



# Prestera Center FOR Mental Health Services INC

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Helping everyday people with everyday problems...every day!

CABELL COUNTY • MASON COUNTY • LINCOLN COUNTY • WAYNE COUNTY  
KANAWHA COUNTY • BOONE COUNTY • CLAY COUNTY • PUTNAM COUNTY

April 12, 2013

Tara Lyle  
Department of Administration  
Purchasing Division  
2019 Washington Street, East  
Charleston, WV 25305-0130

RFQ: COR61604

Dear Ms. Lyle:

Enclosed you will find a proposal from Prestera Center in response to your request for quotation to provide clinical evaluations, intensive outpatient treatment, short-term residential treatment and long-term residential treatment to addicted felons under supervision of the West Virginia Division of Corrections Parole Services. This proposal outlines the services that would be provided in Huntington, Charleston, Dunbar and St. Albans, West Virginia.

Prestera Center is the largest comprehensive behavioral health center in the state of West Virginia providing a full continuum of addictions and mental health treatment services. Our addictions programs have received state and national recognition for excellence in client services and clinical outcomes. In 2010, residential addictions programs received a fourth three-year accreditation (the highest possible rating) from CARF, the Accreditation Commission.

I am confident that Prestera Center will provide quality programming that will more than satisfy the requirements of this proposal. I am hopeful that this proposal will meet with your approval and will be the beginning of a mutually beneficial, cooperative relationship between Parole Services and Prestera Center. I look forward to your response. Thank you in advance for you consideration.

Sincerely,

Karen Yost  
Chief Executive Officer

04/16/13 09:34:46 AM  
West Virginia Purchasing Division

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## **GENERAL REQUIRMENTS: CONTRACT ITEM AND MANDATORY REQUIREMENTS**

Prestera Center has been providing quality behavioral health services since 1967 to residents of Cabell, Mason, Lincoln and Wayne counties in West Virginia. In May 2002, Prestera Center took over services in Kanawha, Putnam, Clay, and Boone Counties which had been provided by the defunct Shawnee Hills. Prestera Center has approximately 850 employees at 52 sites throughout the eight-county catchment area and serves approximately 19,000 consumers annually. The large number of consumers served is a result of the numerous locations and innovative programs that Prestera Center provides.

Substance abuse treatment services are provided at numerous sites and include innovative programming. Prestera Center provides outpatient, intensive outpatient services, residential and prevention services in the Huntington and Charleston areas. The West Virginia DUI Safety and Treatment program is offered in Huntington, Dunbar, and Point Pleasant. Prestera at Pinecrest is located at 5600 U.S. Route 50 East in Huntington and includes a public inebriate shelter, residential detoxification, short-term residential treatment, extended-stay treatment beds, long-term residential treatment for women and women with children and permanent HUD approved sober housing units. Long-term residential treatment for women and women with children is also provided at Mattie V. Lee in Charleston, WV. PARC Riverside is a short-term and extended-stay residential program in St. Albans, WV. Community Housing for men is offered at Laurelwood East and West in Dunbar and Huntington, WV. Outpatient therapists provide addiction treatment services to children, adolescents and adults in Cabell, Mason, Wayne, Lincoln, Putnam, Kanawha, Clay and Boone counties.

Addiction programs endorse a recovery philosophy incorporating many of the principles associated with cognitive and behavioral models of recovery. These principles include a belief that substance abuse affects every major life area - physical, psychological, social, and spiritual. Prestera Center's Addictions Recovery Programs believe that: 1. People have the ability to bring about change in their lives with the assistance of a guide. 2. People do not always know what is best for them - they may be blinded by their resistance to and denial of issues. 3. The key to growth is to blend insight and behavioral change in the right amounts at the appropriate time. 4. Change is constant and inevitable. 5. A guide concentrates on what is changeable. 6. It is not necessary to know a great deal about the cause or function of a distinct problem to resolve it. 7. There are many correct ways to view the world. Qualified addiction professionals provide treatment utilizing best practice approaches in treating addicted offenders including *A New Direction: A Cognitive Behavioral Treatment Curriculum* developed by the Minnesota Department of Corrections and *Relapse Prevention Therapy with Chemically Dependent Criminal Offenders* developed by Terrance Gorsky. These tools are evidence based for work with criminal offenders who abuse substances and are models for concurrently treating the offender's addiction to criminal behavior and substances.

Addiction treatment services are facilitated by highly trained qualified addiction professionals. Therapists are master's level clinicians who hold discipline specific licensure and/or certification in addictions counseling and/or are under supervision for licensure/certification. Bachelor's level staffs provide case management activities, treatment planning and discharge planning.

Psychiatric evaluations and medication management services are provided by physicians specializing in psychiatry and addiction medicine. Program managers and clinical supervisors hold a master's degree in a behavioral health with discipline specific credentials and are experienced in clinical and administrative supervision of addiction treatment programs.

Pretera Center staffs are required to participate in initial and refresher trainers. These training sessions focus on diagnostic criteria, treatment planning activities, and motivational interviewing. Staff also have the opportunity to participate in monthly continuing education workshops focusing on a multitude of behavioral health topics including cognitive behavioral therapy, trauma informed care and current drug trends. As part of this agreement, Parole Services staff will have the opportunity to participate in Pretera Center sponsored training events, many of which offered approved continuing education hours.

Pretera Center maintains physical facilities that meet all applicable federal, state and local regulations (e.g. building codes) and will not endanger the health and safety of employees, offenders and the community. Pretera Center holds a license issued by the State of West Virginia, Department of Health and Human Resources. Each site is licensed under Pretera Center to provide behavioral health services and the licenses are displayed at each location. To be eligible for a behavioral health license, specific guidelines must be adhered to in the area of offender and staff safety, offender record keeping, safety and security, confidentiality, qualified staff, State Fire Marshall inspected and approved facilities and numerous other regulatory requirements as prescribed by West Virginia law. Pretera Center provides physical facilities that preserve both the integrity of the confidential relationship and the personal dignity of the offender. Pretera Center complies with all applicable federal, state, and local laws, regulations and ordinances.

Pretera Center meets all regulations related to the disclosed of protected health information. It is understood that the Business Associate Addendum, approved by the Attorney General, is part of this agreement and that protected health information will be disclosed to the Division of Corrections Parole Services. Pretera Center will maintain compliance with the final rule related to the disclosure of protected health information of all offenders receiving treatment services. Pretera Center will comply with the 2013 West Virginia State Agency Business Associate Agreement. In addition, Pretera Center agrees that it will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the Division of Corrections Parole Services, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the Division of Corrections Parole Services policies, procedures and rules. Pretera Center further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements. It is understood that this response to the solicitation and the resulting contract are considered public documents and will be disclosed to the public in accordance with the laws, rules and policies governing the West Virginia Purchasing Division. These laws include but are not limited to the Freedom of Information Act.

