



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.



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About



Welcome, Lu Anne Cottrill

Procurement

Budgeting

Accounts Receivable

Accounts Payable

Solicitation Response(SR)

Dept: 0511

ID: ESR07172000000000232

Ver.: 1

Function: New

Phase: Final

Modified by batch , 07/17/2020

Header 4

List View

General Information

Contact

Default Values

Discount

Document Information

Procurement Folder: 730736

Procurement Type: Central Master Agreement

Vendor ID: VS0000009191

Legal Name: APS Healthcare Quality Review Inc

Alias/DBA:

Total Bid: \$3,378,155.44

Response Date: 07/17/2020

Response Time: 12:15

SO Doc Code: CRFQ

SO Dept: 0511

SO Doc ID: BMS2000000003

Published Date: 7/13/20

Close Date: 7/17/20

Close Time: 13:30

Status: Closed

Solicitation Description: Addendum No.02 -
PSYCHOLOGICAL CONSULT

Total of Header Attachments: 4

Total of All Attachments: 4



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

State of West Virginia
Solicitation Response

Proc Folder : 730736

Solicitation Description : Addendum No.02 - PSYCHOLOGICAL CONSULT SERVICES

Proc Type : Central Master Agreement

Date issued	Solicitation Closes	Solicitation Response	Version
	2020-07-17 13:30:00	SR 0511 ESR07172000000000232	1

VENDOR

VS0000009191

APS Healthcare Quality Review Inc

Solicitation Number: CRFQ 0511 BMS2000000003

Total Bid : \$3,378,155.44 Response Date: 2020-07-17 Response Time: 12:15:06

Comments:

FOR INFORMATION CONTACT THE BUYER

Brittany E Ingraham
(304) 558-0067
brittany.e.ingraham@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	Start-up Costs				\$0.00

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description : Start-up Costs
09/01/2020-09/30/2020

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Year 1: Vendor Administrative Operation Requirements				\$450,082.09

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description : Program: 4.1.1.1 - 4.1.1.19 Vendor Administrative Operation Requirements
Year one: 10/01/2020-08/31/2021

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	Year 1: ICF/IID Program Eligibility				\$99,473.73

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description : Program: 4.1.2.1 - 4.1.2.5- ICF/IID Program Eligibility
Year one: 10/01/2020-08/31/2021

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	Year 1: PASSR Program Eligibility Level II				\$54,037.14

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description : Program: 4.1.3.1 - 4.1.3.5.4- PASSR Program Eligibility Level II
Year one: 10/01/2020-08/31/2021

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	Year 1: I/DD Waiver Eligibility				\$171,909.02

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description : Program: 4.1.4.1 - 4.1.4.11-I/DD Waiver Eligibility
Year one: 10/01/2020-08/31/2021

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	Year 1: CDCSP Waiver Eligibility				\$40,732.03

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description : Program: 4.1.5.1 - 4.1.5.6-CDCSP Waiver Eligibility
Year one: 10/01/2020-08/31/2021

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
7	Year 1: CSED Waiver Eligibility				\$9,188.46

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description : Program: 4.1.6.1 - 4.1.6.10-CSED Waiver Eligibility
Year one: 10/01/2020-08/31/2021

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
8	Year 1: Additional Services				\$125.00

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description : Program: 4.1.7.1 - 4.1.7.1-Additional Services
Year one: 10/01/2020-08/31/2021

The rate of pay will be on an hourly rate.

Comments: Per Exhibit A - this is the all inclusive hourly rate.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
9	Year 1: Optional Services				\$125.00

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :	Program: 4.1.8.1 - 4.1.8.1-Optional Services Year one: 10/01/2020-08/31/2021 The rate of pay will be on an hourly rate.
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Comments: Per Exhibit A - this is the all inclusive hourly rate.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
10	Year 1: Pass Through Charges				\$0.00

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :	Program: 4.1.4.8-Pass through charges Year one: 10/01/2020-08/31/2021
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
11	Year 1: Ad Hoc Reporting				\$100.00

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :	Program: 4.1.1.4-Ad Hoc Reporting Year one: 10/01/2020-08/31/2021 The rate of pay will be on an hourly rate.
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Comments: Per Exhibit A - this is the all inclusive hourly rate.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
12	Year 2: Vendor Administrative Operation Requirements				\$456,833.32

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :	Program: 4.1.1.1 - 4.1.1.19 Vendor Administrative Operation Requirements Year two: 09/01/2021-08/31/2022
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
13	Year 2: ICF/IID Program Eligibility				\$100,965.84

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description : Program: 4.1.2.1 - 4.1.2.5- ICF/IID Program Eligibility
Year two: 09/01/2021-08/31/2022

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
14	Year 2: PASSR Program Eligibility Level II				\$54,847.70

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description : Program: 4.1.3.1 - 4.1.3.5.4- PASSR Program Eligibility Level II
Year two: 09/01/2021-08/31/2022

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
15	Year 2: I/DD Waiver Eligibility				\$174,487.65

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description : Program: 4.1.4.1 - 4.1.4.11-I/DD Waiver Eligibility
Year two: 09/01/2021-08/31/2022

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
16	Year 2: CDCSP Waiver Eligibility				\$41,343.01

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description : Program: 4.1.5.1 - 4.1.5.6-CDCSP Waiver Eligibility
Year two: 09/01/2021-08/31/2022

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
17	Year 2: CSED Waiver Eligibility				\$9,326.29

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description : Program: 4.1.6.1 - 4.1.6.10-CSED Waiver Eligibility
Year two: 09/01/2021-08/31/2022

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
18	Year 2: Additional Services				\$126.88

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description : Program: 4.1.7.1 - 4.1.7.1-Additional Services
Year two: 09/01/2021-08/31/2022

The rate of pay will be on an hourly rate.

Comments: Per Exhibit A - this is the all inclusive hourly rate.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
19	Year 2: Optional Services				\$126.88

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description : Program: 4.1.8.1 - 4.1.8.1-Optional Services
Year two: 09/01/2021-08/31/2022

The rate of pay will be on an hourly rate.

Comments: Per Exhibit A - this is the all inclusive hourly rate.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
20	Year 2: Pass Through Charges				\$0.00

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description : Program: 4.1.4.8-Pass through charges
Year two: 09/01/2021-08/31/2022

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
21	Year 2: Ad Hoc Reporting				\$101.50

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description : Program: 4.1.1.4-Ad Hoc Reporting
Year two: 09/01/2021-08/31/2022

The rate of pay will be on an hourly rate.

Comments: Per Exhibit A - this is the all inclusive hourly rate.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
22	Year 3: Vendor Administrative Operation Requirements				\$463,685.82

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description : Program: 4.1.1.1 - 4.1.1.19 Vendor Administrative Operation Requirements
Year three: 09/01/2022-08/31/2023

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
23	Year 3: ICF/IID Program Eligibility				\$102,480.33

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description : Program: 4.1.2.1 - 4.1.2.5- ICF/IID Program Eligibility
Year three: 09/01/2022-08/31/2023

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
24	Year 3: PASSR Program Eligibility Level II				\$55,670.42

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description : Program: 4.1.3.1 - 4.1.3.5.4- PASSR Program Eligibility Level II
Year three: 09/01/2022-08/31/2023

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
25	Year 3: I/DD Waiver Eligibility				\$177,104.97

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description : Program: 4.1.4.1 - 4.1.4.11-I/DD Waiver Eligibility
Year three: 09/01/2022-08/31/2023

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
26	Year 3: CDCSP Waiver Eligibility				\$41,963.16

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description : Program: 4.1.5.1 - 4.1.5.6-CDCSP Waiver Eligibility
Year three: 09/01/2022-08/31/2023

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
27	Year 3: CSED Waiver Eligibility				\$9,466.19

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description : Program: 4.1.6.1 - 4.1.6.10-CSED Waiver Eligibility
Year three: 09/01/2022-08/31/2023

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
28	Year 3: Additional Services				\$128.78

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description : Program: 4.1.7.1 - 4.1.7.1-Additional Services
Year three: 09/01/2022-08/31/2023

The rate of pay will be on an hourly rate.

