



109 Tolley Drive, Bridgeport, WV P.O. Box 4070 Clarksburg, WV 26302 Phone (304) 623-5777 Fax (304) 623-6044 Website: www.usnursingnetwork.com

02/14/2013 14:16

February 14, 2013

State of West Virginia-Dept. of Administration Purchasing Division C/O Roberta Wagner 2019 Washington Street East Charleston, WV 25305

VIA FAXCIMILE: 304-558-3970

Dear Ms. Wagner,

Please accept this response to the Solicitation #MMB13100 for U.S. Nursing Network, Inc., to provide a BID to provide temporary staffing for the Mildred Mitchell-Bateman Hospital in Huntington, West Virginia.

I look forward to the opportunity to provide nursing services to the Mildred Mitchell-Bateman Hospital on a per diem basis. Should you have questions or need additional information, please feel free to contact me at (304) 623-5777.

Sincerely,

Jennifer Arbonaise MPA, CHA, BA, LPN

President and CEO

02/14/13 01:27:48 PM West Virginia Purchasing Division



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

Solicitation

NUMBÉR MMB13100

PAGE

ADDRESS CORRESPONDENCE TO ATTENTION OF

ROBERTA WAGNER 304-558-0067

HEALTH AND HUMAN RESOURCES MILDRED MITCHELL-BATEMAN HOSPITAL 1530 NORWAY AVENUE ď

HUNTINGTON, WV

25705 304-525-7801

US Nursing Network Inc. P.O. Box 4070 Clarksburg, WV 26302

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DATE PRINTED

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HEALTH AND HUMAN RESOURCES MILDRED MITCHELL-BATEMAN HOSPITAL 1530 NORWAY AVENUE HUNTINGTON, WV 25705 304-525-7801

02/01/2013 BID OPENING DATE: OPENING TIME UOP ITEM NUMBER UNIT PRICE AMOUNT QUANTITY LINE TO PROVIDE AN OPEN END CONTRACT FOR "LOCUM TENENS" FOR PSYCHIATRIC REGISTERED NURSES (RN) OR LICENSED PRACTICAL NURSE(S) (LEN) WITH PSYCHIATRIC EXPERIENCE TO MEET THE STAFFING REQUIREMENTS OF (MINIMUM 1 YEAR) AN ADULT PSYCHIATRIC HOSPITAL, MILDRED MITCHELL-BATEMA HOSPITAL LOCATED AT 1530 NORWAY AVENUE, HUNTINGTON, WV. 964-65 HR 0002 1 OVERTIME RATE: -RN ALL INCLUSIVE FEE HR 964-65 0003 1 HOLIDAY RATE: - RN ALL INCLUSIVE FEE. HR 964-65 0004 1 - LPN ALL HOURLY RATE: INCLUSIVE FEE. TELEPHONE TITLE Jb 224 5504 ADDRESS CHANGES TO BE NOTED ABOVE RFQ COPY

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#364 P.004/011



VENDOR

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

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ROBERTA WAGNER

304-558-0067

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HEALTH AND HUMAN RESOURCES MILDRED MITCHELL-BATEMAN HOSPITAL 1530 NORWAY AVENUE HUNTINGTON, WV 25705 304-525-7801

DATE PRINTED

02/01/2013 BID OPENING DATE: OPENING TIME 02/14/2013 ITEM NUMBER UNIT PRICE AMOUNT LINE QUANTITY UOP 0005 HR 964-65 1 OVERTIME RATE: - LPN ALL INCLUSIVE FEE. 964-65 HR 0006 1 HOLIDAY RATE: LPN ALL INCLUSIVE FEE, THIS IS THE END OF REO MMB13100 TOTAL:

SIGNATURE

TELEPHONE

ADDRESS CHANGES TO BE NOTED ABOVE

02/14/2013 14:17

SOLICITATION NUMBER: MMB13100 Addendum Number: 01

The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

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]	Modify bid opening date and time						
[)	Modify specifications of product or service being sought						
[🗸	/]	Attachment of vendor questions and responses						
[]	Attachment of pre-bid sign-in sheet						
[]	Correction of error						
L.	/ I	Other						

Description of Modification to Solicitation:

- 1. To provide answers to Vendor's questions regarding the original RFQ.
- 2. To provide revised pricing page.
- 3. To provide addendum acknowledgement.

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

Terms and Conditions:

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

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ATTACHMENT A

Addendum #1

MMB13100

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QUESTIONS

Question #1:

I wanted to determine if you will be requiring the awarded vendor to roll over some/any of the current employees?

