



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

Header 4

List View

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

Procurement Folder: 855530

Procurement Type: Central Master Agreement

Vendor ID:

Legal Name: NATIONAL HEALTH CARE SOLUTIONS LLC

Alias/DBA:

Total Bid: \$2,952,500.00

Response Date:

Response Time:

Responded By User ID:

First Name:

Last Name:

Email:

Phone:

SO Doc Code: CRFQ

SO Dept: 0613

SO Doc ID: VNF2100000020

Published Date: 3/17/21

Close Date: 3/25/21

Close Time: 13:30

Status: Closed

Solicitation Description:

Total of Header Attachments: 4

Total of All Attachments: 4

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Registered Nurse weekday rate				448500.00

Comm Code	Manufacturer	Specification	Model #
85101601			

Commodity Line Comments: Registered Nurse Shifts - Base Year One
Weekday Rate
Estimated hours 7,000

Extended Description:

See Attached

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Registered Nurse weekend rate				178500.00

Comm Code	Manufacturer	Specification	Model #
85101601			

Commodity Line Comments: Registered Nurse Shifts - Base Year One
Weekend Rate
Estimated hours 2,000

Extended Description:

See Attached

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	LPN weekday rate				935000.00

Comm Code	Manufacturer	Specification	Model #
85101601			

Commodity Line Comments: Licensed Practical Nurse Shifts - Base Year One
Weekday Rate
Estimated hours 20,000

Extended Description:

See Attached

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	LPN weekend rate				400500.00

Comm Code	Manufacturer	Specification	Model #
85101601			

Commodity Line Comments: Licensed Practical Nurse Shifts - Base Year One
Weekend Rate
Estimated hours 2,000

Extended Description:

See Attached

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	CNA weekday rate				700000.00

Comm Code	Manufacturer	Specification	Model #
85101601			

Commodity Line Comments: Certified Nursing Assistant - Base Year One
Weekday Rate
Estimated hours 25,000

Extended Description:

See Attached

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	CNA weekend rate				290000.00

Comm Code	Manufacturer	Specification	Model #
85101601			

Commodity Line Comments: Certified Nursing Assistant - Base Year One
Weekend Rate
Estimated hours 10,000

Extended Description:

See Attached

Exhibit A - CRFQ VNF21*20
Direct Care Nursing Staffing Pricing Page

Item No.	Description Of Services	Estimated Hours Per Contract Year	Hourly Rate/ Unit Price	Extended Total
Base Year One				
Registered Nurse Shifts - Base Year One				
1	Weekday Rate	7,800	\$ 57.50	\$ 448,500.00
2	Weekend Rate	3,000	\$ 59.50	\$ 178,500.00
Licensed Practical Nurse Shifts - Base Year One				
4	Weekday Rate	22,000	\$ 42.50	\$ 935,000.00
5	Weekend Rate	9,000	\$ 44.50	\$ 400,500.00
Certified Nursing Assistant Shifts - Base Year One				
7	Weekday Rate	25,000	\$ 28.00	\$ 700,000.00
8	Weekend Rate	10,000	\$ 29.00	\$ 290,000.00
Renewal Year One				
Registered Nurse Shifts - Renewal Year One				
10	Weekday Rate	7,800	\$ 59.00	\$ 460,200.00
11	Weekend Rate	3,000	\$ 61.00	\$ 183,000.00
Licensed Practical Nurse Shifts - Renewal Year One				
13	Weekday Rate	22,000	\$ 44.00	\$ 968,000.00
14	Weekend Rate	9,000	\$ 46.00	\$ 414,000.00
Certified Nursing Assistant Shifts - Base Year One				
16	Weekday Rate	25,000	\$ 29.00	\$ 725,000.00
17	Weekend Rate	10,000	\$ 30.00	\$ 300,000.00
Renewal Year Two				
Registered Nurse Shifts - Renewal Year Two				
19	Weekday Rate	7,800	\$ 61.00	\$ 475,800.00
20	Weekend Rate	3,000	\$ 63.00	\$ 189,000.00
Licensed Practical Nurse Shifts - Renewal Year Two				
22	Weekday Rate	22,000	\$ 46.00	\$ 1,012,000.00
23	Weekend Rate	9,000	\$ 48.00	\$ 432,000.00
Certified Nursing Assistant Shifts - Renewal Year Two				
25	Weekday Rate	25,000	\$ 31.50	\$ 787,500.00
26	Weekend Rate	10,000	\$ 32.50	\$ 325,000.00

