



109 Tolley Drive, Bridgeport, WV
P.O. Box 4070
Clarksburg, WV 26302
Phone (304) 623-5777
Fax (304) 623-6044
Website: www.usnursingnetwork.com

FACSIMILE COVER SHEET

Date: 08/13/2013
To: Roberta Wagner
Company: WV Purchasing Division
Fax #: 304-558-3970
Addendum to
Subject: Request for Quotation BHS14022

From: Jennifer Arbonaise, MPA, LPN
Phone: 304-623-5777
Fax: 304-623-6044
Pages: (including cover)

Message:

Hello Ms. Wagner,
Please accept Request for Quotation #BHS14022 and all required documents.

Anything else you may need, please do not hesitate to contact me at the office. Thank you for your consideration!

Sincerely,
Jennifer

BID RECEIVED LATE

BUYER Roberta Wagner

WITNESS Tara Kyle

DISQUALIFIED



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August 13, 2013

State of West Virginia-Dept. of Administration
Purchasing Division
C/O Roberta Wagner
2019 Washington Street East
Charleston, WV 25305

VIA FACSIMILE: 304-558-3970

Dear Ms. Wagner,

Please accept this response to the Solicitation #BHS14022 for U.S. Nursing Network, Inc., to provide a BID to provide temporary staffing to the West Virginia Health & Human Resources – Various Locales as Indicated by Order. Enclosed please find the completed Request for Quotation and Addendum No. 1, as well as a Vendor Preference Certificate for consideration.

I look forward to the opportunity to provide nursing services to the various facilities per the contract agreement. Should you have questions or need additional information, please feel free to contact me at (304) 623-5777.

Sincerely,

A handwritten signature in cursive script, appearing to read "J Arbonaise", is written above the typed name.

Jennifer Arbonaise
MPA, CHA, BA, LPN
President and CEO



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

Solicitation

NUMBER
BHS14022

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

*928113329 304-623-5777
 US NURSING NETWORK INC
 PO BOX 4070

CLARKSBURG WV 26302

HEALTH AND HUMAN RESOURCES
 VARIOUS LOCALES AS
 INDICATED BY ORDER

RECEIVED

SHIP TO

08/13/13 01:39:58 PM
 West Virginia Purchasing Division

DATE PRINTED
07/26/2013

BID OPENING DATE: 08/13/2013

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 1						
1) TO ANSWER QUESTIONS SUBMITTED.						
2) TO PROVIDE ADDENDUM ACKNOWLEDGEMENT. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.						
END OF ADDENDUM NO. 1						
0001	20,000	HR	964-65	1A. REGISTERED NURSE (RN) LOCUM-TENENS, REGULAR HRS.	#41.50	830,000 ⁰⁰
0002	3,000	HR	964-65	1B. REGISTERED NURSE (RN) LOCUM-TENENS, OVERTIME HRS.	62.25	186,750 ⁰⁰
0003	104	HR	964-65	1C. REGISTERED NURSE (RN) LOCUM-TENENS, HOLIDAY HRS.	62.25	6,474 ⁰⁰

SIGNATURE <i>Jain</i>	TELEPHONE 304-623-5777	DATE 8/13/13
TITLE President	FEIN 562245504	ADDRESS CHANGES TO BE NOTED ABOVE

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



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 Department of Administration
 Purchasing Division
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Solicitation

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LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0004	20,000	HR	964-65	2A. LICENSED PRACTICAL NURSE (LPN) LOCUM-TENENS, REGULAR HOURS.	\$32.00	640,000 ⁰⁰
0005	3,000	HR	964-65	2B. LICENSED PRACTICAL NURSE (LPN) LOCUM-TENENS, OVERTIME HOURS.	48 ⁰⁰	144,000 ⁰⁰
0006	104	HR	964-65	2C. LICENSED PRACTICAL NURSE (LPN) LOCUM-TENENS, HOLIDAY HOURS.	48 ⁰⁰	4992 ⁰⁰
0007	20,000	HR	948-55	3A. CERTIFIED NURSING ASSISTANT (CNA) LOCUM-TENENS, REGULAR HOURS.	22 ⁰⁰	440,000 ⁰⁰

