



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
LSH12126

PAGE
1

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

VENDOR

*A28144918 304-523-1142
 HUNTINGTON MENTAL HEALTH ASSOC
 1415 6TH AVE

 HUNTINGTON WV 25701-2420

SHIP TO

HEALTH AND HUMAN RESOURCES
 BHHF
 LAKIN HOSPITAL
 11522 OHIO RIVER ROAD
 WEST COLUMBIA, WV
 25287 304-675-0860

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
02/09/2012				

BID OPENING DATE: 03/08/2012 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	JB	948-74	OPEN-END BLANKET CONTRACT THIS IS A REBID OF LSH12084. OPEN END CONTRACT TO PROVIDE PSYCHIATRIC SERVICES OPEN END CONTRACT TO PROVIDE PSYCHIATRIC SERVICES, TO RESIDENTS OF LAKIN HOSPITAL'S 114 BED INTERMEDIATE CARE FACILITY PER THE ATTACHED SPECIFICATIONS. EXHIBIT 3 LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON UPON AWARD AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS WRITTEN NOTICE.		



SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Pete Peter</i>	TELEPHONE 304-523-1142	DATE 02/12/2012
TITLE ADMINISTRATOR	FEIN 20-0219026	ADDRESS CHANGES TO BE NOTED ABOVE

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

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

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. 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 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).



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BID OPENING DATE: 03/08/2012 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHEREIN 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 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</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>[Signature]</i>	TELEPHONE 304-523-1142	DATE 02/12/2012
TITLE ADMINISTRATOR	FEIN 20-0219026	ADDRESS CHANGES TO BE NOTED ABOVE

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LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>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, THIS CONTRACT IS AUTOMATICALLY NULL AND VOID, AND IS TERMINATED 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. 04/11/2001</p> <p>INQUIRIES: WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 2/21/2012. 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 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25311</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>[Signature]</i>	TELEPHONE 304-523-1142	DATE 02/12/2012
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LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
FAX: (304) 558-4115 E-MAIL: ROBERTA.A.WAGNER@WV.GOV THIS IS A REBID OF LSH12084. EXHIBIT 4 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. REV. 3/88 PROOF OF WORKER'S COMPENSATION INSURANCE MUST BE SUBMITTED PRIOR TO THE AWARD OF THE CONTRACT BY THE SUCCESSFUL BIDDER. 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. REV 07/16/2007						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
<i>[Signature]</i>	304-523-1142	02/12/2012
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
ADMINISTRATOR	20-0219026	

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LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>VENDOR PREFERENCE CERTIFICATE</p> <p>THIS TEAM EXHIBIT HAS BEEN REPLACED BY THE ONLINE VERSION WHICH IS AVAILABLE HERE: HTTP://WWW.STATE.WV.US/ADMIN/PURCHASE/VRC/VENPREF.PDF</p> <p>NOTICE</p> <p>A SIGNED BID MUST BE SUBMITTED TO:</p> <p>DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130</p> <p>PLEASE NOTE: A CONVENIENCE COPY WOULD BE APPRECIATED.</p> <p>THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:</p> <p>SEALED BID</p> <p>BUYER:-----RW/FILE 22-----</p> <p>RFQ. NO.:-----LSH12126-----</p> <p>BID OPENING DATE:----- 3/8/2012-----</p> <p>BID OPENING TIME:-----1:30 PM-----</p> <p>PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE 	TELEPHONE 504-523-1142	DATE 02/12/2012
TITLE ADMINISTRATOR	FEIN 20-0219026	ADDRESS CHANGES TO BE NOTED ABOVE

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LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>TO CONTACT YOU REGARDING YOUR BID: ----- 304-523-2966 -----</p> <p>CONTACT PERSON (PLEASE PRINT CLEARLY): ----- Peter Peters, ADMINISTRATOR -----</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>***** THIS IS THE END OF RFQ LSH12126 ***** TOTAL: _____</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Peter Peters</i>	TELEPHONE 304-523-1142	DATE 02/12/2012
TITLE ADMINISTRATOR	FEIN 20-0219026	ADDRESS CHANGES TO BE NOTED ABOVE

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LSH12126**OPEN END CONTRACT TO PROVIDE PSYCHIATRIC SERVICES****VENDOR SHALL MEET THE FOLLOWING MINIMUM REQUIREMENTS:**

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

SERVICES SHALL INCLUDE:

Vendor shall provide clinical psychiatric services by making rounds at least twice monthly according to the coordinated schedule between vendor and facility and seeing patients for emergency evaluations and treatment.

