

Supplemental  Health CareSM
WORKFORCE SOLUTIONS

Roberta A. Wagner
State of West Virginia
Department of Administration, Purchasing Division
2019 Washington Street, East
Charleston, WV 25305

August 13, 2013

Dear Roberta A. Wagner:

Supplemental Health Care respectfully submits the following in response to RFQ Number BHS14022, Direct Care Staffing Services.

Supplemental Health Care has been in continuous operation for over twenty-nine (29) years providing professional healthcare staffing services. Originating in 1984 within the travel nursing segment, we have expanded our support services over the years to include the placement of thousands of nursing, therapy and imaging, physician and nurse practitioners each day through our extensive 60-branch local office network consisting of both Local Nursing and Local Allied, and four fully-integrated national divisions: Travel Nursing, Travel Allied, Supplemental Physicians and Advanced Practice. Currently, our services are offered to a client base of Acute Care, Ambulatory Surgery Center, Clinics, Corrections, Government, Home Health, Hospice, Rehabilitation Facilities, Schools, Skilled Nursing and VA facilities.

Our workforce solutions – including Managed Services Provider (MSP) program, Contingent Staffing, Direct Hire, Recruitment Process Outsourcing (RPO) and Per Diem Pool Management – help clients optimize their internal workforce to reduce costs, improve coverage and provide quality patient care. We provide customized client-specific recruiting plans and talent retention strategies to ensure a sufficient supply of qualified healthcare professionals focused on improving your workforce productivity and helping to ensure positive clinical outcomes.

The foundation for our success begins with our distinct set of core values of Integrity, Candor, Accountability, Respect and Excellence that forms the acronym I. C.A.R.E. To Supplemental Health Care employees, these are not just words, but rather guiding principles on how we run our business every day. Furthermore, Supplemental Health Care is a company-wide Joint Commission certified organization, and has established a set of operational standards by which to operate. These values and standards, combined with a Six-Sigma driven commitment to process standardization and operational discipline, has enabled us to rank as one of the largest healthcare staffing firms in the U.S. according to recent Staffing Industry Analysts.


Through the combination of our company-wide values, proven track record and customized staffing solutions, we hope we have highlighted our ability to support your needs while clearly demonstrating our desire to work with the West Virginia Department of Administration. We appreciate your consideration and would welcome the chance to answer any remaining questions you might have. In addition, should you have any questions or need to seek additional information regarding our submittal, please feel free to contact Garrett Jensen at:

A: 2005 Sheridan Drive, Buffalo, NY 14223 P: 716.873.5111

E: NationalRFPs@supplementalhealthcare.com

Thank you for this opportunity and we look forward to hearing from you soon.

Sincerely,


Mike Dunagan
Chief Marketing Officer
Supplemental Health Care

www.supplementalhealthcare.com
www.supplementalhealthcare.com/blog

08/12/13 09:18:10 AM
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

NUMBER
BHS14022

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
ROBERTA WAGNER 304-558-0067

VENDOR

RFQ COPY
 TYPE NAME/ADDRESS HERE
 SHC Services, Inc. dba Supplemental Health Care
 2005 Sheridan Drive
 Buffalo, NY 14223

SHIP TO

HEALTH AND HUMAN RESOURCES
 VARIOUS LOCALES AS
 INDICATED BY ORDER

DATE PRINTED

07/10/2013

BID OPENING DATE: 08/13/2013

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	20,000	HR		964-65	\$52.00	\$1,040,000.00
				1A. REGISTERED NURSE (RN) LOCUM-TENENS,	REGULAR HRS.	
0002	3,000	HR		964-65	\$52.00	\$156,000.00
				1B. REGISTERED NURSE (RN) LOCUM-TENENS,	OVERTIME HRS.	
0003	104	HR		964-65	\$52.00	\$5,408.00
				1C. REGISTERED NURSE (RN) LOCUM-TENENS,	HOLIDAY HRS.	
0004	20,000	HR		964-65	\$38.00	\$760,000.00
				2A. LICENSED PRACTICAL NURSE (LPN) LOCUM-TENENS,		
				REGULAR HOURS.		
0005	3,000	HR		964-65	\$38.00	\$114,000.00
				2B. LICENSED PRACTICAL NURSE (LPN) LOCUM-TENENS,		
				OVERTIME HOURS.		