Comments: Per Exhibit A - this is the all inclusive hourly rate.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
29	Year 3: Optional Services				\$128.78

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :	Program: 4.1.8.1 - 4.1.8.1-Optional Services Year three: 09/01/2022-08/31/2023 The rate of pay will be on an hourly rate.
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Comments: Per Exhibit A - this is the all inclusive hourly rate.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
30	Year 3: Pass Through Charges				\$0.00

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :	Program: 4.1.4.8-Pass through charges Year three: 09/01/2022-08/31/2023
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
31	Year 3: Ad Hoc Reporting				\$103.02

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :	Program: 4.1.1.4-Ad Hoc Reporting Year three: 09/01/2022-08/31/2023 The rate of pay will be on an hourly rate.
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Comments: Per Exhibit A - this is the all inclusive hourly rate.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
32	Year 4: Vendor Administrative Operation Requirements				\$470,641.11

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :	Program: 4.1.1.1 - 4.1.1.19 Vendor Administrative Operation Year four: 09/01/2023-08/31/2024
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
33	Year 4: ICF/IID Program Eligibility				\$104,017.53

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description : Program: 4.1.2.1 - 4.1.2.5- ICF/IID Program Eligibility
Year four: 09/01/2023-08/31/2024

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
34	Year 4: PASSR Program Eligibility Level II				\$56,505.47

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description : Program: 4.1.3.1 - 4.1.3.5.4- PASSR Program Eligibility Level II
Year four: 09/01/2023-08/31/2024

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
35	Year 4: I/DD Waiver Eligibility				\$179,761.54

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description : Program: 4.1.4.1 - 4.1.4.11-I/DD Waiver Eligibility
Year four: 09/01/2023-08/31/2024

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
36	Year 4: CDCSP Waiver Eligibility				\$42,592.61

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description : Program: 4.1.5.1 - 4.1.5.6-CDCSP Waiver Eligibility
Year four: 09/01/2023-08/31/2024

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
37	Year 4: CSED Waiver Eligibility				\$9,608.18

Comm Code	Manufacturer	Specification	Model #
85121608			
Extended Description :	Program: 4.1.6.1 - 4.1.6.10-CSED Waiver Eligibility Year four: 09/01/2023-08/31/2024		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
38	Year 4: Additional Services				\$130.71

Comm Code	Manufacturer	Specification	Model #
85121608			
Extended Description :	Program: 4.1.7.1 - 4.1.7.1-Additional Services Year four: 09/01/2023-08/31/2024 The rate of pay will be on an hourly rate.		

Comments: Per Exhibit A - this is the all inclusive hourly rate.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
39	Year 4: Optional Services				\$130.71

Comm Code	Manufacturer	Specification	Model #
85121608			
Extended Description :	Program: 4.1.8.1 - 4.1.8.1-Optional Services Year four: 09/01/2023-08/31/2024 The rate of pay will be on an hourly rate.		

Comments: Per Exhibit A - this is the all inclusive hourly rate.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
40	Year 4: Pass Through Charges				\$0.00

Comm Code	Manufacturer	Specification	Model #
85121608			
Extended Description :	Program: 4.1.4.8-Pass through charges Year four: 09/01/2023-08/31/2024		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
41	Year 4: Ad Hoc Reporting				\$104.57

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :	Program: 4.1.1.4-Ad Hoc Reporting Year four: 09/01/2023-08/31/2024 The rate of pay will be on an hourly rate.
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Comments: Per Exhibit A - This is the all inclusive hourly rate.



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: 730736

Doc Description: Addendum No.02 - PSYCHOLOGICAL CONSULT SERVICES

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2020-07-13	2020-07-17 13:30:00	CRFQ 0511 BMS2000000003	3

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:

Keystone Peer Review Organization, Inc.
777 East Park Drive, Harrisburg, PA, 17111
(717) 564-8288

FOR INFORMATION CONTACT THE BUYER

Brittany E Ingraham
(304) 558-0067
brittany.e.ingraham@wv.gov

Signature X

FEIN # 23-2348176

DATE July 17, 2020

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

ADDITIONAL INFORMATION:

Addendum No.02 - The purpose of this addendum is to:

1. Modify bid opening date:

Bid opening WAS 07/15/2020 at 1:30 PM ET
 Bid opening IS NOW 07/17/2020 at 1:30 PM ET

2. Provide vendor questions and agency responses.

No other changes.

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Start-up Costs	0.00000			\$0.00

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Start-up Costs
 09/01/2020-09/30/2020

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Year 1: Vendor Administrative Operation Requirements	0.00000			\$450,082.09

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.1.1 - 4.1.1.19 Vendor Administrative Operation Requirements
 Year one: 10/01/2020-08/31/2021

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Year 1: ICF/IID Program Eligibility	0.00000			\$99,473.73

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.2.1 - 4.1.2.5- ICF/IID Program Eligibility
Year one: 10/01/2020-08/31/2021

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	Year 1: PASSR Program Eligibility Level II	0.00000			\$54,037.14

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.3.1 - 4.1.3.5.4- PASSR Program Eligibility Level II
Year one: 10/01/2020-08/31/2021

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
5	Year 1: I/DD Waiver Eligibility	0.00000			\$171,909.02

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.4.1 - 4.1.4.11-I/DD Waiver Eligibility
Year one: 10/01/2020-08/31/2021

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
6	Year 1: CDCSP Waiver Eligibility	0.00000			\$40,732.03

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.5.1 - 4.1.5.6-CDCSP Waiver Eligibility
Year one: 10/01/2020-08/31/2021

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
7	Year 1: CSED Waiver Eligibility	0.00000			\$9,188.46

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.6.1 - 4.1.6.10-CSED Waiver Eligibility
Year one: 10/01/2020-08/31/2021

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
8	Year 1: Additional Services	0.00000		\$125.00	

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.7.1 - 4.1.7.1-Additional Services
Year one: 10/01/2020-08/31/2021

The rate of pay will be on an hourly rate.

Estimated quantity: 100 hours per year

Actual quantities may be more or less based upon need.

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
9	Year 1: Optional Services	0.00000		\$125.00	

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.8.1 - 4.1.8.1-Optional Services
Year one: 10/01/2020-08/31/2021

The rate of pay will be on an hourly rate.

Estimated quantity: 100 hours per year

Actual quantities may be more or less based upon need.

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
10	Year 1: Pass Through Charges	0.00000			\$0.00

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.4.8-Pass through charges
Year one: 10/01/2020-08/31/2021

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
11	Year 1: Ad Hoc Reporting	0.00000		\$100.00	

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.1.4-Ad Hoc Reporting
Year one: 10/01/2020-08/31/2021

The rate of pay will be on an hourly rate.

Estimated quantity: 20 hours per year

Actual quantities may be more or less based upon need.

