/22/1992**
  - Licensure Status: **CURRENT - 1/31/2013**
  - Compact License: **YES**
  - Current Disciplinary Action: **NONE**
- 

**PAMELA JEANNE RICHARDSON**

- License Type: **REGISTERED NURSE**
  - Resides in: **HOUSTON TX 77070**
  - Issued on: **10/21/1985**
  - Licensure Status: **CURRENT - 9/30/2012**
  - Compact License: **YES**
  - Current Disciplinary Action: **NONE**
- 

**Total Finds: 6**

The Texas Board of Nursing certifies that it maintains the information for the license verification function of this website, performs daily updates to the website and considers the website to be a secure, primary source for license verification.

Texas Board of Nursing  
333 Guadalupe #3-460  
Austin, Texas 78701

Office: (512) 305-7400



SHANE M. REED, MS, RD, LD

---

**EXPERIENCE**

**Healthcare Management Solutions, LLC**  
**Columbia, MD**  
*Medical Facilities Surveyor*

**January 2012 – Present**

- Responsible for completion of Comparative surveys of long-term care facilities as directed by CMS under the *Improved Oversight of Long Term Care (LTC)* contract with the Centers for Medicare and Medicaid Services

**State Surveyor for Area 4**  
**Jacksonville, FL**  
*Public Health Nutrition Consultant*

**January 2005 – September 2011**

- SMQT qualified and QIS certified
- Survey Long Term Care Facilities, Assisted Living Facilities, and Intermediate Care facilities for the Mentally Retarded, Dialysis Clinics and Hospitals
- Conducted annual surveys, revisits, appraisals, and complaint surveys

**Parkview Regional Medical Center**  
**Pueblo, CO**  
*Clinical Manager and Rehab Dietitian*

**March 2003 – December 2003**

- Establish policy & procedures, monitor foodservice performance
- Participate in regular multi-discipline progress evaluations
- Nutritional assessments and public education
- Provided clinical support to rehab center in the largest medical facility in southern Colorado

**Eastern Kentucky University**  
**Richmond, KY**  
*Dietetic Internship Director*

**August 2000 – May 2001**

- Managed students and interns of the AP4 Dietetic Internship Program
- Reorganized the program to include new policies and procedures
- Organized Department special events, including menu prep, purchasing, and presentation within budget guidelines
- Interim position August 2000 through May 2001

*Instructor of Nutrition, 1997 – 2001*

- Taught Nutrition and Quantity Food Production to nursing/dietetic undergrads
- Prepared lectures, exams, and experiments
- Evaluated classroom work, awarded grades and counseled accordingly for over 100 students

**Marymount Hospital**  
**London, KY**  
*Clinical Dietitian*

**September 1997 – July 2000**

- Nutritional counseling and complete assessments for inpatients, TCU patients and outpatients
- Dietitian for 300-bed facility

**Dietary Consultants Inc.**  
**Richmond, KY**  
**Consultant Dietitian**

**September 1996 – May 2001**

- Presented in-service training for staff in Long Term Care Facilities to include sanitation, food-borne illness, menu writing and nutrient evaluation, therapeutic diets, mastication correctness, aesthetic qualities, and waste management

### EDUCATION

**Eastern Kentucky University, Richmond, KY**  
*MS, Community Nutrition*

**Eastern Kentucky University, Richmond, KY**  
*BS, Dietetics*



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JUN 21 2005  
AHCA-HQA4

Surveyor Minimum Qualifications Test Results

Candidate: SHANE M. REED  
Surveyor ID Number: 20921  
State/Regional Office: FLORIDA  
Date of Testing: JUNE 13, 2005

4

Your performance on the SMQT indicates SUCCESSFUL COMPLETION.

copy: Surveyor  
personal file



# License Verification

Data As Of 3/13/2012

**SHANE MARIE REED**

LICENSE NUMBER: **ND4226**

Printer Friendly Version

General Information

Secondary Locations

**Profession**

DIETITIAN/NUTRITIONIST

**License/Activity Status**

CLEAR/ACTIVE

**License Expiration Date**

5/31/2013

**License Original Issue Date**

02/25/2003

**Discipline on File**

NO

**Public Complaint**

NO

**Address of Record**

921 N DAVIS STREET  
SUITE 115  
JACKSONVILLE, FL 32209

The information on this page is a secure, primary source for license verification provided by The Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

