

April 15, 2013

Vendor Number: 709050255

Tara Lyle, Senior Buyer
State of West Virginia
Purchasing Division
2019 Washington Street, East
Charleston, WV 25305-0130

Dear Ms. Lyle

The West Virginia Behavioral Healthcare Providers Association (WVBHPA), along with its Substance Abuse Treatment Provider Members are please to submit the enclosed proposal in response to the Request for Quotation (RFQ) RFQ Number COR61604 to provide clinical evaluations, intensive outpatient services for male and female, 28-day residential treatment and long-term residential treatment and long-term residential treatment services.

It is noted in 1. PURPOSE AND SCOPE that the agencies intent is to award contracts to multiple vendors in multiple regions. Since the WVBHPA intends to contract with its members in those multiple regions to deliver services we believe you may keep to your intent to of awarding to multiple vendors (WVBHPA members) through a single point of contact and vendor in the WVBHPA.

3.1.1 WVBHPA will, based on the needs of the paroled offender, provide clinical evaluations, intensive outpatient, and 28-day residential services, and if deemed necessary, additional long term residential treatment services for paroled offenders under the supervision of Agency. Services under this contract will be provided at a location most convenient to the paroled offender.

3.1.2 Clinical Evaluation will be performed on all paroled offenders referred to the Agency to the WVBHPA.

3.1.3 The outpatient intensive services for male paroled offenders will be a six-week program, with sessions provided three days per weeks, each being three-hour sessions.

3.1.4 The outpatient intensive services for female paroled offenders will be a six-week program, with sessions provided four days per weeks, each being three-hour sessions.

3.1.5 Outpatient intensive services will combine psycho-educational methods, cognitive behavioral strategies, the groups process and other therapeutic modalities to assist paroled offenders become more aware of addiction and recovery while involved in outpatient intensive services.

3.1.6 Paroled offenders admitted into outpatient intensive services will not be in need of medical detoxification from drug and/or alcohol.

3.1.7 The 28-day residential services will include: room and board; daily group and individual therapy; psychiatric services; basic medical care; addiction education; and recreation, exercise and activities.

3.1.8 If approved by Agency, the long term residential treatment services will be provided to paroled offenders at the same facility or a facility contracted by the WVBHPA in the same geographic area and will include: room and board; daily group and individual therapy; psychiatric services; basic medical care; addiction education; and recreation, exercise and activities.

3.1.9 WVBHPA will provide to Agency an initial written report and discharge summary outlining the offender's efforts, activities and status of progress. If applicable, WVBHPA will provide additional report to Agency recommending long term services which contains a status update on the paroled offender and specifics as to why long term treatment will benefit the paroled offender.

3.1.10 WVBHPA will provide both short-term and long-term residential treatment services paroled offenders. Short-term is defined as a 28-day residential treatment service. Additional long-term treatment will be 90-day up to one-year of residential treatment services. Prior to admitting a paroled offender into a long term program, WVBHPA and the Agency will consult on the proposed plan and must be approved by the Agency prior to admission.

3.1.11 WVBHPA will allow Agency's representatives to attend team meetings and/or relevant trainings. WVBHPA will consult with Agency on complex cases.

3.1.12 The WVBHPA member treatment providers each have more than the minimum five (5) years' experience in residential treatment services.

3.1.13 References:

First Choice Health Systems, Steve Burton, CEO, 304-344-2163,
steve@1800gambler.net

Autism Services Center, Mike Grady, CEO, 304-525-8014, mike@autismwv.org

BBHFF, Kimberly Walsh, Deputy Commissioner, 304-356-4798,
Kimberly.a.walsh@wv.gov

3.1.14 See attachment for service bids.

3.1.15 WVBHPA will, when space is available, provide priority admission to all

paroled offenders referred by the Agency.

3.1.16 WVBHPA will observe the limits of confidentiality and are required to sign agreements concurring to adhere to Agency's policy.

3.1.17 The WVBHPA will provide adequate, qualified and licensed personnel for the term of this agreement.

3.1.18 The WVBHPA will ensure that all required West Virginia Licenses and credentials are active, unrestricted and in good standing.

3.1.19 Attached you will find copies of each WVBHPA contracted treatment providing agencies Office of Health Facility Licensure and Certification License.

3.1.20 All clinical evaluations, intensive outpatient services, 28-day residential treatment services, and long term residential treatment services will be in compliance and accordance with all Federal and State statutes, court orders, and policy directives of the Agency, as well as the Standards of American Correctional Association, 4th edition, 2003 and any revisions or supplements thereto.

3.1.21 If the WVBHPA is successful in the bidding process it will, before the award of contract, provide certificates of insurance, in the types and amounts required by Agency and acceptable to the State. The WVBHPA, as an independent contractor, is solely liable for the acts and omissions of its employees and agents. The WVBHPA will maintain and furnish proof of liability insurance loss, damage, or injury (including death) of third parties arising from acts and omissions on the part of its vendor, its agents and employees in the following amounts.

- a. For bodily injury (including death): \$1,000,000 per occurrence
- b. For property damage and professional liability: up to \$1,000,000 per occurrence
- c. Professional liability: Minimum of \$1,000,000 per occurrence

3.1.22 WVBHPA will, at all times, provide health care providers who are qualified, professional, competent, and duly licensed.

3.1.23 WVBHPA will comply with the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The WV government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's website: <http://www.state.wv.us/admin/purchase/vrc/default.html> is hereby a part of this agreement. All future updates to the BAA will be considered part of this agreement.

3.1.24 This contract shall be governed by the laws of the State of West Virginia. WVBHPA further agrees to comply with the Civil Rights Act of 1964 and all other applicable Federal, State and local government rules, regulations, and policies.

- 4.1 The contract is intended to provide Agency with a purchase prices on all Contract Items. The Contract shall be awarded to multiple vendors, by region. WVBHPA will not bill for travel time to and from the jobsite. Estimated quantities are for bidding purposes only, more or less may be required. Vendor(s) that provides the Contract Item meeting the required specifications for lowest overall total cost per region as shown on the Pricing Pages shall be awarded a contract. Should a vendor win more than one region, those regions will be awarded under one contract.
- 4.2. WVBHPA has completed the Pricing Pages indicating the cost of 1) clinical evaluation per paroled offender; 2) intensive outpatient services per paroled offender; 3) 28-day residential treatment services per paroled offender; and 4) additional and/or long-term treatment per paroled offender. WVBHPA will complete the pricing pages in their entirety as failure to do so may result in WVBHPA's bids being disqualified.

The Pricing Pages contain a list of the Contract Item and estimated purchase volume. The estimated volume for each item represents the approximate volume of anticipated purchased only. No future use of the contract or any individual item is guaranteed or implied.

Notwithstanding the foregoing, the Purchasing Division may correct errors at its discretion. Vendor should type or electronically enter the information into the Pricing Pages to prevent errors in the evaluation.

- 5.1 WVBHPA will accept orders by regular mail, facsimile, e-mail, or any other written form of communication. WVBHPA does not accept online orders/referrals.
- 5.2 WVBHPA will accept payment in accordance with the payment procedures of the State of West Virginia.
- 6.1 WVBHPA will supply only the Contract Items submitted in response to the RFQ unless a contract modification is approved in accordance with the provisions contained in the Contract.
- 6.2 WVBHPA will carry a sufficient inventory of the Contract Items being offered to fulfill its obligations under this Contract. By signing its bis the WVBHPA certifies that is can supply the contract Items contained in its bid response.
- 6.3 WVBHPA will provide quarterly reports and annual summaries to the Agency showing the agency's items purchased, quantities of items purchased, and total dollar value of the items purchased. WVBHPA will also provide reports, upon request, showing the items purchased during the term of this Contract, the quantity purchased for each of those items, and the total values of the purchases for each of those items. WVBHPA understands that failure to supply such reports may be grounds for cancellation of this Contract.