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
12	Year 2: Vendor Administrative Operation Requirements	0.00000			\$456,833.32

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.1.1 - 4.1.1.19 Vendor Administrative Operation Requirements
Year two: 09/01/2021-08/31/2022

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
13	Year 2: ICF/IID Program Eligibility	0.00000			\$100,965.84

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.2.1 - 4.1.2.5- ICF/IID Program Eligibility
Year two: 09/01/2021-08/31/2022

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
14	Year 2: PASSR Program Eligibility Level II	0.00000			\$54,847.70

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.3.1 - 4.1.3.5.4- PASSR Program Eligibility Level II
Year two: 09/01/2021-08/31/2022

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
15	Year 2: I/DD Waiver Eligibility	0.00000			\$174,487.65

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.4.1 - 4.1.4.11-I/DD Waiver Eligibility
Year two: 09/01/2021-08/31/2022

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
16	Year 2: CDCSP Waiver Eligibility	0.00000			\$41,343.01

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.5.1 - 4.1.5.6-CDCSP Waiver Eligibility
Year two: 09/01/2021-08/31/2022

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
17	Year 2: CSED Waiver Eligibility	0.00000			\$9,326.29

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.6.1 - 4.1.6.10-CSED Waiver Eligibility
 Year two: 09/01/2021-08/31/2022

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
18	Year 2: Additional Services	0.00000		\$126.88	

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.7.1 - 4.1.7.1-Additional Services
 Year two: 09/01/2021-08/31/2022

The rate of pay will be on an hourly rate.

Estimated quantity: 100 hours per year

Actual quantities may be more or less based upon need.

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
19	Year 2: Optional Services	0.00000		\$126.88	

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.8.1 - 4.1.8.1-Optional Services
Year two: 09/01/2021-08/31/2022

The rate of pay will be on an hourly rate.

Estimated quantity: 100 hours per year

Actual quantities may be more or less based upon need.

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
20	Year 2: Pass Through Charges	0.00000			\$0.00

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.4.8-Pass through charges
Year two: 09/01/2021-08/31/2022

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
21	Year 2: Ad Hoc Reporting	0.00000		\$101.50	

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.1.4-Ad Hoc Reporting
Year two: 09/01/2021-08/31/2022

The rate of pay will be on an hourly rate.

Estimated quantity: 20 hours per year

Actual quantities may be more or less based upon need.

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
22	Year 3: Vendor Administrative Operation Requirements	0.00000			\$463,685.82

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.1.1 - 4.1.1.19 Vendor Administrative Operation Requirements
Year three: 09/01/2022-08/31/2023

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
23	Year 3: ICF/IID Program Eligibility	0.00000			\$102,480.33

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.2.1 - 4.1.2.5- ICF/IID Program Eligibility
Year three: 09/01/2022-08/31/2023

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
24	Year 3: PASSR Program Eligibility Level II	0.00000			\$55,670.42

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.3.1 - 4.1.3.5.4- PASSR Program Eligibility Level II
Year three: 09/01/2022-08/31/2023

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
25	Year 3: I/DD Waiver Eligibility	0.00000			\$177,104.97

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.4.1 - 4.1.4.11-I/DD Waiver Eligibility
Year three: 09/01/2022-08/31/2023

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
26	Year 3: CDCSP Waiver Eligibility	0.00000			\$41,963.16

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.5.1 - 4.1.5.6-CDCSP Waiver Eligibility
Year three: 09/01/2022-08/31/2023

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
27	Year 3: CSED Waiver Eligibility	0.00000			\$9,466.19

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.6.1 - 4.1.6.10-CSED Waiver Eligibility
Year three: 09/01/2022-08/31/2023

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
28	Year 3: Additional Services	0.00000		\$128.78	

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.7.1 - 4.1.7.1-Additional Services
Year three: 09/01/2022-08/31/2023

The rate of pay will be on an hourly rate.

Estimated quantity: 100 hours per year

Actual quantities may be more or less based upon need.

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
29	Year 3: Optional Services	0.00000		\$128.78	

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.8.1 - 4.1.8.1-Optional Services
Year three: 09/01/2022-08/31/2023

The rate of pay will be on an hourly rate.

Estimated quantity: 100 hours per year

Actual quantities may be more or less based upon need.

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
30	Year 3: Pass Through Charges	0.00000			\$0.00

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.4.8-Pass through charges
Year three: 09/01/2022-08/31/2023

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
31	Year 3: Ad Hoc Reporting	0.00000		\$103.02	

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.1.4-Ad Hoc Reporting
Year three: 09/01/2022-08/31/2023

The rate of pay will be on an hourly rate.

Estimated quantity: 20 hours per year

Actual quantities may be more or less based upon need.

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
32	Year 4: Vendor Administrative Operation Requirements	0.00000			\$470,641.11

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.1.1 - 4.1.1.19 Vendor Administrative Operation
Year four: 09/01/2023-08/31/2024

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
33	Year 4: ICF/IID Program Eligibility	0.00000			\$104,017.53

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.2.1 - 4.1.2.5- ICF/IID Program Eligibility
Year four: 09/01/2023-08/31/2024

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
34	Year 4: PASSR Program Eligibility Level II	0.00000			\$56,505.47

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.3.1 - 4.1.3.5.4- PASSR Program Eligibility Level II
Year four: 09/01/2023-08/31/2024

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
35	Year 4: I/DD Waiver Eligibility	0.00000			\$179,761.54

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.4.1 - 4.1.4.11-I/DD Waiver Eligibility
Year four: 09/01/2023-08/31/2024

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
36	Year 4: CDCSP Waiver Eligibility	0.00000			\$42,592.61

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.5.1 - 4.1.5.6-CDCSP Waiver Eligibility
Year four: 09/01/2023-08/31/2024

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
37	Year 4: CSED Waiver Eligibility	0.00000			\$9,608.18

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.6.1 - 4.1.6.10-CSED Waiver Eligibility
Year four: 09/01/2023-08/31/2024

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
38	Year 4: Additional Services	0.00000		\$130.71	

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.7.1 - 4.1.7.1-Additional Services
Year four: 09/01/2023-08/31/2024

The rate of pay will be on an hourly rate.

Estimated quantity: 100 hours per year

Actual quantities may be more or less based upon need.

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
39	Year 4: Optional Services	0.00000		\$130.71	

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.8.1 - 4.1.8.1-Optional Services
Year four: 09/01/2023-08/31/2024

The rate of pay will be on an hourly rate.

Estimated quantity: 100 hours per year

Actual quantities may be more or less based upon need.

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
40	Year 4: Pass Through Charges	0.00000			\$0.00

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.4.8-Pass through charges
Year four: 09/01/2023-08/31/2024

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
41	Year 4: Ad Hoc Reporting	0.00000		\$104.57	

Comm Code	Manufacturer	Specification	Model #
85121608			

Extended Description :

Program: 4.1.1.4-Ad Hoc Reporting
Year four: 09/01/2023-08/31/2024

The rate of pay will be on an hourly rate.

Estimated quantity: 20 hours per year

Actual quantities may be more or less based upon need.

SCHEDULE OF EVENTS

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Q&A Deadline (10:00 AM)	2020-07-08

BMS2000000003	Document Phase Draft	Document Description Addendum No.02 - PSYCHOLOGICAL CONSULT SERVICES	Page 21 of 21
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ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

SOLICITATION NUMBER: CRFQ 0511 BMS2000000003
Addendum Number: 2

The purpose of this addendum is to modify the solicitation identified as CRFQ 0511 BMS2000000003 ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

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

Additional Documentation: The purpose of this addendum is to:

1. Modify bid opening date:

Bid opening WAS 07/15/2020 at 1:30 PM ET
Bid opening IS NOW 07/17/2020 at 1:30 PM ET

2. Provide vendor questions and agency responses.

No other changes.