In response to this solicitation, Pretera Center is able to provide clinical evaluations, intensive outpatient, short-term residential treatment and extended/long-term residential treatment to offenders under the supervision of the West Virginia Division of Corrections Parole Services at



the following locations: Clinical Evaluations and Intensive Outpatient Treatment services will be performed at Pretera Center, 3375 US Route 60 East, Huntington, WV and Pretera's Addictions Recovery Center East at 1503 Dunbar Avenue, Dunbar, WV. Short-Term Residential Treatment will be provided at Pretera at Pinecrest, 5600 U.S. Route 60 East, Huntington, WV and PARC Riverside, 7005 Kanawha Street, St. Albans, WV. Long-Term Residential Treatment will be provided at Pretera at Pinecrest, 5600 U.S. Route 60 East, Huntington, WV; PARC Riverside, 7005 Kanawha Street, St. Albans, WV; Mattie V. Lee, 810 Donnally Street, Charleston, WV; Laurelwood West, 432 Sixth Avenue, Huntington, WV; and Laurelwood East, 2305 Dunbar Avenue, Dunbar, WV. All clinical evaluations, intensive outpatient services, short- and long-term, residential services will be provided in compliance and in accordance with all applicable Federal and State statutes, court orders and policies as well as the current edition of the Standards of the American Correctional Association. Pretera Center will not implement any change to this contract until an approved written change order is received from the Purchasing Division.

Pretera Center understands that this contract may be renewed upon the mutual written consent of the Division of Corrections Parole Services and Pretera Center with the approval of the Purchasing Division and the Attorney General's Office (Attorney General approval is as to form only). Any request for renewal must be submitted to the Purchasing Division director thirty (30) days prior to the expiration date of the initial contract term or appropriate renewal term. A contract renewal will be in accordance with the terms and conditions of the original contract. Pretera Center understands that renewal of this contract is limited to two (2) consecutive one (1) year period and that automatic renewal is prohibited. In addition, Pretera Center understands and agrees that quantities listed in this solicitation are approximations only, based on estimates supplied by the Division of Corrections Parole Services. It is further understood and agreed that the contract shall cover the quantities actually ordered for delivery during the terms of the contract whether more or less than the estimated quantities.

The terms of the proposal are limited to offenders under the supervision of the West Virginia Division of Corrections Parole Services.

### **Clinical Evaluation and Report**

Prior to the provision of any treatment services, Pretera Center will provide a comprehensive clinical evaluation for each offender using the Addiction Severity Index (ASI, a structured diagnostic instrument), a risk assessment (focusing on the offender's educational status, employability, community and social networks, patterns of thinking about criminality and authority, and attitudes and associations), and a level of care assessment to ensure that the offender's needs are met at an appropriate level of care. A typed report will be forwarded to the Division of Corrections Parole Services within ten (10) calendar days of the counselor/clinician's first face-to-face session with the offender. This comprehensive assessment report addresses the following: (1) basic, identifying information and the sources of the information for the report; (2) a diagnostic impression utilizing the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*; (3) a biopsychosocial profile of symptoms related to substance use disorders and mental disorders; (4) identification of the target treatment problem which is the primary focus of the initial treatment plan; (5) the offender's substance use disorder; (5) identification of

the offender's criminal behaviors and how these behaviors related to addiction; and (6) treatment recommendations documenting the appropriate level of service to address identified problems and needs.

### **Intensive Outpatient Services**

Intensive outpatient services for men and women will be provided at Pretera Center at 5600 U.S. Route 60 East in Huntington and PARC East in Dunbar, WV. Intensive outpatient services are held Monday through Friday between 9:00 AM and 4:00 PM. A variety of psycho-educational and cognitive behavioral strategies are utilized to assist offenders in becoming more aware of addiction and recovery and the correlation with criminal behaviors. Clinical interventions include individual, group and family therapy, individual and group supportive counseling, treatment planning, case management, psychiatric evaluations and medication management.

The intensive outpatient treatment program for male offenders will be facilitated over a six (6) week period with offenders participating in a three (3) hour session three (3) days per week. The intensive outpatient treatment program for female offenders is six (6) weeks in duration with three (3) hour sessions provided four (4) days per week. These programs allow for more frequent visits and may be shorter or longer in length depending on the unique needs of each offender. Should modification in programming be indicated for any individual, Pretera Center staff will determine medical necessity, provide written documentation of the need for a modified course of treatment and facilitate an interdisciplinary team meeting with the offender and Parole Services staff. No modification will be implemented without prior approval of Parole Services staff.

In order to be admitted to this level of care, the offender must meet the following criteria:

#### **Admission Criteria, Intensive Outpatient Treatment:**

The client is an alcohol or other drug dependent or abusing adult and in need of American Society of Addiction Medicine Patient Placement Criteria - II, Revised (ASAM PPC 2-R) level II.1 Intensive Outpatient Treatment and willing to accept intensive outpatient chemical dependency and mental health treatment services. ASAM dimensional criteria include:

- No signs or symptoms of withdrawal or her withdrawal symptoms can be safely managed in this setting;
- Biomedical conditions and problems are stable or being addressed and will not interfere with treatment.
- Problems with emotional, behavioral or cognitive conditions can be managed effectively through intensive outpatient monitoring. Level of functioning, stability and degree of impairment will not interfere with treatment.
- Requires structured therapy and programmatic milieu or repeated structured clinically directed motivational enhancements to promote treatment progress and recovery (and not feasible or likely to succeed in a Level I Outpatient program).
- Despite possibly being active in less intense levels of care, the client is experiencing an intensification of symptoms or the level of functioning is deteriorating making them vulnerable to relapse, continued use or continued problems.

- Lacks resources or skills necessary to maintain an adequate level of functioning without the services of a Level II.1 program or lacks positive social supports, resources or skills necessary to maintain an adequate level of functioning.

**Continuing Stay Criteria, Intensive Outpatient Treatment:**

- Continued or on-going medical necessity for intensive outpatient services.
- Making progress but treatment plan goals and objectives have not been completed or not yet making progress but has the capacity to actively work toward the goals and objectives on the treatment plan and continued treatment is necessary to permit the client to continue to work toward treatment goals; or new problems have been identified that are appropriately treated at the Level II.1.
- Demonstrates commitment to continue to be engaged in treatment.
- Assessment of the client's continuing stay requires a review of the six dimensions of the ASAM criteria:
  - Requires monitoring of the intoxication or withdrawal problem that can be provided effectively only at the present level of care;
  - Health problems at admission or new problems require services that can be provided effectively only at the present level of care;
  - Emotional, behavioral and/or cognitive problems continue or new problems have appeared that requires interventions that are effectively provided at the present level of care;
  - Demonstrates a need for engagement and motivational enhancement that can be provided effectively only at the present level of care;
  - Continues to demonstrate a problem (or has developed new problems) that require coping skills and strategies to prevent relapse, continued use or continued problems. Strategies provided effectively only at the present level of care; and
  - Continues to demonstrate a problem in their recovery environment or has a new problem that requires coping skills and support system interventions that can be provided effectively only at the present level of care.

