



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

RFQ COPY

TYPE NAME/ADDRESS HERE

VENDOR

PROVIDIGM LLC
 8055 E TUFTS AVE
 STE 1200
 DENVER, CO 80237-2841

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
03/16/2012				

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

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
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THE STATE OF WEST VIRGINIA AND ITS AGENCY THE DEPARTMENT OF HEALTH AND HUMAN RESOURCES (DHHR), BUREAU FOR PUBLIC HEALTH (BPH), OFFICE OF HEALTH FACILITY LICENSURE & CERTIFICATION (OHFLAC) REQUEST A QUOTE TO ENGAGE THE SERVICES OF ANNUAL FEDERAL SURVEYS FOR MEDICARE AND/OR MEDICAID CERTIFIED NURSING FACILITIES BASED ON FEDERAL REGULATIONS PER THE ATTACHED SPECIFICATIONS.

*****BID OPENING: APRIL 19, 2012 @ 1:30 PM

LOCATION: PURCHASING DIVISION, BUILDING #15
 2019 WASHINGTON STREET, EAST
 CHARLESTON, WV 25305

0001

YR 948-55

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ANNUAL FEDERAL SURVEYS OF CERTIFIED NURSING FACILITI

CONDUCT ANNUAL FEDERAL SURVEYS FOR MEDICARE AND/OR MEDICAID AT CERTIFIED NURSING FACILITIES BASED ON FEDERAL REGULATIONS, PER THE ATTACHED SPECIFICATIONS.

EXHIBIT 3

LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON JULY 1, 2012 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 FOR THE "REASONABLE

RECEIVED

2012 APR 17 AM 9:36

WV PURCHASING DIVISION

SIGNATURE <i>Samuel R. H. H. H.</i>	TELEPHONE 720-240-9915	DATE 4-16-12
TITLE SR VP OF OPERATIONS	FEIN 20-8471320	ADDRESS CHANGES TO BE NOTED ABOVE

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



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Providigm LLC
 8055 East Tufts Avenue Suite 1200
 Denver, CO 80237

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<p>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 BY THE STATE OF WEST VIRGINIA, ITS AGENCIES, OR POLITICAL SUBDIVISIONS, THE TERMS, CONDITIONS, AND PRICING SET FORTH 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> <p>CANCELLATION: 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>OPEN MARKET CLAUSE: 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>QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY THE STATE SPENDING UNIT. IT IS UNDERSTOOD AND AGREED</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Arnold R. H. Hays</i>	TELEPHONE 720-240-9915	DATE 4-16-12
TITLE SR VP OF OPERATIONS	FEIN 20-8471320	ADDRESS CHANGES TO BE NOTED ABOVE

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Providigm LLC
 8055 East Tufts Avenue Suite 1200
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VENDOR

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<p>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>ORDERING PROCEDURE: 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>BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THE STATE MAY DEEM THE CONTRACT NULL AND VOID, AND TERMINATE SUCH CONTRACT WITHOUT FURTHER ORDER.</p> <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. 01/17/2012</p> <p>ANY INDIVIDUAL SIGNING THIS BID IS CERTIFYING THAT: (1) HE OR SHE IS AUTHORIZED BY THE BIDDER TO EXECUTE THE BID OR ANY DOCUMENTS RELATED THERETO ON BEHALF OF THE BIDDER, (2) THAT HE OR SHE IS AUTHORIZED TO BIND THE BIDDER IN A CONTRACTUAL RELATIONSHIP, AND (3) THAT THE BIDDER HAS PROPERLY REGISTERED WITH ANY STATE AGENCIES THAT MAY REQUIRE REGISTRATION.</p> <p style="text-align: center;">NOTICE</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Arnold Williams</i>	TELEPHONE 720-240-9915	DATE 4/16/12
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RFQ COPY

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LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<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>***A COURTESY 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: ROBERTA WAGNER/FILE 22</p> <p>RFQ. NO.: FLC13003</p> <p>BID OPENING DATE: APRIL 19, 2012</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>----- 303-865-5491 -----</p> <p>CONTACT PERSON (PLEASE PRINT CLEARLY):</p> <p>----- DANIELLE HOLTHAUS -----</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Danielle Holthaus</i>	TELEPHONE 720-240-9915	DATE 4-16-12
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<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 AGENCY AS A CONDITION OF AWARD.</p> <p>EXHIBIT 4</p> <p>LOCAL GOVERNMENT BODIES: UNLESS THE VENDOR INDICATES IN THE BID HIS REFUSAL TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO COUNTY, SCHOOL, MUNICIPAL AND OTHER LOCAL GOVERNMENT BODIES, THE BID SHALL EXTEND TO POLITICAL SUBDIVISIONS OF THE STATE OF WEST VIRGINIA. IF THE VENDOR DOES NOT WISH TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO ALL POLITICAL SUBDIVISIONS OF THE STATE, THE VENDOR MUST CLEARLY INDICATE SUCH REFUSAL IN HIS BID. SUCH REFUSAL SHALL NOT PREJUDICE THE AWARD OF THIS CONTRACT IN ANY MANNER.</p> <p>REV. 3/88</p> <p>INQUIRIES: WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 04/03/2012. 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: ROBERTA WAGNER DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Arnold R. Blanton</i>	TELEPHONE 720-240-9915	DATE 4-16-12
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VENDOR

Providigm LLC
 8055 East Tufts Avenue Suite 1200
 Denver, CO 80237

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LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
				2019 WASHINGTON STREET, EAST CHARLESTON, WV 25311 FAX: (304) 558-4115 E-MAIL: ROBERTA.A.WAGNER@WV.GOV		
***** THIS IS THE END OF RFQ FLC13003 ***** TOTAL:						<u>\$1,050,000</u>

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Arnold Williams</i>	TELEPHONE 720-240-9915	DATE 4-16-12
TITLE SR VP OF OPERATIONS	FEIN 20-8471320	ADDRESS CHANGES TO BE NOTED ABOVE

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STATE OF WEST VIRGINIA
PURCHASE CONTINUATION SHEET

Buyer: RW22	Page:	Requisition or P.O. No.: FLC13003
Spending Unit: WVDHHR/OIG/OHFLAC		

Vendor: PROVIDIGM, LLC

To provide an open end contract to conduct unannounced annual federal surveys for Medicare and/or Medicaid certified nursing facilities based on federal regulations in 42 CFR part 483, located at http://www.access.gpo.gov/nara/cfr/waisidx_05/42cfr483_05.html. These surveys are required on a statewide basis. All surveys are required to be unannounced. Exact locations of these surveys will be assigned as the need arises for the survey. There are no specific regions or areas requiring more surveys. 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. As per the Cost Sheet of this RFQ, vendors are to provide a quotation based on a completed survey for Medicare and/or Medicaid certified nursing facilities located within the State of West Virginia.

Pursuant to the state's agreement with Centers for Medicare and Medicaid Services (CMS), the West Virginia Department of Health and Human Resources (DHHR) is required to perform an annual survey of each nursing home licensed by the state.

The term "facility" shall be used to refer to the licensed nursing home and/or Medicare and/or Medicaid certified nursing facility. The term "Director" shall refer to the Director of the Office of Health Facility Licensure and Certification (OHFLAC).

