



Fax Cover Sheet

Date 7/14/2026Number of pages 15 (including cover page)

To:

Name Crystal HusteadCompany West Virginia

Telephone _____

Fax 304-558-3970

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WEST VIRGINIA

From:

Name Laura MatarazzoCompany FEI SystemsTelephone 470-390-8556Comments please see attached Response
to WVRFI tracking System for Substance
Use Disorder Providers

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Title Page [4.2.1]

**West Virginia Department of Human
Services**

**Tracking System For Substance Use
Disorder Providers**

RFI# CRFI BMS2600000001

July 14, 2026

Response prepared by

FEI.com, Inc. dba FEI Systems

10980 Grantchester Way, Suite 370, 3rd Floor, Columbia, MD 21044

Authorized negotiator



Martina Wood, President and Chief Operating Officer

(916) 934-8969 | Fax # (410) 715-6538 |

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Additional point of contact

Tamecka Craig, Client Executive

(678) 522-2065 | tamecka.craig@feisystems.com





Transmittal Letter

July 14, 2026

Crystal G Hustead, Buyer
West Virginia Purchasing Division
crystal.g.hustead@wv.gov

Dear Ms. Hustead:

FEI.com, Inc. dba FEI Systems (FEI) is pleased to submit this response to West Virginia Department of Human Services, RFI# CRFI BMS2600000001 for Tracking System for Substance Use Disorder Providers.

FEI acknowledges receipt of this solicitation and Amendment 1 released on July 9, 2026.

Please feel free to contact me at (916) 934-8969 or mwood.coo@feisystems.com should you have any questions or require any additional information. We appreciate this opportunity and look forward to working with Agency.

Sincerely,

Martina Wood
Chief Operating Officer

West Virginia Department of Human Services

Tracking System For Substance Use Disorder Providers | RFI# CRFI BMS2600000001

Table of Contents [4.2.2]

Title Page [4.2.1].....	i
Transmittal Letter.....	ii
1. Response Reference [4.2.3].....	1
1.1 General Information being Sought [3.1].....	1
1.2 Specific Questions [3.2]	2
1.3 Documents Being Sought [3.3]	7
2. Signed Forms [4.2.4].....	8
2.1 Solicitation Form	9
2.2 Response Certification Form	10
2.3 Addendum Acknowledgement Form.....	11

West Virginia Department of Human Services

Tracking System For Substance Use Disorder Providers | RFI# CRFI BMS2600000001

1. Response Reference [4.2.3]

1.1 General Information being Sought [3.1]

3.1.1. A description of a tracking system that will collect performance outcome measures for substance use disorder providers.

For 25 years and counting, FEI has assisted state and county health and human services agencies with collecting, storing, sharing, reporting, and analyzing program data, and has been in the room where federal policy decisions were made about those data standards. Our long-term partnerships with the U.S. Centers for Medicare & Medicaid Services (CMS), U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), and Administration for Community Living (ACL) have uniquely positioned us to support our state and county client customers with the knowledge and experience that comes from working so closely with regulatory agencies.

Since our founding in 1997, we have built a strong technical foundation in data collection, processing, and reporting. We have assisted numerous federal, state, and county agencies as well as managed care organizations (MCOs) in their mission-critical work through the implementation of innovative technology solutions and providing health information technology (IT) for mental health, substance use disorder (SUD) treatment, prevention, problem-solving courts, long-term services and supports (LTSS), and home- and community-based services (HCBS). Never has this work been more important or more challenging than it is today, and we are proud to partner with the West Virginia Bureau for Behavioral Health and Health Facilities (BHBF) since 2020 to support the State Opioid Response (SOR) grant.

WITS was designed specifically for state governments to report grant data to regulatory agencies. This is a core competency of FEI, and our solution has been enhanced over the last 20 years to provide ongoing support to dozens of client partners across the nation administering SUD.



Our first state IT solution implementation was completed in 2004 – the comprehensive behavioral health care management platform known as the Web Infrastructure for Treatment Services (WITS). Developed in partnership with SAMHSA in 2004, WITS was the first web-based tool for collection of Treatment Episode Data Set (TEDS) and National Outcome Measures (NOMS) data, as well as Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) data in the U.S. Our enhancements to TEDS reporting functionality have included incorporating various business rules into our core solution that help maintain the quality of data, compliance with federal regulations, and efficiency for state agencies in grant management. Our platform contains a data extract module, enabling state users to generate an extract by dataset (e.g., TEDS/NOMS), review the data within that extract, then finalize the extract and

download in the specific file format necessary for upload to the federal system.

