



The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at wvOASIS.gov. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at WVPurchasing.gov with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

Header 15

[List View](#)**General Information**

Contact

Default Values

Discount

Document Information

Procurement Folder: 543518

Procurement Type: Central Master Agreement

Vendor ID: VS0000019789

Legal Name: Access Therapies, Inc

Alias/DBA: Access Therapies, Inc

Total Bid: \$626,000.00

Response Date: 08/12/2019

Response Time: 10:55

SO Doc Code: CRFQ

SO Dept: 0613

SO Doc ID: VNF1900000002

Published Date: 8/8/19

Close Date: 8/12/19

Close Time: 13:30

Status: Closed

Solicitation Description: Addendum 2-Skilled Rehabilitation Therapy Services for WVVNF

Total of Header Attachments: 15

Total of All Attachments: 15



Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

**State of West Virginia
 Solicitation Response**

Proc Folder : 543518

Solicitation Description : Addendum 2-Skilled Rehabilitation Therapy Services for WVVNF

Proc Type : Central Master Agreement

Date issued	Solicitation Closes	Solicitation Response	Version
	2019-08-12 13:30:00	SR 0613 ESR08091900000000792	1

VENDOR
VS0000019789 Access Therapies, Inc Access Therapies, Inc

Solicitation Number: CRFQ 0613 VNF1900000002

Total Bid : \$626,000.00 **Response Date:** 2019-08-12 **Response Time:** 10:55:42

Comments:

FOR INFORMATION CONTACT THE BUYER
 Stephanie L Gale
 (304) 558-8801
 stephanie.l.gale@wv.gov

Signature on File	FEIN #	DATE
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All offers subject to all terms and conditions contained in this solicitation

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Occupational Therapist Services	5000.00000	HOUR	\$60.000000	\$300,000.00

Comm Code	Manufacturer	Specification	Model #
85122102			

Extended Description : Occupational Therapy for residents of WVNF, Please provide Hourly rate for a Licensed Occupational Therapist

Comments: Per hour rate

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Occupational Therapist Assistant	800.00000	HOUR	\$70.000000	\$56,000.00

Comm Code	Manufacturer	Specification	Model #
85122102			

Extended Description : Speech Therapy for residents of WVNF, Please provide hourly rate for a Licensed Speech-Language Pathologist

Comments: Per hour rate

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	Physical Therapist Services	1500.00000	HOUR	\$60.000000	\$90,000.00

Comm Code	Manufacturer	Specification	Model #
85122101			

Extended Description : Physical Therapy for residents of WVNF, please provide hourly rate for a Licensed Physical Therapist.

Comments: Per hour rate

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	Physical Therapist Assistant	3200.00000	HOUR	\$50.000000	\$160,000.00

Comm Code	Manufacturer	Specification	Model #
85122101			

Extended Description : Occupational Therapist Assistant for residents of WV/NF, please provide hourly rate for a Licensed Occupational Therapy Assistant

Comments: Per hour rate

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	Speech-Language Pathologist	400.00000	HOUR	\$50.000000	\$20,000.00

Comm Code	Manufacturer	Specification	Model #
85122108			

Extended Description : Physical Therapy Assistant for residents of WV/NF, please provide hourly rate for a Licensed Physical Therapy Assistant

Comments: Per hour rate



Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

State of West Virginia
 Request for Quotation
 33 — Service - Misc

Proc Folder: 543518

Doc Description: Addendum 1-Skilled Rehabilitation Therapy Services for WV/NF

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2019-08-02	2019-08-12 13:30:00	CRFQ 0613 VNF1900000002	2

BID RECEIVING LOCATION

BID CLERK
 DEPARTMENT OF ADMINISTRATION
 PURCHASING DIVISION
 2019 WASHINGTON ST E
 CHARLESTON WV 25305
 US

VENDOR

Vendor Name, Address and Telephone Number:
 Access Therapies, Inc
 7345 Woodland Dr, Suite B, Indianapolis, IN – 46278
 317-300-7419

FOR INFORMATION CONTACT THE BUYER

Stephanie L Gale
 (304) 558-8801
 stephanie.l.gale@wv.gov

Signature X *Harvinder Dhani* FEIN # 30-0245072 DATE 08-08-2019

All offers subject to all terms and conditions contained in this solicitation

ADDITIONAL INFORMATION:

**** Addendum No. 01 is being issued to extend the bid opening for one week to allow the agency time to address all technical questions received. New bid opening date is: 8/12/2019.

No other changes.

INVOICE TO		SHIP TO	
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY		VETERAN'S NURSING FACILITY 1 FREEDOMS WAY	
CLARKSBURG	WV26301	CLARKSBURG	WV 26301
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Occupational Therapist Services	5000.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
85122102			

Extended Description :

Occupational Therapy for residents of WVNF, Please provide Hourly rate for a Licensed Occupational Therapist

INVOICE TO		SHIP TO	
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY		VETERAN'S NURSING FACILITY 1 FREEDOMS WAY	
CLARKSBURG	WV26301	CLARKSBURG	WV 26301
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Occupational Therapist Assistant	800.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
85122102			

Extended Description :

Speech Therapy for residents of WVNF, Please provide hourly rate for a Licensed Speech-Language Pathologist

INVOICE TO		SHIP TO	
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY		VETERAN'S NURSING FACILITY 1 FREEDOMS WAY	
CLARKSBURG	WV26301	CLARKSBURG	WV 26301
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Physical Therapist Services	1500.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
85122101			

Extended Description :

Physical Therapy for residents of WVVNF, please provide hourly rate for a Licensed Physical Therapist.