**Discharge Criteria, Intensive Outpatient Treatment:**

- Completion of treatment plan goals and objectives;
- Treatment at a less intensive level of care is indicated;
- No contact in thirty consecutive days;
- Assessment of the client's readiness for discharge or transfer to another level of care requires a review of the six dimensions of the ASAM criteria;
- Monitoring of the intoxication or withdrawal problem has improved sufficiently to be provided effectively in a less intensive or more intensive level of care;
- Health problems have improved sufficiently to allow services be provided effectively in a less intensive level of care;
- Emotional, behavioral and/or cognitive problems have improved sufficiently to allow services to be provided in a less intensive level of care;
- Readiness to change has improved sufficiently to allow interventions to be provided at a less intensive level of care;

- Relapse prevention and coping skills and strategies can be provided at less intensive levels of care; and
- The environment or ability to cope with it has improved sufficiently to allow interventions to be provided at less intensive levels of care.

Clinical staff will prepare treatment plans that include: (1) person centered short and long-term measurable goals and measurable objectives the offender(s) wills; attempting to achieve; (2) type and frequency of services to be received; (3) specific criteria for treatment completion and the anticipated time-frame; (4) documentation of a treatment plan review. Treatment plans are reviewed at least every 90 days and at major treatment junctures. The review includes the offender's input, continued need for treatment, and information on family and significant other involvement in the offender's treatment and community support program participation. Division of Corrections Parole Services staff will be notified of all interdisciplinary team meetings and encouraged to attend. A copy of the treatment plan and review will be forwarded to the Division of Corrections Parole Services.

Upon discharge, a typed discharge summary will be submitted to the Division of Corrections Parole Services within 15 calendar days of treatment being terminated. The summary outlines the reason for concluding treatment services and the offender's substance use and mental health status. Additionally, the discharge summary includes recommendations for community-based aftercare that the offender can readily access. In all cases, the discharge status (i.e. successful discharge, unsuccessful discharge, interruption of treatment, etc.) is clearly stated. Should a client be referred for other treatment services, a written report will be forwarded to the Division of Corrections Parole Services outlining the clinical need for continued.

### **Short-Term Residential Treatment**

Pretera Center will provide short-term residential treatment at the Pretera at Pinecrest facility in Huntington, WV (Men and Women) and at PARC Riverside in St. Albans, WV (Men). The length of stay in level of care is dependent on the offender's individual needs and his/her program toward treatment goals. While at Pinecrest or Riverside, offenders will participate in an array of activities including treatment planning, daily group therapy, educational group activities, 12-Step support groups, health and wellness activities, recreation, individual and family therapy, psychiatric evaluation and medication management (as indicated), recovery planning, aftercare and discharge planning. Should offenders require medical care while in treatment, he/she will be referred to an appropriate healthcare provider in the community. In addition to room and board, offenders will receive three (3) wholesome, nutritious meals daily.

Should modification in programming be indicated for any individual, Pretera Center staff will determine medical necessity, provide written documentation of the need for a modified course of treatment and facilitate an interdisciplinary team meeting with the offender and Parole Services staff. No modification will be implemented without prior approval of Parole Services staff.

In order to be admitted to this level of care, offenders must meet the following criteria:

### **Admission Criteria, Short-Term Residential Treatment:**

- The individual must complete detoxification or be free from physical withdrawal symptoms;
- The individual is alcohol or other drug dependent as evidenced by either tolerance or withdrawal and she or he has at least two of the following:
  - Significant impairment in carrying out major role obligations at work or in school;
  - Significant disturbance of relationships with family members related to alcohol and other drug use;
  - Persistent use of alcohol and other drugs in spite of negative consequences (including legal problems);
  - Efforts to curtail control or stop the use of alcohol and other drugs (treatment) have failed.
- The individual exhibits no biomedical condition that requires 24 hour medical supervision;
- The individual does not currently present a high degree of risk or harm to self or others;
- Alternative strategies at lesser levels of care have either not been successful or have been ruled out as unlikely to benefit the individual;
- The individual is likely to benefit from intensive and structured treatment and requires assistance in developing a plan for a recovery prior to returning to the community or another environment;
- Admission to Short Term Residential Treatment Program requires that at least one of the following are met:
  - Consumer has not had a significant period of sobriety in the past year (6 months or longer).
  - Consumer lacks understanding of chemical dependency, relapse prevention or recovery.
  - Consumer lacks linkages with support and/or twelve step groups or lacks social supports.
  - Consumer lacks prior successful inpatient/residential experience.
  - Consumer demonstrates commitment to engage in treatment.
- The person is an alcohol or other drug dependent or abusing adult in need of ASAM PPC 2R Level III.3 and is willing to accept residential chemical dependency treatment services. ASAM Dimensional (admission criteria) include:
  - No signs or symptoms of withdrawal or his withdrawal symptoms have diminished and;
  - Biomedical problems, if any, are stable and do not require medical or nursing monitoring and the resident is capable of self-administering any prescribed medications; or
  - The resident's psychiatric condition is stabilizing, but he is assessed as in need of a 24-hour structured environment as evidenced by Depression or other emotional , behavioral or cognitive conditions significantly interfering with activities of daily living and recovery; or
  - The resident's mental status is assessed as sufficiently stable to permit the resident to participate in the therapeutic interventions provided at this level of care to benefit from treatment; and



- The resident's continued substance abuse poses a danger of harm to self or others as he demonstrates no awareness of the need to address the severity of his addiction problem or does not recognize the need for treatment; or
- The resident's perspective impairs his ability to make behavior changes without repeated, structured, clinically directed motivational interventions, delivered in a 24-hour milieu; and
- The resident does not recognize relapse triggers and has little awareness of the need for continued care; or
- The resident is experiencing an intensification of his symptoms of his substance dependence disorder and his level of functioning is deteriorating despite amendment of the plan; or
- The resident's cognitive impairment has limited his ability to identify and cope with relapse triggers and high-risk situations. He requires relapse prevention activities that are delivered at a slower pace, more concretely and more repetitively, in a setting that provides 24-hour structure and support to prevent imminent dangerous consequences; or
- Despite recent active participation in treatment at a less intensive level of care, resident continues to use alcohol or other drugs with imminent serious consequences and is at high risk of continued substance abuse use; and
- Resident has been living in an environment that is characterized by a moderately high risk of initiation or repetition of physical, sexual or emotional abuse or substance use so endemic that the resident is assessed as being unable to achieve or maintain recovery at a less intensive level of care; or
- The resident lacks social contracts or has inappropriate social contacts that jeopardize his recovery, or the resident's social network is characterized by significant social isolation and withdrawal. The resident's social network includes few friends who are not regular users of alcohol or other drugs leading recovery goals to be assessed as unachievable outside the 24-hour supportive setting; or
- The resident's social network includes regular users of alcohol or other drugs, such that recovery goals are assessed as unachievable at a less intensive level of care.

**Continuing Stay Criteria, Short-Term Residential Treatment:**

- Treatment plan goals and objectives not completed; and
- Further assessment of treatment needs is indicated; or
- Client possesses an understanding of chemical dependency, relapse prevention or recovery but requires on-going support for recovery; or
- Demonstrates linkages with twelve step groups and positive social supports; and
- Demonstrates commitment to continue to be engaged in treatment.

