



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 @ 13

List View

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

Procurement Folder: 569704

SO Doc Code: CRFQ

Procurement Type: Central Master Agreement

SO Dept: 0618

Vendor ID: VS0000019789 

SO Doc ID: BVH2000000004

Legal Name: Access Therapies, Inc


Published Date: 8/6/19

Alias/DBA: Access Therapies, Inc

Close Date: 8/13/19

Total Bid: \$0.00

Close Time: 13:30

Response Date: 08/13/2019 

Status: Closed

Response Time: 12:14

Solicitation Description: Addendum #1 Temp LPN 

Total of Header Attachments: 13

Total of All Attachments: 13



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

**State of West Virginia  
 Solicitation Response**

**Proc Folder :** 569704  
**Solicitation Description :** Addendum #1 Temp LPN  
**Proc Type :** Central Master Agreement

Date issued	Solicitation Closes	Solicitation Response	Version
	2019-08-13 13:30:00	SR 0618 ESR08121900000000837	1

<b>VENDOR</b>
VS0000019789 Access Therapies, Inc Access Therapies, Inc

**Solicitation Number:** CRFQ 0618 BVH2000000004

**Total Bid :** \$0.00                      **Response Date:** 2019-08-13                      **Response Time:** 12:14:36

**Comments:**

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

<b>Signature on File</b>	<b>FEIN #</b>	<b>DATE</b>
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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	Temp LPN	0.00000	HOUR	\$50.000000	\$0.00

Comm Code	Manufacturer	Specification	Model #
85101601			

Extended Description :	Temp LPN
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**Comments:** Per hour rate

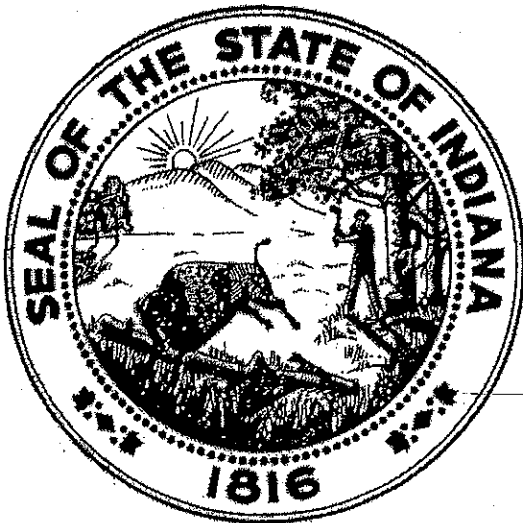
State of Indiana  
Office of the Secretary of State

CERTIFICATE OF INCORPORATION  
of  
ACCESS THERAPIES INC.

I, TODD ROKITA, Secretary of State of Indiana, hereby certify that Articles of Incorporation of the above For-Profit Domestic Corporation have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Corporation Law.

NOW, THEREFORE, with this document I certify that said transaction will become effective Friday, April 23, 2004.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, April 23, 2004.



A handwritten signature in black ink, reading "Todd Rokita".

TODD ROKITA,  
SECRETARY OF STATE



## BUSINESS PROPOSAL

[anmol@accesstherapies.com](mailto:anmol@accesstherapies.com)

[www.AccessTherapies.com](http://www.AccessTherapies.com)

317-300-7419



## COMPANY OVERVIEW

Our Minority owned and certified company was founded in October 2004 with a primary focus on fulfilling staffing needs to various types of facilities and rehab centers.

We have received a response of satisfaction from our clients all across the nation. Our team of professionals has motivated us as a company to grow faster to better accommodate. Access Therapies consists of more than 200 therapist and Nurses.