Answer #1:

No, we are not permitted by the rules of purchasing, each contract stands alone.

Question #2:

Which vendor(s) are currently providing Psychiatric-Nursing Services to Mildred Mitchell-Bateman Hospital?

Answer #2:

- Maxim Healthcare Services, LLC DBA Maxim Staffing Solutions
- 2. Capitol Medical, Inc.
- 3. Aureus Nursing, LLC

Question #3:

What is the current hourly rate charged by the vendor(s)?

Answer #3:

Capitol's Rate Maxim's Rate RN2: RN2: Hourly Rate: \$45.00/hour (all inclusive) Hourly Rate: \$42.00/hour (all inclusive) Overtime Rate: \$67.50/hour (all inclusive) Overtime Rate: \$63.00/hour (all inclusive) Holiday Rate: \$63.00/hour (all inclusive) Holiday Rate: \$67.50/hour (all inclusive) RN3: RN3: Hourly Rate: \$48.00/hour (all inclusive) Hourly Rate: \$50.00/hour (all inclusive) Overtime Rate: \$72.00/hour (all inclusive) Overtime Rate: \$75.00/hour (all inclusive) Holiday Rate: \$75.00/hour (all inclusive) Holiday Rate: \$72.00/hour (all inclusive)

LPN: LPN:

Hourly Rate: \$32.00/hour (all inclusive) Hourly Rate: \$30.00/hour (all inclusive)

Overtime Rate: \$48.00/hour (all inclusive) Overtime Rate: \$45.00/hour (all inclusive)

Holiday Rate: \$45.00/hour (all inclusive)

Addendum #1

MMB13100

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Aureus's Rates:

RN2:

Hourly Rate: \$61.00/hour (all inclusive) Overtime Rate: \$79.30/hour (all inclusive) Holiday Rate: \$79.30/hour (all inclusive)

RN3:

Hourly Rate: \$61.00/hour (all inclusive) Overtime Rate: \$79.30/hour (all inclusive) Holiday Rate: \$79.30/hour (all inclusive)

LPN:

Hourly Rate: \$46.00/hour (all inclusive) Overtime Rate: \$59.80/hour (all inclusive) Holiday Rate: \$59.80/hour (all inclusive)

Question #4:

What have been the previous year's historical hours of usage for Nursing Services?

Answer #4:

	Year 2013	
	LPN	
8,663.50	Regular Hours:	1,108.50
1,336.00	Overtime Hours:	319.00
9,999.50	Total LPN Hours:	1,427.50
# # # # # # # # # # # # # # # # # # #		8 8 8 4, 4
# # 129 E E	RN 2	a es
6,873.25	Regular Hours:	643.50
750.50	Overtime Hours:	111.75
7,623.75	Total LPN Hours:	755.25
	RN 3	
3,218.75	Regular Hours:	585.00
371.00	Overtime Hours:	127.50
3,589.75	Total LPN Hours:	712.50
	1,336.00 9,999.50 6,873.25 750.50 7,623.75 3,218.75 371.00	## LPN 8,663.50 Regular Hours: 1,336.00 Overtime Hours: 9,999.50 Total LPN Hours: ### RN 2 6,873.25 Regular Hours: 750.50 Overtime Hours: 7,623.75 Total LPN Hours: ### RN 3 3,218.75 Regular Hours: Overtime Hours: Overtime Hours: Overtime Hours:

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Question #5:

Will this contract encompass all West Virginia facilities?

Answer #5:

No, It will strictly be used by Mildred Mitchell-Bateman Hospital.

Question #6:

Pertaining to PG 23, Section 4.2.1.7

Are we not allowed to hire a previously dismissed employee from the Mildred Mitchell-Bateman Hospital into our company at all? Or is this requirement solely isolated to hiring them to work in the hospital again?

Answer#6:

You may hire them; however they cannot come back to work for any State of WV, Department of Health & Human Resources (DHHR) facility or office.

Question #7:

Pertaining to Pg. 15 Section 39 Confidentiality

Would like to request that notifications in all sections be changed from "immediately" to "promptly but no later than 72 hours" and Section 4.4.2.2 be changed to 72 hours as well.

Answer #7:

No changes as this question does not apply to the section referenced.

Question #8:

Pertaining to Pg. 21 Section 4.1.1.4

Would like to revise the following to state: "RN's" must participate in Treatment Team Meetings to provide input on individualized Treatment Plans, direct consultations, receive and give recommendations to and from other disciplines to maximize positive behavioral results.

Answer #8:

Revise Section 4.1.1.4 from:

RN(s) must participate in Treatment Team Meetings to develop individualized Treatment Plans, direct consultations, receive and give recommendations to and from other disciplines to maximize positive behavioral results.

