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Header 1

List View

General Information

Contact

Default Values

Discount

Document Information

Procurement Folder: 753510

SO Doc Code: CRFQ

Procurement Type: Central Contract - Fixed Amt

SO Dept: 0511

Vendor ID: 

SO Doc ID: HHR210000001

Legal Name: HAYFLICH STENBERG CPAS SC

Published Date: 8/6/20

Alias/DBA:

Close Date: 8/13/20

Total Bid: \$629,000.00

Close Time: 13:30

Response Date: 

Status: Closed

Response Time:

Solicitation Description: 

Total of Header Attachments: 1

Total of All Attachments: 1



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

**State of West Virginia
 Solicitation Response**

Proc Folder : 753510

Solicitation Description : Addendum 1 - CPAs for LTC Report examinations

Proc Type : Central Contract - Fixed Amt

| Date issued | Solicitation Closes | Solicitation Response | Version |
|-------------|------------------------|------------------------------|---------|
| | 2020-08-13 13:30:00 | SR 0511 ESR08122000000000878 | 1 |

| VENDOR |
|--|
| 000000181076 HAYFLICH STEINBERG CPAS SC |

Solicitation Number: CRFQ 0511 HHR2100000001

Total Bid : \$629,000.00 **Response Date:** 2020-08-12 **Response Time:** 14:45:15

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 | CPA examination Year 1 - Eagle Pointe | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : Certified Public Accountant examination of Long Term Care Financial and Statistical Reports from West Virginia Medicaid Providers, per the attached detailed specifications - Year 1 Eagle Pointe

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----|------------|------------|-----------------------------|
| 2 | CPA examination Year 1 -Weirton Medical Center | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Weirton Medical Center

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----|------------|------------|-----------------------------|
| 3 | CPA examination Year 1 - Guardian Elder Care at Wheeling | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Guardian Elder Care at Wheeling

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|-----|------------|------------|-----------------------------|
| 4 | CPA examination Year 1 - Arbors at Fairmont | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Arbors at Fairmont

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----|------------|------------|-----------------------------|
| 5 | CPA examination Year 1 - Broaddus Hospital-Mansfield Place | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Broaddus Hospital-Mansfield Place

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|-----|------------|------------|-----------------------------|
| 6 | CPA examination Year 1 - Greenbrier Manor | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Greenbrier Manor

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----|------------|------------|-----------------------------|
| 7 | CPA examination Year 1 - Pleasant Valley Nursing and Rehab | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Terms Care Financial and Statistical Reports - Year 1 Pleasant Valley Nursing and Rehabilitation Center

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----|------------|------------|-----------------------------|
| 8 | CPA examination Year 1 - Good Samaritan Society-Barbour Co | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Good Samaritan Society-Barbour County

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----|------------|------------|-----------------------------|
| 9 | CPA examination Year 1 - Montgomery General Elderly | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Montgomery General Elderly Care Center

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|-----|------------|------------|-----------------------------|
| 10 | CPA examination Year 1 - Grant Memorial Hospital | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Grant Memorial Hospital

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|-----|------------|------------|-----------------------------|
| 11 | CPA examination Year 1 - Montgomery General Hospital | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Montgomery General Hospital Extended Care

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|-----|------------|------------|-----------------------------|
| 12 | CPA examination Year 1 - Morgan Co War Memorial Hospital | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Morgan County War Memorial Hospital

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----|------------|------------|-----------------------------|
| 13 | CPA examination Year 1 - Minnie Hamilton Health Care | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Minnie Hamilton Health Care Facility

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|-----|------------|------------|-----------------------------|
| 14 | CPA examination Year 1 - Roane General Hospital | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Roane General Hospital

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----|------------|------------|-----------------------------|
| 15 | CPA examination Year 1 - St Josephs Hospital | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 1 St Josephs Hospital of Buckhannon, Inc

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|-----|------------|------------|-----------------------------|
| 16 | CPA examination Year 1 - Summers County ARH | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Summers County ARH

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----|------------|------------|-----------------------------|
| 17 | CPA examination Year 1 - Summersville Memorial Hospital | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Summersville Memorial Hospital

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|-----|------------|------------|-----------------------------|
| 18 | CPA examination Year 2 - Heartland of Charleston | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 2 Heartland of Charleston

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----|------------|------------|-----------------------------|
| 19 | CPA examination Year 2 - SunBridge for Dunbar | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 2 SunBridge Care & Rehabilitation For Dunbar

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|-----|------------|------------|-----------------------------|
| 20 | CPA examination Year 2 - SunBridge for Salem | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 2 SunBridge Care & Rehabilitation For Salem

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----|------------|------------|-----------------------------|
| 21 | CPA examination Year 2 - Heartland Beckley | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 2 Heartland of Beckley WV, LLC

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|-----|------------|------------|-----------------------------|
| 22 | CPA examination Year 2 - Heartland Keyser | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 2 Heartland of Keyser

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|-----|------------|------------|-----------------------------|
| 23 | CPA examination Year 2 - SunBridge Pine Lodge | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 2 SunBridge Care & Rehabilitation for Pine Lodge

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|-----|------------|------------|-----------------------------|
| 24 | CPA examination Year 2 - SunBridge Putnam | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 2 SunBridge Care & Rehabilitation for Putnam

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|-----|------------|------------|-----------------------------|
| 25 | CPA examination Year 2 - Heartland Clarksburg | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 2 Heartland of Clarksburg

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----|------------|------------|-----------------------------|
| 26 | CPA examination Year 2 - Heartland Martinsburg | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 2 Heartland of Martinsburg

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|-----|------------|------------|-----------------------------|
| 27 | CPA examination Year 2 - Heartland Preston County | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 2 Heartland of Preston County

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|-----|------------|------------|-----------------------------|
| 28 | CPA examination Year 2 - Nellas Nursing Home, Inc | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 2 Nellas Nursing Home, Inc

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----|------------|------------|-----------------------------|
| 29 | CPA examination Year 2 - New Martinsville Health Care Center | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 2 New Martinsville Health Care Center

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----|------------|------------|-----------------------------|
| 30 | CPA examination Year 2 - SunBridge Parkersburg | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 2 SunBridge Care & Rehabilitation for Parkersburg

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----|------------|------------|-----------------------------|
| 31 | CPA examination Year 2 - SunBridge Glenville | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 2 SunBridge Care & Rehabilitation for Glenville

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----|------------|------------|-----------------------------|
| 32 | CPA examination Year 2 - Holbrook Nursing Home | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 2 Holbrook Nursing Home

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---------------------------------------|-----|------------|------------|-----------------------------|
| 33 | CPA examination Year 2 - Nella's Inc. | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 2 Nella's Inc.

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|-----|------------|------------|-----------------------------|
| 34 | CPA examination Year 2 - Heartland Rainelle | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 2 Heartland of Rainelle WV, LLC

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----|------------|------------|-----------------------------|
| 35 | CPA examination Year 3 - Huntington Health & Rehab | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Huntington Health & Rehabilitation

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----|------------|------------|-----------------------------|
| 36 | CPA examination Year 3 - Golden Living Glasgow | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Golden Living Center Glasgow

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|-----|------------|------------|-----------------------------|
| 37 | CPA examination Year 3 - Golden Living Morgantown | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Golden Living Center Morgantown

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----|------------|------------|-----------------------------|
| 38 | CPA examination Year 3 - Golden Living Riverside | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Golden Living Center Riverside

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|-----|------------|------------|-----------------------------|
| 39 | CPA examination Year 3 - Clarksburg Nursing & Rehab | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Clarksburg Nursing & Rehabilitation Center

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|-----|------------|------------|-----------------------------|
| 40 | CPA examination Year 3 - McDowell Nursing & Rehab | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 3 McDowell Nursing & Rehabilitation Center

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----|------------|------------|-----------------------------|
| 41 | CPA examination Year 3 - Summers Nursing & Rehab | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Summers Nursing & Rehabilitation Center

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|-----|------------|------------|-----------------------------|
| 42 | CPA examination Year 3 - Hampshire Mem Hospital | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Hampshire Memorial Hospital

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|-------------------------------------|-----|------------|------------|-----------------------------|
| 43 | CPA examination Year 3 - The Maples | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 3 The Maples

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|-----|------------|------------|-----------------------------|
| 44 | CPA examination Year 3 - Fayette Nursing & Rehab Center | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Fayette Nursing & Rehabilitation Center

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|-----|------------|------------|-----------------------------|
| 45 | CPA examination Year 3 - E.A. Hawse Nursing & Rehab Center | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 3 E.A. Hawse Nursing & Rehabilitation Center

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----|------------|------------|-----------------------------|
| 46 | CPA examination Year 3 - Lincoln Nursing & Rehab Center | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Lincoln Nursing & Rehabilitation Center

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----|------------|------------|-----------------------------|
| 47 | CPA examination Year 3 - Cameron Nursing & Rehab Center | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Cameron Nursing & Rehabilitation Center

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----|------------|------------|-----------------------------|
| 48 | CPA examination Year 3 - Wayne Nursing & Rehab Center | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Wayne Nursing & Rehabilitation Center

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|-----|------------|------------|-----------------------------|
| 49 | CPA examination Year 3 - Webster Nursing & Rehab Center | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Webster Nursing & Rehabilitation Center

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|-----|------------|------------|-----------------------------|
| 50 | CPA examination Year 3 - Wyoming Nursing & Rehab Center | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Wyoming Nursing & Rehabilitation Center

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----|------------|------------|-----------------------------|
| 51 | CPA examination Year 3 - Mercer Nursing & Rehab Center | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Mercer Nursing & Rehabilitation Center

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----|------------|------------|-----------------------------|
| 52 | CPA examination Year 4 - Glenwood Park | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Glenwood Park

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|-------------------------------------|-----|------------|------------|-----------------------------|
| 53 | CPA examination Year 4 - River Oaks | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 4 River Oaks

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---------------------------------------|-----|------------|------------|-----------------------------|
| 54 | CPA examination Year 4 - Piney Valley | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Piney Valley

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--------------------------------------|-----|------------|------------|-----------------------------|
| 55 | CPA examination Year 4 - Clary Grove | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Clary Grove

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|-------------------------------------|-----|------------|------------|-----------------------------|
| 56 | CPA examination Year 4 - Pine Ridge | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Pine Ridge

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----|------------|------------|-----------------------------|
| 57 | CPA examination Year 4 - Meadow Garden | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Meadow Garden

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|-----|------------|------------|-----------------------------|
| 58 | CPA examination Year 4 - Meadowview Manor | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Meadowview Manor

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|------------------------------------|-----|------------|------------|-----------------------------|
| 59 | CPA examination Year 4 - The Brier | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 4 The Brier

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----|------------|------------|-----------------------------|
| 60 | CPA examination Year 4 - Berkeley Springs Center | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Berkeley Springs Center

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|-----|------------|------------|-----------------------------|
| 61 | CPA examination Year 4 - White Sulphur Springs Center | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 4 White Sulphur Springs Center

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----|------------|------------|-----------------------------|
| 62 | CPA examination Year 4 - Broaddus Hospital | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Broaddus Hospital - Mansfield Place

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|-----|------------|------------|-----------------------------|
| 63 | CPA examination Year 4 - Stone Pear Pavillion | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 4 The Stone Pear Pavillion

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|-----|------------|------------|-----------------------------|
| 64 | CPA examination Year 4 - Hampshire Memorial | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Hampshire Memorial Hospital

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----|------------|------------|-----------------------------|
| 65 | CPA examination Year 4 - War Memorial Hospital | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 4 War Memorial Hospital

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----|------------|------------|-----------------------------|
| 66 | CPA examination Year 4 - Minnie Hamilton | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Minnie Hamilton Health Care Center, Inc

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----|------------|------------|-----------------------------|
| 67 | CPA examination Year 4 - Summersville Regional | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Summersville Regional Medical Center

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|-----|------------|------------|-----------------------------|
| 68 | CPA examination Year 4 - Weirton Medical Center | | | | \$9,250.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description : CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Weirton Medical Center

“To Excel in Helping You Achieve Success”

A PROPOSAL TO PROVIDE PROFESSIONAL SERVICES TO



OFFICE OF ACCOUNTABILITY & MANAGEMENT REPORTING

Proposal in Response to CRFQ 0511 HHR2100000001

Bid Opening Date: August 13, 2020

Bid Opening Time: 1:30 pm

Date Submitted: August 11, 2020

**HAYFLICH CPAs PLLC
300 8th Street, 3rd Floor
Huntington, WV 25701
(304) 697-5700**

ROBERT C. FULLER, CPA, MEMBER
rob.fuller@hayflich.com

Richard A. Eskins, CPA, Principal

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Attachments:

- Request for Quotation HHR2100000001(with pricing):
 - WV State Government – HIPAA Business Associate Addendum
 - State of West Virginia Purchasing Affidavit
- State of West Virginia Vendor Preference Certificate
- Proof of Insurance:
 - Professional Liability
 - Workers' Compensation and Employers Liability Insurance
- West Virginia Board of Accountancy Firm Permit
- State of West Virginia Business Registration Certificate
- Peer Review Report

Our Understanding of the Services Requested

Thank you for considering HAYFLICH CPAS PLLC as your provider of professional accounting and audit services. The following information will set forth our understanding of the services requested and our commitment to performing the work in a timely fashion. As noted in the Request for Quotation No. HHR2100000001 this will consist of performing examinations of the Long-Term Care Financial and Statistical Reports (LTC-FASRs) of selected long-term care nursing homes. The work will be performed on behalf of the West Virginia Department of Health & Human Resources' Office of Accountability and Management Reporting (OAMR).

Utilizing the OAMR's Audit Guide for Long-Term Care Facilities, we will perform examinations of the listed facilities' semiannual Financial and Statistical Reports (FASR or cost report). The examinations will be conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants and the standards applicable to attestation engagements contained in *Government Auditing Standards* issued by the Comptroller General of the United States. In accordance with *Government Auditing Standards*, we will also issue a report on our consideration of the facility's internal control over financial reporting and on compliance and other matters.

Specifications – Qualifications

3.1 Vendor must have been in business at least fifteen (15) years and have at least ten (10) years experience conducting governmental audits.

Founded in 1952, HAYFLICH CPAs PLLC is a full-service regional accounting firm with offices in Huntington, West Virginia, Charleston, West Virginia and Lexington, Kentucky. Our clients conduct business nationwide and internationally. They range in size from small business to multi-billion dollar enterprises and are located in West Virginia, Ohio, Kentucky, Maryland, Virginia, North Carolina, Tennessee, Pennsylvania, Indiana, Arizona, Texas, Florida, and Washington D.C.

We are organized departmentally in a manner conducive to making the highly specialized abilities of the firm's members available to all clientele. Considering the complexity of business today, a blend of several specialists is often required to handle an engagement properly. The professionals we commit to an engagement not only have the necessary training and experience, but also a results-oriented attitude.

Since the founding of the firm, we have conducted governmental audits. In addition, healthcare has been a substantial portion of our practice since the founding of the firm. We have worked with the Medicare and Medicaid programs since their inception, developing a tradition of reimbursement expertise that continues today. We have a broad understanding of the auditing, consulting, and compliance requirements of the healthcare industry. We keep current on the

Medicare, Medicaid, and other federal and state legislative issues affecting the healthcare industry. Due to our concentration in the healthcare industry, we maintain a professional staff that specializes in healthcare and governmental issues. Following is a list of the types of services we provide:

Audit and Accounting

- Audits, reviews, and compilations
- Audits under *Government Auditing Standards*
- Single audits (OMB 2 CFR part 200)
- Financial and operational analysis
- Accounting estimates (bad debts, contractual allowances, third-party payor settlements)
- Medicare fiscal intermediary subcontracting

Reimbursement Consulting

- Medicare and Medicaid cost report preparation
- West Virginia Health Care Authority reporting
- Medical education issues
- Interim rate analysis
- Coordinate and review fiscal intermediary audits
- Appeals to the Provider Reimbursement Review Board
- Cost exceptions
- Wage index reviews
- Geographic reclassification applications
- Regulatory advice
- Analysis and impact studies of new legislation
- Analysis and impact studies of new services and acquisitions
- Compliance support
- Expert testimony

Specialized Consulting Services

- Utilization review (CPT codes)
- Fee schedule development or review
- Physician productivity analysis
- Revenue sharing agreements
- Procedure cost analysis
- Physician bonus methodologies
- Medicare issues (law and regulation research)
- Information Technology advisory services
- Practice valuation services

Medical Practice Structure and Governance

- Accounting systems
- Entity selection
- Employment contracts
- Buy/sell agreements
- Practice sale, merger, acquisition, and liquidation advisory services
- Excess benefit agreements

- Physician/hospital contractual relationships
- Employment related issues and benefit plans

Strategic Planning and Management Support

- Forecasts and projections
- Feasibility studies
- Budget assistance
- Long-term financing advice
- Employee benefit plan structure
- Board education
- Staff education
- Litigation support
- Trend analysis

Tax Services

- Tax returns
- Informational returns
- Tax exemption issues
- Unrelated business income issues
- Community benefit issues

Additional Technical Resources:



Hayflich CPAs PLLC is an independent member of Nexia International. The Nexia alliance is an international association of independently owned local and regional accounting, consulting, and service firms with similar service goals. The Alliance presents an opportunity for member firms, by accessing the resources of other Alliance members, to expand services to their clients without jeopardizing their existing relationship or autonomy.

With thousands of clients in the non-profit and governmental sectors within its Alliance firms, our team of professionals offers the hands-on experience and technical skill you can rely upon to serve the distinctive needs of your Organization. Our expertise and our membership in Nexia affords us capabilities equal to any CPA firm in the Tri-State region.

We also regularly provide our clients with specific memoranda and other pertinent information to help inform clients of noteworthy issues. At our website, www.hayflich.com, there are many financial tools, as well as tax and audit information available to our clients.

Our Recent Work Under Government Auditing Standards

- Glenville State College, Glenville, WV
- Marshall University Research Corporation, Huntington, WV
- Prestera Center for Mental Health Services, Inc., Huntington, WV
- Sistersville General Hospital, Sistersville, WV
- Stepping Stones, Inc., Lavalette, WV
- Valley Health Systems, Inc. & Subsidiaries, Huntington, WV
 - Fort Gay Primary Health Care, Inc., Fort Gay, WV
 - Grant Medical Center, Inc., Milton, WV
 - Harts Health Clinic, Inc., Harts, WV
 - Upper Kanawha Health Association, Inc., Cedar Grove, WV
 - Wayne Health Services, Inc., Wayne, WV
- West Virginia Aeronautics Commission, Charleston, WV
- West Virginia Department of Health and Human Resources, Office of Accountability and Management Reporting, Charleston, WV
- West Virginia Department of Transportation, Charleston, WV
- West Virginia Division of Highways, Charleston, WV
- West Virginia Division of Motor Vehicles, Charleston, WV
- West Virginia Division of Public Transit, Charleston, WV
- West Virginia Public Port Authority, Charleston, WV
- West Virginia State Rail Authority, Charleston, WV
- West Virginia State University Research & Development Corp., Institute, WV
- West Virginia State Treasurer's Office, Charleston, WV

Our Recent Healthcare Experience

- Welch Community Hospital, Welch, WV - consulting
- Mildred Mitchell-Bateman Hospital, Huntington, WV - consulting
- William R. Sharpe, Jr. Hospital, Weston, WV - consulting
- A&L Home Care & Training Center, LLC, Proctorville, OH - consulting
- Braxton County Memorial Hospital, Gassaway, WV - audit, consulting & tax
- Health Management Nursing Service, Inc., South Point, OH – consulting
- Huntington Cardiothoracic Surgery, Inc., Huntington, WV – consulting & tax
- Huntington Medical Associates, Inc., Huntington, WV – consulting & tax
- Huntington Urological Associates, Inc., Huntington, WV – consulting & tax
- Mountain Regional Services, Inc., Huntington, WV – consulting & tax
- Prestera Center for Mental Health Services, Inc., Huntington, WV – audit & consulting
- Quality Care Nursing Service, Inc., South Point, OH - consulting
- Sistersville General Hospital, Sistersville, WV – audit & consulting
- St. Mary's Hospital, Huntington, WV – consulting & tax
- Thomas Memorial Hospital, South Charleston, WV – consulting
- Tri-State Cyberknife, LLC, Huntington, WV – review, consulting & tax
- Tri-State Neuroscience Center, Inc., Huntington, WV – consulting & tax
- Valley Health Systems, Inc. & Subsidiaries, Huntington, WV – audit, consulting & tax

- Fort Gay Primary Health Care, Inc., Fort Gay, WV
- Grant Medical Center, Inc., Milton, WV
- Harts Health Clinic, Inc., Harts, WV
- Upper Kanawha Health Association, Inc., Cedar Grove, WV
- Wayne Health Services, Inc., Wayne, WV

3.2 Vendor must be a Certified Public Accountant (CPA) firm and must currently have on staff at least ten (10) accounting professionals with at least five (5) of those holding CPA certification valid in the State of West Virginia.

Our size is important to our clients for two reasons. The firm is small enough so that our partners can maintain an intimate knowledge of our client's businesses and needs; second, the firm is large enough to have specialists available in the various disciplines of the profession.

Included in the attachments to this Quote is a photocopy of our firm permit issued by the West Virginia Board of Accountancy. Our firm of 5 partners and 26 staff includes 14 Certified Public Accountants with certificates valid in West Virginia.

As needs may arise, we also draw on the expertise available from Nexia International and our Alliance members to assist with new or unusual issues. This strategic alliance increases the depth and breadth of services and expertise Hayflich CPAs offers to our clients.

3.3 Vendor will provide work history of at least five (5) past engagements that demonstrate experience in providing Medicaid agencies with the audits of cost report data for nursing homes, as well as hospital-based long term care units.

Hayflich CPAs has performed many engagements on behalf of Medicaid agencies and Medicare fiscal intermediaries. Typical of those engagements are the ones outlined below.

West Virginia Department of Health and Human Resources, Charleston, WV

We were the most recent CPA firm engaged by the Department's Office of Accountability and Management Reporting (OAMR) to perform audit services as requested in this CRFQ. We are currently wrapping up a four-year contract wherein we performed audits on the Long-Term Care Financial and Statistical Reports of 68 nursing facilities. In 2015 we successfully concluded our contract with OAMR wherein we performed audits on the Long-Term Care Financial and Statistical Reports of 51 nursing facilities.

Ohio Department of Human Services, Columbus, OH

We successfully performed 120 agreed-upon procedures engagements on behalf of the Ohio Department of Human Services. These engagements were limited-scope desk audits of Medicaid long-term care provider cost reports. These engagements required in excess of 8,000 hours and

were performed in 2000 for cost reports filed for fiscal year 1997. While most of the desk reviews were performed in our Huntington, WV office, 12 were completed on an on-site basis due to difficulties in obtaining sufficient documentation from the providers. We performed analytical reviews of the cost reports and developed audit points for further review. We corresponded with the providers to resolve audit points and prepared all necessary cost report adjustments. All adjustments were discussed with the providers before submission of the completed desk reviews to the Ohio Department of Human Services. All desk reviews, including the Audit Report, Audit Input Document, Proposed Cost Adjustment Sheets, and Equity Memo, were completed and delivered within the specified time period. All were accepted without modification. Several of our senior staff were involved in those audits.

