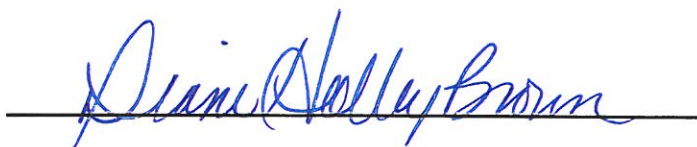


# NOTICE

Please note that this bid from Health Consultants Plus, Inc. for VNF17\*18 was received at the Purchasing Division office prior to the established bid opening date and time on April 25, 2017, but was not loaded properly within wvOASIS at the public bid opening. This bid has since been loaded and is now posted.



Diane Holley-Brown  
Assistant Purchasing Director



The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at ***wvOASIS.gov***. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at ***WVPurchasing.gov*** with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

## Header 12

List View

## General Information

Contact

Default Values

Discount

Document Information

Procurement Folder: 278619

SO Doc Code: CRFQ

Procurement Type: Central Master Agreement

SO Dept: 0613

Vendor ID: 000000207467

SO Doc ID: VNF1700000008

Legal Name: HEALTH CONSULTANTS PLUS INC

Published Date: 4/20/17

Alias/DBA:

Close Date: 4/25/17

Total Bid: \$46,080.00

Close Time: 13:30

Response Date: 04/20/2017

Status: Closed

Response Time: 14:54

Solicitation Description: ADDENDUM 1 ALZHEIMER'S TRAINING FOR STAFF

Total of Header Attachments: 12

Total of All Attachments: 12



Purchasing Division  
2019 Washington Street East  
Post Office Box 50130  
Charleston, WV 25305-0130

**State of West Virginia**  
**Solicitation Response**

**Proc Folder :** 278619

**Solicitation Description :** ADDENDUM 1 ALZHEIMER'S TRAINING FOR STAFF

**Proc Type :** Central Master Agreement

Date issued	Solicitation Closes	Solicitation Response	Version
	2017-04-25 13:30:00	SR 0613 ESR04201700000005094	1

**VENDOR**

000000207467

HEALTH CONSULTANTS PLUS INC

**Solicitation Number:** CRFQ 0613 VNF1700000008

**Total Bid :** \$46,080.00

**Response Date:** 2017-04-20

**Response Time:** 14:54:06

**Comments:** Attached are the twelve required documents. Health Consultants Plus, Inc currently have a contract with the West Virginia Veterans Nursing Facility for dementia training and other educational/consulting roles. Health Consultants Plus, Inc. does meet all the requirements as listed in the solicitation summary. We do have CDP (Certified Dementia Practitioners) and CADDCT (Certified Alzheimer's Disease and Dementia Care Trainer) on staff and ready to serve our Veterans. Please do not hesitate to contact us with any questions or in the event you require further information.  
Sincerely,  
Health Consultants Plus, Inc.  
Deborah Ornstein, President

**FOR INFORMATION CONTACT THE BUYER**

Crystal Rink  
(304) 558-2402  
crystal.g.rink@wv.gov

**Signature on File**

**FEIN #**

**DATE**

All offers subject to all terms and conditions contained in this solicitation



Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	ALZHEIMER TRAINING FOR STAFF	12.00000	EA	\$3,840.000000	\$46,080.00

Comm Code	Manufacturer	Specification	Model #
86000000			

Extended Description :	ALZHEIMER TRAINING FOR STAFF

**Comments:** The annual class quantity is 12, the monthly training is 4 days, thus equaling 48 days in total. Attached is also resume and professional licenses.

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: VNF1700000008**

**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.

Health Consultants Plus, Inc  
Company

D. David Cam  
Authorized Signature

4-20-11  
Date

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



Purchasing Division  
2019 Washington Street East  
Post Office Box 50130  
Charleston, WV 25305-0130

State of West Virginia  
Request for Quotation  
11 — Educational

Proc Folder: 278619

Doc Description: ADDENDUM 1 ALZHEIMER'S TRAINING FOR STAFF

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2017-04-20	2017-04-25 13:30:00	CRFQ 0613 VNF1700000008	2

**BID RECEIVING LOCATION**

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON

WV

25305

US

**VENDOR**

Vendor Name, Address and Telephone Number:

**FOR INFORMATION CONTACT THE BUYER**

Crystal Rink  
(304) 558-2402  
crystal.g.rink@wv.gov

Signature X

FEIN #

550710742

DATE

4-20-17

All offers subject to all terms and conditions contained in this solicitation

**ADDITIONAL INFORMATION:**

THE STATE OF WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, THE WEST VIRGINIA VETERANS NURSING FACILITY, IS SOLICITING BIDS TO ESTABLISH AN OPEN-END CONTRACT FOR ALZHEIMER'S TRAINING FOR STAFF PER THE ATTACHED.