Along with Private Healthcare Facilities (Hospitals, SNFs, Outpatient, Home Care and Correctional Facilities) Access Therapies is also fulfilling staffing needs for State Government and Federal Government Facilities

In order to fulfill staffing requirements all across the nation, Access Therapies primarily focuses on these types of assignments:

- Travel assignments
- Permanent placement
- Temporary to Permanent

At Access Therapies, our management & staffing department is comprised of highly qualified, experienced individuals who must meet stringent guidelines for licensed practice nationwide. Our staffing team primarily focuses on the placement of the disciplines:

- Physical Therapist
- Occupational Therapist
- Physical Therapist Assistant
- Occupational Therapist Assistant
- Speech Language Pathologist
- Registered Nurse
- Nurse Practitioner
- Licensed Practical Nurse



## Why should you use Access?

- Our Company is over 200 Therapists and Nurses strong.
- We will help ensure that you never have to worry about being short staffed due to our ability to fill any staffing needs instantly. We make sure that our client's needs are fulfilled in as little as 24-72 hours.
- We offer Professional Liability Insurance.
- We guarantee personalized, fast and prompt services.







## **OUR CORPORATE SUPPORT TEAM**

### **Eugene Garcia, Vice President of Marketing**

- 15 Years of Health Care Marketing
- 13 Years of Clinical Therapy Management

### **Happy Dhani, Vice President and COO**

- 21 Years of Experience in Staffing and Healthcare Management
- 4 Years of Public Accounting

### **Manuel Garcia, Vice President of Recruitment**

- 15 Years of Experience in Staffing and International Recruitment
- 29 Years of Customer Service and Management

### **Ramon Villegas, Director of HR and Staffing**

- 9 Years of Healthcare Staffing and Human Resources Management
- 19 Years of Public Relations and Customer Service



## **COMMITMENTS & QUALITY ASSURANCE**

Access Therapies Managers do regular evaluations on all employees to maintain consistent quality of care.

Come the end of the year Access Therapies will have over 230 Therapists and Nurses.

All Therapists are TJC & HIPPA compliant.

When necessary, credentials will be sent for periodic inspections assuring 100% compliance.



## SCREENING PROCESS

Since the start, Access Therapies has developed a highly effective recruiting practice and is very successful in the recruiting and maintaining of Therapists and Nurses.

Our employees have an average of 5 years or more of well-rounded experience and are often placed in a facility on long term contracts. More often than not they are extended beyond a year or more due to the high level of client satisfaction.

Each employee must meet stringent guidelines for employment that usually exceed state and client requirements.

### Screening Procedures

All Access Therapies health care staff must meet the following requirements:

**License Verification:** The employee's license/certification is verified, copied and kept on file in the local office.

**Certification:** A current C.P.R. card and a picture I.D. are copied and kept on file in the local office, as well as, any other certifications as required by our client facility.

**Skills Inventory:** A complete a comprehensive discipline related skills inventory that is kept on file and updated yearly.

**Drug-Free Work Place:** All employees sign a drug free work place policy and are randomly drug tested by state guidelines or client contract.

**Criminal Background Investigation:** All employees sign a Criminal Background Investigation Policy and are checked by state guidelines and/or client contract.

**Mandatory In-services:** A yearly review of Fire & Safety, Infection Control, Hazardous Wastes, HIPPA, and OSHA standards are required of all Access Therapies team members.

**Interviewing:** All applicants are interviewed by the Therapy Director/Manager. During the interview emphasis is placed upon work history, clinical expertise and a review of the exam. At this time, information and performance requirements are given to the applicant regarding



Access Therapies' policies and procedures, as well as, the policies and procedures of the institutions which we serve.

**References:** At least two references verifying work experience in clinical areas are required. No ACCESS employee will be placed without references. Telephone references, whenever available, are documented.

**Health/TB Test:** A Physician's statement is required verifying that the applicant has had a satisfactory medical examination including TB/chest X-ray within the past year. Other specific health requirements are handled on an individual basis, as directed by client or state health guidelines.

**Hepatitis B:** Each employee must have the Hepatitis B vaccination and boosters or have a signed declination.

**Placement and Orientation:** Assignment of an employee is made by our Therapy Director/Manager in conjunction with the Staffing Coordinators based on the skill and expertise of the individual and the needs of the institution. Emphasis is placed on continuity of service whenever possible. Orientation policies and procedures of the utilizing institutions are adhered to by Access Therapies team members. We provide the client with facility specific orientation.