Maryland Medicare Part A Intermediary, Timonium, MD

In 1999 and 2000, we were engaged by the Medicare Fiscal Intermediary for Maryland and the District of Columbia wherein we performed desk audits and field audits of the Medicare cost reports of several end-stage renal disease (ESRD) facilities. We audited the cost reports of 24 free-standing facilities and one-hospital based facility. We performed analytical reviews of the cost reports and developed audit points for further review. We corresponded with the providers (and several different chains' home offices) to resolve the audit points and prepared cost report adjustments where appropriate.

Maryland Medicare Part A Intermediary, Timonium, MD

Subcontract with the Maryland Medicare Fiscal Intermediary to audit selected Medicare cost reports submitted by hospitals located in Maryland.

Maryland Medicare Part A Intermediary, Timonium, MD

Subcontract with the Maryland Medicare Fiscal Intermediary to perform follow-up audits selected Medicare cost reports submitted by hospitals located in Maryland.

West Virginia Medicare Part A Intermediaries, Charleston, WV and Wheeling, WV

We have contracted with various West Virginia Medicare Intermediaries to perform audits and desk reviews on their behalf. Many of our current staff were heavily involved in those subcontracts.

3.4 Vendor shall provide work history of five (5) prior engagements that demonstrate experience in working with state and/or federal officials or regulators to assist with resolving findings, inquiries, disallowance issues, etc.

The engagements noted in No. 3 above all involved working with state and federal officials to resolve issues and findings between the officials and the providers.

As mentioned in No. 1 above, Hayflich CPAs PLLC has represented healthcare providers since the inception of the Medicare and Medicaid programs. This representation involves preparing cost reports for providers, including long-term care facilities, and resolving issues with the agencies and entities working on behalf of the Medicare and Medicaid programs. In addition to many hospitals and other healthcare providers, we have also represented long-term care facilities.

3.5 Vendor shall provide work history of five (5) past client engagements that demonstrate experience in providing state Medicaid agencies with insight relevant to changes in law, rules, and direction associated with the state’s ability to effectively and efficiency manage the audit and reimbursement process in a compliant manner.

Our partners and managers monitor changes in laws and regulations with an emphasis on how the changes might affect clients for which they are primarily responsible. In addition, we provide clients with newsletters relevant to their industries. We have had recent engagements with the following governmental clients wherein we provide such services.

1. Welch Community Hospital (State-owned acute care hospital and long-term care nursing unit)
2. Mildred Mitchell-Bateman Hospital (State-owned mental health hospital)
3. William R. Sharpe, Jr. Hospital (State-owned mental health hospital)
4. Braxton County Memorial Hospital (Non-profit critical access hospital with skilled nursing facility swing beds)
5. Glenville State College (State-owned college)
6. Mountwest Community and Technical College (State-owned community college)

3.6 Vendor shall provide a work history, (if any) of past engagements that demonstrate experience representing Medicaid agencies throughout the appeals process including the ability to effectively testify as an expert witness.

The engagements mentioned in No. 3 above involved working on behalf of the Medicaid and Medicare agencies to resolve differences arising from proposed adjustments prior to the final settlement of cost reports. Beyond final settlement of the cost report, our experience in the appeals process has been on the provider side. We have worked for several providers and attorneys in developing position papers, doing research, and providing expert testimony. We have represented providers in West Virginia Medicaid administrative appeals and Medicare appeals to the Provider Reimbursement Review Board. Following are some of the clients we have worked with in the appeal process:

1. Cabell Huntington Hospital, Huntington, WV
2. Washington Hospital Center, Washington, DC
3. St. Mary’s Hospital, Huntington, WV
4. Prester Center for Mental Health Services, Huntington, WV
5. Sistersville General Hospital, Sistersville, WV

Healthcare & Governmental References

Kimber Knight, CFO
Braxton County Memorial Hospital
100 Hoylman Drive
Gassaway, WV 26624
(304) 364-1128

Johnny R. Brant, CFO
Welch Community Hospital
415 McDowell Street
Welch, WV 24801
(304) 436-8683

Mary-Beth Brubeck, CFO
Valley Health Systems, Inc.
3377 U.S. Route 60
Huntington, WV 25705
(304) 525-3334

Lucille P. Gedies, CFO
Mildred Mitchell-Bateman Hospital
1530 Norway Avenue
Huntington, WV 25709
(304) 525-7801 ext. 604

S. Derek Adkins, CFO
Mountwest Community and Technical College
One Mountwest Way
Huntington, WV 25701
(304) 710-3484

Caren Jenkins, Controller
Glenville State College
200 High Street
Glenville, WV 26351
(304) 462-4107

Specifications – Mandatory Requirements

Upon award, the successful vendor must comply with the following specifications in the performance of the service.

1. For the facilities listed in the pricing section of CRFQ 0511 HHR2100000001, Hayflich CPAs PLLC will perform examination engagements in accordance with attestation standards established by the American Institute of Certified Public Accountants as well as *Government Auditing Standards* as they apply to examination engagements.
2. As requested by the West Virginia Department of Health and Human Resources, Office of Accountability and Management Reporting (OAMR), Hayflich CPAs PLLC will perform examinations of the cost reports for the facilities identified in the pricing section of CRFQ 0511 HHR2100000001. Based upon these examinations, Hayflich CPAs PLLC will issue an examination report and compliance report on the cost reports. The examination report will be issued in accordance with attestation standards established by the American Institute of Certified Public Accountants, and the compliance report will be issued in accordance with *Government Auditing Standards*. Hayflich CPAs PLLC will utilize the Audit Guide for Long Term Care Facilities prepared by OAMR and other rules and regulations established by the West Virginia Department of Health and Human Resources.
3. For each engagement, Hayflich CPAs PLLC will conduct a pre-engagement planning meeting with representatives of OAMR.
4. Hayflich CPAs PLLC will utilize the Audit Guide for Long Term Care Facilities prepared by OAMR in conducting the examination. However, it is recognized that this guide is not all-inclusive and Hayflich CPAs PLLC may perform other tests and procedures we consider necessary to enable us to express an opinion as to whether the cost report is presented, in all material respects, in conformity with rules specified in the West Virginia Medicaid Provider Manual.
5. Each facility listed in pricing section of CRFQ 0511 HHR2100000001 represents an examination engagement. Each engagement may include up to eight semi-annual cost reports. Each engagement deliverable will include the following:
 - a. Independent accountants' report on the examination. (AICPA)
 - b. Report on internal control over financial reporting and on compliance and other matters. (GAS)
 - c. List of findings of non-compliance and adjustments.
 - d. Status of prior findings, if any.

6. For facilities that are part of a chain, the examination will include home office costs and other costs that have been allocated to the respective facilities.
7. For facilities that are hospital-based, the examination will include any hospital costs allocated to the long term care facility and included in the LTC-FASRs.
8. Hayfllich CPAs PLLC will commit adequate staff and resources, without reliance on OAMR, to the engagements to ensure successful completion.
9. Hayfllich CPAs PLLC will be familiar with the West Virginia Medicaid Provider Manual as it relates to long-term care nursing facilities. We understand that OAMR staff will also be available to provide technical assistance with regard to the Manual interpretations and applications.
10. During the course of performing the engagements, we will immediately notify OAMR in writing should we note any criminal acts, fraudulent transactions, intentional abuse of WV Medicaid funding, irregularities, misrepresentations by facility management, or any issues that would cause delays in the issuance of the engagement report or an adverse opinion.
11. Hayfllich CPAs PLLC will provide representation and consultation related to any provider appeals for the facilities listed in the pricing section of CRFQ 0511 HHR2100000001. Such representation is included in the quote given herein.
12. After completion of the examination procedures, Hayfllich CPAs PLLC will meet with OAMR representatives and will provide OAMR with a draft of the examination report at that time. Documentation for any findings will be made available to OAMR. Where necessary, Hayfllich CPAs will perform additional work to bring the examination report to a mutually agreed upon conclusion.
13. The final draft of the examinations will be transmitted to OAMR who will transmit them to the respective facilities. The facilities shall have ten business days from the receipt of the draft to provide additional information to Hayfllich CPAs PLLC to mitigate or resolve any findings.
14. The final examination reports will be completed by Hayfllich CPAs PLLC after review by OAMR and the respective facilities. Three copies of the final report will be provided to OAMR as well as a copy of the engagement workpapers.
15. Hayfllich CPAs PLLC will retain the workpapers and reports for five years, at which time they will be delivered to OAMR.
16. Hayfllich CPAs PLLC will be available to OAMR to assist in adapting the engagement procedures as necessary to accommodate rule and regulation changes as they might affect the rate determination and audit process.
17. The final date for completion of the examinations is 90-days before the expiration of contract unless extensions are granted by OAMR.

18. The fee proposals presented in the pricing section of CRFQ 0511 HHR2100000001 represent our all-inclusive fixed fee for each of the facilities listed and assume that eight semi-annual cost reports will be included in each examination. Should there be less than eight semi-annual cost reports in any one of the facilities; our fee will be adjusted pro-rata.
19. Choosing the right professionals to serve you is a critical element of success. In selecting your service team, we carefully review our understanding of your needs, as well as your plans, and identify the people whose credentials are ideal for you.

We strive to maintain continuity on all engagements so that we maximize our experience with your entity. Our goal is to dedicate the same partners and engagement team to serve you each year. The team members we select have a demonstrated track record with clients in your industry, strong technical backgrounds, and outstanding leadership and communication skills.

Richard A. (Rick) Eskins has been designated as the primary firm contact for this engagement. He is the firm's Director of Healthcare & Government Services and is a Certified Public Accountant, a Fellow of the Healthcare Financial Management Association, and a Certified Government Financial Manager. He is empowered to act on behalf of the firm with respect to this engagement. He will be available for monthly meetings with the director of OAMR. Firm partners and other managers will also be heavily involved in the engagement and provide direction as needed. Resumes of the designated engagement leadership team are presented below.

20. Hayfllich CPAs will notify OAMR immediately of any noncompliance by LTC Providers to submit requested information necessary to complete the audit. It is understood that the failure of facilities to submit records will not be a justification for the late submission of the examination deliverables; therefore, Mr. Eskins will monitor facility compliance with data requests and will immediately notify OAMR of noncompliance.

Leadership Team

Your Service Leadership Team Will Include:

- Robert C. Fuller, CPA - Member, Assurance, Accounting, and Business Taxation
- Richard A. Eskins, CPA, FHFMA, CGFM - Director, Healthcare & Government Services
- Beverly A. Miller, CPA, CAPP - Manager
- Cynthia D. Bowen, MBA, CPA – Manager

Service Leadership Team Resumes:

The following resumes introduce your service team. Visit our web site at www.hayfllich.net for an expanded introduction to the capabilities of the other professionals at Hayfllich CPAs PLLC:

Robert C. (Rob) Fuller, CPA

Member – Assurance, Accounting, and Business Taxation

Mr. Fuller has been associated with HAYFLICH CPAS, since 1996. A 1990 graduate of Marshall University, he has been engaged in public accounting since 1996. He also performed accounting work post-graduation at the University of Kentucky and is licensed to practice accounting in West Virginia. Rob has extensive experience in the performance, management, and review of audited financial statements for healthcare, wholesale, manufacturing, retail, governmental, not-for-profit, private foundations and college and university clients. He also has experience in audits of employee benefit plans and audits requiring compliance with OMB Circular A-133. Rob's experience also includes the performance of traditional accounting engagements, such as reviews and compilations, as well as the preparation and review of federal, state, and local income tax returns for business entities and individuals. Rob has been extensively involved in providing services under the previous contract with the West Virginia Bureau for Behavioral Health and Health Facilities.

Richard A. (Rick) Eskins, CPA, FHFMA, CGFM

Director – Healthcare and Government Services

Mr. Eskins is a *cum laude* graduate of Marshall University and has been associated with HAYFLICH CPAS since 1978. Rick practices extensively in services to healthcare industry clientele. His clients have included large teaching hospitals, governmental-owned health facilities, rural and urban proprietary hospitals, proprietary hospital chains, hospital-based and freestanding long-term care facilities, hospital-based and freestanding home health agencies, durable medical equipment suppliers, rural health clinics, and federally qualified health centers. The firm's healthcare reimbursement-related engagements are also Rick's responsibility. These services include the preparation of cost reports and other compliance filings as well as

consultation on technical matters such as appeals and other regulatory issues. Rick has participated extensively in the cost report audit engagements subcontracted to the firm by several Medicare fiscal intermediaries and state Medicaid agencies. He managed the firm's previous audit contracts with the Office of Accountability and Management Reporting. He also has varied experience in auditing, cost accounting, tax issues, related-party matters, and financial projections and forecasts. As an active member of various professional organizations, Rick complies with the continuing professional education requirements of the AICPA, the WV Board of Accountancy, the Healthcare Financial Management Association, and Government Auditing Standards.

**Beverly A. Miller, CPA, CAPP
Manager**

Mrs. Miller specializes in small business accounting and computer consulting with a special emphasis on physician practices. A graduate of Glenville State College, she has been associated with HAYFLICH CPAs since 1987. In her work with physicians, Beverly has set up new practices and reviewed internal controls and efficiency for existing practices. She has extensive experience in contract negotiations, compliance activities, and computation of physician compensation and bonus payments under terms of employment and guarantee agreements. She also manages the preparation of accounting records, financial statements, and various business, income, and payroll-related tax returns. She has experience in the design and implementation of accounting software applications and serves as the firm's technical advisor and training coordinator for small business accounting software, including QuickBooks. Beverly has been a guest lecturer and speaker for the Marshall University Accounting Department, the Marshall University Medical School, The Medical Office Managers Association, and the West Virginia Healthcare Financial Management Association.

**Cynthia (Cindy) Bowen, MBA, CPA
Manager**

Ms. Bowen has been associated with Hayfllich CPAs since February 2008. Cindy earned her Bachelor of Business Administration in 1989 from Marshall University, and earned a Master of Business Administration from Marshall University in 1993. She has over 20 years of experience in public accounting and the banking/financial services and coal industries. Cindy has extensive experience in the performance, management, and review of audited financial statements for housing authorities, governmental agencies, other not-for-profit, and for-profit clients. Cindy was extensively involved in the firm's previous audit contracts with the Office of Accountability and Management Reporting. She also has extensive experience in audits of employee benefit plans and audits requiring compliance with OMB Circular A-133. Cindy's experience also includes the performance of traditional accounting engagements, such as reviews and compilations, as well as the preparation and review of federal, state, and local income tax returns for business entities and individuals.

Additional Technical Resources:



While not a party to this proposal, we supplement our exceptional staff with expertise for special issues from Nexia International and/or the many other independent member CPA firms. Our team of professionals offers the hands-on experience and technical skills required to serve the distinctive needs of our respective clients.

Our Fee Proposal

We understand the nature of your Agency and the importance of trying to control costs. This would include minimizing the fees paid to outside professionals. Fees that appear to be a bargain often are so low that they do not allow for the professional time required to assist you in reaching your goals.

HAYFLICH CPAs' philosophy on professional fees is to provide our clients with quality services that provide value equal to or in excess of the costs incurred. We develop our fees using detailed budgets containing realistic estimates of the time required to complete each area of the engagement. The fees quoted to you are a product of the total budgeted hours and our standard billing rates, less discounts.

Our fees as shown in CRFQ 0511 HHR2100000001 (Pricing) are \$9,250 per individual nursing facility for a 4-year total fee of \$629,000. Expenses for travel, meals, lodging, printing and report production are included in the all-inclusive rates shown there.

Hayflich CPAs PLLC

HUNTINGTON, WEST VIRGINIA



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/06/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

| | | | | | |
|---|--|---|--|--------------------------------------|--|
| PRODUCER AssuredPartners of West Virginia, LLC 1 Insurance Way; PO Box 10 Ona WV 25545 | | CONTACT NAME: Alene Lyons PHONE (A/C, No, Ext): (304) 736-2222 E-MAIL ADDRESS: alene.lyons@assuredpartners.com | | FAX (A/C, No): (304) 302-3401 | |
| | | INSURER(S) AFFORDING COVERAGE | | | |
| | | INSURER A: Cincinnati Insurance Co. | | | |
| | | INSURER B: BrickStreet Mutual Insurance | | 12372 | |
| | | INSURER C: | | | |
| | | INSURER D: | | | |
| | | INSURER E: | | | |
| | | INSURER F: | | | |
| INSURED Hayflich & Steinberg, CPAS, PLLC 300 8th Street Third Floor Huntington WV 25701 | | | | | |

COVERAGES

CERTIFICATE NUMBER: 20 21

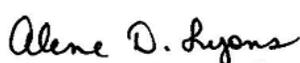
REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | |
|----------|--|--|----------|---------------|-------------------------|-------------------------|---|-----------------------------|--------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | ECP0341716 | 08/01/2020 | 08/01/2021 | EACH OCCURRENCE | \$ 1,000,000 | |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | MED EXP (Any one person) | \$ 5,000 |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 | |
| | AUTOMOBILE LIABILITY | | | | | | GENERAL AGGREGATE | \$ 2,000,000 | |
| | <input type="checkbox"/> ANY AUTO | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 | |
| | <input type="checkbox"/> OWNED AUTOS ONLY | <input type="checkbox"/> SCHEDULED AUTOS | | | | | Employee Benefits | \$ 1,000,000 | |
| | <input type="checkbox"/> HIRED AUTOS ONLY | <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | |
| | <input type="checkbox"/> UMBRELLA LIAB | <input type="checkbox"/> OCCUR | | | | | BODILY INJURY (Per person) | \$ | |
| | <input type="checkbox"/> EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | | BODILY INJURY (Per accident) | \$ | |
| | DED | RETENTION \$ | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | N/A | WCB1017257 | 04/01/2020 | 04/01/2021 | PER STATUTE | OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | | E.L. EACH ACCIDENT | \$ 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 |
| | | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 |

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

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|--|
| WV DHHR One Davis Square Ste 300 Charleston WV 25311 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  |
|--|--|

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State of West Virginia
West Virginia Board of Accountancy
405 Capitol Street, Suite 908
Charleston, WV 25301-1744
(304) 558-3557

*The entity listed below was issued a
FIRM PERMIT
for the period beginning*

State of West Virginia
West Virginia Board of Accountancy
405 Capitol Street, Suite 908
Charleston, WV 25301-1744
(304) 558-3557

*The entity listed below was issued a
FIRM PERMIT
for the period beginning*

Robin M. Baylous *Brenda S. Turley*
Board President Executive Director

Robin M. Baylous *Brenda S. Turley*
Board President Executive Director

To use license as a Wall License, cut off excess paper and affix the above to wall for display.

To use the license as a Pocket Card, cut right column to the size of a business card or driver's license and laminate if desired.

State of West Virginia



Certificate

*I, Mac Warner, Secretary of State of the
State of West Virginia, hereby certify that*

originals of the Articles of Amendment to the Articles of Organization of
HAYFLICH & STEINBERG, CPA'S, PLLC

are filed in my office, signed and verified, as required by the provisions of West Virginia Code
§31B-2-204 and conform to law. Therefore, I issue this

CERTIFICATE OF AMENDMENT TO THE ARTICLES OF ORGANIZATION

changing the name of the limited liability company to

HAYFLICH CPAS PLLC

and I attach to this certificate a duplicate original of the Articles of Amendment.



*Given under my hand and the
Great Seal of the State of
West Virginia on this day of
March 7, 2019*

Mac Warner

Secretary of State

Report on the Firm's System of Quality Control

September 18, 2019

To the Partners of Hayfllich CPAs and the Peer Review Alliance Report Acceptance Committee

We have reviewed the system of quality control for the accounting and auditing practice of Hayfllich CPAs (the firm) in effect for the year ended May 31, 2019. Our peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants (Standards).

A summary of the nature, objectives, scope, limitations of, and the procedures performed in a System Review as described in the Standards may be found at www.aicpa.org/prsummary. The summary also includes an explanation of how engagements identified as not performed or reported in conformity with applicable professional standards, if any, are evaluated by a peer reviewer to determine a peer review rating.

Firm's Responsibility

The firm is responsible for designing a system of quality control and complying with it to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. The firm is also responsible for evaluating actions to promptly remediate engagements deemed as not performed or reported in conformity with professional standards, when appropriate, and for remediating weaknesses in its system of quality control, if any.

Peer Reviewer's Responsibility

Our responsibility is to express an opinion on the design of the system of quality control and the firm's compliance therewith based on our review.

Required Selections and Considerations

Engagements selected for review included engagements performed under *Government Auditing Standards*, including a compliance audit under the Single Audit Act and an audit of an employee benefit plan.

As a part of our peer review, we considered reviews by regulatory entities as communicated by the firm, if applicable, in determining the nature and extent of our procedures.

Opinion

In our opinion, the system of quality control for the accounting and auditing practice of Hayfllich CPAs in effect for the year ended May 31, 2109, has been suitably designed and complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. Firms can receive a rating of *pass*, *pass with deficiency(ies)* or *fail*. Hayfllich CPAs has received a peer review rating of *pass*.

Olsen Thielen & Co., Ltd.

Olsen Thielen & Co., Ltd.



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: 753510

Doc Description: Certified Public Accountants for LTC Report examinations

Proc Type: Central Contract - Fixed Amt

| Date Issued | Solicitation Closes | Solicitation No | Version |
|-------------|------------------------|-------------------------|---------|
| 2020-07-31 | 2020-08-13 13:30:00 | CRFQ 0511 HHR2100000001 | 1 |

BID RECEIVING LOCATION

BID CLERK
 DEPARTMENT OF ADMINISTRATION
 PURCHASING DIVISION
 2019 WASHINGTON ST E
 CHARLESTON WV 25305
 US

VENDOR

Vendor Name, Address and Telephone Number:

Hayflich CPAs PLLC
 300 8th Street, 3rd Floor
 Huntington, WV 25701
 304-697-5700

FOR INFORMATION CONTACT THE BUYER

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

Signature X *Hayflich CPAs PLLC*

FEIN # 37-1496963

DATE 8/12/2020

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

ADDITIONAL INFORMATION:

Request for Quotation

The West Virginia Purchasing Division is soliciting bids on behalf of the WV DHHR Office of Accountability & Management Reporting (OAMR) to establish a contract for a Certified Public Accountant firm to provide examination engagements of Long Term Care Financial and Statistical Reports (LTC-FASRs) received from West Virginia Medicaid providers, per the bid requirements, specifications, terms and conditions attached to this solicitation.

Engagements are to ensure that the costs submitted by long term care providers participating in the West Virginia Medicaid Program ("Provider") are accurate, allowable, and in accordance with the West Virginia Medicaid Provider Manuals and all of the applicable laws, rules and regulations. Work is to be performed onsite at Provider offices as well as home office locations (for long term care providers that are part of a chain of facilities) or at the vendor's location. Limited space and resources are available at the Agency offices to accommodate vendor staff.

