





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  2[List View](#)**General Information** | [Contact](#) | [Default Values](#) | [Discount](#) | [Document Information](#) | [Clarification Request](#)**Procurement Folder:** 797130**Procurement Type:** Central Master Agreement**Vendor ID:** VS000009010 **Legal Name:** Wise Medical Staffing Inc**Alias/DBA:****Total Bid:** \$0.00**Response Date:** 12/10/2020 **Response Time:** 11:49**Responded By User ID:** mpwolfe2 **First Name:** Mike**SO Doc Code:** CRFQ**SO Dept:** 0618**SO Doc ID:** BVH2100000001**Published Date:** 12/7/20**Close Date:** 12/10/20**Close Time:** 13:30**Status:** Closed**Solicitation Description:** Addendum No.2  
WV Veteran's Home Temporary LPN**Total of Header Attachments:** 2**Total of All Attachments:** 2



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

**State of West Virginia  
 Solicitation Response**

**Proc Folder:** 797130  
**Solicitation Description:** Addendum No.2  
 WV Veteran's Home Temporary I/DN  
**Proc Type:** Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2020-12-10 13:30	SR 0618 ESR12102000000004173	1

**VENDOR**  
 VS0000009010  
 Wise Medical Staffing Inc

**Solicitation Number:** CRFQ 0618 BVH2100000001  
**Total Bid:** 0  
**Response Date:** 2020-12-10  
**Response Time:** 11:49:32  
**Comments:**

**FOR INFORMATION CONTACT THE BUYER**

David H Pauline  
 304-558-0067  
 david.h.pauline@wv.gov

**Vendor Signature X** **FEIN#** **DATE**

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	Temporary LPN	0.00000	HOUR	39.000000	0.00

Comm Code	Manufacturer	Specification	Model #
85101601			

**Commodity Line Comments:** Exhibit A attached

**Extended Description:**

See Pricing Exhibit A page attached  
 Vendor's must attach "Exhibit A" to their electronic bid if submitting through WVOASIS.

Pricing Page BVH21\*01  
Temporary LPN Contract

Description	Hourly Rate/Unit Price	Estimated Hours	Extended Total
<b>Licensed Practical Nurse Shifts</b>			
Weekday Rate-Base Year One	\$39.00	2,080	\$81,120.00
Weekend Rate-Base Year One	\$39.00	2,496	\$97,344.00
Holiday Rate-Base Year one	\$58.50	72	\$4,212.00
<b>\$ Total</b>			<b>\$182,676.00</b>
<b>Weekday Rate-Optional Renewal Year One</b>			
Weekday Rate-Optional Renewal Year One	\$39.00	2,080	\$81,120.00
Weekend Rate-Optional Renewal Year One	\$39.00	2,496	\$97,344.00
Holiday Rate-Optional Renewal Year one	\$58.50	72	\$4,212.00
<b>\$ Total</b>			<b>\$182,676.00</b>
<b>Weekday Rate-Optional Renewal Year Two</b>			
Weekday Rate-Optional Renewal Year Two	\$40.00	2,080	\$83,200.00
Weekend Rate-Optional Renewal Year Two	\$40.00	2,496	\$99,840.00
Holiday Rate-Optional Renewal Year Two	\$60.00	72	\$4,320.00
<b>\$ Total</b>			<b>\$187,360.00</b>
<b>Weekday Rate-Optional Renewal Year Three</b>			
Weekday Rate-Optional Renewal Year Three	\$41.00	2,080	\$85,280.00
Weekend Rate-Optional Renewal Year Three	\$41.00	2,496	\$102,336.00
Holiday Rate-Optional Renewal Year Three	\$61.50	72	\$4,428.00
<b>\$ Total</b>			<b>\$192,044.00</b>

**Overall Total Cost**

**\$744,756.00**

MW  
12.10.2020

**Notes**

- Hours are estimates for bid purposes only. Actual hours may be more or less than the estimated amount.
- Vendor should bid an all-inclusive hourly rate for all hourly lines.
- Holiday hours are estimated for Thanksgiving, Christmas Day and New Year's Day.
- Vendor should multiply the hourly rate by the estimated hours to get the total for each line.
- For each Year Vendor should total all rates multiplied by estimated hours.
- The grand total is all yearly totals combined. The winning vendor will be the lowest grand total meeting all mandatory specifications.

REQUEST FOR QUOTATION  
CRFQ BVH21\*01  
Direct Care Staffing for Temporary Licensed Practical Nurses

---

**SPECIFICATIONS**

1. **PURPOSE AND SCOPE:** The West Virginia Purchasing Division is soliciting bids on behalf of the West Virginia Veteran's Home located at 512 Water St., Barboursville, WV 25504 to establish an open end contract for Temporary Licensed Practical Nurses (LPN) for direct care staffing.
  