**Evaluation:** Evaluations of Access Therapies' employees are done in the first two weeks and annually. All evaluations are completed by the Therapy Director/Quality Officer in consultation with the supervisory staff of the client/facility. This evaluation includes TJC age related criteria.

**Employee Files:** A complete and current file is kept on all employees including: application, license, certifications, test results, references, Physician's statement, medical history and any continuing education courses completed. An employee's file also contains appropriate documentation relative to the individual's identity and work authorization as required by USCIS policy.

**Continuing Education:** All Access Therapies employees are encouraged to participate in on-going educational courses. Tuition assistance is provided. We work with clients to provide on-going orientation.

**Personal Interview:** A personal interview is conducted by the Therapy Branch Manager.



## STAFFING INTERFACING

Access Therapies routinely communicates clear expectations to every employee of the company. We also develop measurable objectives and the tools to determine if the employees are meeting the expectations.

The two ways we measure performance are data and observation.

The tools we implement are measurable reports when available and when not available Supervisors and Managers observe the work and employee behavior.

We use three evaluation forms to provide employees with routine feedback and develop a work plan for continuous improvement.

The three forms we use are: Performance Improvement Form, Disciplinary Action Form, and Performance Appraisal Form



## **SOME OF OUR CLIENTS**

American Senior Communities

American Mobile Network

Supplemental Healthcare

Vizient Inc.

Select Medical

Focus 1 Solutions

Health Trust

Indiana Fitness Works

Healthcare Therapy Services

Bedford Correctional Facility – NY

AHSA

Indiana University Health

St. Vincent Health

Fayette Regional Hospital

Star Rehab Services

Rehab Care

Indiana Veteran Home

And Many More.....



## **State & Federal Facilities Served**

NORTHERN NAVAJO MEDICAL CENTER – VA AFFAIRS

FOUR CORNERS REGIONAL HEALTH CENTER – VA AFFAIRS

ROSEBUD HOSPITAL – VA AFFAIRS



# STATE OF INDIANA

Eric J. Holcomb, Governor

DEPARTMENT OF ADMINISTRATION  
Division of Supplier Diversity

Indiana Government Center South  
402 West Washington Street, Room W469  
Indianapolis, IN 46204  
(317) 232 - 3061

April 3, 2018

Mr. Pritivi Dhani & Mr. Manuel Garcia  
ACCESS THERAPIES, INC.  
7345 Woodland Drive,  
Indianapolis, IN 46278

Subject: Application for MBE Certification

Dear Mr. Pritivi Dhani & Mr. Manuel Garcia,

***Congratulations!*** The Indiana Department of Administration, Division of Supplier Diversity is pleased to inform you that ACCESS THERAPIES, INC., is hereby certified as a Minority Business Enterprise (MBE).

Your company provides a commercially useful function in the areas listed below. Only work performed in these areas will be counted towards Minority Business Enterprise participation:

### UNSPSC CODE(S)

<i>Code</i>	<i>Description</i>
80111606	Temporary medical staffing needs
85122100	Rehabilitation services
85122101	Physical therapy services
85122102	Occupational therapy services

On September 13, 2010, the Governor's Commission on Minority and Women's Business Enterprises approved the department's effort to streamline its recertification process. Instead of conducting an onsite visit to each company seeking recertification, the department now has the discretion to waive the visit after a thorough review of the company's file and recertification documents. We have approved your recertification and it is valid through **April 30, 2021**. Please note that IDOA continues to reserve the right to conduct a site visit or phone interview at any time to certified companies.

Although your certification is valid for a three-year period, you are required to submit an annual *Affidavit of Continued Eligibility (ACE)* form, located at [www.in.gov/idoa/mwbe/files/ACE\\_Form.pdf](http://www.in.gov/idoa/mwbe/files/ACE_Form.pdf). Please remember you must notify us immediately if any changes occur. Failure to notify us of changes or to provide an ACE form annually will result in revocation of your certification. Changes include, but are not limited to, changes in location, contact information, ownership and control.