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.

Q&A Addendum CRFQ 0511 BMS 20*3

Question Number	Section Number	Page Number	Question	Answer
1	4.1.1.8 & 4.1.1.13	47,48	Is the vendor able to participate or represent the Bureau in Fair Hearings electronically/telephonically no matter the venue chosen by the recipient?	No. If the recipient chooses an in person hearing, the vendor will meet face to face with the recipient and videoconference in with the Office of Inspector General (OIG)/Board of Review (BOR) Hearings Officer
2	4.1.1.9 & 4.1.3.1	47,51	How will the vendor be notified that PASRR Level II evaluations are required?	Level II evaluations are triggered from Level I evaluations conducted by KEPRO. KEPRO notifies the vendor of the need for a Level II.
3	4.1.1.5.2	46	Please provide the 2019 and YTD 2020 volume for the following: CDCSP denials CDCSP re-determination approvals CDCSP re-determination denials CDCSP attorney consults CDCSP Fair Hearings – Pre-hearing approvals CDCSP Fair Hearings – completed hearings CDCSP Fair Hearings – withdrawals CDCSP Fair Hearings – abandoned	CDCSP: 2019 19 denials 83 re-determination approvals 4 re-determination denials 0 attorney consults 2 PHC approvals 7 completed MFHs 2 MFH withdrawals 3 MFH abandoned CDCSP: 2020-YTD as of 7/10/20 10 denials 49 re-determination approvals 5 re-determination denials 0 attorney consults 3 PHC approvals 3 completed MFHs 0 MFH withdrawals 0 MFH abandoned
4	4.1.1.5.3	46	Please provide the 2019 and YTD 2020 volume for the following: ICF/IID denials ICF/IID re-determination approvals ICF/IID re-determination denials ICF/IID attorney consults ICF/IID Fair Hearings – Pre-hearing approvals ICF/IID Fair Hearings – completed hearings ICF/IID Fair Hearings – withdrawals ICF/IID Fair Hearings – abandoned	2019 8 applicant denials; 462 redetermination approvals; 0 redetermination denials; 0 attorney consults; 1 pre-hearing approval; 2 completed hearings; 1 withdrawal; 0 abandoned; 2020 YTD as of 7/10/20 7 denials; 246 redetermination approvals; 0 redetermination denials; 0 attorney consults, pre-hearing approvals, completed hearings, withdrawals, and abandoned
5	4.1.1.5.4	46	Please provide the 2019 and YTD 2020 volume for the following: PASRR Level II out of state referrals	PASRR Level II: 2019: 225 PASRR Level II: 2020 YTD as of 7/10/20: 77

6	4.1.1.5.4	46	When PASRR Level II evaluations are required for out of state referrals, is the vendor able to complete via desk review?	Yes
7	4.1.1.5.5	46	Please provide the 2019 and YTD 2020 volume for the following: IDDW denials IDDW re-determination approvals IDDW re-determination denials IDDW attorney consults IDDW Fair Hearings – Pre-hearing approvals IDDW Fair Hearings – completed hearings IDDW Fair Hearings – withdrawals IDDW Fair Hearings – abandoned	IDDW: 2019 174 initial denials 4,623 re-determination approvals 3 re-determination denials 1 attorney consults 3 PHC approvals 37 completed hearings 1 withdrawal 1 abandoned IDDW: 2020-YTD as of 7/10/20 146 initial denials 2,329 re-determination approvals 2 re-determination denials 0 attorney consults 1 PHC approvals 23 completed hearings 0 withdrawals 0 abandoned
8	4.1.1.5.6	46	Please provide the 2019 and YTD 2020 volume for the following: CSEDW denials CSEDW re-determination approvals CSEDW re-determination denials CSEDW attorney consults CSEDW Fair Hearings – Pre-hearing approvals CSEDW Fair Hearings – completed hearings CSEDW Fair Hearings – withdrawals CSEDW Fair Hearings – abandoned	CSEDW: 2019 0 for all CSEDW: 2020-YTD as of 7/10/20 14 Denials 0 for all else
9	4.1.1.2/4.1.6.2	45-46/54	Both sections reference annual redeterminations of medical eligibility and stipulate the determination must be made prior to each member's annual anchor date. The data utilized to make these determinations are provided by a different vendor for BMS. Thus, we are at the mercy of this entity before a determination can be made.	The anchor date is the 1st day of the month following determination of medical eligibility, thus the medical eligibility contractor sets the anchor date and the other vendor just tracks it. Upon award of the contract, the successful vendor will be given a list of all current members and their anchor dates so the successful vendor can build their own data base.
10	4.1.4.9	53	4.1.4.9 This mandatory is unclear. We are not sure what communication is to be uploaded to the ASO's web portal.	The eligibility determinations are to be uploaded to the ASO web portal

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ 0511 BMS2000000003

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 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.

Keystone Peer Review Organization, Inc.

Company



Meghan Harris
EVP, Chief Operations Officer

Authorized Signature

July 17, 2020

Date

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

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.

Susan Norris, Ph.D., Vice President

(Name, Title)

Susan Norris, Ph.D., Vice President

(Printed Name and Title)

777 East Park Drive, Harrisburg, PA, 17111

(Address)

(717) 265-7012 / (717) 564-3862

(Phone Number) / (Fax Number)

snorris@kepro.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.

Keystone Peer Review Organization, Inc.

(Company)

Meghan Harris, EVP, Chief Operations Officer

(Authorized Signature) (Representative Name, Title)

Meghan Harris, EVP, Chief Operations Officer

(Printed Name and Title of Authorized Representative)

July 17, 2020

(Date)

(615) 933-0253 / (717) 564-3862

(Phone Number) (Fax Number)

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SPECIFICATIONS

- 1. PURPOSE AND SCOPE:** The West Virginia Purchasing Division is soliciting bids on behalf of West Virginia Department of Health and Human Resources, Bureau for Medical Services “BMS” (hereinafter referred to as the “Bureau” or “BMS”) to establish a contract for Psychological Consultant Services to assist the Bureau in managing the provision of Medicaid services to applicants and recipients in the areas of Nursing Facility (NF), Intermediate Care Facility/Individuals with Intellectual Disabilities (ICF/IID), the Intellectual/Developmental Disabilities (I/DD) Waiver, Children with Disabilities Community Services Program (CDCSP), and Children with Severe Emotional Disorders (CSED) Waiver. The Bureau is responsible for the development of policies and procedures for statewide implementation of the Medicaid program under the federally approved State Plan. The Bureau also interacts with other interdepartmental divisions as well as with all medical services practitioners, providers and provider organizations. Professional psychological participation and/or medical participation in the programmatic decisions and determinations for individual with Intellectual disabilities, developmental disabilities or related condition and Children with Severe Emotional Disorders is a requirement for the receipt of Federal matching funds to Medicaid.

NOTE: This solicitation may be funded in whole or in part with Federal Funds and thus this solicitation and its resulting awarded contract are subject to the requirements of Attachment 1: Provisions Required for Federally Funded Procurements.

The WVDHHR has developed an Equal Employment Opportunity Policy EEOP Utilization Report and it is available at:

<http://www.wvdhhr.org/pdfs/H1.5%20Utilization%20Report%20and%20EEO%20policy.pdf>

ADDITIONAL INFORMATION:

The Bureau for Medical Services is required by the Centers for Medicare and Medicaid Services (CMS) to determine initial and annual medical eligibility for the ICF/IID, I/DD Waiver Program, CDCSP, and CSED Waiver. In addition, CMS and the Bureau mandates evaluating individuals who require a Pre-Admission Screening and Resident Review (PASRR) or Level II evaluation in order to determine appropriate placement for Medicaid applicants who apply for nursing level of care in a nursing facility and who may have a co-occurring mental health or intellectual disabilities/developmental condition.