2. **DEFINITIONS:** The terms listed below shall have the meanings assigned to them below. Additional definitions can be found in section 2 of the General Terms and Conditions.
  - 2.1 **"Contract Services"** means the services as outlined in these specifications to satisfy all requirements of the agency facility located at 512 Water St., Barboursville, WV 25504 as noted herein.
  
  - 2.2 **"Pricing Page"** means the pages, contained wvOASIS or attached hereto as Exhibit A, upon which Vendor should list its proposed price for the Contract Services.
  
  - 2.3 **"Solicitation"** means the official notice of an opportunity to supply the State with goods or services that is published by the Purchasing Division.
  
  - 2.4 **"LPN"** means Licensed Practical Nurse.
  
  - 2.5 **"Agency"** means West Virginia Veteran's Home
  
  - 2.6 **"Staffing Agency"** means the prospective vendor.
  
  - 2.7 **"PointClickCare®"** means the medical records software utilized by the Agency.
  
  - 2.8 **"WVH"** means West Virginia Veteran's Home located at 512 Water St., Barboursville, WV 25504.
  
  - 2.9 **"Ten-panel drug screen"** means a drug test for the presence of Amphetamines, barbiturates, benzodiazepines, cocaine, marijuana metabolites (THC), methadone, methaqualone, opiates, phencyclidine (PCP), and propoxyphene
  
  - 2.10 **WV CARES"** means the West Virginia Clearance for Access: Registry & Employment Screening administered by the WV Department of Health and Human Resources to conduct background checks on all prospective direct patient access employees.

**REQUEST FOR QUOTATION  
CRFQ BVH21\*01  
Direct Care Staffing for Temporary Licensed Practical Nurses**

---

**3. QUALIFICATIONS:** Vendor, or Vendor's staff if requirements are inherently limited to individuals rather than corporate entities, shall have the following minimum qualifications:

3.1. LPN(s) must hold an unencumbered valid WV Licensed Practical Nurse License with no disciplinary actions.

3.2. LPN(s) must have a current Cardiopulmonary Resuscitation (CPR) Card.

3.3. LPN(s) must successfully pass a ten-panel drug screen, at no expense to the WVVH.

3.4. LPN(s) must be registered with WV CARES and affiliated with the Staffing Agency.

**4. MANDATORY REQUIREMENTS:**

**4.1 Mandatory Contract Services Requirements and Deliverables:** Contract Services must meet or exceed the mandatory requirements listed below.

4.1.1 LPN(s) must be licensed and in good standing with the West Virginia Board of Nursing

4.1.1.1 LPN(s) must assist professional nursing staff in providing care to residents, including administering medications and assisting in care planning and recording.

4.1.1.2 LPN(s) must record all work in resident charts and PointClickCare®.

4.1.1.3 LPN(s) must ensure documentation into residents' electronic medical records or paper chart are entered in a timely manner per the policies, procedures, and common practices of the facility. Proper methods of documentation will be discussed in greater detail during the facility orientation.

**REQUEST FOR QUOTATION  
CRFQ BVH21\*01  
Direct Care Staffing for Temporary Licensed Practical Nurses**

---

**4.1.2 Staffing requirements**

- 4.1.2.1** Successful vendor must provide healthcare staffing as requested by the Facility to be compatible with weekdays, weekends, and holidays (Holidays include Thanksgiving Day, Christmas Day and New Year's Day).
- 4.1.2.2** Successful vendor must provide hourly rates that are inclusive of all federal, state, and local withholding taxes, social security, and Medicare taxes, as well as all unemployment compensation, workers compensation, general and professional liability premiums.
- 4.1.2.3** Successful vendor shall provide the Facility with information on each healthcare staff member prior to sending them to the WVVH for a scheduled shift. The information must be submitted to the Agency and must include the CPR Certifications and the unencumbered licensure confirmation. A memo/email stating a successful drug screen and registration of the staff member with WV CARES will suffice to ensure that no LPN provided may have a substance abuse issue or criminal background. No nurse providing services to the Facility under this agreement will have been investigated and substantiated by the Board of Nursing or currently subject to discharge results from an investigation by the Board of Nursing.
- 4.1.2.4** The Vendor will agree to provide required number of staff needed for a shift and/or assignment for at least two (2) hours prior to the start of the shift or assignment to be worked. If a staffing agency's employee calls off, that staffing agency must fill the shift.
- 4.1.2.5** All temporary staffing must adhere to the policies and procedures of our facility, including attendance, tardiness, and mandatory trainings. Facility will discipline staff per our policy and procedures. All disciplinary actions given by the facility will be sent to the staffing agency.
- 4.1.2.6** WVVH will pay the Agency for lunch breaks.



REQUEST FOR QUOTATION  
CRFQ BVH21\*01  
Direct Care Staffing for Temporary Licensed Practical Nurses

---

4.1.2.7 All staffing agency's employees must attend mandatory meetings and in-service trainings.

**5. CONTRACT AWARD:**

**5.1 Contract Award:** The Contract is intended to provide Agency with a purchase price for the Contract Services. The Contract shall be awarded to the Vendor that provides the Contract Services meeting the required specifications for the lowest overall total cost as shown on the Pricing Pages.