INVOICE TO		SHIP TO	
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY		VETERAN'S NURSING FACILITY 1 FREEDOMS WAY	
CLARKSBURG	WV26301	CLARKSBURG	WV 26301
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
5	Physical Therapist Assistant	3200.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
85122101			

Extended Description :

Occupational Therapist Assistant for residents of WVVNF, please provide hourly rate for a Licensed Occupational Therapy Assistant

INVOICE TO		SHIP TO	
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY		VETERAN'S NURSING FACILITY 1 FREEDOMS WAY	
CLARKSBURG	WV26301	CLARKSBURG	WV 26301
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
6	Speech-Language Pathologist	400.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
85122108			

Extended Description :

Physical Therapy Assistant for residents of WVNF, please provide hourly rate for a Licensed Physical Therapy Assistant

VNF190000002	Document Phase Final	Document Description Addendum 1-Skilled Rehabilitation Therapy Services for WVVNF	Page 5 of 5
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ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/13/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McGowan Insurance Group, Inc. 355 Indiana Avenue Suite 200 Indianapolis IN 46204	CONTACT NAME: Kyle Hoffman PHONE (A/C, No, Ext): (317) 464-5000 E-MAIL ADDRESS: kyleh@mcgowaninc.com	FAX (A/C, No): (317) 464-5001
	INSURER(S) AFFORDING COVERAGE	
INSURED Access Therapies, Inc 7345 Woodland Drive Suite E Indianapolis IN 46278	INSURER A: Continental Casualty Company	NAIC # 20443
	INSURER B: Cincinnati Insurance Company	10677
	INSURER C: Hartford Insurance	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 18/19/20-ACC THERAPIES **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			6050462291	11/15/2018	11/15/2019	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input checked="" type="checkbox"/> Professional Liability						MED EXP (Any one person)	\$ 10,000
	<input checked="" type="checkbox"/> Sexual/Physical Abuse						PERSONAL & ADV INJURY	\$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE	\$ 5,000,000
							PRODUCTS - COMP/OP AGG	\$ 5,000,000
							Stop Gap	\$ 500,000
B	AUTOMOBILE LIABILITY			ENP0229257	01/28/2019	01/28/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> AUTOS ONLY						Uninsured motorist	\$ 1,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			ENP0229257	01/28/2019	01/28/2020	EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			36WEBN8509	12/31/2018	12/31/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Crime-Employee Dishonesty			6050462291	11/15/2018	11/15/2019	Limit	\$1,000,000
	Loss of Client Property						Limit	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The following apply when required by written contract: General Liability Additional Insured per CNA71818XX (01-2016) on a Primary and Non-contributory basis per CNA71818XX (01-2016), Waiver of Subrogation per CNA71861XXC(01-2016); Automobile Liability Additional Insured per AA265 (01/2016) on a Primary and Non-Contributory basis per AA265 (01/2016) and Waiver of Subrogation per AA265 (01/2016); Workers Compensation/Employers Liability Waiver of Subrogation per form WC00 03 13. Umbrella policy is excess over policies on the underlying schedule, including but not limited to General Liability, Auto Liability and Employers Liability.

CERTIFICATE HOLDER**CANCELLATION**

*FOR INFORMATION PURPOSES ONLY

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

State of West Virginia
 Request for Quotation
 33 — Service - Misc

Proc Folder: 543518

Doc Description: Skilled Rehabilitation Therapy Services for WVVNF

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2019-07-22	2019-08-05 13:30:00	CRFQ 0613 VNF1900000002	1

BID RECEIVING LOCATION

BID CLERK
 DEPARTMENT OF ADMINISTRATION
 PURCHASING DIVISION
 2019 WASHINGTON ST E
 CHARLESTON WV 25305
 US

VENDOR

Vendor Name, Address and Telephone Number:

Access Therapies, Inc
 7345 Woodland Dr, Suite B, Indianapolis, IN – 46278
 317- 300-7419

FOR INFORMATION CONTACT THE BUYER

Stephanie L Gale
 (304) 558-8801
 stephanie.l.gale@wv.gov

Signature X *Harvinder Dhani* FEIN # 30-0245072 DATE 08-08-2019

All offers subject to all terms and conditions contained in this solicitation

ADDITIONAL INFORMATION:

The West Virginia Veterans Nursing Facility (WVNF or Agency or Facility) is soliciting bids to establish a contract for Skilled Rehabilitation Therapy Service six (6) days a week.

INVOICE TO		SHIP TO	
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY		VETERAN'S NURSING FACILITY 1 FREEDOMS WAY	
CLARKSBURG	WV26301	CLARKSBURG	WV 26301
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Occupational Therapist Services	5000.00000	HOURL		

Comm Code	Manufacturer	Specification	Model #
85122102			

Extended Description :

Occupational Therapy for residents of WVNF, Please provide Hourly rate for a Licensed Occupational Therapist

INVOICE TO		SHIP TO	
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY		VETERAN'S NURSING FACILITY 1 FREEDOMS WAY	
CLARKSBURG	WV26301	CLARKSBURG	WV 26301
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Occupational Therapist Assistant	800.00000	HOURL		

Comm Code	Manufacturer	Specification	Model #
85122102			

Extended Description :

Speech Therapy for residents of WVNF, Please provide hourly rate for a Licensed Speech-Language Pathologist

INVOICE TO		SHIP TO	
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY		VETERAN'S NURSING FACILITY 1 FREEDOMS WAY	
CLARKSBURG	WV26301	CLARKSBURG	WV 26301
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Physical Therapist Services	1500.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
85122101			

Extended Description :

Physical Therapy for residents of WVNF, please provide hourly rate for a Licensed Physical Therapist.