Out of the box, WITS includes a host of modules to support programs addressing behavioral health, substance use prevention and treatment, problem gambling, criminal justice, problem solving courts, and grant management.

WITS supports state and large county agencies across the nation today, including the West Virginia BHBF. New behavioral health customers continue to turn to us to modernize legacy systems and overhaul tedious, paper-based processes that place enormous administrative strain on state staff, providers, and other stakeholders. Because of our commitment to leveraging the most innovative and nimble

West Virginia Department of Human Services

Tracking System For Substance Use Disorder Providers | RFI# CRFI BMS2600000001

technology, our state partners have substantially eliminated redundant processes and paperwork through the implementation of business rule driven application, enrollment, outcome measure collection, service tracking, and reporting systems. They benefit from more accurate data entry and capture processes with streamlined reporting and remain compliant with federal security and program management compliance standards and regulations.

1.2 Specific Questions [3.2]

3.2.1. What performance outcome measures does your system currently track for substance use disorder providers?

The system provides a comprehensive set of outcome and performance measurement capabilities for Substance Use Disorder (SUD) providers through a combination of the Outcome Measures module, standardized assessments, federal reporting tools, treatment and discharge tracking, consent and referral management, and reporting functionality.

It includes support for Treatment Episode Data Set (TEDS) reporting, Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) reporting, and State Opioid Response (SOR) grant reporting requirements. The Outcome Measures module is specifically designed to collect standardized demographic, clinical, social, and recovery-oriented outcomes at designated reporting intervals, providing a longitudinal view of client progress throughout treatment and recovery. The system includes a comprehensive data extraction module that enables authorized users to generate, review, finalize, and download TEDS, NOMS and other datasets in the formats specified by federal agencies.

For SOR grants, the system includes full SAMHSA Unified Performance Reporting Tool (SUPRT) functionality. To support continuity of care, outcome data collection can continue across provider referrals during a client's episode of care, allowing receiving organizations to continue reporting from the point at which data collection previously occurred. The system also collects ASAM summary information and is fully integrated with the ASAM CONTINUUM™ Suite, supporting standardized level-of-care determination and outcome reporting.

The system tracks a broad range of clinical, recovery, and social outcome measures, including:

- Substance use history, including primary, secondary, and tertiary substances
- Substance use severity, frequency of use, method of administration, and age of first use
- Nicotine and tobacco use
- Co-occurring substance use and mental health conditions
- Medication-Assisted Treatment (MAT) participation and utilization
- Education status and educational attainment
- Employment status and workforce participation
- Detailed employment information through the Employment screen, including employer, position, wages, hours worked, employment dates, and employment type
- Marital and household status
- Income sources and financial stability
- Health insurance coverage, including Medicaid, Private Insurance, and other payer sources
- Legal status and criminal justice involvement
- Housing status and living arrangements
- Social Determinants of Health (SDOH)
- Discharge status and treatment completion outcomes
- Readmissions and treatment re-engagement
- Referrals and service connections
- Primary care engagement and follow-up care activities

West Virginia Department of Human Services

Tracking System For Substance Use Disorder Providers | RFI# CRFI BMS2600000001

The system's reporting functionality allows state agencies and provider organizations to monitor outcomes at the client, provider, program, regional, and statewide levels. Reports enable stakeholders to evaluate treatment effectiveness, measure recovery outcomes, assess quality of care, identify service gaps, monitor grant performance, and support continuous quality improvement initiatives across the behavioral health continuum of care.

3.2.2. Can your system address these specific outcome measures:

Follow-up as measured by a claim for SUD services within seven days of discharge Follow-up as measured by a claim for SUD services within six months of discharge Number of individuals who have verified abstinence from non-prescribed substances

The system supports tracking of post-discharge follow-up services through the Encounters and Outcome Measures modules. Once treatment services have ended, the provider disenrolls the client from services. A follow-up encounter may be created for the client within the appropriate timeframe.