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

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

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

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

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

HOURS OF SERVICE: Shall not exceed 26 hours per month, 312 hours in a twelve month period. Vendor shall be required to provide the services in a timely manner as coordinated, needed and/or requested by the facility at least within thirty (30) days of notification. 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.

"Purchasing Affidavit"

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

HIPAA COMPLIANCE:

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

PAYMENT:

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

INSURANCE REQUIREMENTS:

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

Professional and Comprehensive General Liability Insurance to cover the medical malpractice insurance: \$500,000 per occurrence and \$1,000,000 annual aggregate.

Policy must show Hospital as Certificate Holder.

BID Cost Sheet

RFQ LSH12126

Estimated Monthly Hours	Description:	Hourly Rate:	Monthly Rate:	Annual Rate:
26 hrs. (Not to exceed 312 hours yearly)	Licensed Psychiatrist (MD)	\$ <u>200.00</u>	\$ _____	\$ _____

Huntington Medical Health Associates, Inc
Vendor Name (please print)

Address: 1415 Sixth Avenue
Huntington, WV 25701

Phone No. of Contact: (304) 523-1142 Fax: (304) 523-2966

Signature: [Handwritten Signature]

Title: ADMINISTRATOR

Date of Signature: 02/12/2012

BASIS OF AWARD:

The contract will be awarded to the lowest overall bidder that meets all mandatory requirements.

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: Hunterwood North America Associates Inc.

Authorized Signature: Kate Peterson Date: 02/12/2012

State of WV

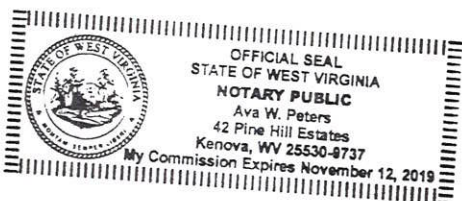
County of ABERDEEN, to-wit:

Taken, subscribed, and sworn to before me this 12th day of February, 2012

My Commission expires November 12, _____, 2019.

AFFIX SEAL HERE

NOTARY PUBLIC Ava W. Peters



State of West Virginia
VENDOR PREFERENCE CERTIFICATE

Certification and application* is hereby made for Preference in accordance with *West Virginia Code*, §5A-3-37. (Does not apply to construction contracts). *West Virginia Code*, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the *West Virginia Code*. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable.

1. Application is made for 2.5% resident vendor preference for the reason checked:

- Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or**,
- Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or**,
- Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; **or**,

2. Application is made for 2.5% resident vendor preference for the reason checked:

- Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or**,

3. Application is made for 2.5% resident vendor preference for the reason checked:

- Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or**,

4. Application is made for 5% resident vendor preference for the reason checked:

- Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; **or**,

5. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:

- Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; **or**,

6. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:

- Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

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

Bidder: Health Associates Inc. Signed: [Signature]
Date: 02/12/2012 Title: ADMINISTRATOR

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

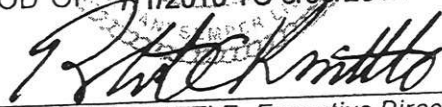
WEST VIRGINIA BOARD OF MEDICINE

LICENSE NO. [REDACTED] ISSUED 1/9/1989

THIS IS TO CERTIFY THAT THE LICENSE OF

NANCY LYNN BUELL GRAHAM, M.D.