**Discharge Criteria, Short-Term Residential Treatment:**

- Individuals who successfully meet all recovery goals during their recovery stay will receive a certification of completion on their discharge date.
- Successful completion of treatment plan goals and objectives and requirements as outlined in the resident handbook;
- Treatment to another level of care is indicated;



- Approval by treatment team;
- Documentation in the record of a lack of progress or “priceless” principle violation(s) as outlined in the resident handbook (relapse, unauthorized visitors, “AWOL” or physical fighting/weapons);

Clinical staff will prepare treatment plans that include: (1) person centered short and long-term measurable goals and measurable objectives the offender(s) wills; attempting to achieve; (2) type and frequency of services to be received; (3) specific criteria for treatment completion and the anticipated time-frame; (4) documentation of a treatment plan review. Treatment plans are reviewed at least every 90 days and at major treatment junctures. The review includes the offender’s input, continued need for treatment, and information on family and significant other involvement in the offender’s treatment and community support program participation. Division of Corrections Parole Services staff will be notified of all interdisciplinary team meetings and encouraged to attend. A copy of the treatment plan and review will be forwarded to the Division of Corrections Parole Services.

Upon discharge, a typed discharge summary is submitted to the Division of Corrections Parole Services within 15 calendar days of treatment being terminated. The summary outlines the reason for concluding treatment services and the offender’s substance use and mental health status. Additionally, the discharge summary includes recommendations for community-based aftercare that the offender can readily access. In all cases, the discharge status (i.e. successful discharge, unsuccessful discharge, interruption of treatment, etc.) is clearly stated. Should a client be referred for long-term residential treatment, a written report will be forwarded to the Division of Corrections Parole Services outlining the clinical need for continued residential treatment.

### **Long-Term Residential Treatment**

Pretera Center will provide long-term residential treatment at the Pretera at Pinecrest facility in Huntington, WV; Riverside in St. Albans, WV; Mattie V. Lee in Charleston, WV; Laurelwood West in Huntington, WV; and Laurelwood East in Dunbar, WV. The average length of stay in these programs is 90 days to one year. Offenders in long-term residential will reside at one of these sites while receiving clinical services at an outpatient site (3375 US Route 60 East, Huntington, WV or 1503 Dunbar Avenue, Dunbar, WV. Offenders in these levels of care will participate in an array of activities including treatment planning, group therapy, educational group activities, 12-Step support groups, health and wellness activities, recreation, individual and family therapy, psychiatric evaluation and medication management (as indicated), recovery planning, aftercare and discharge planning. Should offenders require medical care while in treatment, he/she will be referred to an appropriate healthcare provider in the community. In addition to room and board, offenders will receive three (3) wholesome, nutritious meals daily.

Should modification in programming be indicated for any individual, Pretera Center staff will determine medical necessity, provide written documentation of the need for a modified course of treatment and facilitate an interdisciplinary team meeting with the offender and Parole Services staff. No modification will be implemented without prior approval of Parole Services staff.

Women offenders will receive long-term residential treatment at Pretera at Pinecrest or Mattie V. Lee and must meet the following criteria.

**Admission Criteria, Long-Term Residential Treatment for Women:**

- The client is an alcohol or other drug dependent adult (who may have a co-occurring mental disorder) and meets the dimensional admission criteria of the American Society of Addiction Medicine Patient Placement Criteria - Level III.5 (Clinically Managed, High Intensity, Residential Services) and willing to accept long term residential addictions recovery treatment services;
- Women with children may bring 1-2 children under age ten to treatment with her at the time of the admission;
- No signs or symptoms of withdrawal, or, withdrawal needs can be safely managed per ASAM Admission Criteria for Level III.5;
- Biomedical problems are stable and do not need medical or nurse monitoring and the woman is capable of self-administering medications per ASAM Admission Criteria for Level III.5. Medical monitoring is provided through arrangements with providers in the community;
- Emotional, behavioral and cognitive conditions and complications are stable or stabilizing or functional deficits and symptoms are sufficiently severe that mental stability or abstinence cannot be maintained per ASAM Admission Criteria for level III.5. There is imminent danger of relapse with accompanying likelihood of harm to self, others or property and the level of dysfunction is so severe that it prevents participation in the absence of the 24-hour support of the program. The woman is repeatedly unable to control impulses or to engage in antisocial behavior and is in imminent risk of relapse with sufficient probability of harm to self or others or property. The level of dysfunction is so severe that it precludes her participation in the absence of 24-hour support and structure and she is likely to benefit from treatment and able to participate in this levels of care;
- Because of the intensity and duration of the addictive disorder or cognitive impairments per ASAM Admission Criteria for Level III.5, the individual has little awareness of the need for continuing care or treatment and has limited readiness to change; *or* despite serious consequences of the effects of addiction and/or mental health problem, the woman has marked difficulty understanding the relationship between use, addiction, mental health or life problems, and her impaired coping skills and level of functioning demonstrates little awareness of the need to address the severity of her addiction and/or psychiatric problem or the need for treatment; *or* requires structured therapy and a 24-hour milieu to promote progress and recovery;
- Limited coping skills to address relapse triggers and doesn't recognize or is not committed to continuing care; *or* risks relapse in a less structured level of care and is unable to control her use of alcohol or other drugs resulting in imminent risk of harm to self, others or property despite her best efforts;
- Living environment and social network are characterized by regular users/abusers and dealers of alcohol or other drugs, potential for continued victimization, on-going substance use, or significant social isolation and withdrawal and the woman is unable to cope outside of 24-hour care;
- All treatment strategies at lesser levels of care have been assessed as not feasible or not likely to succeed in an outpatient setting;

- Chronic use of substances has impaired her cognitive functioning including judgment leaving her vulnerable to relapse, continued problems or continued use outside of the structured and supervised environment;

**Continuing Stay Criteria, Long-Term Residential Treatment for Women:**

- Continued or on-going medical necessity for high intensity, clinically managed residential services;
- Assessments and/or treatment plan goals and objectives not completed;
- Requires further assessment of treatment needs;
- Possesses an understanding of chemical dependency, relapse prevention or recovery but requires on-going support in their living environment;
- Demonstrates linkages with twelve step groups and positive social supports;
- Demonstrates commitment to continue to be engaged in treatment;

**Discharge Criteria, Long-Term Residential Treatment for Women:**

- Completion of program requirements as outlined in the resident handbook and achievement of goals outlined in the treatment plans;
- Approval by treatment team;
- Documentation in the record of a lack of progress or “priceless” principle violation(s) as outlined in the resident handbook (relapse, unauthorized visitors, “AWOL” or physical fighting/weapons);

Male offenders receiving long-term residential treatment at Pretera at Pinecrest and Riverside must meet the following criteria:

**Admission Criteria, Long-Term Residential Treatment for Men:**

- The individual must complete detoxification or be free from physical withdrawal symptoms;
- The individual is alcohol or other drug dependent as evidenced by either tolerance or withdrawal and she or he has at least two of the following:
  - Significant impairment in carrying out major role obligations at work or in school;
  - Significant disturbance of relationships with family members related to alcohol and other drug use;
  - Persistent use of alcohol and other drugs in spite of negative consequences (including legal problems);
  - Efforts to curtail control or stop the use of alcohol and other drugs (treatment) have failed.
- The individual exhibits no biomedical condition that requires 24 hour medical supervision;
- The individual does not currently present a high degree of risk or harm to self or others;
- Alternative strategies at lesser levels of care have either not been successful or have been ruled out as unlikely to benefit the individual;
- The individual is likely to benefit from intensive and structured treatment and requires assistance in developing a plan for a recovery prior to returning to the community or another environment;
- Admission to Long Term Residential Treatment Program requires that at least one of the following are met:

- Consumer has not had a significant period of sobriety in the past year (6 months or longer);
- Consumer lacks understanding of chemical dependency, relapse prevention or recovery;
- Consumer lacks linkages with support and/or twelve step groups or lacks social supports;
- Consumer lacks prior successful inpatient/residential experience;
- Consumer demonstrates commitment to engage in treatment.
- The person is an alcoholic or other drug dependent or abusing adult in need of ASAM PPC 2R Level III.3 and is willing to accept residential chemical dependency treatment services. ASAM Dimensional (admission criteria) include:
  - No signs or symptoms of withdrawal or his withdrawal symptoms have diminished; and
  - Biomedical problems, if any, are stable and do not require medical or nursing monitoring and the resident is capable of self-administering any prescribed medications; or
  - The resident's psychiatric condition is stabilizing, but he is assessed as in need of a 24-hour structured environment as evidenced by Depression or other emotional, behavioral or cognitive conditions significantly interfering with activities of daily living and recovery; or
  - The resident's mental status is assessed as sufficiently stable to permit the resident to participate in the therapeutic interventions provided at this level of care to benefit from treatment; and
  - The resident's continued substance abuse poses a danger of harm to self or others as he demonstrates no awareness of the need to address the severity of his addiction problem or does not recognize the need for treatment; or
  - The resident's perspective impairs his ability to make behavior changes without repeated, structured, clinically directed motivational interventions, delivered in a 24-hour milieu; and
  - The resident does not recognize relapse triggers and has little awareness of the need for continued care; or
  - The resident is experiencing an intensification of his symptoms of his substance dependence disorder and his level of functioning is deteriorating despite amendment of the plan; or
  - The resident's cognitive impairment has limited his ability to identify and cope with relapse triggers and high-risk situations. He requires relapse prevention activities that are delivered at a slower pace, more concretely and more repetitively, in a setting that provides 24-hour structure and support to prevent imminent dangerous consequences; or
  - Despite recent active participation in treatment at a less intensive level of care, resident continues to use alcohol or other drugs with imminent serious consequences and is at high risk of continued substance abuse use; and
  - Resident has been living in an environment that is characterized by a moderately high risk of initiation or repetition of physical, sexual or emotional abuse or substance use so endemic that the resident is assessed as being unable to achieve or maintain recovery at a less intensive level of care; or
  - The resident lacks social contracts or has inappropriate social contacts that jeopardize his recovery, or the resident's social network is characterized by significant social isolation and withdrawal. The resident's social network includes few friends who are not regular

users of alcohol or other drugs leading recovery goals to be assessed as unachievable outside the 24-hour supportive setting; or

- The resident's social network includes regular users of alcohol or other drugs, such that recovery goals are assessed as unachievable at a less intensive level of care.

**Continuing Stay Criteria, Long-Term Residential Treatment for Men:**

- Treatment plan goals and objectives not completed; and
- Further assessment of treatment needs is indicated; or
- Client possesses an understanding of chemical dependency, relapse prevention or recovery but requires on-going support for recovery; or
- Demonstrates linkages with twelve step groups and positive social supports; and
- Demonstrates commitment to continue to be engaged in treatment.

**Discharge Criteria, Long-Term Residential Treatment for Men:**

- Individuals who successfully meet all recovery goals during their recovery stay will receive a certification of completion on their discharge date;
- Successful completion of treatment plan goals and objectives and requirements as outlined in the resident handbook;
- Treatment to another level of care is indicated;
- Approval by treatment team;
- Documentation in the record of a lack of progress or "priceless" principle violation(s) as outlined in the resident handbook (relapse, unauthorized visitors, "AWOL" or physical fighting/weapons).

Male offenders receiving long-term treatment at Laurelwood East of Laurelwood West must meet the following criteria:

**Admission Criteria, Laurelwood:**

- Male;
- 18 years of age and older;
- Primary diagnosis of substance abuse disorder or co-occurring disorder;
- Recent medical exam within the last 60 days;
- Willing to participate voluntarily in all aspects of the program;
- Commitment to stay in the program 6 months to one year.

**Continuing Stay Criteria, Laurelwood:**

- Remain Drug/Alcohol Free and Follow Program Policy/Guidelines.

**Discharge Criteria, Laurelwood:**

- Treatment goals have been met;
- Rules Violation;
- Consumer discontinuation of treatment.

Prior to admission to a long-term residential program, Pretera staff will consult on the proposed plan which must be approved by the Division of Corrections Parole Services prior to the



offender's admission to the program. The intensity of services in long-term residential treatment varies depending on the specific needs of the individual offender.

Clinical staff will prepare treatment plans that include: (1) person centered short and long-term measurable goals and measurable objectives the offender(s) will be attempting to achieve; (2) type and frequency of services to be received; (3) specific criteria for treatment completion and the anticipated time-frame; (4) documentation of a treatment plan review. Treatment plans are reviewed at least every 90 days and at major treatment junctures. The review includes the offender's input, continued need for treatment, and information on family and significant other involvement in the offender's treatment and community support program participation. Division of Corrections Parole Services staff will be notified of all interdisciplinary team meetings and encouraged to attend. A copy of the treatment plan and review will be forwarded to the Division of Corrections Parole Services.

Upon discharge, a typed discharge summary is submitted to the Division of Corrections Parole Services within 15 calendar days of treatment being terminated. The summary outlines the reason for concluding treatment services and the offender's substance use and mental health status. Additionally, the discharge summary includes recommendations for community-based aftercare that the offender can readily access. In all cases, the discharge status (i.e. successful discharge, unsuccessful discharge, interruption of treatment, etc.) is clearly stated. Should a client be referred for long-term residential treatment, a written report will be forwarded to the Division of Corrections Parole Services outlining the clinical need for continued residential treatment.

Pretera Center will not unilaterally refuse services to any offender referred by the Division of Corrections Parole Services except where the offender poses an apparent danger to Pretera Center staff or other consumers. When necessary, Pretera Center will take appropriate and immediate action to protect staff, offenders and consumers. The Division of Corrections Parole Services will be notified immediately of termination of offenders from treatment based upon a violation of Pretera Center's program rules and regulations.