- 6.4 During its performance of this Contract, WVBHPA will designate and maintain a primary contract manager responsible for overseeing WVBHPAs responsibilities under this Contract. The Contract manager will be available during normal business hours to address any customer service or other issues related to this Contract. WVBHPA has listed its Contract manager and his contract information below.

Contract Manager: Mark A. Drennan

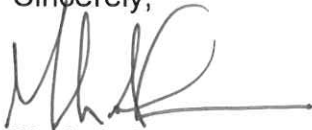
Telephone Number: 304-343-0728

Fax Number: 304-343-0760

Email Address: mark@wvbehavioralhealth.org

If you have any questions about this bid or any part of this bid, please feel free to call me at: 304-343-0728

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark A. Drennan', with a long horizontal line extending to the right.

Mark A. Drennan
Executive Director

Attachments: WV Purchasing Solicitation Form
Commercial General Liability Insurance Certificate
Applicable OHFLAC Licenses
Pricing Pages
Certification and Signature Page
Purchasing Affidavit
Vendor Preference Certificate



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

Solicitation

NUMBER
COR61604

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
TARA LYLE 304-558-2544

VENDOR

RFQ COPY
 TYPE NAME/ADDRESS HERE
 WV Behavioral Healthcare Providers Ass.
 405 Capitol Street, Suite 900
 Charleston, WV 25301

SHIP TO

DIVISION OF CORRECTIONS
 VARIOUS LOCALES AS INDICATED
 BY ORDER

DATE PRINTED
03/06/2013

4/15/2013

BID OPENING DATE: 03/28/2013-

BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	LS		952-06	See attachment	See Attachment
SUBSTANCE ABUSE TREATMENT SERVICES						
OPEN-END CONTRACT						
THE WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, WV DIVISION OF CORRECTIONS, IS SOLICITING BIDS TO PROVIDE CLINICAL EVALUATIONS, INTENSIVE OUTPATIENT SERVICES FOR MALE AND FEMALE, 28-DAY RESIDENTIAL TREATMENT AND LONG-TERM RESIDENTIAL TREATMENT SERVICES, PER THE ATTACHED SPECIFICATIONS.						
ATTACHMENTS INCLUDE:						
1. INSTRUCTIONS TO VENDORS SUBMITTING BIDS						
2. GENERAL TERMS AND CONDITIONS						
3. COR61604 SPECIFICATIONS						
4. CERTIFICATION AND SIGNATURE PAGE						
5. PURCHASING AFFIDAVIT						
6. RESIDENT VENDOR PREFERENCE (RVP) FORM						
***** THIS IS THE END OF RFQ COR61604 ***** TOTAL:						\$1,558,788.00

SIGNATURE	TELEPHONE 304-343-0728	DATE 4/15/2013
TITLE Executive Director	FEIN 55-055095	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

97 This **Spectrum Policy** consists of the Declarations, Coverage Forms, Common Policy Conditions and any
47 other Forms and Endorsements issued to be a part of the Policy. This insurance is provided by the stock
PC insurance company of The Hartford Insurance Group shown below.

SBA

INSURER: HARTFORD CASUALTY INSURANCE COMPANY
HARTFORD PLAZA, HARTFORD, CT 06115
COMPANY CODE: 3

Policy Number: 40 SBA PC4797 DV



SPECTRUM POLICY DECLARATIONS

Named Insured and Mailing Address: ASSOCIATION OF COMMUNITY
(No., Street, Town, State, Zip Code) SEE FORM SS 12 35
405 CAPITOL ST STE 900
CHARLESTON WV 25301

Policy Period: From 06/17/12 To 06/17/13 1 YEAR
12:01 a.m., Standard time at your mailing address shown above. **Exception:** 12 noon in New Hampshire.

Name of Agent/Broker: COMMERCIAL INSURANCE SRVC INC/PHS
Code: 560221

Previous Policy Number: 40 SBA PC4797

Named Insured is: CORPORATION

Audit Period: NON-AUDITABLE

Type of Property Coverage: SPECIAL

Insurance Provided: In return for the payment of the premium and subject to all of the terms of this policy, we agree with you to provide insurance as stated in this policy.

TOTAL ANNUAL PREMIUM IS: \$584

W. VA. SURCHARGE: \$ 3.21

Countersigned by

Authorized Representative

04/30/12
Date

SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 40 SBA PC4797

PROPERTY OPTIONAL COVERAGES APPLICABLE TO ALL LOCATIONS LIMITS OF INSURANCE

BUSINESS INCOME AND EXTRA EXPENSE
COVERAGES
COVERAGES INCLUDES THE FOLLOWING
COVERAGES EXTENSIONS: 12 MONTHS ACTUAL LOSS SUSTAINED

ACTION OF CIVIL AUTHORITY: 30 DAYS
EXTENDED BUSINESS INCOME: 30 CONSECUTIVE DAYS

EQUIPMENT BREAKDOWN COVERAGES
COVERAGES FOR DIRECT PHYSICAL LOSS
DUE TO:
MECHANICAL BREAKDOWN,
ARTIFICIALLY GENERATED CURRENT
AND STEAM EXPLOSION

THIS ADDITIONAL COVERAGES INCLUDES
THE FOLLOWING EXTENSIONS
HAZARDOUS SUBSTANCES \$ 50,000
EXPEDITING EXPENSES \$ 50,000

MECHANICAL BREAKDOWN COVERAGES ONLY
APPLIES WHEN BUILDING OR BUSINESS
PERSONAL PROPERTY IS SELECTED ON
THE POLICY

IDENTITY RECOVERY COVERAGES \$ 15,000
FORM SS 41 12

SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 40 SBA PC4797

BUSINESS LIABILITY	LIMITS OF INSURANCE
LIABILITY AND MEDICAL EXPENSES	\$1,000,000
MEDICAL EXPENSES - ANY ONE PERSON	\$ 10,000
PERSONAL AND ADVERTISING INJURY	\$1,000,000
DAMAGES TO PREMISES RENTED TO YOU ANY ONE PREMISES	\$ 300,000
AGGREGATE LIMITS	
PRODUCTS-COMPLETED OPERATIONS	\$2,000,000
GENERAL AGGREGATE	\$2,000,000
EMPLOYMENT PRACTICES LIABILITY	
COVERAGE: FORM SS 09 01	
EACH CLAIM LIMIT	\$ 5,000
DEDUCTIBLE - EACH CLAIM LIMIT	
NOT APPLICABLE	
AGGREGATE LIMIT	\$ 5,000

RETROACTIVE DATE: 06172003

This **Employment Practices Liability Coverage** contains claims made coverage. Except as may be otherwise provided herein, specified coverages of this insurance are limited generally to liability for injuries for which claims are first made against the insured while the insurance is in force. Please read and review the insurance carefully and discuss the coverage with your Hartford Agent or Broker.

The Limits of Insurance stated in this Declarations will be reduced, and may be completely exhausted, by the payment of "defense expense" and, in such event, The Company will not be obligated to pay any further "defense expense" or sums which the insured is or may become legally obligated to pay as "damages".