The surveys will be performed per the following specifications:

Minimum Qualifications:

- (1) The Company must be registered in the state of West Virginia with the Secretary of State and the Department of Administration Purchasing Division, prior to the award of any contract.
- (2) 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 regulations 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. Verifications must be presented in the bid.
- (3) Contractor must supply the Director with documentation of verification that, at a minimum, each survey team member has successfully completed the Basic Long-Term Care Surveyor Course offered by the Centers for Medicare & Medicaid Services (CMS), and have successfully passed CMS's Surveyor Minimum Qualification Test (SMQT). The organization must supply the Director with documentation of verification of the SMQT certification. For surveys to be completed via the Quality Indicator Survey (QIS) process, all team members must be QIS registered surveyors. The organization must supply the Director with documentation of verification of the QIS registered surveyors. Verifications must be presented in the bid.
- (4) Prior to utilizing surveyors formerly employed by OHFLAC, the Contractor must verify with OHFLAC that former employees left in good standing and that the use of them as surveyors would not present a conflict of interest. OHFLAC will determine whether a conflict of interest exists.

Mandatory Requirements:

The survey process consists of the following -

- (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.
- (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.
- (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 Survey Explorer Quality (ASE-Q).

**STATE OF WEST VIRGINIA
PURCHASE CONTINUATION SHEET**

Buyer: RW22	Page:	Requisition or P.O. No.: FLC13003
Spending Unit: WVDHHR/OIG/OHFLAC		

Vendor: PROVIDIGM, LLC

- (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.
- (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.
- (7) The Contractor will refer any enforcement or non survey related questions from facilities to OHFLAC.
- (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 the facility.
- (9) The Contractor must be available to survey throughout the entire State of West Virginia.

OHFLAC's Duties and Responsibilities:

- (1) OHFLAC will monitor and assign facilities to be surveyed by the Contractor.
- (2) OHFLAC will e-mail the Contractor's survey team a shell from ASPEN Central Office to be imported by the survey team in ASPEN Survey Explorer Quality (ASE-Q).
- (3) OHFLAC will issue the statement of deficiencies to the facilities, review and approve plans of corrections, complete any subsequent revisit surveys, and monitor any enforcement.

Special Terms and Conditions:

The vendor as an independent Contractor is solely liable for the acts and omissions of its employees and agents. Proof of insurance will be provided by the successful vendor(s) prior to award of a contract. The vendor(s) will maintain and furnish proof of coverage of liability insurance for loss, damage, or injury (including death) of third parties arising from acts, and omissions on the part of the vendor(s), its agents and employees in the following amounts:

- a. for bodily injury (including death): \$500,000.00 per person a minimum of \$1,000,000.00 per occurrence
- b. for property damage and professional liability: a minimum of \$1,000,000.00 per occurrence

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 regulations 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. Verifications must be presented in the bid.
- (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 successfully passed CMS's 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.
- (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 surveyor identification number for each individual participating in survey activities. Verifications must be presented in the bid.

STATE OF WEST VIRGINIA
PURCHASE CONTINUATION SHEET

Buyer:	Page:	Requisition or P.O. No.:
RW22		FLC13003
Spending Unit:		
WVDHHR/OIG/OHFLAC		

Vendor: PROVIDIGM, LLC

Life of Contract:

The contract shall begin upon award and continue for a period of one year, with the option of two (2), one (1) year renewals.

Rotation of Vendors:

DHHR reserves the right to award multiple contracts known as a progressive award based on vendor's meeting specifications and pricing. Awards will be made to all vendors meeting specification. Vendor should use the cost sheet attached to provide your pricing. The quantities listed are estimates only. Actual needs of the agency shall be provided whether they be more or less than estimates.

Surveys shall be assigned to the approved Contractor based on the lowest bid. In the event the lowest bid vendor does not have available staff, the surveys will be assigned on a rotational basis. The rotation will start with the lowest bidder and will proceed to the next bidder in ascending order based on the bid price lowest to highest.

Payment of Invoices:

The vendor shall submit invoices, in arrears, to the Agency at the address on the face of the purchase order labeled "Invoice to", pursuant to the terms of the contract. Invoices may be submitted once the survey has been completed, reviewed, and accepted by the agency. State Law forbids payment of invoices prior to receipt of services.

Request for Quotations # FLC13003

Item Description	Estimated Quantity	Unit Price	Total Price
Surveys for Medicare and/or Medicaid certified nursing facilities	70 each.	\$15,000	\$1,050,000

Grand Total Price: \$1,050,000

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.

PROVIDIGM, LLC
Vendor Name (Print)

8055 EAST TUFTS AVENUE, SUITE 1200

DENVER, CO 80237
Vendor Order Address

8055 EAST TUFTS AVENUE, SUITE 1200

DENVER, CO 80237
Vendor "Remit To Address"

720-240-9915 303-865-5491
Phone # AND Fax #

DHOLTHAUS@PROVIDIGM.COM
E-mail

4-16-12
Date

Arnold Holthaus
Signature



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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. <i>✓ SA</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>Samuel Williams</i>	TELEPHONE 720-240-9915	DATE 4-16-12
TITLE SR VP OF OPERATIONS	FEIN 20-8471320	ADDRESS CHANGES TO BE NOTED ABOVE

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<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>.. <i>Samuel R. Williams</i> .. SIGNATURE</p> <p>.. PROVIDIGM, LLC .. COMPANY</p> <p>.. 4-16-12 .. DATE</p> <p>NOTE: THIS ADDENDUM ACKNOWLEDGEMENT SHOULD BE SUBMITTED WITH THE BID.</p> <p>REV. 09/21/2009</p> <p>END OF ADDENDUM NO. 1</p>						
0001	1	YR		948-55		
ANNUAL FEDERAL SURVEYS OF CERTIFIED NURSING FACILITI						

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 Charleston, WV 25305-0130

Request for Quotation

RFQ NUMBER
FLC13003

PAGE
3

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

RFQ COPY

RFQ COPY

Providigm LLC
 8055 East Tufts Avenue Suite 1200
 Denver, CO 80237

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
***** THIS IS THE END OF RFQ FLC13003 ***** TOTAL:						<u>1,050,000</u>

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Arnold R. Hume</i>	TELEPHONE 720-240-9915	DATE 4-16-12
------------------------------------	---------------------------	-----------------

TITLE SR VP OF OPERATIONS	FEIN 20-8471320	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.

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: Providigm, LLC

Authorized Signature: [Signature] Date: 4/16/12

State of Colorado

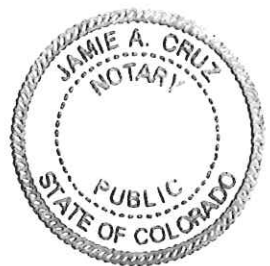
County of Arapahoe, to-wit:

Taken, subscribed, and sworn to before me this 16th day of April, 2012.

My Commission expires 04/29, 2012.