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---------------------------------------|-----|------------|------------|-------------|
| 1 | CPA examination Year 1 - Eagle Pointe | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

Certified Public Accountant examination of Long Term Care Financial and Statistical Reports from West Virginia Medicaid Providers, per the attached detailed specifications - Year 1 Eagle Pointe

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 2 | CPA examination Year 1 -Weirton Medical Center | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Weirton Medical Center

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 3 | CPA examination Year 1 - Guardian Elder Care at Wheeling | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Guardian Elder Care at Wheeling

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 4 | CPA examination Year 1 - Arbors at Fairmont | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Arbors at Fairmont

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 5 | CPA examination Year 1 - Broaddus Hospital-Mansfield Place | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Broaddus Hospital-Mansfield Place

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 6 | CPA examination Year 1 - Greenbrier Manor | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Greenbrier Manor

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 7 | CPA examination Year 1 - Pleasant Valley Nursing and Rehab | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Terms Care Financial and Statistical Reports - Year 1 Pleasant Valley Nursing and Rehabilitation Center

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 8 | CPA examination Year 1 - Good Samaritan Society-Barbour Co | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Good Samaritan Society-Barbour County

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 9 | CPA examination Year 1 - Montgomery General Elderly | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Montgomery General Elderly Care Center

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 10 | CPA examination Year 1 - Grant Memorial Hospital | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Grant Memorial Hospital

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 11 | CPA examination Year 1 - Montgomery General Hospital | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Montgomery General Hospital Extended Care

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 12 | CPA examination Year 1 - Morgan Co War Memorial Hospital | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Morgan County War Memorial Hospital

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 13 | CPA examination Year 1 - Minnie Hamilton Health Care | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Minnie Hamilton Health Care Facility

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 14 | CPA examination Year 1 - Roane General Hospital | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Roane General Hospital

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 15 | CPA examination Year 1 - St Josephs Hospital | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 1 St Josephs Hospital of Buckhannon, Inc

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 16 | CPA examination Year 1 - Summers County ARH | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Summers County ARH

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 17 | CPA examination Year 1 - Summersville Memorial Hospital | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Summersville Memorial Hospital

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 18 | CPA examination Year 2 - Heartland of Charleston | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 2 Heartland of Charleston

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 19 | CPA examination Year 2 - SunBridge for Dunbar | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 2 SunBridge Care & Rehabilitation For Dunbar

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 20 | CPA examination Year 2 - SunBridge for Salem | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 2 SunBridge Care & Rehabilitation For Salem

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 21 | CPA examination Year 2 - Heartland Beckley | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 2 Heartland of Beckley WV, LLC

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 22 | CPA examination Year 2 - Heartland Keyser | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 2 Heartland of Keyser

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 23 | CPA examination Year 2 - SunBridge Pine Lodge | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 2 SunBridge Care & Rehabilitation for Pine Lodge

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 24 | CPA examination Year 2 - SunBridge Putnam | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 2 SunBridge Care & Rehabilitation for Putnam

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 25 | CPA examination Year 2 - Heartland Clarksburg | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 2 Heartland of Clarksburg

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 26 | CPA examination Year 2 - Heartland Martinsburg | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 2 Heartland of Martinsburg

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 27 | CPA examination Year 2 - Heartland Preston County | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 2 Heartland of Preston County

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 28 | CPA examination Year 2 - Nellas Nursing Home, Inc | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 2 Nellas Nursing Home, Inc

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 29 | CPA examination Year 2 - New Martinsville Health Care Center | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 2 New Martinsville Health Care Center

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 30 | CPA examination Year 2 - SunBridge Parkersburg | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 2 SunBridge Care & Rehabilitation for Parkersburg

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 31 | CPA examination Year 2 - SunBridge Glenville | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 2 SunBridge Care & Rehabilitation for Glenville

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 32 | CPA examination Year 2 - Holbrook Nursing Home | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 2 Holbrook Nursing Home

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---------------------------------------|-----|------------|------------|-------------|
| 33 | CPA examination Year 2 - Nella's Inc. | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 2 Nella's Inc.

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 34 | CPA examination Year 2 - Heartland Rainelle | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 2 Heartland of Rainelle WV, LLC

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 35 | CPA examination Year 3 - Huntington Health & Rehab | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Huntington Health & Rehabilitation

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 36 | CPA examination Year 3 - Golden Living Glasgow | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Golden Living Center Glasgow

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 37 | CPA examination Year 3 - Golden Living Morgantown | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Golden Living Center Morgantown

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 38 | CPA examination Year 3 - Golden Living Riverside | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Golden Living Center Riverside

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 39 | CPA examination Year 3 - Clarksburg Nursing & Rehab | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Clarksburg Nursing & Rehabilitation Center

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 40 | CPA examination Year 3 - McDowell Nursing & Rehab | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 3 McDowell Nursing & Rehabilitation Center

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 41 | CPA examination Year 3 - Summers Nursing & Rehab | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Summers Nursing & Rehabilitation Center

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 42 | CPA examination Year 3 - Hampshire Mem Hospital | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Hampshire Memorial Hospital

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|-------------------------------------|-----|------------|------------|-------------|
| 43 | CPA examination Year 3 - The Maples | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 3 The Maples

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 44 | CPA examination Year 3 - Fayette Nursing & Rehab Center | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Fayette Nursing & Rehabilitation Center

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 45 | CPA examination Year 3 - E.A. Hawse Nursing & Rehab Center | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 3 E.A. Hawse Nursing & Rehabilitation Center

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 46 | CPA examination Year 3 - Lincoln Nursing & Rehab Center | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Lincoln Nursing & Rehabilitation Center

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 47 | CPA examination Year 3 - Cameron Nursing & Rehab Center | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Cameron Nursing & Rehabilitation Center

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 48 | CPA examination Year 3 - Wayne Nursing & Rehab Center | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Wayne Nursing & Rehabilitation Center

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 49 | CPA examination Year 3 - Webster Nursing & Rehab Center | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Webster Nursing & Rehabilitation Center

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 50 | CPA examination Year 3 - Wyoming Nursing & Rehab Center | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Wyoming Nursing & Rehabilitation Center

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 51 | CPA examination Year 3 - Mercer Nursing & Rehab Center | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Mercer Nursing & Rehabilitation Center

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 52 | CPA examination Year 4 - Glenwood Park | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Glenwood Park

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|-------------------------------------|-----|------------|------------|-------------|
| 53 | CPA examination Year 4 - River Oaks | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 4 River Oaks

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---------------------------------------|-----|------------|------------|-------------|
| 54 | CPA examination Year 4 - Piney Valley | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Piney Valley

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--------------------------------------|-----|------------|------------|-------------|
| 55 | CPA examination Year 4 - Clary Grove | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Clary Grove

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|-------------------------------------|-----|------------|------------|-------------|
| 56 | CPA examination Year 4 - Pine Ridge | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Pine Ridge

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 57 | CPA examination Year 4 - Meadow Garden | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Meadow Garden

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 58 | CPA examination Year 4 - Meadowview Manor | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Meadowview Manor

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|------------------------------------|-----|------------|------------|-------------|
| 59 | CPA examination Year 4 - The Brier | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 4 The Brier

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 60 | CPA examination Year 4 - Berkeley Springs Center | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Berkeley Springs Center

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 61 | CPA examination Year 4 - White Sulphur Springs Center | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 4 White Sulphur Springs Center

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 62 | CPA examination Year 4 - Broaddus Hospital | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Broaddus Hospital - Mansfield Place

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 63 | CPA examination Year 4 - Stone Pear Pavillion | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 4 The Stone Pear Pavillion

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 64 | CPA examination Year 4 - Hampshire Memorial | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Hampshire Memorial Hospital

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 65 | CPA examination Year 4 - War Memorial Hospital | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 4 War Memorial Hospital

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 66 | CPA examination Year 4 - Minnie Hamilton | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Minnie Hamilton Health Care Center, Inc

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 67 | CPA examination Year 4 - Summersville Regional | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Summersville Regional Medical Center

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 68 | CPA examination Year 4 - Weirton Medical Center | 1 | | | \$9,250 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Weirton Medical Center

SCHEDULE OF EVENTS

| <u>Line</u> | <u>Event</u> | <u>Event Date</u> |
|-------------|---------------------------------|-------------------|
| 1 | Question Deadline (10:00 AM ET) | 2020-08-05 |

| | Document Phase | Document Description | Page |
|---------------------|-----------------------|--|---------------------|
| HHR210000001 | Final | Certified Public Accountants for LTC Report examinations | 30 of 30 |

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

INSTRUCTIONS TO VENDORS SUBMITTING BIDS

1. REVIEW DOCUMENTS THOROUGHLY: The attached documents contain a solicitation for bids. Please read these instructions and all documents attached in their entirety. These instructions provide critical information about requirements that if overlooked could lead to disqualification of a Vendor's bid. All bids must be submitted in accordance with the provisions contained in these instructions and the Solicitation. Failure to do so may result in disqualification of Vendor's bid.

2. MANDATORY TERMS: The Solicitation may contain mandatory provisions identified by the use of the words "must," "will," and "shall." Failure to comply with a mandatory term in the Solicitation will result in bid disqualification.

3. PREBID MEETING: The item identified below shall apply to this Solicitation.

A pre-bid meeting will not be held prior to bid opening

A **MANDATORY PRE-BID** meeting will be held at the following place and time:

All Vendors submitting a bid must attend the mandatory pre-bid meeting. Failure to attend the mandatory pre-bid meeting shall result in disqualification of the Vendor's bid. No one individual is permitted to represent more than one vendor at the pre-bid meeting. Any individual that does attempt to represent two or more vendors will be required to select one vendor to which the individual's attendance will be attributed. The vendors not selected will be deemed to have not attended the pre-bid meeting unless another individual attended on their behalf.

An attendance sheet provided at the pre-bid meeting shall serve as the official document verifying attendance. Any person attending the pre-bid meeting on behalf of a Vendor must list on the attendance sheet his or her name and the name of the Vendor he or she is representing.

Additionally, the person attending the pre-bid meeting should include the Vendor's E-Mail address, phone number, and Fax number on the attendance sheet. It is the Vendor's responsibility to locate the attendance sheet and provide the required information. Failure to complete the attendance sheet as required may result in disqualification of Vendor's bid.

All Vendors should arrive prior to the starting time for the pre-bid. Vendors who arrive after the starting time but prior to the end of the pre-bid will be permitted to sign in but are charged with knowing all matters discussed at the pre-bid.

Questions submitted at least five business days prior to a scheduled pre-bid will be discussed at the pre-bid meeting if possible. Any discussions or answers to questions at the pre-bid meeting
Revised 01/09/2020

are preliminary in nature and are non-binding. Official and binding answers to questions will be published in a written addendum to the Solicitation prior to bid opening.

4. VENDOR QUESTION DEADLINE: Vendors may submit questions relating to this Solicitation to the Purchasing Division. Questions must be submitted in writing. All questions must be submitted on or before the date listed below and to the address listed below in order to be considered. A written response will be published in a Solicitation addendum if a response is possible and appropriate. Non-written discussions, conversations, or questions and answers regarding this Solicitation are preliminary in nature and are nonbinding.

Submitted e-mails should have solicitation number in the subject line.

Question Submission Deadline: **August 5, 2020 at 10:00 AM ET**

Submit Questions to: Brittany Ingraham
2019 Washington Street, East
Charleston, WV 25305
Fax: (304) 558-4115 (Vendors should not use this fax number for bid submission)
Email: Brittany.E.Ingraham@wv.gov

5. VERBAL COMMUNICATION: Any verbal communication between the Vendor and any State personnel is not binding, including verbal communication at the mandatory pre-bid conference. Only information issued in writing and added to the Solicitation by an official written addendum by the Purchasing Division is binding.

6. BID SUBMISSION: All bids must be submitted electronically through wvOASIS or signed and delivered by the Vendor to the Purchasing Division at the address listed below on or before the date and time of the bid opening. Any bid received by the Purchasing Division staff is considered to be in the possession of the Purchasing Division and will not be returned for any reason. The Purchasing Division will not accept bids, modification of bids, or addendum acknowledgment forms via e-mail. Acceptable delivery methods include electronic submission via wvOASIS, hand delivery, delivery by courier, or facsimile.

The bid delivery address is:
Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, WV 25305-0130

A bid that is not submitted electronically through wvOASIS should contain the information listed below on the face of the envelope or the bid may be rejected by the Purchasing Division.:

SEALED BID: Certified Public Accountants for LTC Report examinations
BUYER: Brittany Ingraham
SOLICITATION NO.: CRFQ 0511 HHR2100000001
BID OPENING DATE: August 13, 2020
BID OPENING TIME: 1:30 PM ET
FAX NUMBER: 304.558.3970

Revised 01/09/2020

The Purchasing Division may prohibit the submission of bids electronically through wvOASIS at its sole discretion. Such a prohibition will be contained and communicated in the wvOASIS system resulting in the Vendor's inability to submit bids through wvOASIS. Submission of a response to an Expression or Interest or Request for Proposal is not permitted in wvOASIS.

For Request For Proposal ("RFP") Responses Only: In the event that Vendor is responding to a request for proposal, the Vendor shall submit one original technical and one original cost proposal plus N/A convenience copies of each to the Purchasing Division at the address shown above. Additionally, the Vendor should identify the bid type as either a technical or cost proposal on the face of each bid envelope submitted in response to a request for proposal as follows:

BID TYPE: (This only applies to CRFP)

Technical

Cost

7. BID OPENING: Bids submitted in response to this Solicitation will be opened at the location identified below on the date and time listed below. Delivery of a bid after the bid opening date and time will result in bid disqualification. For purposes of this Solicitation, a bid is considered delivered when confirmation of delivery is provided by wvOASIS (in the case of electronic submission) or when the bid is time stamped by the official Purchasing Division time clock (in the case of hand delivery).

Bid Opening Date and Time: **August 13, 2020 at 1:30 PM ET**

Bid Opening Location: Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, WV 25305-0130

8. ADDENDUM ACKNOWLEDGEMENT: Changes or revisions to this Solicitation will be made by an official written addendum issued by the Purchasing Division. Vendor should acknowledge receipt of all addenda issued with this Solicitation by completing an Addendum Acknowledgment Form, 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.

9. BID FORMATTING: Vendor should type or electronically enter the information onto its bid to prevent errors in the evaluation. Failure to type or electronically enter the information may result in bid disqualification.

10. ALTERNATE MODEL OR BRAND: Unless the box below is checked, any model, brand, or specification listed in this Solicitation establishes the acceptable level of quality only and is not intended to reflect a preference for, or in any way favor, a particular brand or vendor. Vendors may bid alternates to a listed model or brand provided that the alternate is at least equal to the model or brand and complies with the required specifications. The equality of any alternate being bid shall be determined by the State at its sole discretion. Any Vendor bidding an alternate model or brand should clearly identify the alternate items in its bid and should include manufacturer's specifications, industry literature, and/or any other relevant documentation demonstrating the

equality of the alternate items. Failure to provide information for alternate items may be grounds for rejection of a Vendor's bid.

This Solicitation is based upon a standardized commodity established under W. Va. Code § 5A-3-61. Vendors are expected to bid the standardized commodity identified. Failure to bid the standardized commodity will result in your firm's bid being rejected.

11. EXCEPTIONS AND CLARIFICATIONS: The Solicitation contains the specifications that shall form the basis of a contractual agreement. Vendor shall clearly mark any exceptions, clarifications, or other proposed modifications in its bid. Exceptions to, clarifications of, or modifications of a requirement or term and condition of the Solicitation may result in bid disqualification.

12. COMMUNICATION LIMITATIONS: In accordance with West Virginia Code of State Rules §148-1-6.6, communication with the State of West Virginia or any of its employees regarding this Solicitation during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited without prior Purchasing Division approval. Purchasing Division approval for such communication is implied for all agency delegated and exempt purchases.

13. REGISTRATION: Prior to Contract award, the apparent successful Vendor must be properly registered with the West Virginia Purchasing Division and must have paid the \$125 fee, if applicable.

14. UNIT PRICE: Unit prices shall prevail in cases of a discrepancy in the Vendor's bid.

15. PREFERENCE: Vendor Preference may be requested in purchases of motor vehicles or construction and maintenance equipment and machinery used in highway and other infrastructure projects. Any request for preference must be submitted in writing with the bid, must specifically identify the preference requested with reference to the applicable subsection of West Virginia Code § 5A-3-37, and must include with the bid any information necessary to evaluate and confirm the applicability of the requested preference. A request form to help facilitate the request can be found at:

<http://www.state.wv.us/admin/purchase/vrc/Venpref.pdf>.

15A. RECIPROCAL PREFERENCE: The State of West Virginia applies a reciprocal preference to all solicitations for commodities and printing in accordance with W. Va. Code § 5A-3-37(b). In effect, non-resident vendors receiving a preference in their home states, will see that same preference granted to West Virginia resident vendors bidding against them in West Virginia. Any request for reciprocal preference must include with the bid any information necessary to evaluate and confirm the applicability of the preference. A request form to help facilitate the request can be found at: <http://www.state.wv.us/admin/purchase/vrc/Venpref.pdf>.

16. SMALL, WOMEN-OWNED, OR MINORITY-OWNED BUSINESSES: For any solicitations publicly advertised for bid, in accordance with West Virginia Code §5A-3-37(a)(7) and W. Va. CSR § 148-22-9, any non-resident vendor certified as a small, women-owned, or minority-owned business under W. Va. CSR § 148-22-9 shall be provided the same preference made available to any resident vendor. Any non-resident small, women-owned, or

minority-owned business must identify itself as such in writing, must submit that writing to the Purchasing Division with its bid, and must be properly certified under W. Va. CSR § 148-22-9 prior to contract award to receive the preferences made available to resident vendors. Preference for a non-resident small, women-owned, or minority owned business shall be applied in accordance with W. Va. CSR § 148-22-9.

17. WAIVER OF MINOR IRREGULARITIES: The Director reserves the right to waive minor irregularities in bids or specifications in accordance with West Virginia Code of State Rules § 148-1-4.6.

18. ELECTRONIC FILE ACCESS RESTRICTIONS: Vendor must ensure that its submission in wvOASIS can be accessed and viewed by the Purchasing Division staff immediately upon bid opening. The Purchasing Division will consider any file that cannot be immediately accessed and viewed at the time of the bid opening (such as, encrypted files, password protected files, or incompatible files) to be blank or incomplete as context requires, and are therefore unacceptable. A vendor will not be permitted to unencrypt files, remove password protections, or resubmit documents after bid opening to make a file viewable if those documents are required with the bid. A Vendor may be required to provide document passwords or remove access restrictions to allow the Purchasing Division to print or electronically save documents provided that those documents are viewable by the Purchasing Division prior to obtaining the password or removing the access restriction.

19. NON-RESPONSIBLE: The Purchasing Division Director reserves the right to reject the bid of any vendor as Non-Responsible in accordance with W. Va. Code of State Rules § 148-1-5.3, when the Director determines that the vendor submitting the bid does not have the capability to fully perform, or lacks the integrity and reliability to assure good-faith performance.”

20. ACCEPTANCE/REJECTION: The State may accept or reject any bid in whole, or in part in accordance with W. Va. Code of State Rules § 148-1-4.5. and § 148-1-6.4.b.”

21. YOUR SUBMISSION IS A PUBLIC DOCUMENT: Vendor’s entire response to the Solicitation and the resulting Contract are public documents. As public documents, they will be disclosed to the public following the bid/proposal opening or award of the contract, as required by the competitive bidding laws of West Virginia Code §§ 5A-3-1 et seq., 5-22-1 et seq., and 5G-1-1 et seq. and the Freedom of Information Act West Virginia Code §§ 29B-1-1 et seq.

DO NOT SUBMIT MATERIAL YOU CONSIDER TO BE CONFIDENTIAL, A TRADE SECRET, OR OTHERWISE NOT SUBJECT TO PUBLIC DISCLOSURE.

Submission of any bid, proposal, or other document to the Purchasing Division constitutes your explicit consent to the subsequent public disclosure of the bid, proposal, or document. The Purchasing Division will disclose any document labeled “confidential,” “proprietary,” “trade secret,” “private,” or labeled with any other claim against public disclosure of the documents, to include any “trade secrets” as defined by West Virginia Code § 47-22-1 et seq. All submissions are subject to public disclosure without notice.

22. INTERESTED PARTY DISCLOSURE: West Virginia Code § 6D-1-2 requires that the vendor submit to the Purchasing Division a disclosure of interested parties to the contract for all contracts with an actual or estimated value of at least \$1 Million. That disclosure must occur on the form prescribed and approved by the WV Ethics Commission prior to contract award. A copy of that form is included with this solicitation or can be obtained from the WV Ethics Commission. This requirement does not apply to publicly traded companies listed on a national or international stock exchange. A more detailed definition of interested parties can be obtained from the form referenced above.

23. WITH THE BID REQUIREMENTS: In instances where these specifications require documentation or other information with the bid, and a vendor fails to provide it with the bid, the Director of the Purchasing Division reserves the right to request those items after bid opening and prior to contract award pursuant to the authority to waive minor irregularities in bids or specifications under W. Va. CSR § 148-1-4.6. This authority does not apply to instances where state law mandates receipt with the bid.

GENERAL TERMS AND CONDITIONS:

1. CONTRACTUAL AGREEMENT: Issuance of a Award Document signed by the Purchasing Division Director, or his designee, and approved as to form by the Attorney General's office constitutes acceptance of this Contract made by and between the State of West Virginia and the Vendor. Vendor's signature on its bid signifies Vendor's agreement to be bound by and accept the terms and conditions contained in this Contract.

2. DEFINITIONS: As used in this Solicitation/Contract, the following terms shall have the meanings attributed to them below. Additional definitions may be found in the specifications included with this Solicitation/Contract.

2.1. "Agency" or "Agencies" means the agency, board, commission, or other entity of the State of West Virginia that is identified on the first page of the Solicitation or any other public entity seeking to procure goods or services under this Contract.

2.2. "Bid" or "Proposal" means the vendors submitted response to this solicitation.

2.3. "Contract" means the binding agreement that is entered into between the State and the Vendor to provide the goods or services requested in the Solicitation.

2.4. "Director" means the Director of the West Virginia Department of Administration, Purchasing Division.

2.5. "Purchasing Division" means the West Virginia Department of Administration, Purchasing Division.

2.6. "Award Document" means the document signed by the Agency and the Purchasing Division, and approved as to form by the Attorney General, that identifies the Vendor as the contract holder.

2.7. "Solicitation" means the official notice of an opportunity to supply the State with goods or services that is published by the Purchasing Division.

2.8. "State" means the State of West Virginia and/or any of its agencies, commissions, boards, etc. as context requires.

2.9. "Vendor" or "Vendors" means any entity submitting a bid in response to the Solicitation, the entity that has been selected as the lowest responsible bidder, or the entity that has been awarded the Contract as context requires.

3. CONTRACT TERM; RENEWAL; EXTENSION: The term of this Contract shall be determined in accordance with the category that has been identified as applicable to this Contract below:

Term Contract

Initial Contract Term: This Contract becomes effective on _____ upon award _____ and extends for a period of _____ one (1) _____ year(s).

Renewal Term: This Contract may be renewed upon the mutual written consent of the Agency, and the Vendor, with approval of the Purchasing Division and the Attorney General's office (Attorney General approval is as to form only). Any request for renewal should be delivered to the Agency and then submitted to the Purchasing Division thirty (30) days prior to the expiration date of the initial contract term or appropriate renewal term. A Contract renewal shall be in accordance with the terms and conditions of the original contract. Unless otherwise specified below, renewal of this Contract is limited to _____ three (3) _____ successive one (1) year periods or multiple renewal periods of less than one year, provided that the multiple renewal periods do not exceed the total number of months available in all renewal years combined. Automatic renewal of this Contract is prohibited. Renewals must be approved by the Vendor, Agency, Purchasing Division and Attorney General's office (Attorney General approval is as to form only)

Alternate Renewal Term – This contract may be renewed for _____ successive _____ year periods or shorter periods provided that they do not exceed the total number of months contained in all available renewals. Automatic renewal of this Contract is prohibited. Renewals must be approved by the Vendor, Agency, Purchasing Division and Attorney General's office (Attorney General approval is as to form only)

Delivery Order Limitations: In the event that this contract permits delivery orders, a delivery order may only be issued during the time this Contract is in effect. Any delivery order issued within one year of the expiration of this Contract shall be effective for one year from the date the delivery order is issued. No delivery order may be extended beyond one year after this Contract has expired.