INVOICE TO	SHIP TO
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY  CLARKSBURG WV26301  US	DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY  CLARKSBURG WV 26301  US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	ALZHEIMER TRAINING FOR STAFF	12.00000	EA		

Comm Code	Manufacturer	Specification	Model #
86000000			

**Extended Description :**

ALZHEIMER TRAINING FOR STAFF

**SCHEDULE OF EVENTS**

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	VENDOR QUESTION DEADLINE	2017-04-14

VNF1700000008	<b>Document Phase</b> Final	<b>Document Description</b> ADDENDUM 1 ALZHEIMER'S TRAINING FOR STAFF	<b>Page 3 of 3</b>
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### ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: CRFQ VNF1700000008**

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)*

- ☒ Addendum No. 1
- ☐ Addendum No. 2
- ☐ Addendum No. 3
- ☐ Addendum No. 4
- ☐ Addendum No. 5

- ☐ Addendum No. 6
- ☐ Addendum No. 7
- ☐ Addendum No. 8
- ☐ Addendum No. 9
- ☐ 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.

Heath Consultants Plus, Inc.  
Company

Debrah O. Smith  
Authorized Signature

4-20-17  
Date

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



Purchasing Division  
2019 Washington Street East  
Post Office Box 50130  
Charleston, WV 25305-0130

State of West Virginia  
Request for Quotation  
11 — Educational

Proc Folder: 278619

Doc Description: ALZHEIMER'S TRAINING FOR STAFF

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2017-04-10	2017-04-25 13:30:00	CRFQ 0613 VNF1700000008	1

BID RECEIVING LOCATION

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON

WV 25305

US

VENDOR

Vendor Name, Address and Telephone Number:

FOR INFORMATION CONTACT THE BUYER

Crystal Rink  
(304) 558-2402  
crystal.g.rink@wv.gov

Signature X

FEIN # 550710742

DATE

4-20-17

All offers subject to all terms and conditions contained in this solicitation

**ADDITIONAL INFORMATION:**

THE STATE OF WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, THE WEST VIRGINIA VETERANS NURSING FACILITY, IS SOLICITING BIDS TO ESTABLISH AN OPEN-END CONTRACT FOR ALZHEIMER'S TRAINING FOR STAFF PER THE ATTACHED.

INVOICE TO		SHIP TO	
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY		DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY	
CLARKSBURG	WV26301	CLARKSBURG	WV 26301
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	ALZHEIMER TRAINING FOR STAFF	12.00000	EA		

Comm Code	Manufacturer	Specification	Model #
86000000			

**Extended Description :**

ALZHEIMER TRAINING FOR STAFF

**SCHEDULE OF EVENTS**

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	VENDOR QUESTION DEADLINE	2017-04-14



VNF1700000008	Document Phase Draft	Document Description ALZHEIMER'S TRAINING FOR STAFF	Page 3 of 3
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### ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

**DESIGNATED CONTACT:** Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

Deborah Ornstein, President  
(Name, Title)  
Deborah Ornstein, President  
(Printed Name and Title)  
P.O. Box 1088 Clarksburg, WV 26301  
(Address)  
304-782-3765 phone 304-782-1857 fax  
(Phone Number) / (Fax Number)  
dornstein@healthconsultantsplus.com  
(email address)

**CERTIFICATION AND SIGNATURE:** By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

Health Consultants Plus, Inc.  
(Company)  
Deborah Ornstein, President  
(Authorized Signature) (Representative Name, Title)  
Deborah Ornstein, President  
(Printed Name and Title of Authorized Representative)

4-20-17  
(Date)

304-782-3765 phone 304-782-1857 fax  
(Phone Number) (Fax Number)