It is necessary to determine the need for an ICF/IID level of care for the I/DD Waiver Program, the CDCSP Program, and the ICF/IID facilities. Additionally, it is necessary to determine the need for CDCSP applicants and annual determinations for active participants on the program who require an ICF/IID, Nursing Facility, or an Acute Care Hospital level of care. It is necessary to determine the need for a Psychiatric Residential Treatment Facility (PRTF) Level of Care for the CSED Waiver program. Level of care for admission to a nursing facility requires a PASRR, Level

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II, evaluation for individuals with a physical/ medical condition or related condition or a mental health condition. All individuals must have an annual redetermination for all the programs listed above.

The Bureau's contracted agent is expected to receive approximately 400 initial I/DD Waiver certifications and approximately 5,964 I/DD Waiver re-certifications annually. BMS receives approximately 164 CDCSP initial and re-certification reviews annually. For the ICF/IID, there are approximately 100 initial determinations and 500 redeterminations annually. For the CSER Waiver, there are approximately 500 initial and re-certifications annually. For the Level II, PASRR program there are approximately 1,017 face to face determinations for nursing facility level of care and 1,600 desk reviews annually. The Bureau for Medical Services Commissioner or representative, shall serve as the primary contact for the RFQ.

CMS requires quality assurance and quality improvement. The computer system, data collection, and system interface are key elements to the functionality of the eligibility process and quality improvement activities. In order to monitor quality, the eligibility system is dependent upon a routine collection of data and data systems that yield data reports and coordination with BMS contractors who conduct quality monitoring activities. Data reports lead to quality improvement activities. It is necessary to have a data system that collects specific, timely and accurate data, is accessible and interfaces with other data systems (DHHR and/or DHHR contractors). Documentation, data and record storage must be maintained in compliance with Federal and State regulations. Records, data, or physical location must be accessible to Federal or State Review and BMS (and other State contractors acting on behalf of the Bureau for Medical Services).

The first year of this contract will consist of a one (1) month startup phase and eleven months of operations.

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 to assist the Bureau in managing the provision of Medicaid services to applicants and recipients in the areas of Nursing Facility (NF), Intermediate Care Facility/Individuals with Intellectual Disabilities (ICF/IID), the Intellectual/Developmental Disabilities (I/DD) Waiver, Children with Disabilities Community Services Program (CDCSP), and Children with Serious Emotional Disorders (CSER) Waiver as more fully described in these specifications.

2.2 "Instructions for Pricing" attached hereto as Exhibit A, which will instruct the Vendor how to 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.

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2.4 “QUARTER” means quarter one is January 1 through March 31. Quarter two is April 1 through June 30. Quarter three is July 1 through September 30. Quarter four is October 1 through December 31.

3. QUALIFICATIONS: Vendor, or Vendor’s staff if requirements are inherently limited to individuals rather than corporate entities, shall have the following minimum qualifications. Compliance will be determined prior to contract award by the State through documentation provided by the Vendor with its bid or upon request, Vendor must provide any documentation requested by the State to assist in confirmation of compliance with this provision. References, documentation, or other information to confirm compliance with this experience requirement are preferred with the bid submission but may be requested after bid opening and prior to contract award.

3.1. The vendor must have five (5) years’ experience and knowledge of the Federal and State Medicaid rules and regulations as demonstrated by providing documentation of reports, evaluations and training materials created/developed by the Vendor pertaining to ICF/IID facilities.

3.2. The vendor must have five (5) years’ experience and knowledge of the Federal and State Medicaid rules and regulations as demonstrated by providing documentation of reports, evaluations and training materials created/developed by the Vendor pertaining to I/DD Waiver services.

3.3. The vendor must have five (5) years’ experience and knowledge of the Federal and State Medicaid rules and regulations as demonstrated by providing documentation of reports, evaluations and training materials created/developed by the Vendor pertaining to the CDCSP program.

3.4. The vendor must have five (5) years’ experience and knowledge of the Federal and State Medicaid rules and regulations as demonstrated by providing documentation of reports, evaluations and training materials created/developed by the Vendor pertaining to the Nursing Facilities PASRR, Level II program.

3.5. The vendor must have one (1) year experience and knowledge of the Federal and State Medicaid rules and regulations as demonstrated by providing documentation of reports, evaluations and training materials created/developed by the Vendor pertaining to children with serious emotional disorders or similar program.

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3.6. The vendor must have (2) WV licensed psychologists with (5) years of experience, knowledge and expertise as stipulated to make the eligibility determination requirements in this RFQ for all five programs as demonstrated by providing documentation of reports, evaluations and training materials create-ed/developed by the Vendor. The vendor must ensure, at a minimum, (3) years' experience participating with the bureau in the Fair Hearing Process in all four (4) programs as demonstrated by including a list by years of the Fair Hearings attended.

3.6.1. The vendor must have at least one year of experience in managing networks of psychologists who completed specialized evaluations to determine the presence of Intellectual Disabilities, Related Conditions, Major Mental Illness, and Serious Emotional Disorders. The vendor must recruit, train, and supervise the cadre of psychologists throughout the state.

3.7 The vendor must provide one (1) WV licensed Registered Nurse to meet all requirements in the RFQ.

3.8 The vendor must also provide a dedicated Project Manager with either a minimum of a four-year degree in a Human Service field or be a WV licensed Registered Nurse to meet all requirements in this RFQ. One of the main functions of this project manager will be to serve as a point of contact for the Bureau, among other duties the vendor may have assigned.

4. MANDATORY REQUIREMENTS:

4.1 Mandatory Contract Services Requirements and Deliverables: Contract Services must meet or exceed the mandatory requirements listed below.

4.1.1 VENDOR ADMINISTRATIVE OPERATION REQUIREMENTS:

4.1.1.1 The vendor must assure that assessments are conducted in a setting and circumstances consistent with the Ethical Principles of Psychologists and Code of Conduct (<http://www.apa.org/ethics/code/>) and assures that environmental factor (e.g., work surfaces, lighting, etc.) do not interfere with the applicant/member's performance.

4.1.1.2 The vendor must submit quality management manual within thirty (30) calendar days of contract award. The manual must include a quality management plan to detail both quality assurance and quality improvement for each process. The results must be reported to BMS at

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monthly face to face or conferences call contract management team meetings. The manual and any updates must be approved by BMS fourteen (14) calendar days prior to implementation.