Fixed Period Contract: This Contract becomes effective upon Vendor's receipt of the notice to proceed and must be completed within _____ days.

Fixed Period Contract with Renewals: This Contract becomes effective upon Vendor's receipt of the notice to proceed and part of the Contract more fully described in the attached specifications must be completed within _____ days. Upon completion of the work covered by the preceding sentence, the vendor agrees that maintenance, monitoring, or warranty services will be provided for _____ year(s) thereafter.

One Time Purchase: The term of this Contract shall run from the issuance of the Award Document until all of the goods contracted for have been delivered, but in no event will this Contract extend for more than one fiscal year.

Other: See attached.

4. NOTICE TO PROCEED: Vendor shall begin performance of this Contract immediately upon receiving notice to proceed unless otherwise instructed by the Agency. Unless otherwise specified, the fully executed Award Document will be considered notice to proceed.

5. QUANTITIES: The quantities required under this Contract shall be determined in accordance with the category that has been identified as applicable to this Contract below.

Open End Contract: Quantities listed in this Solicitation are approximations only, based on estimates supplied by the Agency. It is understood and agreed that the Contract shall cover the quantities actually ordered for delivery during the term of the Contract, whether more or less than the quantities shown.

Service: The scope of the service to be provided will be more clearly defined in the specifications included herewith.

Combined Service and Goods: The scope of the service and deliverable goods to be provided will be more clearly defined in the specifications included herewith.

One Time Purchase: This Contract is for the purchase of a set quantity of goods that are identified in the specifications included herewith. Once those items have been delivered, no additional goods may be procured under this Contract without an appropriate change order approved by the Vendor, Agency, Purchasing Division, and Attorney General's office.

6. EMERGENCY PURCHASES: The Purchasing Division Director may authorize the Agency to purchase goods or services in the open market that Vendor would otherwise provide under this Contract if those goods or services are for immediate or expedited delivery in an emergency. Emergencies shall include, but are not limited to, delays in transportation or an unanticipated increase in the volume of work. An emergency purchase in the open market, approved by the Purchasing Division Director, shall not constitute a breach of this Contract and shall not entitle the Vendor to any form of compensation or damages. This provision does not excuse the State from fulfilling its obligations under a One Time Purchase contract.

7. REQUIRED DOCUMENTS: All of the items checked below must be provided to the Purchasing Division by the Vendor as specified below.

BID BOND (Construction Only): Pursuant to the requirements contained in W. Va. Code § 5-22-1(c), All Vendors submitting a bid on a construction project shall furnish a valid bid bond in the amount of five percent (5%) of the total amount of the bid protecting the State of West Virginia. The bid bond must be submitted with the bid.

PERFORMANCE BOND: The apparent successful Vendor shall provide a performance bond in the amount of 100% of the contract. The performance bond must be received by the Purchasing Division prior to Contract award.

LABOR/MATERIAL PAYMENT BOND: The apparent successful Vendor shall provide a labor/material payment bond in the amount of 100% of the Contract value. The labor/material payment bond must be delivered to the Purchasing Division prior to Contract award.

In lieu of the Bid Bond, Performance Bond, and Labor/Material Payment Bond, the Vendor may provide certified checks, cashier's checks, or irrevocable letters of credit. Any certified check, cashier's check, or irrevocable letter of credit provided in lieu of a bond must be of the same amount and delivered on the same schedule as the bond it replaces. A letter of credit submitted in lieu of a performance and labor/material payment bond will only be allowed for projects under \$100,000. Personal or business checks are not acceptable. Notwithstanding the foregoing, West Virginia Code § 5-22-1 (d) mandates that a vendor provide a performance and labor/material payment bond for construction projects. Accordingly, substitutions for the performance and labor/material payment bonds for construction projects is not permitted.

MAINTENANCE BOND: The apparent successful Vendor shall provide a two (2) year maintenance bond covering the roofing system. The maintenance bond must be issued and delivered to the Purchasing Division prior to Contract award.

LICENSE(S) / CERTIFICATIONS / PERMITS: In addition to anything required under the Section of the General Terms and Conditions entitled Licensing, the apparent successful Vendor shall furnish proof of the following licenses, certifications, and/or permits upon request and in a form acceptable to the State. The request may be prior to or after contract award at the State's sole discretion.

The apparent successful Vendor shall also furnish proof of any additional licenses or certifications contained in the specifications regardless of whether or not that requirement is listed above.

8. INSURANCE: The apparent successful Vendor shall furnish proof of the insurance identified by a checkmark below and must include the State as an additional insured on each policy prior to Contract award. The insurance coverages identified below must be maintained throughout the life of this contract. Thirty (30) days prior to the expiration of the insurance policies, Vendor shall provide the Agency with proof that the insurance mandated herein has been continued. Vendor must also provide Agency with immediate notice of any changes in its insurance policies, including but not limited to, policy cancelation, policy reduction, or change in insurers. The apparent successful Vendor shall also furnish proof of any additional insurance requirements contained in the specifications prior to Contract award regardless of whether or not that insurance requirement is listed in this section.

Vendor must maintain:

Commercial General Liability Insurance in at least an amount of: _____ per occurrence.

Automobile Liability Insurance in at least an amount of: _____ per occurrence.

Professional/Malpractice/Errors and Omission Insurance in at least an amount of: _____ per occurrence. Notwithstanding the foregoing, Vendor's are not required to list the State as an additional insured for this type of policy.

Commercial Crime and Third Party Fidelity Insurance in an amount of: _____ per occurrence.

Cyber Liability Insurance in an amount of: _____ per occurrence.

Builders Risk Insurance in an amount equal to 100% of the amount of the Contract.

Pollution Insurance in an amount of: _____ per occurrence.

Aircraft Liability in an amount of: _____ per occurrence.

Professional Liability Insurance \$1,000,000. per occurrence.

Notwithstanding anything contained in this section to the contrary, the Director of the Purchasing Division reserves the right to waive the requirement that the State be named as an additional insured on one or more of the Vendor's insurance policies if the Director finds that doing so is in the State's best interest.

9. WORKERS' COMPENSATION INSURANCE: The apparent successful Vendor shall comply with laws relating to workers compensation, shall maintain workers' compensation insurance when required, and shall furnish proof of workers' compensation insurance upon request.

10. [Reserved]

11. LIQUIDATED DAMAGES: This clause shall in no way be considered exclusive and shall not limit the State or Agency's right to pursue any other available remedy. Vendor shall pay liquidated damages in the amount specified below or as described in the specifications:

_____ for _____

Liquidated Damages Contained in the Specifications

12. ACCEPTANCE: Vendor's signature on its bid, or on the certification and signature page, constitutes an offer to the State that cannot be unilaterally withdrawn, signifies that the product or service proposed by vendor meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise indicated, and signifies acceptance of the terms and conditions contained in the Solicitation unless otherwise indicated.

13. PRICING: The pricing set forth herein is firm for the life of the Contract, unless specified elsewhere within this Solicitation/Contract by the State. A Vendor's inclusion of price adjustment provisions in its bid, without an express authorization from the State in the Solicitation to do so, may result in bid disqualification. Notwithstanding the foregoing, Vendor must extend any publicly advertised sale price to the State and invoice at the lower of the contract price or the publicly advertised sale price.

14. PAYMENT IN ARREARS: Payment in advance is prohibited under this Contract. Payment may only be made after the delivery and acceptance of goods or services. The Vendor shall submit invoices, in arrears.

15. PAYMENT METHODS: Vendor must accept payment by electronic funds transfer and P-Card. (The State of West Virginia's Purchasing Card program, administered under contract by a banking institution, processes payment for goods and services through state designated credit cards.)

16. TAXES: The Vendor shall pay any applicable sales, use, personal property or any other taxes arising out of this Contract and the transactions contemplated thereby. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.

17. ADDITIONAL FEES: Vendor is not permitted to charge additional fees or assess additional charges that were not either expressly provided for in the solicitation published by the State of West Virginia or included in the unit price or lump sum bid amount that Vendor is required by the solicitation to provide. Including such fees or charges as notes to the solicitation may result in rejection of vendor's bid. Requesting such fees or charges be paid after the contract has been awarded may result in cancellation of the contract.

18. FUNDING: This Contract shall continue for the term stated herein, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise made available, this Contract becomes void and of no effect beginning on July 1 of the fiscal year for which funding has not been appropriated or otherwise made available.

19. CANCELLATION: The Purchasing Division Director reserves the right to cancel this Contract immediately upon written notice to the vendor if the materials or workmanship supplied do not conform to the specifications contained in the Contract. The Purchasing Division Director may also cancel any purchase or Contract upon 30 days written notice to the Vendor in accordance with West Virginia Code of State Rules § 148-1-5.2.b.

20. TIME: Time is of the essence with regard to all matters of time and performance in this Contract.

21. APPLICABLE LAW: This Contract is governed by and interpreted under West Virginia law without giving effect to its choice of law principles. Any information provided in specification manuals, or any other source, verbal or written, which contradicts or violates the West Virginia Constitution, West Virginia Code or West Virginia Code of State Rules is void and of no effect.

22. COMPLIANCE WITH LAWS: Vendor shall comply with all applicable federal, state, and local laws, regulations and ordinances. By submitting a bid, Vendor acknowledges that it has reviewed, understands, and will comply with all applicable laws, regulations, and ordinances.

SUBCONTRACTOR COMPLIANCE: Vendor shall notify all subcontractors providing commodities or services related to this Contract that as subcontractors, they too are required to comply with all applicable laws, regulations, and ordinances. Notification under this provision must occur prior to the performance of any work under the contract by the subcontractor.

23. ARBITRATION: Any references made to arbitration contained in this Contract, Vendor's bid, or in any American Institute of Architects documents pertaining to this Contract are hereby deleted, void, and of no effect.

24. MODIFICATIONS: This writing is the parties' final expression of intent. Notwithstanding anything contained in this Contract to the contrary no modification of this Contract shall be binding without mutual written consent of the Agency, and the Vendor, with approval of the Purchasing Division and the Attorney General's office (Attorney General approval is as to form only). Any change to existing contracts that adds work or changes contract cost, and were not included in the original contract, must be approved by the Purchasing Division and the Attorney General's Office (as to form) prior to the implementation of the change or commencement of work affected by the change.

25. WAIVER: The failure of either party to insist upon a strict performance of any of the terms or provision of this Contract, or to exercise any option, right, or remedy herein contained, shall not be construed as a waiver or a relinquishment for the future of such term, provision, option, right, or remedy, but the same shall continue in full force and effect. Any waiver must be expressly stated in writing and signed by the waiving party.

26. SUBSEQUENT FORMS: The terms and conditions contained in this Contract shall supersede any and all subsequent terms and conditions which may appear on any form documents submitted by Vendor to the Agency or Purchasing Division such as price lists, order forms, invoices, sales agreements, or maintenance agreements, and includes internet websites or other electronic documents. Acceptance or use of Vendor's forms does not constitute acceptance of the terms and conditions contained thereon.

27. ASSIGNMENT: Neither this Contract nor any monies due, or to become due hereunder, may be assigned by the Vendor without the express written consent of the Agency, the Purchasing Division, the Attorney General's office (as to form only), and any other government agency or office that may be required to approve such assignments.

28. WARRANTY: The Vendor expressly warrants that the goods and/or services covered by this Contract will: (a) conform to the specifications, drawings, samples, or other description furnished or specified by the Agency; (b) be merchantable and fit for the purpose intended; and (c) be free from defect in material and workmanship.

29. STATE EMPLOYEES: State employees are not permitted to utilize this Contract for personal use and the Vendor is prohibited from permitting or facilitating the same.

30. PRIVACY, SECURITY, AND CONFIDENTIALITY: The Vendor agrees that it will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the Agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the Agency's policies, procedures, and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/default.html>.

31. YOUR SUBMISSION IS A PUBLIC DOCUMENT: Vendor's entire response to the Solicitation and the resulting Contract are public documents. As public documents, they will be disclosed to the public following the bid/proposal opening or award of the contract, as required by the competitive bidding laws of West Virginia Code §§ 5A-3-1 et seq., 5-22-1 et seq., and 5G-1-1 et seq. and the Freedom of Information Act West Virginia Code §§ 29B-1-1 et seq.

DO NOT SUBMIT MATERIAL YOU CONSIDER TO BE CONFIDENTIAL, A TRADE SECRET, OR OTHERWISE NOT SUBJECT TO PUBLIC DISCLOSURE.

Submission of any bid, proposal, or other document to the Purchasing Division constitutes your explicit consent to the subsequent public disclosure of the bid, proposal, or document. The Purchasing Division will disclose any document labeled "confidential," "proprietary," "trade secret," "private," or labeled with any other claim against public disclosure of the documents, to include any "trade secrets" as defined by West Virginia Code § 47-22-1 et seq. All submissions are subject to public disclosure without notice.

32. LICENSING: In accordance with West Virginia Code of State Rules § 148-1-6.1.e, Vendor must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, West Virginia Insurance Commission, or any other state agency or political subdivision. Obligations related to political subdivisions may include, but are not limited to, business licensing, business and occupation taxes, inspection compliance, permitting, etc. Upon request, the Vendor must provide all necessary releases to obtain information to enable the Purchasing Division Director or the Agency to verify that the Vendor is licensed and in good standing with the above entities.

SUBCONTRACTOR COMPLIANCE: Vendor shall notify all subcontractors providing commodities or services related to this Contract that as subcontractors, they too are required to be licensed, in good standing, and up-to-date on all state and local obligations as described in this section. Obligations related to political subdivisions may include, but are not limited to, business licensing, business and occupation taxes, inspection compliance, permitting, etc. Notification under this provision must occur prior to the performance of any work under the contract by the subcontractor.

33. ANTITRUST: In submitting a bid to, signing a contract with, or accepting a Award Document from any agency of the State of West Virginia, the Vendor agrees to convey, sell, assign, or transfer to the State of West Virginia all rights, title, and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to Vendor.

34. VENDOR CERTIFICATIONS: By signing its bid or entering into this Contract, Vendor certifies (1) that its bid or offer was made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, person or entity submitting a bid or offer for the same material, supplies, equipment or services; (2) that its bid or offer is in all respects fair and without collusion or fraud; (3) that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; and (4) that it has reviewed this Solicitation in its entirety; understands the requirements, terms and conditions, and other information contained herein.

Vendor's signature on its bid or offer also affirms that neither it nor its representatives have any interest, nor shall acquire any interest, direct or indirect, which would compromise the performance of its services hereunder. Any such interests shall be promptly presented in detail to the Agency. The individual signing this bid or offer on behalf of Vendor certifies that he or she is authorized by the Vendor to execute this bid or offer or any documents related thereto on Vendor's behalf; that he or she is authorized to bind the Vendor in a contractual relationship; and that, to the best of his or her knowledge, the Vendor has properly registered with any State agency that may require registration.

35. VENDOR RELATIONSHIP: The relationship of the Vendor to the State shall be that of an independent contractor and no principal-agent relationship or employer-employee relationship is contemplated or created by this Contract. The Vendor as an independent contractor is solely liable for the acts and omissions of its employees and agents. Vendor shall be responsible for selecting, supervising, and compensating any and all individuals employed pursuant to the terms of this Solicitation and resulting contract. Neither the Vendor, nor any employees or subcontractors of the Vendor, shall be deemed to be employees of the State for any purpose whatsoever. Vendor shall be exclusively responsible for payment of employees and contractors for all wages and salaries, taxes, withholding payments, penalties, fees, fringe benefits, professional liability insurance premiums, contributions to insurance and pension, or other deferred compensation plans, including but not limited to, Workers' Compensation and Social Security obligations, licensing fees, etc. and the filing of all necessary documents, forms, and returns pertinent to all of the foregoing.

Vendor shall hold harmless the State, and shall provide the State and Agency with a defense against any and all claims including, but not limited to, the foregoing payments, withholdings, contributions, taxes, Social Security taxes, and employer income tax returns.

36. INDEMNIFICATION: The Vendor agrees to indemnify, defend, and hold harmless the State and the Agency, their officers, and employees from and against: (1) Any claims or losses for services rendered by any subcontractor, person, or firm performing or supplying services, materials, or supplies in connection with the performance of the Contract; (2) Any claims or losses resulting to any person or entity injured or damaged by the Vendor, its officers, employees, or subcontractors by the publication, translation, reproduction, delivery, performance, use, or disposition of any data used under the Contract in a manner not authorized by the Contract, or by Federal or State statutes or regulations; and (3) Any failure of the Vendor, its officers, employees, or subcontractors to observe State and Federal laws including, but not limited to, labor and wage and hour laws.

37. PURCHASING AFFIDAVIT: In accordance with West Virginia Code §§ 5A-3-10a and 5-22-1(i), the State is prohibited from awarding a contract to any bidder that owes a debt to the State or a political subdivision of the State, Vendors are required to sign, notarize, and submit the Purchasing Affidavit to the Purchasing Division affirming under oath that it is not in default on any monetary obligation owed to the state or a political subdivision of the state.

38. ADDITIONAL AGENCY AND LOCAL GOVERNMENT USE: This Contract may be utilized by other agencies, spending units, and political subdivisions of the State of West Virginia; county, municipal, and other local government bodies; and school districts (“Other Government Entities”), provided that both the Other Government Entity and the Vendor agree. Any extension of this Contract to the aforementioned Other Government Entities must be on the same prices, terms, and conditions as those offered and agreed to in this Contract, provided that such extension is in compliance with the applicable laws, rules, and ordinances of the Other Government Entity. A refusal to extend this Contract to the Other Government Entities shall not impact or influence the award of this Contract in any manner.

39. CONFLICT OF INTEREST: Vendor, its officers or members or employees, shall not presently have or acquire an interest, direct or indirect, which would conflict with or compromise the performance of its obligations hereunder. Vendor shall periodically inquire of its officers, members and employees to ensure that a conflict of interest does not arise. Any conflict of interest discovered shall be promptly presented in detail to the Agency.

40. REPORTS: Vendor shall provide the Agency and/or the Purchasing Division with the following reports identified by a checked box below:

Such reports as the Agency and/or the Purchasing Division may request. Requested reports may include, but are not limited to, quantities purchased, agencies utilizing the contract, total contract expenditures by agency, etc.

Quarterly reports detailing the total quantity of purchases in units and dollars, along with a listing of purchases by agency. Quarterly reports should be delivered to the Purchasing Division via email at purchasing.requisitions@wv.gov.

41. BACKGROUND CHECK: In accordance with W. Va. Code § 15-2D-3, the Director of the Division of Protective Services shall require any service provider whose employees are regularly employed on the grounds or in the buildings of the Capitol complex or who have access to sensitive or critical information to submit to a fingerprint-based state and federal background inquiry through the state repository. The service provider is responsible for any costs associated with the fingerprint-based state and federal background inquiry.

After the contract for such services has been approved, but before any such employees are permitted to be on the grounds or in the buildings of the Capitol complex or have access to sensitive or critical information, the service provider shall submit a list of all persons who will be physically present and working at the Capitol complex to the Director of the Division of Protective Services for purposes of verifying compliance with this provision. The State reserves the right to prohibit a service provider’s employees from accessing sensitive or critical information or to be present at the Capitol complex based upon results addressed from a criminal background check.

Revised 01/09/2020

Service providers should contact the West Virginia Division of Protective Services by phone at (304) 558-9911 for more information.

42. PREFERENCE FOR USE OF DOMESTIC STEEL PRODUCTS: Except when authorized by the Director of the Purchasing Division pursuant to W. Va. Code § 5A-3-56, no contractor may use or supply steel products for a State Contract Project other than those steel products made in the United States. A contractor who uses steel products in violation of this section may be subject to civil penalties pursuant to W. Va. Code § 5A-3-56. As used in this section:

- a. "State Contract Project" means any erection or construction of, or any addition to, alteration of or other improvement to any building or structure, including, but not limited to, roads or highways, or the installation of any heating or cooling or ventilating plants or other equipment, or the supply of and materials for such projects, pursuant to a contract with the State of West Virginia for which bids were solicited on or after June 6, 2001.
- b. "Steel Products" means products rolled, formed, shaped, drawn, extruded, forged, cast, fabricated or otherwise similarly processed, or processed by a combination of two or more or such operations, from steel made by the open heath, basic oxygen, electric furnace, Bessemer or other steel making process. The Purchasing Division Director may, in writing, authorize the use of foreign steel products if:
- c. The cost for each contract item used does not exceed one tenth of one percent (.1%) of the total contract cost or two thousand five hundred dollars (\$2,500.00), whichever is greater. For the purposes of this section, the cost is the value of the steel product as delivered to the project; or
- d. The Director of the Purchasing Division determines that specified steel materials are not produced in the United States in sufficient quantity or otherwise are not reasonably available to meet contract requirements.

43. PREFERENCE FOR USE OF DOMESTIC ALUMINUM, GLASS, AND STEEL: In Accordance with W. Va. Code § 5-19-1 et seq., and W. Va. CSR § 148-10-1 et seq., for every contract or subcontract, subject to the limitations contained herein, for the construction, reconstruction, alteration, repair, improvement or maintenance of public works or for the purchase of any item of machinery or equipment to be used at sites of public works, only domestic aluminum, glass or steel products shall be supplied unless the spending officer determines, in writing, after the receipt of offers or bids, (1) that the cost of domestic aluminum, glass or steel products is unreasonable or inconsistent with the public interest of the State of West Virginia, (2) that domestic aluminum, glass or steel products are not produced in sufficient quantities to meet the contract requirements, or (3) the available domestic aluminum, glass, or steel do not meet the contract specifications. This provision only applies to public works contracts awarded in an amount more than fifty thousand dollars (\$50,000) or public works contracts that require more than ten thousand pounds of steel products.

The cost of domestic aluminum, glass, or steel products may be unreasonable if the cost is more than twenty percent (20%) of the bid or offered price for foreign made aluminum, glass, or steel products. If the domestic aluminum, glass or steel products to be supplied or produced in a

“substantial labor surplus area”, as defined by the United States Department of Labor, the cost of domestic aluminum, glass, or steel products may be unreasonable if the cost is more than thirty percent (30%) of the bid or offered price for foreign made aluminum, glass, or steel products. This preference shall be applied to an item of machinery or equipment, as indicated above, when the item is a single unit of equipment or machinery manufactured primarily of aluminum, glass or steel, is part of a public works contract and has the sole purpose or of being a permanent part of a single public works project. This provision does not apply to equipment or machinery purchased by a spending unit for use by that spending unit and not as part of a single public works project.

All bids and offers including domestic aluminum, glass or steel products that exceed bid or offer prices including foreign aluminum, glass or steel products after application of the preferences provided in this provision may be reduced to a price equal to or lower than the lowest bid or offer price for foreign aluminum, glass or steel products plus the applicable preference. If the reduced bid or offer prices are made in writing and supersede the prior bid or offer prices, all bids or offers, including the reduced bid or offer prices, will be reevaluated in accordance with this rule.