For organizations that rely on claims data, the system supports the intake and processing of HIPAA-compliant 837P transactions, allowing SUD service claims from external providers and systems to be incorporated into reporting and performance measurement activities. This capability enables agencies to identify and report on individuals who have a qualifying SUD service claim, regardless of whether the service was entered directly into the system or received through claims-based data exchanges.

The system also supports the tracking of verified abstinence from non-prescribed substances through the Outcome Measures module and associated clinical documentation. Providers can document abstinence status during follow-up assessments and outcome evaluations.

Using the system's reporting capabilities, state agencies and providers can track the number and percentage of individuals who receive a follow-up SUD service, as well as the number and percentage of individuals with documented or verified abstinence from non-prescribed substances. Reports can be analyzed by provider, program, geographic region, funding source, discharge period, and other demographic or clinical factors to support performance monitoring, quality improvement initiatives, grant reporting, and evaluation of treatment effectiveness.

Number of individuals on medication-assisted treatment

Medication-Assisted Treatment (MAT) is a key performance indicator captured within the Outcome Measures module. Through configurable outcome tracking and reporting capabilities, the system enables state and provider organizations to monitor the number and percentage of clients receiving MAT over time, analyze trends by provider, program, region, and funding source, and evaluate treatment engagement and retention outcomes. These capabilities help agencies measure performance against state and federal objectives while supporting continuous quality improvement initiatives across the SUD treatment continuum.

Social determinants of health (SDOH) tracking/assessment post-discharge Readmission to substance use services within 30 Days without outpatient follow-up

The system tracks Social Determinants of Health (SDOH) as key indicators within the Outcome Measures module, including housing stability, employment status, educational attainment, criminal justice involvement, financial stability, and household composition. These data elements can be collected and monitored throughout the continuum of care, enabling providers and state agencies to assess changes in client well-being over time and evaluate the impact of treatment services on recovery outcomes.

In addition, the system supports the tracking of post-discharge outcomes, including readmissions to SUD services and engagement in follow-up care. Through configurable outcome measures and comprehensive

West Virginia Department of Human Services

Tracking System For Substance Use Disorder Providers | RFI# CRFI BMS2600000001

reporting capabilities, the system can identify individuals who are readmitted to treatment within 30 days of discharge and analyze patterns related to service utilization.

By correlating SDOH indicators with treatment outcomes, stakeholders can better understand factors contributing to readmissions and gaps in care, including the absence of outpatient follow-up services within 30 days of discharge. Reporting tools provide actionable insights to support performance monitoring, quality improvement initiatives, and compliance with state and federal reporting requirements.

Number of individuals connected to stable, supported housing (a homeless shelter does not constitute stable housing)

The system tracks housing status and living situation within the Outcome Measures module, enabling providers to document and monitor an individual's progression toward stable, supported housing. Housing-related measures can distinguish between temporary or unstable arrangements and permanent housing situations. This allows agencies to identify individuals who have successfully transitioned into stable housing environments that support long-term recovery and self-sufficiency.

Additional indicators, including household composition and financial stability, provide a more comprehensive view of housing outcomes and overall client well-being.

Through the system's reporting capabilities, state agencies and providers can track the number and percentage of individuals connected to stable, supported housing over time, while excluding temporary placements such as homeless shelters. Reports can be analyzed by provider, program, geographic region, funding source, and reporting period to evaluate housing-related outcomes and assess the effectiveness of recovery support services. These insights help organizations measure performance, identify service gaps, and support initiatives designed to improve housing stability and recovery outcomes for individuals receiving SUD services.

Number of individuals connected to primary care; one primary care visit within three months of discharge

Providers track primary care referrals through the system's Consents and Referrals module. The Referrals module captures key information including referral date, receiving provider or organization, and referral status. Once a primary care appointment occurs, the system's Visits module can be used to document the encounter, including visit dates, provider information, care coordination activities, and associated clinical information. Together, these modules provide a comprehensive view of post-discharge healthcare engagement and support continuity of care across provider networks.

Using the system's reporting capabilities, organizations can track the number and percentage of individuals referred to primary care providers and identify those who complete at least one primary care visit within three months of discharge. Reports can be analyzed by provider, program, geographic region, discharge period, referral status, and other demographic or clinical factors to evaluate care coordination effectiveness, identify gaps in follow-up services, and support quality improvement initiatives that promote long-term recovery and overall health outcomes.