Revise Section 4.1.1.4 to:

RN(s) must participate in Treatment Team Meetings to provide input on individualized Treatment Plans, direct consultations, receive and give recommendations to and from other disciplines to maximize positive behavioral results.

MMB13100

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REVISIONS

Revision #1:

Revise Section 4.2.1.7 from:

Successful vendor will not hire any nurse who is currently or has been an employee of WVDHHR/Mildred Mitchell-Bateman Hospital within six (6) months of nurse's release date from Mildred Mitchell-Bateman Hospital.

Successful vendor will not allow any nurse who was dismissed to return to work through the staffing agency at Mildred Mitchell-Bateman Hospital.

Successful vendor will be responsible for a replacement fee of \$50,000 for being in violation of attempting to recruits or hire current or former employees of Mildred Mitchell-Bateman Hospital.

Revise Section 4.2.1.7 to:

The hospital will not allow any previous employee who was dismissed for disciplinary or performance reasons by any DHHR Facility or Office to return and work through the staffing vendor.

Revision #2:

To provide revised Pricing Page

Revision #3:

To provide Addendum Acknowledgement. This document should be signed and returned with your bid. Failure to sign and return with your bid may result in disqualification of your bid.

REQUEST FOR QUOTATION MMB13100 Locum Tenens Nurses

Pricing Page

3046236044

	Estimated			
Item#	# of Hours	Level of Psychiatric Nursing	Unit Cost	Total Cost
#1		Registered Nurse (RN)	\$	\$
	20,000	A. Regular Hours	\$ 4500	\$ 900,000
	3,000	B. Overtime Hours	\$ 6750	\$ 202500
	104	C. Holiday Hours	\$ 107.50	\$ 7020
#2		Licensed Practical Nurse (LPN)	\$	\$
	20,000	A. Regular Hours	s 3550	\$ 7/0,000
	3,000	B. Overtime Hours	\$ 63.25	\$ 159.750
	104	C. Holiday Hours	\$ 53.25	\$ 5 538
		GRAND TOTAL OF "A"		\$
		GRAND TOTAL OF "B"		\$ 1.109.520
		GRAND TOTAL OF "C"		\$ 875,288
		GRAND TOTAL		\$ 1,984,808
#3		Pennanent Placement Fee:*	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
		Registered Nurse	\$ 12.500	
		Licensed Practical Nurse	\$ 8,000	
		*One time placement fee for each	permanently placed of	employee by the vendor.

Rates are all inclusive

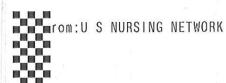
This is a progressive award contract and the award will be made from the lowest to the highest Grand Total for "RN's" and "LPN's" meeting the required mandatory specifications. Lowest will be vendor "A", second lowest will be "B" and so on.

Use of this contract will work the same. Agency must contact the lowest bid first and if they cannot provide the agency needs within the time frame allowed in the attached specifications, Agency will then contact the next lowest bidder and so on, until one of the vendors awarded the contract, can cover the immediate needs.

The number of hours is only an estimation to be used for bid, we may require more or less hours than stated above.

Please Print Information E		,
Company Name:	M.S. Nur	sing Network, Inc.
Sales Representative:	Tennifer	Arbonuse President
Vendor Address:	PO BOX 40	70
	Clarksbu	9 WN 2.6302
		U
Vendor Phone:	304-623577	7 Fax: 304-623 4/172
Email Address:	Jennifice USI	nursingnetwork, com
Remit to Address:		J
Janh.	Allen	Da /14/13
Sign	nature	/ Date

02/14/2013 14:18



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ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: MMB13100

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.

Adde	ndu	m ľ	Numbers Received:				
(Chec	k th	e bo	ox next to each addendum	eceived	1)		
	['	1	Addendum No. 1	1]	Addendum No. 6	
]]	Addendum No. 2	[]	Addendum No. 7	
]]	Addendum No. 3	Į.]	Addendum No. 8	
	[]	Addendum No. 4	ſ.]	Addendum No. 9	02/14/13 01:28:49 PM West Virginia Purchasing Division
	[]	Addendum No. 5	Į]	Addendum No. 10	
furthe discus	r un	ders hel	stand that any verbal repres ld between Vendor's repre	entatio sentativ	n m	ade or assumed to bo and any state personr	e for rejection of this bid. I e made during any oral nel is not binding. Only the cial addendum is binding.
			l.			Jemson (ing Nefwerk Incompany Wyonause horized Signature
II -						02/ Date	14/13

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