**BUSINESS LIABILITY OPTIONAL
COVERAGES**

HIRED/NON-OWNED AUTO LIABILITY	\$1,000,000
FORM: SS 04 38	

SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 40 SBA PC4797

LOSS PAYEE 'A':
FORM SS 12 12

PROPERTY:

MASTER LEASE TOKAI DIVISION
P. O. BOX 41601
PHILADELPHIA, PA. 19101
BUSINESS PERSONAL PROPERTY

LOSS PAYEE 'B':
FORM SS 12 12

PROPERTY:

DE LAGE LANDEN
FINANCIAL SERVICES
1111 OLD EAGLE SCHOOL ROAD
WAYNE, PA. 19087
BUSINESS PERSONAL PROPERTY

Form Numbers of Forms and Endorsements that apply:

SS 00 01 04 93	SS 00 05 12 06	SS 00 07 07 05	SS 00 08 04 05
SS 84 25 09 07	SS 12 35 03 12	SS 01 10 10 08	SS 01 38 03 92
SS 04 19 07 05	SS 04 22 07 05	SS 04 30 07 05	SS 04 38 09 09
SS 04 39 07 05	SS 04 41 04 09	SS 04 44 07 05	SS 04 45 07 05
SS 04 46 10 08	SS 04 47 04 09	SS 40 13 09 07	SS 40 18 07 05
SS 40 93 07 05	SS 41 12 12 07	SS 41 51 10 09	SS 41 62 06 11
SS 41 63 06 11	IH 10 01 09 86	SS 05 47 09 01	SS 05 48 03 00
SS 05 64 12 10	SS 50 57 04 05	PC-287-1	SS 09 01 10 08
SS 09 42 07 99	SS 12 12 03 92	SS 40 23 03 00	SS 50 19 01 08
IH 99 40 04 09	IH 99 41 04 09	SS 38 25 12 07	SS 83 76 01 08

State of West Virginia
Department of Health and Human Resources
Behavioral Health License

No. 20

This is to certify that United Summit Center, Incorporated is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location(s):

United Summit Center

#6 Hospital Plaza, Clarksburg, WV 26301

United Summit Center

1471 WV Highway 5, East, Glenville, WV 26351

United Summit Center

37 Elizabeth Drive, Weston, WV 26452

United Summit Center

403 North Pike Street, Grafton, WV 26354

United Summit Center

602 West Main Street, Sutton, WV 26601

United Summit Center

72 Roxbury Road, Suite 102, Fairmont, WV 26554

March 12, 2013

Date of Issuance

August 31, 2014

Date of Expiration



In Witness whereof, we have hereunto signed this

20th Day of March, 2013.

A handwritten signature in black ink, appearing to read "John M. ...", is written over a horizontal line.

Director, Office of Health Facility Licensure and Certification

Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations. Page 1 of 4

State of West Virginia
Department of Health and Human Resources
Behavioral Health License

No. 20

This is to certify that United Summit Center, Incorporated is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location(s):

United Summit Center

Route 2 Box 25B, West Union, WV 26456

United Summit Center - Barbour

RR 4 Box 315, Philippi, WV 26416

United Summit Center - SCILS

200 Oakmound Drive, Clarksburg, WV 26301

United Summit Center - Upshur

21 Auction Lane, Buckhannon, WV 26201

United Summit Center Bridgeport Outpatient

120 Medical Park Drive, Bridgeport, WV 26330

March 12, 2013

Date of Issuance

August 31, 2014

Date of Expiration



In Witness whereof, we have hereunto signed this

20th Day of March, 2013.

Director, Office of Health Facility Licensure and Certification

Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations. Page 2 of 4

State of West Virginia
Department of Health and Human Resources
Behavioral Health License

No. 29

This is to certify that United Summit Center, Incorporated is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location(s):

Family Medicine Substance Abuse #1 (12 Beds)

6 Hospital Plaza, Clarksburg, WV 26301

Family Medicine Substance Abuse #2 (6 Beds)

6 Hospital Plaza, Clarksburg, WV 26301

Hartley Mental Health Group Home (8 Beds)

1325 West Pike Street, Clarksburg, WV 26301

John D. Good Recovery Center (CRU) (10 Beds)

Route 3, Box 223, Terra Alta, WV 26764

John D. Good Recovery Center (SA) (10 Beds)

Route 3, Box 223, Terra Alta, WV 26764

United Summit Center - Supportive Living Home (6 Beds)

185 East Pike Street, Clarksburg, WV 26301

In Witness whereof, we have hereunto signed this

March 12, 2013

Date of Issuance

August 31, 2014

Date of Expiration



20th Day of March, 2013.

Director, Office of Health Facility Licensure and Certification

State of West Virginia
Department of Health and Human Resources
Behavioral Health License

No. 20

This is to certify that United Summit Center, Incorporated is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location(s):

United Summit Center (CSU) (12 Beds)
800 David Avenue, Clarksburg, WV 26301
United Summit Center (PI) (4 Beds)
800 David Avenue, Clarksburg, WV 26301

Bridgeport CSU #1 (8 Beds)
120 Medical Park Drive, Suite #1, Bridgeport, WV 26301
Bridgeport CSU #2 (8 Beds)
120 Medical Park Drive, Suite #2, Bridgeport, WV 26301


March 12, 2013
Date of Issuance

August 31, 2014
Date of Expiration



In Witness whereof, we have hereunto signed this

20th Day of March, 2013.

*

Director, Office of Health Facility Licensure and Certification*

Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations. Page 4 of 4

State of West Virginia
Department of Health and Human Resources
Behavioral Health License

No. 8

This is to certify that FMRS Health Systems, Incorporated is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location(s):

Crisis Residential Unit (Crestview) (5 Beds)

101 South Eisenhower Drive, Beckley, WV 25801

Crisis Stabilization Unit (Oakview) (7 Beds)

101 South Eisenhower Drive, Beckley, WV 25801

Turning Pointe (16 Beds)

101 S. Eisenhower Drive, Beckley, WV 25801

May 1, 2013

Date of Issuance

April 30, 2015

Date of Expiration



In Witness whereof, we have hereunto signed this

_____ 8th Day of _____ April _____, 2013.

[Handwritten Signature]

Director, Office of Health Facility Licensure and Certification

State of West Virginia
Department of Health and Human Resources
Behavioral Health License

No. 8

This is to certify that FMRS Health Systems, Incorporated is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location(s):

ADAPT Program

101 South Eisenhower Drive, Beckley, WV 25801

Blue Jay

801 Blue Jay Road, Blue Jay, WV, 25816

FMRS Health Systems, Inc. (Fayette County)

209 West Maple Avenue, Fayetteville, WV 25840

FMRS Health Systems, Inc. (Monroe County)

Box 527, Union, WV 24983

FMRS Health Systems, Inc. (Raleigh County)

101 South Eisenhower Drive, Beckley, WV 25801

FMRS Health Systems, Inc. (Summers County)

198 Pleasant Street, Hinton, WV 25951

In Witness whereof, we have hereunto signed this

8th Day of April, 2013.

May 1, 2013

Date of Issuance

April 30, 2015

Date of Expiration



[Handwritten Signature]

Director, Office of Health Facility Licensure and Certification

Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations. Page 1 of 3

State of West Virginia
Department of Health and Human Resources
Behavioral Health License

No. 8

This is to certify that FMRS Health Systems, Incorporated is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location(s):

LEARN Program

101 South Eisenhower Drive, Beckley, WV 25801

MOTHER Program

101 South Eisenhower Drive, Beckley, WV 25801

In Witness whereof, we have hereunto signed this

May 1, 2013

Date of Issuance

8th Day of April, 2013.