INVOICE TO		SHIP TO	
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY		VETERAN'S NURSING FACILITY 1 FREEDOMS WAY	
CLARKSBURG	WV26301	CLARKSBURG	WV 26301
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
5	Physical Therapist Assistant	3200.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
85122101			

Extended Description :

Occupational Therapist Assistant for residents of WVNF, please provide hourly rate for a Licensed Occupational Therapy Assistant

INVOICE TO		SHIP TO	
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY		VETERAN'S NURSING FACILITY 1 FREEDOMS WAY	
CLARKSBURG	WV26301	CLARKSBURG	WV 26301
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
6	Speech-Language Pathologist	400.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
85122108			

Extended Description :

Physical Therapy Assistant for residents of WVNF, please provide hourly rate for a Licensed Physical Therapy Assistant

VNF190000002	Document Phase Final	Document Description Skilled Rehabilitation Therapy Services for WVNF	Page 4 of 4
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ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

CONSTRUCTION CONTRACTS: Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

ALL CONTRACTS: 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: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, 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: Access Therapies, Inc

Authorized Signature: [Signature] Date: 08-08-2019

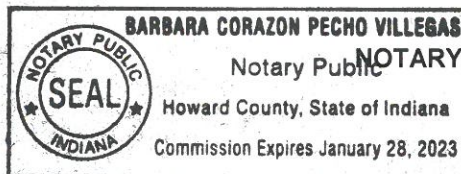
State of Indiana

County of Marion, to-wit:

Taken, subscribed, and sworn to before me this 08 day of August, 2019.

My Commission expires JAN. 28, 2023, 20 .

AFFIX SEAL HERE



NOTARY PUBLIC [Signature]



BUSINESS PROPOSAL

anmol@accesstherapies.com

www.AccessTherapies.com

317-300-7419



COMPANY OVERVIEW

Our Minority owned and certified company was founded in October 2004 with a primary focus on fulfilling staffing needs to various types of facilities and rehab centers.

We have received a response of satisfaction from our clients all across the nation. Our team of professionals has motivated us as a company to grow faster to better accommodate. Access Therapies consists of more than 200 therapist and Nurses.

Along with Private Healthcare Facilities (Hospitals, SNFs, Outpatient, Home Care and Correctional Facilities) Access Therapies is also fulfilling staffing needs for State Government and Federal Government Facilities

In order to fulfill staffing requirements all across the nation, Access Therapies primarily focuses on these types of assignments:

- Travel assignments
- Permanent placement
- Temporary to Permanent

At Access Therapies, our management & staffing department is comprised of highly qualified, experienced individuals who must meet stringent guidelines for licensed practice nationwide. Our staffing team primarily focuses on the placement of the disciplines:

- Physical Therapist
- Occupational Therapist
- Physical Therapist Assistant
- Occupational Therapist Assistant
- Speech Language Pathologist
- Registered Nurse
- Nurse Practitioner
- Licensed Practical Nurse



Why should you use Access?

- Our Company is over 200 Therapists and Nurses strong.
- We will help ensure that you never have to worry about being short staffed due to our ability to fill any staffing needs instantly. We make sure that our client's needs are fulfilled in as little as 24-72 hours.
- We offer Professional Liability Insurance.
- We guarantee personalized, fast and prompt services.





OUR CORPORATE SUPPORT TEAM

Eugene Garcia, Vice President of Marketing

- 15 Years of Health Care Marketing
- 13 Years of Clinical Therapy Management

Happy Dhani, Vice President and COO

- 21 Years of Experience in Staffing and Healthcare Management
- 4 Years of Public Accounting

Manuel Garcia, Vice President of Recruitment

- 15 Years of Experience in Staffing and International Recruitment
- 29 Years of Customer Service and Management

Ramon Villegas, Director of HR and Staffing

- 9 Years of Healthcare Staffing and Human Resources Management
- 19 Years of Public Relations and Customer Service



COMMITMENTS & QUALITY ASSURANCE

Access Therapies Managers do regular evaluations on all employees to maintain consistent quality of care.

Come the end of the year Access Therapies will have over 230 Therapists and Nurses.

All Therapists are TJC & HIPPA compliant.

When necessary, credentials will be sent for periodic inspections assuring 100% compliance.



SCREENING PROCESS

Since the start, Access Therapies has developed a highly effective recruiting practice and is very successful in the recruiting and maintaining of Therapists and Nurses.

Our employees have an average of 5 years or more of well-rounded experience and are often placed in a facility on long term contracts. More often than not they are extended beyond a year or more due to the high level of client satisfaction.

Each employee must meet stringent guidelines for employment that usually exceed state and client requirements.

Screening Procedures

All Access Therapies health care staff must meet the following requirements:

License Verification: The employee's license/certification is verified, copied and kept on file in the local office.

Certification: A current C.P.R. card and a picture I.D. are copied and kept on file in the local office, as well as, any other certifications as required by our client facility.

Skills Inventory: A complete a comprehensive discipline related skills inventory that is kept on file and updated yearly.

Drug-Free Work Place: All employees sign a drug free work place policy and are randomly drug tested by state guidelines or client contract.

Criminal Background Investigation: All employees sign a Criminal Background Investigation Policy and are checked by state guidelines and/or client contract.

Mandatory In-services: A yearly review of Fire & Safety, Infection Control, Hazardous Wastes, HIPPA, and OSHA standards are required of all Access Therapies team members.

Interviewing: All applicants are interviewed by the Therapy Director/Manager. During the interview emphasis is placed upon work history, clinical expertise and a review of the exam. At this time, information and performance requirements are given to the applicant regarding



Access Therapies' policies and procedures, as well as, the policies and procedures of the institutions which we serve.

References: At least two references verifying work experience in clinical areas are required. No ACCESS employee will be placed without references. Telephone references, whenever available, are documented.

Health/TB Test: A Physician's statement is required verifying that the applicant has had a satisfactory medical examination including TB/chest X-ray within the past year. Other specific health requirements are handled on an individual basis, as directed by client or state health guidelines.

Hepatitis B: Each employee must have the Hepatitis B vaccination and boosters or have a signed declination.

Placement and Orientation: Assignment of an employee is made by our Therapy Director/Manager in conjunction with the Staffing Coordinators based on the skill and expertise of the individual and the needs of the institution. Emphasis is placed on continuity of service whenever possible. Orientation policies and procedures of the utilizing institutions are adhered to by Access Therapies team members. We provide the client with facility specific orientation.