- 4.1.1.3** The vendor must develop a process and procedural manual for the eligibility and/or evaluation process for the CSED Waiver Program, I/DD Waiver Program, CDCSP Program, ICF/IID Facilities; list of Facilities as of 05/01/2020 can be found in Attachment A; and PASRR, Level II evaluations within (30) calendar days of contract award. The manual and any updates must be approved by BMS fourteen (14) calendar days prior to implementation.
- 4.1.1.4** The vendor must provide ad hoc data collection, data analysis, and data reporting to BMS on a daily, weekly, monthly basis, or as outlined by BMS specifications. BMS will outline the necessary data reports and time frame. The vendor will be given specifications and timelines for requested ad hoc reports. No data report requests shall take longer than fourteen (14) calendar days to complete. Ad Hoc Reporting shall be bid as an all-inclusive hourly rate and shall require Bureau approval of a Statement of Work (SOW) and submission of a related Cost Estimate.
- 4.1.1.5** The Vendor will generate standard ongoing quarterly data reports and provide to the Bureau for Medical Services by the 15th day of the month following the end of a quarter or on the next working day after a holiday or weekend day. The Vendor must provide quarterly reports that indicate data charts and quality assurance performance measures in a format compatible with the Bureau's computer software programs BMS will outline the necessary quarterly data reports below:
 - 4.1.1.5.1** Total Evaluation Data: to include initial approvals, denials, re-determination approvals, re-determination denials.
 - 4.1.1.5.2** CDCSP: Initial approvals, denials, re-determination approvals, re-determination denials, attorney consults.
 - 4.1.1.5.3** ICF/IID: Initial approvals, denials, re-determination approvals, re-determination denials, attorney consults.
 - 4.1.1.5.4** PASRR, Level II: Desk reviews, out of state referrals, trainings for evaluators, trainings to providers.
 - 4.1.1.5.5** IDWW: Initial approvals, denials, re-determination approvals, re-determination denials, attorney consults.
 - 4.1.1.5.6** CSEDW: Initial approvals, denials, redetermination approvals, redetermination denials, attorney consults

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- 4.1.1.5.7** Fair Hearings: Pre-hearing approvals, completed hearings, withdraws, and abandoned.
- 4.1.1.5.8** Quality: Monitoring process utilizing data and quality information to engage in actions that assure continuous improvement.
- 4.1.1.6** The vendor will provide quarterly data reports by the 15th of the month or on the next working day after a holiday or weekend day following the end of a quarter to the Bureau regarding the number of certified/trained evaluators by area and the hearing status (number of hearings attended, name of member/hearing officer, status of member in the hearing process, and results of the hearing decision). At a minimum the quarterly data reporting must include the following (include interface or coordination with other state departments or BMS contractors):
 - 4.1.1.6.1** Evaluations completed and timelines.
 - 4.1.1.6.2** Eligibility decisions (approvals/denials).
 - 4.1.1.6.3** Hearing status and decisions.
- 4.1.1.7** The vendor will provide administrative operational functions necessary to support the medical eligibility process for the CSED Waiver Program, I/DD Waiver Program, CDCSP Program, ICF/IID Facilities and PASRR, Level II evaluations.
- 4.1.1.8** The vendor will provide data collection, reporting and the submission of information/data to BMS for operational tracking, quality assurance/improvement purposes, and methods for reporting on the contractual deliverables. The vendor must participate or represent the Bureau in Fair Hearings for PASRR, Level II assessments, I/DD Waiver medical eligibility determinations, CSED Waiver medical eligibility determinations, ICF/IID medical eligibility determinations, and CDCSP medical eligibility determinations on an as needed basis.
- 4.1.1.9** The Vendor must develop a process and procedural manual for the eligibility and/or evaluation processes for the CSED Waiver Program, I/DD Waiver Program, CDCSP Program, ICF/IID facilities, and PASRR Level II evaluations within (30) calendar days of contract award. The manual and any updates must be submitted for approval by BMS fourteen (14) calendar days prior to implementation for each eligibility and/or evaluation process.
- 4.1.1.10** The Vendor will develop a quality management manual that must be submitted for approval by BMS within thirty (30) calendar days of contract award. The manual must include a quality management plan

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to include both quality assurance standards and quality improvement activities for all program requirements. The results must be reported to BMS at monthly face to face or conference call contract management team meetings. The manual and any updates must be submitted for approval by BMS fourteen (14) calendar days prior to quality management implementation.

- 4.1.1.11** The Vendor will participate in a minimum of one (1) monthly contractual management meeting, via face to face as agreed upon and scheduled by BMS. In extenuating circumstances such as a global pandemic, BMS will allow this meeting to be conducted via conference call.
- 4.1.1.12** The Vendor will be responsible for providing all operational and administrative support services for the operation of the medical eligibility determinations for the CSED Waiver Program, I/DD Waiver Program, CDCSP Program, ICF/IID facilities, and PASRR Level II evaluations.
- 4.1.1.13** The Vendor will participate/represent the Bureau, either in person or electronically, in fair hearings for eligibility denials and/or termination for CSED Waiver determinations, PASRR Level II evaluations, I/DD Waiver determinations, ICF/IID determinations, and CDCSP determinations. The venue for these fair hearings is determined by the recipient when they complete the request for a Medicaid Fair Hearing.
 - 4.1.1.13.1** The Vendor must provide access via computer to members to remote video conferencing for fair hearings, as scheduled by the Board of Review.
- 4.1.1.14** The Vendor will be available five (5) days per week (Monday through Friday, excluding WV observed holidays: New Year's Eve 12:00 pm to 5:00 pm EST, New Year's Day, Martin Luther King Day, President's Day, Primary Election Day, Memorial Day, West Virginia Day, Independence Day, Labor Day, Columbus Day, General Election Day, Veterans' Day, Thanksgiving Day and the day after Thanksgiving, and Christmas Eve 12:00 pm to 5:00 pm EST, and Christmas Day) via telephone or e-mail during normal business hours (9:00 a.m. through 5:00 p.m.) Eastern Standard Time. The Vendor must be available for emergencies and must provide BMS with a 24-hour emergency name, phone number and email address.
- 4.1.1.15** The Vendor must specify their proposed West Virginia office location within 20 miles of 350 Capitol Street, Charleston, WV 25301 in order

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to allow access by the Department for monitoring, trainings, contract meetings and Medicaid Fair Hearings and provide the following:

4.1.1.15.1 A computer system that is compatible with the Bureau's operating systems, which can be found at <http://www.wvdhhr.org/mis/standards.asp> and <http://www.technology.wv.gov/ProductsAndServices/Pages/desktop-tools.aspx>,

4.1.1.15.2 Administrative and clerical/data support

4.1.1.15.3 The ability to electronically store and maintain current and archived member eligibility/medical records as required by regulation Chapter 300 Provider Participation Requirements, which can be found at

http://www.dhhr.wv.gov/bms/Provider/Documents/Manuals/bms_manuals_chapter%20300%20Provider%20Participation.pdf), in either paper or electronic format within thirty (30) calendar days of contract award.

4.1.1.16 The Vendor will provide, a minimum of one (1) to a maximum of five (5) face to face centrally located statewide training classes for each of the following programs annually: CSED Waiver, PASRR Level II, CDCSP, ICF/IID, and I/DD Waiver. All trainings and training materials must be submitted for approval by BMS at least fourteen (14) calendar days in advance of the training.

4.1.1.17 The vendor must maintain complete, accurate and legible records as outlined in Chapter 300 of the West Virginia Medicaid Policy Manual. Chapter 300 of the West Virginia Medicaid Policy Manual can be found at the following location: http://www.dhhr.wv.gov/bms/Provider/Documents/Manuals/bms_manuals_chapter%20300%20Provider%20Participation.pdf. Records must substantiate fully the type, scope and medical necessity of the services by member record. Documentation shall include the member name, service description, date and provider signature or other requirements as outlined in Medicaid Policy. The Member's file must be maintained for at least five (5) years after the last date of services. Any record that is under dispute or investigated must be maintained until the issue is resolved. Records must be readily accessible. The maintenance and electronic transmission of member records must be Health Insurance Portability and Accountability Act (HIPAA) compliant per Attachment_2 WV HIPAA Business Associate Addendum.

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4.1.1.18 The Vendor must agree to be bound by all service level agreements (SLA) contained in this solicitation (Appendix 1).

4.1.1.19 The Vendor must agree to submit to the Bureau for approval a Turnover and Closeout Plan within ninety (90) calendar days of contract award.