Number of individuals connected to employment, education, training programs, or other activities indicative of long-term recovery and independence.

The system tracks employment, education, and recovery-supportive activities through the Outcome Measures module. Detailed employment information is tracked under the Employment screen within the client profile. The Outcome Measures module captures key indicators such as employment status and educational attainment. These measures provide a longitudinal view of client progress and can be assessed at multiple points throughout treatment and recovery.

West Virginia Department of Human Services

Tracking System For Substance Use Disorder Providers | RFI# CRFI BMS2600000001

The Employment screen provides detailed employment tracking capabilities, including employment start and end dates, employer name, position or job title, wage information, hours or days worked per week, and employment type. Employment types can be configured to capture a variety of workforce engagement activities, including paid employment, volunteer positions, job training programs, apprenticeships, internships, seasonal work, and other vocational opportunities. This detailed employment history enables providers to document meaningful recovery milestones and monitor workforce participation over time.

Using the system's reporting and analytics capabilities, state agencies and providers can track the number and percentage of individuals connected to employment, education, training programs, or other activities indicative of long-term recovery and independence. Reports can be analyzed by provider, program, geographic region, funding source, employment type, and reporting period to evaluate program effectiveness, identify trends, and measure progress toward recovery-oriented outcomes. These insights support performance management, quality improvement initiatives, and data-driven decision-making across the behavioral health continuum of care.

Number of individuals engaged in Medicaid, SNAP, TANF, WIC, or other state benefits. Number of individuals who received new arrests, law enforcement interactions, or CPS investigations.

The system supports the tracking of public benefits, financial stability, and justice-system involvement through a combination of the Outcome Measures module, client financial and insurance records, and specialized case management functionality.

Within the Outcome Measures module, providers can document and monitor health insurance coverage, income sources, financial stability, and other recovery-related indicators that help assess an individual's access to essential supports and services. This includes tracking coverage through Medicaid, Medicare, commercial insurance, and other payer sources, as well as documenting income received through employment, disability benefits, public assistance programs, retirement income, and other funding sources.

To support benefit engagement initiatives, the system includes benefit enrollment functionality to cover Medicaid, Medicare, and Private Insurance. The system can be configured to verify Medicaid eligibility through HIPAA-compliant 270/271 eligibility transactions, providing real-time confirmation of coverage and supporting accurate reporting on Medicaid participation. In addition, the system can be configured to collect enrollment in other state and federal assistance programs, including Block Grants, SOR Grants, SNAP, TANF, WIC, and similar benefit programs. These capabilities allow agencies to track the number of individuals engaged in public assistance programs and evaluate the role of benefit access in supporting recovery and long-term stability.

For justice-system-related measures, the system's Outcome Measures module tracks arrests and legal status indicators, while the comprehensive Court Case Management module captures detailed information related to criminal justice involvement. This includes arrests, law enforcement interactions, court appearances, probation, parole, sanctions, incentives, and other supervisory activities. The module provides a longitudinal record of justice-system engagement and supports coordinated care efforts for justice-involved individuals. The system can also be configured to capture and report on additional external system interactions, including Child Protective Services (CPS) investigations.

Using the system's reporting and analytics capabilities, state agencies and providers can track the number of individuals enrolled in Medicaid, SNAP, TANF, WIC, and other benefit programs, as well as the number of individuals who experience new arrests, law enforcement interactions, or CPS investigations. Reports can be analyzed by provider, program, geographic region, funding source, and reporting period to identify

West Virginia Department of Human Services

Tracking System For Substance Use Disorder Providers | RFI# CRFI BMS2600000001

trends, measure program effectiveness, support compliance reporting, and evaluate the impact of recovery services on long-term client outcomes.

Number of individuals with a discharge transition plan.

The system supports discharge transition planning through its comprehensive Treatment Plan module. Providers can create individualized discharge transition plans that outline discharge goals, objectives, and interventions. These may include follow-up services, referrals, recovery support resources, medication management, housing needs, employment and education supports, and other activities designed to promote successful community reintegration and sustained recovery. The system can be configured to require the completion of discharge planning elements prior to discharge and to capture key data points related to discharge plan status, completion dates, and supporting documentation.