**REQUEST FOR QUOTATION  
CRFQ VNF1700000008  
Alzheimer's Training**

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**SPECIFICATIONS**

- 1. PURPOSE AND SCOPE:** The West Virginia Purchasing Division is soliciting bids on behalf of WV Veterans Nursing Facility, One Freedoms Way, Clarksburg WV 26301 to establish an open-end contract for Alzheimer's Training to staff of the WV Veterans Nursing Facility.
- 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 Alzheimer's training needs to be specifically directed toward the unique needs of the Veteran residents of the WV Veterans Nursing Facility using as more fully described in these specifications.
  - 2.2 "Pricing Page"** means the pages, contained wvOASIS or attached hereto as Exhibit A, upon which Vendor should list its proposed price for the Contract Services.
  - 2.3 "Solicitation"** means the official notice of an opportunity to supply the State with goods or services that is published by the Purchasing Division.
  - 2.4 "WVVNF"** means the West Virginia Veterans Nursing Facility, also referred to as "Agency"
- 3. QUALIFICATIONS:** Vendor, or Vendor's staff if requirements are inherently limited to individuals rather than corporate entities, shall have the following minimum qualifications:
  - 3.1.** Dementia Care Specialist must have attended and completed National Certification Training of Alzheimer's/Dementia
  - 3.2.** Must be a certified Dementia Care Specialist and Alzheimer's educator. Certification must be provided upon request.
- 4. MANDATORY REQUIREMENTS:**
  - 4.1 Mandatory Contract Services Requirements and Deliverables:** Contract Services must meet or exceed the mandatory requirements listed below.

**REQUEST FOR QUOTATION**  
**CRFQ VNF1700000008**  
**Alzheimer's Training**

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**4.1.1 Alzheimer's Training for ALL staff of the WV Veterans Nursing Facility**

**4.1.1.1** Training must be provided to approximately 135 staff member of the West Virginia Veterans Nursing Facility

**4.1.1.2** Training sessions must be conducted twelve times per year. Dates of the training will be established by the Agency.

**4.1.1.3** The training sessions will be for duration of eight (8) hours for four (4) consecutive days.

**4.1.1.4** Days one and two of the sessions shall be conducted in a classroom setting.

**4.1.1.5** Days three and four of the sessions shall be conducted as observation training with the WVVNF Alzheimer's/Dementia Care Unit

**4.1.1.6** Alzheimer's Training needs to be specifically directed to the unique needs of the Veteran Residents. Care for veterans with Alzheimer's and dementia differ from the average population due to the unique exposures to prisoner of war, hostage, and combat situations. Vendor must be capable of creating a different approach to the standardized training to meet the needs of the veteran population.

**4.1.1.7** Vendor's training sessions must discuss all stages of Alzheimer's disease and must include comprehensive care approaches for each stage. The care approaches must include how to obtain the highest level of patient functionality by discussing the most effective leisure activities, mobility improvement exercises, and activities of daily living (ADL)

**REQUEST FOR QUOTATION**  
**CRFQ VNF1700000008**  
**Alzheimer's Training**

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**4.1.1.8** Training must provide strategies that will enhance communication, minimize negative behaviors, and assist families with support.

**4.1.1.9** Vendor must have hand-outs and/or any training materials for the approximately 135 staff members prepared prior to the start of each training class. The Agency will not be responsible for providing any copies, hand-outs, or supplies of any type.

**4.1.1.10** The successful vendor must complete a tour of the WV Veterans Nursing Facility's Alzheimer Unit and provide recommendations to enhance the resident environment. The facility will coordinate with the vendor to establish a date and time for the tour to be conducted.

**4.1.1.11** The successful vendor must review the policies of the WV Veterans Nursing Facility's Alzheimer's unit on a quarterly basis (March, June, September, and December) and provide written recommendations for changes or additions to existing policies.

**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 Exhibit A Pricing Page by providing a flat fee for each training, which should cover all costs, including travel, hotel costs, training material, and any other training related costs, and multiply by the number of classes for the year. 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.

Vendor should type or electronically enter the information into the Pricing Pages through wvOASIS, if available, or as an electronic document. In most cases, the Vendor can request an electronic copy of the Pricing Pages for bid purposes by sending an email request to the following address: Crystal.G.Rink@wv.gov

**REQUEST FOR QUOTATION**  
**CRFQ VNF1700000008**  
**Alzheimer's Training**

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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 contract, Vendor shall perform in accordance with the release orders that may be issued against this Contract.
7. **PAYMENT:** Agency shall pay in arrears a flat fee for each training once the invoice is received in the Business Office at the WV Veterans Nursing Facility, One Freedoms Way, Clarksburg WV 26301, 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.

**REQUEST FOR QUOTATION**  
**CRFQ VNF1700000008**  
**Alzheimer's Training**

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**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.** Immediate cancellation of the Contract.