TO PRACTICE MEDICINE AND SURGERY IN THE
STATE OF WEST VIRGINIA HAS BEEN RENEWED FOR
THE PERIOD OF 7/1/2010 TO 6/30/2012



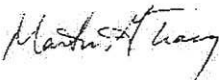
ROBERT C. KNITTLE, Executive Director

02/12/2012
PP

THE PSYCHIATRISTS'S PROGRAM

Certificate of Insurance

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

1. NAME AND ADDRESS OF NAMED INSURED				
Nancy Graham, MD Huntington Mental Health Associates, Inc. 1415 Sixth Avenue Huntington, WV 25701	The policy of insurance listed below has been issued to the named insured for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions and conditions of such policy. Aggregate limits shown may have been reduced by paid claims.			
2. COMPANY	3. POLICY NUMBER	4. CERTIFICATE NUMBER		
National Union Fire Insurance Company of Pittsburgh, PA	[REDACTED]	[REDACTED]		
5. POLICY PERIOD				
From:	April 01, 2011 at 12:01 A.M. Standard Time	To:	April 01, 2012 at 12:01 A.M. Standard Time	
Retro Date (Group):	N/A at 12:01 A.M. Standard Time	Retro Date (N.I.):	March 01, 2001 at 12:01 A.M. Standard Time	
6. TYPE OF INSURANCE	7. COVERED SPECIALTY			
Professional Liability				
8. EFFECTIVE	LIMITS OF LIABILITY	COVERAGE	STATE/RATING AREA	OTHER STATES
Each Medical Incident/Each Policy Period				
04/01/2011	\$1,000,000 / \$3,000,000	Claims Made	WV1	OH
9. NAME AND ADDRESS OF CERTIFICATE HOLDER				
Lakin Hospital 1 Bateman Circle West Columbia, WV 25287	Should the above described policy be canceled before the expiration date thereof, the company will endeavor to mail written notice to the certification holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.			
10. NAME AND ADDRESS OF ADMINISTRATOR				
Professional Risk Management Services, Inc. 1515 Wilson Boulevard, Suite 800 Arlington, VA 22209 Telephone: (800) 245-3333				
March 24, 2011 Date		 _____ President and CEO Professional Risk Management Services, Inc.		

02/12/2012 PP

TRAVELERS
RUCKER BILLUPS & FOWLER
PO BOX 408
HUNTINGTON WV 25708-0408

03808 -L3

Account Bill

Account No. 7397K8101
Date of This Bill 08/29/11

TOTAL BALANCE
\$3,413.00
MINIMUM DUE
\$1,721.00

CP 01 6640 66640LKR 11239 03808 P1

HUNTINGTON MENTAL HEALTH ASSOCIATES, INC
1415 SIXTH AVENUE
HUNTINGTON WV 25701

PAYMENT MUST BE RECEIVED BY:
SEPTEMBER 17, 2011

ACCOUNT BILLING SUMMARY

<u>POLICY</u>	<u>TYPE</u>	<u>POLICY PERIOD</u>	<u>MIN. DUE</u>	<u>BALANCE</u>
1994C43A 680	Commercial Package	09/17/11 To 09/17/12	\$1,716.00	\$3,413.00
6071X439 UB	Workers Comp	03/03/11 To 03/03/12	PAID	PAID
		Current Installment Charge	5.00	
TOTAL BALANCE			\$1,721.00	\$3,413.00

TRANSACTIONS SINCE LAST STATEMENT

Total Transactions (See Transaction Detail Section)	+3,413.00
TOTAL BALANCE	\$3,413.00

TRANSACTION DETAIL

POLICY NUMBER 1994C43A 680	Commercial Package	
09/17/11	Renewal	3,394.00
09/17/11	WV Ins Surcharge	19.00
TOTAL TRANSACTIONS		\$3,413.00

CONTINUED ON NEXT PAGE

Please detach the payment coupon and mail with your payment in the enclosed envelope to:
TRAVELERS CL REMITTANCE CENTER, PO BOX 660317, DALLAS, TX 75266-0317

02/12/2012
PP