44. INTERESTED PARTY SUPPLEMENTAL DISCLOSURE: W. Va. Code § 6D-1-2 requires that for contracts with an actual or estimated value of at least \$1 million, the vendor must submit to the Agency a supplemental disclosure of interested parties reflecting any new or differing interested parties to the contract, which were not included in the original pre-award interested party disclosure, within 30 days following the completion or termination of the contract. A copy of that form is included with this solicitation or can be obtained from the WV Ethics Commission. This requirement does not apply to publicly traded companies listed on a national or international stock exchange. A more detailed definition of interested parties can be obtained from the form referenced above.

45. PROHIBITION AGAINST USED OR REFURBISHED: Unless expressly permitted in the solicitation published by the State, Vendor must provide new, unused commodities, and is prohibited from supplying used or refurbished commodities, in fulfilling its responsibilities under this Contract.

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.

(Name, Title)

Robert C. Fuller, CPA, Member

(Printed Name and Title)

300 8th Street, 3rd Floor, Huntington, WV 25701

(Address)

304-697-5700/304-697-5704

(Phone Number) / (Fax Number)

rob.fuller@hayflich.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.

Hayflich CPAs PLLC

(Company)

Robert C. Fuller, CPA

(Authorized Signature) (Representative Name, Title)

Robert C. Fuller, CPA, Member

(Printed Name and Title of Authorized Representative)

8/12/2020

(Date)

304-697-5700/304-697-5704

(Phone Number) (Fax Number)

REQUEST FOR QUOTATION
CPA Examinations of Long-Term Care Financial and Statistical Reports

SPECIFICATIONS

- 1. PURPOSE AND SCOPE:** The West Virginia Purchasing Division is soliciting bids on behalf of the WV DHHR Office of Accountability & Management Reporting (OAMR) to establish a contract for a Certified Public Accountant firm to provide examination engagements of Long Term Care Financial and Statistical Reports (LTC-FASRs) received from West Virginia Medicaid providers. Engagements are to ensure that the costs submitted by long term care providers participating in the West Virginia Medicaid Program (“Provider”) are accurate, allowable, and in accordance with the West Virginia Medicaid Provider Manuals and all of the applicable laws, rules and regulations. Work is to be performed onsite at Provider offices as well as home office locations (for long term care providers that are part of a chain of facilities) or at the vendor’s location. Limited space and resources are available at the Agency offices to accommodate vendor staff.

Background: The WVDHHR Office of Accountability and Management Reporting (OAMR) are responsible for receiving semiannual LTC-FASRs, (cost reports) from all nursing facility providers for whom per diem rates are set on behalf of WV Medicaid.

The costs are submitted to OAMR semi-annually and are used to calculate the per diem rates that participating long term care providers are paid for services rendered to West Virginia Medicaid clients. Examination engagements of the LTC-FASRs are used to determine whether any retroactive rate adjustments are necessary (e.g. based on unallowable or undocumented costs submitted, adjustments in census information, or other matters increasing or decreasing costs as originally reported).

Long term care providers are reimbursed only for allowable costs (as outlined in the rate setting methodology per the West Virginia Medicaid State Plan). Any reimbursement over cost is recovered through recalculation of the rate after the LTC-FASRs have been examined and adjusted for any findings of the examination. The rate is adjusted for any discrepancies noted in the examination; additionally, any other payments received by the provider during the period covered by the LTC-FASR under examination (such as payments for bed reservation days or West Virginia Medicaid credit balances) that are determined to be in error are recovered through this process as well.

Providers have a right to appeal the findings, recoveries and rate adjustments resulting from examinations and auditors are likely required to appear in evidentiary or other hearings to support the findings and conclusions or the examinations as well as prepare documents necessary for the attorneys or hearings examiner to sufficiently evaluate the findings or conclusions at issue.

These LTC-FASRs are desk reviewed and used to calculate the prospective per diem rates that will be paid to each provider for the next six-month period. OAMR is also responsible for examining LTC-FASRs to determine whether the costs and other data included on the

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submitted LTC-FASRs are allowable per WV Medicaid rules and regulations, documented, and appropriately classified and accounted for on the LTC-FASR. A typical examination of LTC-FASRs is performed on an individual provider basis (including all facilities or locations owned by the provider, typically incorporating six (6) to ten (10) consecutive semi-annual cost reporting periods per engagement. Any adjustments needed as a result of this process are incorporated into an adjusted rate calculation for each six-month rate period. The adjusted rate is then used to determine whether the provider was appropriately paid resulting in a recovery or additional payment to be processed as needed.

Through the course of the contract the vendor is expected to allow OAMR staff to be present during fieldwork (at the discretion of OAMR). The OAMR Audit and Rate Setting staff will be available as a resource for assistance in interpretation of applicable rules and regulations. Additionally, the adjusted rate calculation will be performed by OAMR's Rate Setting staff. The transmittal of the final report and communication with the provider regarding recovery or additional payment due will be performed by the WV DHHR Bureau for Medical Services, (BMS). Vendor is expected to appear at any and all hearings resulting from provider appeals of findings and is expected to provide documentation sufficient to support the conclusions and findings included in the report. Appearance at hearings is expected whether or not the timing of the hearing coincides with the term of the contract.

The vendor's principal contact with OAMR will be OAMR Office Director, or a designated representative, who will coordinate the assistance that OAMR will provide for the LTC-FASR engagements.

NOTE: The contract awarded as a result of 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.

NOTE: The WVDHHR has developed an EEOP Utilization Report and it is available at: <http://www.wvdhhr.org/pdfs/H1.5%20Utilization%20Report%20and%20EEO%20policy.pdf>

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 performance of LTC-FASR's (cost reports) examinations by Certified Public Accountant firm as more fully described in these specifications.

2.2 "Pricing Page" means the pages, contained wvOASIS upon which Vendor should list its proposed price for the Contract Services.

2.3 "Solicitation" means the official notice of an opportunity to supply the State with goods or services that is published by the Purchasing Division.

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- 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** Vendor must have been in business at least fifteen (15) years and have at least (10) years of experience conducting governmental audits.
 - 3.2** Vendor must be a Certified Public Accountant (CPA) firm and must currently have on staff at least ten (10) accounting professionals with at least five (5) of those holding CPA certification valid in the State of West Virginia.
 - 3.3** Vendor will provide work history of at least five (5) past engagements that demonstrate experience in providing Medicaid agencies with the audits of cost report data for nursing homes, as well as hospital-based long-term care units.
 - 3.4** Vendor shall provide work history of five (5) prior engagements that demonstrate experience in working with state and/or federal officials or regulators to assist with resolving findings, inquiries, disallowance issues, etc.
 - 3.5** Vendor shall provide work history of five (5) past client engagements that demonstrate experience in providing state Medicaid agencies with insight relevant to changes in law, rules, and direction associated with the state's ability to effectively and efficiently manage the audit and reimbursement process in a compliant manner.
 - 3.6** Vendor shall provide a work history, (if any) of past engagements that demonstrate experience representing Medicaid agencies throughout the appeals process including the ability to effectively testify as an expert witness.

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** The engagements performed under this contract and reports issued upon completion of those engagements are to be in accordance with attestation standards established by the American Institute of Certified Public Accountants (AICPA) as well as Government Auditing Standards as issued by the

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Comptroller General of the United States. All work is to be performed in accordance with the provisions contained herein.

Those standards may be found at the following link:

<http://www.aicpa.org/Research/Standards/AuditAttest/Pages/SSAE.aspx>

<http://www.gao.gov/yellowbook>. Up to seventeen (17) engagements will be performed under this contract per year.

- 4.1.2** Upon request by OAMR, the vendor is to perform financial and compliance audit engagements of semi-annual LTC-FASRs in accordance with the standards established by the American Institute of Certified Public Accountants and the standards applicable to financial audits contained in Government Auditing Standards issued by the Comptroller General of the United States. The vendor is to issue an opinion on the fair presentation, in conformity with Generally Accepted Accounting Principles and the rules and regulations established by the West Virginia Department of Health and Human Resources, of the financial and statistical information submitted in the LTC-FASRs for each facility examined along with a list of findings of non-compliance as described below. Additionally, the vendor is to issue a report on compliance and internal control in accordance with Government Auditing Standards.
- 4.1.3** Each engagement is to incorporate a pre-engagement planning meeting between an authorized representative of the vendor and the Agency to establish the procedures to be performed, whether OAMR staff intends to be present for any portion of the examination field work, the planned timing and expected completion of fieldwork, and the anticipated timing of draft and final report issuance. This meeting is to include a review of the cost reports to be examined as well as any additional information OAMR is aware of that would impact the examination procedures or the engagement.
- 4.1.4** The procedures for each engagement are to include, at a minimum, the procedures outlined in the **OAMR Audit Guide (Appendix A)**. However, this is not an all-inclusive list of procedures and the vendor is responsible for performing any and all procedures necessary to support the opinion and findings included in the examination report as described below. Materiality determination and examination procedures should focus on the schedules within the LTC-FASR that have the most impact upon the rate calculation (i.e. schedules WV-6, WV-7 and WV-16 through WV-22). Errors found in items sampled from those schedules should result in an expansion of testing to allow qualification and determination of the pervasiveness of the errors found.

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4.1.5 Each engagement is to be conducted on an individual facility basis, and shall include up to eight (8) semi-annual LTC-FASRs, or cost reports. The vendor shall issue a report for each engagement expressing an opinion as to the completeness and accuracy of the information submitted on the LTC-FASRs in accordance with the WV Medicaid Provider Manuals and all applicable laws, rules and regulations. The report shall include the following elements:

1. Independent accountants examination report and report in accordance with Government Auditing Standards
2. A definitive list of findings of non-compliance, numbered sequentially and including the following elements:
 - a. Criteria
 - b. Condition (to include cost report period, LTC-FASR cost center charged, page/line mapping to LTC/FASR field(s) affected, account number(s) and description(s) (from West Virginia Long Term Care Medicaid Chart of Accounts), amount originally reported on the LTC-FASR, correct amount, and quantification of increase or decrease necessary to adjust for cost or error).
 - c. Cause
 - d. Effect or Potential Effect
 - e. Recommendation
3. Status of prior findings (if any)

4.1.6 Examination of facilities that share a common ownership or control (Chain Facilities) will generally be performed together as a group and shall include in the examination home office or other costs that have been allocated among the facilities and included in the LTC-FASRs that is submitted for those facilities.

4.1.7 Examination of facilities that are owned by or located within a hospital (Hospital-Based Facilities) are to include in the examination any hospital costs allocated to the Long term care facility and included in the LTC-FASR submitted for those facilities.

4.1.8 Vendor must be prepared to adequately staff the engagement without reliance on OAMR staff for the performance of any audit related work or clerical support necessary for completion of the engagement.

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- 4.1.9** The vendor shall be responsible for knowledge of the West Virginia Medicaid Provider Manuals, particularly Chapter 500, Volume 1 “Nursing Facility Services” as well as the West Virginia Medicaid Long Term Care Chart of Accounts. The OAMR staff shall be available to the vendor to assist in provision of information and explanations, as well as interpretations of rules and regulations as they pertain to audit findings and results of audit tests. It shall be the vendor’s responsibility to contact OAMR with any questions as to interpretation of rules and regulations as they pertain to audit findings and results of audit test. The manuals are available at: <https://dhhr.wv.gov/bms/Pages/Manuals.aspx>
- 4.1.10** Vendor is to immediately notify OAMR in writing in the event that any of the following are noted in the course of performing the engagement under this contract: criminal acts; fraudulent transactions; intentional abuse of WV Medicaid funding; irregularities; misrepresentations by facility management or any issues that would cause delays in the issuance of the engagement report or an adverse opinion.
- 4.1.11** Vendor is to provide representation and consultation for all levels of provider Appeals whether or not scheduling of such proceedings occurs during the term of this contract; this may include administrative hearings, evidentiary hearing, and judicial reviews as well as other legal proceedings not individually listed here. This representation shall be included in the price of the engagements and no additional compensation shall be made whether the timing is within or subsequent to the term of this contract.
- 4.1.12** Vendor is to meet with OAMR representative upon completion of each engagement and will provide at the meeting a draft copy of the report for the engagement (or engagements if Chain Facilities). Any necessary changes must be discussed and agreed upon before final acceptance. Vendor is to be prepared (with workpapers) to discuss each finding and to perform additional work at the request of OAMR for any areas not sufficiently explained or findings not sufficiently quantified. In the event that changes or additional work are deemed necessary a subsequent draft will be submitted and discussed with OAMR.
- 4.1.13** The final draft of the report is to be submitted to OAMR by the vendor and OAMR will transmit draft report to the facility. The facility shall have ten (10) business days from receipt to provide additional information to the vendor to mitigate or resolve the findings.
- 4.1.14** Vendor is responsible for final report preparation, editing and printing. The vendor is to provide OAMR with three (3) copies of the final report for each engagement as well as one (1) copy of the engagement workpapers resulting from the examination or electronic versions as agreed by OAMR.

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- 4.1.15** All workpapers and reports are to be retained, at the vendor's expense, for a minimum of five (5) years. After the (5) years have elapsed documents are to be delivered and surrendered unto the OAMR.
- 4.1.16** Vendor is to be available to OAMR to assist in adapting the engagement procedures as necessary to accommodate rule and regulation changes as they affect the rate determination and audit process on an as-needed basis.
- 4.1.17** Vendor will be expected to complete audit fieldwork and submit final draft audit reports for OAMR quality review not later than 90 days before contract expiration date, unless express approval or extension is granted by OAMR. Any audits not submitted by this date will not be considered complete and final outstanding payments therefore will be withheld. Final drafts submitted by 90 day deadline will be quality reviewed and upon acceptance by OAMR as final, OAMR will authorize approval of final payment.
- 4.1.18** The bid must include a firm fixed fee for the performance of each facility engagement for the services discussed above. In the event that less than eight (8) LTC-FASR's cost reporting periods are to be examined in an engagement due to extenuating circumstances, the vendor is to adjust the per engagement fee to accommodate the reduction in work accordingly. The all-inclusive Engagement cost should assume that all engagements will include eight (8) cost reporting periods.
- 4.1.19** Vendor is to commit cohesive, dedicated, highly skilled core team of key personnel to oversee and conduct the tasks required under this agreement. The vendor is to designate one contact person to report to the Director of OAMR or his designee regarding all matters related to this contract. This individual shall be a Certified Public Accountant in good standing licensed by the West Virginia Board of Accountancy. The designated contact person must be able to act on behalf of the vendor and have appropriate experience and expertise in overseeing similar engagements. The designated contact person must be available for monthly on-site meetings with the OAMR Office Director or designee.
- 4.1.20** Vender should notify OAMR immediately of any noncompliance by LTC Providers to submit requested information necessary to complete the audit. As covered in section 514 of the WV Nursing Facility Provider Manual, records found to be incomplete or missing at the time of the scheduled on-site visit must be delivered within 48 hours or an amount of time mutually agreed upon with the audit staff at the exit conference. Provider costs found to be unsubstantiated will be disallowed and considered an overpayment. Failure of Providers to submit records will not be justification for last submission by vendor of expected audit report deliverables. Meetings may be conducted less frequently than a monthly basis, if deemed appropriate by the OAMR, and may be requested more frequently on an as needed basis.

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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 qualified Vendor that provides the Contract Services meeting the required specifications for the lowest overall total cost as shown on the Pricing Pages.

Bids will be evaluated based on Total Bid Amount. Contract Award will be made for Year 1 costs only, with subsequent Years' costs added only upon agreed and approved renewal change order.

This contract may be renewed upon the mutual written consent of the Agency, and the Vendor, with the approval of the Purchasing Division and the Attorney General's Office (Attorney General approval is as to form only). Contract renewal shall be in accordance with the terms and conditions of the original contract and are to add work bid by the vendor for the original solicitation. Renewal of this Contract is limited to three (3) successive one (1) year periods. Vendor understands that the Agency has created an audit schedule listing the audit locations and that each year Vendor will be expected to perform 17 audits as selected by the Agency from the list of locations. If Agency and Vendor agree to exercise subsequent renewals, the Vendor will perform an additional 17 audits in each renewal year as selected by the Agency.

5.2 Pricing Page: Vendor should complete the Pricing Page by providing the all-inclusive per engagement cost. 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.

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

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- 7 PAYMENT:** Agency shall pay the all-inclusive per audit amount, as shown on the Pricing pages for all contract services performed and accepted under this Contract. Vendor shall accept payment in accordance with the payment procedures of the State of West Virginia.
- 8 TRAVEL:** Vendor shall be responsible for all mileage and travel costs, including travel time, associated with performance of this Contract. Any anticipated mileage or travel costs may be included in the flat fee or hourly rate listed on Vendor's bid, but such costs will not be paid by the Agency separately.
- 9 FACILITIES ACCESS:** Performance of Contract Services may require access cards and/or keys to gain entrance to Agency's facilities. In the event that access cards and/or keys are required:
- 9.1** Vendor must identify principal service personnel which will be issued access cards and/or keys to perform service.
- 9.2** Vendor will be responsible for controlling cards and keys and will pay replacement fee, if the cards or keys become lost or stolen.
- 9.3** Vendor shall notify Agency immediately of any lost, stolen, or missing card or key.
- 9.4** Anyone performing under this Contract will be subject to Agency's security protocol and procedures.
- 9.5** Vendor shall inform all staff of Agency's security protocol and procedures.
- 10 VENDOR DEFAULT:**
- 10.1** The following shall be considered a vendor default under this Contract.
- 10.1.1** Failure to perform Contract Services in accordance with the requirements contained herein.
- 10.1.2** Failure to comply with other specifications and requirements contained herein.
- 10.1.3** Failure to comply with any laws, rules, and ordinances applicable to the Contract Services provided under this Contract.
- 10.1.4** Failure to remedy deficient performance upon request.
- 10.2** The following remedies shall be available to Agency upon default.
- 10.2.1** 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.

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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.

11.2 Record Retention (Access & Confidentiality):

Vendor shall comply with all applicable Federal and State of West Virginia rules and regulations, and requirements governing the maintenance of documentation to verify any cost of services or commodities rendered under this contract by Vendor. The Vendor shall maintain such records a minimum of five (5) years and make available all records to Agency personnel at Vendor's location during normal business hours upon written request by Agency within 10 days after receipt of the request.

Vendor shall have access to private and confidential data maintained by Agency to the extent required for Vendor to carry out the duties and responsibilities defined in this contract. Vendor agrees to maintain confidentiality and security of the data made available.

11.3 Invoices, Progress Payments:

The Vendor shall submit invoices, in arrears, to the Agency at the address on the face of the purchase order labeled "Invoice To" pursuant to the terms of the contract. Progress payments shall be made on the basis of percentage of work completed at the per engagement prices per the Pricing pages. Progress reports must be submitted to the Agency with the invoice detailing progress completed of any deliverable identified. Payment will be made only upon approval of acceptable progress or deliverables as documented in the Vendor's report. Invoices may not be submitted more than once monthly and State law forbids payment of invoices prior to receipt of services.

Contract Manager:
Telephone Number:
Fax Number: _____
Email Address: _____

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| Rob Fuller or Ashli Dyer 304-697-5700 304-697-5704 rob.fuller@hayflich.com ashli.dyer@hayflich.com |
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Attachment 1

Provisions Required for Federally Funded Procurements

1. **Federal Funds:** This purchase is being funded in whole or in part with Federal Funds and is subject to the requirements established in 2 CFR § 200. Pursuant to 2 CFR § 200.317 the provisions of 2 CFR §§ 200.322 and 200.326 are expressly included in this solicitation below and incorporated into any contract resulting from this solicitation by reference.
2. **2 CFR §200.322 Procurement of recovered materials:** A non-Federal entity that is a state agency or agency of a political subdivision of a state and its contractors must comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired during the preceding fiscal year exceeded \$10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.
3. **§200.326 Contract provisions:** Pursuant to the requirements contained in 2 CFR §§ 200.317 and 200.326, the following provisions are included any contract resulting from this solicitation, to the extent that the provisions are applicable.
 - (A) At a minimum, the administrative, contractual, or legal remedies contained in W. Va. CSR § 148-1-5 and the applicable definitions contained in W. Va. CSR § 148-1-2 apply to any contract resulting from this solicitation in instances where contractors violate or breach contract terms for contracts for more than the simplified acquisition threshold currently set at \$150,000 (which is the inflation adjusted amount determined by the Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) as authorized by 41 U.S.C. 1908),.

West Virginia Code of State Rules § 148-1-5 states:

§ 148-1-5. Remedies.

5.1. The Director may require that the spending unit attempt to resolve any issues that it may have with the vendor prior to pursuing a remedy contained herein. The spending unit must document any resolution efforts and provide copies of those documents to the Purchasing Division.

5.2. Contract Cancellation.

5.2.a. Cancellation. The Director may cancel a purchase or contract immediately under any one of the following conditions including, but not limited to:

5.2.a.1. The vendor agrees to the cancellation;

5.2.a.2. The vendor has obtained the contract by fraud, collusion, conspiracy, or is in conflict with any statutory or constitutional provision of the State of West Virginia;

5.2.a.3. Failure to honor any contractual term or condition or to honor standard commercial practices;

5.2.a.4. The existence of an organizational conflict of interest is identified;

5.2.a.5. Funds are not appropriated or an appropriation is discontinued by the legislature for the acquisition.

5.2.a.6. Violation of any federal, state, or local law, regulation, or ordinance.

5.2.b. The Director may cancel a purchase or contract for any reason or no reason, upon providing the vendor with 30 days' notice of the cancellation.

5.2.c. Opportunity to Cure. In the event that a vendor fails to honor any contractual term or condition, or violates any provision of federal, state, or local law, regulation, or ordinance, the Director may request that the vendor remedy the contract breach or legal violation within a time frame the Director determines to be appropriate. If the vendor fails to remedy the contract breach or legal violation or the Director determines, at his or her sole discretion, that such a request is unlikely to yield a satisfactory result, then he or she may cancel immediately without providing the vendor an opportunity to perform a remedy.

5.2.d. Re-Award. The Director may award the cancelled contract to the next lowest responsible bidder (or next highest scoring bidder if best value procurement) without a subsequent solicitation if the following conditions are met:

5.2.d.1. The next lowest responsible bidder (or next highest scoring bidder if best value procurement) is able to perform at the price contained in its original bid submission, and

5.2.d.2. The contract is an open-end contract, a one-time purchase contract, or a contract for work which has not yet commenced.

Award to the next lowest responsible bidder (or next highest scoring bidder if best value procurement) will not be an option if the vendor's failure has in any way increased or significantly changed the scope of the original contract. The vendor failing to honor contractual and legal obligations is responsible for any increase in cost the state incurs as a result of the re-award.

5.3. Non-Responsible. If the Director believes that a vendor may be non-responsible, the Director may request that a vendor or spending unit provide evidence that the vendor either does or does not have the capability to fully perform the contract requirements, and the integrity and reliability necessary to assure good faith performance. If the Director determines that the vendor is non-responsible, the Director shall reject that vendor's bid and shall not award the contract to that vendor. A determination of non-responsibility must be evaluated on a case-by-case basis and can only be made after the vendor in question has submitted a bid. A determination of non-responsibility will only extend to the contract for which the vendor has submitted a bid and does not operate as a bar against submitting future bids.