SIGNATURE

[Handwritten Signature]

TELEPHONE

716.873.5111

DATE

8/9/13

TITLE

Chief Marketing Officer

FEIN

16-1216796

ADDRESS CHANGES TO BE NOTED ABOVE

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



State of West Virginia
 Department of Administration
 Purchasing Division
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LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0006	104	HR		964-65	\$38.00	\$3,952.00
				2C. LICENSED PRACTICAL NURSE (LPN) LOCUM-TENENS, HOLIDAY HOURS.		
0007	20,000	HR		948-55	\$20.00	\$400,000.00
				3A. CERTIFIED NURSING ASSISTANT (CNA) LOCUM-TENENS, REGULAR HOURS.		
0008	3,000	HR		948-55	\$20.00	\$60,000.00
				3B. CERTIFIED NURSING ASSISTANT (CNA) LOCUM-TENENS, OVERTIME HOURS.		
0009	104	HR		948-55	\$20.00	\$2,080.00
				3C. CERTIFIED NURSING ASSISTANT (CNA) LOCUM-TENENS, HOLIDAY HOURS.		

SIGNATURE 	TELEPHONE 716.873.5111	DATE 8/9/13
TITLE Chief Marketing Officer	FEIN 16-1216796	ADDRESS CHANGES TO BE NOTED ABOVE

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LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0010	20,000	HR		948-55	\$17.00	\$340,000.00
	4A. HEALTH SERVICES WORKER (HSW) LOCUM-TENENS, REGULAR HOURS.					
0011	3,000	HR		948-55	\$17.00	\$51,000.00
	4B. HEALTH SERVICES WORKER (HSW) LOCUM-TENENS, OVERTIME HOURS.					
0012	104	HR		948-55	\$17.00	\$1,768.00
	4C. HEALTH SERVICES WORKER (HSW) LOCUM-TENENS, HOLIDAY HOURS.					
0013	1	EA		964-65	\$8,000.00	\$8,000.00
	5. REGISTERED NURSE - PERMANENT PLACEMENT FEE					

SIGNATURE <i>Mike Deng</i>	TELEPHONE 716.873.5111	DATE 8/9/13
TITLE Chief Marketing Officer	FEIN 16-1216796	ADDRESS CHANGES TO BE NOTED ABOVE

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



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ADDRESS CORRESPONDENCE TO ATTENTION OF:
ROBERTA WAGNER 804-558-0067

VENDOR

RFQ COPY
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 2005 Sheridan Drive
 Buffalo, NY 14223

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DATE PRINTED
07/10/2013

BID OPENING DATE: 08/13/2013 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0014	1	EA		964-65	\$5,000.00	\$5,000.00
5. LICENSED PRACTICAL NURSE - PERMANENT PLACEMENT FEE. (THIS IS A ONE TIME PLACEMENT FEE FOR EACH PERMANENTLY PLACED RN OR LPN PLACED BY THE VENDOR.) THIS WILL BE A PROGRESSIVE AWARD CONTRACT. AWARD WILL BE MADE FROM THE LOWEST TO THE HIGHEST GRAND TOTAL FOR RN'S, LPN'S, CNA'S, AND HSW'S MEETING SPECIFICATION.						
***** THIS IS THE END OF RFQ BHS14022 ***** TOTAL:						\$2,934,208.00

SIGNATURE <i>Steve D...</i>	TELEPHONE 716.873.5111	DATE 8/9/13
TITLE Chief Marketing Officer	FEIN 16-1216796	ADDRESS CHANGES TO BE NOTED ABOVE

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

11. VENDOR DEFAULT:

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

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

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

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

11.1.4. Failure to remedy deficient performance upon request

11.2. The following remedies shall be available to the Agency upon default.

11.2.1. Cancellation of the Contract.

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

11.2.3. Any other remedies available in law or equity.

12. MISCELLANEOUS:

12.1. **Contract Manager:** During the 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: Kathryn Patchel