**5.2 Pricing Page:** Vendor should complete the Pricing Page by providing the requested all-inclusive hourly rate/unit price for requested staffing levels. The hourly rate unit price should be multiplied by the estimated hours to get an extended total. Vendor should complete the Pricing Page in full as failure to complete the Pricing Page in its entirety may result in Vendor's bid being disqualified.

Vendor should type or electronically enter the information into the Pricing Pages through wvOASIS, if available, or as an electronic document.

- 6. PERFORMANCE:** Vendor and Agency shall agree upon a schedule for performance of Contract Services and Contract Services Deliverables, unless such a schedule is already included herein by Agency. In the event that this Contract is designated as an open-end contract, Vendor shall perform in accordance with the release orders that may be issued against this Contract.
- 7. PAYMENT:** Agency shall pay an all-inclusive hourly rate, as shown on the Pricing Pages, for all Contract Services performed and accepted under this Contract. Vendor shall accept payment in accordance with the payment procedures of the State of West Virginia.
- 8. TRAVEL:** Vendor shall be responsible for all mileage and travel costs, including travel time, associated with performance of this Contract. Any anticipated mileage or travel costs may be included in the flat fee or hourly rate listed on Vendor's bid, but such costs will not be paid by the Agency separately.
- 9. FACILITIES ACCESS:** Performance of Contract Services may require access cards and/or keys to gain entrance to Agency's facilities. In the event that access cards and/or keys are required:
  - 9.1.** Vendor must identify principal service personnel which will be issued access cards and/or keys to perform service.

**REQUEST FOR QUOTATION  
CRFQ BVH21\*01  
Direct Care Staffing for Temporary Licensed Practical Nurses**

---

- 9.2. Vendor will be responsible for controlling cards and keys and will pay replacement fee if the cards or keys become lost or stolen.
- 9.3. Vendor shall notify Agency immediately of any lost, stolen, or missing card or key.
- 9.4. Anyone performing under this Contract will be subject to Agency's security protocol and procedures.
- 9.5. Vendor shall inform all staff of Agency's security protocol and procedures.

**10. VENDOR DEFAULT:**

- 10.1. The following shall be considered a vendor default under this Contract.
  - 10.1.1. Failure to perform Contract Services in accordance with the requirements contained herein.
  - 10.1.2. Failure to comply with other specifications and requirements contained herein.
  - 10.1.3. Failure to comply with any laws, rules, and ordinances applicable to the Contract Services provided under this Contract.
  - 10.1.4. Failure to remedy deficient performance upon request.
- 10.2. The following remedies shall be available to Agency upon default.
  - 10.2.1. Immediate cancellation of the Contract.
  - 10.2.2. Immediate cancellation of one or more release orders issued under this Contract.
  - 10.2.3. Any other remedies available in law or equity.

REQUEST FOR QUOTATION  
CRFQ BVH21\*01  
Direct Care Staffing for Temporary Licensed Practical Nurses

---

**11. MISCELLANEOUS:**

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

Contract Manager: MIKE WOLFE  
Telephone Number: (740) 775-4108  
Fax Number: (740) 775-3733  
Email Address: mike@wisemedicalstaffing.com

**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.

Mike Wolfe - PRESIDENT / CEO  
(Name, Title)  
MIKE WOLFE - PRESIDENT / CEO  
(Printed Name and Title)  
80 EAST 2ND STREET, CHILlicothe, OH 45601  
(Address)  
(740) 775-4108 (740) 775-3733  
(Phone Number) / (Fax Number)  
mike@wisemedicalstaffing.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.

Wise Medical Staffing, Inc.  
(Company)

Mike Wolfe Mike Wolfe PRESIDENT / CEO  
(Authorized Signature) (Representative Name, Title)

MIKE WOLFE PRESIDENT / CEO  
(Printed Name and Title of Authorized Representative)

12.9.2020  
(Date)

(740) 775-4108 EXT. 310 (740) 775-3733  
(Phone Number) (Fax Number)

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: CRFO BVH2100000001**

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

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

**Addendum Numbers Received:**

(Check the box next to each addendum received)

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

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

WISE MEDICAL STAFFING, INC.  
Company

Mike Wolfe  
Authorized Signature

12.9.2020  
Date

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

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: WISE MEDICAL STAFFING, INC.

Authorized Signature: Nite Wolfe Date: 12.9.2020

State of Ohio

County of Lawrence, to-wit:

Taken, subscribed, and sworn to before me this 9<sup>th</sup> day of December, 2020.

My Commission expires Sept 18, 2023.

AFFIX SEAL HERE

NOTARY PUBLIC

Shanna D. Adkins