We encourage you to visit IDOA's procurement website, [www.in.gov/idoa/2464.htm](http://www.in.gov/idoa/2464.htm), and update your Business Registration Profile. It is important that you review and update your profile regularly, because state purchasing agents and prime contractors may use this information to contact you for business



Reference: ACCESS THERAPIES, INC.

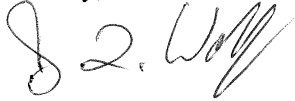
opportunities. For questions regarding your registration profile, you may contact our office at 317-232-3061.

While this letter serves as notification of certification, it does not serve to prove continued eligibility. Please visit [www.in.gov/idoa/mwbe/2743.htm](http://www.in.gov/idoa/mwbe/2743.htm) to verify certification status. Please contact our office at (317) 232-3061 if you have any other questions.

While this letter serves as notification of certification, it does not serve to prove continued eligibility. Please visit [www.in.gov/idoa/mwbe/2743.htm](http://www.in.gov/idoa/mwbe/2743.htm) to verify certification status. Please contact our office at (317) 232-3061 if you have any other questions.

We ask that you please contact Amy L. Wolf, Deputy Director of Certification, at (317) 232-3061 or [awolf@idoa.in.gov](mailto:awolf@idoa.in.gov) if you have any questions or concerns about your letter.

Sincerely,

A handwritten signature in black ink, appearing to read "Amy L. Wolf". The signature is fluid and cursive, with the first name "Amy" being the most prominent.

Amy L. Wolf, Deputy Director of Certification  
Indiana Department of Administration  
Division of Supplier Diversity

ALW:cl



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/13/2018

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

<b>PRODUCER</b> McGowan Insurance Group, Inc. 355 Indiana Avenue Suite 200 Indianapolis IN 46204	<b>CONTACT NAME:</b> Kyle Hoffman <b>PHONE (A/C, No, Ext):</b> (317) 464-5000 <b>E-MAIL ADDRESS:</b> kyleh@mcgowaninc.com	<b>FAX (A/C, No):</b> (317) 464-5001	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Access Therapies, Inc 7345 Woodland Drive Suite E Indianapolis IN 46278	<b>INSURER A:</b> Continental Casualty Company		20443
	<b>INSURER B:</b> Cincinnati Insurance Company		10677
	<b>INSURER C:</b> Hartford Insurance		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:** 18/19/20-ACC THERAPIES                      **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			6050462291	11/15/2018	11/15/2019	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input checked="" type="checkbox"/> Professional Liability						MED EXP (Any one person)	\$ 10,000
	<input checked="" type="checkbox"/> Sexual/Physical Abuse						PERSONAL & ADV INJURY	\$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE	\$ 5,000,000
							PRODUCTS - COMP/OP AGG	\$ 5,000,000
							Stop Gap	\$ 500,000
B	<b>AUTOMOBILE LIABILITY</b>			ENP0229257	01/28/2019	01/28/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> AUTOS ONLY						Uninsured motorist	\$ 1,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			ENP0229257	01/28/2019	01/28/2020	EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0							\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			36WEBN8509	12/31/2018	12/31/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				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
A	Crime-Employee Dishonesty			6050462291	11/15/2018	11/15/2019	Limit	\$1,000,000
	Loss of Client Property						Limit	\$1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

The following apply when required by written contract: General Liability Additional Insured per CNA71818XX (01-2016) on a Primary and Non-contributory basis per CNA71818XX (01-2016), Waiver of Subrogation per CNA71861XXC(01-2016); Automobile Liability Additional Insured per AA265 (01/2016) on a Primary and Non-Contributory basis per AA265 (01/2016) and Waiver of Subrogation per AA265 (01/2016); Workers Compensation/Employers Liability Waiver of Subrogation per form WC00 03 13. Umbrella policy is excess over policies on the underlying schedule, including but not limited to General Liability, Auto Liability and Employers Liability.

