



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

Solicitation

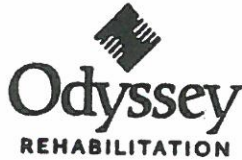
NUMBER
HOP14013

PAGE
1

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

RFQ COPY
TYPE NAME/ADDRESS HERE

V
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415 Benedum Drive
Bridgeport, WV 26330

SHIP TO
HEALTH AND HUMAN RESOURCES
HOPEMONT HOSPITAL
CENTRAL RECEIVING
150 HOPEMONT DRIVE
TERRA ALTA, WV
26764-7728 304-789-2411

DATE PRINTED
06/18/2013

BID OPENING DATE: 07/16/2013

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	416	HR		948-86		
CERTIFIED REGISTERED PHYSICAL THERAPIST						
***** THIS IS THE END OF RFQ HOP14013 ***** TOTAL:						
07/15/13 02:53:15 PM West Virginia Purchasing Division						

SIGNATURE	TELEPHONE	DATE
	304-842-9887	7-12-2013
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
VP of Sales	204439478	

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



CERTIFICATE OF LIABILITY INSURANCE

WVTHE-1

OP ID: KM

DATE (MM/DD/YYYY)

07/01/2013

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).

PRODUCER United Security Agency 139 West Main Street Bridgeport, WV 26330 Michael Mason	Phone: 304-842-3314	CONTACT NAME:
	Fax: 304-842-7321	PHONE (A/C, No, Ext):
		FAX (A/C, No):
		E-MAIL ADDRESS:
		INSURER(S) AFFORDING COVERAGE
		NAIC #
INSURED WV THERAPY SERVICES, LLC dba ODYSSEY REHABILITATION 415 BENEDUM DRIVE BRIDGEPORT, WV 26330	INSURER A: BRICKSTREET INSURANCE	12372
	INSURER B: CINCINNATI INSURANCE CO.	10677
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY			EBP0034821	01/15/2013	01/15/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000				
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		MED EXP (Any one person) \$ 5,000				
	<input checked="" type="checkbox"/> Business Owners		PERSONAL & ADV INJURY \$ 1,000,000				
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY			EBA0131975	03/19/2013	03/19/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per accident) \$				
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident) \$				
B	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		EBP0034821	01/15/2013	01/15/2014	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE	AGGREGATE \$ 2,000,000				
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A	WCB1012500 - BROAD FORM	01/14/2013	01/14/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

HOPEH01

HOPEMONT HOSPITAL
150 HOPEMONT DRIVE
TERRA ALTA, WV 26764-7728

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

HEALTHCARE PROVIDERS SERVICE
ORGANIZATION PURCHASING GROUP**Certificate of Insurance**
OCCURENCE POLICY FORM

Producer 018098 **Branch** 970 **Prefix** HPG **Policy Number** 0296143233 **Policy Period** from 01/01/13 to 01/01/14 at 12:01 AM Standard Time

Named Insured and Address:

WV Therapy Services, LLC
415 Benedum Dr
Bridgeport, WV 26330-1503

Program Administered by:

Healthcare Providers Service Organization
159 E. County Line Road
Hatboro, PA 19040-1218
1-888-288-3534
www.hpsso.com

Medical Specialty:

Physical Therapist Firm

Code:

80995

Insurance is provided by:

American Casualty Company of Reading, Pennsylvania
333 S. Wabash Avenue, Chicago, IL 60604

Excludes Cosmetic Procedures

Professional Liability \$1,000,000 each claim \$3,000,000 aggregate

Your professional liability limits shown above include the following:

- * Good Samaritan Liability
- * Malplacement Liability
- * Personal Injury Liability
- * Sexual Misconduct Included in the PL limit shown above subject to \$25,000 aggregate sublimit

Coverage Extensions

License Protection	\$25,000	per proceeding	\$25,000	aggregate
Defendant Expense Benefit	\$1,000	per day limit	\$25,000	aggregate
Deposition Representation	\$10,000	per deposition	\$10,000	aggregate
Assault	\$25,000	per incident	\$25,000	aggregate
Includes Workplace Violence Counseling				
Medical Payments	\$25,000	per person	\$100,000	aggregate
First Aid	\$10,000	per incident	\$10,000	aggregate
Damage to Property of Others	\$10,000	per incident	\$10,000	aggregate
Information Privacy (HIPAA) Fines and Penalties	\$25,000	per incident	\$25,000	aggregate

Workplace Liability

Workplace Liability
Fire & Water Legal Liability

Included in Professional Liability Limit shown above

Included in the PL limit shown above subject to \$150,000 aggregate sublimit

Total: \$33,210.66

Base Premium \$33029.00 Surcharge \$181.66 Local Tax \$0.00

Policy Forms & Endorsements(Please see attached list for a general description of many common policy forms and endorsements.)