4.1.2 ICF/IID PROGRAM ELIGIBILITY:

4.1.2.1 The Vendor must determine ICF/IID eligibility initially and redeterminations annually within thirty (30) calendar days of receipt of a completed packet as described in the ICF/IID policy manual located at www.dhhr.wv.gov/bms, from the provider. Annual redeterminations are to be completed within thirty (30) calendar days of the anniversary date of initial eligibility and sent to the Vendor for review. Additionally, the Vendor will review ICAP response booklets to determine the reimbursement rate initially and annually thereafter to support accuracy of the rate.

4.1.2.2 The Vendor will provide the BMS claims fiscal agent within 90 days of post-admission the information required to generate authorizations for services which include, the ICAP level scores and corresponding effective and termination dates for ICF/IID facility participants. The Vendor will be responsible for creating a data transfer system with the claims fiscal agent, in order for Vendor to input information regarding authorizations.

4.1.2.3 The Vendor will utilize evaluations (Medical, Psychiatric, Psychological, etc.) submitted by the applicant to determine each resident's ICF/IID level of care.

4.1.2.4 The Vendor is required to perform an on-site review of the (ICAP) assessments per each facility on an annual basis for quality monitoring of the process. The Vendor will be required to visit 100% of all ICF/IID facilities in the first year of the contract. During the following three (3) optional renewal years, the vendor will assure that 50% of all facilities are randomly reviewed per renewal year.

4.1.2.5 The Vendor will notify the individual/member or legal representative and local county DHHR office in writing within thirty (30) calendar days, of the denial and appeal rights regarding the eligibility decision.

4.1.3 PASRR PROGRAM ELIGIBILITY LEVEL II:

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- 4.1.3.1** The Vendor will conduct an independent desk review or face-to-face visit for PASRR Level II evaluations to determine medical eligibility for individuals who may need nursing facility level of care and trigger Level II evaluation.
- 4.1.3.2** The Vendor or Level II evaluator will notify the referring entity of the results of the PASRR Level II evaluation in writing via completing Page six (6) on the PAS and written report (see Appendix 2), when requested within nine (9) calendar days of receipt of referral.
- 4.1.3.3** The Vendor shall be responsible for ensuring that the Level II evaluators complete all PASRR Level II evaluations within nine (9) calendar days of receipt of referral including a completed written report.
- 4.1.3.4** The Vendor shall recruit, train, and approve WV Licensed Psychologists throughout the state to conduct PASRR Level II evaluations and will be responsible for monitoring each evaluator through review of submitted reports.
- 4.1.3.5** The Vendor is responsible for all clerical and/or administrative functions associated with the determination of eligibility for PASRR Level II evaluations. Functions will include:
 - 4.1.3.5.1** Written notification of eligibility
 - 4.1.3.5.2** Tracking of applicants
 - 4.1.3.5.3** Requests for information regarding eligibility
 - 4.1.3.5.4** Tracking of eligibility decisions tracking of certified/trained/ approved evaluators and tracking of Medicaid fair hearing status.

4.1.4 I/DD WAIVER ELIGIBILITY:

- 4.1.4.1** The Vendor shall be responsible for the initial determination of medical eligibility within ninety (90) calendar days of a completed initial application request and will notify BMS or contracted agent in writing of all determinations.
- 4.1.4.2** The Vendor shall be responsible for annual re-determination of medical eligibility of members prior to each member's annual anchor date and will notify BMS and the I/DD Waiver Administrative Services Organization (ASO) in writing of all determinations. A member's

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anchor date is the annual date that each member's medical eligibility is due to be re-determined as well as the date for that member's annual Individual Program Plan (IPP).

- 4.1.4.3** The Vendor shall be responsible for the development and coordination of the Independent Psychologist Network (IPN) comprised of WV Licensed Psychologists, to ensure completion of the Independent Psychological Evaluation (IPE) assessments to determine initial medical eligibility for the I/DD Waiver program and second medical evaluations as requested by BMS.
- 4.1.4.4** The Vendor shall recruit, train and identify WV Licensed Psychologists throughout the state to conduct I/DD Waiver evaluations, including monitoring the accuracy of their reports and providing necessary re-education.
- 4.1.4.5** The Vendor in cooperation with the BMS I/DD Waiver ASO shall provide quarterly clinical reviews of evaluation reports as needed. The type, scope, and frequency shall be outlined in the Quality Indicators as developed by BMS and approved by CMS in the I/DD Waiver Application.
- 4.1.4.6** The Vendor will coordinate with the BMS I/DD Waiver ASO to ensure accurate reporting of quarterly data pertaining to evaluations completed, timelines, eligibility decisions and hearings.
- 4.1.4.7** The Vendor will be responsible for monitoring the IPN to ensure the initial request for evaluation is completed within ninety (90) calendar days.
- 4.1.4.8** The Vendor will be responsible for reimbursing IPN psychologists directly for completion of the Independent Psychological Evaluation at the prevailing Medicaid rate for applicants who are not Medicaid eligible at the time of assessment. This rate is determined every April by the DHHR Office of Accountability and Management reporting Rate Setting. Cost incurred by the Vendor for reimbursing IPN psychologists directly for the completion of the Independent Psychological Evaluation for non-Medicaid eligible applicants are considered a pass through cost and may be separately invoiced to the Bureau and are required to be included in the Vendor's Bid Submission with a zero (\$0.00) bid for this service (this is for bid purposes only). The successful vendor will invoice the Bureau for any evaluations completed for a recipient who

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does not have a Medicaid card and the Vendor will in turn reimburse the same amount to the IPN psychologist who completed the evaluation.

4.1.4.9 The Vendor will be responsible for communicating to the through the ASO's web portal that the completed evaluation is approved for processing for payment.

4.1.4.10 The Vendor will track and report receipt of all initial eligibility applications and assignments, completions and payments to all members of the IPN, completed evaluations by the IPN, and payments to the IPN.

4.1.4.11 The Vendor shall ensure that the IPN has the statewide coverage necessary to complete evaluations in the required timeframes.

4.1.5 CDCSP ELIGIBILITY:

4.1.5.1 The Vendor shall be responsible for assessment review and determination of required medical eligibility for the CDCSP.

4.1.5.2 The Vendor shall determine medical eligibility for the CDCSP within thirty (30) calendar days of receipt of a complete application and the vendor will notify applicants if an incomplete packet is received. .

4.1.5.3 The Vendor shall make annual re-determinations of medical eligibility for the CDCSP within thirty (30) calendar days of the individual's anchor date of medical eligibility. The anchor date will be established based upon initial eligibility.

4.1.5.4 The Vendor will utilize evaluations (Medical, Psychiatric, Psychological, etc.) submitted by the applicant in order to determine the level of care for the CDCSP.

4.1.5.5 The Vendor will notify in writing the individual/member or legal representative, DHHR county office, and BMS regarding the eligibility decision and appeal rights for the CDCSP within thirty (30) calendar days of receipt of a completed application.

4.1.5.6 The Vendor is responsible for all clerical and/or administrative functions associated with the determination of eligibility for the CDCSP. Functions will include written notification of eligibility, tracking of applicants, requests for information regarding eligibility,

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tracking of eligibility decisions, tracking of certified/trained/approved evaluators, and tracking of Medicaid fair hearing status.