5.4. Suspension.

5.4.a. The Director may suspend, for a period not to exceed one (1) year, the right of a vendor to bid on procurements issued by the Purchasing Division or any state spending unit under its authority if:

5.4.a.1. The vendor has exhibited a pattern of submitting bids and then requesting that its bid be withdrawn after bids have been publicly opened. For purposes of this provision, a pattern is two or more instances in any 12 month period.

5.4.a.2. The vendor has exhibited a pattern of poor performance in fulfilling his or her contractual obligations to the State. Poor performance includes, but is not limited to, two or more instances of any of the following: violations of law, regulation, or ordinance; failure to deliver timely; failure to deliver quantities ordered; poor performance reports; and failure to deliver commodities, services, or printing at the quality level required by the contract.

5.4.a.3. The vendor has breached a contract issued by the Purchasing Division or any state spending unit under its authority and refuses to remedy that breach.

5.4.a.4. The vendor's actions have given rise to one or more of the grounds for debarment listed in section 5A-3-33d.

5.4.b. Vendor suspension for the reasons listed in section 5.4 above shall occur as follows:

5.4.b.1. Upon a determination by the Director that a suspension is warranted, the Director will serve a notice of suspension to the vendor.

5.4.b.2. A notice of suspension must inform the vendor:

5.4.b.2.A. Of the grounds for the suspension;

5.4.b.2.B. Of the duration of the suspension;

5.4.b.2.C. Of the right to request a hearing contesting the suspension;

5.4.b.2.D. That a request for a hearing must be served on the Director no later than five (5) working days of the vendor's receipt of the notice of suspension;

5.4.b.2.E. That the vendor's failure to request a hearing no later than five (5) working days of the receipt of the notice of suspension will be deemed a waiver of the right to a hearing and result in the automatic enforcement of the suspension without further notice or an opportunity to respond; and

5.4.b.2.F. That a request for a hearing must include an explanation of why the vendor believes the Director's asserted grounds for suspension do not apply and why the vendor should not be suspended.

5.4.b.3. A vendor's failure to serve a request for hearing on the Director no later than five (5) working days of the vendor's receipt of the notice of suspension will be deemed a waiver of the right to a hearing and may result in the automatic enforcement of the suspension without further notice or an opportunity to respond. 5.4.b.4. A vendor who files a timely request for hearing but nevertheless fails to provide an explanation of why the asserted grounds for suspension are inapplicable or should not result in a suspension, may result in a denial of the vendor's hearing request.

5.4.b.5. Within five (5) working days of receiving the vendor's request for a hearing, the Director will serve on the vendor a notice of hearing that includes the date, time and place of the hearing.

5.4.b.6. The hearing will be recorded and an official record prepared. Within ten (10) working days of the conclusion of the hearing, the Director will issue and serve on the vendor, a written decision either confirming or reversing the suspension.

5.4.c. A vendor may appeal a decision of the Director to the Secretary of Administration. The appeal must be in writing and served on the Secretary no later than five (5) working days of receipt of the Director's decision.

5.4.d. The Secretary, or his or her designee, will schedule an appeal hearing and serve on the vendor, a notice of hearing that includes the date, time and place of the hearing. The appeal hearing will be recorded and an official record prepared. Within ten (10) working days of the conclusion of the appeal hearing, the Secretary will issue and serve on the vendor a written decision either confirming or reversing the suspension.

5.4.e. Any notice or service related to suspension actions or proceedings must be provided by certified mail, return receipt requested.

5.5. Vendor Debarment. The Director may debar a vendor on the basis of one or more of the grounds for debarment contained in West Virginia Code § 5A-3-33d or if the vendor has been declared ineligible to participate in procurement related activities under federal laws and regulation.

5.5.a. Debarment proceedings shall be conducted in accordance with West Virginia Code § 5A-3-33e and these rules. A vendor that has received notice of the proposed debarment by certified mail, return receipt requested, must respond to the proposed debarment within 30 working days after receipt of notice or the debarment will be instituted without further notice. A vendor is deemed to have received notice, notwithstanding the vendor's failure to accept the certified mail, if the letter is addressed to the vendor at its last known address. After considering the matter and reaching a decision, the Director shall notify the vendor of his or her decision by certified mail, return receipt requested.

5.5.b. Any vendor, other than a vendor prohibited from participating in federal procurement, undergoing debarment proceedings is permitted to continue participating in the state's procurement process until a final debarment decision has been reached. Any contract that a debarred vendor obtains prior to a final debarment decision shall remain in effect for the current term, but may not be extended or renewed. Notwithstanding the foregoing, the Director may cancel a contract held by a debarred vendor if the Director determines, in his or her sole discretion, that doing so is in the best interest of the State. A vendor prohibited from participating in federal procurement will not be permitted to participate in the state's procurement process during debarment proceedings.

5.5.c. If the Director's final debarment decision is that debarment is warranted and notice of the final debarment decision is mailed, the Purchasing Division shall reject any bid submitted by the debarred vendor,

including any bid submitted prior to the final debarment decision if that bid has not yet been accepted and a contract consummated. 5.5.d. Pursuant to West Virginia Code section 5A-3-33e(e), the length of the debarment period will be specified in the debarment decision and will be for a period of time that the Director finds necessary and proper to protect the public from an irresponsible vendor.

5.5.e. List of Debarred Vendors. The Director shall maintain and publicly post a list of debarred vendors on the Purchasing Division's website.

5.6. Damages.

5.6.a. A vendor who fails to perform as required under a contract shall be liable for actual damages and costs incurred by the state.

5.6.b. If any commodities delivered under a contract have been used or consumed by a spending unit and on testing the commodities are found not to comply with specifications, no payment may be approved by the Spending Unit for the merchandise until the amount of actual damages incurred has been determined.

5.6.c. The Spending Unit shall seek to collect damages by following the procedures established by the Office of the Attorney General for the collection of delinquent obligations.

(B) At a minimum, the termination for cause and for convenience provisions contained in W. Va. CSR § 148-1-5.2 and the applicable definitions contained in W. Va. CSR § 148-1-2 apply to any contract in excess of \$10,000 resulting from this solicitation.

West Virginia Code of State Rules § 148-1-5.2 states:

5.2. Contract Cancellation.

5.2.a. Cancellation. The Director may cancel a purchase or contract immediately under any one of the following conditions including, but not limited to:

5.2.a.1. The vendor agrees to the cancellation;

5.2.a.2. The vendor has obtained the contract by fraud, collusion, conspiracy, or is in conflict with any statutory or constitutional provision of the State of West Virginia;

5.2.a.3. Failure to honor any contractual term or condition or to honor standard commercial practices;

5.2.a.4. The existence of an organizational conflict of interest is identified;

5.2.a.5. Funds are not appropriated or an appropriation is discontinued by the legislature for the acquisition.

5.2.a.6. Violation of any federal, state, or local law, regulation, or ordinance.

5.2.b. The Director may cancel a purchase or contract for any reason or no reason, upon providing the vendor with 30 days' notice of the cancellation.

5.2.c. Opportunity to Cure. In the event that a vendor fails to honor any contractual term or condition, or violates any provision of federal, state, or local law, regulation, or ordinance, the Director may request that the vendor remedy the contract breach or legal violation within a time frame the Director determines to be appropriate. If the vendor fails to remedy the contract breach or legal violation or the Director determines, at his or her sole discretion, that such a request is unlikely to yield a satisfactory result, then he or she may cancel immediately without providing the vendor an opportunity to perform a remedy.

(C) Equal Employment Opportunity. Except as otherwise provided under 41 CFR Part 60, all contracts that meet the definition of “**federally assisted construction contract**” in 41 CFR Part 60–1.3 must include the equal opportunity clause provided under 41 CFR 60–1.4(b), in accordance with Executive Order 11246, “Equal Employment Opportunity” (30 FR 12319, 12935, 3 CFR Part, 1964–1965 Comp., p. 339), as amended by Executive Order 11375, “Amending Executive Order 11246 Relating to Equal Employment Opportunity,” and implementing regulations at 41 CFR part 60, “Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor.”

41 CFR § 60-1.3 defines “Federally assisted construction contract” as any agreement or modification thereof between any applicant and a person for construction work which is paid for in whole or in part with funds obtained from the Government or borrowed on the credit of the Government pursuant to any Federal program involving a grant, contract, loan, insurance, or guarantee, or undertaken pursuant to any Federal program involving such grant, contract, loan, insurance, or guarantee, or any application or modification thereof approved by the Government for a grant, contract, loan, insurance, or guarantee under which the applicant itself participates in the construction work.

Accordingly, to the extent that this contract meets the definition of a “federally assisted construction contract” under 41 CFR Part 60-1.3, the following clause is included:

41 CFR 60-1.4 - Equal opportunity clause. (b) *Federally assisted construction contracts.*

In accordance with the requirements of described above, and except as otherwise provided in the applicable regulations, the following language is hereby incorporated into any contract resulting from this solicitation involving federally assisted construction which is not exempt from the requirements of the equal opportunity clause:

The applicant hereby agrees that it will incorporate or cause to be incorporated into any contract for construction work, or modification thereof, as defined in the regulations of the Secretary of Labor at 41 CFR Chapter 60, which is paid for in whole or in part with funds obtained from the Federal Government or borrowed on the credit of the Federal Government pursuant to a grant, contract, loan insurance, or guarantee, or undertaken pursuant to any Federal program involving such grant, contract, loan, insurance, or guarantee, the following equal opportunity clause:

During the performance of this contract, the contractor agrees as follows:

- (1) The contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. The contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, color, religion, sex, or national origin. such action shall include, but not be limited to the following: Employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided setting forth the provisions of this nondiscrimination clause.
- (2) The contractor will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive considerations for employment without regard to race, color, religion, sex, or national origin.

- (3) The contractor will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice to be provided advising the said labor union or workers' representatives of the contractor's commitments under this section, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- (4) The contractor will comply with all provisions of Executive Order 11246 of September 24, 1965, and of the rules, regulations, and relevant orders of the Secretary of Labor.
- (5) The contractor will furnish all information and reports required by Executive Order 11246 of September 24, 1965, and by rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to his books, records, and accounts by the administering agency and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
- (6) In the event of the contractor's noncompliance with the nondiscrimination clauses of this contract or with any of the said rules, regulations, or orders, this contract may be canceled, terminated, or suspended in whole or in part and the contractor may be declared ineligible for further Government contracts or federally assisted construction contracts in accordance with procedures authorized in Executive Order 11246 of September 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order 11246 of September 24, 1965, or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.
- (7) The contractor will include the portion of the sentence immediately preceding paragraph (1) and the provisions of paragraphs (1) through (7) in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to section 204 of Executive Order 11246 of September 24, 1965, so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as the administering agency may direct as a means of enforcing such provisions, including sanctions for noncompliance: *Provided, however,* That in the event a contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the administering agency the contractor may

request the United States to enter into such litigation to protect the interests of the United States.

The applicant further agrees that it will be bound by the above equal opportunity clause with respect to its own employment practices when it participates in federally assisted construction work: *Provided*, That if the applicant so participating is a State or local government, the above equal opportunity clause is not applicable to any agency, instrumentality or subdivision of such government which does not participate in work on or under the contract.

The applicant agrees that it will assist and cooperate actively with the administering agency and the Secretary of Labor in obtaining the compliance of contractors and subcontractors with the equal opportunity clause and the rules, regulations, and relevant orders of the Secretary of Labor, that it will furnish the administering agency and the Secretary of Labor such information as they may require for the supervision of such compliance, and that it will otherwise assist the administering agency in the discharge of the agency's primary responsibility for securing compliance.

The applicant further agrees that it will refrain from entering into any contract or contract modification subject to Executive Order 11246 of September 24, 1965, with a contractor debarred from, or who has not demonstrated eligibility for, Government contracts and federally assisted construction contracts pursuant to the Executive order and will carry out such sanctions and penalties for violation of the equal opportunity clause as may be imposed upon contractors and subcontractors by the administering agency or the Secretary of Labor pursuant to Part II, Subpart D of the Executive order. In addition, the applicant agrees that if it fails or refuses to comply with these undertakings, the administering agency may take any or all of the following actions: Cancel, terminate, or suspend in whole or in part this grant (contract, loan, insurance, guarantee); refrain from extending any further assistance to the applicant under the program with respect to which the failure or refund occurred until satisfactory assurance of future compliance has been received from such applicant; and refer the case to the Department of Justice for appropriate legal proceedings.

(D) Davis-Bacon Act, as amended (40 U.S.C.3141–3148). Any construction contract resulting from this solicitation hereby requires compliance with the Davis-Bacon Act (40 U.S.C.3141–3144, and 3146–3148) as supplemented by Department of Labor regulations (29 CFR Part 5, "Labor

Standards Provisions Applicable to Contracts Covering Federally Financed and Assisted Construction”). In accordance with the statute, contractors are required to pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor. In addition, contractors are required to pay wages not less than once a week.

Any construction contract resulting from this solicitation hereby requires compliance with the Copeland “Anti-Kickback” Act (40 U.S.C. 3145), as supplemented by Department of Labor regulations (29 CFR Part 3, “Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States”). The Act provides that each contractor or subrecipient are prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he or she is otherwise entitled.

(E) Contract Work Hours and Safety Standards Act (40 U.S.C. 3701–3708). Where applicable, any contract resulting from this solicitation in excess of \$100,000 that involve the employment of mechanics or laborers hereby requires compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. 3702 of the Act, each contractor is required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week. The requirements of 40 U.S.C. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.

(F) Rights to Inventions Made Under a Contract or Agreement. If the Federal award meets the definition of “funding agreement” under 37 CFR § 401.2 (a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that “funding agreement,” the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, “Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements,” and any implementing regulations issued by the awarding agency.

- (G) Clean Air Act (42 U.S.C. 7401–7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251–1387), as amended—** Any contract resulting from this solicitation in excess of \$150,000 hereby requires compliance with all applicable standards, orders or regulations issued pursuant to the **Clean Air Act (42 U.S.C. 7401–7671q.)** and the Federal Water Pollution Control Act as amended (**33 U.S.C.1251–1387**).
- (H) Debarment and Suspension (Executive Orders 12549 and 12689)—** Any contract resulting from this solicitation will not be awarded to parties listed on the government wide Excluded Parties List System in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR Part 1986 Comp., p. 189) and 12689 (3 CFR Part 1989 Comp., p. 235), “Debarment and Suspension.”
- (I) Byrd Anti-Lobbying Amendment (31 U.S.C. 1352)—** Any contract resulting from this solicitation requires compliance with the Byrd Anti-Lobbying Amendment (31 U.S.C. 1352). Contractors that apply or bid for an award of \$100,000 or more must file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.

Appendix A

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES OFFICE OF ACCOUNTABILITY AND MANAGEMENT REPORTING AUDIT GUIDE FOR LONG TERM CARE FACILITIES

FACILITY NAME

01/01/2015 - 12/31/2018

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF ACCOUNTABILITY AND MANAGEMENT REPORTING
AUDIT GUIDE INDEX**

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AUDIT GUIDE FOR LONG TERM CARE FACILITIES**

I. ENGAGEMENT PLANNING

| | Date | Initials | Reference |
|--|----------|----------|-----------|
| 1. Send provider engagement letter notifying them of examination. | 00/00/20 | ?? | C2 |
| 2. Perform review of submitted cost report and provider submitted work papers. Note any unusual entries, adjustments, allocations or reclassifications. | | | C1 |
| 3. Perform review of rate calculations. Note any unusual or significant variances in provider's reported allowable costs between periods and compare allowable costs to applicable caps. Also calculate planning material amounts by determining the dollar amount of cost standards compared to allowable costs. For any unusual or significant variances noted, determine whether scope of examination should be modified; consider any such issues noted in testing of general ledger to cost report tie-in and suspect account analysis (Step 15 of this section). Document the conclusions and any effect on the examination scope in a narrative memorandum. | | | C3a-d |
| 4. For all rate components that have increased from the previous period and exceed the applicable cap, perform additional testing to isolate the account(s) creating the variance and test to ensure the variance is not the result of error. | | | C3e |
| 5. Perform review of facility appraisal reports and depreciation schedule. Note any additions or renovations occurring during the examination periods. | | | C1 & C4 |
| 6. Perform review of prior year reports and examinations in OAMR files. Note adjustments and appeals. | | | C1 & C5 |
| 7. Discuss with Division of Rate Setting Director their awareness of any provider issues or complaints that would affect the scope of the engagement. Discuss evaluation of materiality and document any effect on engagement scope. | | | C1 |
| 8. Request that Division of Rate Setting staff prepare electronic adjusted rate worksheets for each cost report period audited. | | | C1 |
| 9. Make arrangements with provider to begin field work. This includes sending a confirmation letter regarding the date and time of the entrance conference and sending the provider a list of information required at the entrance conference. | | | C6 |
| 10. Forward a copy of the Internal Control Questionnaire and letter to provider for completion and return to OAMR prior to beginning of field work. | | | C7 & C8 |
| 11. Forward a copy of Resident Trust Fund Questionnaire and letter to provider for completion. | | | C7 & L2 |
| 12. Arrange for a discussion with the appropriate provider personnel to discuss in detail the individual items on the Audit List, the Internal Control Questionnaire and Resident Trust Fund Questionnaire. If feasible, arrange for this discussion to occur on site; if not, via conference call that includes all parties that may be involved in preparing or providing items requested for the audit. Ensure that the items on the audit list are discussed with the provider and that understanding of what is needed is achieved, as well as understanding that the items should be available when the field work begins (if not provided electronically prior to field work). In addition to the items on the Audit List, discuss the following: | | | C1 |
| a. Adequacy and access to providers records. | | | |
| b. Provider's personnel who will be the primary contact person providing necessary documentation (including email, fax number and telephone number). | | | |

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I. ENGAGEMENT PLANNING (continued)

| | Date | Initials | Reference |
|---|------|----------|-----------|
| 13. Review the completed Internal Control Questionnaire in order to obtain an understanding of the following. a. Control Environment b. Accounting System c. Reporting Process | | | C8 & C9 |
| 14. Using the beginning and ending check numbers from the completed Internal Control Questionnaire, select a sample of disbursements from operating (i.e. non-payroll) bank accounts for substantive testing. Request that the provider complete and return an electronic (Excel) work sheet containing the following elements for each disbursement selected: check number, date, amount, payee, general ledger account posting. | | | C1 & G3 |
| 15. Prepare a work paper to determine "suspect accounts" to compare amounts reported by cost center for each period examined. Calculate the variance between periods and identify the accounts with significant variances for additional testing. | | | G2a |

II. ENTRANCE CONFERENCE

| | | | |
|--|----------|----|-----|
| 1. Provide introductions of engagement team and identify facility personnel that will be available to assist the team. | 00/00/20 | ?? | C1 |
| 2. Discussions with provider should include (but not limited to) the following: a. Working area for the engagement team. b. Changes in the provider's operation. c. Changes in accounting methods or principles applied. d. Changes in key personnel. e. Significant accounting or reporting problems. f. Findings of internal or external audits. g. Changes or issues in any facility software or hardware (or other system) h. Conversions/changes occurring during the examination period that could affect testing. i. Adjustments to census statistics as originally reported. j. Other issues as necessary. | | | C1 |
| 3. If additional issues are found as a result of the entrance conference that affect the scope of the engagement, document in a narrative memorandum; if no such issues are noted mark N/A at | | | N/A |

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
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III. PRELIMINARY WORK

| | Date | Initials | Reference |
|--|----------|----------|-----------|
| 1. Based on Auditor observation and facility history, conduct a tour of the provider's facility to become familiar with operations. Using the depreciation schedule and latest appraisal, physically observe additions, renovations, construction in progress, and any major equipment purchases. Document items reviewed on appraisal. Note any significant additions or changes not included in the appraisal or depreciation schedule on a separate work paper. | 00/00/20 | ?? | C1 |
| 2. Review the Board of Director's Minutes, noting capital expenditures, changes in contracts, leasing arrangements, management contracts, salary and revenue increases. | | | C1 |
| 3. Perform a reconciliation of Medicaid Cost Report to the providers general ledger/trial balance for a sample of the cost report periods under examination. <ul style="list-style-type: none"> a. Agree amounts, account titles and account numbers per facility general ledger to WV Medicaid Grouping Report. b. Review general ledger expense accounts for appropriate classification within the cost report cost centers (i.e. nature of expenses for particular general ledger accounts is appropriately classified to commensurate cost center on cost report). c. Agree amounts per WV Medicaid Grouping Report to cost report. | | | C1 & C10 |
| 4. If available, perform review of annual external audit reports. Document any items noted that impact the scope of the engagement or planned procedures. | | | C1 & C11 |
| 5. Obtain copies of the Federal corporate or partnership tax returns for years under examination. | | | C1 & C12 |
| 6. Ask facility administrator and CFO if they are aware of any instances of fraud or mismanagement that have occurred (not specifically limited to the period of the audit). | | | C1 |
| 7. Expand audit scope and testing as necessary to obtain an understanding and quantify any issues noted in performance of Step 6 above. | | | C1 |
| 8. Document the results of the above testing, conclusions and any adjustments to engagement scope in a narrative memorandum. | | | C1 |

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
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IV. STATISTICS (CENSUS)

Date Initials Reference

1. Select one month for each cost report period included in the engagement and perform the following:
 - a. Mathematically test midnight census documentation for accuracy and tie selected midnight census to resident day summaries.
 - b. Mathematically test resident day summaries and tie to census reported by category on the cost report.
 - c. If errors are noted in the above testing, expand testing for cost report periods for which errors are noted by selecting additional months for testing.
 - d. Summarize any adjustments needed to census based on the above testing.

| | | |
|----------|--|----|
| 00/00/20 | | D2 |
|----------|--|----|

2. In examination planning the facility was requested to provide a listing of bed reservation days from one selected month during each cost report period (for months with bed reservation days). Using the listings provided by the facility, examine supporting documentation to ensure the appropriateness of bed reservation days paid by Medicaid to include the following:
 - a. Calculate the facility occupancy for the midnight census prior to the individual's departure from the facility to ensure that it was above 95% (in accordance with Chapter 514, Section 514.9.3 of the Medicaid Provider Manuals).
 - b. Summarize any bed reservation days that were inappropriately billed based on the above testing.

| | | |
|--|--|----|
| | | D2 |
|--|--|----|

3. Document the results of the above testing, findings and adjustments, and conclusions in a narrative memorandum or summary work paper.

| | | |
|--|--|----|
| | | D1 |
|--|--|----|

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF ACCOUNTABILITY AND MANAGEMENT REPORTING
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V. PAYROLL

| | Date | Initials | Reference |
|---|----------|----------|-----------|
| 1. Perform a reasonableness test of total wages per cost report to wages on the provider's IRS Form 941 wage tax return or other payroll tax form based on wages. Document the reasons for any variance noted in which the cost report wages exceed the wages reported on the Form 941 by a significant amount. Expand testing as necessary to verify the reasons for such variances. | 00/00/20 | ?? | E2 |
| 2. If payroll is allocated to cost centers, determine if the allocation methodology is reasonable. | | | E1 |
| 3. Select one payroll period and test for the following: a. Gross pay per payroll is mathematically correct. b. Gross to net pay per payroll is mathematically correct. c. Time card ties to payroll register. d. Trace postings from the payroll register to the general ledger. | | | E3 |
| 4. Review time records for administrative personnel to ensure compliance with Section 514.13.24 of Chapter 514 of the WV Medicaid Provider Manuals. | | | E1 |
| 5. Confirm the time records, work efforts and classifications for employees related to owners and or management. | | | E1 |
| 6. Review any bonuses accrued and/or paid. | | | E1 |
| 7. Review documentation of fringe and employee benefits. Document any benefit and/or bonus plans that are not equally applicable to all employee classes. | | | E1 |
| 8. Document the results of the above testing, findings and adjustments, and conclusions in a narrative memorandum or summary work paper. | | | E1 |