SIGNATURE <i>Guzon</i>	TELEPHONE 304-623-5777	DATE 08/13/13
TITLE President	FEIN 562245504	ADDRESS CHANGES TO BE NOTED ABOVE

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LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0008	3,000	HR		948-55	33. ⁰⁰	99,000. ⁰⁰
				3B. CERTIFIED NURSING ASSISTANT (CNA) LOCUM-TENENS, OVERTIME HOURS.		
0009	104	HR		948-55	33. ⁰⁰	3432. ⁰⁰
				3C. CERTIFIED NURSING ASSISTANT (CNA) LOCUM-TENENS, HOLIDAY HOURS.		
0010	20,000	HR		948-55	22. ⁰⁰	440,000. ⁰⁰
				4A. HEALTH SERVICES WORKER (HSW) LOCUM-TENENS, REGULAR HOURS.		
0011	3,000	HR		948-55	33. ⁰⁰	99,000. ⁰⁰
				4B. HEALTH SERVICES WORKER (HSW) LOCUM-TENENS, OVERTIME HOURS.		

SIGNATURE <i>Janner</i>	TELEPHONE 304-623-5777	DATE 8/13/13
TITLE <i>President</i>	FEIN 562245504	ADDRESS CHANGES TO BE NOTED ABOVE

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LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0012	104	HR		948-55	33. ⁰⁰	440,000. ⁰⁰
4C. HEALTH SERVICES WORKER (HSW) LOCUM-TENENS, HOLIDAY HOURS.						
0013	1	EA		964-65	12,000. ⁰⁰	12,000. ⁰⁰
5. REGISTERED NURSE - PERMANENT PLACEMENT FEE						
0014	1	EA		964-65	8500. ⁰⁰	8500. ⁰⁰
5. LICENSED PRACTICAL NURSE - PERMANENT PLACEMENT FEE. (THIS IS A ONE TIME PLACEMENT FEE FOR EACH PERMANENTLY PLACED RN OR LPN PLACED BY THE VENDOR.)						
THIS WILL BE A PROGRESSIVE AWARD CONTRACT. AWARD WILL BE MADE FROM THE LOWEST TO THE HIGHEST GRAND TOTAL FOR RN'S, LPN'S, CNA'S, AND HSW'S MEETING SPECIFICATION.						

SIGNATURE <i>[Signature]</i>	TELEPHONE 304-623-5777	DATE 8/13/13
TITLE President	FEIN 562245504	ADDRESS CHANGES TO BE NOTED ABOVE

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

SOLICITATION NUMBER: BHS14022
Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as BHS14022 ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

Description of Modification to Solicitation: See attached

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ATTACHMENT A

ADDENDUM #1

BHS14022

1. **Question:** Once this bid is awarded, will this superseded the bid that Mildred Mitchell already has in place that was just awarded (MMB13100F)? How will this work if here are two vendor lists (MMB13100F and BHS14022) for them specifically and also for Hopemont's CNA bid that we were just awarded as a part of?

Answer: Once the existing contracts run their one year term and expire, they won't be renewed and BHS14022 will pick up at that point. Because each of the different contracts provide different things and have different expiration dates, the usage of BHS14022 will not be at full force until the existing contracts run out of their initial terms. Bateman will use their contract until it expires Hopemont will use their contract until it expires; etc. Anyone not having a contract will use the BHS14022 once it's approved.

2. **Question:** **General Terms and Conditions, Section 8, Insurance. The RFQ lists separate requirements for "Commercial General Liability Insurance", "Bodily Injury" and "Property Damage". Vendor maintains one policy of general liability insurance with limits of \$1,000,000 per incident and \$3,000,000 in the aggregate. Is this acceptable?**

Answer: Note any exception in your bid. Only the Attorney General can negotiate other than the standard Terms and Conditions.