**CERTIFICATE HOLDER****CANCELLATION**

\*FOR INFORMATION PURPOSES ONLY

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

THIS CERTIFIES THAT

# Access Therapies, Inc.



\* Nationally certified by the: **MID-STATES MINORITY SUPPLIER DEVELOPMENT COUNCIL**

\*NAICS Code(s): 561320

\* Description of their product/services as defined by the North American Industry Classification System (NAICS)

10/09/2018

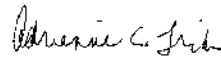
**Issued Date**

**Certificate Number**

10/09/2019

**Expiration Date**

**Carolyn E. Mosby, President/CEO**

  
Adrienne Trimble



By using your password (NMSDC issued only), authorized users may log into NMSDC Central to view the entire profile: <http://nmsdc.org>

*Certify, Develop, Connect, Advocate.*

\* MBEs certified by an Affiliate of the National Minority Supplier Development Council, Inc.®

## **REFERENCES & PROJECT DETAILS**

CONTRACTOR COMPANY PAST PERFORMANCE  
ACCESS THERAPIES INC.

Name of the Facility / Client	Indian Health Services Northern Navajo Medical Center
Address	US HWY 491 North, Shiprock, NM - 87420
Name of the Buyer / Contact	Loringie Clark
Phone No. of the Buyer	505-368-6087
Email Address of the Buyer	<a href="mailto:Loringie.clark@ihs.gov">Loringie.clark@ihs.gov</a>
Providing Services Since	June 2017
Project Name	Nursing Services

Name of the Facility / Client	Rosebud Hospital Department of Health and Human Services
Address	Soldier Creek Rd/Hwy 18, Rosebud, SD – 57570
Name of the Buyer / Contact	Dr. Ruth Villafranca
Phone No of the Buyer	605-747-2231 Extension 3273
Email Address of the Buyer	<a href="mailto:Ruth.villafranca@ihs.gov">Ruth.villafranca@ihs.gov</a>
Providing Services Since	March 2018
Project Name	Physical Therapy Services

Name of the Facility / Client	Four Corner Regional Health Center
Address	JCT US HWY, 160 AND NAVAJO Route 35
Name of the Buyer / Contact	Marlene Tsosie
Phone No of the Buyer	505-368-7031
Email Address of the Buyer	<a href="mailto:Marlene.tsosie@ihs.gov">Marlene.tsosie@ihs.gov</a>
Providing Services Since	June 2018
Project Name	Nursing Services

Name of the Facility / Client	Northern Navajo Medical Center
Address	US HWY 491 North, Shiprock, NM – 87420
Name of the Buyer / Contact	Kimberly Livingston
Phone No of the Buyer	505-368-6088
Email Address of the Buyer	<a href="mailto:Kimberly.Livingston2@ihs.gov">Kimberly.Livingston2@ihs.gov</a>
Providing Services Since	June 2017
Project Name	Nursing Services

Name of the Facility / Client	Indiana Fitness Works
Address	9190 Priority Way Dr # 110, Indianapolis, IN – 46240
Name of the Buyer / Contact	Tonya Edwards
Phone No of the Buyer	317-439-1511
Email Address of the Buyer	<a href="mailto:tedwards@indianafitnessworks.com">tedwards@indianafitnessworks.com</a>
Providing Services Since	April 2004
Project Name	Occupational And Physical Therapy Services

STATE OF WEST VIRGINIA  
Purchasing Division

# PURCHASING AFFIDAVIT

**CONSTRUCTION CONTRACTS:** Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

**ALL CONTRACTS:** 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: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, 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: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_, to-wit:

Taken, subscribed, and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My Commission expires \_\_\_\_\_, 20\_\_.