VI. RESTORATIVE

| | | | |
|---|----------|----|--------|
| 1. Identify the types of therapies being administered at the facility and determine if the therapies are being performed by facility employees or by outside contractor. (e.g. Physical Therapy, Speech Therapy, Inhalation Therapy, Occupational Therapy). | 00/00/20 | ?? | F1 |
| 2. Obtain explanation for material variances of total Restorative costs reported between FASR periods audited. | | | F1 |
| 3. If therapies are being performed by an outside contractor, obtain a copy of the current contract and select a sample of transactions and trace to supporting invoices and cancelled checks. Mathematically test the accuracy of the invoices by recalculating against the contract rate. | | | F2, F3 |
| 4. Document the results of the above testing, findings and adjustments, and conclusions in a narrative memorandum or summary work paper. | | | F1 |

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VII. EXPENSES

| | Date | Initials | Reference |
|--|----------|----------|-----------|
| 1. Using the worksheet prepared in Section I, Step 14, review the following for the sampled items: | 00/00/20 | ?? | G4 |
| a. Original invoice, | | | |
| b. Canceled check (or electronic image), | | | |
| c. General ledger posting (noting appropriateness of general ledger account in relation to type of expense), | | | |
| d. Approval by appropriate facility staff. | | | |
| 2. Review the general ledger account details supporting the accounts identified in the suspect account analysis in Section I, Step 15. Judgmentally select a sample of postings from these accounts and vouch to appropriate supporting documentation. | | | G2b |
| 3. Review for personal expenses of the owner/administrator paid by the facility and reported on the cost report. | | | G1 |
| 4. Determine whether the results of testing in Step 1 and 2 above indicate cost shifting between cost centers to avoid ceiling limitations or to maximize incentives. If any such shifting is indicated, expand expense testing as necessary to quantify the adjustment needed to remove the effects of shifted costs. | | | G1 |
| 5. Review the provider's mileage log for existence and appropriateness. Review general ledger vehicle expense accounts for insurance or other vehicle expenses and determine whether such expenses have been appropriately reclassified to cost report page WV24 Non-Allowable Vehicle Expenses. | | | G5 |
| 6. Determine whether working capital interest is included in the cost reports and whether it is appropriate per Section 514.13.18 of Chapter 514 of the WV Medicaid Provider Manuals. | | | G1 or G6 |
| 7. Using the related party detail list requested during engagement planning determine if any related parties exist and if so determine the nature of any relationships. Judgmentally select individual items from the related party detail list for substantive testing to include examination of the facility's calculation to remove profit and ensure that the transaction is reported at cost. If any transactions are noted in the testing that include related party profit, expand the testing to quantify the amount of related party profit adjustment needed. Document the nature of any related party transactions noted as well as any adjustments needed in a narrative memorandum. | | | G1 or G7 |
| 8. Document the results of the above testing, findings and adjustments, and conclusions in a narrative memorandum or summary work paper. | | | G1 |

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VIII. HOSPITAL-BASED FACILITY COST ALLOCATION

| | Date | Initials | Reference |
|--|----------|----------|-----------|
| 1. Obtain the allocation work papers and discuss with appropriate provider personnel the allocation methodologies. If facility is not hospital-based; mark N/A at right. | 00/00/20 | ?? | N/A |
| 2. Vouch amounts per account on the allocation work papers to general ledger. Document any balances that do not agree. | | | |
| 3. Trace amounts per account on the allocation work papers to the FASR Grouping Report. Document any balances that do not agree. | | | |
| 4. Perform a test of the allocation work papers to determine whether accounts are properly classified to either an allowable cost center or non-allowable costs. Document any exceptions to this analysis. | | | |
| 5. Compare the allocation methodologies used on the allocation work papers to the Medicare cost report allocation methodologies. Discuss any differences between the allocation for Medicare cost reporting and the WV Medicaid cost report with facility management and document the responses. | | | |
| 6. Review the square footage to identify any changes from prior examination period allocation. | | | |
| 7. Review resident meal counts. If an actual meal count was not used meals should equal three times in-patient days. | | | |
| 8. Discuss with appropriate provider personnel any issues or exceptions noted in the above testing. | | | |
| 9. Document the results of the above testing in a narrative memorandum to indicate any necessary adjustments based on the above testing. | 00/00/20 | ?? | H1 |

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF ACCOUNTABILITY AND MANAGEMENT REPORTING
AUDIT GUIDE FOR LONG TERM CARE FACILITIES**

IX. HOME OFFICE COSTS

| | Date | Initials | Reference |
|---|----------|----------|-----------|
| 1. Document (or obtain documentation of) services provided to the facility by the Home Office. Inquire of facility management how the services provided by the home office benefit resident care as required by Section 514.13.21, Chapter 514 of the WV Medicaid Provider Manuals. Document the response to this inquiry. Reconcile home office costs reported on the FASR to the home office trial balance. | | | |
| 2. Obtain Home Office General Ledgers that support Home Office Expenses. Review for allocation reasonableness and allowability. | | | |
| 3. Review the home office allocation to determine the propriety of the allocation method and for reasonableness and allowability. Determine whether the allocation was based on resident days (in accordance with Section 514.13.21 of Chapter 514 of the Medicaid Provider Manuals). If an allocation method other than resident days was used, review approval for change from WVDHHR or Medicare intermediary. | | | |
| 4. Perform a reasonableness test of Home Office expenses by comparing amount of Home Office costs per cost reports to amount of Home Office cost reported to Medicare for the commensurate period. Document any variances and determine whether additional testing is warranted. | | | |
| 5. Review home office expenses for reasonableness and allowability. Ensure that home office expenses do not include personal expenses of owners. The review should include but not be limited to those accounts/account classifications tested when auditing an independent non-chain facility. | | | |
| 6. a. If applicable, request a list of home office employees that include classifications and salaries. Review for reasonableness and determine employees are performing necessary functions related to patient care. Verify documentation of time worked. | | | |
| b. If applicable, document details of any applicable bonus programs. Inquire how bonuses are earned and accrued. | | | |
| 7. a. Request an amortization schedule and supporting documentation of interest expense. Review for non-allowable interest expense such as automobile purchases. | | | |
| b. Determine whether working capital interest is included in the cost reports and whether it is appropriate per Section 514.13.18 of Chapter 514 of the WV Medicaid Provider Manuals. | | | |
| 8. Document the results of the above testing, findings and adjustments, and conclusions in a narrative memorandum or summary work paper. | 00/00/20 | ?? | I1 |

X. MANAGEMENT FEES

| | | | |
|---|----------|----|----|
| 1. Review Management Agreement Contract. Obtain a copy for OAMR files and document whether management fees paid to related parties are reported on page WV24, Non-allowable Expenses. (in accordance with Section 514.13.21 of Chapter 514 of the Medicaid Provider Manuals). | | | |
| 2. Determine the basis used to calculate the management fees for the period under audit. | | | |
| 3. Review the transaction register and identify all management fees paid. | | | |
| 4. Ensure that payments are calculated in accordance with the management agreement and that they do not exceed allowable amounts. | | | |
| 5. Document whether duplication of services is noted in above testing. | 00/00/20 | ?? | J1 |

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF ACCOUNTABILITY AND MANAGEMENT REPORTING
AUDIT GUIDE FOR LONG TERM CARE FACILITIES**

XI. REVENUES

| | Date | Initials | Reference |
|---|----------|----------|-----------|
| 1. Reconcile facility general ledger revenue to cost report revenue. Document the reasons for significant variances noted. | 00/00/20 | ?? | K1 |
| 2. Review miscellaneous and other income accounts. Determine if these accounts are required to be offset against expenses. Examples requiring offset are: | | | K1 |
| a. Interest Income | | | |
| b. Sale of Meals | | | |
| c. Rental of facility space | | | |

XII. RESIDENT FUNDS

| | | | |
|--|----------|----|---------|
| 1. Review the Resident Fund Questionnaire completed by the provider for inclusion with the report. | 00/00/20 | ?? | L2 & L3 |
| 2. Select one month and test reconciliation process for all residents. Reconcile the sum of cash in the bank and petty cash (if applicable) to the subsidiary records as of the statement date. | | | L4 |
| 3. Verify that interest earned is credited to the residents' account. | | | L1 |
| 4. Determine whether funds are being held for discharged residents. If any are noted, determine the method of disposition. | | | L1 |
| 5. Review a sample of supporting documentation related to Residents' requests of funds. Expand if necessary. Requests should be signed by the resident, resident's representative or two facility employees. Review receipts supporting withdrawals to ensure funds are used for the resident. | | | L1 |
| 6. Document the results of the above testing, findings and adjustments, and conclusions in a narrative memorandum or summary work paper. | | | L1 |

XIII. MEDICAID CREDIT BALANCES

| | | | |
|---|----------|----|----|
| 1. Compare Account Receivable Aging Report balances to the facility's general ledger. Reconcile any differences noted. | 00/00/20 | ?? | M2 |
| 2. Review accounts receivable aging report and/or resident ledger cards as of the last date in the engagement period to identify any credit balances which might indicate duplicate payments (third party payments) or other overpayments. | | | M2 |
| 3. Inquire as to whether or not there exist any unapplied credits to resident accounts; if so review and determine whether any are related to periods under examination and if recoupment is | | | M2 |
| 4. If credit balances are found to exist for Medicaid residents review documentation to determine the amount of recoupment (if any) that is necessary. Create a list of credit balances to include account number (if any), initials, amount. | | | M2 |
| 5. Document the results of the above testing, findings and adjustments, and conclusions in a narrative memorandum or summary work paper. | | | M1 |

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF ACCOUNTABILITY AND MANAGEMENT REPORTING
AUDIT GUIDE FOR LONG TERM CARE FACILITIES**

XIV. CONCLUSIONS

| | Date | Initials | Reference |
|---|----------|----------|-----------|
| 1. Schedule exit conference to discuss findings or issues noted during fieldwork. Provide any information needed by provider to resolve findings or issues. NOTE: Do not copy work papers; provide details (i.e. account number, amount, invoice numbers, check numbers, resident names, etc.) | 00/00/20 | ?? | B1 |
| 2. Provide to Division of Rate Setting staff list of all proposed and passed adjustments (including mapping to cost report page and line) for evaluation of potential impact to adjusted rate. | | | B2 |
| 3. Prepare a draft report containing all proposed findings and adjustments. | | | B3 |
| 4. Obtain Division of Audits Director's review of all work papers related to this engagement to include: <ul style="list-style-type: none"> a. Comparison of draft to work paper to ensure that all finding are included in the draft report. b. Preparation of a list of review comments of items to be addressed by the auditor before draft report is released. c. When review comments have been addressed, obtain Director's documentation that review comments are cleared and approved to release draft report. | | | A0b |
| 5. Provide a copy of the draft report to the provider. Allow provider ten working days to supply any additional information or documentation. Request confirmation of delivery of draft report. | | | B3-B4 |
| 6. Review any additional provider documentation submitted during 10 day draft report review period. Make necessary revisions to report. | | | B5 |
| 7. Calculate adjusted rate incorporating all proposed findings and adjustments. | | | A3-A4 |
| 8. Issue final report containing all cost report and rate adjustments to Bureau for Medical Services. Include BMS Letter and any supporting documentation when received. | | | A1-A4 |

WV STATE GOVERNMENT

HIPAA BUSINESS ASSOCIATE ADDENDUM

This Health Insurance Portability and Accountability Act of 1996 (hereafter, HIPAA) Business Associate Addendum ("Addendum") is made a part of the Agreement ("Agreement") by and between the State of West Virginia ("Agency"), and Business Associate ("Associate"), and is effective as of the date of execution of the Addendum

The Associate performs certain services on behalf of or for the Agency pursuant to the underlying Agreement that requires the exchange of information including protected health information protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended by the American Recovery and Reinvestment Act of 2009 (Pub. L. No. 111-5) (the "HITECH Act"), any associated regulations and the federal regulations published at 45 CFR parts 160 and 164 (sometimes collectively referred to as "HIPAA"). The Agency is a "Covered Entity" as that term is defined in HIPAA, and the parties to the underlying Agreement are entering into this Addendum to establish the responsibilities of both parties regarding HIPAA-covered information and to bring the underlying Agreement into compliance with HIPAA.

Whereas it is desirable, in order to further the continued efficient operations of Agency to disclose to its Associate certain information which may contain confidential individually identifiable health information (hereafter, Protected Health Information or PHI); and

Whereas, it is the desire of both parties that the confidentiality of the PHI disclosed hereunder be maintained and treated in accordance with all applicable laws relating to confidentiality, including the Privacy and Security Rules, the HITECH Act and its associated regulations, and the parties do agree to at all times treat the PHI and interpret this Addendum consistent with that desire.

NOW THEREFORE: the parties agree that in consideration of the mutual promises herein, in the Agreement, and of the exchange of PHI hereunder that:

1. **Definitions.** Terms used, but not otherwise defined, in this Addendum shall have the same meaning as those terms in the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.
 - a. **Agency Procurement Officer** shall mean the appropriate Agency individual listed at: <http://www.state.wv.us/admin/purchase/vrc/agencyli.html>.
 - b. **Agent** shall mean those person(s) who are agent(s) of the Business Associate, in accordance with the Federal common law of agency, as referenced in 45 CFR § 160.402(c).
 - c. **Breach** shall mean the acquisition, access, use or disclosure of protected health information which compromises the security or privacy of such information, except as excluded in the definition of Breach in 45 CFR § 164.402.
 - d. **Business Associate** shall have the meaning given to such term in 45 CFR § 160.103.
 - e. **HITECH Act** shall mean the Health Information Technology for Economic and Clinical Health Act. Public Law No. 111-05. 111th Congress (2009).

- f. **Privacy Rule** means the Standards for Privacy of Individually Identifiable Health Information found at 45 CFR Parts 160 and 164.
- g. **Protected Health Information or PHI** shall have the meaning given to such term in 45 CFR § 160.103, limited to the information created or received by Associate from or on behalf of Agency.
- h. **Security Incident** means any known successful or unsuccessful attempt by an authorized or unauthorized individual to inappropriately use, disclose, modify, access, or destroy any information or interference with system operations in an information system.
- i. **Security Rule** means the Security Standards for the Protection of Electronic Protected Health Information found at 45 CFR Parts 160 and 164.
- j. **Subcontractor** means a person to whom a business associate delegates a function, activity, or service, other than in the capacity of a member of the workforce of such business associate.

2. Permitted Uses and Disclosures.

- a. **PHI Described.** This means PHI created, received, maintained or transmitted on behalf of the Agency by the Associate. This PHI is governed by this Addendum and is limited to the minimum necessary, to complete the tasks or to provide the services associated with the terms of the original Agreement, and is described in Appendix A.
- b. **Purposes.** Except as otherwise limited in this Addendum, Associate may use or disclose the PHI on behalf of, or to provide services to, Agency for the purposes necessary to complete the tasks, or provide the services, associated with, and required by the terms of the original Agreement, or as required by law, if such use or disclosure of the PHI would not violate the Privacy or Security Rules or applicable state law if done by Agency or Associate, or violate the minimum necessary and related Privacy and Security policies and procedures of the Agency. The Associate is directly liable under HIPAA for impermissible uses and disclosures of the PHI it handles on behalf of Agency.
- c. **Further Uses and Disclosures.** Except as otherwise limited in this Addendum, the Associate may disclose PHI to third parties for the purpose of its own proper management and administration, or as required by law, provided that (i) the disclosure is required by law, or (ii) the Associate has obtained from the third party reasonable assurances that the PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party by the Associate; and, (iii) an agreement to notify the Associate and Agency of any instances of which it (the third party) is aware in which the confidentiality of the information has been breached. To the extent practical, the information should be in a limited data set or the minimum necessary information pursuant to 45 CFR § 164.502, or take other measures as necessary to satisfy the Agency's obligations under 45 CFR § 164.502.

3. Obligations of Associate.

- a. **Stated Purposes Only.** The PHI may not be used by the Associate for any purpose other than as stated in this Addendum or as required or permitted by law.
- b. **Limited Disclosure.** The PHI is confidential and will not be disclosed by the Associate other than as stated in this Addendum or as required or permitted by law. Associate is prohibited from directly or indirectly receiving any remuneration in exchange for an individual's PHI unless Agency gives written approval and the individual provides a valid authorization. Associate will refrain from marketing activities that would violate HIPAA, including specifically Section 13406 of the HITECH Act. Associate will report to Agency any use or disclosure of the PHI, including any Security Incident not provided for by this Agreement of which it becomes aware.
- c. **Safeguards.** The Associate will use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of the PHI, except as provided for in this Addendum. This shall include, but not be limited to:
 - i. Limitation of the groups of its workforce and agents, to whom the PHI is disclosed to those reasonably required to accomplish the purposes stated in this Addendum, and the use and disclosure of the minimum PHI necessary or a Limited Data Set;
 - ii. Appropriate notification and training of its workforce and agents in order to protect the PHI from unauthorized use and disclosure;
 - iii. Maintenance of a comprehensive, reasonable and appropriate written PHI privacy and security program that includes administrative, technical and physical safeguards appropriate to the size, nature, scope and complexity of the Associate's operations, in compliance with the Security Rule;
 - iv. In accordance with 45 CFR §§ 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the business associate agree to the same restrictions, conditions, and requirements that apply to the business associate with respect to such information.
- d. **Compliance With Law.** The Associate will not use or disclose the PHI in a manner in violation of existing law and specifically not in violation of laws relating to confidentiality of PHI, including but not limited to, the Privacy and Security Rules.
- e. **Mitigation.** Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Associate of a use or disclosure of the PHI by Associate in violation of the requirements of this Addendum, and report its mitigation activity back to the Agency.

f. **Support of Individual Rights.**

- i. **Access to PHI.** Associate shall make the PHI maintained by Associate or its agents or subcontractors in Designated Record Sets available to Agency for inspection and copying, and in electronic format, if requested, within ten (10) days of a request by Agency to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.524 and consistent with Section 13405 of the HITECH Act.
- ii. **Amendment of PHI.** Within ten (10) days of receipt of a request from Agency for an amendment of the PHI or a record about an individual contained in a Designated Record Set, Associate or its agents or subcontractors shall make such PHI available to Agency for amendment and incorporate any such amendment to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.526.
- iii. **Accounting Rights.** Within ten (10) days of notice of a request for an accounting of disclosures of the PHI, Associate and its agents or subcontractors shall make available to Agency the documentation required to provide an accounting of disclosures to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR §164.528 and consistent with Section 13405 of the HITECH Act. Associate agrees to document disclosures of the PHI and information related to such disclosures as would be required for Agency to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528. This should include a process that allows for an accounting to be collected and maintained by Associate and its agents or subcontractors for at least six (6) years from the date of disclosure, or longer if required by state law. At a minimum, such documentation shall include:
 - the date of disclosure;
 - the name of the entity or person who received the PHI, and if known, the address of the entity or person;
 - a brief description of the PHI disclosed; and
 - a brief statement of purposes of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure.
- iv. **Request for Restriction.** Under the direction of the Agency, abide by any individual's request to restrict the disclosure of PHI, consistent with the requirements of Section 13405 of the HITECH Act and 45 CFR § 164.522, when the Agency determines to do so (except as required by law) and if the disclosure is to a health plan for payment or health care operations and it pertains to a health care item or service for which the health care provider was paid in full "out-of-pocket."
- v. **Immediate Discontinuance of Use or Disclosure.** The Associate will immediately discontinue use or disclosure of Agency PHI pertaining to any individual when so requested by Agency. This includes, but is not limited to, cases in which an individual has withdrawn or modified an authorization to use or disclose PHI.

- g. Retention of PHI.** Notwithstanding section 4.a. of this Addendum, Associate and its subcontractors or agents shall retain all PHI pursuant to state and federal law and shall continue to maintain the PHI required under Section 3.f. of this Addendum for a period of six (6) years after termination of the Agreement, or longer if required under state law.
- h. Agent's, Subcontractor's Compliance.** The Associate shall notify the Agency of all subcontracts and agreements relating to the Agreement, where the subcontractor or agent receives PHI as described in section 2.a. of this Addendum. Such notification shall occur within 30 (thirty) calendar days of the execution of the subcontract and shall be delivered to the Agency Procurement Officer. The Associate will ensure that any of its subcontractors, to whom it provides any of the PHI it receives hereunder, or to whom it provides any PHI which the Associate creates or receives on behalf of the Agency, agree to the restrictions and conditions which apply to the Associate hereunder. The Agency may request copies of downstream subcontracts and agreements to determine whether all restrictions, terms and conditions have been flowed down. Failure to ensure that downstream contracts, subcontracts and agreements contain the required restrictions, terms and conditions may result in termination of the Agreement.
- j. Federal and Agency Access.** The Associate shall make its internal practices, books, and records relating to the use and disclosure of PHI, as well as the PHI, received from, or created or received by the Associate on behalf of the Agency available to the U.S. Secretary of Health and Human Services consistent with 45 CFR § 164.504. The Associate shall also make these records available to Agency, or Agency's contractor, for periodic audit of Associate's compliance with the Privacy and Security Rules. Upon Agency's request, the Associate shall provide proof of compliance with HIPAA and HITECH data privacy/protection guidelines, certification of a secure network and other assurance relative to compliance with the Privacy and Security Rules. This section shall also apply to Associate's subcontractors, if any.
- k. Security.** The Associate shall take all steps necessary to ensure the continuous security of all PHI and data systems containing PHI. In addition, compliance with 74 FR 19006 Guidance Specifying the Technologies and Methodologies That Render PHI Unusable, Unreadable, or Indecipherable to Unauthorized Individuals for Purposes of the Breach Notification Requirements under Section 13402 of Title XIII is required, to the extent practicable. If Associate chooses not to adopt such methodologies as defined in 74 FR 19006 to secure the PHI governed by this Addendum, it must submit such written rationale, including its Security Risk Analysis, to the Agency Procurement Officer for review prior to the execution of the Addendum. This review may take up to ten (10) days.
- l. Notification of Breach.** During the term of this Addendum, the Associate shall notify the Agency and, unless otherwise directed by the Agency in writing, the WV Office of Technology immediately by e-mail or web form upon the discovery of any Breach of unsecured PHI; or within 24 hours by e-mail or web form of any suspected Security Incident, intrusion or unauthorized use or disclosure of PHI in violation of this Agreement and this Addendum, or potential loss of confidential data affecting this Agreement. Notification shall be provided to the Agency Procurement Officer at www.state.wv.us/admin/purchase/vrc/agencyli.htm and,

unless otherwise directed by the Agency in writing, the Office of Technology at incident@wv.gov or <https://apps.wv.gov/ot/ir/Default.aspx>.

The Associate shall immediately investigate such Security Incident, Breach, or unauthorized use or disclosure of PHI or confidential data. Within 72 hours of the discovery, the Associate shall notify the Agency Procurement Officer, and, unless otherwise directed by the Agency in writing, the Office of Technology of: (a) Date of discovery; (b) What data elements were involved and the extent of the data involved in the Breach; (c) A description of the unauthorized persons known or reasonably believed to have improperly used or disclosed PHI or confidential data; (d) A description of where the PHI or confidential data is believed to have been improperly transmitted, sent, or utilized; (e) A description of the probable causes of the improper use or disclosure; and (f) Whether any federal or state laws requiring individual notifications of Breaches are triggered.