**10.2.2.** Immediate 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:** Deborah Ornstein

**Telephone Number:** 304-782-3765

**Fax Number:** 304-782-1857

**Email Address:** dornstein@HealthConsultantsPlus.com



# 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 Vendor Preference, if applicable.

**1. Application is made for 2.5% 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% 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% 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% 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% 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% 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: Health Consultants Plus Signed: Deborah O'Neil

Date: 4-20-11 Title: President



**Workers Compensation and Employers  
Liability Insurance Policy**

0001

Policy Number:	WCB1009609
Named Insured:	Health Consultants Plus Inc
Agency Name:	Intra-State Insurance Corporation

**Extension of Information Page  
Classification of Operations**

Class Code No.	Class Description	Exposure	Rate Per \$100 of Remuneration	Estimated Annual Premium
<b>State: WV</b>				
<b>Premium Period: 12/13/2016 - 12/13/2017</b>				
<b>Location: 1</b>				
8864	SOCIAL SERVICES ORGANIZATION-ALL EMPLOYEES & SALESPERSONS, DRIVERS	\$340,362.00	1.58	\$5,378.00
9898	Experience Modification Premium		0.84	\$860.00CR
	Total Standard Premium			\$4,518.00
0900	Expense Constant			\$175.00
9740	Terrorism		0.012	\$41.00
9741	Catastrophe (Other than certified acts of terrorism)		0.012	\$41.00
9703	WV Regulatory Budget Surcharge		0.05	\$239.00
9702	WV Deficit Reduction Surcharge		0.09	\$430.00
Policy Estimated Annual Premium				\$4,775.00
Policy Total Amount Due				\$5,444.00

Issue Date: 12/12/2016  
Issuing Office: Charleston, WV

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. [Redacted]		
2 Business name/disregarded entity name, if different from above [Redacted]		
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ [Redacted] <input type="checkbox"/> Other (see instructions) ▶ [Redacted] <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) [Redacted] Exemption from FATCA reporting code (if any) [Redacted] <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) [Redacted]	Requester's name and address (optional) [Redacted]	
7 List account number(s) here (optional) [Redacted]		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
[Redacted]	[Redacted]	[Redacted]	-	[Redacted]	[Redacted]	-	[Redacted]	[Redacted]	[Redacted]
or Employer identification number									
[Redacted]									

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 2.

Sign Here	Signature of U.S. person [Redacted]	Date [Redacted]
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

- Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



PROFESSIONAL LIABILITY POLICY DECLARATIONS  
(Claims-Made and Reported Form)

Landmark American Insurance Company

(A New Hampshire Stock Co.)  
(hereinafter called "the Company")

EXECUTIVE OFFICES: 945 East Paces Ferry Road, Suite 1800, Atlanta, GA 30326-1160

Policy Number: LHM762232

RENEWAL: LHM756010 00

Named Insured and Mailing Address:  
HEALTH CONSULTANTS PLUS INC.  
195 WEST MAIN STREET  
SALEM, WV 26426

Producer Name:

Policy Period: From: 2/26/2017 To: 2/26/2018 at 12:01 A.M. Standard Time at the Named Insured address as stated herein.

IN CONSIDERATION OF THE PAYMENT OF THE PREMIUM, IN RELIANCE UPON THE STATEMENTS HEREIN OR ATTACHED HERETO, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, THE COMPANY AGREES WITH THE NAMED INSURED AS FOLLOWS:

1. NAMED INSURED'S PROFESSIONAL SERVICES: CASE MANAGEMENT AND HOMEMAKER SERVICES

2. LIMITS OF LIABILITY: \$ 1,000,000 Each Claim  
\$ 3,000,000 Aggregate Limit

3. DEDUCTIBLE: \$ 2,500 Each Claim

4. RETROACTIVE DATE: February 26, 2009

5. PREMIUM: \$ 5,000.00 Not Subject to Audit  
\$ 175.00 Policy Fee  
\$ 235.46 WV SL Tax  
\$ 5,410.46 Total

This company is not licensed, but is an approved Surplus Lines Carrier in the state of West Virginia. It is not subject to the West Virginia Guaranty Act.

25% Minimum Earned Premium

NO FLAT CANCELLATIONS  
NON-PAYMENT—REQUEST OF BROKER  
OR PREMIUM FINANCE—COMPUTED SHORT RATE

6. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION:

See attached forms list.

THESE DECLARATIONS TOGETHER WITH A SIGNED COPY OF THE NAME INSURED'S APPLICATION FOR THIS POLICY, COVERAGE FORM(S), FORMS AND ENDORSEMENTS, ISSUED TO FORM PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

NOTICE: THIS IS A CLAIMS-MADE AND REPORTED POLICY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE AFFORDED BY THE POLICY WITH YOUR INSURANCE AGENT OR BROKER.