**AFFIX SEAL HERE**

**NOTARY PUBLIC** \_\_\_\_\_

**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.

Anmol Kapoor (Management Analyst)  
\_\_\_\_\_  
(Name, Title)  
Anmol Kapoor (Management Analyst)  
\_\_\_\_\_  
(Printed Name and Title) 7345 Woodland Dr, Suite B, Indianapolis, IN – 46278  
\_\_\_\_\_  
(Address)  
317- 300-7419 / 317-388-0805  
\_\_\_\_\_  
(Phone Number) / (Fax Number) anmol@accesstherapies.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.

Access Therapies, Inc  
\_\_\_\_\_  
(Company)

Harvinder Dhani - COO  
*Harvinder Dhani*  
\_\_\_\_\_  
(Authorized Signature) (Representative Name, Title)

Harvinder Dhani - COO  
\_\_\_\_\_  
(Printed Name and Title of Authorized Representative)

08-13-2019  
\_\_\_\_\_  
(Date)

317- 300-7419 / 317-388-0805  
\_\_\_\_\_  
(Phone Number) (Fax Number)

## PRICING PAGE

<b>BVH410 TEMPORARY NURSE STAFFING SERVICES</b>				
Item #	Description	Estimated Annual Usage Hours	Rate Per Hour	Extended Price
	<b>LICENSE PRACTICAL NURSE SHIFTS</b>			
1	6:45am - 3 pm Weekdays Monday - Friday	200	\$50	\$ 10,000.00
2	2:45pm - 11 pm Weekdays Monday - Friday	500	\$50	\$ 25,000.00
3	10:45pm - 7am Weekdays Monday - Friday	500	\$50	\$ 25,000.00
4	Holiday Shifts starting the night before at 11pm*	72	\$75	\$ 5,400.00
			\$	\$
	<b>LICENSED PRATICAL NURSE SHIFTS</b>			

	\$	\$
	\$	\$
	\$	\$
	\$	\$

<b>Failure to use this form may result in disqualification</b>	<b>Total</b>	\$ 65,400.00
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Bidder / Vendor Information:

Name: \_\_\_\_\_ Access Therapies, Inc \_\_\_\_\_

Address: \_\_\_\_\_ 7345 Woodland Dr, Suite B, Indianapolis, IN – 46278 \_\_\_\_\_

Phone# : \_\_\_\_\_ 317-300-7419 \_\_\_\_\_

Email Address: \_\_\_\_\_ Anmol@accesstherapies.com \_\_\_\_\_

Contract Coordinator Information:

Name: \_\_\_\_\_ Anmol Kapoor \_\_\_\_\_

Address: \_\_\_\_\_ 7345 Woodland Dr, Suite B, Indianapolis, IN – 46278 \_\_\_\_\_

Phone# : \_\_\_\_\_ 317-300-7419 \_\_\_\_\_

Email Address: \_\_\_\_\_ Anmol@accesstherapies.com \_\_\_\_\_

**This form is for bidding evaluation purposes only. Usage hours are only an estimation.**

**\*Holiday Shifts include only: Christmas, Thanksgiving and New Year's only - the shift starts at 11:00pm the night before and ends the next day at 11:00pm**





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

State of West Virginia  
 Request for Quotation  
 34 — Service - Prof

Proc Folder: 569704

Doc Description: Addendum #1 Temp LPN

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2019-08-06	2019-08-13 13:30:00	CRFQ 0618 BVH2000000004	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:

Access Therapies, Inc  
 7345 Woodland Dr, Suite B, Indianapolis, IN – 46278  
 317-300-7419

**FOR INFORMATION CONTACT THE BUYER**

Stephanie L Gale  
 (304) 558-8801  
 stephanie.l.gale@wv.gov

Signature X *Harvinder Dhani*

FEIN # 30-0245072

DATE 08-13-2019

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

**ADDITIONAL INFORMATION:**

Addendum #1 issued to:

1. Provide responses to technical questions.
2. To correct wording on the commodity line.

End of Addendum #1.