Using the system's reporting capabilities, state agencies and providers can track the number and percentage of individuals discharged with a completed transition plan. Reports can be analyzed by provider, program, facility, discharge disposition, geographic region, and reporting period to monitor compliance, identify gaps in discharge planning practices, and evaluate continuity-of-care outcomes. These capabilities support performance measurement, quality improvement initiatives, and efforts to improve post-discharge engagement and long-term recovery success.

3.2.3. This product will be implemented at provider level. How have providers discussed using your product, and how is it user friendly?

The system is an enterprise-level solution designed to support statewide implementations while maintaining strict segregation of client data by provider agency. Each provider accesses and manages only the clients, programs, and records for their organization, enabling a secure multi-provider environment that supports both provider operations and state-level reporting requirements.

Providers interact with the system through user-friendly, web-based forms that minimize data entry burden and promote data quality. The interface is intuitive and accessible for end users, with streamlined workflows, consistent navigation patterns, and familiar naming conventions. Because modules share a common design approach, users who become familiar with one area of the system can quickly navigate and utilize other modules with minimal additional training.

Data collection is optimized through the use of drop-down lists, radio buttons, check boxes, multi-select fields, default values, and business rules that help guide users through required fields and reduce data entry errors. Values are automatically translated into reporting codes behind the scenes, ensuring consistency and accuracy for state and federal reporting.

To further reduce administrative burden, the system supports XML-based data import capabilities that allow providers to import information from external Electronic Health Record (EHR) systems. This functionality can eliminate most of the data entry requirements.

Provider feedback from implementations has consistently highlighted the system's ease of use and its consolidated clinical, administrative, billing, and reporting functions within a single platform.

3.2.4. What security measures are in place to protect the confidentiality of the data?

FEI has strict safeguards in place to protect confidential and sensitive information from unauthorized access, modification, or deletion. Access to this information is restricted to applicable records. We enforce minimum necessary/need-to-know access requirements and separation of duties requirements, meaning access to this information is never given to offshore development teams. We establish this through contract clauses, NDAs, and BAAs with terms and conditions that allow external entities to access our network and store/process information covered on behalf of any of our client partners.

West Virginia Department of Human Services

Tracking System For Substance Use Disorder Providers | RFI# CRFI BMS2600000001

We use NIST's special publication 800-18, Guide for Developing Security Plans for Information Technology Systems as a guide for the development of information system security plans. We employ best practices (including the NIST Special Publication 800 series) to ensure appropriate security controls are implemented to adequately protect data and resources. Our hardware, software, communications, and human controls are outlined in our corporate policy documents, which are aligned with state and other federal security standards and requirements. We also comply with OMB Circular A-130 (as amended) Appendix III by implementing our Information Security and Privacy program policies. These policies ensure that the system and its data is properly categorized (FIPS categorization) so that the proper and effective controls are selected, assessed, and implemented with defense-in-depth to protect the information and data.

1.3 Documents Being Sought [3.3]

3.3.1. Training materials on how to use the system.

Our expert trainers develop comprehensive materials to support all types of learners—auditory, visual, and tactile. We use demonstrations, hands-on activities, and knowledge checks to make sure learners are engaged, understand the system and their use of it, and can use the system effectively once training is completed.

Our comprehensive training plan considers a multi-tiered approach to managing training, which includes identifying the user groups to be trained and developing support documentation for those groups. Our team members who've developed the training plan also create the supporting materials and have more than 40 years of combined experience supporting our client partners in the use of our solutions. Our training team members are experts in our solutions, how end users use them and can benefit from them, and the best ways to translate knowledge of the technology to everyday use.

Our developed user guides are created with the end users in mind and provide the information users need to perform their jobs effectively within the Solution. Our proposed user guides include, at a minimum:

- **WITS Basics User Guide.** All users receive a WITS Basics User Guide. This document details basic navigation features, system conventions, screen formations, hints, and login information that help acclimate users to WITS.
- **WITS Administrator User Guide.** This extensive document provides step-by-step instructions for management of WITS, and outlines the processes involved in the set-up structure for the agencies using WITS, as well as staff set up and vocabulary management features.
- **Smart Guides.** Smart guides are used to illustrate end user workflow and step-by-step instruction for frequently used processes in WITS. They are intended to be a quick reference and complement the longer form user guides.
- **Training PowerPoint.** The PowerPoints developed for training will be provided to the state for future training needs. This will give users a guideline for the training path and workflow, along with screenshots and descriptions of actions needed to be completed.