In order to maintain order in all programs and levels of care as well as providing the highest quality of care to all individuals, some behaviors are not tolerated and will result in discharge. These include but are not limited to:

- Acts that endanger the welfare of self or others;
- Acts of intimidation, fighting or verbal abuse of another;
- Gambling of any nature;
- Misuse, disrespect or destruction of Pretera Center property;
- Use or possession of alcohol or other drugs;
- Persistent non-compliance with program guidelines;
- Sexual or seductive behavior including but not limited to emotional or sexual involvement or inappropriate touching of another person. Spending significant, exclusive time with another client;
- Stealing, borrowing or selling personal belongings;
- Using tobacco (cigarettes, cigars, smokeless tobacco) inside the building or other unapproved areas;



- Breaking program confidentiality—cameras are not permitted;
- Horseplay or roughhousing or disruption of any scheduled activities;
- Littering, help us keep our facility and grounds clean;
- Negative contracts or covering up for another client;
- Any illegal acts committed on program property.

Pretera Center will submit quarterly reports and annual summaries to the Division of Correction showing services purchased, quantities of services purchased and the total dollar value of services purchased. Upon request, Pretera Center will provide reports indicating the services purchased during the duration of the contract, the quantity of services purchased and the total value of services purchased.

## **REFERENCES**

Douglas Smith, Sr USPO  
Patrick Fiddler, USPO, DATS  
Robert C. Byrd U.S. Courthouse  
300 Virginia Street East, Suite 1200  
Charleston, WV 25304

John Lopez, Chief of Operations  
West Virginia Regional Jail and Correctional Facility Authority  
1325 Virginia Street, East  
Charleston, WV 25301  
Phone: (304) 558-2110  
Fax: (304) 558-2115

Christopher Dean, Director  
Western Regional Day Report Center  
801 Fourth Avenue  
Huntington, WV 25701  
Phone: (304) 781-0221  
Fax: (304) 781-0223

# **CERTIFICATE OF INSURANCE**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/8/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Payne and Garlow Insurance Inc. 3744 Teays Valley Road Suite 101 Hurricane NV 25526		<b>CONTACT NAME:</b> Margaret Lozano <b>PHONE (A/C No. Ext.):</b> (304) 757-6880 <b>FAX (A/C No.):</b> (304) 757-6884 <b>E-MAIL ADDRESS:</b> Margaret@payneandgarlow.com	
<b>INSURED</b> Prestera Center for Mental Health Services, 3375 US Route 60 East PO Box 8069 Huntington NV 25705		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Philadelphia Insurance INSURER B: National Union Fire Insurance INSURER C: INSURER D: INSURER E: INSURER F:	<b>NAIC #</b>

COVERAGES **CERTIFICATE NUMBER:** CL1210201808 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

RISK LTR	TYPE OF INSURANCE	ADDL SUBR INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liability GENL AGGREGATE LIMIT / PLIES PER POLICY <input checked="" type="checkbox"/> PRO <input type="checkbox"/> LOC		PHPK929430	10/1/2012	10/1/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGO \$ 3,000,000
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		PHPK929430	10/1/2012	10/1/2013	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTIVE \$ 10,000		PHUB398804	10/1/2012	10/1/2013	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Handwritten in N/A) If yes, describe under DESCRIPTION OF OPERATIONS below					<input type="checkbox"/> Y/N N/A INC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<input type="checkbox"/> FIDUCIARY LIABILITY		6636365	10/1/2012	10/1/2013	Claims Made Form \$1,000,000 Retro Date 10/01/2004

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

<b>CERTIFICATE HOLDER</b> _____	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE Harold Payne/ML <i>Harold K. Payne</i>
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## **PRICING PAGES**

COR61604 – Substance Abuse Evaluation and Treatment Services  
SOUTH CENTRAL REGION

Item #	Description	Unit of Measure	Estimated Annual Quantity *	Unit Price	Extended Amount
3.1.2	Clinical Evaluation	Each	51	\$300 ea	\$15,300.00
3.1.3	Intensive Outpatient Services (Male) **	Each	46	\$75/day	\$62,100.00
3.1.4	Intensive Outpatient Services (Female) **	Each	3	\$75/day	\$5,400.00
3.1.7	28-Day Residential Treatment Services (Monthly unit price for 28-day Residential Treatment Services based on an estimated annual quantity of paroled offenders) Estimated annual quantity of 8.	Monthly	12	\$300/day	\$100,800.00
3.1.8	Long Term Residential Treatment Services (Monthly unit price for Long Term Residential Treatment Services based on an estimated annual quantity of paroled offenders) Estimated annual quantity of 2	Monthly	12	\$200/day	\$876,400.00
<b>Total Cost for South Central Region</b>					<b>\$1,060,000.00</b>

<b>Bidder/Vendor Information:</b>	
Name:	Prestera Center
Address:	3375 U.S. Route 60 East Huntington, WV 25704
Phone No:	304-525-7851
Fax No:	304-525-1504
FEIN:	55-0492369
Email Address:	Karen.Yost@prestera.org

\* Estimated quantities are for bidding purposes only. More or less may be utilized by the Agency

\*\* Unit price for each 6-week Intensive Outpatient session, based on an estimated annual quantity paroled offenders

**Failure to use this form may result in disqualification**

COR61604 – Substance Abuse Evaluation and Treatment Services  
SOUTHWEST REGION

Item #	Description	Unit of Measure	Estimated Annual Quantity *	Unit Price	Extended Amount
3.1.2	Clinical Evaluation	Each	28	\$300/ea	\$8,400.00
3.1.3	Intensive Outpatient Services (Male) **	Each	25	\$75/day	\$33,750.00
3.1.4	Intensive Outpatient Services (Female) **	Each	3	\$75/day	\$5,400.00
3.1.7	28-Day Residential Treatment Services (Monthly unit price for 28-day Residential Treatment Services based on an estimated annual quantity of paroled offenders) Estimated annual quantity of 8.	Monthly	12	\$300/day	\$100,800.00
3.1.8	Long Term Residential Treatment Services (Monthly unit price for Long Term Residential Treatment Services based on an estimated annual quantity of paroled offenders) Estimated annual quantity of 2	Monthly	12	\$200/day	\$876,000.00
<b>Total Cost for Southwest Region</b>					<b>\$1,025,150.00</b>

<b>Bidder/Vendor Information:</b>	
Name:	Prestera Center
Address:	3375 U.S. Route 60 East Huntington, WV 25704
Phone No:	304-525-7851
Fax No:	304-525-1504
FEIN:	55-0492369
Email Address:	Karen.Yost@prestera.org

\* Estimated quantities are for bidding purposes only. More or less may be utilized by the Agency

\*\* Unit price for each 6-wheel Intensive Outpatient session, based on an estimated annual quantity paroled offenders

**Failure to use this form may result in disqualification**



## **CONTRACT MANAGER**

During Performance of this contract, Pretera Center designates the individual below as the primary contact manager responsible for the oversight of Pretera Center's responsibilities under this contract. The contract manager will be available Monday through Friday 8:30 AM – 5:00 PM to address any consumer service or issues related to this contract.