INVOICE TO		SHIP TO	
WEST VIRGINIA VETERANS HOME 512 WATER ST		WEST VIRGINIA VETERANS HOME 512 WATER ST	
BARBOURSVILLE	WV25504	BARBOURSVILLE	WV 25504
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Temp LPN	0.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
85101601			

**Extended Description :**

Temp LPN

<b>BVH2000000004</b>	<b>Document Phase</b> Final	<b>Document Description</b> Addendum #1 Temp LPN	<b>Page 3</b> <b>of 3</b>
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**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions



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

State of West Virginia  
 Request for Quotation  
 34 — Service - Prof

Proc Folder: 569704

Doc Description: Temp LPN

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2019-07-30	2019-08-13 13:30:00	CRFQ 0618 BVH2000000004	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:

Access Therapies, Inc  
 7345 Woodland Dr, Suite B, Indianapolis, IN – 46278  
 317- 300-7419

**FOR INFORMATION CONTACT THE BUYER**

Stephanie L Gale  
 (304) 558-8801  
 stephanie.l.gale@wv.gov

Signature X *Harvinder Dhani*

FEIN # 30-0245072

DATE 08-13-2019

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

**ADDITIONAL INFORMATION:**

The West Virginia Purchasing Division is soliciting bids on behalf of WV Veterans Home to establish an open-end contract for Licensed Practical Nurse(s) to comply with staffing needs of the State owned and operated facility.

INVOICE TO		SHIP TO	
WEST VIRGINIA VETERANS HOME 512 WATER ST		WEST VIRGINIA VETERANS HOME 512 WATER ST	
BARBOURSVILLE	WV25504	BARBOURSVILLE	WV 25504
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Temp RN	0.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
85101601			

**Extended Description :**

Temp RN

<b>BVH2000000004</b>	<b>Document Phase</b> Final	<b>Document Description</b> Temp LPN	<b>Page 3</b> <b>of 3</b>
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**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions



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

State of West Virginia  
 Request for Quotation  
 34 — Service - Prof

Proc Folder: 569704

Doc Description: Addendum #1 Temp LPN

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2019-08-06	2019-08-13 13:30:00	CRFQ 0618 BVH2000000004	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:

Access Therapies, Inc  
 7345 Woodland Dr, Suite B, Indianapolis, IN – 46278  
 317-300-7419

**FOR INFORMATION CONTACT THE BUYER**

Stephanie L Gale  
 (304) 558-8801  
 stephanie.l.gale@wv.gov

Signature X *Harvinder Dhani*

FEIN # 30-0245072

DATE 08-13-2019

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

**ADDITIONAL INFORMATION:**

Addendum #1 issued to:

1. Provide responses to technical questions.
2. To correct wording on the commodity line.

End of Addendum #1.

INVOICE TO		SHIP TO	
WEST VIRGINIA VETERANS HOME 512 WATER ST		WEST VIRGINIA VETERANS HOME 512 WATER ST	
BARBOURSVILLE	WV25504	BARBOURSVILLE	WV 25504
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Temp LPN	0.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
85101601			

Extended Description :

Temp LPN



**SOLICITATION NUMBER: CRFQ BVH2000000004**  
**Addendum Number: 1**

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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:**

Addendum #1 issued to:

1. Provide responses to technical questions.
2. To correct wording on the commodity line.

End of Addendum #1.

**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.

**Responses to Technical Questions**  
**Solicitation CRFQ BVH2000000004**

1. Inside the wvOASIS system the line items asks for a 'Temp RN' and we just wanted to verify if this was for RN or LPN.

**This solicitation is for Temporary LPN Staffing. The Commodity Line has been modified to match this description.**

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: BVH2000000004**

**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.

Access Therapies, Inc

\_\_\_\_\_  
Company

*Harvinder Dhani*

\_\_\_\_\_  
Authorized Signature

08-13-2019

\_\_\_\_\_  
Date

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

Revised 6/8/2012

## West Virginia Ethics Commission



### Disclosure of Interested Parties to Contracts

Pursuant to *W. Va. Code* § 6D-1-2, a state agency may not enter into a contract, or a series of related contracts, that has/have an actual or estimated value of \$100,000 or more until the business entity submits to the contracting state agency a Disclosure of Interested Parties to the applicable contract. In addition, the business entity awarded a contract is obligated to submit a supplemental Disclosure of Interested Parties reflecting any new or differing interested parties to the contract within 30 days following the completion or termination of the applicable contract.