3. **Question:** **General Terms and Conditions, Section 8, Insurance. Vendor's professional liability policy of insurance has a \$3,000,000 annual aggregate per provider. Is this acceptable Attorney General?**

Answer: Note any exception in your bid. Only the Attorney General can negotiate other than the standard Terms and Conditions.

4. **Question:** **General Terms and Conditions, Section 12, Liquidated Damages. Will this provision apply to this RFQ? If so, under what circumstances will Vendor be required to pay liquidated damages and in what amount?**
- Answer:** Not Applicable
5. **Question:** **General Terms and Conditions, Section 17, Payment. What are the payment terms for this RFQ?**
- Answer:** Net 30
6. **Question:** **General Terms and Conditions, Section 39, Confidentiality. It may be necessary for Vendor to disclose some confidential information to third parties in order to perform Vendor's duties under the RFP (i.e., third party insurance carriers). Is this provision negotiable?**
- Answer:** Note any exception in your bid. Only the Attorney General can negotiate other than the standard Terms and Conditions.
7. **Question:** **General Terms and Conditions, Section 45, Vendor Relationship, second sentence. Vendor's nurses may be working under the direction of State physicians. Is the State agreeable to removing "solely" from this sentence?**
- Answer:** Note any exception in your bid. Only the Attorney General can negotiate other than the standard Terms and Conditions.
8. **Question:** **General Terms and Conditions, Section 45, Vendor Relationship, third sentence. Vendor is a healthcare staffing agency and not a medical provider. As such, Vendor does not clinically supervise the nurses furnished by Vendor. Is the State agreeable to adding this clarification to this language?**
- Answer:** Note any exception in your bid. Only the Attorney General can negotiate other than the standard Terms and Conditions.

9. **Question:** **General Terms and Conditions, Section 45, Vendor Relationship, last sentence. Vendor can agree to indemnify and hold harmless the State and Agency as required, but only to the extent such claim arises out of Agency's failure to comply with this Section 45. Vendor will not furnish the State or Agency with a defense. Further, Vendor's obligation to indemnify and hold harmless is contingent upon timely notice of such a claim from the State or Agency. Is this provision negotiable?**

Answer: Note any exception in your bid. Only the Attorney General can negotiate other than the standard Terms and Conditions.

10. **Question:** **General Terms and Conditions, Section 46, Indemnification. Vendor's obligation to indemnify and hold harmless the State and Agency must be limited to the proportionate liability or relative share of negligence allocated to Vendor based on the negligent acts or omissions of its employees, agents or representatives only. Is this provision negotiable?**

Answer: Note any exception in your bid. Only the Attorney General can negotiate other than the standard Terms and Conditions.

11. **Question:** **Specifications, Section 4.2.1.1. These provision requires that Vendor be a qualified healthcare professional to accommodate the Facility's needs. Vendor is a healthcare staffing agency who will be furnishing the requested medical services via employed healthcare professionals. Is this acceptable?**

Answer: Bureau agrees with this interpretation.

-
12. **Question:** Considering this bid is an RFQ as opposed to an RFP, how many original and copies of the completed RFQ is desired? Should the cost and technical be submitted separately?
- Answer:** The vendor must provide anything that was a mandatory requirement to meet specifications. (licenses, certifications, insurance certificates, etc .) Per the Instructions to Vendors page 7 of the RFQ, one cost original and 2 convenience copies are requested.
13. **Question:** Should vendors identify the bid type as either technical or cost on the face of each bid envelope submitted considering this is an RFQ response?
- Answer:** No
14. **Question:** If vendors are not local to the State of West Virginia, please explain how we are to complete the Vendor Preference Certificate located on page 30 of the RFQ.
- Answer:** Vendor can only complete the parts of the VPC section that pertain to them. If nothing pertains to them, they sign the form and submit it blank with NA on it.
15. **Question:** How accurate are the hours presented and do you know how they are broken down per facility?
- Answer:** Hours presented are estimates only. Actual needs of each facility, will be provide, whether greater or less than estimate.