Evaluation: Evaluations of Access Therapies' employees are done in the first two weeks and annually. All evaluations are completed by the Therapy Director/Quality Officer in consultation with the supervisory staff of the client/facility. This evaluation includes TJC age related criteria.

Employee Files: A complete and current file is kept on all employees including: application, license, certifications, test results, references, Physician's statement, medical history and any continuing education courses completed. An employee's file also contains appropriate documentation relative to the individual's identity and work authorization as required by USCIS policy.

Continuing Education: All Access Therapies employees are encouraged to participate in on-going educational courses. Tuition assistance is provided. We work with clients to provide on-going orientation.

Personal Interview: A personal interview is conducted by the Therapy Branch Manager.



STAFFING INTERFACING

Access Therapies routinely communicates clear expectations to every employee of the company. We also develop measurable objectives and the tools to determine if the employees are meeting the expectations.

The two ways we measure performance are data and observation.

The tools we implement are measurable reports when available and when not available Supervisors and Managers observe the work and employee behavior.

We use three evaluation forms to provide employees with routine feedback and develop a work plan for continuous improvement.

The three forms we use are: Performance Improvement Form, Disciplinary Action Form, and Performance Appraisal Form



SOME OF OUR CLIENTS

American Senior Communities

American Mobile Network

Supplemental Healthcare

Vizient Inc.

Select Medical

Focus 1 Solutions

Health Trust

Indiana Fitness Works

Healthcare Therapy Services

Bedford Correctional Facility – NY

AHSA

Indiana University Health

St. Vincent Health

Fayette Regional Hospital

Star Rehab Services

Rehab Care

Indiana Veteran Home

And Many More.....



State & Federal Facilities Served

NORTHERN NAVAJO MEDICAL CENTER – VA AFFAIRS

FOUR CORNERS REGIONAL HEALTH CENTER – VA AFFAIRS

ROSEBUD HOSPITAL – VA AFFAIRS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/13/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McGowan Insurance Group, Inc. 355 Indiana Avenue Suite 200 Indianapolis IN 46204	CONTACT NAME: Kyle Hoffman PHONE (A/C, No, Ext): (317) 464-5000 E-MAIL ADDRESS: kyleh@mcgowaninc.com	FAX (A/C, No): (317) 464-5001	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Access Therapies, Inc 7345 Woodland Drive Suite E Indianapolis IN 46278	INSURER A: Continental Casualty Company		20443
	INSURER B: Cincinnati Insurance Company		10677
	INSURER C: Hartford Insurance		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 18/19/20-ACC THERAPIES **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			6050462291	11/15/2018	11/15/2019	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input checked="" type="checkbox"/> Professional Liability						MED EXP (Any one person)	\$ 10,000
	<input checked="" type="checkbox"/> Sexual/Physical Abuse						PERSONAL & ADV INJURY	\$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE	\$ 5,000,000
						PRODUCTS - COMP/OP AGG	\$ 5,000,000	
						Stop Gap	\$ 500,000	
B	AUTOMOBILE LIABILITY			ENP0229257	01/28/2019	01/28/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY		<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY		<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> AUTOS ONLY						Uninsured motorist	\$ 1,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			ENP0229257	01/28/2019	01/28/2020	EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			36WEBN8509	12/31/2018	12/31/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Crime-Employee Dishonesty			6050462291	11/15/2018	11/15/2019	Limit	\$1,000,000
	Loss of Client Property						Limit	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The following apply when required by written contract: General Liability Additional Insured per CNA71818XX (01-2016) on a Primary and Non-contributory basis per CNA71818XX (01-2016), Waiver of Subrogation per CNA71861XXC(01-2016); Automobile Liability Additional Insured per AA265 (01/2016) on a Primary and Non-Contributory basis per AA265 (01/2016) and Waiver of Subrogation per AA265 (01/2016); Workers Compensation/Employers Liability Waiver of Subrogation per form WC00 03 13. Umbrella policy is excess over policies on the underlying schedule, including but not limited to General Liability, Auto Liability and Employers Liability.

CERTIFICATE HOLDER**CANCELLATION**

*FOR INFORMATION PURPOSES ONLY

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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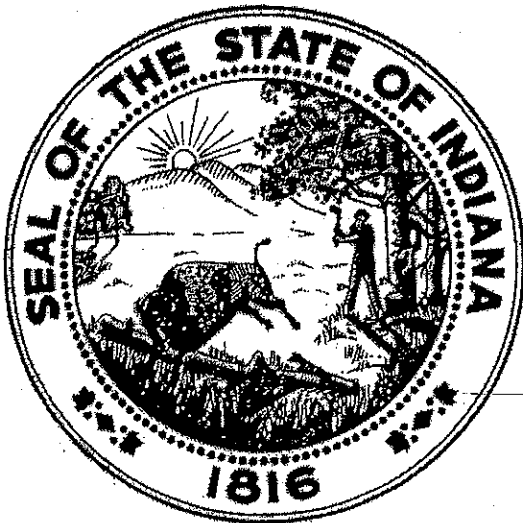
State of Indiana
Office of the Secretary of State

CERTIFICATE OF INCORPORATION
of
ACCESS THERAPIES INC.

I, TODD ROKITA, Secretary of State of Indiana, hereby certify that Articles of Incorporation of the above For-Profit Domestic Corporation have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Corporation Law.

NOW, THEREFORE, with this document I certify that said transaction will become effective Friday, April 23, 2004.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, April 23, 2004.



A handwritten signature in black ink, reading "Todd Rokita".