AFFIX SEAL HERE

NOTARY PUBLIC [Signature]



My Commission Expires: 04/29/2012

**Providigm, LLC, Response to WV Department of Health and Human Resources RFQ FLC13003
April 16, 2012**

Staff Qualifications

Providigm, LLC, has served as the CMS-authorized Quality Indicator Survey (QIS) training contractor for the nationwide implementation of QIS since August 2007. In this capacity, Providigm staff members have conducted QIS training in the West Virginia State Survey Agency – an effort that involved working with approximately 20 West Virginia surveyors and working in at least 16 West Virginia nursing facilities. Thus, our training staff is familiar with the West Virginia State Agency, surveyors, and facilities. Providigm employs ten QIS trainers – all of whom have experience in conducting long-term care surveys and training state surveyors on the QIS process (and are Registered QIS Surveyors). Nine of the ten trainers are actively licensed Registered Nurses, and one trainer is an actively Registered Dietician who participated in the original development and implementation of the QIS training pilot. All trainers have successfully completed the Basic Long-Term Care Surveyor Course (BLTCC) offered by CMS and all have successfully passed CMS’ Surveyor Minimum Qualification Test (SMQT). Documentation of current valid, unimpaired professional licenses for all ten trainers is included in the attached Appendix, along with documentation of Registered QIS Surveyor designation and valid federal surveyor identification numbers (successful completion of SMQT and BLTCC). Each trainer’s credentials are summarized in the table below, followed by brief biographical descriptions.

	Completed BLTCC	Passed SMQT	Registered QIS Surveyor	Certified QIS Trainer	Master QIS Trainer
Robin Harper, RN	✓	✓	✓	✓	✓
Jane Hermanson, RD, MBA	✓	✓	✓	✓	✓
Tami Green, RN	✓	✓	✓	✓	✓
Tracy Cooley, RN	✓	✓	✓	✓	✓
Glenna Massey, RN	✓	✓	✓	✓	✓
Patrick Campbell, RN	✓	✓	✓	✓	✓
Bonnie Reed, RN	✓	✓	✓	✓	✓
Sebrena Sweeney, RN	✓	✓	✓	✓	✓
Liesel Damota, RN	✓	✓	✓	✓	✓
Joyce Sakkinen, RN	✓	✓	✓		

Robin Harper, RN, Director of Training, Master QIS Trainer – Ms. Harper has been a registered nurse for over eighteen years. Prior to joining Providigm, she served as a long-term care surveyor for the Ohio Department of Health, and was chosen as one of two surveyors from her district office to participate in the QIS pilot project in Ohio. She later became the Ohio QIS Team Leader, responsible for training new surveyors and assuring protocol compliance.

Jane Hermanson, RD, MBA, Director of Training Development, Master QIS Trainer – Ms. Hermanson served as a Long Term Care Surveyor and Program Manager in the State of Colorado for more than 15

years. She later joined the University of Colorado where she played a central role in developing and implementing the original QIS training pilot program.

Tami Green, RN, Master QIS Trainer – Ms. Green has been a registered nurse for the past fifteen years and has worked in long-term care as a nurse supervisor, quality assurance nurse, and Director of Nursing. She served as a long-term care surveyor with the Ohio Department of Health for five years and was selected to join the first team in Ohio to participate in the QIS demonstration for Ohio.

Tracy Cooley, RN, Master QIS Trainer – Ms. Cooley has been a Registered Nurse for 16 years, and has held numerous positions within long-term care, including Director of Nursing, Assistant Director of Nursing, Restorative Nurse, Assessment Coordinator, and Staff Nurse. She served as Registered Nurse Health Care Surveyor with the Ohio Department of Health for five years, during which time she became a Registered QIS Surveyor.

Glenna Massey, RN, Master QIS Trainer – Ms. Massey has been a registered nurse for the past eighteen years. She served as Nurse Surveyor for the Colorado Department of Public Health & Environment for seven years, conducting initial surveys, recertification surveys, and complaint investigations in long-term care facilities and dialysis units.

Patrick Campbell, RN, Master QIS Trainer – Mr. Campbell been a registered nurse for nine years and served as a long-term care surveyor with the State of North Carolina for six years, the latter part of which he also served as a Registered QIS Surveyor and Certified QIS Trainer.

Bonnie Reed, RN, Master QIS Trainer – Ms. Reed has worked in long-term care for the past 14 years, having served as an Assistant Director of Nursing, charge nurse, unit supervisor, back-up MDS nurse, and certified nurse's aide. She later joined the Ohio Department of Health, where she served as a Registered QIS Surveyor and Certified QIS Trainer.

Sebrena Sweeney, RN, Master QIS Trainer – Ms. Sweeney has twelve years of long-term care experience, including such positions as director of regulatory affairs, senior nurse consultant, and MDS coordinator. She was employed by the North Carolina Division of Health Service Regulation for six years, having served as a facility survey nurse consultant, Registered QIS Surveyor, and Certified QIS Trainer.

Liesel Damota, RN, Master QIS Trainer – Ms. Damota has been a registered nurse for five years, and was employed by the Arizona Department of Health Services as a long-term care surveyor, Registered QIS Surveyor, and Certified QIS Trainer.

Joyce Sakkinen, RN, QIS Trainer – Ms. Sakkinen served as a surveyor, supervisor, and trainer during her 15-year tenure with the California Department of Public Health. She participated in the QIS demonstration conducted by the University of Colorado in California, and served as an instructor for the CMS Basic Long Term Care Course through California's Staff Education and Quality Improvement Unit. Ms. Sakkinen is undergoing training with Providigm to become a Master QIS Trainer.

Proposed Approach

Under the proposed contract, Providigm will convene 3-person survey teams comprised of members of the aforementioned QIS training staff to conduct annual federal surveys for Medicare and/or Medicaid certified nursing facilities in the State of West Virginia using the QIS process. The composition of the survey teams will likely vary from survey to survey depending on trainer availability, but all staff are quite comfortable in using the ASE-Q software and have extensive knowledge of the survey process, long-term care regulations, and current standards of professional practice. All teams will consist of at least one licensed registered professional nurse. Surveys will be conducted based on federal regulations and CMS established parameters, and will comply with all mandatory requirements as outlined in RFQ FLC13003.

Optional Additional Benefit of Contracting with Providigm for Proposed Work

Although Providigm is prepared to deploy independent 3-person teams to conduct annual long-term care surveys as outlined in the RFQ, we would also welcome the West Virginia State Agency to send 1-2 members of their Registered QIS Surveyor staff to join the Providigm teams at its discretion. Because Providigm is the currently authorized CMS QIS training contractor, this approach would offer the added benefit of providing West Virginia survey staff with additional on-site guidance in the QIS process – thus serving to support the ongoing sustainability of QIS within the West Virginia State Agency.

Appendix

Providigm, LLC, Response to WV Department of Health and Human Resources RFQ FLC13003

April 16, 2012

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Documentation of Licenses, Registration, and/or Certification

	Page
Robin Harper, RN	A1
Jane Hermanson, RD, MBA	A2
Tami Green, RN	A3
Tracy Cooley, RN	A4
Glenna Massey, RN	A5
Patrick Campbell, RN.....	A6
Bonnie Reed, RN	A7
Sebrena Sweeney, RN	A8
Liesel Damota, RN	A9
Joyce Sakkinen, RN.....	A10
Federal Surveyor Identification Numbers (SMQT & Basic LTC Course)	A11

Documentation of Registered QIS Surveyor Designation

Unless otherwise indicated, we have provided copies of "Master Trainer Designation Reports" to serve as documentation of Registered QIS Surveyor designation. These reports, which were required by CMS under Providigm's QIS training contract, document completion of Registered QIS Surveyor, Certified QIS Trainer, and Master QIS Trainer requirements.