April 30, 2015

Date of Expiration



[Signature]
Director, Office of Health Facility Licensure and Certification

Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations. Page 2 of 3

State of West Virginia
Department of Health and Human Resources
Behavioral Health License

No. 6

This is to certify that Eastern Panhandle Mental Health Center, Incorporated dba EastRidge Health Systems is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location(s):

Crisis Stabilization Unit (8 Beds)
213-214 East John Street, Martinsburg, WV 25401
Hoffmaster House I (7 Beds)
312 Lutz Avenue, Martinsburg, WV 25404

Hoffmaster House II (7 Beds)
328 Lutz Avenue, Martinsburg, WV 25404
Public Inebriate Shelter (5 Beds)
213-214 East John Street, Martinsburg, WV 25401

February 1, 2013
Date of Issuance

January 31, 2015
Date of Expiration



In Witness whereof, we have hereunto signed this

14th Day of January, 2013.

A handwritten signature in black ink, appearing to read "James M. ...".

Director, Office of Health Facility Licensure and Certification

Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations. Page 2 of 2

State of West Virginia
Department of Health and Human Resources
Behavioral Health License

No. 6

This is to certify that Eastern Panhandle Mental Health Center, Incorporated dba EastRidge Health Systems is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location(s):

*EastRidge Berkeley County Outpatient Center
235 South Water Street, Martinsburg, WV 25401
Jefferson County Outpatient Center
340 Edmund Road, Suite D, Kearneysville, WV 25430*

*Morgan County Outpatient Center
#89 Sugar Hollow Road, Berkeley Springs, WV 25411
N.B. Groves Work Center
270 Cumbo Road, Martinsburg, WV 25401*


*February 1, 2013
Date of Issuance*

*January 31, 2015
Date of Expiration*



In Witness whereof, we have hereunto signed this

14th Day of January, 2013.

*
Director, Office of Health Facility Licensure and Certification*

Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations. Page 1 of 2

State of West Virginia
Department of Health and Human Resources
Behavioral Health License

No. 15

This is to certify that Potomac Highlands Guild, Incorporated is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location(s):

Burlington Home (2 Beds)

2954 Northwestern Turnpike, Burlington, WV 26710

Potomac Highlands Guild

101 Maple Avenue, Franklin, WV 26807

Potomac Highlands Guild

139 North Main Street, Moorefield, WV 26836

Potomac Highlands Guild

245 Charlevoix Place, Romney, WV 26757

Potomac Highlands Guild

3334 New Creek Highway, New Creek, WV 26743

Potomac Highlands Guild

7 Mountain View Street, Suite 1, Petersburg, WV 26847

September 1, 2012

Date of Issuance

August 31, 2014

Date of Expiration



In Witness whereof, we have hereunto signed this

19th Day of July, 2012.

A handwritten signature in black ink, appearing to read "John M. ...".

Director, Office of Health Facility Licensure and Certification

State of West Virginia
Department of Health and Human Resources
Behavioral Health License

No. 6

This is to certify that Eastern Panhandle Mental Health Center, Incorporated dba EastRidge Health Systems is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location(s):

Crisis Stabilization Unit (8 Beds)

213-214 East John Street, Martinsburg, WV 25401

Hoffmaster House I (7 Beds)

312 Lutz Avenue, Martinsburg, WV 25404

Hoffmaster House II (7 Beds)

328 Lutz Avenue, Martinsburg, WV 25404

Public Inebriate Shelter (5 Beds)

213-214 East John Street, Martinsburg, WV 25401

February 1, 2013

Date of Issuance

January 31, 2015

Date of Expiration



In Witness whereof, we have hereunto signed this

14th Day of January, 2013.

A handwritten signature in black ink, appearing to read "James M. ...".

Director, Office of Health Facility Licensure and Certification

Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations. Page 2 of 2

State of West Virginia
Department of Health and Human Resources
Behavioral Health License

No. 6

This is to certify that Eastern Panhandle Mental Health Center, Incorporated dba EastRidge Health Systems is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location(s):

*EastRidge Berkeley County Outpatient Center
235 South Water Street, Martinsburg, WV 25401
Jefferson County Outpatient Center
340 Edmund Road, Suite D, Kearneysville, WV 25430*

*Morgan County Outpatient Center
#89 Sugar Hollow Road, Berkeley Springs, WV 25411
N.B. Groves Work Center
270 Cumbo Road, Martinsburg, WV 25401*

*February 1, 2013
Date of Issuance*

*January 31, 2015
Date of Expiration*



In Witness whereof, we have hereunto signed this

_____ 14th Day of _____ January _____, 2013.

*

Director, Office of Health Facility Licensure and Certification*

Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations. Page 1 of 2

State of West Virginia
Department of Health and Human Resources
Behavioral Health License

No. 19

This is to certify that Southern Highlands Community Mental Health Center, Incorporated is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location(s):

Southern Highlands Community Mental Health Center

200 12th Street Extension, Princeton, WV 24740

Southern Highlands Community Mental Health Center

102 Howard Avenue, Mullens, WV 25882

Southern Highlands Community Mental Health Center

151 U.S. Route 52 North, Welch, WV 24801

Southern Highlands Community Mental Health Center

325 Mercer Street, Princeton, WV 24740

Southern Highlands Community Mental Health Center

9933 Poplar Gap Road, Ravencliff, WV 25913

Southern Highlands Community Mental Health Center

57 Main Street, Pineville, WV 24874

In Witness whereof, we have hereunto signed this

July 1, 2011

Date of Issuance

June 30, 2013

Date of Expiration



30th Day of June, 2011.

A handwritten signature in black ink, appearing to be "A. B. J.", written over a horizontal line.

Acting Director, Office of Health Facility Licensure and Certification

Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations.

State of West Virginia
Department of Health and Human Resources
Behavioral Health License

No. 19

This is to certify that Southern Highlands Community Mental Health Center, Incorporated is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location(s):

Southern Highlands Community Mental Health Center (8 Beds)

2328 Washington Street, Bluefield, WV 24701

Southern Highlands Community Mental Health Center (10 Beds)

327 Mercer Street, Princeton, WV 24740

Southern Highlands Community Mental Health Center (3 Beds)

329 Mercer Street, Princeton, WV 24740

Southern Highlands Community Mental Health Center (6 Beds)

611 Shenandoah Avenue, Bluefield, WV 24701

Southern Highlands Crisis Stabilization Unit (10 Beds)

200 12th Street Extension, Princeton, WV 24740

July 1, 2011

Date of Issuance

June 30, 2013

Date of Expiration



In Witness whereof, we have hereunto signed this

30th Day of June, 2011.

A handwritten signature in black ink, appearing to be "S. J. ...", written over a horizontal line.

Acting Director, Office of Health Facility Licensure and Certification

Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations.

State of West Virginia
Department of Health and Human Resources
Behavioral Health License

No. 16

This is to certify that Prestera Center for Mental Health Services, Incorporated is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location(s):

Prestera Center for Mental Health Services
3375 U.S. Route 60, East, Huntington, WV 25705
511 Morris Street Office
511 Morris Street, Charleston, WV 25312
ACT Team West
630-632 8th Street, Huntington, WV 25701

Boone County Satellite Office
376 Kenmore Drive, Danville, WV 25053
Chandler Elementary School
1900 School Street, Charleston, WV 25312
Community Supportive Services
625 8th Street, Huntington, WV 25701

October 1, 2012
Date of Issuance

September 30, 2014
Date of Expiration



In Witness whereof, we have hereunto signed this

28th Day of November, 2012.