G-121500-D	G-121503-C	G-121501-C	G-145184-A	G-147292-A	GSL15563
GSL15564	GSL15565	GSL17101	GSL13424	GSL13425	G-123846-C47
GSL3886	GSL3908	G-123828-B	GSL19904		

Chairman of the Board

Secretary

Keep this document in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. In order to activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

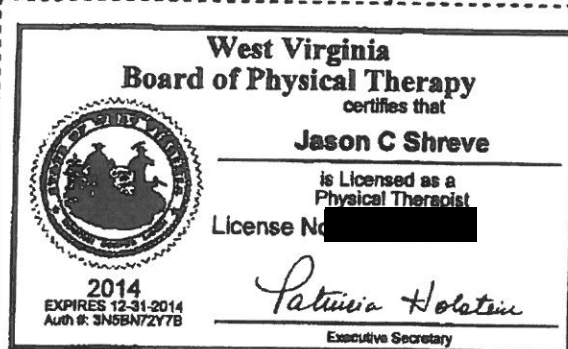
Master Policy # 188711433

Endorsement Change Date:

G-141241-B (03/2010)

Coverage Change Date:

Duplicate form fee is \$5.00



KEEP INSTRUCTIONS

- A. Wallet Card
- B. Biennial License - to be posted at place of employment
- C. Renew online beginning Oct. 1st/yr.
<http://www.wvbopt.com>
 - 1. User Name = first letter of first name w/last name; e.g. Tbaker
 - 2. Password = last four digits of SS#
- D. Renewal fee = \$120.00
Lapsed fee = \$250.00 for licenses renewed after midnight Dec. 31st/yr.
Online Svc. Fee = additional \$3.00

West Virginia
Board of Physical Therapy
BIENNIAL LICENSE

This certifies that the below person is issued this certificate of registration, to practice the profession specified heron, in the State of West Virginia.

Jason C Shreve

Physical Therapist

License No. [REDACTED]



2014
EXPIRES 12-31-2014

Patricia Holstein
Executive Secretary

Authentication Num.: 3N5BN72Y7B - Verify online at www.wvbopt.com

This certificate must be displayed in a conspicuous place

IMPORTANT - PLEASE READ

1. **Continuing Education** - You are required to obtain 24 contact hrs. of WV Board approved CE within the 2 year period if your WV License is Active for all or part of any year. Random audits take place each year.
2. **Changes in Name / Residence Address / Employer Info** - Download "Change Notification Form" from website: www.wvbopt.com and forward it to the Office.
3. **Name Changes** - Send the "Change Notification Form" and the \$5.00 fee along with a notarized copy of marriage cert, divorce decree or legal document that provides proof of your name change.
4. **Lost or Replacement License** - Download "Affidavit of Lost or Replacement Document" from the website and follow the instructions.
5. If you are not planning to work in WV this next calendar year, you have the option of requesting "**Inactive Status**" for an application fee of \$25.00
6. If you do not renew your license by midnight Dec. 31st of your expiration year, you will automatically be charged the **Delinquent** License fee.
7. The online License Renewal portal is for use by **Active Licensees** remaining Active or for Active Licensees requesting Inactive Status. If your License becomes Inactive or Delinquent in the future, you will have to contact the Board Office for the correct Form to complete in order to Re-Activate.

SPECIFICATIONS

1. **PURPOSE AND SCOPE:** The West Virginia Purchasing Division is soliciting bids on behalf of WVDHHR/Hopemont Hospital to establish a contract for Physical Therapy Services.
2. **DEFINITIONS:** The terms listed below shall have the meanings assigned to them below. Additional definitions can be found in section 2 of the General Terms and Conditions.
 - 2.1 **“Contract Services”** means Physical Therapist, Consulting services, Training of Facility physical Therapy staff and Assessments for residents.
 - 2.2 **“Pricing Page”** means the pages upon which Vendor should list its proposed price for the Contract Services. The Pricing Page is either included on the last page of this RFQ or attached hereto as Exhibit A.
 - 2.3 **“RFQ”** means the official request for quotation published by the Purchasing Division and identified as HOP14013.
3. **QUALIFICATIONS:** Vendor shall have the following minimum qualifications:
 - 3.1. **Registered Physical Therapist in the State of West Virginia**
4. **MANDATORY REQUIREMENTS:**
 - 4.1 **Mandatory Contract Services Requirements and Deliverables:** Contract Services must meet or exceed the mandatory requirements listed below.
 - 4.1.1 **Vendor will provide Physical Therapy Services at Hopemont Hospital.**
 - 4.1.1.1 Vendor must include the following services; resident evaluation, recommendation for adaptive equipment and periodic re-assessment for modifications of treatment plans all in coordination with the attending physician and appropriate treatment team members. These services will include training to 5 nursing personnel according to attending physician orders. The Physical Therapist would ensure nursing personnel are knowledgeable as deemed necessary by facility requirements and residents need,

participation in appropriate committees, and indirect supervision of Restorative Therapy staff.