Robin Harper, RN	A12
Jane Hermanson, RD, MBA	A13-14
Tami Green, RN	A15
Tracy Cooley, RN	A16
Glenna Massey, RN	A17
Patrick Campbell, RN.....	A18
Bonnie Reed, RN	A19
Sebrena Sweeney, RN	A20
Liesel Damota, RN	A21
Joyce Sakkinen, RN.....	A22-23


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Name and Address		[back]
Name	ROBIN HILH:RPER	
City/State		

License and Registration Information							
Credential	License Type	Original Issue	Issue Date	Expiration Date	Status	Discipline	How Issued
PH 069126-MEDS	Licensed Practical Nurse - MEDS		06/24/1992	08/31/1994	INACTIVE		(Unknown)
RN 246776-	Registered Nurse	10/01/1993	07/13/2011	08/31/2013	ACTIVE		(Unknown)

Understanding License and Certificate Verification: When interpreting the verification information provided on this web site, you should pay close attention to both the 'Issue Date', 'Expiration Date' and the 'Status'. The 'Issue' and 'Expiration' dates provide the time frame of the most recent license or certification period. The 'Status' describes the actual state of the license or certificate for the period provided. These two pieces of information together will provide the actual status of a license or certificate.

start [taskbar icons] Microsoft P... 2 ASPEN ... 3 Firefox 7:31 PM Wednesday

CDR certifies that
Jane A Hermanson
has successfully completed
requirements for dietetic
registration.

Commission
on Dietetic
Registration
American Dietetic
Association

Registration Payment Period: 09/01/2011 - 08/31/2012


Jane A Hermanson Registered Dietitian (RD)
Signature

Registration ID Number: *467729*

Barbara L. Hunt MS, RD, CSO
Chair, Commission on Dietetic Registration

Ohio Board of Nursing / Verific... Contact View Screen

https://license.ohio.gov/Lookup/SearchDetail.asp?ContactIdnt=3333194&DivisionIdnt=86&Type=L



Name and Address		[back]
Name	TAMI LYNN GREEN	
City/State		

License and Registration Information							
Credential	License Type	Original Issue	Issue Date	Expiration Date	Status	Discipline	How Issued
RT1259344	Registered Nurse	07/03/1995	06/15/2011	08/31/2013	ACTIVE		Examination

Understanding License and Certificate Verification: When interpreting the verification information provided on this web site, you should pay close attention to both the 'Issue Date', 'Expiration Date' and the 'Status'. The 'Issue' and 'Expiration' dates provide the time frame of the most recent license or certification period. The 'Status' describes the actual state of the license or certificate for the period provided. These two pieces of information together will provide the actual status of a license or certificate.

For a license or certificate to be valid, the current date must be within the 'Issue' and 'Expiration' date range and the 'Status' must indicate an 'Active' state. If either the current date is outside the range displayed or the status indicates something other than 'Active', the license or certificate may not be active.

Status Definitions: Below are descriptions of the most common statuses.

ACTIVE - the license or certificate is current within the date range displayed.

ACTIVE - AUDIT CE PENDING - the license or certificate is current within the date range displayed, and the individual is being audited for continuing education requirements.

ACTIVE - NOT RENEWING - the license or certificate is current within the date range displayed, but has been requested to go inactive when the license expires.

ACTIVE III RENEWAL - the license or certificate is current within the date range displayed, but the individual has not completed the renewal process.

ACTIVE III RENEWAL - INCOMPLETE - the license or certificate is current within the date range displayed, and the individual has started but not completed the renewal process.

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Name and Address [back]	
Name	TRACY RENEE COOLEY
City/State	

License and Registration Information							
Credential	License Type	Original Issue	Issue Date	Expiration Date	Status	Discipline	How Issued
RN260225-	Registered Nurse	07/24/1995	04/18/2011	06/01/2013	ACTIVE		Examination

Understanding License and Certificate Verification: When interpreting the verification information provided on this web site, you should pay close attention to both the 'Issue Date', 'Expiration Date' and the 'Status'. The 'Issue' and 'Expiration' dates provide the time frame of the most recent license or certification period. The 'Status' describes the actual state of the license or certificate for the period provided. These two pieces of information together will provide the actual status of a license or certificate.

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- ACTIVE - NOT RENEWING - the license or certificate is current within the date range displayed, but has been requested to go inactive when the license expires.
- ACTIVE IN RENEWAL - the license or certificate is current within the date range displayed, but the individual has not completed the renewal process.
- ACTIVE IN RENEWAL - INCOMPLETE - the license or certificate is current within the date range displayed, and the individual has started but not completed the renewal process.
- ACTIVE IN RENEWAL - CE PENDING - the license or certificate is current within the date range displayed, and the individual has started but not completed the renewal process.
- ACTIVE IN RENEWAL - PAID - the license or certificate is current within the date range displayed and the renewal is awaiting final payment processing.
- INACTIVE - This individual has submitted a written request that the Board place their license or certificate on inactive status. This individual does not hold a current, valid license or certificate, and is not authorized to engage in the practice for which the license or certificate was issued.
- LAPSED - A license or certificate holder has failed to fulfill all requirements for renewal, and has failed to comply with the requirements to place their license or certificate on inactive status. This individual does not hold a current, valid license or certificate, and is not authorized to engage in the practice for which the license or certificate was issued.

Certifying Org. - when "Not Applicable" is displayed in the "Certifying Org." field, the Clinical Nurse Specialists was issued a certificate of authority on or before December 31, 2009 and was required to hold a graduate degree with a major in a clinical area of nursing and was not required to pass a certification examination.

Discipline Column - a blank field indicates that there has been no final action taken by the Board. This field will be updated within 5 business days following a Board meeting.

In December 2009 the Board changed the descriptive subcategory of LPN licenses to more clearly display the differences between licensees authorized to administer "medications only" and those authorized to administer "medications and limited IV therapy procedures".

LPN Meds - A licensed practical nurse who is authorized by the Board to administer medications.

LPN M-IV - A licensed practical nurse who is authorized by the Board to administer medications and to perform limited IV Therapy procedures.





Disclaimer: The Joint Commission and the NCQA consider on-line status information as fulfilling the primary source requirement for verification of licensure in compliance with their respective accreditation standards.

Click on a name for more information, including board or program actions:

Name	License Number	License Status	License Type	City
Massey, Glenna	RN-102915	Active	Registered Nurse	Unknown/did Not Provide, CO

Your query returned 1 Individual License Records based on the following search criteria:

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License Number : 102915
Last Name :
First Name :
City :
License Type : All Licensing Types

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Denver, CO 80202

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(303) 894-7693 - Fax

[Relay Colorado](#)

(TTY (English & Spanish), Voice, VCO, ASCII, STS Assistance Numbers)

Serving the Public through Regulatory Excellence



Name: PATRICK MICHAEL CAMPBELL
License #: 127275
Nurse Type: RN
Original Date of Licensure: 09/15/1993
Confirmation #: 6031348W
LICENSE STATUS
Status: ACTIVE
Compact Status: MULTISTATE
Expiration Date: 11/30/2013
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 provide 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 o restricted.
- The NC Board of Nursing certifies that it maintains the information for the license verification function of this website and to be a secure, primary source for license verification.
- The database used by this web site was last updated 03/01/2012 10:29:32 AM.