Director, Office of Health Facility Licensure and Certification

Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations. Page 1 of 7

State of West Virginia
Department of Health and Human Resources
Behavioral Health License

No. 16

This is to certify that Prestera Center for Mental Health Services, Incorporated is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location(s):

Executive Outreach

*1026 - 9th Avenue, Apartment #1,
Huntington, WV 25701*

Hopewell Place

3372 Teays Valley Road, Hurricane, WV 25526

Lincoln County Satellite Office

25 Lincoln Plaza, Branchland, WV 25506

Margarette R. Leach Center for Youth and Families

One Prestera Way, Huntington, WV 25705

Mason County Satellite Office

715 Main Street, Point Pleasant, WV 25550

Michael Avenue

911 Michael Avenue, Charleston WV 25312

October 1, 2012

Date of Issuance

September 30, 2014

Date of Expiration



In Witness whereof, we have hereunto signed this

28th Day of November, 2012.

Director, Office of Health Facility Licensure and Certification

Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations. Page 2 of 7

State of West Virginia
Department of Health and Human Resources
Behavioral Health License

No. 16

This is to certify that Prestera Center for Mental Health Services, Incorporated is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location(s):

PARC East

1143 Dunbar Avenue, Dunbar, WV 25064

Putnam County Satellite Office

3389 Winfield Road, Suite 8, Winfield, WV 25213

Resource Center

1858 8th Avenue, Huntington, WV 25701

Tremont Village

*407 1/2 Prospect Avenue, Apartment A,
South Charleston, WV 25303*

Wayne County Day Treatment Center

330 Buffalo Creek Road, Wayne, WV 25535

Wayne County Satellite Office

145 Kenova Avenue, Wayne, WV 25570

October 1, 2012
Date of Issuance

September 30, 2014
Date of Expiration



In Witness whereof, we have hereunto signed this

28th Day of November, 2012.

*
Director, Office of Health Facility Licensure and Certification*

Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations. Page 3 of 7

State of West Virginia
Department of Health and Human Resources
Behavioral Health License

No. 16

This is to certify that Prestera Center for Mental Health Services, Incorporated is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location(s):

Clay County Satellite Office (15 Beds)

163 Main Street, Clay, WV 25043

Crisis Residential Unit East (8 Beds)

1001 Smith Street, Charleston, WV 25301

Crisis Residential Unit West (8 Beds)

3375 U.S. Route 60, East, Huntington, WV 25705

Harbor House (6 Beds)

1716 7th Avenue, Charleston, WV 25312

Laurelwood East (8 Beds)

2305 Dunbar Avenue, Dunbar, WV 25064

Laurelwood West (12 Beds)

432 6th Avenue, Huntington, WV 25701

October 1, 2012

Date of Issuance

September 30, 2014

Date of Expiration



In Witness whereof, we have hereunto signed this

28th Day of November, 2012.

Director, Office of Health Facility Licensure and Certification

Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations. Page 4 of 7

State of West Virginia
Department of Health and Human Resources
Behavioral Health License

No. 16

This is to certify that Pretera Center for Mental Health Services, Incorporated is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location(s):

Linden Place (3 Beds)

428 Linden Circle, Huntington, WV 25705

Mattie V. Lee (8 Beds)

810 Donally Street, Charleston, WV 25301

Mimosa Manor (8 Beds)

1424 6th Avenue, Huntington, WV 25701

PARC Riverside (16 Beds)

7004 Kanawha Street, St. Albans, WV 25177

Pretera at Pinecrest - Cottage Four (11 Beds)

5600 Route 60, East, Huntington, WV 25705

Pretera at Pinecrest - Cottage One (8 Beds)

5600 Route 60, East, Huntington, WV 25705

October 1, 2012

Date of Issuance

September 30, 2014

Date of Expiration



In Witness whereof, we have hereunto signed this

28th Day of November, 2012.

*Jolyn Ma
Director, Office of Health Facility Licensure and Certification*

Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations. Page 5 of 7

State of West Virginia
Department of Health and Human Resources
Behavioral Health License

No. 16

This is to certify that Pretera Center for Mental Health Services, Incorporated is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location(s):

Pretera at Pinecrest - Cottage Three (10 Beds)

5600 Route 60, East, Huntington, WV 25705

Pretera at Pinecrest - Cottage Two (11 Beds)

5600 Route 60, East, Huntington, WV 25705

Pretera at Pinecrest - Detox (16 Beds)

5600 Route 60, East, Huntington, WV 25705

Pretera at Pinecrest - PI Shelter (6 Beds)

5600 Route 60, East, Huntington, WV 25705

Pretera at Pinecrest - Residential (72 Beds)

5600 Route 60, East, Huntington, WV 25705

Public Inebriate Unit East (16 Beds)

1716 7th Avenue, Charleston, WV 25312

October 1, 2012

Date of Issuance

September 30, 2014

Date of Expiration



In Witness whereof, we have hereunto signed this

28th Day of November, 2012.

*
Director, Office of Health Facility Licensure and Certification*

Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations. Page 6 of 7

State of West Virginia
Department of Health and Human Resources
Behavioral Health License

No. 16

This is to certify that Prestera Center for Mental Health Services, Incorporated is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location(s):

Safe Quarters (8 Beds)
730 10th Street, Huntington, WV 25701

Sycamore Place (8 Beds)
1351 Charleston Avenue, Huntington, WV 25701

October 1, 2012
Date of Issuance

September 30, 2014
Date of Expiration



In Witness whereof, we have hereunto signed this

28th Day of November, 2012.

Director, Office of Health Facility Licensure and Certification

Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations. Page 7 of 7

State of West Virginia
Department of Health and Human Resources
Behavioral Health License

No. 16
ADDENDUM

This is to certify that Prestera Center for Mental Health Services, Incorporated is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location:

CHANCE

157 2nd Avenue, South Charleston, WV 25303

October 18, 2012
Date of Issuance

September 30, 2014
Date of Expiration



In Witness whereof, we have hereunto signed this

28th Day of November, 2012.


Director, Office of Health Facility Licensure and Certification

Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations.

State of West Virginia
Department of Health and Human Resources
Behavioral Health License

No. 17

This is to certify that Seneca Health Services, Incorporated is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location(s):

Seneca Health Services-Regional Administrative Office
1305 Webster Road, Summersville, WV 26651

Seneca Health Services

1 Stevens Road, Summersville, WV 26651

Seneca Health Services

129 Main Street, Ronceverte, WV 24970

Seneca Health Services

70 Parcoal Road, Webster Springs, WV 26288

Seneca Health Services

704 Third Avenue, Marlinton, WV 24954

Seneca Health Services

804 Broad Street, Summersville, WV 26651

Seneca Health Services

*804 Industrial Park Road, Suite # 1,
Maxwelton, WV 24957*

In Witness whereof, we have hereunto signed this

July 1, 2012

Date of Issuance

June 30, 2014

Date of Expiration



18th Day of April, 2012.

Jolynn Morra

Director, Office of Health Facility Licensure and Certification

Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations.



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Office of Inspector General
Office of Health Facility Licensure and Certification

408 Leon Sullivan Way
Charleston, West Virginia 25301-1713
Telephone: (304) 558-0050 Fax: (304) 558-2515
www.wvdhhr.org/ohflac

Earl Ray Tomblin
Governor

Michael J. Lewis, M.D., Ph. D.
Cabinet Secretary

October 20, 2011

Mark A. Games, Chief Executive Officer
Northwood Health Systems
PO Box 6400
Wheeling, WV 26003-0801

Dear Mr. Games:

I am pleased to enclose a renewal license to provide Behavioral Health Services for the licensure period of October 1, 2011 through September 30, 2013. The license should be posted in a conspicuous area at all service location(s).

If service locations are closed, written notification to the Office of Health Facility Licensure and Certification (OHFLAC) will be sufficient.