4.1.1.2 Vendor must maintain medical and statistical records in accordance with Hopemont Hospital procedures; physical therapy is generated by doctor orders scanned into patient charts through Electronic Healthrecord Careview System.

4.1.2 Services will be provided to approximately 98 residents

4.1.2.1 Vendor must be knowledgeable of and comply with Health Insurance Portability and Accountability Act of 1996 (HIPAA).
[Http://www.hhs.gov/ocr/privacy/hipaa/administrative/privacyrule/index.html](http://www.hhs.gov/ocr/privacy/hipaa/administrative/privacyrule/index.html).

4.1.2.2 Hours of service will "Not Exceed" 8 hours per week, 416 hours in a twelve month period. Vendor will be required to provide the services in accordance with Doctor ordered physical therapy.

5. CONTRACT AWARD:

5.1 Contract Award: The Contract is intended to provide Agency with a purchase price for the Contract Services. The Contract shall be awarded to the Vendor that provides the Contract Services meeting the required specifications for the lowest overall total cost as shown on the Pricing Pages.

5.2 Pricing Page: Vendor should complete the Pricing Page by submitting bid per hour. Vendor should complete the Pricing Page in full as failure to complete the Pricing Page in its entirety may result in Vendor's bid being disqualified.

Notwithstanding the foregoing, the Purchasing Division may correct errors as it deems appropriate. Vendor should type or electronically enter the information into the Pricing Page to prevent errors in the evaluation.

6. PERFORMANCE: Vendor and Agency shall agree upon a schedule for performance of Contract Services and Contract Services Deliverables, unless such a schedule is already included herein by Agency. In the event that this Contract is designated as an open-end

REQUEST FOR QUOTATION
HOP14013 PHYSICAL THERAPY SERVICES

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contract, Vendor shall perform in accordance with the release orders that may be issued against this Contract.

7. **PAYMENT:** Agency shall pay hourly rate, not to exceed 8 hours per week, as shown on the Pricing Pages, for all Contract Services performed and accepted under this Contract. Vendor shall accept payment in accordance with the payment procedures of the State of West Virginia.
8. **TRAVEL:** Vendor shall be responsible for all mileage and travel costs, including travel time, associated with performance of this Contract. Any anticipated mileage or travel costs may be included in the flat fee or hourly rate listed on Vendor's bid, but such costs will not be paid by the Agency separately.
9. **FACILITIES ACCESS:** Performance of Contract Services may require access cards and/or keys to gain entrance to Agency's facilities. In the event that access cards and/or keys are required:
 - 9.1. Vendor must identify principal service personnel which will be issued access cards and/or keys to perform service.
 - 9.2. Vendor will be responsible for controlling cards and keys and will pay replacement fee, if the cards or keys become lost or stolen.
 - 9.3. Vendor shall notify Agency immediately of any lost, stolen, or missing card or key.
 - 9.4. Anyone performing under this Contract will be subject to Agency's security protocol and procedures.
 - 9.5. Vendor shall inform all staff of Agency's security protocol and procedures.

10. VENDOR DEFAULT:

10.1. The following shall be considered a vendor default under this Contract.

10.1.1. Failure to perform Contract Services in accordance with the requirements contained herein.

10.1.2. Failure to comply with other specifications and requirements contained herein.

10.1.3. Failure to comply with any laws, rules, and ordinances applicable to the Contract Services provided under this Contract.

10.1.4. Failure to remedy deficient performance upon request.

10.2. The following remedies shall be available to Agency upon default.

10.2.1. Cancellation of the Contract.

10.2.2. Cancellation of one or more release orders issued under this Contract.

10.2.3. Any other remedies available in law or equity.

11. MISCELLANEOUS:

11.1. **Contract Manager:** During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: Ester Jones
Telephone Number: 304-282-6569
Fax Number: 304-842-9888
Email Address: eijones@odysseyrehab.com

PRICING PAGE

HOP14013

Award: Award will be made to the vendor that provides the Contract Services meeting the required specifications for the lowest overall total cost.

BID:

Description	Estimated Hours		Hourly Rate	Total Cost
Physical Therapist (will not exceed 8 hrs Per week)	416HRS	X	<u>\$95.00</u>	= <u>\$39,520</u>

Vendor Signature:  Date: 7.12.2013

Vendor Name Odyssey Rehabilitation

Address 415 Benadum Dr.
Bridgeport, WV 26330

Phone Number: 304.842.9887

FAX Number: 304.842.9888

Email: mdotson@odysseyrehab.com

RFQ No. HOP14013STATE 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.