Contract Manager: Susan Coyer, MA, AADC-S, MAC, CCJP  
Telephone Number: 304-525-7851, ext. 2530  
FAX Number: 304-525-1504  
Email Address: Susan.Coyer@pretera.org

**STATE OF WEST VIRGINIA, DEPARTMENT OF HEALTH AND  
HUMAN RESOURCES BEHAVIORAL HEALTH LICENSE**

*State of West Virginia*  
*Department of Health and Human Resources*  
*Behavioral Health License*

No. 16

*This is to certify that Prestera Center for Mental Health Services, Incorporated is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.*

*Location(s):*

*Prestera Center for Mental Health Services  
3375 U.S. Route 60, East, Huntington, WV 25705  
511 Morris Street Office  
511 Morris Street, Charleston, WV 25312  
ACT Team West  
630-632 8th Street, Huntington, WV 25701*

*Boone County Satellite Office  
376 Kenmore Drive, Danville, WV 25053  
Chandler Elementary School  
1900 School Street, Charleston, WV 25312  
Community Supportive Services  
625 8th Street, Huntington, WV 25701*

October 1, 2012  
*Date of Issuance*

September 30, 2014  
*Date of Expiration*



*In Witness whereof, we have hereunto signed this*

28<sup>th</sup> Day of November, 2012.

  
*Director, Office of Health Facility Licensure and Certification*

*Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations. Page 1 of 7*

*State of West Virginia*  
*Department of Health and Human Resources*  
*Behavioral Health License*

*No. 16*

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*Location(s):*

*Executive Outreach*

*1026 - 9th Avenue, Apartment #1,  
Huntington, WV 25701*

*Hopewell Place*

*3372 Teays Valley Road, Hurricane, WV 25526*

*Lincoln County Satellite Office*

*25 Lincoln Plaza, Branchland, WV 25506*

*Margarette R. Leach Center for Youth and Families*

*One Prestera Way, Huntington, WV 25705*

*Mason County Satellite Office*

*715 Main Street, Point Pleasant, WV 25550*

*Michael Avenue*

*911 Michael Avenue, Charleston WV 25312*

*October 1, 2012*

*Date of Issuance*

*September 30, 2014*

*Date of Expiration*



*In Witness whereof, we have hereunto signed this*

*28<sup>th</sup> Day of November, 2012.*

*[Signature]*  
*Director, Office of Health Facility Licensure and Certification*

*Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations. Page 2 of 7*

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*Department of Health and Human Resources*  
*Behavioral Health License*

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*Location(s):*

*PARC East*

*1143 Dunbar Avenue, Dunbar, WV 25064*

*Putnam County Satellite Office*

*3389 Winfield Road, Suite 8, Winfield, WV 25213*

*Resource Center*

*1858 8th Avenue, Huntington, WV 25701*

*Tremont Village*

*407 1/2 Prospect Avenue, Apartment A,*

*South Charleston, WV 25303*

*Wayne County Day Treatment Center*

*330 Buffalo Creek Road, Wayne, WV 25535*

*Wayne County Satellite Office*

*145 Kenova Avenue, Wayne, WV 25570*

*October 1, 2012*

*Date of Issuance*

*September 30, 2014*

*Date of Expiration*



*In Witness whereof, we have hereunto signed this*

*28<sup>th</sup> Day of November, 2012.*

*[Signature]*  
*Director, Office of Health Facility Licensure and Certification*

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*Department of Health and Human Resources*  
*Behavioral Health License*

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*Location(s):*

*Clay County Satellite Office (15 Beds)*

*163 Main Street, Clay, WV 25043*

*Crisis Residential Unit East (8 Beds)*

*1001 Smith Street, Charleston, WV 25301*

*Crisis Residential Unit West (8 Beds)*

*3375 U.S. Route 60, East, Huntington, WV 25705*

*Harbor House (6 Beds)*

*1716 7th Avenue, Charleston, WV 25312*

*Laurelwood East (8 Beds)*

*2305 Dunbar Avenue, Dunbar, WV 25064*

*Laurelwood West (12 Beds)*

*432 6th Avenue, Huntington, WV 25701*

October 1, 2012

*Date of Issuance*

September 30, 2014

*Date of Expiration*



*In Witness whereof, we have hereunto signed this*

28<sup>th</sup> Day of November, 2012.

  
\_\_\_\_\_  
*Director, Office of Health Facility Licensure and Certification*

*Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations. Page 4 of 7*



*State of West Virginia*  
*Department of Health and Human Resources*  
*Behavioral Health License*

No. 16

*This is to certify that Pretera Center for Mental Health Services, Incorporated is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.*

*Location(s):*

*Linden Place (3 Beds)*

*428 Linden Circle, Huntington, WV 25705*

*Mattie V. Lee (8 Beds)*

*810 Donally Street, Charleston, WV 25301*

*Mimosa Manor (8 Beds)*

*1424 6th Avenue, Huntington, WV 25701*

*PARC Riverside (16 Beds)*

*7004 Kanawha Street, St. Albans, WV 25177*

*Pretera at Pinecrest - Cottage Four (11 Beds)*

*5600 Route 60, East, Huntington, WV 25705*

*Pretera at Pinecrest - Cottage One (8 Beds)*

*5600 Route 60, East, Huntington, WV 25705*

October 1, 2012

*Date of Issuance*

September 30, 2014

*Date of Expiration*



*In Witness whereof, we have hereunto signed this*

28<sup>th</sup> Day of November, 2012.

  
\_\_\_\_\_  
*Director, Office of Health Facility Licensure and Certification*

*Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations. Page 5 of 7*

*State of West Virginia*  
*Department of Health and Human Resources*  
*Behavioral Health License*

*No. 16*

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*Location(s):*

*Prestera at Pinecrest - Cottage Three (10 Beds)*  
*5600 Route 60, East, Huntington, WV 25705*  
*Prestera at Pinecrest - Cottage Two (11 Beds)*  
*5600 Route 60, East, Huntington, WV 25705*  
*Prestera at Pinecrest - Detox (16 Beds)*  
*5600 Route 60, East, Huntington, WV 25705*

*Prestera at Pinecrest - PI Shelter (6 Beds)*  
*5600 Route 60, East, Huntington, WV 25705*  
*Prestera at Pinecrest - Residential (72 Beds)*  
*5600 Route 60, East, Huntington, WV 25705*  
*Public Inebriate Unit East (16 Beds)*  
*1716 7th Avenue, Charleston, WV 25312*

*October 1, 2012*  
*Date of Issuance*

*September 30, 2014*  
*Date of Expiration*



*In Witness whereof, we have hereunto signed this*

*28<sup>th</sup> Day of November, 2012.*

**  
*Director, Office of Health Facility Licensure and Certification*

*Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations. Page 6 of 7*

*State of West Virginia*  
*Department of Health and Human Resources*  
*Behavioral Health License*

No. 16

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*Location(s):*

*Safe Quarters (8 Beds)*

*730 10th Street, Huntington, WV 25701*

*Sycamore Place (8 Beds)*

*1351 Charleston Avenue, Huntington, WV 25701*

October 1, 2012

*Date of Issuance*

September 30, 2014

*Date of Expiration*



*In Witness whereof, we have hereunto signed this*

28<sup>th</sup> Day of November, 2012.