Please do not hesitate to call if you have any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read "Jolynn Marra".

Jolynn Marra, Director

JM:rw

Enclosures

State of West Virginia
Department of Health and Human Resources
Behavioral Health License

No. 13

This is to certify that Northwood Health Systems, Incorporated is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location(s):

*Administrative Building/Day Treatment(*Provisional)*

111 19th Street, Wheeling, WV 26003

Adena Hills

Fork Ridge Road, Moundsville, WV 26041

Ash Grove (8 Beds)

10 1/2 Ash Street, Moundsville, WV 26041

Maplewood Apartments (20 Beds)

200 29th Street, Wheeling, WV 26003

Marshall County Outpatient

10 Ash Avenue, Moundsville, WV 26041

Ohio County Crisis Stabilization Unit (16 Beds)

2121 Eoff Street, Wheeling, WV 26003

**This site carries a provisional licensure status based on the State Fire Marshal's recommendation.*

In Witness whereof, we have hereunto signed this

October 1, 2011

Date of Issuance

20th Day of _____ October _____, 2011.



September 30, 2013

Date of Expiration

A handwritten signature in black ink, appearing to be "John M. ...".

Director, Office of Health Facility Licensure and Certification

State of West Virginia
Department of Health and Human Resources
Behavioral Health License

No. 13

This is to certify that Northwood Health Systems, Incorporated is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location(s):

Ohio County Outpatient

2121 Eoff Street, Wheeling, WV 26003

Public Inebriate Shelter (2 Beds)

2121 Eoff Street, Wheeling, WV 26003

Raven Avenue Group Home (6 Beds)

26 Raven Avenue, Wheeling, WV 26003

Ritz Avenue Group Home (6 Beds)

2302 Ritz Avenue, Wheeling, WV 26003

Riverview Group Home (6 Beds)

102 12th Street, McMechen, WV 26040

Russell Nesbitt Apartments (8 Beds)

501 Main Street, Wheeling, WV 26003

October 1, 2011

Date of Issuance

September 30, 2013

Date of Expiration



In Witness whereof, we have hereunto signed this

20th Day of October, 2011.

A handwritten signature in black ink, appearing to read "John M. ...".

Director, Office of Health Facility Licensure and Certification

Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations. Page 2 of 3

State of West Virginia
Department of Health and Human Resources
Behavioral Health License

No. 13

This is to certify that Northwood Health Systems, Incorporated is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location(s):

Twin Acres (East) (6 Beds)

275 Richland Avenue, Wheeling, WV 26003

Twin Acres (West) (6 Beds)

276 Hazlett Avenue, Wheeling, WV 26003

October 1, 2011

Date of Issuance

September 30, 2013

Date of Expiration



In Witness whereof, we have hereunto signed this

20th Day of _____ October _____, 2011.

[Handwritten Signature]

Director, Office of Health Facility Licensure and Certification

Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations. Page 3 of 3

State of West Virginia
Department of Health and Human Resources
Behavioral Health License

No. 5

This is to certify that Healthways, Incorporated is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location(s):

HealthWays - Main Facility

501 Colliers Way, Weirton, WV 26062

Adolescent I.O.P. (Greentree)

3622 A & 3624 A West Street, Weirton, WV 26062

Brooke County Opportunity Center - North

71 - 22nd Street, Wellsburg, WV 26070

Brooke County Opportunity Center - South

160 - 12th Street, Wellsburg, WV 26070

Community Focus Program - Second Floor

1471 1/2 Cove Road, Weirton, WV 26062

Cove House (3 Beds)

991 Cove Road, Weirton, WV 26062

March 1, 2013

Date of Issuance

February 28, 2015

Date of Expiration



In Witness whereof, we have hereunto signed this

26th Day of March, 2013.

A handwritten signature in black ink, appearing to be "John M. ...".

Director, Office of Health Facility Licensure and Certification

State of West Virginia
Department of Health and Human Resources
Behavioral Health License

No. 5

This is to certify that Healthways, Incorporated is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location(s):

Dr. Lee Jones Miracles Happen Center (10 Beds)
201 Edgington Lane, Wheeling, WV 26003

Greenbrier Manor (8 Beds)
221 Greenbrier Road, Weirton, WV 26062

Hancock County Opportunity Center - First Floor
1471 1/2 Cove Road, Weirton, WV 26062

Passages for Growth
3306 Main Street, Weirton, WV 26062

Shiloh Apartments (22 Beds)
3025 Pleasant Avenue, Wellsburg, WV 26070

March 1, 2013
Date of Issuance

February 28, 2015
Date of Expiration



In Witness whereof, we have hereunto signed this

26th Day of March, 2013.

A handwritten signature in black ink, appearing to read "John M. ...", written over a horizontal line.

Director, Office of Health Facility Licensure and Certification

Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations. Page 2 of 2

State of West Virginia
Department of Health and Human Resources
Behavioral Health License

No. 21

This is to certify that Valley Comprehensive Community Mental Health Center, Incorporated is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location(s): Valley HealthCare System

Valley HealthCare System

301 Scott Avenue, Morgantown, WV 26508

Valley HealthCare System - Fairmont

448 Leonard Avenue, Fairmont, WV 26554

Valley HealthCare System - Grafton Office

501 North Pike Street, Grafton, WV 26354

Valley HealthCare System - Kingwood Office

202 Tunnelton Avenue, Kingwood, WV 26537

Full Circle Day Treatment

300 Scott Avenue, Morgantown, WV 26508

Marion County Day Treatment Program

30 Mountain Park Drive, Fairmont, WV 26554

Monongalia County Day Habilitation Program

5000 Greenbag Road, # C01, Morgantown, WV 26501

In Witness whereof, we have hereunto signed this

10th Day of October, 2012.

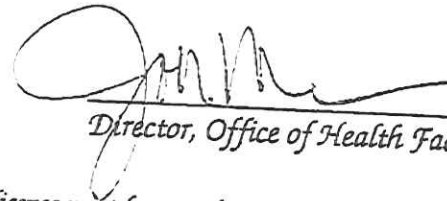
November 1, 2012

Date of Issuance

October 31, 2014

Date of Expiration





Director, Office of Health Facility Licensure and Certification

Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations. Page 1 of 4

State of West Virginia
Department of Health and Human Resources
Behavioral Health License

No. 21

This is to certify that Valley Comprehensive Community Mental Health Center, Incorporated is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location(s): Valley HealthCare System

Alpha Chemical Dependency Treatment Unit (10 Beds)
100 Crosswind Drive, Fairmont, WV 26554
Bartlett House Homeless Shelter (6 Beds)
1110 University Avenue, Morgantown, WV 26505
Browns Mill Group Home (7 Beds)
122 Hummingbird Lane, Independence, WV 26374

Cathy Group Home (3 Beds)
1908 Cathy Avenue, Fairmont, WV 26554
Crisis Stabilization Unit (6 Beds)
301 Scott Avenue, Morgantown, WV 26505
Elysian Group Home (3 Beds)
820 Elysian Avenue, Morgantown, WV 26505

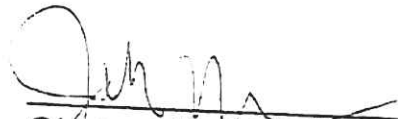
November 1, 2012
Date of Issuance

October 31, 2014
Date of Expiration



In Witness whereof, we have hereunto signed this

10th Day of October, 2012.