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State of Ohio eLicense Center

Name and Address [back]	
Name	BONNIE MARIE REED
City/State	

License and Registration Information							
Credential	License Type	Original Issue	Issue Date	Expiration Date	Status	Discipline	How issued
RN.293811-	Registered Nurse	01/31/2001	06/27/2011	08/31/2013	ACTIVE		Examination

Understanding License and Certificate Verification: When interpreting the verification information provided on this web site, you should pay close attention to both the 'Issue Date', 'Expiration Date' and the 'Status'. The 'Issue' and 'Expiration' dates provide the time frame of the most recent license or certification period. The 'Status' describes the actual state of the license or certificate for the period provided. These two pieces of information together will provide the actual status of a license or certificate.

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- INACTIVE - This individual has submitted a written request that the Board place their license or certificate on inactive status. This individual does not hold a current, valid license or certificate, and is not authorized to engage in the practice for which the license or certificate was issued.
- LAPSED - A licensee or certificate holder has failed to fulfill all requirements for renewal, and has failed to comply with the requirements to place their license or certificate on inactive status. This individual does not hold a current, valid license or certificate, and is not authorized to engage in the practice for which the license or certificate was issued.

Certifying Org. - when "Not Applicable" is displayed in the "Certifying Org." field, the Clinical Nurse Specialists was issued a certificate of authority on or before December 31, 2000 and was required to hold a graduate degree with a major in a clinical area of nursing and was not required to pass a certification examination.

Discipline Column - a blank field indicates that there has been no final action taken by the Board. This field will be updated within 5 business days following a Board meeting.

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LPN M-IV - A licensed practical nurse who is authorized by the Board to administer medications and to perform limited IV Therapy procedures.

Disclaimer: The Joint Commission and the NCQA consider on-line status information as fulfilling the primary source requirement for verification of licensure in compliance with their respective credentialing standards.

Verification Performed: 3/2/2012.



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Name: SEBRENA EASLEY SWEENEY
License #: 131088
Nurse Type: RN
Original Date of Licensure: 03/15/1994
Confirmation #: 6033750W

LICENSE STATUS


Status:	ACTIVE
Compact Status:	MULTISTATE
Expiration Date:	11/30/2012
Charges/Discipline Against License/Privilege:	NO

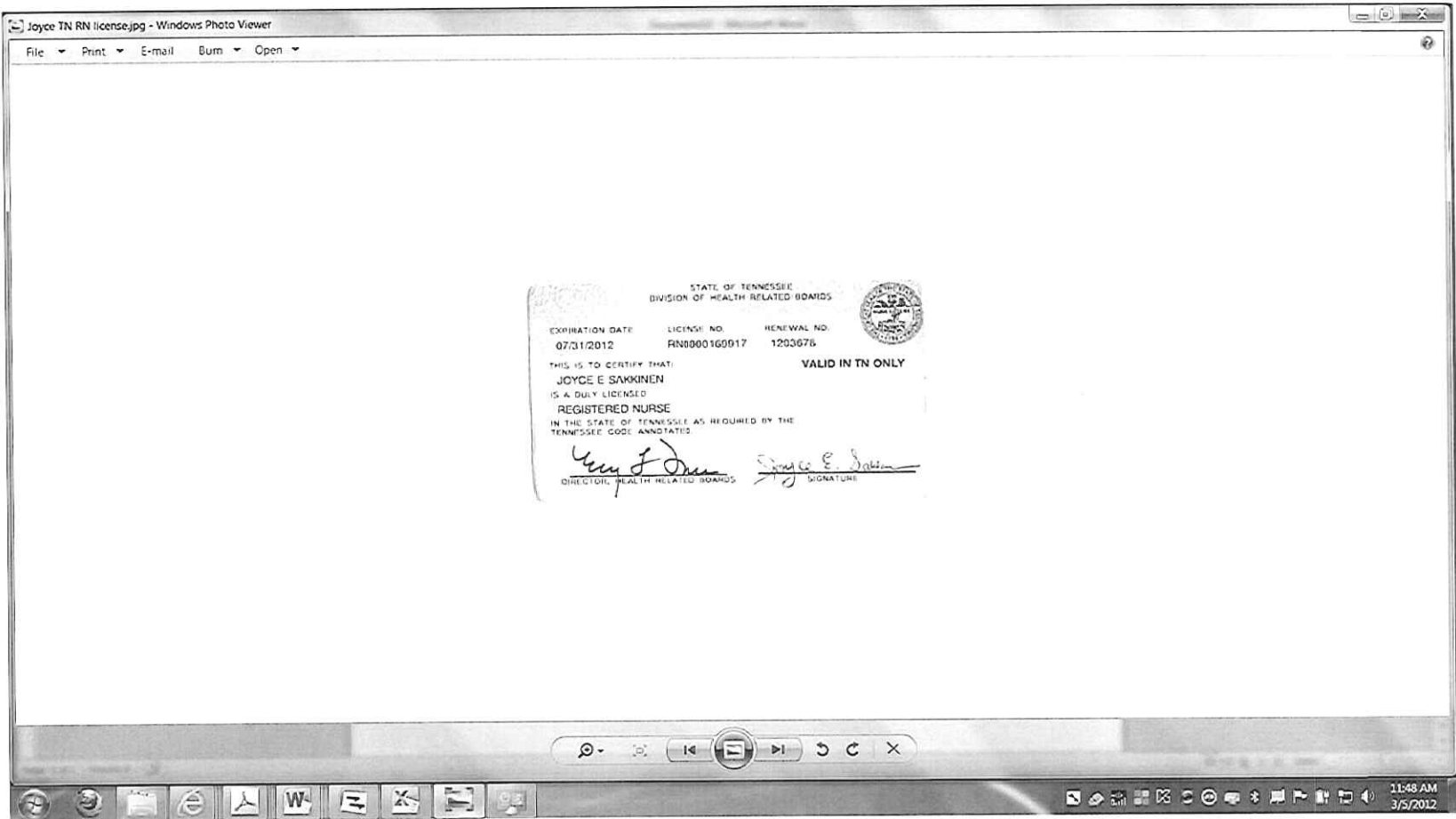
Important Notes:

- 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.
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- Toolbar:** Convert, Select, Suggested Sites, Web Slice Gallery, desktop.ini, Getting Started, https--mail.google.com-a..., Nursinghomequality.com ...
- Page Content:**
 - 
 - LIESEL DAMOTA**
 - RN148349**
 - REGISTERED NURSE
 - Original License Date:** 9/26/2007
 - Due For Renewal:** 4/1/2015
 - Lawful Presence:** Verified
 - License Status:** 9/26/2007 - ACTIVE - GOOD STANDING, 2/22/2011 - CITIZENSHIP/LAWFUL PRESENCE DOC. RECEIVED, 9/26/2007 - MULTI STATE PRIVILEGES
 - Fingerprints:** YES
 - Fingerprints Date:** 8/30/2007
- Disclaimer:** The Arizona State Board of Nursing's Online Verification system is a free service provided to licensees, employers and the public. Online verification should not be the sole source of verification and the original license, drivers license or social security card should be requested to determine validity. Do not accept a photo copy of the license as a reliable verification that the person is licensed.
- Taskbar:** 1:57 PM, 3/1/2012



Federal Surveyor Identification Numbers

Robin Harper, RN 31562
Jane Hermanson, RD, MBA..... 31560
Tami Green, RN 31563
Tracy Cooley, RN..... 31561
Glenna Massey, RN..... 31564
Patrick Campbell, RN 31565
Bonnie Reed, RN 31566
Sebrena Sweeney, RN..... 31567
Liesel Damota, RN 31568
Joyce Sakkinen, RN 31569

Note: We submit the above valid Federal Surveyor Identification Numbers as confirmation of completion of the Basic Long-term Care Course (BLTCC) and passing of the Surveyor Minimum Qualification Test (SMQT). If further documentation of meeting these requirements is needed upon award of a contract, we will pursue obtaining such documentation.



