



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

Solicitation

| |
|-----------|
| NUMBER |
| DJS130001 |

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| PAGE |
| 1 |

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

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*203115202 304-776-7606
 PSI MED INC
 PO BOX 9569
 S CHARLESTON WV 25309

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DIVISION OF JUVENILE SERVICES
 SECOND FLOOR
 1200 QUARRIER STREET
 CHARLESTON, WV
 25301 304-558-6029

| |
|--------------|
| DATE PRINTED |
| 05/30/2013 |

BID OPENING DATE: 06/27/2013 BID OPENING TIME 01:30PM

| LINE | QUANTITY | UOP | CAT. NO. | ITEM NUMBER | UNIT PRICE | AMOUNT |
|--|----------|-----|----------|-------------|------------|--------|
| 0001 | 1 | LS | | 948-76 | | |
| <p>***** PLEASE NOTE A MANDATORY PRE-BID MEETING IS SCHEDULED FOR 06/11/2013 AT 1:00 PM AT THE DIVISION OF JUVENILE SERVICES, CENTRAL OFFICE LOCATED AT 1200 QUARRIER STREET, 2ND FLOOR CHARLESTON, WV 25301. *****</p> <p>PSYCHOLOGICAL & PSYCHIATRIC MENTAL HEALTH SERVICES</p> <p>OPEN-END CONTRACT</p> <p>THE WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, WV DIVISION OF JUVENILE SERVICES, IS SOLICITING BIDS TO PROVIDE PSYCHOLOGICAL AND PSYCHIATRIC MENTAL HEALTH SERVICES FOR ALL JUVENILE FACILITIES THROUGHOUT THE STATE OF WV, PER THE ATTACHED SPECIFICATIONS.</p> <p>ATTACHMENTS INCLUDE:</p> <ol style="list-style-type: none"> 1. INSTRUCTIONS TO VENDORS SUBMITTING BIDS 2. GENERAL TERMS AND CONDITIONS 3. DJS130001 SPECIFICATIONS 4. CERTIFICATION AND SIGNATURE PAGE 5. PURCHASING AFFIDAVIT 6. RESIDENT VENDOR PREFERENCE (RVP) FORM | | | | | | |

06/27/13 11:39:18 AM
West Virginia Purchasing Division

| | | |
|-----------------------------|--------------|-----------------------------------|
| SIGNATURE | TELEPHONE | DATE |
| <i>Terry E. [Signature]</i> | 304-344-8515 | 6/26/13 |
| TITLE | FEIN | ADDRESS CHANGES TO BE NOTED ABOVE |
| President / CEO | 55-0708334 | |

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



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| PAGE |
| 1 |

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

VENDOR

RFQ COPY
 TYPE NAME/ADDRESS HERE

SHIP TO

DIVISION OF JUVENILE SERVICES
 SECOND FLOOR
 1200 QUARRIER STREET
 CHARLESTON, WV
 25301 304-558-6029

| |
|--------------|
| DATE PRINTED |
| 06/17/2013 |

BID OPENING DATE: 06/27/2013

BID OPENING TIME 1:30PM

| LINE | QUANTITY | UOP | CAT. NO. | ITEM NUMBER | UNIT PRICE | AMOUNT |
|---|----------|-----|----------|--|------------|--------|
| | | | | ADDENDUM NO. 1 | | |
| | | | | SEE ATTACHED PAGES. | | |
| | | | | END OF ADDENDUM NO. 1 | | |
| 0001 | 1 | LS | 948-76 | PSYCHOLOGICAL & PSYCHIATRIC MENTAL HEALTH SERVICES | | |
| ***** THIS IS THE END OF RFQ DJS130001 ***** TOTAL: | | | | | | |

| | | |
|---|-----------------------|-----------------------------------|
| SIGNATURE <i>Tammie E. [Signature]</i> | TELEPHONE 344-8515 | DATE 6/26/13 |
| TITLE President / CEO | FEIN 55-0708334 | ADDRESS CHANGES TO BE NOTED ABOVE |

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

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

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

10 VENDOR DEFAULT:

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

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

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

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

10.3.4 Failure to remedy deficient performance upon request.

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

10.4.1 Cancellation of the Contract.

10.4.2 Cancellation of one or more release orders issued under this Contract.

10.4.3 Any other remedies available in law or equity.

11 MISCELLANEOUS:

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

Contract Manager: Trudi Blaylock
Telephone Number: 304-344-8515
Fax Number: 304-344-8519
Email Address: TBlaylock@psimedinc.com