Continued on Next Page

Renewal Year Three				
Registered Nurse Shifts - Renewal Year Three				
28	Weekday Rate	7,800	\$ 63.00	\$ 491,400.00
29	Weekend Rate	3,000	\$ 65.00	\$ 195,000.00
Licensed Practical Nurse Shifts - Renewal Year Three				
31	Weekday Rate	22,000	\$ 47.50	\$ 1,045,000.00
32	Weekend Rate	9,000	\$ 49.50	\$ 445,500.00
Certified Nursing Assistant Shifts - Renewal Year Three				
34	Weekday Rate	25,000	\$ 33.00	\$ 825,000.00
35	Weekend Rate	10,000	\$ 34.00	\$ 340,000.00
Grand Total				\$ 12,565,900.00

Vendor Information	
Printed Name	LINDA CHILES
Title	VICE PRESIDENT Company: NATIONAL HEALTH CARE SOLUTIONS, LLC
Signature	<i>Linda Chiles</i>
Phone	Office: 877.797.6427 Cell Phone: 919. 427.5969
Fax	800.866.9454
Email	LINDA.CHILES@NATIONALHCS.COM

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.

LINDA CHILES, VICE PRESIDENT *Linda Chiles*
(Name, Title)

LINDA CHILES, VICE PRESIDENT
(Printed Name and Title)

3021 BERKS WAY # 201 RALEIGH, NC 27614
(Address)

877.797.6427 800.866.9454
(Phone Number) / (Fax Number)

linda.chiles@nationalhcs.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.

NATIONAL HEALTH CARE SOLUTIONS, LLC
(Company)

Linda Chiles Vice President
(Authorized Signature) (Representative Name, Title)

Linda Chiles Vice President
(Printed Name and Title of Authorized Representative)

03-22-21
(Date)

877.797.6427 800.866.9454
(Phone Number) (Fax Number)

REQUEST FOR QUOTATION - CRFQ VNF21*20
Direct Care Staffing Services

10. MISCELLANEOUS:

- 10.1 Contract Manager:** During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract Manager and his or her contact information below:

Contract Manager: LINDA CHILES

Phone Number: Office: 877.797.6427

Cell: 919.427.5969

Fax: 800.866.9454

Email Address: linda.chiles@nationalhcs.com

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFO VNF2100000020

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.

NATIONAL HEALTH CARE SOLUTIONS LLC
Company


Authorized Signature

03-22-2024
Date

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



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

State of West Virginia
 Centralized Request for Quote
 Service - Prof

Proc Folder: 855530 Doc Description: Addendum No. 1 Direct Care Nursing Staffing Services			Reason for Modification: Addendum No. 1
Proc Type: Central Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2021-03-17	2021-03-25 13:30	CRFQ 0613 VNF210000020	2

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code: VS 0000018362
 Vendor Name: National Health Care Solutions, LLC
 Address: 3021 Berks way #201
 Street:
 City: Raleigh
 State: NC
 Country: USA
 Zip: 27614
 Principal Contact: LINDA CHILES
 Vendor Contact Phone: 877.797.6427
 Extension:

FOR INFORMATION CONTACT THE BUYER
 David H Pauline
 304-558-0067
 david.h.pauline@wv.gov

Vendor Signature X *Linda Chiles* FEIN# 27-2804007 DATE 03-22-2021

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

ADDITIONAL INFORMATION

Addendum No. 1

1. To respond to vendor questions that are attached.
 2. Bid opening remains on 3/25/2021 at 1:30 pm EST.
- No other changes.

INVOICE TO	SHIP TO
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY CLARKSBURG WV 26301 US	VETERAN'S NURSING FACILITY 1 FREEDOMS WAY CLARKSBURG WV 26301 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Registered Nurse weekday rate <i>Base year 1</i>	1	1 Hour	57.50	57.50

Comm Code	Manufacturer	Specification	Model #
85101601			

Extended Description:
See Attached

INVOICE TO	SHIP TO
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY CLARKSBURG WV 26301 US	VETERAN'S NURSING FACILITY 1 FREEDOMS WAY CLARKSBURG WV 26301 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Registered Nurse weekend rate <i>Base year 1</i>	1	1 Hour	59.50	59.50

Comm Code	Manufacturer	Specification	Model #
85101601			

Extended Description:
See Attached

INVOICE TO		SHIP TO	
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY		VETERAN'S NURSING FACILITY 1 FREEDOMS WAY	
CLARKSBURG	WV 26301	CLARKSBURG	WV 26301
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	LPN weekday rate <i>Base Year 1</i>	1	1 hour	42.50	42.50

Comm Code	Manufacturer	Specification	Model #
85101601			

Extended Description:
See Attached

INVOICE TO		SHIP TO	
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY		VETERAN'S NURSING FACILITY 1 FREEDOMS WAY	
CLARKSBURG	WV 26301	CLARKSBURG	WV 26301
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	LPN weekend rate <i>Base Year 1</i>	1	1 hour	44.50	44.50