TODD ROKITA,
SECRETARY OF STATE



STATE OF INDIANA

Eric J. Holcomb, Governor

DEPARTMENT OF ADMINISTRATION
Division of Supplier Diversity

Indiana Government Center South
402 West Washington Street, Room W469
Indianapolis, IN 46204
(317) 232 - 3061

April 3, 2018

Mr. Pritivi Dhani & Mr. Manuel Garcia
ACCESS THERAPIES, INC.
7345 Woodland Drive,
Indianapolis, IN 46278

Subject: Application for MBE Certification

Dear Mr. Pritivi Dhani & Mr. Manuel Garcia,

Congratulations! The Indiana Department of Administration, Division of Supplier Diversity is pleased to inform you that ACCESS THERAPIES, INC., is hereby certified as a Minority Business Enterprise (MBE).

Your company provides a commercially useful function in the areas listed below. Only work performed in these areas will be counted towards Minority Business Enterprise participation:

UNSPSC CODE(S)

<i>Code</i>	<i>Description</i>
80111606	Temporary medical staffing needs
85122100	Rehabilitation services
85122101	Physical therapy services
85122102	Occupational therapy services

On September 13, 2010, the Governor's Commission on Minority and Women's Business Enterprises approved the department's effort to streamline its recertification process. Instead of conducting an onsite visit to each company seeking recertification, the department now has the discretion to waive the visit after a thorough review of the company's file and recertification documents. We have approved your recertification and it is valid through **April 30, 2021**. Please note that IDOA continues to reserve the right to conduct a site visit or phone interview at any time to certified companies.

Although your certification is valid for a three-year period, you are required to submit an annual ***Affidavit of Continued Eligibility (ACE)*** form, located at www.in.gov/idoa/mwbe/files/ACE_Form.pdf. Please remember you must notify us immediately if any changes occur. Failure to notify us of changes or to provide an ACE form annually will result in revocation of your certification. Changes include, but are not limited to, changes in location, contact information, ownership and control.

We encourage you to visit IDOA's procurement website, www.in.gov/idoa/2464.htm, and update your Business Registration Profile. It is important that you review and update your profile regularly, because state purchasing agents and prime contractors may use this information to contact you for business

Reference: ACCESS THERAPIES, INC.

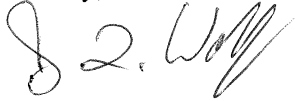
opportunities. For questions regarding your registration profile, you may contact our office at 317-232-3061.

While this letter serves as notification of certification, it does not serve to prove continued eligibility. Please visit www.in.gov/idoa/mwbe/2743.htm to verify certification status. Please contact our office at (317) 232-3061 if you have any other questions.

While this letter serves as notification of certification, it does not serve to prove continued eligibility. Please visit www.in.gov/idoa/mwbe/2743.htm to verify certification status. Please contact our office at (317) 232-3061 if you have any other questions.

We ask that you please contact Amy L. Wolf, Deputy Director of Certification, at (317) 232-3061 or awolf@idoa.in.gov if you have any questions or concerns about your letter.

Sincerely,

A handwritten signature in black ink, appearing to read "A. L. Wolf". The signature is written in a cursive style with a large initial "A" and "L".

Amy L. Wolf, Deputy Director of Certification
Indiana Department of Administration
Division of Supplier Diversity

ALW:cl

THIS CERTIFIES THAT

Access Therapies, Inc.



* Nationally certified by the: **MID-STATES MINORITY SUPPLIER DEVELOPMENT COUNCIL**

*NAICS Code(s): 561320

* Description of their product/services as defined by the North American Industry Classification System (NAICS)

10/09/2018

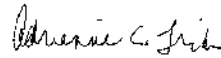
Issued Date

IN01000

Certificate Number

10/09/2019

Expiration Date


Adrienne Trimble



Carolyn E. Mosby, President/CEO

By using your password (NMSDC issued only), authorized users may log into NMSDC Central to view the entire profile: <http://nmsdc.org>

Certify, Develop, Connect, Advocate.

* MBEs certified by an Affiliate of the National Minority Supplier Development Council, Inc.®

<http://www.INBiz.IN.gov>

Business Details

[Print Entity Details](#)

Business Name: **ACCESS THERAPIES INC.** Business ID: **2004042700091**

Entity Type: **Domestic For-Profit Corporation** Business Status: **Active**

Creation Date: **04/23/2004** Inactive Date:

Principal Office Address: **7345 Woodland Dr., Suite B, INDIANAPOLIS, IN, 46278, USA** Expiration Date: **Perpetual**

Jurisdiction of Formation: **Indiana** Business Entity Report Due **04/30/2020** Date:

Years Due:

Incorporators Information

Title	Name	Address
Incorporator	MANUEL GARCIA	8590 GEORGETOWN RD, STE B, INDIANAPOLIS, IN, 46268, USA
Incorporator	PRITHVI S DHANI	8590 GEORGETOWN RD, STE B, INDIANAPOLIS, IN, 46268, USA

Page 1 of 1, records 1 to 2 of 2

Principal Information

Title	Name	Address
President	Prithvi S Dhani	5980 W 71st. Street, Suite B, Indianapolis, IN, 46278, USA
Vice President	MANUEL GARCIA	5980 W 71st. Street, Suite B, Indianapolis, IN, 46278, USA

Page 1 of 1, records 1 to 2 of 2

Registered Agent Information

Type: **Individual**Name: **MANUEL GARCIA**Address: **7345 Woodland Dr., Suite B, INDIANAPOLIS, IN, 46278, USA**[Back](#)[Return to Search](#)[Filing History](#)[Name History](#)[Assumed Name History](#)[Certified Copies Request](#)



*West Virginia Department of Veterans Assistance
 West Virginia Veterans Nursing Facility
 One Freedoms Way
 Clarksburg, WV 26301*