*Director, Office of Health Facility Licensure and Certification*

*Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations. Page 7 of 7*

*State of West Virginia*  
*Department of Health and Human Resources*  
*Behavioral Health License*

No. 16  
*ADDENDUM*

*This is to certify that Prestera Center for Mental Health Services, Incorporated is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.*

*Location:*

*CHANCE*

*157 2nd Avenue, South Charleston, WV 25303*

*In Witness whereof, we have hereunto signed this*

*28<sup>th</sup> Day of November, 2012.*

*October 18, 2012*

*Date of Issuance*

*September 30, 2014*

*Date of Expiration*



*[Signature]*

*Director, Office of Health Facility Licensure and Certification*

*Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations.*

*State of West Virginia*  
*Department of Health and Human Resources*  
*Behavioral Health License*

No. 16  
*ADDENDUM*

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*Location:*

*Maplewood Group Home (3 Beds)  
425 Sixth Avenue, Huntington, WV 25701*

February 11, 2013  
*Date of Issuance*

September 30, 2014  
*Date of Expiration*



*In Witness whereof, we have hereunto signed this*

12<sup>th</sup> Day of February, 2013.

*Director, Office of Health Facility Licensure and Certification*

*Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations.*

COR61604 – Substance Abuse Evaluation and Treatment Services  
SOUTHWEST REGION

Item #	Description	Unit of Measure	Estimated Annual Quantity *	Unit Price	Extended Amount
3.1.2	Clinical Evaluation	Each	28	\$300/ea	\$8,400.00
3.1.3	Intensive Outpatient Services (Male) **	Each	25	\$75/day	\$33,750.00
3.1.4	Intensive Outpatient Services (Female) **	Each	3	\$75/day	\$5,400.00
3.1.7	28-Day Residential Treatment Services (Monthly unit price for 28-day Residential Treatment Services based on an estimated annual quantity of paroled offenders) Estimated annual quantity of 8.	Monthly	12	\$300/day	\$100,800.00
3.1.8	Long Term Residential Treatment Services (Monthly unit price for Long Term Residential Treatment Services based on an estimated annual quantity of paroled offenders) Estimated annual quantity of 2	Monthly	12	\$200/day	\$876,000.00
<b>Total Cost for Southwest Region</b>					\$1,025,150.00

<b>Bidder/ Vendor Information:</b>	
Name:	Pretera Center
Address:	3375 U.S. Route 60 East Huntington, WV 25704
Phone No:	304-525-7851
Fax No:	304-525-1504
FEIN:	55-0492369
Email Address:	Karen.Yost@pretera.org

\* Estimated quantities are for bidding purposes only. More or less may be utilized by the Agency

\*\* Unit price for each 6-week Intensive Outpatient session, based on an estimated annual quantity paroled offenders

**Failure to use this form may result in disqualification**



COR61604 – Substance Abuse Evaluation and Treatment Services  
SOUTH CENTRAL REGION

Item #	Description	Unit of Measure	Estimated Annual Quantity *	Unit Price	Extended Amount
3.1.2	Clinical Evaluation	Each	51	\$300 ea	\$15,300.00
3.1.3	Intensive Outpatient Services (Male) **	Each	46	\$75/day	\$62,100.00
3.1.4	Intensive Outpatient Services (Female) **	Each	3	\$75/day	\$5,400.00
3.1.7	28-Day Residential Treatment Services (Monthly unit price for 28-day Residential Treatment Services based on an estimated annual quantity of paroled offenders) Estimated annual quantity of 8.	Monthly	12	\$300/day	\$100,800.00
3.1.8	Long Term Residential Treatment Services (Monthly unit price for Long Term Residential Treatment Services based on an estimated annual quantity of paroled offenders) Estimated annual quantity of 2	Monthly	12	\$200/day	\$876,400.00
<b>Total Cost for South Central Region</b>					<b>\$1,060,000.00</b>

<b>Bidder/Vendor Information:</b>	
Name:	Pretera Center
Address:	3375 U.S. Route 60 East Huntington, WV 25704
Phone No:	304-525-7851
Fax No:	304-525-1504
FEIN:	55-0492369
Email Address:	Karen.Yost@pretera.org

\* Estimated quantities are for bidding purposes only. More or less may be utilized by the Agency

\*\* Unit price for each 6-week Intensive Outpatient session, based on an estimated annual quantity paroled offenders

**Failure to use this form may result in disqualification**

**CERTIFICATION AND SIGNATURE PAGE**

By signing below, I certify that I have reviewed this Solicitation in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid for proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that to the best of my knowledge, the bidder has properly registered with any State agency that may required registration.

Pretera Center  
(Company)

*Karen Yost*  
(Authorized Signature)

Karen Yost, CEO  
(Representative Name, Title)

(304) 525-7851      (304) 525-2040  
(Phone Number)      (Fax Number)

4/15/2013  
(Date)

**STATE OF WEST VIRGINIA, PURCHASING DIVISION, PURCHASING  
AFFIDAVIT**

RFQ No. \_\_\_\_\_

STATE OF WEST VIRGINIA  
Purchasing Division

**PURCHASING AFFIDAVIT**

**MANDATE:** Under W. Va. Code §5A-3-10a, 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: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

**EXCEPTION:** The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. 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.

**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.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"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.

**AFFIRMATION:** By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

**WITNESS THE FOLLOWING SIGNATURE:**

Vendor's Name: Prestera Center  
Authorized Signature: [Signature] Date: 4/15/2013

State of West Virginia  
County of Cabell, to-wit:

Taken, subscribed, and sworn to before me this 15<sup>th</sup> day of April, 2013

My Commission expires July 24, 2022

**AFFIX SEAL HERE** NOTARY PUBLIC [Signature]

Purchasing Affidavit (Revised 07/01/2012)



# 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 a 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.
- 7. **Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with *West Virginia Code* §5A-3-59 and *West Virginia Code of State Rules*.**  
 Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

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: Prostera Center

Signed: [Signature]

Date: 4/15/2013

Title: President & CEO

**ADDENDUM ACKNOWLEDGEMENT FORM**



000005

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: COR61604**

**Instructions:** Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

**Acknowledgment:** I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

**Addendum Numbers Received:**

(Check the box next to each addendum received)

- |                                                    |                                          |
|----------------------------------------------------|------------------------------------------|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6  |
| <input checked="" type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7  |
| <input checked="" type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8  |
| <input type="checkbox"/> Addendum No. 4            | <input type="checkbox"/> Addendum No. 9  |
| <input type="checkbox"/> Addendum No. 5            | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that 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.

Prestera Center  
 Company

Karen Post  
 Authorized Signature

4/15/2013  
 Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.