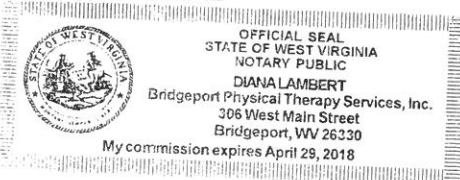
DEFINITIONS:

"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: Odyssey RehabilitationAuthorized Signature: [Signature] Date: 9-10-2013State of West VirginiaCounty of Harrison, to-wit:Taken, subscribed, and sworn to before me this 10th day of July, 2013My Commission expires April 29th, 2018.**AFFIX SEAL HERE**NOTARY PUBLIC [Signature]

Purchasing Affidavit (Revised 07/01/2012)

State of West Virginia

VENDOR PREFERENCE CERTIFICATE

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

1. **Application is made for 2.5% resident vendor preference for the reason checked:**
☐ Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
☐ Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
☐ Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,
2. **Application is made for 2.5% resident vendor preference for the reason checked:**
☐ Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
3. **Application is made for 2.5% resident vendor preference for the reason checked:**
☐ Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
4. ☒ **Application is made for 5% resident vendor preference for the reason checked:**
☒ Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,
5. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**
☐ Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,
6. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**
☐ Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.
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: Odyssey Rehabilitation

Signed: [Signature]

Date: 7.12.2013

Title: VP of Sales

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 or 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 require registration.

Odyssey Rehabilitation
(Company)


(Authorized Signature)

VP of Sales
(Representative Name, Title)

304.842.9887 304.842.9888
(Phone Number) (Fax Number)

7.12.2013
(Date)



State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
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Solicitation

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1

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ROBERTA WAGNER
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Odyssey
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Bridgeport, WV 26330

HEALTH AND HUMAN RESOURCES
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BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 1						
ADDENDUM IS ISSUED:						
1. TO PROVIDE ANSWERS TO QUESTIONS REGARDING THE ABOVE SOLICITATION. QUESTION AND ANSWER PAGE IS ATTACHED.						
2. TO PROVIDE ADDENDUM ACKNOWLEDGEMENT THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN THE DISQUALIFICATION OF YOUR BID.						
***** END OF ADDENDUM NO. 1 *****						

SIGNATURE

TITLE

VP of Sales

FEIN

204439478

TELEPHONE

304-842-9887

DATE

7-12-2013

ADDRESS CHANGES TO BE NOTED ABOVE

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



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304-558-0067

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TYPE NAME/ADDRESS HERE

VENDOR

Odyssey
REHABILITATION

415 Benedum Drive
Bridgeport, WV 26330

SHIP TO

HEALTH AND HUMAN RESOURCES
HOPEMONT HOSPITAL
CENTRAL RECEIVING
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DATE PRINTED

07/08/2013

BID OPENING DATE:

07/16/2013

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	416	HR		948-86		
CERTIFIED REGISTERED PHYSICAL THERAPIST						
***** THIS IS THE END OF RFQ HOP14013 ***** TOTAL:						

SIGNATURE

TITLE VP of Sales

FEIN

204439478

TELEPHONE

304-842-9887

DATE

7-12-2013

ADDRESS CHANGES TO BE NOTED ABOVE

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

SOLICITATION NUMBER: HOP14013**Addendum Number: 01**

The purpose of this addendum is to modify the solicitation identified as ("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:

1. To provide responses to questions regarding the above solicitation.
2. To provide Addendum Acknowledgement.

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

HOP14013
Addendum#1

Questions from Vendor

Question #1:

*Does the Physical Therapist have to visit Hopemont Hospital for treatments and evals on the same day every week?

Answer: Not required, but do need to have visits scheduled monthly.

Question #2

*Will Physical Therapist need to have any available supervisory slots available for PTA's that already works at Hopemont?

Answer: No, PTA's will take direction from licensed nurse, PT will do the consult with assessments and recommendations.

Question #3

*Can different Physical Therapist provide the treatments and evals for Hopemont Hospital or does it have to be the same Physical Therapist all the time?

Answer: Patients of Hopemont need to have continuation of care with the PT consult to monitor the progress, only exception is if it is an emergency that the PT consult cannot come as scheduled.

Question#4

*Can the awarded company provide a PT and PTA to come together to provide the services?

Answer: No, PT is all that is needed PTA's are on staff at Hopemont.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: HOP14013

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 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.

Odyssey Rehabilitation
Company

[Signature]

Authorized Signature

7.12.2013

Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.
 Revised 6/8/2012