Agency will coordinate with Associate to determine additional specific actions that will be required of the Associate for mitigation of the Breach, which may include notification to the individual or other authorities.

All associated costs shall be borne by the Associate. This may include, but not be limited to costs associated with notifying affected individuals.

If the Associate enters into a subcontract relating to the Agreement where the subcontractor or agent receives PHI as described in section 2.a. of this Addendum, all such subcontracts or downstream agreements shall contain the same incident notification requirements as contained herein, with reporting directly to the Agency Procurement Officer. Failure to include such requirement in any subcontract or agreement may result in the Agency's termination of the Agreement.

- m. Assistance in Litigation or Administrative Proceedings.** The Associate shall make itself and any subcontractors, workforce or agents assisting Associate in the performance of its obligations under this Agreement, available to the Agency at no cost to the Agency to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against the Agency, its officers or employees based upon claimed violations of HIPAA, the HIPAA regulations or other laws relating to security and privacy, which involves inaction or actions by the Associate, except where Associate or its subcontractor, workforce or agent is a named as an adverse party.

4. Addendum Administration.

- a. Term.** This Addendum shall terminate on termination of the underlying Agreement or on the date the Agency terminates for cause as authorized in paragraph (c) of this Section, whichever is sooner.
- b. Duties at Termination.** Upon any termination of the underlying Agreement, the Associate shall return or destroy, at the Agency's option, all PHI received from, or created or received by the Associate on behalf of the Agency that the Associate still maintains in any form and retain no copies of such PHI or, if such return or destruction is not feasible, the Associate shall extend the protections of this Addendum to the PHI and limit further uses and disclosures to the purposes that make the return or destruction of the PHI infeasible. This shall also apply to all agents and subcontractors of Associate. The duty of the Associate and its agents

and subcontractors to assist the Agency with any HIPAA required accounting of disclosures survives the termination of the underlying Agreement.

- c. **Termination for Cause.** Associate authorizes termination of this Agreement by Agency, if Agency determines Associate has violated a material term of the Agreement. Agency may, at its sole discretion, allow Associate a reasonable period of time to cure the material breach before termination.
- d. **Judicial or Administrative Proceedings.** The Agency may terminate this Agreement if the Associate is found guilty of a criminal violation of HIPAA. The Agency may terminate this Agreement if a finding or stipulation that the Associate has violated any standard or requirement of HIPAA/HITECH, or other security or privacy laws is made in any administrative or civil proceeding in which the Associate is a party or has been joined. Associate shall be subject to prosecution by the Department of Justice for violations of HIPAA/HITECH and shall be responsible for any and all costs associated with prosecution.
- e. **Survival.** The respective rights and obligations of Associate under this Addendum shall survive the termination of the underlying Agreement.

5. General Provisions/Ownership of PHI.

- a. **Retention of Ownership.** Ownership of the PHI resides with the Agency and is to be returned on demand or destroyed at the Agency's option, at any time, and subject to the restrictions found within section 4.b. above.
- b. **Secondary PHI.** Any data or PHI generated from the PHI disclosed hereunder which would permit identification of an individual must be held confidential and is also the property of Agency.
- c. **Electronic Transmission.** Except as permitted by law or this Addendum, the PHI or any data generated from the PHI which would permit identification of an individual must not be transmitted to another party by electronic or other means for additional uses or disclosures not authorized by this Addendum or to another contractor, or allied agency, or affiliate without prior written approval of Agency.
- d. **No Sales.** Reports or data containing the PHI may not be sold without Agency's or the affected individual's written consent.
- e. **No Third-Party Beneficiaries.** Nothing express or implied in this Addendum is intended to confer, nor shall anything herein confer, upon any person other than Agency, Associate and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.
- f. **Interpretation.** The provisions of this Addendum shall prevail over any provisions in the Agreement that may conflict or appear inconsistent with any provisions in this Addendum. The interpretation of this Addendum shall be made under the laws of the state of West Virginia.
- g. **Amendment.** The parties agree that to the extent necessary to comply with applicable law they will agree to further amend this Addendum.
- h. **Additional Terms and Conditions.** Additional discretionary terms may be included in the release order or change order process.

APPROVED AS TO FORM THIS 26th
DAY OF Jan 20 13
BY 
Patrick Morrissey
Attorney General

AGREED:

Name of Agency: WV DHHR OAMR

Signature: _____

Title: _____

Date: _____

Name of Associate: Hayflich CPAs PLLC

| | |
|------------------|------------------------------|
| Signature: _____ | <i>Hayflich CPAs PLLC</i> |
| Title: _____ | <i>Robert C. Fuller, CPA</i> |
| Date: _____ | Member |
| | 8/12/2020 |

Appendix A

(To be completed by the Agency's Procurement Officer prior to the execution of the Addendum, and shall be made a part of the Addendum. PHI not identified prior to execution of the Addendum may only be added by amending Appendix A and the Addendum, via Change Order.)

Name of Associate:

Name of Agency: WV DHHR Office of Accountability & Management Reporting (OAMR)

Describe the PHI (do not include any actual PHI). If not applicable, please indicate the same.

PHI could be in the form of patient related information included in submission of cost reports by West Virginia Nursing Homes/Long Term Care Facilities. Inclusion of PHI by nursing facilities could be part of regular submission in schedules such as census data or bed hold data as well as others.

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)

Name of Contracting Business Entity: Hayflich CPAs PLLC Address: 300 8th Street 3rd Floor Huntington, WV 25701

Name of Authorized Agent: Robert C. Fuller Address: 300 8th Street 3rd Floor Huntington, WV 25701

Contract Number: CMA HHR2100000001 Contract Description: LTC Audits

Governmental agency awarding contract: HHR

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.

Aaron Heighton, CPA (45%) 300 8th Street 3rd Floor Huntington, WV 25701
Robert C. Fuller, CPA (45%)

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.

Robert C. Fuller, CPA 8/12/2020

Signature: _____ Date Signed: _____

Notary Verification

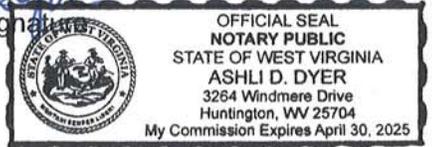
State of West Virginia, County of Cabell:

I, _____, 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 12th day of August, 2020

Ashli D. Dyer
Notary Public's Signature

To be completed by State Agency:
Date Received by State Agency: _____
Date submitted to Ethics Commission: _____
Governmental agency submitting Disclosure: _____



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: Haylich CPAs PLLC

Authorized Signature: Robert C. Fuller, CPA 8/12/2020

State of West Virginia

County of Cabell, to-wit:

Taken, subscribed, and sworn to before me this 12th day of August, 2020

My Commission expires April 30, 2025.

AFFIX SEAL HERE

NOTARY PUBLIC

Ashli D. Dyer
Purchasing Affidavit (Revised 01/19/2018)





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: 753510

Doc Description: Addendum 1 - CPAs for LTC Report examinations

Proc Type: Central Contract - Fixed Amt

| Date Issued | Solicitation Closes | Solicitation No | Version |
|-------------|------------------------|-------------------------|---------|
| 2020-08-06 | 2020-08-13 13:30:00 | CRFQ 0511 HHR2100000001 | 2 |

BID RECEIVING LOCATION

BID CLERK
 DEPARTMENT OF ADMINISTRATION
 PURCHASING DIVISION
 2019 WASHINGTON ST E
 CHARLESTON WV 25305
 US

VENDOR

Vendor Name, Address and Telephone Number:

FOR INFORMATION CONTACT THE BUYER

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

Signature X

FEIN #

DATE

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

ADDITIONAL INFORMATION:

Addendum No.01 - The purpose of this addendum is to:

- 1. Provide vendor questions and agency responses

No other changes.

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---------------------------------------|-----|------------|------------|-------------|
| 1 | CPA examination Year 1 - Eagle Pointe | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

Certified Public Accountant examination of Long Term Care Financial and Statistical Reports from West Virginia Medicaid Providers, per the attached detailed specifications - Year 1 Eagle Pointe

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 2 | CPA examination Year 1 -Weirton Medical Center | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Weirton Medical Center

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 3 | CPA examination Year 1 - Guardian Elder Care at Wheeling | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :
CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Guardian Elder Care at Wheeling

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 4 | CPA examination Year 1 - Arbors at Fairmont | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :
CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Arbors at Fairmont

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 5 | CPA examination Year 1 - Broaddus Hospital-Mansfield Place | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Broaddus Hospital-Mansfield Place

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 6 | CPA examination Year 1 - Greenbrier Manor | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Greenbrier Manor

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 7 | CPA examination Year 1 - Pleasant Valley Nursing and Rehab | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Terms Care Financial and Statistical Reports - Year 1 Pleasant Valley Nursing and Rehabilitation Center

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 8 | CPA examination Year 1 - Good Samaritan Society-Barbour Co | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Good Samaritan Society-Barbour County

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 9 | CPA examination Year 1 - Montgomery General Elderly | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Montgomery General Elderly Care Center

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 10 | CPA examination Year 1 - Grant Memorial Hospital | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Grant Memorial Hospital

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 11 | CPA examination Year 1 - Montgomery General Hospital | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Montgomery General Hospital Extended Care

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 12 | CPA examination Year 1 - Morgan Co War Memorial Hospital | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Morgan County War Memorial Hospital

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 13 | CPA examination Year 1 - Minnie Hamilton Health Care | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Minnie Hamilton Health Care Facility

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 14 | CPA examination Year 1 - Roane General Hospital | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Roane General Hospital

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 15 | CPA examination Year 1 - St Josephs Hospital | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 1 St Josephs Hospital of Buckhannon, Inc

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 16 | CPA examination Year 1 - Summers County ARH | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Summers County ARH

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 17 | CPA examination Year 1 - Summersville Memorial Hospital | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 1 Summersville Memorial Hospital

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 18 | CPA examination Year 2 - Heartland of Charleston | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 2 Heartland of Charleston

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 19 | CPA examination Year 2 - SunBridge for Dunbar | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 2 SunBridge Care & Rehabilitation For Dunbar

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 20 | CPA examination Year 2 - SunBridge for Salem | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 2 SunBridge Care & Rehabilitation For Salem

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 21 | CPA examination Year 2 - Heartland Beckley | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 2 Heartland of Beckley WV, LLC

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 22 | CPA examination Year 2 - Heartland Keyser | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 2 Heartland of Keyser

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 23 | CPA examination Year 2 - SunBridge Pine Lodge | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :
CPA examination of Long Term Care Financial and Statistical Reports - Year 2 SunBridge Care & Rehabilitation for Pine Lodge

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 24 | CPA examination Year 2 - SunBridge Putnam | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :
CPA examination of Long Term Care Financial and Statistical Reports - Year 2 SunBridge Care & Rehabilitation for Putnam

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 25 | CPA examination Year 2 - Heartland Clarksburg | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 2 Heartland of Clarksburg

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 26 | CPA examination Year 2 - Heartland Martinsburg | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 2 Heartland of Martinsburg

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 27 | CPA examination Year 2 - Heartland Preston County | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 2 Heartland of Preston County

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 28 | CPA examination Year 2 - Nellas Nursing Home, Inc | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 2 Nellas Nursing Home, Inc

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 29 | CPA examination Year 2 - New Martinsville Health Care Center | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 2 New Martinsville Health Care Center

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 30 | CPA examination Year 2 - SunBridge Parkersburg | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 2 SunBridge Care & Rehabilitation for Parkersburg

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 31 | CPA examination Year 2 - SunBridge Glenville | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 2 SunBridge Care & Rehabilitation for Glenville

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 32 | CPA examination Year 2 - Holbrook Nursing Home | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 2 Holbrook Nursing Home

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---------------------------------------|-----|------------|------------|-------------|
| 33 | CPA examination Year 2 - Nella's Inc. | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 2 Nella's Inc.

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 34 | CPA examination Year 2 - Heartland Rainelle | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 2 Heartland of Rainelle WV, LLC

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 35 | CPA examination Year 3 - Huntington Health & Rehab | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Huntington Health & Rehabilitation

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 36 | CPA examination Year 3 - Golden Living Glasgow | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Golden Living Center Glasgow

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 37 | CPA examination Year 3 - Golden Living Morgantown | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Golden Living Center Morgantown

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 38 | CPA examination Year 3 - Golden Living Riverside | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Golden Living Center Riverside

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 39 | CPA examination Year 3 - Clarksburg Nursing & Rehab | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Clarksburg Nursing & Rehabilitation Center

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 40 | CPA examination Year 3 - McDowell Nursing & Rehab | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 3 McDowell Nursing & Rehabilitation Center

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 41 | CPA examination Year 3 - Summers Nursing & Rehab | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Summers Nursing & Rehabilitation Center

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 42 | CPA examination Year 3 - Hampshire Mem Hospital | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Hampshire Memorial Hospital

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|-------------------------------------|-----|------------|------------|-------------|
| 43 | CPA examination Year 3 - The Maples | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 3 The Maples

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 44 | CPA examination Year 3 - Fayette Nursing & Rehab Center | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Fayette Nursing & Rehabilitation Center

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 45 | CPA examination Year 3 - E.A. Hawse Nursing & Rehab Center | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 3 E.A. Hawse Nursing & Rehabilitation Center

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 46 | CPA examination Year 3 - Lincoln Nursing & Rehab Center | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Lincoln Nursing & Rehabilitation Center

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 47 | CPA examination Year 3 - Cameron Nursing & Rehab Center | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Cameron Nursing & Rehabilitation Center

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 48 | CPA examination Year 3 - Wayne Nursing & Rehab Center | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :
CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Wayne Nursing & Rehabilitation Center

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 49 | CPA examination Year 3 - Webster Nursing & Rehab Center | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :
CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Webster Nursing & Rehabilitation Center

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 50 | CPA examination Year 3 - Wyoming Nursing & Rehab Center | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Wyoming Nursing & Rehabilitation Center

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 51 | CPA examination Year 3 - Mercer Nursing & Rehab Center | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 3 Mercer Nursing & Rehabilitation Center

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 52 | CPA examination Year 4 - Glenwood Park | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Glenwood Park

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|-------------------------------------|-----|------------|------------|-------------|
| 53 | CPA examination Year 4 - River Oaks | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :
CPA examination of Long Term Care Financial and Statistical Reports - Year 4 River Oaks

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---------------------------------------|-----|------------|------------|-------------|
| 54 | CPA examination Year 4 - Piney Valley | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :
CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Piney Valley

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--------------------------------------|-----|------------|------------|-------------|
| 55 | CPA examination Year 4 - Clary Grove | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Clary Grove

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|-------------------------------------|-----|------------|------------|-------------|
| 56 | CPA examination Year 4 - Pine Ridge | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Pine Ridge

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 57 | CPA examination Year 4 - Meadow Garden | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Meadow Garden

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 58 | CPA examination Year 4 - Meadowview Manor | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :
CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Meadowview Manor

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|------------------------------------|-----|------------|------------|-------------|
| 59 | CPA examination Year 4 - The Brier | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :
CPA examination of Long Term Care Financial and Statistical Reports - Year 4 The Brier

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 60 | CPA examination Year 4 - Berkeley Springs Center | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Berkeley Springs Center

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 61 | CPA examination Year 4 - White Sulphur Springs Center | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 4 White Sulphur Springs Center

| INVOICE TO | | SHIP TO | |
|----------------------------|---------|----------------------------|----------|
| BUYER - 304-957-0209 | | BUYER - 304-957-0209 | |
| HEALTH AND HUMAN RESOURCES | | HEALTH AND HUMAN RESOURCES | |
| FINANCE | | FINANCE | |
| ONE DAVIS SQUARE, STE 300 | | ONE DAVIS SQUARE, STE 300 | |
| CHARLESTON | WV25301 | CHARLESTON | WV 25301 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 62 | CPA examination Year 4 - Broaddus Hospital | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Broaddus Hospital - Mansfield Place

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 63 | CPA examination Year 4 - Stone Pear Pavillion | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :
CPA examination of Long Term Care Financial and Statistical Reports - Year 4 The Stone Pear Pavillion

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 64 | CPA examination Year 4 - Hampshire Memorial | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :
CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Hampshire Memorial Hospital

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 65 | CPA examination Year 4 - War Memorial Hospital | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 4 War Memorial Hospital

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 66 | CPA examination Year 4 - Minnie Hamilton | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Minnie Hamilton Health Care Center, Inc

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----|------------|------------|-------------|
| 67 | CPA examination Year 4 - Summersville Regional | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :

CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Summersville Regional Medical Center

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV25301 US | | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|-----|------------|------------|-------------|
| 68 | CPA examination Year 4 - Weirton Medical Center | | | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93151607 | | | |

Extended Description :
CPA examination of Long Term Care Financial and Statistical Reports - Year 4 Weirton Medical Center

| SCHEDULE OF EVENTS | | |
|--------------------|--|--|
|--------------------|--|--|

| Line | Event | Event Date |
|------|---------------------------------|------------|
| 1 | Question Deadline (10:00 AM ET) | 2020-08-05 |

SOLICITATION NUMBER: CFRQ 0511 HHR210000001

Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as CFRQ 0511 HHR210000001 ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

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

Description of Modification to Solicitation: The purpose of this addendum is to:

1. Provide vendor questions and agency responses

No other changes.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

Addendum No.01
Vendor Questions and Agency Responses
CRFQ 0511 HHR2100000001

Question 1: Solicitation CRFQ-0511-HHR2100000001-1 for audit of long term care cost reports for various providers makes reference to Year 1, Year 2, Year 3 and Year 4. Do the references to Years 1 to 4 represent specific years? If so, what years to they refer to.

Answer 1: The Years 1 to 4 reference the contract years. The locations that reference Year 1 will be completed during the first year of the contract, the locations that reference Year 2 will be completed during the second year of the contract, the locations that reference Year 3 will be completed during the third year of the contract, and the locations that reference Year 4 will be completed during the fourth year of the contract.

Question 2: Please confirm that response to this RFP, submitted electronically through wvOASIS, will consist of:

- Completed and signed copy of the RFQ document (PDF)
- Signed copies of addenda (PDF if applicable)
- References, documentation, and other information to confirm compliance with experience requirements (PDF)
- Pricing submitted electronically into the Commodity Lines through wvOASIS,

Are there any additional documents or certifications required?

Answer 2: Vendors are encouraged to read the solicitation documents in their entirety to ensure all mandatory requirements are met as it pertains to bid submission. Please refer to the Instructions to Vendors Submitting Bids included with the solicitation documents.

Question 3: Section 3. Qualifications Subsection 3.3 – Please clarify if audits performed for Medicaid Agencies on various provider types and reimbursement mechanisms meets this qualification.

Answer 3: No. The audit engagement qualifications are specific to possessing an in-depth knowledge and having conducted audits of Long-term care facilities and long-term care units of hospital reimbursement methodologies. The agency's purpose is to solicit bids by prospective vendors who by demonstrated work history, can show they possess the knowledge and experience specific to long-term care (nursing home and skilled nursing) industry providers to provide expertise in the specialized audits and to represent the DHHR should appeals or other challenges, need for expert witness, etc. arise as a result of the audits. A general knowledge

or experience with basic auditing of other healthcare provider types or reimbursement mechanisms would not be meet the mandatory qualification.

Question 4: Section 3. Qualifications Subsection 3.3 – Please confirm that experience providing data, analysis, and guidance to nursing homes/hospital-based long-term care units for Medicaid agency cost report audits will satisfy the requirement as described in Section 3.3.

Answer 4: Subsection 3.3 states: “Vendor WILL provide work history of at least (5) five past engagements that demonstrate experience in providing Medicaid agencies with the audits of cost report data for nursing homes, as well as hospital-based long-term care units.

The mandatory requirement is specifically requesting long-term care audit experience demonstrated from conducting at least 5 previous long-term care audit engagements as a qualifying requirement. Providing data, analysis or consulting guidance would not be equivalent to conducting an audit of long-term care providers and would not be considered qualifying experience in meeting the mandatory requirement.

Question 5: Section 1. Purpose and Scope – Will prior audit reports and findings be available to the successful vendor for review?

Answer 5: The Office of Accountability and Management Reporting (OAMR) receives and maintains the audit report with findings and significant issues per our records retention policies and accordingly they would be available to a subsequent auditor for future audit planning.

Question 6: Section 1. Purpose and Scope and Section 4.1.5 Mandatory Contract Services Requirements – Section 1 notes: “a typical examination...incorporating 6 to 10 consecutive semi-annual cost reporting periods per engagement.”

Section 4.1.5 notes “each engagement...shall include up to 8 semi-annual LTC-FASRs”. Please explain the difference in number of semi-annual cost reports to be included in each engagement.

Answer 6: The mandatory section “Background” explains more detail of the reimbursement and audit functions. However, West Virginia, long term care providers rate reimbursement is established based upon allowable costs reported on a semi-annual basis per submission of a semi-annual cost report. As stated, “a typical examination audit will incorporate between 6 and 10 semi-annual cost reports. This would be specific to the scope of timeframe under audit. WV Medicaid regulations permit an audit scope to go back as much as 10 cost reports as to findings and adjustments. There are times when as many as 10 cost reports are not practical or possible due to various occurrences such as changes in ownership

or other circumstances. Therefore, the solicitation is designed such that the scope of each audit engagement would incorporate at least 8 semi-annual cost reports within the scope of the audit period.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ 0511 HHR2100000001

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

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

Addendum Numbers Received:

(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that 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.

Hayflich CPAs PLLC 300 8th Street, 3rd Floor Huntington, WV 25701
304-697-5700

Company

Robert C. Fuller, CPA 8/12/2020

Authorized Signature

Date

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

VENDOR PREFERENCE CERTIFICATE

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

1. Application is made for 2.5% vendor preference for the reason checked:

- Bidder is an individual resident vendor and has resided continuously in West Virginia, or bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia, for four (4) years immediately preceding the date of this certification; **or**,
- Bidder is a resident vendor partnership, association, or corporation with at least eighty percent of ownership interest of bidder held by another entity that meets the applicable four year residency requirement; **or**,
- Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; **or**,

2. Application is made for 2.5% vendor preference for the reason checked:

- Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or**,

3. Application is made for 2.5% vendor preference for the reason checked:

- Bidder is a nonresident vendor that employs a minimum of one hundred state residents, or a nonresident vendor which has an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia and employs a minimum of one hundred state residents, and for purposes of producing or distributing the commodities or completing the project which is the subject of the bidder's bid and continuously over the entire term of the project, on average at least seventy-five percent of the bidder's employees or the bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years and the vendor's bid; **or**,

4. Application is made for 5% vendor preference for the reason checked:

- Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; **or**,

5. Application is made for 3.5% vendor preference who is a veteran for the reason checked:

- Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; **or**,

6. Application is made for 3.5% vendor preference who is a veteran for the reason checked:

- Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

7. Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with West Virginia Code §5A-3-59 and West Virginia Code of State Rules.

- Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

8. Application is made for reciprocal preference.

- Bidder is a West Virginia resident and is requesting reciprocal preference to the extent that it applies.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) rescind the contract or purchase order; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: Hayflich CPAs PLLC

Signed:

Robert C. Fuller, CPA

Date: 8/12/2020

Title: Member