EXHIBIT A

PRICING PAGE - DJS130001 DIVISION OF JUVENILE SERVICES MENTAL HEALTH SERVICES

| | A | B | C | D | E |
|----------|---|---------------|--|---|--|
| | POSITION | COST PER HOUR | TOTAL PROJECTED NUMBER OF WEEKLY HOURS | PROJECTED WEEKLY \$ TOTAL (Column B X C) | ANNUAL TOTAL (Column D) X 52 WEEKS = PROJECTED ANNUAL TOTAL |
| 4.1.1.1 | Psychologist MS | \$ 22.00 | 40 | \$ 880.00 | \$ 45,760.00 |
| 4.1.1.1 | Psychologist PhD | \$ 30.00 | 40 | \$ 1,200.00 | \$ 62,400.00 |
| 4.1.1.2 | Psychiatrist Board Certified | \$ 175.00 | 10 | \$ 1,750.00 | \$ 91,000.00 |
| 4.1.1.2 | Psychiatrist Board Eligible | \$ 175.00 | 10 | \$ 1,750.00 | \$ 91,000.00 |
| 4.1.1.3 | Statewide Administrator | \$ 50.00 | 40 | \$ 2,000.00 | \$ 104,000.00 |
| 4.1.1.4 | Program Director , Sex Offender Unit | \$ 45.00 | 40 | \$ 1,800.00 | \$ 93,600.00 |
| 4.1.1.5 | Clinical Director | \$ 45.00 | 40 | \$ 1,800.00 | \$ 93,600.00 |
| 4.1.1.6 | Psychiatric Clinical Facilitator | \$ 15.00 | 24 | \$ 360.00 | \$ 18,720.00 |
| 4.1.1.7 | Psychiatric Nurse | \$ 35.00 | 40 | \$ 1,400.00 | \$ 72,800.00 |
| 4.1.1.8 | Masters Level Therapist (Licensed) | \$ 42.00 | 380 | \$ 15,960.00 | \$ 829,920.00 |
| 4.1.1.8 | Masters Level Therapist (Licensed Eligible) | \$ 37.50 | 380 | \$ 14,250.00 | \$ 741,000.00 |
| 4.1.1.9 | Psychometrician | \$ 24.00 | 60 | \$ 1,440.00 | \$ 74,880.00 |
| 4.1.1.10 | Case Aide | \$ 15.00 | 10 | \$ 150.00 | \$ 7,800.00 |
| | | | | TOTAL COST: | \$ 2,326,480.00 |

Vendor should fill out Columns B, D and E

- Vendor must fill in Column B with the hourly cost for each position. Column C has the projected number of hours for bid purposes, filled in by the Agency, (this may be more or less based on the Agency's need).
- Column B (hourly rate) multiplied by Column C (weekly projected hours) = Column D (Projected Weekly Cost)
- Column D multiplied by 52 = Column E (Projected Annual Total)

EXHIBIT A

PRICING PAGE - DJS130001 DIVISION OF JUVENILE SERVICES MENTAL HEALTH SERVICES

| | A POSITION | B COST PER HOUR | C TOTAL PROJECTED NUMBER OF WEEKLY HOURS | D PROJECTED WEEKLY \$ TOTAL (COLUMN B X C) | E ANNUAL TOTAL (COLUMN D) X 52 WEEKS = PROJECTED ANNUAL TOTAL |
|----------|---|--------------------|---|---|--|
| 4.1.1.1 | Psychologist MS | 22.00 | 40 | 880.00 | 45,760.00 |
| 4.1.1.1 | Psychologist Ph D | 30.00 | 40 | 1,200.00 | 62,400.00 |
| 4.1.1.2 | Psychiatrist Board Certified | 175.00 | 10 | 1,750.00 | 91,000.00 |
| 4.1.1.2 | Psychiatrist Board Eligible | 175.00 | 10 | 1,750.00 | 91,000.00 |
| 4.1.1.3 | Statewide Administrator | 50.00 | 40 | 2,000.00 | 104,000.00 |
| 4.1.1.4 | Program Director, Sex Offender Unit | 45.00 | 40 | 1,800.00 | 93,600.00 |
| 4.1.1.5 | Clinical Director | 45.00 | 40 | 1,800.00 | 93,600.00 |
| 4.1.1.6 | Psychiatric Clinical Facilitator | 15.00 | 24 | 360.00 | 18,720.00 |
| 4.1.1.7 | Psychiatric Nurse | 35.00 | 40 | 1,400.00 | 72,800.00 |
| 4.1.1.8 | Masters Level Therapist (Licensed) | 42.00 | 380 | 15,960.00 | 829,920.00 |
| 4.1.1.8 | Masters Level Therapist (Licensed Eligible) | 37.50 | 380 | 14,250.00 | 741,000.00 |
| 4.1.1.9 | Psychometrician | 24.00 | 60 | 1,440.00 | 74,880.00 |
| 4.1.1.10 | Case Aide | 15.00 | 10 | 150.00 | 7,800.00 |
| | | | | | |
| | | | | TOTAL COST: | 2,326,480.00 |

State of West Virginia

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, 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: PSIMED, Inc.
Date: 6/26/13

Signed: [Signature]
Title: President / CEO

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 exceed 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: PSIMED, Inc.

Authorized Signature: [Signature] Date: 6/26/13

State of West Virginia

County of Monawha, to-wit:

Taken, subscribed, and sworn to before me this 26 day of June, 2013

My Commission expires Sept. 24, 2015, 2015

AFFIX SEAL HERE

NOTARY PUBLIC [Signature]

Purchasing Affidavit (Revised 07/01/2012)



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.

PSIMED, Inc.

(Company)



(Authorized Signature)

Terrence Rusin, President / CEO

(Representative Name, Title)

304-344-8515 304-344-8519

(Phone Number)

(Fax Number)

6/26/13

(Date)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: DJS130001

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


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

Addendum Numbers Received:

(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

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

PSIMED, Inc.
 Company

 Authorized Signature
6/26/13
 Date

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