**U.S. Department of Health & Human Services
Centers for Medicare & Medicaid Services**

This acknowledges that

Robin Harper

**has successfully completed requirements for registration as a surveyor for the
Federal Quality Indicator Survey process for nursing homes.**

Date: October 24, 2005

State: Ohio

Conducted by: University of Colorado

Thomas E. Hamilton, Director
Survey and Certification Group
Center for Medicaid and State Operations



Jane Hermanson, RN, MBA - Documentation of Registered QIS Surveyor Designation

Because Ms. Hermanson served as a member of University of Colorado staff responsible for developing and conducting the original pilot training of QIS surveyors and trainers under contract to CMS, she was not provided a formal Registered QIS Surveyor training certificate. As documentation of Ms. Hermanson's registration as a QIS Surveyor, we have attached a hardcopy of an email communication between Julie Slater at the University of Colorado and Ralph King at CMS Central Office (see text in bold print).

From: Slater, Julie
Sent: Monday, February 05, 2007 4:47 PM
To: 'King, Ralph V. (CMS/CMSO)'; Gladden, Fred O. (CMS/CMSO)
Cc: Kramer, Andy; Powell, Martha; Morley-Young, Staci
Subject: Certified QIS Surveyors

Attachments: List of QIS Surveyors.doc with grandfathered personnel indicated.doc
Attached please find a list of QIS surveyors. To be **certified** as a QIS surveyor, the surveyor must have attended QIS training and been found to be compliant with the QIS process, collected on at least two surveys, by our clinicians or trained state supervisors. **A surveyor should not be certified unless the surveyor has completed both the training and compliance activities.** The attached list documents those surveyors who have fully completed the certification process as well as those whose certification is not yet complete but who have completed one or more of the steps. Dates during which each individual completed the certification step are included.

Nonetheless, there are some supervisors, one IT person, and one surveyor, who will not meet these criteria. These ten individuals appear with their names highlighted in yellow and with the notation "G" in red font. This issue was discussed with both Fred Gladden and Andy Kramer and it was agreed that Colorado would "grandfather" in a few individuals, especially supervisors, using consistent criteria. The minimum criteria for grandfathering this select group are as follows:

- Attendance at a QIS classroom training
- Participant in other QIS activities such as QIS surveys of record or conducting compliance assessments.

The following individuals should be grandfathered in as certified QIS surveyors: Leebeth Woodin; Joyce Sakkin; Lori Griffin; Maria Cardona; Kim Smoak; Barbara Alford; Audrey Sunderraj; Meri Bourge; Donna Cheatham; Joy Thompson.

Also, we would like to certify members of the University of Colorado QIS clinical staff. This group includes: Peggy Williams; Jane Hermanson; Karen Alms; Sayuri Kelly; Dennis Winn.

Please do not hesitate to contact me if you have any questions. I will forward a separate email with some comments regarding the outline for the QIS Course Record. Thank you.

Julie

Julie Slater
Division of Health Care Policy and Research
University of Colorado Health Sciences Center
13611 East Colfax Avenue - Suite 100
Aurora, Colorado 80011
Phone: 303-724-2466
Fax: 303-724-2530

2009 **Master QIS Trainer Designation Report**

Name: Tami Green

Date Submitted: 07/13/09

<u>QIS Surveyor Realstration</u>	<u>Date</u>	<u>Location</u>	<u>Supervising NHQ Master QIS Trainer (if applicable)</u>
Participation in QIS classroom training	01/09/2006	Ohio	N/A
Participation in mock survey	01/2006	Ohio	N/A
Successful compliance assessment #1	01/30/2006	Ohio	N/A
Successful compliance assessment #2	02/06/2006	Ohio	N/A

Qualifications to Undergo QIS Trainer Training

As of 09/15/2008, has completed 35 QIS surveys.

<u>QIS Trainer Certification</u>	<u>Date</u>	<u>Location</u>	<u>Supervising NHQ Master QIS Trainer</u>
Participation in T3 Workshop or equivalent	11/3-7/2008	New Mexico	Robin Harper
Competence in leading QIS classroom training	02/16-20/2009	West Virginia	Robin Harper
Competence in leading mock survey	12/15-19/2008	Ohio	Robin Harper
Competence in conducting compliance assessment	02/2-6/2009	Maryland	Robin Harper

Master QIS Trainer Apprenticeship

<u>Leading T3 Workshop</u>	<u>Date</u>	<u>Location</u>	<u>Supervising NHQ Master QIS Trainer</u>
Observation	11/3-7/2008	New Mexico	Robin Harper
Competence	04/6-9/2009	Maryland	Robin Harper

Observation/evaluation of QIS classroom training

Orientation	03/30-4/3/2009	Ohio	Robin Harper
Competence	06/8-12/2009	Washington	Robin Harper

Observation/evaluation of mock survey

Orientation	03/30-4/3/2009	Ohio	Robin Harper
Competence	06/15-19/2009	Washington	Robin Harper

Observation/evaluation of compliance assessment

Orientation	03/30-4/3/2009	Ohio	Robin Harper
Competence	05/11-15/2009	Maryland	Robin Harper

Master QIS Trainer Designation

This acknowledges that Tami Green has successfully completed requirements for designation as a Master Trainer for the Federal Quality Indicator Survey process for nursing homes.

Jane Hermanson
 Jane Hermanson, Director of Training
 Master QIS Trainer
 Nursing Home Quality, LLC

7-12-09
 Date

Master QIS Trainer Designation Report

Name: Tracy Cooley

Date Submitted: 07/13/2009

QIS Surveyor Registration	Date	Location	Supervising NHQ Master QIS Trainer [if applicable]
Participation In QIS classroom training	01/09/2006	Ohio	N/A
Participation In mock survey	01/2006	Ohio	N/A
Successful compliance assessment #1	01/30/2006	Ohio	N/A
Successful compliance assessment #2	02/06/2006	Ohio	N/A

Qualifications to Undergo QIS Trainer Training

As of 01/05/2009, has completed 17 QIS Surveys. Supervised QIS surveys for 6 months, including compliance assessments.

QIS Trainer Certification	Date	Location	Supervising NHQ Master QIS Trainer
Participation in T3 Workshop or equivalent	01/5-9/2009	Ohio	Jane Hermanson
Competence in leading QIS classroom training	02/16-20/2009	West Virginia	Robin Harper
Competence in leading mock survey	01/12-16/2009	Ohio	Jane Hermanson
Competence in conducting compliance assessment	02/9-13/2009	Maryland	Robin Harper

Master QIS Trainer Apprenticeship	Date	Location	Supervising NHQ Master QIS Trainer
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Leading T3 Workshop

Observation	04/6-9/2009	Maryland	Robin Harper
Competence	05/18-22/2009	Washington	Robin Harper

Observation/evaluation of QIS classroom training

Orientation	03/30-4/3/2009	Ohio	Robin Harper
Competence	04/27-5/01/2009	Maryland	Robin Harper

Observation/evaluation of mock survey

Orientation	03/30-4/3/2009	Ohio	Robin Harper
Competence	05/4-8/2009	Maryland	Robin Harper

Observation/evaluation of compliance assessment

Orientation	03/30-4/3/2009	Ohio	Robin Harper
Competence	05/11-15/2009	Maryland	Robin Harper

Master QIS Trainer Designation

This acknowledges that Tracy Cooley has successfully completed requirements for designation as a Master Trainer for the Federal Quality Indicator Survey process for nursing homes.

