



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 1

List View

General Information | Contact | Default Values | Discount | Document Information

Procurement Folder: 543518

SO Doc Code: CRFQ

Procurement Type: Central Master Agreement

SO Dept: 0613

Vendor ID: VS0000019223

SO Doc ID: VNF1900000002

Legal Name: PREMIER THERAPY LLC

Published Date: 8/8/19

Alias/DBA:

Close Date: 8/12/19

Total Bid: \$545,500.00

Close Time: 13:30

Response Date: 08/09/2019

Status: Closed

Response Time: 17:07

Solicitation Description: Addendum 2-Skilled Rehabilitation Therapy Services for WVNF

Total of Header Attachments: 1

Total of All Attachments: 1



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

**State of West Virginia
 Solicitation Response**

Proc Folder : 543518

Solicitation Description : Addendum 2-Skilled Rehabilitation Therapy Services for WVVNF

Proc Type : Central Master Agreement

Date issued	Solicitation Closes	Solicitation Response	Version
	2019-08-12 13:30:00	SR 0613 ESR08091900000000796	1

VENDOR
VS0000019223 PREMIER THERAPY LLC

Solicitation Number: CRFQ 0613 VNF1900000002

Total Bid : \$545,500.00 **Response Date:** 2019-08-09 **Response Time:** 17:07:08

Comments:

FOR INFORMATION CONTACT THE BUYER
 Stephanie L Gale
 (304) 558-8801
 stephanie.l.gale@wv.gov

Signature on File	FEIN #	DATE
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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	Occupational Therapist Services	5000.00000	HOUR	\$55.000000	\$275,000.00

Comm Code	Manufacturer	Specification	Model #
85122102			

Extended Description : Occupational Therapy for residents of WVNF, Please provide Hourly rate for a Licensed Occupational Therapist

Comments: Delivery Days not applicable due to nature of service

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Occupational Therapist Assistant	800.00000	HOUR	\$55.000000	\$44,000.00

Comm Code	Manufacturer	Specification	Model #
85122102			

Extended Description : Speech Therapy for residents of WVNF, Please provide hourly rate for a Licensed Speech-Language Pathologist

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	Physical Therapist Services	1500.00000	HOUR	\$55.000000	\$82,500.00

Comm Code	Manufacturer	Specification	Model #
85122101			

Extended Description : Physical Therapy for residents of WVNF, please provide hourly rate for a Licensed Physical Therapist.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	Physical Therapist Assistant	3200.00000	HOUR	\$40.000000	\$128,000.00

Comm Code	Manufacturer	Specification	Model #
85122101			

Extended Description : Occupational Therapist Assistant for residents of WVNF, please provide hourly rate for a Licensed Occupational Therapy Assistant

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	Speech-Language Pathologist	400.00000	HOUR	\$40.000000	\$16,000.00

Comm Code	Manufacturer	Specification	Model #
85122108			

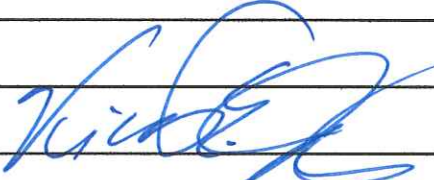
Extended Description :	Physical Therapy Assistant for residents of WV/VNF, please provide hourly rate for a Licensed Physical Therapy Assistant
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*West Virginia Department of Veterans Assistance
 West Virginia Veterans Nursing Facility
 One Freedoms Way
 Clarksburg, WV 26301*

Exhibit A - Skilled Rehabilitative Therapy Services Pricing Page

LN	Item	DESCRIPTION	ESTIMATED USAGE PER YEAR (Hours)	U/M	UNIT PRICE	AMOUNT
1	4.1.1	Occupational Therapist Services	5000	Hour	\$ 55.00	\$ 275,000.00
2	4.1.2	Occupational Therapist Assistant	800	Hour	\$ 40.00	\$ 32,000.00
3	4.1.3	Physical Therapist Services	1500	Hour	\$ 55.00	\$ 82,500.00
4	4.1.4	Physical Therapist Assistant	3200	Hour	\$ 40.00	\$ 128,000.00
5	4.1.5	Speech Therapist Services	400	Hour	\$ 55.00	\$ 22,000.00
TOTAL						\$ 539,500.00