**ELIZABETH CRAWFORD, RN**

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**EXPERIENCE**

**Independent Contractor/Consultant – Long Term Care** **2011 - 2012**

**Ethica Health and Retirement Communities** **2009 - 2010**  
**Gray, GA**

*Director of Compliance for 50 Skilled Nursing Facilities*

- Attended five (5) day, Centers for Medicare & Medicaid Services (CMS), training on the Minimum Data Set (MDS) 3.0 for implementation on 10-01-10
- Participated in extensive four (4) day Quality Indicator Survey (QIS) training
- Developed and presented five (5) training sessions on QIS to approximately 500 staff members
- Coordinated and led five (5) QIS mock surveys

**Ascellon Corporation** **2005 – 2008**  
**Landover, MD**

*Quality Assurance Reviewer/Manager, 2006 - 2008*

- Performed the Quality Assurance functions for the project manager
- Developed and designed the documentation, implementation and maintenance of the internal quality assurance program
- Evaluated the effectiveness and quality of the survey process, as well as the competency of the survey staff.
- Led, mentored and supervised the LTC staff
- Provided periodic status reports on quality assurance activities to maintain the accuracy and documentation of the Statement of Deficiencies
- Provided training on new federal regulations for the surveyors
- Participated in training of Community Mental Health Clinics for CMS

*Federal Long Term Care Comparative Surveyor, SMQT Certified, 2005 – 2006*

- Conducted nationwide Federal comparative surveys in Long Term Care facilities for CMS
- Completed all mandatory CMS education credits from the CMS Survey and Certification on-line course delivery system

**Joint Commission Resources** **2003 – 2005**  
**Oak Brook, IL**

*Data Assessment Verification Project (DAVE), Minimum Data Set (MDS) National Reviewer*

- Conduct nationwide Federal MDS comparative reviews in Long Term Care Facilities and provided education to the facility staff

- Completed the American Association of Nurse Assessment Coordinators Credentialing Program

**Department of Human Resources**

**1996 - 2003**

**Office of Regulatory Services Long Term Care**

**Atlanta, GA**

*Georgia State Resident Assessment Coordinator for 360 Long Term Care Facilities*

- State Project Coordinator for electronic transmission of the “Minimum Data Set”
- Provided guidance and training to all Medicare/Medicaid certified nursing home staff, including MDS coordinators, related to understanding, direction, accuracy and transmission of data
- Attended the yearly conferences for the State Resident Assessment Coordinators led by CMS

**State of Georgia**

**1992 – 1996**

*Nurse Surveyor for Long Term Care Skilled Nursing Facilities*

- SMQT Certified
- Resident centered, outcome oriented inspection and audit of Long Term Care facilities for State and Federal compliance

**EDUCATION**

**Oglethorpe University**

*BS, Business Administration & Behavioral Sciences*

**Dekalb College**

*AS, Business Administration*

**Hartford Hospital School of Nursing**

*Registered Nurse*



Surveyor Minimum Qualifications Test Results

Candidate: ELIZABETH CRAWFORD  
Surveyor ID Number: 21083  
State/Regional Office: CMS CENTRAL OFFICE  
Date of Testing: MAY 16, 2005

Your performance on the SMQT indicates SUCCESSFUL COMPLETION.



# Georgia Secretary of State Brian P. Kemp

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### Licensee Information

**Name:** Mary Elizabeth Edson Crawford  
**Owner/Manager Name:**  
**Address:** 7745 Dunvegan Close  
Atlanta GA 30350

### Primary Source License Information

**Profession:** Registered Professional Nurse    **License No:** RN076222    **License Status:** Active  
**License Type:** Registered Professional Nurse    **Obtained By Method:** Conversion    **From State/Prov:**  
**Issue Date:** 8/5/1985    **Expiration Date:** 1/31/2014    **Last Renewal Date:**

### Discipline Information

No Discipline Information

No scanned public board order documents exist.

### Associated Licenses

No Associated License Information Available

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Data current as of: February 14, 2012 10:42:14

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