Comm Code	Manufacturer	Specification	Model #
85101601			

Extended Description:
See Attached

INVOICE TO		SHIP TO	
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY		VETERAN'S NURSING FACILITY 1 FREEDOMS WAY	
CLARKSBURG	WW 26301	CLARKSBURG	WW 26301
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
5	CNA weekday rate <i>Base Year 1</i>	1	1 Hr	28.00	28.00

Comm Code	Manufacturer	Specification	Model #
85101601			

Extended Description:
See Attached

INVOICE TO		SHIP TO	
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY		VETERAN'S NURSING FACILITY 1 FREEDOMS WAY	
CLARKSBURG	WW 26301	CLARKSBURG	WW 26301
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
6	CNA weekend rate <i>Base Year 1</i>	1	1 Hr.	29.00	29.00

Comm Code	Manufacturer	Specification	Model #
85101601			

Extended Description:
See Attached

SCHEDULE OF EVENTS

Line	Event	Event Date
1	Technical Questions Due 2:00 pm EST	2021-03-16

	Document Phase	Document Description	Page
VNF210000020	Draft	Addendum No. 1 Direct Care Nursing Staffing Services	5

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

SOLICITATION NUMBER: CRFQ – VNF2100000020
Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as CRFQ VNF2100000020 (“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:

1. To answer technical questions.
2. Bid open remains the same.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

CRFQ VNF21*20

Addendum No. 1

Questions:

- Q1. Please provide the current vendor(s) providing the service and the billable rates for each service.
- A1. This is public knowledge and can be seen on the Purchasing website.
- Q2. What is the estimated value of this RFP? If unknown, please specify previous spending. What will be the estimated annual budget (Spend) of this contract?
- A2. \$4 million over the span of 4 years including all vendors, which equates to \$1 million per year.
- Q3. Is this solicitation for contract assignments (13/26 week) or per diem healthcare professionals or a combination of both?
- A3. 13/26-week contracts would be accepted for filling shifts. No per diem.
- Q4. Is there a formal Orientation? If so, is it billable and at what rate? If so, how long is the Orientation period?
- A4. Yes, three 8-hour days. It is billable to regular weekday rates.
- Q5. What is the estimated number of HCPs needed for each discipline during a 1-year period?
- A5. This varies.
- Q6. Will job descriptions for each discipline be provided upon award of the contract?
- A6. Yes
- Q7. What is the turnaround time for approval from a candidate being submitted to a facility for a staffing need to the time the Contractor hears that the candidate is or is not accepted?
- A7. A couple of days normally.
- Q8. What type uniform is the healthcare professional required to wear for each facility?
- A8. Scrub pants and tops, these will not be provided by the facility.
- Q9. Will our RNs ever be asked to perform Charge Nurse duties, and if so, is this billable at a separate rate?
- A9. RNs will be RN supervisors and no there is no separate rate.
- Q10. How many estimated overtime hours were in the last 3-year contract, per year?
- A10. We do not have this readily available currently.

- Q11. Can you confirm if these positions will be offered 36 + hours per week and/or contracts (13 week Full-time assignments and/or Blocked Scheduling)?
- A11. No guarantee, shifts vary depending on needs
- Q12. Can you confirm if Travelers are allowed with guaranteed hours?
- A12. These are traveling nurses who have a WV license, we would accept travelers with a WV license but cannot guarantee hours.
- Q13. Would you like a breakdown of our costs listed under 4.3.6?
- A13. No.
- Q14. Will all “technically” acceptable responses be included in the awards vs. 3 vendors per modality so we can ensure facility coverage? How many vendors/agencies department has been planning to select under the contract?
- A14. No. Only 3 vendors will be awarded.
- Q15. Does the Facility authorize a competitive nature for contractor employees between the three companies while staff is working in WVVNF? Currently, the facility allows staff to stop working for the lowest bidder and move to the highest bidder, will this continue?
- A15. Yes, there is nothing the facility can legally do to prevent Vendor’s staff from changing jobs.
- Q16. In Section 1: The State clearly indicates this contract is to work differently. “This contract will be different in that WVVNF will be working directly with the Staffing Agency’s employees regarding their schedules”. Yet, in Section 4.3.14 it is indicated “If the Staffing Agency is unable to back-fill a position, they will be subject to a reduction of pay for those hours left unfilled. The dollar amount will be determined by the rate of pay for the specialty multiplied by the number of hours unfilled. This amount will be deducted from the Staffing Agency’s weekly invoice.”
- If the Facility is contacting agency Staff Direct, which muddles around a Borrowed Employee giving WVVNF Management oversight and control, how can the Agency be subject to backfilling when WVVNF defines in Section 1, it is working directly with staffing agency employees regarding the schedule? Based on Section 1, the agency would not know the schedule of the employee until the timesheet arrives removing the agencies’ ability to manage employees and ensure coverage for shifts are maintained.
- A16. Schedules will be completed at least monthly prior to the next period of work. Staffing agency will therefore be aware of any time off that is requested in advance. Staffing agency will be responsible for providing back-fill for any time off, scheduled or not. See Sections 4.3.13, 4.4.1, 4.4.2, 4.4.3.