Director, Office of Health Facility Licensure and Certification

Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations. Page 2 of 4

State of West Virginia
Department of Health and Human Resources
Behavioral Health License

No. 21

This is to certify that Valley Comprehensive Community Mental Health Center, Incorporated is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location(s): Valley HealthCare System

Harlem Street Group Home (3 Beds)

928 Harlem Street, Fairmont, WV 26554

Herman Avenue Group Home (4 Beds)

1195 Herman Avenue, Morgantown, WV 26505

Marlinton Group Home (7 Beds)

Route 1, Box 281-A, Marlinton, WV 24954

McCartney Avenue Group Home (3 Beds)

95 McCartney Avenue, Morgantown, WV 26505

New Beginnings Extended Care Program for Women (8 Beds)

202 Columbia Street, Fairmont, WV 26554

Pixler Hill Group Home (6 Beds)

275 Pixler Hill Road, Morgantown, WV 26505

November 1, 2012

Date of Issuance

October 31, 2014

Date of Expiration



In Witness whereof, we have hereunto signed this

10th Day of October, 2012.


Director, Office of Health Facility Licensure and Certification

Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations. Page 3 of 4

State of West Virginia
Department of Health and Human Resources
Behavioral Health License

No. 21

This is to certify that Valley Comprehensive Community Mental Health Center, Incorporated is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location(s): Valley HealthCare System

Public Inebriate Shelter (4 Beds)

100 Crosswind Drive, Fairmont, WV 26554

Sabraton Avenue Group Home (4 Beds)

1090 Sabraton Avenue, Morgantown, WV 26505

November 1, 2012
Date of Issuance

October 31, 2014
Date of Expiration



In Witness whereof, we have hereunto signed this

10th Day of October, 2012.

A handwritten signature in black ink, appearing to be "J. M. ...", written over a horizontal line.

Director, Office of Health Facility Licensure and Certification

Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations. Page 4 of 4

State of West Virginia
Department of Health and Human Resources
Behavioral Health License

No. 21
ADDENDUM

This is to certify that Valley Comprehensive Community Mental Health Center, Incorporated is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location:

Browns Mill Group Home II (10 Beds)
124 Hummingbird Lane, Independence, WV 26374

March 4, 2013
Date of Issuance

October 31, 2014
Date of Expiration



In Witness whereof, we have hereunto signed this

12th Day of March, 2013.

A handwritten signature in black ink, appearing to be "J. G. Smith".

Director, Office of Health Facility Licensure and Certification

Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations.

State of West Virginia
Department of Health and Human Resources
Behavioral Health License

No. 11

This is to certify that Logan-Mingo Area Mental Health, Incorporated is granted a license to provide behavioral health services at locations indicated below on this license, under the provisions of Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended subject to compliance with appropriate West Virginia Administrative Regulations. This license shall be in effect until the date of expiration, unless revoked for due cause by the Department of Health and Human Resources.

Location(s):

*Logan-Mingo Area Mental Health - Logan Center
Route 10, Three Mile Curve, Logan, WV 25601
Logan-Mingo Area Mental Health - Chattaroy Center
Route 10, Three Mile Curve, Chattaroy, WV 25667*

*Logan-Mingo Area Mental Health - Lando
Lando Mines, Delbarton, WV 25670
Logan-Mingo Area Mental Health - Futures (9 Beds)
118 Stratton Street, Logan, WV 25601*

*August 1, 2011
Date of Issuance*

*July 31, 2013
Date of Expiration*



In Witness whereof, we have hereunto signed this

3rd Day of August, 2011.

*
Director, Office of Health Facility Licensure and Certification*

Acceptance of this license guarantees the right to inspection at any time. This license must be posted in a conspicuous area at all service locations.

**COR61604 - Substance Abuse Evaluation and Treatment Services
NORTHEAST REGION**

Item #	Description	Unit of Measure	Estimated Annual Quantity *	Unit Price	Extended Amount
3.1.2	Clinical Evaluation	Each	21	\$330	\$6,390.00
3.1.3	Intensive Outpatient Services (Male) **	Each	21	\$1,782	\$37,422.00
3.1.4	Intensive Outpatient Services (Female) **	Each	3	\$2,376	\$7,128.00
3.1.7	28-Day Residential Treatment Services (Monthly unit price for 28-day Residential Treatment Services based on an estimated annual quantity of paroled offenders) Estimated annual quantity of 8.	Monthly	12	\$9,240	\$110,880
3.1.8	Long Term Residential Treatment Services (Monthly unit price for Long Term Residential Treatment Services based on an estimated annual quantity of paroled offenders) Estimated annual quantity of 2.	Monthly	12	\$6,600	\$79,200.00
Total Cost for Northeast Region					\$241,560.00

Bidder/Vendor Information:

Name:	WV Behavioral Healthcare Providers Association
Address:	405 Capitol Street, Suite 900, Charleston, WV 25301
Phone No.:	304-343-0728
Fax No.:	304-343-0760
FEIN:	55-0599095
Email Address:	mark@wvbehavioralhealth.org
Authorized Signature:	

*Estimated quantities are for bidding purposes only. More or less may be utilized by the Agency.

**Unit price for each 6-week Intensive Outpatient session, based on an estimated annual quantity paroled offenders.

Failure to use this form may result in disqualification

000024

**COR61604 - Substance Abuse Evaluation and Treatment Services
NORTH CENTRAL REGION**

Item #	Description	Unit of Measure	Estimated Annual Quantity *	Unit Price	Extended Amount
3.1.2	Clinical Evaluation	Each	39	\$330	\$12,870.00
3.1.3	Intensive Outpatient Services (Male) **	Each	36	\$1,782	\$64,152.00
3.1.4	Intensive Outpatient Services (Female) **	Each	3	\$2,376	\$7,128.00
3.1.7	28-Day Residential Treatment Services (Monthly unit price for 28-day Residential Treatment Services based on an estimated annual quantity of paroled offenders) Estimated annual quantity of 8.	Monthly	12	\$9,240	\$110,880
3.1.8	Long Term Residential Treatment Services (Monthly unit price for Long Term Residential Treatment Services based on an estimated annual quantity of paroled offenders) Estimated annual quantity of 2.	Monthly	12	\$6,600	\$79,200.00
Total Cost for Northeast Region					\$274,230

Bidder/Vendor Information:

Name:	WV Behavioral Healthcare Providers Association
Address:	405 Capitol Street, Suite 900, Charleston, WV 25301
Phone No.:	304-343-0728
Fax No.:	304-343-0760
FEIN:	55-0599095
Email Address:	mark@wvbehavioralhealth.org
Authorized Signature:	

*Estimated quantities are for bidding purposes only. More or less may be utilized by the Agency.

**Unit price for each 6-week Intensive Outpatient session, based on an estimated annual quantity paroled offenders.

Failure to use this form may result in disqualification

000025

COR61604 - Substance Abuse Evaluation and Treatment Services
NORTHWEST REGION

Item #	Description	Unit of Measure	Estimated Annual Quantity *	Unit Price	Extended Amount
3.1.2	Clinical Evaluation	Each	26	\$330	\$8,580.00
3.1.3	Intensive Outpatient Services (Male) **	Each	25	\$1,782	\$44,550.00
3.1.4	Intensive Outpatient Services (Female) **	Each	3	\$2,376	\$7,128.00
3.1.7	28-Day Residential Treatment Services (Monthly unit price for 28-day Residential Treatment Services based on an estimated annual quantity of paroled offenders) Estimated annual quantity of 8.	Monthly	12	\$9,240	\$110,880
3.1.8	Long Term Residential Treatment Services (Monthly unit price for Long Term Residential Treatment Services based on an estimated annual quantity of paroled offenders) Estimated annual quantity of 2.	Monthly	12	\$6,600	\$79,200.00
Total Cost for Northeast Region					\$250,338.00

Bidder/Vendor Information:

Name:	WV Behavioral Healthcare Providers Association
Address:	405 Capitol Street, Suite 900, Charleston, WV 25301
Phone No.:	304-343-0728
Fax No.:	304-343-0760
FEIN:	55-0599095
Email Address:	mark@wvbehavioralhealth.org
Authorized Signature:	

*Estimated quantities are for bidding purposes only. More or less may be utilized by the Agency.