For purposes of complying with these requirements, the following definitions apply:

*"Business entity"* means any entity recognized by law through which business is conducted, including a sole proprietorship, partnership or corporation.

*"Interested party"* or *"Interested parties"* means:

- (1) A business entity performing work or service pursuant to, or in furtherance of, the applicable contract, including specifically sub-contractors;
- (2) the person(s) who have an ownership interest equal to or greater than 25% in the business entity performing work or service pursuant to, or in furtherance of, the applicable contract. (This subdivision does not apply to a publicly traded company); and
- (3) the person or business entity, if any, that served as a compensated broker or intermediary to actively facilitate the applicable contract or negotiated the terms of the applicable contract with the state agency. (This subdivision does not apply to persons or business entities performing legal services related to the negotiation or drafting of the applicable contract.)

*"State agency"* means a board, commission, office, department or other agency in the executive, judicial or legislative branch of state government, including publicly funded institutions of higher education: Provided, that for purposes of *W. Va. Code* § 6D-1-2, the West Virginia Investment Management Board shall not be deemed a state agency nor subject to the requirements of that provision.

The contracting business entity must complete this form and submit it to the contracting state agency prior to contract award and to complete another form within 30 days of contract completion or termination.

*This form was created by the State of West Virginia Ethics Commission, 210 Brooks Street, Suite 300, Charleston, WV 25301-1804. Telephone: (304)558-0664; fax: (304)558-2169; e-mail: [ethics@wv.gov](mailto:ethics@wv.gov); website: [www.ethics.wv.gov](http://www.ethics.wv.gov).*

West Virginia Ethics Commission  
**Disclosure of Interested Parties to Contracts**

(Required by W. Va. Code § 6D-1-2)

Contracting Business Entity: Access Therapies, Inc Address: 7345 Woodland Dr, Suite B, Indianapolis, IN – 46278

Authorized Agent: Harvinder Dhani Address: 7345 Woodland Dr, Suite B, Indianapolis, IN – 46278

Contract Number: BVH2000000004 Contract Description: Temp LPN

Governmental agency awarding contract: \_\_\_\_\_

Check here if this is a Supplemental Disclosure

List the Names of Interested Parties to the contract which are known or reasonably anticipated by the contracting business entity for each category below (attach additional pages if necessary):

**1. Subcontractors or other entities performing work or service under the Contract**

Check here if none, otherwise list entity/individual names below.

**2. Any person or entity who owns 25% or more of contracting entity (not applicable to publicly traded entities)**

Check here if none, otherwise list entity/individual names below.

Prithvi S Dhani - 80%

**3. Any person or entity that facilitated, or negotiated the terms of, the applicable contract (excluding legal services related to the negotiation or drafting of the applicable contract)**

Check here if none, otherwise list entity/individual names below.

Signature: 

Date Signed: 08-13-2019

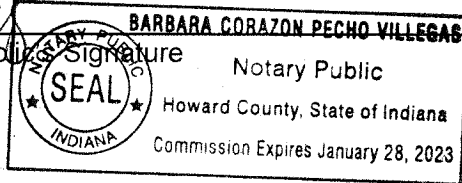
**Notary Verification**

State of Indiana, County of Marion:

I, Harvinder Dhani, the authorized agent of the contracting business entity listed above, being duly sworn, acknowledge that the Disclosure herein is being made under oath and under the penalty of perjury.

Taken, sworn to and subscribed before me this 13th day of August, 2019.

  
Notary Public's Signature



**To be completed by State Agency:**

Date Received by State Agency: \_\_\_\_\_

Date submitted to Ethics Commission: \_\_\_\_\_

Governmental agency submitting Disclosure: \_\_\_\_\_