Jane Hermanson
 Jane Hermanson, Director of Training
 Provider LLC
 Master QIS Trainer
 Nursing Home Quality, LLC

7-12-09
 Date

2009 **Master QIS Trainer Designation Report**

Name: Glenna Massey

Date Submitted: 07/13/09

<u>QIS Surveyor Registration</u>	<u>Date</u>	<u>Location</u>	<u>Supervising NHQ Master QIS Trainer (if applicable)</u>
Participation in QIS classroom training	10/27-31/2008	Colorado	Jane Hermanson
Participation in mock survey	11/10-14/2008	Training survey, Colorado	Jane Hermanson
Successful compliance assessment #1	12/15-19/2008	Training survey, Ohio	Robin Harper
Successful compliance assessment #2	02/2-6/2009	Training survey, Colorado	Jane Hermanson

Qualifications to Undergo QIS Trainer Training

As of 03/06/2009, has completed 4 additional training surveys, for a total of 6 training surveys.

<u>QIS Trainer Certification</u>	<u>Date</u>	<u>Location</u>	<u>Supervising NHQ Master QIS Trainer</u>
Participation in T3 Workshop or equivalent	12/1-6/2009	New Mexico	Jane Hermanson
Competence in leading QIS classroom training	02/16-20/2009	West Virginia	Robin Harper
Competence in leading mock survey	02/23-27/2009	Washington	Robin Harper
Competence in conducting compliance assessment	03/16-20/2009	Washington	Jane Hermanson

<u>Master QIS Trainer Apprenticeship</u>	<u>Date</u>	<u>Location</u>	<u>Supervising NHQ Master QIS Trainer</u>
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Leading T3 Workshop

Observation	04/06-09/2009	Maryland	Robin Harper
Competence	05/18-22/2009	Washington	Robin Harper

Observation/evaluation of classroom

Orientation	03/30-4/03/2009	Ohio	Robin Harper
Competence	05/26-29/2009	Ohio	Jane Hermanson

Observation/evaluation of mock survey

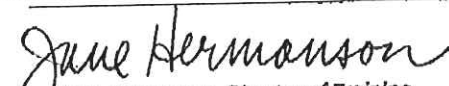
Orientation	03/30-4/03/2009	Ohio	Robin Harper
Competence	05/04-08/2009	Maryland	Robin Harper

Observation/evaluation of compliance assessment

Orientation	04/6-10/2009	Ohio	Robin Harper
Competence	05/11-15/2009	Maryland	Robin Harper

Master QIS Trainer Designation

This acknowledges that Glenna Massey has successfully completed requirements for designation as a Master Trainer for the Federal Quality Indicator Survey process for nursing homes.


 Jane Hermanson, Director of Training
 Master QIS Trainer
 Provident, LLC
 Nursing Home Quality, LLC

7-12-09
 Date

Master QIS Trainer Designation Report

Name: Patrick Campbell

Date Submitted: _____

<u>QIS Survivor Registration</u>	<u>Date</u>	<u>Location</u>	<u>Supervising NHQ Master QIS Trainer (if applicable)</u>
Participation in QIS classroom training	06/13/08	North Carolina	N/A
Participation in mock survey	06/20/08	North Carolina	N/A
Successful compliance assessment #1	06/27/08	North Carolina	N/A
Successful compliance assessment #2	07/11/08	North Carolina	N/A

Qualifications to Undergo QIS Trainer Training

6/23/08; 7/7/08; 7/21/08; 7/28/08; 8/11/08; 8/25/08

<u>QIS Trainer Certification</u>	<u>Date</u>	<u>Location</u>	<u>Supervising NHQ Master QIS Trainer</u>
Participation in T3 Workshop or equivalent	9/19/2008	North Carolina	N/A
Competence in leading QIS classroom training	10/17/2008	North Carolina	N/A
Competence in leading mock survey	10/23/2008	North Carolina	N/A
Competence in conducting compliance assessment	10/31/2008	North Carolina	N/A

<u>Master QIS Trainer Apprenticeship</u>	<u>Date</u>	<u>Location</u>	<u>Supervising NHQ Master QIS Trainer</u>
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Leading T3 Workshop

Observation	2/26/2010	West Virginia	Tracy Cooley
Competence	4/16/2010	Arizona	Robin Harper

Observation/evaluation of QIS classroom training

Orientation	2/19/2010	Ohio	Robin Harper
Competence	3/19/2010	West Virginia	Tracy Cooley

Observation/evaluation of mock survey


Orientation	2/19/2010	Ohio	Robin Harper
Competence	3/26/2010	West Virginia	Tami Green

Observation/evaluation of compliance assessment

Orientation	2/19/2010	Ohio	Robin Harper
Competence	5/3/2010	Georgia	Tami Green

Master QIS Trainer Designation

This acknowledges that Patrick Campbell has successfully completed requirements for designation as a Master Trainer for the Federal Quality Indicator Survey process for nursing homes.


 Robin Harper, Director of Training
 Master QIS Trainer

8/2/10
 Date

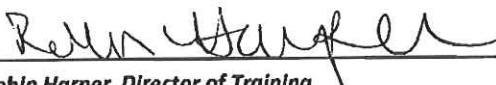
Master QIS Trainer Designation Report

Name: Bonnie ReedDate Submitted: March 3, 2011

<u>QIS Surveyor Registration</u>	<u>Date</u>	<u>Location</u>	<u>Supervising NHQ Master QIS Trainer [if applicable]</u>
Participation in QIS classroom training	05/16/08	Ohio	N/A
Participation in mock survey	05/23/08	Ohio	N/A
Successful compliance assessment #1	06/02/08	Ohio	N/A
Successful compliance assessment #2	06/13/08	Ohio	N/A
<u>Qualifications to Undergo QIS Trainer Training</u>			
6/13/08; 6/19/08; 6/28/08; 7/18/08; 8/7/08; 8/15/08			
<u>QIS Trainer Certification</u>	<u>Date</u>	<u>Location</u>	<u>Supervising NHQ Master QIS Trainer</u>
Participation in T3 Workshop or equivalent	05/01/2009	Ohio	N/A
Competence in leading QIS classroom training	05/29/2009	Ohio	N/A
Competence in leading mock survey	06/05/2009	Ohio	N/A
Competence in conducting compliance assessment	06/26/2009	Ohio	N/A
<u>Master QIS Trainer Apprenticeship</u>	<u>Date</u>	<u>Location</u>	<u>Supervising NHQ Master QIS Trainer</u>
<u>Leading T3 Workshop</u>			
Observation	08/27/2010	West Virginia	Robin Harper
Competence	11/05/2010	Nebraska	Glenna Massey
<u>Observation/evaluation of QIS classroom training</u>			
Orientation	08/20/2010	Ohio	Robin Harper
Competence	09/17/2010	West Virginia	Tami Green
<u>Observation/evaluation of mock survey</u>			
Orientation	08/20/2010	Ohio	Robin Harper
Competence	09/23/2010	West Virginia	Tami Green
<u>Observation/evaluation of compliance assessment</u>			
Orientation	08/20/2010	Ohio	Robin Harper
Competence	12/17/2010	Georgia	Jane Hermanson

Master QIS Trainer Designation

This acknowledges that Bonnie Reed has successfully completed requirements for designation as a Master Trainer for the Federal Quality Indicator Survey process for nursing homes.