16. **Question:** Is this being awarded to single or multiple vendors?
Answer: Multiple
17. **Question:** Was a vendor or vendors providing comprehensive services for all 7 facilities before? If so, which vendors at what rates?
Answer: No previous contract for all 7 facilities.
18. **Question:** Do vendors have to provide service to all 7 or can they specify which of the 7 they are able to service?
Answer: Partial bids will be accepted.
19. **Question:** What are the duties and responsibilities of the Health Services Worker? Details were provided in the RFQ on the LPNs and CNAs; however, the HSWs will require further explanation regarding their daily responsibilities. What specific licensure requirements, if any, are needed for the HSW position?
Answer: HSW's placed in the LTC facilities must be Certified Nursing Assistant's, no specific licensure is required to be placed in the Acute Care Facilities (Welch Community Hospital-Acute Care Unit, William R. Sharpe Hospital and Mildred Mitchell-Bateman Hospital.)
20. **Question:** Non-Violent Crisis Prevention Intervention (NVCPI) Certification. Do all nurses staffed for the acute psychiatric care facilities listed in this RFQ require "active" certification prior to submission as candidates for these assignments? Or will these facilities provide training for these nurses to receive this certification? Generally in our experience, we have found that our client's facilities have provided this certification training. Who is responsible for the costs associated with this training, the vendor (Maxim) or the facility (State of West Virginia)?
Answer: No they do not have to be certified prior to submission. The training will be provided by the facilities at no cost to the vendor.

21. **Question:** To offer the State of West Virginia the best value for this contract, can the State provide the current vendor's (incumbent) pricing for our comparison? Who are the incumbent vendors at each of the seven facilities listed in the RFQ? If there are multiple awardees, can the State rank them in order of preference, per facility

Answer: See attached spreadsheet.

22. **Question:** Does the State have Clinical Supervisors as well as Directors in place at each facility?

Answer: Yes

Bureau for Children & Families BHS14022

RFQ #	VENDOR	POSITION	RATE OF PAY/HR
BCF131189	US Nursing Network	RN	\$34.50

Bureau for Behavioral Health & Healt Facilities

Hopemont Hospital

RFQ #	VENDOR	POSITION	RATE OF PAY/HR
HOP13070A	Saunders Staffing Inc	RN	\$40.75
HOP13070A	"	LPN	\$27.71
HOP13070B	JayKay Inc	RN	\$38.00
"	"	LPN	\$28.00
HOP13070CC	OC Services Corp	RN	\$43.48
HOP13070CC	"	LPN	\$25.23
HOP13122A	JayKay Inc	CNA	\$18.49
HOP13122B	Choice Staffing CNA	CNA	\$23.00
HOP13122CC	Maxim HealthCare Services Inc	CNA	\$24.00
HOP13122DD	Aurous Nursing LLC	CNA	\$38.00

Mildred Mitchell-Bateman Hospital

RFQ #	VENDOR	POSITION	RATE OF PAY/HR
MMB10069E	Maxim HealthCare Services Inc	RN	\$42.00
MMB10069E	"	LPN	\$32.00
MMB10069I	Aureus Nursing LLC	RN	\$61.00
MMB10069I	"	LPN	\$46.00
MMB13100C	Management Registry Inc	RN	\$45.51
MMB13100C	"	LPN	\$29.66
MMB13100D	Worldwide Travel Staffing Ltd.	RN	\$46.00
MMB13100D	"	LPN	\$39.00
MMB13100F	Aureus Nursing LLC	RN	\$61.00
MMB13100F	"	LPN	\$46.00

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BHS14022

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 type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input 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.

U.S. Nursing Network Inc.
 Company
J. Adams
 Authorized Signature
8/13/13
 Date

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