February 24, 2017

Date

By:

Authorized Representative

SubidID#: 363267

BinderID#

Created By: MS

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: Health Consultants Plus, Inc.Authorized Signature: [Signature] Date: 4-20-17State of West VirginiaCounty of Harrison, to-wit:Taken, subscribed, and sworn to before me this 20 day of April, 2017.My Commission expires Dec. 15 2021, 2021.**AFFIX SEAL HERE****NOTARY PUBLIC**Courtney Thomas

Purchasing Affidavit (Revised 07/01/2012)



Exhibit A Pricing Page				
CRFQ VNF1700000008				
Alzheimer's Training Class				
Item #	Description	Unit Price	Annual Class Quantity	Total Bid Amount
1	Alzheimer's Training Class	\$ 3,840.00	12	\$ 46,080.00

**\*\* Multiply bid price by the annual quantity**

Failure to use this form may result in disqualification	
<u>Bidder / Vendor Information:</u>	
Name:	Health Consultants Plus, Inc.
Address:	P.O. Box 1088
	Clarksburg, WV 26301
Phone# :	304-782-3765
Email Address:	dornstein@healthconsultantsplus.com

# Tia L. Hovatter

Email: [REDACTED]

Permanent Address:

[REDACTED]

## Education:

**West Virginia University**, Morgantown, WV 26508  
Received a *Master in Public Health Administration*

**West Virginia University**, Morgantown, WV 26508  
Received a *Bachelor of Education*

**Licensed Nursing Home Administrator (NHA)**

**Certified Dementia Practitioner (CDP)**

**Certified Alzheimer's Disease and Dementia Care Trainer  
(CADDCT)**

**Activity Consultant Board Certified (AC-BC)**

**Activity Consultant Certified (ACC)**

**Modular Education Program for Activity Professionals Instructor  
(MEPAP) MEPAP Instructor**

**Advanced Directives Trainer**

## Professional Experience:

**Health Consultants Plus, Salem, WV**  
Director of Education/Consultant Provide professional consultation services to assisted living and nursing homes across the state and country. Assess all aspects of facility departments, including but limiting to; regulatory compliance, leadership, organizational design and implementation, documentation, planning, oversight management, policy and procedures. State and national public speaker.  
August 2009-Current

## **Professional Speaking Engagements**

- West Virginia Health Care Association
- West Virginia Activity Professionals Association
  - 2012
  - 2013
  - 2014
  - 2015
  - 2016
- South Carolina Activity Professionals Association 2014
- Ohio Health Care Association 2014
- National Association of Activity Professionals (NAAP)
  - 2013
  - 2014
  - 2015
  - 2016
  - 2017
- Maryland Society of Activity Coordinators 2014
- Delaware Association of Activity Professionals 2014
- North Dakota Long Term Care Association 2015
- Minnesota Statewide Activity Professional Association 2015
- National Certification Council of Activity Professionals Symposium
  - 2015
  - 2016
  - 2017
- Iowa Activity Professionals Association
  - 2015
  - 2016
- International Council on Active Aging Conference 2015
- Maine Health Care Association 2015
- Michigan Association of Activity Professionals 2016
- Nebraska Health Care Association 2016
- New York State Health Facilities Association
  - 2016
  - 2017
- Virginia Assisted Living Association 2016
- Iowa Health Care Association
  - 2016
  - 2017
- RAP Ohio 2016



*The National Council of Certified Dementia Practitioners  
The International Council of Certified Dementia Practitioners  
Attests That As of 5/8/15 to 5/8/17*

*Tia Hovatter CADDCT I.D.* [REDACTED]

*has successfully completed the requirements  
and is hereby appointed as an approved  
Certified Alzheimer's Disease and Dementia Care Trainer  
with all rights and privileges to teach the  
Alzheimer's Disease and Dementia Care Training.*



*Lynne Birt London, LCSW, CDP*  
Certification Chairperson

Renewed  
4/19/17



# West Virginia Nursing Home Administrators Licensing Board

HEREWITH CERTIFIES THAT

**Tia Hovatter**

*having complied with all requirements of the West Virginia Rules and Regulations For  
Licensing of Nursing Home Administrators pursuant to Article 25, Chapter 30, Code of  
West Virginia, 1931, as amended, is hereby granted license to practice in the field of  
NURSING HOME ADMINISTRATION in the State of West Virginia.*



License No. [REDACTED]

This license shall  
expire June 30, 20 17

*In Witness Whereof, we have hereunto signed this*

First day of July, 20 16

*Tammy Jo Painter, N.H.A.*

Chair, West Virginia Nursing Home Administrators Licensing Board