



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](http://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](http://WVPurchasing.gov) with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

## Header 1

List View

**General Information** | [Contact](#) | [Default Values](#) | [Discount](#) | [Document Information](#) | [Clarification Request](#)

**Procurement Folder:** 896601

**Procurement Type:** Central Master Agreement

**Vendor ID:** VS0000038294

**Legal Name:** Essential Health Care Solutions

**Alias/DBA:** Essential Health Care Solutions

**Total Bid:** \$185,100.00

**Response Date:** 07/15/2021

**Response Time:** 12:14

**Responded By User ID:** Ehs12345

**First Name:** Patricia

**Last Name:** Hughes

**Email:** admin@essentialhcsoluti

**Phone:** 901-846-2990

**SO Doc Code:** CRFQ

**SO Dept:** 0403

**SO Doc ID:** DBS2100000009

**Published Date:** 7/8/21

**Close Date:** 7/15/21

**Close Time:** 13:30

**Status:** Closed

**Solicitation Description:** School Nurse Services at the WVSDB

**Total of Header Attachments:** 1

**Total of All Attachments:** 1



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:** 896601  
**Solicitation Description:** School Nurse Services at the WVSDDB  
**Proc Type:** Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2021-07-15 13:30	SR 0403 ESR07132100000000214	1

**VENDOR**  
 VS0000038294  
 Essential Health Care Solutions

**Solicitation Number:** CRFQ 0403 DBS2100000009  
**Total Bid:** 185100  
**Response Date:** 2021-07-15  
**Response Time:** 12:14:26  
**Comments:**

**FOR INFORMATION CONTACT THE BUYER**

Joseph E Hager III  
 (304) 558-2306  
 joseph.e.hageriii@wv.gov

Vendor Signature X	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	Nursing services - Day Shift	750.00000	HOUR	98.000000	73500.00

Comm Code	Manufacturer	Specification	Model #
85101601			

**Commodity Line Comments:** RN Day Shift

**Extended Description:**

Quantities are estimated and are for bid purposes only.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Nursing services - Night shift	750.00000	HOUR	108.000000	81000.00

Comm Code	Manufacturer	Specification	Model #
85101601			

**Commodity Line Comments:** RN Night Shift

**Extended Description:**

Quantities are estimated and are for bid purposes only.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	Nursing services - Overtime	120.00000	HOUR	147.000000	17640.00

Comm Code	Manufacturer	Specification	Model #
85101601			

**Commodity Line Comments:** RN Overtime

**Extended Description:**

Quantities are estimated and are for bid purposes only.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	Nursing services - Holiday	120.00000	HOUR	108.000000	12960.00

Comm Code	Manufacturer	Specification	Model #
85101601			

**Commodity Line Comments:** RN Holiday

**Extended Description:**

Quantities are estimated and are for bid purposes only.



Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
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**State of West Virginia**  
**Centralized Request for Quote**  
**Medical**

<b>Proc Folder:</b> 896601		<b>Reason for Modification:</b>	
<b>Doc Description:</b> School Nurse Services at the WVSDB		Addendum 2	
<b>Proc Type:</b> Central Master Agreement			
<b>Date Issued</b>	<b>Solicitation Closes</b>	<b>Solicitation No</b>	<b>Version</b>
2021-07-08	2021-07-15 13:30	CRFQ 0403 DBS2100000009	3

**BID RECEIVING LOCATION**

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

**VENDOR**

**Vendor Customer Code:** VS0000038294  
**Vendor Name :** Essential HealthCare Solutions, LLC  
**Address :**  
**Street :** 1198 Stage Avenue  
**City :** Memphis  
**State :** Tennessee **Country :** USA **Zip :** 38127  
**Principal Contact :** Patricia Hughes, CEO  
**Vendor Contact Phone:** 901-846-2990 **Extension:**

**FOR INFORMATION CONTACT THE BUYER**

Joseph E Hager III  
 (304) 558-2306  
 joseph.e.hageriii@wv.gov

Vendor  
 Signature X

FEIN# 47-3236489

DATE 07/14/2021

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

**ADDITIONAL INFORMATION**

Addendum 2 issued for the following reason:

1. To publish a copy of vendor questions with responses.

No other changes

INVOICE TO		SHIP TO	
SCHOOL FOR THE DEAF & BLIND 301 EAST MAIN ST		SCHOOL FOR THE DEAF & BLIND 301 EAST MAIN ST	
ROMNEY US	WV	ROMNEY US	WV

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Nursing services - Day Shift	750.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
85101601			

**Extended Description:**

Quantities are estimated and are for bid purposes only.

INVOICE TO		SHIP TO	
SCHOOL FOR THE DEAF & BLIND 301 EAST MAIN ST		SCHOOL FOR THE DEAF & BLIND 301 EAST MAIN ST	
ROMNEY US	WV	ROMNEY US	WV

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Nursing services - Night shift	750.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
85101601			

**Extended Description:**

Quantities are estimated and are for bid purposes only.