**Unit price for each 6-week Intensive Outpatient session, based on an estimated annual quantity paroled offenders.

Failure to use this form may result in disqualification

000026

COR61604 - Substance Abuse Evaluation and Treatment Services
SOUTHEAST REGION

Item #	Description	Unit of Measure	Estimated Annual Quantity *	Unit Price	Extended Amount
3.1.2	Clinical Evaluation	Each	28	\$330	\$9,240.00
3.1.3	Intensive Outpatient Services (Male) **	Each	22	\$1,782	\$39,204.00
3.1.4	Intensive Outpatient Services (Female) **	Each	3	\$2,376	\$7,128.00
3.1.7	28-Day Residential Treatment Services (Monthly unit price for 28-day Residential Treatment Services based on an estimated annual quantity of paroled offenders) Estimated annual quantity of 8.	Monthly	12	\$9,240	\$110,880
3.1.8	Long Term Residential Treatment Services (Monthly unit price for Long Term Residential Treatment Services based on an estimated annual quantity of paroled offenders) Estimated annual quantity of 2.	Monthly	12	\$6,600	\$79,200.00
Total Cost for Northeast Region					\$245,652.00

Bidder/Vendor Information:

Name:	WV Behavioral Healthcare Providers Association
Address:	405 Capitol Street, Suite 900, Charleston, WV 25301
Phone No.:	304-343-0728
Fax No.:	304-343-0760
FEIN:	55-0599095
Email Address:	mark@wvbehavioralhealth.org
Authorized Signature:	

*Estimated quantities are for bidding purposes only. More or less may be utilized by the Agency.

**Unit price for each 6-week Intensive Outpatient session, based on an estimated annual quantity paroled offenders.

Failure to use this form may result in disqualification

000027

**COR61604 - Substance Abuse Evaluation and Treatment Services
SOUTH CENTRAL REGION**

Item #	Description	Unit of Measure	Estimated Annual Quantity *	Unit Price	Extended Amount
3.1.2	Clinical Evaluation	Each	51	\$330	\$16,830.00
3.1.3	Intensive Outpatient Services (Male) **	Each	46	\$1,782	\$81,972.00
3.1.4	Intensive Outpatient Services (Female) **	Each	3	\$2,376	\$7,128.00
3.1.7	28-Day Residential Treatment Services (Monthly unit price for 28-day Residential Treatment Services based on an estimated annual quantity of paroled offenders) Estimated annual quantity of 8.	Monthly	12	\$9,240	\$110,880
3.1.8	Long Term Residential Treatment Services (Monthly unit price for Long Term Residential Treatment Services based on an estimated annual quantity of paroled offenders) Estimated annual quantity of 2.	Monthly	12	\$6,600	\$79,200.00
Total Cost for Northeast Region					\$296,010

Bidder/ Vendor Information:

Name:	WV Behavioral Healthcare Providers Association
Address:	405 Capitol Street, Suite 900, Charleston, WV 25301
Phone No.:	304-343-0728
FEIN:	304-343-0760
Fax No.:	55-0599095
Email Address:	mark@wvbehavioralhealth.org
Authorized Signature	

*Estimated quantities are for bidding purposes only. More or less may be utilized by the Agency.

**Unit price for each 6-week Intensive Outpatient session, based on an estimated annual quantity paroled offenders.

Failure to use this form may result in disqualification

000028

**COR61604 - Substance Abuse Evaluation and Treatment Services
SOUTHWEST REGION**

Item #	Description	Unit of Measure	Estimated Annual Quantity *	Unit Price	Extended Amount
3.1.2	Clinical Evaluation	Each	28	\$330	\$9,240.00
3.1.3	Intensive Outpatient Services (Male) **	Each	25	\$1,782	\$44,550.00
3.1.4	Intensive Outpatient Services (Female) **	Each	3	\$2,376	\$7,128.00
3.1.7	28-Day Residential Treatment Services (Monthly unit price for 28-day Residential Treatment Services based on an estimated annual quantity of paroled offenders) Estimated annual quantity of 8.	Monthly	12	\$9,240	\$110,880
3.1.8	Long Term Residential Treatment Services (Monthly unit price for Long Term Residential Treatment Services based on an estimated annual quantity of paroled offenders) Estimated annual quantity of 2.	Monthly	12	\$6,600	\$79,200.00
Total Cost for Northeast Region					\$250,998

Bidder/Vendor Information:

Name:	WV Behavioral Healthcare Providers Association
Address:	405 Capitol Street, Suite 900, Charleston, WV 25301
Phone No.:	304-343-0728
Fax No.:	304-343-0760
FEIN:	55-0599095
Email Address:	mark@wvbehavioralhealth.org
Authorized Signature:	

*Estimated quantities are for bidding purposes only. More or less may be utilized by the Agency.

**Unit price for each 6-week Intensive Outpatient session, based on an estimated annual quantity paroled offenders.

Failure to use this form may result in disqualification

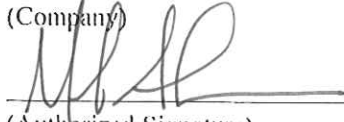
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CERTIFICATION AND SIGNATURE PAGE

By signing below, I certify that I have reviewed this Solicitation in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid or proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

West Virginia Behavioral Healthcare Providers Association

 (Company)



 (Authorized Signature)

Mark A. Drennan, Executive Director

 (Representative Name, Title)

304-343-0728

304-343-0760

 (Phone Number)

 (Fax Number)

4/15/2013

 (Date)

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: 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 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: WV Behavioral Healthcare Providers Association

Authorized Signature: [Signature] Date: 4/15/2012

State of West Virginia

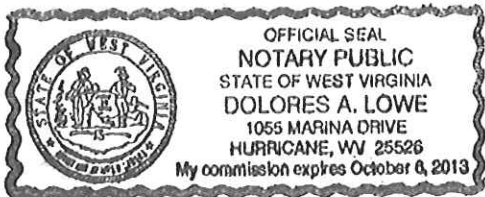
County of Kanawha, to-wit:

Taken, subscribed, and sworn to before me this 16th day of April, 2013.

My Commission expires October 6, 2013.

AFFIX SEAL HERE

NOTARY PUBLIC [Signature]



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 Resident Vendor Preference, if applicable.

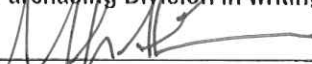
- 1. **Application is made for 2.5% resident vendor preference for the reason checked:**
 Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
 Bidder is a partnership, association or corporation 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 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who 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 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% resident 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% resident vendor preference for the reason checked:**
 Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
- 4. **Application is made for 5% resident 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% resident 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% resident 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.

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) reject the bid; 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.

Under penalty of law for false swearing (*West Virginia Code*, §61-5-3), 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: Mark A. Drennan
Date: 4/15/2013

Signed: 
Title: Executive Director

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: COR61604

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

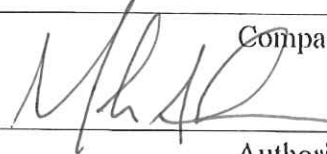
(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input checked="" type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input checked="" 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.

WV Behavioral Healthcare Providers Ass.

Company



Authorized Signature

4/16/2013

Date

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