- Q17. Is this a re-compete RFP? If yes, -
- a) Could you please share the name of the Current Suppliers (who are currently providing services to the Agency)?
 - b) Could you please share the current Supplier's pricing and Proposals?
 - c) When the existing contract was started, and what is the annual monetary spent value of the current contract since inception?
 - d) Can you please share the no. of positions served in previous years under this contract?
 - e) How many resources are currently engaged in the current contract?
 - f) Can you please share the amount of business each vendor did under this contract in previous years?

A17. Answer is Yes

- a. Requesting copies of previously awarded contracts, other solicitations, or documents related to previous contracts through the question and answer process included in this solicitation is not appropriate. Requests for documentation of this nature can be obtained by interested parties through a Freedom of Information Act request.
- b. Requesting copies of previously awarded contracts, other solicitations, or documents related to previous contracts through the question and answer process included in this solicitation is not appropriate. Requests for documentation of this nature can be obtained by interested parties through a Freedom of Information Act request.
- c. Existing contract started 5/01/2017. Annual spend approximately \$1.4 million per year since.
- d. RN, LPN, CAN.
- e. Currently, there are 5 vendors contracted.
- f. Approximately \$1.4 million per year across all vendors.

Q18. Are there any local preference for this contract?

A18. No.

Q19. What will be the estimated annual budget for this project?

A19. Estimated \$1.4 million annually.

Q20. How many positions we can expect under this contract throughout the given term?

A20. Depends on your rates. We will contract with lowest rate first. If they cannot provide the service, we'll then go on to the next lowest rate.

Q21. How many vendors agency is planning to select?

A21. Three.

Q22. Will it be a 13-week assignment or longer?

A22. The assignments are ongoing depending on the need. The direct care worker schedules vary with the state staff and what the needs are that the agency would need to provide coverage.

- Q23. Do we need to provide a crisis rate besides the regular rate?
- A23. No. We will not pay a crisis rate.
- Q24. Do we need to provide Bill Rate including Mark-Ups and Taxes or do we need to provide candidate pay rate including taxes? Please confirm.
- A24. Bill rate including mark-ups and taxes.
- Q25. Shift differential in section 2.16- Please confirm start and end time of the weekend shift differential.
- A25. Starts at midnight Friday night, ends at midnight Sunday night.
- Q26. Reduction in pay section 4.314 if agency is unable to backfill a position for hours left unfilled. It says amount will be deducted from agency's weekly invoice. Please elaborate, does this mean we do not get paid for the hours not worked or will we be getting deducted the hours/dollar amount not worked on any selected invoice?
- A26. Invoices are to be submitted on a weekly basis. If there are hours that were not backfilled, the hours/amount not backfilled will be deducted from a staffing agency invoice.
- Q27. The contract mentions in 4.3.3 that all employees need 30 hours of Alzheimer training and 8 hours annually, is this paid for by the VNF?
- A27. Yes, the hours the employee attends required training will be paid.
- Q28. Schedule- will Sunbelt be sent a schedule to fill in the open shifts left or will the VNF be sending out shifts needs and creating the schedule in house?
- A28. We will work with the staffing agencies and/or their employees to fill shift needs. Staffing agencies will be copied on schedules at least weekly.
- Q29. Scorecard- how will agencies be scored on performance?
- A29. Staffing agencies will be scored on their ability to meet all specifications.
- Q30. Is there will be any preference given to the local candidates?
- A30. No preference will be given based on location of the staffing agency.
- Q31. Is a bid re-compete of an ongoing contract? If yes, then please share the details of the incumbents?
- A31. Yes, however, requesting copies of previously awarded contracts, other solicitations, or documents related to previous contracts through the question and answer process included in this solicitation is not appropriate. Requests for documentation of this nature can be obtained by interested parties through a Freedom of Information Act request.
- Q32. How many temporary resources are currently engaged in the current contract?
- A32. Currently 5 vendors.

- Q33. Please also provide the bifurcation of the resources supplied by each incumbent.
- A33. Requesting copies of previously awarded contracts, other solicitations, or documents related to previous contracts through the question and answer process included in this solicitation is not appropriate. Requests for documentation of this nature can be obtained by interested parties through a Freedom of Information Act request.
- Q34. When was the existing contract got started, and what is the annual monetary spent value of the current contract since inception?
- A34. Existing contract started 5/01/2017. Annual spend approximately \$1.4 million per year since.
- Q35. Is there any defined Not-To-Exceed(NTE) budget of this bid for the base term?
- A35. No.
- Q36. Is there any specific certificate required to bid on this RFQ?
- A36. No certificate is required to bid. See specifications for requirements for award.