INVOICE TO		SHIP TO	
SCHOOL FOR THE DEAF & BLIND 301 EAST MAIN ST		SCHOOL FOR THE DEAF & BLIND 301 EAST MAIN ST	
ROMNEY US	WV	ROMNEY US	WV

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Nursing services - Overtime	120.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
85101601			

**Extended Description:**  
Quantities are estimated and are for bid purposes only.

INVOICE TO		SHIP TO	
SCHOOL FOR THE DEAF & BLIND 301 EAST MAIN ST		SCHOOL FOR THE DEAF & BLIND 301 EAST MAIN ST	
ROMNEY US	WV	ROMNEY US	WV

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	Nursing services - Holiday	120.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
85101601			

**Extended Description:**  
Quantities are estimated and are for bid purposes only.

**SCHEDULE OF EVENTS**

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
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	Document Phase	Document Description	Page
DBS210000009	Final	School Nurse Services at the WVSD	4

**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions



SOLICITATION NUMBER: DBS2100000009

Addendum Number: 2

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

**Applicable Addendum Category:**

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

**Description of Modification to Solicitation:**

Addendum 2 issued for the following reason:

1. To publish a copy of vendor questions with responses.

No other changes

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

**Terms and Conditions:**

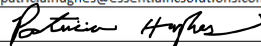
1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda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

# ATTACHMENT A

Description	Unit of Measure	Unit Cost	Estimated Quantities*	Extended Cost
Nursing Services - Day Shift	per hour	\$ 98.00	750	73,500.00
Nursing Services - Night Shift	per hour	\$ 108.00	750	81,000.00
Nursing Services - Overtime	per hour	\$ 147.00	120	17,640.00
Nursing Services - Holiday	per hour	\$ 108.00	120	12,960.00
			<b>Total Bid Amount</b>	<b>185,100.00</b>

*\* Estimated quantities are for bidding purposes only, more or less may be purchased by the agency.*

**Bidder/Vendor Information:**

Name:	Essential HealthCare Solutions, LLC
Address:	1198 Stage Avenue
	Memphis, Tennessee 38127
Phone Number:	901-846-2990
Email Address:	patricia.hughes@essentialhcsolutions.com
Authorized Signature:	

**RFI: Follow Up Questions from vendors for CRFQ DBS 21\*09 Nursing Services**

**Q.1. What was the actual spend for this project for the previous years?**

**A. This is a new initiative with no historical contract or services to reference. All prior services have been full time employees. The WVSDB continues to have three full time employees (1 RN and 2 LPN), however finds itself needing to supplement its existing workforce due to short supply of applicants to fill two open full-time positions.**

**Q.2. What is the anticipated headcount on the number of employees?**

**A. Two, however this contract is open ended and could result in greater or fewer.**

**Q.3. Please confirm the exact number of nurses that will be needed under this contract.**

**A. Please see the response to Q.2.**

**Q.4. Are the previous bidders' responses for the previously awarded proposal a matter of public record? Is it possible to get a copy of these?**

**A. No, there are no previous bidders or contracts for these services.**

**Q.5. Is it mandatory for the awarded bidder to have a local presence? If so, can this be implemented at the time of award?**

**A. No, a local presence is not necessary. However, onsite support from the supplied nursing services providers is required.**

**Q.6. Do we need to have a local business license for the State of West Virginia? Is this required at the time of bidding at the award?**

**A. Yes, a business license for the State of West Virginia is necessary. This will need to be in place at the time of award.**

**Q.7. Does the county provide any paid vacation, paid sick day, or paid holidays to temporary employees?**

**A. No. Compensated (billable) hours are those hours that are provided to the WVSDB onsite by the vendor. The vendor's employee benefits package is at its discretion. This award is for contracted nursing services. The provided nursing services are rendered by the successful vendor and as such the service providers are not employees of the WVSDB.**

**Q.8. Does the county provide any benefits or contributions for temporary employees?**

**A. Please see response to Q.7.**

**Q.9. Are there any Service Level Agreements [SLA's] expected in regard to submissions of candidates to positions and the time needed for a temporary employee to start?**

**A. No.**

**Q.10. Does the agency have a holiday schedule for the calendar year? If employees are required to work on holidays, are they paid overtime or straight time?**

**A. This award is for contracted nursing services. The provided nursing services are rendered by the successful vendor and as such the service providers are not employees of the WVSD. Contracted nursing services may be required on holidays. Please see the pricing page for categories of billing rates permitted. The pricing page provides a category for holiday pricing to be submitted by the vendor.**

**Q.11. Can you provide us an overview of the types of background, reference, and drug tests that would be required?**

**A. West Virginia and National sex offender and criminal background checks are conducted with fingerprinting required. Drug testing may or may not be required and would be conducted in accordance with generally accepted industry practices.**

**Q.12. Will 3rd party testing be required for candidate qualification?**

**A. Drug testing may or may not be required and would be conducted in accordance with generally accepted industry practices. No other testing is expected at this time.**

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: DBS2100000009**

**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)

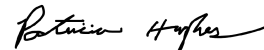
- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6  |
| <input checked="" type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7  |
| <input type="checkbox"/> Addendum No. 3            | <input type="checkbox"/> Addendum 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 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.

Essential HealthCare Solutions, LLC

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Company



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Authorized Signature

07/14/2021

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Date

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

Revised 6/8/2012