4.1.6 CSED WAIVER ELIGIBILITY:

- 4.1.6.1** The Vendor shall be responsible for the initial determination of medical eligibility within forty-five (45) calendar days of a completed initial application request and will notify BMS or contracted agent in writing of all determinations.
- 4.1.6.2** The Vendor shall be responsible for annual re-determination of medical eligibility of members prior to each member's annual anchor date and will notify BMS and the CSED Waiver Administrative Services Organization (ASO) in writing of all determinations. A member's anchor date is the annual date that each member's medical eligibility is due to be re-determined as well as the date for that member's annual Individual Program Plan (IPP).
- 4.1.6.3** The Vendor shall be responsible for the development and coordination of the Independent Psychologist Network (IPN) comprised of WV Licensed and Licensed Eligible Psychologists, to ensure completion of the Independent Psychological Evaluation (IPE) assessments to determine initial medical eligibility for the CSED Waiver program and second medical evaluations as requested by BMS.
- 4.1.6.4** The Vendor shall recruit, train, and identify WV Licensed Psychologists throughout the state to conduct CSED Waiver evaluations, including monitoring the accuracy of their reports and providing necessary re-education.
- 4.1.6.5** The Vendor in cooperation with the BMS CSED Waiver ASO shall provide quarterly clinical reviews of evaluation reports as needed. The type, scope, and frequency shall be outlined in the Quality Indicators as developed by BMS and approved by CMS in the CSED Waiver Application.
- 4.1.6.6** The Vendor will coordinate with the BMS CSED Waiver ASO to ensure accurate reporting of quarterly data pertaining to evaluations completed, timelines, eligibility decisions and hearings.
- 4.1.6.7** The Vendor will be responsible for monitoring the IPN to ensure the initial request for evaluation is completed within forty-five (45) calendar days.

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4.1.6.8 The Vendor will be responsible for communicating to the ASO that the completed evaluation is approved for processing for payment.

4.1.6.9 The Vendor will track and report receipt of all initial eligibility applications and assignments, completed evaluations by the IPN and eligibility decisions.

4.1.6.10 The Vendor shall ensure that the IPN has the statewide coverage necessary to complete evaluations in the required timeframes.

4.1.7 VENDOR ADMINISTRATIVE OPERATION REQUIREMENTS:

4.1.7.1 ICF/IID PROGRAM ELIGIBILITY:

4.1.7.1.1 The Vendor shall ensure, a WV licensed psychologist is provided for determining eligibility for ICF/IID levels of care.

4.1.7.2 PASRR PROGRAM ELIGIBILITY LEVEL II:

4.1.7.2.1 The Vendor shall ensure a WV Licensed Psychologist is provided for determining eligibility for nursing facility services, PASRR Level II.

4.1.7.3 I/DD WAIVER ELIGIBILITY:

4.1.7.3.1 The Vendor shall ensure a WV Licensed Psychologist is provided for determining eligibility for I/DD Waiver.

4.1.7.4 CDCSP ELIGIBILITY:

4.1.7.4.1 The Vendor shall ensure a WV Registered Nurse and a WV licensed psychologist are provided to determine eligibility for levels of care for the CDCSP.

4.1.7.5 CSED WAIVER ELIGIBILITY:

4.1.7.5.1 The Vendors shall ensure a WV Licensed Psychologist is provided for determining eligibility for CSED Waiver.

4.1.8 ADDITIONAL SERVICES

4.1.8.1 Vendor shall provide additional services to comply with externally driven changes to BMS programs and requirements, including any State or Federal laws, rules, and regulations. Additional services shall be bid

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as an all-inclusive hourly rate and shall require Bureau approval of a Statement of Work (SOW) and submission of a related Cost Estimate.

4.1.9 OPTIONAL SERVICES

4.1.9.1 Optional service to assure that applicants for the CSEDW have an opportunity to be evaluated when no IPN member is available to complete the assessment as required. The Vendor will be responsible for arranging an evaluation in situations when an assessment is court ordered, when an IPN member is unavailable, or when requested by the Bureau for Medical Services. In those situations, the Vendor will recruit, train, and assure access for an independent evaluation. The vendor assures that the identified psychologist selected to participate in this type evaluation shall agree to utilize the same assessment tools and submit the IPE in the format as required by the independent psychologist network. Optional services shall be bid as an all-inclusive hourly rate and shall require Bureau approval of a Statement of Work (SOW) and submission of a related Cost Estimate.

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. Quantities listed for Ad Hoc Reporting, Additional Services, and Optional Services are estimated and the vendor will be required to supply more or less based upon need.

Initial contract will be issued for only the year one (Y1) costs. Optional contract renewal(s) for deliverables provided for year two (Y2), year three (Y3), and year four (Y4) will be included in the overall total cost for bid evaluation only and will be added annually upon mutual agreement between the Agency and the successful bidder by change orders.

5.2 Pricing Page: Exhibit A has been provided as instructions for pricing. Vendor should complete the Pricing Page by entering the fixed cost for each commodity line based on a per year basis.

Vendors who wish to respond to the Centralized Request for Quotation (CRFQ) online may submit information through the State's wvOASIS Vendor Self Service

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(VSS) website. If unable to respond online, Vendor must submit the Pricing Page with their submitted bid prior to the scheduled bid opening date.

Vendor should type or electronically enter the information into the Commodity Lines through wvOASIS, if available, or as an electronic document. Vendors can download the electronic copy of the Pricing Pages from the wvOASIS Vendor Self Service (VSS) website. If responding with a paper bid, Vendors should download and/or print the assembled CRFQ document (with the highest version number) from wvOASIS and insert their cost for each line item.

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.

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 a fixed monthly amount based on a per year cost basis, 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.

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9.4. Anyone performing under this Contract will be subject to Agency's security protocol and procedures.

9.5. Vendor shall inform all staff of Agency's security protocol and procedures.

10. VENDOR DEFAULT:

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

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

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

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

10.1.4. Failure to remedy deficient performance upon request.

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

10.2.1. 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: Nancy Sullivan
Telephone Number: (304) 343-9663 ext. 4405
Fax Number: (866) 473-2354
Email Address: nsullivan@kepro.com

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 \$1 million 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, but does not include publicly traded companies listed on a national or international stock exchange.

"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; website: www.ethics.wv.gov.

West Virginia Ethics Commission
Disclosure of Interested Parties to Contracts
(Required by W. Va. Code § 6D-1-2)

Keystone Peer Review Organization, Inc.

Name of Contracting Business Entity: _____ **Address:** 777 East Park Drive, Harrisburg, PA, 17111

Name of Authorized Agent: Meghan Harris, EVP, Chief Operations Officer **Address:** 777 East Park Drive, Harrisburg, PA, 17111

Solicitation Number: BMS2000000003

Contract Number: _____ **Contract Description:** Psychological Consult Services

Governmental agency awarding contract: Division of Human Services

☐ 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.

Keystone Peer Review Organization Holdings, Inc.

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: July 17, 2020

Notary Verification

State of Tennessee, County of Davidson

I, Meghan Harris, 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 17th day of July, 2020

Adrienne P. Bowling
Notary Public's Signature

To be completed by State Agency:

Date Received by State Agency: _____

Date submitted to Ethics Commission: _____

Governmental agency submitting Disclosure: _____

Revised June 8, 2018

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: Meghan Harris, EVP, Chief Operations Officer

Authorized Signature: [Signature] Date: July 17, 2020

State of Tennessee

County of Davidson, to-wit:

Taken, subscribed, and sworn to before me this 17th day of July, 2020

My Commission expires July 03, 2023

AFFIX SEAL HERE
STATE OF
TENNESSEE
NOTARY PUBLIC

NOTARY PUBLIC [Signature]

Purchasing Affidavit (Revised 01/19/2018)