Vendor:	PREMIER THERAPY
Address:	110 Central Square Drive
	Beaver Falls, PA 15010
Phone:	800.875.7041
Email:	ekennerk@embracepremier.com
Signature:	

*****Charges are according to schedule by the Each, Day, Month, ETC...*****

*****ALL ORDER QUANTITIES ARE ESTIMATED AND FOR BIDDING PURPOSES ONLY*****

*****DO NOT ALTER ESTIMATED USAGE*****

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: _____

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

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


Addendum Numbers Received:

(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input checked="" type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input 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.

Premier Therapy, LLC

Company


Authorized Signature
8/9/19

Date

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

August 9, 2019

West Virginia Department of Administration
Purchasing Division
2019 Washington Street East
Charleston, WV 25305-0130

RE: Solicitation: VNF1900000002, West Virginia Veteran's Nursing Facility
Women-Owned Business Certification

To Whom It May Concern:

In Section 16 of the above referenced RFQ, it states that "any non-resident small, women-owned, or minority-owned business must (submit) itself as such in writing, must submit that writing to the Purchasing Division with its bid, and must be properly certified under W. Va. CSR § 148-22-9 prior to contract award to receive the preferences made available to resident vendors."

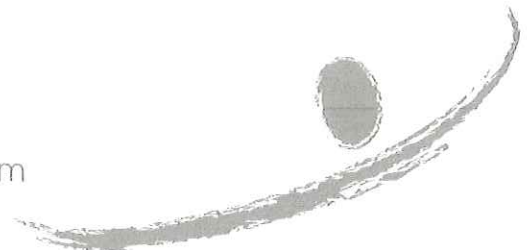
Please accept this letter as our written statement affirming that our Organization, Premier Therapy, is properly certified as a Women-Owned business by the State of West Virginia. Our official confirmation of this certification is enclosed for your convenience. Should you need any additional information, please do not hesitate to contact us.

Sincerely-



Vicki Javens, Owner/President
Premier Therapy
110 Central Square Drive
Beaver Falls, PA 15010
Phone: 800.875.7041
Email: vjavens@embracepremier.com

enclosure





ALLAN L. MCVEY
CABINET SECRETARY

STATE OF WEST VIRGINIA
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON STREET, EAST
CHARLESTON, WEST VIRGINIA 25305-0130

W. MICHAEL SHEETS
DIRECTOR

July 30, 2019

PREMIER THERAPY LLC
110 CENTRAL SQUARE DR
BEAVER FALLS, PA 15010

Victoria Javens:

This is to notify you that your Small, Women-, and Minority-Owned Businesses (SWAM) Certification Application has been approved on the basis of your representations that the vendor named above meets the definition of a Small, Women-, and Minority-Owned Businesses as set forth in the *West Virginia Code of State Rules* 148-22-1 et seq. This certification becomes effective:

07/30/2019

And shall automatically expire without notice two years after the effective date unless revoked by the Purchasing Director or upon expiration pursuant to the *West Virginia Code of State Rules* 148-22-8. The type(s) of Small, Women-, and Minority-Owned Businesses (SWAM) Certification approved for your entity:

Women-Owned Business

To maintain certification without lapse, a certified business shall apply to renew its certification at least 60 days prior to the end of the two-year certification period. Complete renewal instructions, recertification forms, and a list of all SWAM Certified entities are available online at www.state.wv.us/admin/purchase/VendorReg.html.

If you have questions, please contact the West Virginia Purchasing Division at 304-558-2306.

Sincerely,

A handwritten signature in cursive script that reads "Gail Montantez".

Gail Montantez
Vendor Registration Coordinator