Telephone Number: 716.873.5111

Fax Number: 716.541.9111

Email Address: NationalRFPs@supplementalhealthcare.com

BHS14022 Pricing Page

Item #	Level of Psychiatric Nursing	Estimated # of Hours	Unit Price	Extended Price
#1	Registered Nurse (RN)			
	A. Regular Hours	20,000	\$ 52.00	\$ 1,040,000.00
	B. Overtime Hours	3,000	\$ 52.00	\$ 156,000.00
	C. Holiday Hours	104	\$ 52.00	\$ 5,408.00
#2	Licensed Practical Nurse (LPN)			
	A. Regular Hours	20,000	\$ 38.00	\$ 760,000.00
	B. Overtime Hours	3,000	\$ 38.00	\$ 114,000.00
	C. Holiday Hours	104	\$ 38.00	\$ 3,952.00
#3	Certified Nursing Assistant (CNA)			
	A. Regular Hours	20,000	\$ 20.00	\$ 400,000.00
	B. Overtime Hours	3,000	\$ 20.00	\$ 60,000.00
	C. Holiday Hours	104	\$ 20.00	\$ 2,080.00
#4	Health Services Worker (HSW)			
	A. Regular hours	20,000	\$ 17.00	\$ 340,000.00
	B. Overtime Hours	3,000	\$ 17.00	\$ 51,000.00
	C. Holiday Hours	104	\$ 17.00	\$ 1,768.00
GRAND TOTAL				\$ 2,934,208.00
#5	Permanent Placement Fee:*			
	Registered Nurse		\$ 8,000.00	\$ 8,000.00
	Licensed Practical Nurse		\$ 5,000.00	\$ 5,000.00

*One time placement fee for each permanently placed employee by the vendor.
 NOTE: This one time placement fee is not included in the evaluation for award.
 Rates are all inclusive

This is a progressive award contract and the award will be made to the Vendors with the lowest GRAND TOTAL to the highest GRAND TOTAL (respectively) meeting the required mandatory specifications. EXAMPLE: Lowest will be Vendor "A", second lowest will be Vendor "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 Below.

Company Name: SHC Services, Inc. dba Supplemental Health Care
 Sales Representative: Garett Jensen
 Vendor Address: 2005 Sheridan Drive, Buffalo, NY 14223

 Vendor Phone: 716.873.5111
 Email Address: NationalRFPs@supplementalhealthcare.com
 Remit to Address: 2005 Sheridan Drive, Buffalo, NY 14223


 SIGNATURE

August 9, 2013
 DATE

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** 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: SHC Services, Inc. dba Supplemental Health Care Signed: 

Date: August 9, 2013 Title: Chief Marketing Officer

RFQ No. BHS14022

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: SHC Services, Inc. dba Supplemental Health Care

Authorized Signature: *[Signature]* Date: August 9, 2013

State of Georgia

County of Fulton, to-wit:

Taken, subscribed, and sworn to before me this 9 day of August, 2013

My Commission expires July 10, 2015, 2015.

AFFIX SEAL HERE



NOTARY PUBLIC

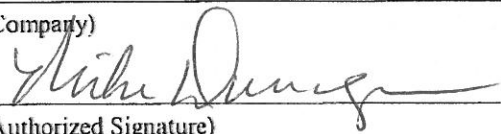
[Signature]

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.

SHC Services, Inc. dba Supplemental Health Care

(Company)



(Authorized Signature)

Mike Dunagan, Chief Marketing Officer

(Representative Name, Title)

716.873.5111

(Phone Number)

716.541.9111

(Fax Number)

August 9, 2013

(Date)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BHS14022

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.

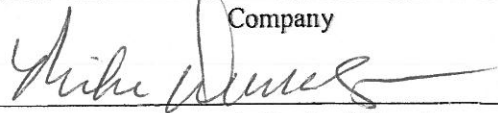
Addendum Numbers Received:
(Check the box next to each addendum received)

- | | |
|----------------------------------------------------|------------------------------------------|
| <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 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.

SHC Services, Inc. dba Supplemental Health Care

Company



Authorized Signature

August 9, 2013

Date

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



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 Department of Administration
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ROBERTA WAGNER 304-558-0067

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SHC Services, Inc. dba Supplemental Health Care
 2005 Sheridan Drive
 Buffalo, NY 142223

VENDOR

HEALTH AND HUMAN RESOURCES
 VARIOUS LOCALES AS
 INDICATED BY ORDER

SHIP TO

DATE PRINTED
07/26/2013

BID OPENING DATE: 08/13/2013 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 1		
				1) TO ANSWER QUESTIONS SUBMITTED.		
				2) TO PROVIDE ADDENDUM ACKNOWLEDGEMENT. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.		
				END OF ADDENDUM NO. 1		
0001	20,000	HR	964-65	1A. REGISTERED NURSE (RN) LOCUM-TENENS, REGULAR HRS.		
0002	3,000	HR	964-65	1B. REGISTERED NURSE (RN) LOCUM-TENENS, OVERTIME HRS.		
0003	104	HR	964-65	1C. REGISTERED NURSE (RN) LOCUM-TENENS, HOLIDAY HRS.		

SIGNATURE <i>Stika Duncanson</i>	TELEPHONE 716.873.5111	DATE 8/9/13
TITLE Chief Marketing Officer	FEIN 16-1216796	ADDRESS CHANGES TO BE NOTED ABOVE

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