Exhibit A - Skilled Rehabilitative Therapy Services Pricing Page

LN	Item	DESCRIPTION	ESTIMATED USAGE PER YEAR (Hours)	U/M	UNIT PRICE	AMOUNT
1	4.1.1	Occupational Therapist Services	5000	Hour	\$ 60.00	\$ 300,000.00
2	4.1.2	Occupational Therapist Assistant	800	Hour	\$ 50.00	\$ 40,000.00
3	4.1.3	Physical Therapist Services	1500	Hour	\$ 60.00	\$ 90,000.00
4	4.1.4	Physical Therapist Assistant	3200	Hour	\$ 50.00	\$ 160,000.00
5	4.1.5	Speech Therapist Services	400	Hour	\$ 70.00	\$ 28,000.00
TOTAL						\$ 618,000.00

Vendor:	Access Therapies, Inc
Address:	7345 Woodland Dr, Suite B, Indianapolis, IN – 46278
Phone:	317-300-7419
Email:	anmol@accesstherapies.com
Signature:	<i>Harvinder Dhani</i>

*****Charges are according to schedule by the Each, Day, Month, ETC...*****
*****ALL ORDER QUANTITIES ARE ESTIMATED AND FOR BIDDING PURPOSES ONLY*****
*****DO NOT ALTER ESTIMATED USAGE*****

DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

Anmol Kapoor (Management Analyst)

(Name, Title)

Anmol Kapoor (Management Analyst)

(Printed Name and Title)

7345 Woodland Dr, Suite B, Indianapolis, IN – 46278

(Address)

317-300-7419 / 317-388-0805

(Phone Number) / (Fax Number)

anmol@accesstherapies.com

(email address)

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

Access Therapies, Inc

(Company)

Harvinder Dhani

(Authorized Signature) (Representative Name, Title)

Harvinder Dhani - COO

(Printed Name and Title of Authorized Representative)

08-08-2019

(Date)

317-300-7419 . 317-388-0805

(Phone Number) (Fax Number)

REQUEST FOR QUOTATION
SKILLED REHABILITATION THERAPY SERVICES

15. VENDOR DEFAULT: The following shall be considered a vendor default under this Contract.

- 15.1. Failure to perform Contract Services in accordance with the requirements contained herein.
- 15.2. Failure to comply with other specifications and requirements contained herein.
- 15.3. Failure to comply with any laws, rules, and ordinances applicable to the Contract Services provided under this Contract.
- 15.4. Failure to remedy deficient performance upon request.
- 15.5. The following remedies shall be available to Agency upon default.
 - A. Cancellation of the Contract.
 - B. Cancellation of one or more release orders issued under this Contract.
 - C. Any other remedies available in law or equity.

16. MISCELLANEOUS:

16.1. 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: Anmol Kapoor
Telephone Number: 317- 300-7419
Fax Number: 317-388-0805
Email Address: anmol@accesstherapies.com

REFERENCES & PROJECT DETAILS

CONTRACTOR COMPANY PAST PERFORMANCE
ACCESS THERAPIES INC.

Name of the Facility / Client	Indian Health Services Northern Navajo Medical Center
Address	US HWY 491 North, Shiprock, NM - 87420
Name of the Buyer / Contact	Loringie Clark
Phone No. of the Buyer	505-368-6087
Email Address of the Buyer	Loringie.clark@ihs.gov
Providing Services Since	June 2017
Project Name	Nursing Services

Name of the Facility / Client	Rosebud Hospital Department of Health and Human Services
Address	Soldier Creek Rd/Hwy 18, Rosebud, SD – 57570
Name of the Buyer / Contact	Dr. Ruth Villafranca
Phone No of the Buyer	605-747-2231 Extension 3273
Email Address of the Buyer	Ruth.villafranca@ihs.gov
Providing Services Since	March 2018
Project Name	Physical Therapy Services

Name of the Facility / Client	Four Corner Regional Health Center
Address	JCT US HWY, 160 AND NAVAJO Route 35
Name of the Buyer / Contact	Marlene Tsosie
Phone No of the Buyer	505-368-7031
Email Address of the Buyer	Marlene.tsosie@ihs.gov
Providing Services Since	June 2018
Project Name	Nursing Services

Name of the Facility / Client	Northern Navajo Medical Center
Address	US HWY 491 North, Shiprock, NM – 87420
Name of the Buyer / Contact	Kimberly Livingston
Phone No of the Buyer	505-368-6088
Email Address of the Buyer	Kimberly.Livingston2@ihs.gov
Providing Services Since	June 2017
Project Name	Nursing Services

Name of the Facility / Client	Indiana Fitness Works
Address	9190 Priority Way Dr # 110, Indianapolis, IN – 46240
Name of the Buyer / Contact	Tonya Edwards
Phone No of the Buyer	317-439-1511
Email Address of the Buyer	tedwards@indianafitnessworks.com
Providing Services Since	April 2004
Project Name	Occupational And Physical Therapy Services

RESUMES

Cecille V
317-388-0800

Licenses

Indiana, California, Illinois, New York, TX, Washington DC, FL , WV,MS

Registered Occupational Therapist Experience

- Travelling Therapist for One Call Rehab from Dec 2005 to Present
 - September 1, 2017 – February 3, 2018 Marion Rehab & Assisted Living, Marion, IN – SNF Occupational Therapist
 - September 27, 2015- March 24, 2017 Waterman Nursing Center, San Bernardino, CA - SNF Occupational Therapist
 - September 2015 Knotts Ave Care Center, Buena Park, CA - SNF Occupational Therapist
 - July-August 2015 Vista Cove, Rialto, CA / Vista Cove Corona, CA - Occupational Therapist
 - March 2 – May 12, 2015 Victoria Care, Baldwin Park, CA - SNF Occupational Therapist
 - December 08 – Feb 27, 2015 Emeritus at Northridge / Brookdale Northridge CA - SNF Occupational Therapist
 - December 01 – 05, 2014 Long Beach Post Acute Rehab, Long Beach, CA - SNF Occupational Therapist
 - November 10 – 28, 2014 Grand Avenue Health Care, Long Beach, CA - SNF Occupational Therapist
 - August 4, 2014 to Sept. 30, 2014 Williamsport Health & Rehab, Williamsport, IN - Occupational Therapist
 - March 24, 2014 to May 9, 2014 Meadow Wood at O'Connor Woods, Stockton, CA - Occupational Therapist
 - Dec. 2013 to March 21, 2014 Davis Healthcare Center, Davis, CA - Occupational Therapist
 - Sep. 2012 to Feb. 2013 Indiana Veterans Home, West Lafayette, IN - Occupational Therapist
 - June 2012 to Sep. 2012 St. Joseph Hospital, Kokomo, IN - Occupational Therapist
 - April 2012 to May 2012 Life Care Centers of America, Heritage Healthcare, West Lafayette, IN - Occupational Therapist
 - March 2012 Life Care Centers of America, The Woodlands, Muncie, IN - Occupational Therapist
 - Aug. 2010 to Feb. 2012 Howard West Campus Specialty Hospital, Kokomo, IN - Rehab Hospital Occupational Therapist