 Robin Harper, Director of Training
 Master QIS Trainer
 Nursing Home Quality, LLC

3/4/2011
 Date

Master QIS Trainer Designation Report

Name: Sebrena Sweeney

Date Submitted: March 4, 2011

<u>QIS Surveyor Registration</u>	<u>Date</u>	<u>Location</u>	<u>Supervising NHQ Master QIS Trainer [if applicable]</u>
Participation in QIS classroom training	06/13/08	North Carolina	N/A
Participation in mock survey	06/20/08	North Carolina	N/A
Successful compliance assessment #1	06/27/08	North Carolina	N/A
Successful compliance assessment #2	07/11/08	North Carolina	N/A

Qualifications to Undergo QIS Trainer Training

6/23/08; 7/7/08; 7/21/08; 7/28/08; 8/11/08; 8/25/08

<u>QIS Trainer Certification</u>	<u>Date</u>	<u>Location</u>	<u>Supervising NHQ Master QIS Trainer</u>
Participation in T3 Workshop or equivalent	9/19/2008	North Carolina	N/A
Competence in leading QIS classroom training	10/17/2008	North Carolina	N/A
Competence in leading mock survey	10/23/2008	North Carolina	N/A
Competence in conducting compliance assessment	10/31/2008	North Carolina	N/A

Master QIS Trainer Apprenticeship

<u>Date</u>	<u>Location</u>	<u>Supervising NHQ Master QIS Trainer</u>
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Leading T3 Workshop

<u>Date</u>	<u>Location</u>	<u>Supervising NHQ Master QIS Trainer</u>
Observation	08/27/2010	West Virginia
Competence	11/05/2010	Colorado

Observation/evaluation of QIS classroom training

<u>Date</u>	<u>Location</u>	<u>Supervising NHQ Master QIS Trainer</u>
Orientation	08/20/2010	Ohio
Competence	09/17/2010	West Virginia

Observation/evaluation of mock survey

<u>Date</u>	<u>Location</u>	<u>Supervising NHQ Master QIS Trainer</u>
Orientation	08/20/2010	Ohio
Competence	09/23/2010	West Virginia

Observation/evaluation of compliance assessment

<u>Date</u>	<u>Location</u>	<u>Supervising NHQ Master QIS Trainer</u>
Orientation	08/20/2010	Ohio
Competence	10/05/2010	West Virginia

Master QIS Trainer Designation

This acknowledges that Sebrena Sweeney has successfully completed requirements for designation as a Master Trainer for the Federal Quality Indicator Survey process for nursing homes.



Robin Harper, Director of Training
Master QIS Trainer
Nursing Home Quality, LLC

3/4/2011

Date

Name: Liesel DamotaDate Submitted: June 13, 2011

<u>QIS Surveyor Registration</u>	<u>Date</u>	<u>Location</u>	<u>Supervising NHQ Master QIS Trainer [if applicable]</u>
Participation in QIS classroom training	01/25/2010	Arizona	N/A
Participation in mock survey	02/05/2010	Arizona	N/A
Successful compliance assessment #1	02/16/2010	Arizona	N/A
Successful compliance assessment #2	02/25/2010	Arizona	N/A

Qualifications to Undergo QIS Trainer Training

2/16/2010, 2/25/2010, 3/4/2010, 3/10/2010, 3/17/2010, 3/25/2010, 4/6/2010

<u>QIS Trainer Certification</u>	<u>Date</u>	<u>Location</u>	<u>Supervising NHQ Master QIS Trainer</u>
Participation in T3 Workshop or equivalent	04/16/2010	Arizona	N/A
Competence in leading QIS classroom training	05/07/2010	Arizona	N/A
Competence in leading mock survey	05/14/2010	Arizona	N/A
Competence in conducting compliance assessment	05/21/2010	Arizona	N/A

<u>Master QIS Trainer Apprenticeship</u>	<u>Date</u>	<u>Location</u>	<u>Supervising NHQ Master QIS Trainer</u>
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Leading T3 Workshop

Observation	08/27/2010	West Virginia	Robin Harper
Competence	11/05/2010	Nebraska	Glenna Massey

Observation/evaluation of QIS classroom training

Orientation	08/20/2010	Ohio	Robin Harper
Competence	09/17/2010	West Virginia	Tami Green

Observation/evaluation of mock survey


Orientation	08/20/2010	Ohio	Robin Harper
Competence	09/23/2010	West Virginia	Tami Green

Observation/evaluation of compliance assessment

Orientation	08/20/2010	Ohio	Robin Harper
Competence	12/17/2010	Georgia	Jane Hermanson

Master QIS Trainer Designation

This acknowledges that Liesel Damota has successfully completed requirements for designation as a Master Trainer for the Federal Quality Indicator Survey process for nursing homes.



Robin Harper, Director of Training
Master QIS Trainer
Providium, LLC
Nursing Home Quality, LLC

5/24/2011
Date

Joyce Sakkinen, RN - Documentation of Registered QIS Surveyor Designation

Because Ms. Sakkinen was member of the California state survey agency supervisory staff who participated in the demonstration of QIS, she was not provided a formal Registered QIS Surveyor training certificate. However, she was "grandfathered" in as a Registered QIS Surveyor per agreement between the University of Colorado and CMS Central Office. Documentation of this agreement is attached in the form of an e-mail communication between Julie Slater at the University of Colorado and Ralph King at CMS Central Office (see text just above bold print, noting that Ms. Sakkinen's name was misspelled in this correspondence).

From: Slater, Julie
Sent: Monday, February 05, 2007 4:47 PM
To: 'King, Ralph V. (CMS/CMSO)'; Gladden, Fred O. (CMS/CMSO)
Cc: Kramer, Andy; Powell, Martha; Morley-Young, Staci
Subject: Certified QIS Surveyors

Attachments: List of QIS Surveyors.doc with grandfathered personnel indicated.doc
Attached please find a list of QIS surveyors. To be **certified** as a QIS surveyor, the surveyor must have attended QIS training and been found to be compliant with the QIS process, collected on at least two surveys, by our clinicians or trained state supervisors. **A surveyor should not be certified unless the surveyor has completed both the training and compliance activities.** The attached list documents those surveyors who have fully completed the certification process as well as those whose certification is not yet complete but who have completed one or more of the steps. Dates during which each individual completed the certification step are included.

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Please do not hesitate to contact me if you have any questions. I will forward a separate email with some comments regarding the outline for the QIS Course Record. Thank you.

Julie

Julie Slater
Division of Health Care Policy and Research
University of Colorado Health Sciences Center
13611 East Colfax Avenue - Suite 100
Aurora, Colorado 80011
Phone: 303-724-2466
Fax: 303-724-2530