In addition to end user training and the resources outlined above, FEI offers a robust Learning Management System (LMS) for an additional fee. On-demand training modules are tailored to end users and the roles they perform in the solution. These eLearning modules are created with the Articulate 360 software. A Sharable Content Object Reference Model (SCORM) file of the finished product can be provided allowing West Virginia Department of Human Services, Bureau for Medical Services (BMS) to host in their LMS or could be hosted in our LMS, FEI Learning.

West Virginia Department of Human Services

Tracking System For Substance Use Disorder Providers | RFI# CRFI BMS2600000001

FEI can provide copies of training materials when allowed to mark the content as confidential, protecting FEI's intellectual property.

2. Signed Forms [4.2.4]

On the following pages we include the required signed forms.

West Virginia Department of Human Services

Tracking System For Substance Use Disorder Providers | RFI# CRFI BMS2600000001

2.1 Solicitation Form

DocuSign Envelope ID: BBACD0F8-85FD-8C82-80E0-F432E2862D7D

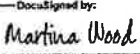
	Department of Administration Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130	State of West Virginia Centralized Request for Information Info Technology
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Proc Folder: 1985877		Reason for Modification:	
Doc Description: RFI-TRACKING SYSTEM FOR SUBSTANCE USE DISORDER PROVIDERS			
Proc Type: Request for Information			
Date Issued	Solicitation Closes	Solicitation No	Version
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BID RECEIVING LOCATION
BID CLERK DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 2019 WASHINGTON STE C HARLESTON WV 25305 US

VENDOR		
Vendor Customer Code: VS0000008715		
Vendor Name : FEI.com, Inc. dba FEI Systems		
Address :		
Street: 10980 Grantchester Way, Suite 370		
City: Columbia		
State: Maryland	Country: United States	Zip: 21044
Principal Contact : Martina Wood		
Vendor Contact Phone: 916.934.8969		Extension: N/A

FOR INFORMATION CONTACT THE BUYER
Crystal G Hustead (304) 558-2402 crystal.g.hustead@wv.gov

Vendor Signature X 	DocuSigned by:	FEIN# 52-2067447	DATE July 13, 2026
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All offers subject to all terms and conditions contained in this solicitation

Date Printed: Jun 10, 2026

Page: 1

FORM ID: WV-PRC-CRFI-002 202005

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Tracking System For Substance Use Disorder Providers | RFI# CRFI BMS2600000001

2.2 Response Certification Form

DocuSign Envelope ID: BBACD0F8-85FD-8C82-8DE0-F432E2862D7D

Request for Information

West Virginia Department of Human Services CRFI BMS2600000001

4.2.4 Responses: All responses must be submitted to the Purchasing Division prior to the date and time stipulated in the RFI as the opening date. All submissions must be in accordance with the provisions listed in Section 2: Instructions to Vendors Submitting Information.

By signing below, I certify that I have reviewed this Request for Information in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this information for review and consideration;

FEI.com, Inc. dba FEI Systems
(Company)

Martina Wood, President and Chief Operating Officer
(Representative Name, Title)

916.934.8969 / 410.715.6538
(Contact Phone/Fax Number)

July 13, 2026
(Date)

DocuSigned by:
Martina Wood
DE1F8E71EC344F8

Revised | 24 2022

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Tracking System For Substance Use Disorder Providers | RFI# CRFI BMS2600000001

2.3 Addendum Acknowledgement Form

DocuSign Envelope ID: BBACD0F6-85FD-8C82-80E0-F432E2862D7D

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: BMS2600000001

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)

☒ Addendum No. 1	☐ Addendum No. 6
☐ Addendum No. 2	☐ Addendum No. 7
☐ Addendum No. 3	☐ Addendum No. 8
☐ Addendum No. 4	☐ Addendum No. 9
☐ Addendum No. 5	☐ Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

FEI.com, Inc. dba FEI Systems

Company

DocuSigned by:

Martina Wood

Authorized Signature

7/13/2026

Date

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