- Mar. 2009 to Aug. 2010 St. Joseph Hospital, Kokomo, IN - Inpatient and Outpatient Occupational Therapist
- Jan. 2009 to Feb. 2009 North Woods Village, Kokomo, IN - SNF Occupational Therapist
- Dec. 2006 to Dec. 2008 St. Joseph Hospital, Kokomo, IN - Inpatient Ortho/ Outpatient Occupational Therapist
- Oct. 2006 to Nov. 2006 Life Care Centers of America, Rochester, IN – SNF Occupational Therapist
- Dec. 2005 to Sep. 2006 Ball Memorial Hospital, Muncie, IN - Occupational Therapist
- March 2005 to Oct. 2005 Occupational Therapist Skilled Nursing Facility in Westlake Village CA
- Jan. 12, 2003 – Sept. 28, 2004 Lay Hands Charity Physical & Occupational Therapy Rehabilitation Center - Occupational Therapist
- May 1, 2000 – July 3, 2002 Lay Hands Charity Physical & Occupational Therapy Rehabilitation Center - Occupational Therapist
- Nov. 3, 1999 – Apr. 28, 2000 Veterans Memorial Medical Center

EDUCATION:

1997 – 1999 Fatima Medical Science Foundation, Inc.
Valenzuela, Metro Manila, Philippines
Graduated BS Occupational Therapy

1994 – 1997 University of the East Ramon Magsaysay Memorial Medical Center
Aurora Blvd., Quezon City, Philippines
Fourth Year Student – BS Physical Therapy (181 units) Certifications

Graston Technique Certified (IN)
Certified Kinesiotaping Practitioner (IN)
Certified in Physical Agent Modalities
Certified in Tai Chi for Physical Disabilities (2017)

Operating Systems used
Casamba, Rehab Optima, Matrix, Point Click Care, Quest

Marivic P, PT
Phone: 317-388-0800

EDUCATION:

- Bachelor of Science in Physical Therapy-2002

LICENSE:

- Registered Physical Therapist- IN, NJ, DC,FL,WV, MS & TX

EXPERIENCE:

BROOKE KNOLL VILLAGE

Physical Therapist

Oct 2015- Present

- Implement programs specific to individual patients for muscle strengthening, endurance exercises, and assist patients with reaching their goals.
- Perform treatments to maximize patient results.
- Home evaluations to ensure patients safety upon returning home
- Assist patients with achieving highest practicable level of functional ability and independence.
- Participate in family conferences to discuss patient's status and needs
- Implement various individual treatment plans according to patient's evaluation and goals.

PREMIER THERAPY SERVICES

Physical Therapist

Dec 2011- Oct 2015

- Evaluate patients for appropriateness of therapy; establish treatment plan and therapeutic goals.
- Implement therapeutic program aimed at improving patient overall functional status
- Evaluates effectiveness of therapy regimen and recommends adjustments and modifications as indicated
- Completes discharge care planning by consulting rehabilitation team
- Completes documentations regarding patient care services in patient and department records

ATLANTIC COAST REHABILITATION AND ROSE GARDEN NURSING

Physical Therapist

April 2011-Dec 2011

- Evaluate patients for appropriateness of therapy; establish treatment plan and therapeutic goals.
- Implement therapeutic program aimed at improving patient overall functional status
- Evaluates effectiveness of therapy regimen and recommends adjustments and modifications as indicated
- Completes discharge care planning by consulting rehabilitation team
- Completes documentations regarding patient care services in patient and department records

TENDER TOUCH- VARIOUS LOCATION

Physical Therapist

Dec 2004-April 2011

- Implement programs specific to individual patients for muscle strengthening, endurance exercises, and assist patients with reaching their goals.
- Perform treatments to maximize patient results.
- Home evaluations to ensure patients safety upon returning home

- Assist patients with achieving highest practicable level of functional ability and independence.
- Participate in family conferences to discuss patient's status and needs
- Implement various individual treatment plans according to patient's evaluation and goals.

CEBU DOCTOR UNIVERSITY HOSPITAL

Physical Therapist

June 2002- Dec 2004

- Meets the patient's goals and needs and provides quality care by assessing and interpreting evaluations and test results, determining physical therapy treatment plans in consultation with physicians.
- Helps patient accomplish treatment plan and accept therapeutic devices by administering manual exercises, instructing, encouraging and assisting patients in performing physical activities such as ambulatory functional activities, and using assistive and supportive devices such as crutches, canes and prosthesis.
- Examines patient's medical histories and then test and measure the patient's strength, ROM, balance and coordination, posture, muscle performance, respiration and motor function.
- Develop plans describing a treatment strategy and its anticipated outcome.
- Documents patients' progress, conducts periodic examinations, and modifies treatments when necessary.
- Contributes to team effort by collaborating with Nurses, Occupational Therapist, Speech Therapist and Social workers regarding patient's status.
- Assures continuation of therapeutic plan following discharge by designing home exercise programs, instructing patient's families and caregivers in home exercise programs, recommending and providing assistive equipment, and recommending outpatient therapy if needed.

CASES HANDLED:

Musculoskeletal Conditions:

S/P Ligamentous Repair, S/P Joint Arthroplasty, Cervical Strain, Cervical Spondylosis, Fractures, Herniated Disc, Low Back Pain, Lumbosacral Strain, Meniscal Injuries Myalgia, Myofascial Pain Syndrome, Postural Deformities, Adhesive Capsulitis, Bicipital Tendinitis, Epicondylitis, Rotator Cuff Tears, Shoulder Dislocation, Arthritic Conditions.

Neurologic Conditions:

Bell's Palsy, Cerebrovascular Disease/Stroke Rehabilitation, Cerebral Palsy, ADD, Hydrocephalic conditions, Parkinson's Disease, Peripheral Nerve Injury, Poliomyelitis, Spinal Cord Injury, Traumatic Brain Injury.

Other Conditions:

Burns, Chronic Obstructive Pulmonary Disease, Diabetes Mellitus, Down Syndrome, Geriatric Rehabilitation.

PHYSICAL THERAPY MODALITIES/EQUIPMENT HANDLED:

Hydro Modalities: Cryotherapy, Hydrocollator Packs Unit, Paraffin Wax Bath, Whirlpool.

Electro Modalities: Cervical/Lumbar/CTS Traction, Infrared Radiation, Iontophoresis, Jobst Intermittent Compression Unit, Neuromuscular Electrical Stimulation (NMES).

Therapeutic Exercise Techniques:

Progressive Resistive Exercises (PRE's), Stretching Exercises, Range of motion Exercises, Joint Mobilization, Aerobic Exercises, Relaxation Techniques, Therapeutic Massage/Myofascial release

Leena B, PT
Phone: 317-388-0800

EDUCATION

- Bachelor of Science in Physical Therapy-1998

LICENSE:

- Registered Physical Therapist- IN, FL, NY, WV, DC, MS & TX

EXPERIENCE:

INDIANA FITNESS WORKS- VARIOUS LOCATIONS

Physical Therapist

July 2017-Present

- Implement programs specific to individual patients for muscle strengthening, endurance exercises, and assist patients with reaching their goals.
- Perform treatments to maximize patient results.
- Home evaluations to ensure patients safety upon returning home
- Assist patients with achieving highest practicable level of functional ability and independence.
- Participate in family conferences to discuss patient's status and needs
- Implement various individual treatment plans according to patient's evaluation and goals.

ELITE PHYSICAL THERAPY AND REHABILITATION

Physical Therapist

Feb 2007-July 2017

- Evaluated, diagnosed and implemented individualized treatment programs for patients using manual therapy techniques, therapeutic exercise, electrical modalities and customized home exercise program.
- The facility imparts therapy to pediatric, adolescent, adult and geriatric patients.

OUTPATIENT DEPARTMENT – HOME HEALTH CARE

Physical Therapist

Nov 2008- June 2016

- Diagnosed and treated patients with orthopedic conditions like PA shoulder, tennis elbow, RSI, postural dysfunctions, prolapsed intervertebral discs, osteoarthritis, spondylolisthesis, etc. and post-surgical procedures like osteotomies, total and partial hip replacements, total knee replacements, upper and lower limb fractures.
- Evaluated and implemented individualized treatment programs and provided patients and their families education for specific neurological conditions such as quadriplegia, hemiplegia, paraplegia, Parkinsonism, motor neuron disease and dystrophies.
- Provided antenatal and postnatal care

MAHAVIR POLYCLINIC

Physical Therapist

Nov 2006- Oct 2008

- Diagnosed and treated patients with orthopedic problems using Manual therapy techniques and electrical modalities
- Designed specific programs to prevent recurrence of symptoms and pain management.

- Provided antenatal and postnatal care.
- Honorary services offered for health camps for diagnosing and treating patients

JASLOK HOSPITAL

Physical Therapist

May 2000-Nov 2006

- 400 bedded multidisciplinary private hospital with specialized departments and intensive care units. PT department plays an effective role in treatment of Orthopedic, Neurology, Burns, Oncology, Cardio pulmonary conditions, Sports medicine, Pediatric, Geriatric, Gynecological conditions, pre and post- operative cases, Obesity etc.
- Handled pre and post- surgical patients in the intensive critical care unit setup, including cardio-pulmonary rehabilitation.
- Successfully rehabilitated neurological patients.
- Treated orthopedic cases like fractures, amputations, joint replacements, arthropathies etc.
- Diagnosed and treated patients in outpatient and inpatient setup
- Provided antenatal and postnatal care

OUTPATIENT CLINIC

Physical Therapist

Aug 1999-May 2000

- Diagnosed and treated patients with orthopedic conditions using manual therapy techniques and electrical modalities
- Handled pediatric and adult neurological cases

DR. BALABHAI NANAVATI HOSPITAL

Physical Therapist

Aug 1998- Aug 1999

- 400 bedded multidisciplinary private hospital with specialized departments and intensive care units.
- Treated pediatric and adult neurological cases
- Treated sports injury cases
- Treated orthopedic cases like fractures, amputations, joint replacements, arthropathies etc.
- Handled pre and post- surgical patients in the intensive critical care unit setup including cardio-pulmonary rehabilitation

PHYSICAL THERAPY MODALITIES/EQUIPMENT HANDLED:

Hydro Modalities: Cryotherapy, Hydrocollator Packs Unit, Paraffin Wax Bath, Whirlpool.

Electro Modalities: Cervical/Lumbar/CTS Traction, Infrared Radiation, Iontophoresis, Jobst Intermittent Compression Unit, Neuromuscular Electrical Stimulation (NMES).

Therapeutic Exercise Techniques:

Progressive Resistive Exercises (PRE's), Stretching Exercises, Range of motion Exercises, Joint Mobilization, Aerobic Exercises, Relaxation Techniques, Therapeutic Massage/Myofascial release