

The following documentation is an electronicallysubmitted 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.

WOASI	S			Jump to: PRCUID	술 Go	👧 Home	& Personalize	Accessibility	P App Help	C About	t 【
/elcome, Lu Anne Cottrill			Procuremen	1 0 0 1	Receivable	Accounts	Payable				
Solicitation Response(SR) Dept: 0511	ID: ESR080921000000	00799 Ver.: 1 Functio	n: New Phase: Final	Modified by batch , 08/	10/2021						
Header @2											
									2	List View	-
General Information Contact De	efault Values Discount	Document Information	Clarification Request								
Procurement Folder:	900036			SO D	oc Code: (	RFQ					
Procurement Type:	Central Master Agreement	t			SO Dept: (	511					
Vendor ID:	000000207186	<b>2</b>		S	O Doc ID: E	3CF22000000	01				
Legal Name:	HEALTH RESEARCH SYS	STEMS INC		Publis	hed Date: 8	/3/21					
Alias/DBA:				Cl	ose Date: 8	/10/21					
Total Bid:	\$637,455.00			Cie	ose Time: 1	3:30					
Response Date:	08/09/2021				Status: (	Closed					
Response Time:	15:12			Solicitation De		DRUG AND A SERVICES	LCOHOL TESTING	3 €			
Responded By User ID:	mhutchinson	<b>2</b>		Total of Header Atta	chments: 2	1					
First Name:	Merilee			Total of All Atta	chments: 2	2					
Last Name:	Hutchinson										
Email:	mhutchinson@healthrese										
Phone:	304-529-4453										



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:	900036	0036					
Solicitation Description:	DRUG AND ALC	RUG AND ALCOHOL TESTING SERVICES					
Proc Type:	Central Master A	greement					
Solicitation Closes		Solicitation Response	Version				
2021-08-10 13:30		SR 0511 ESR08092100000000799	1				

VENDOR					
000000207186 HEALTH RESEARCH S`	STEMS INC				
Solicitation Number:	CRFQ 0511 BCF2200000001				
Total Bid:	637455	Response Date:	2021-08-09	Response Time:	15:12:28
Comments:					

FOR INFORMATION CONTACT THE BUYER Crystal G Hustead (304) 558-2402 crystal.g.hustead@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	Selected TANF clients Drug Testing	1500.000	TEST	34.000000	51000.00
Comm	Code Manufacturer		Specific	ation	Model #

85121810

Specification

# **Commodity Line Comments:**

# **Extended Description:**

# 4.1 Selected TANF clients Drug Testing

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Selected TANF clients Alcohol Testing	500.0000	0 TEST	35.000000	17500.00

Comm Code	Manufacturer	Specification	Model #	
85121810				

# **Commodity Line Comments:**

#### **Extended Description:**

# 4.1 Selected TANF Clients Alcohol Testing

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	Selected Other clients Drug Testing	13000.00	O TEST	34.000000	442000.00

Comm Code	Manufacturer	Specification	Model #	
85121810				

# **Commodity Line Comments:**

# **Extended Description:**

# 4.1 Selected Other clients Drug Testing

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	Selected Other clients Alcohol Testing	3500.0000 TEST		35.000000	122500.00

Comm Code	Manufacturer	Specification	Model #	
85121810				

# **Commodity Line Comments:**

# **Extended Description:**

4.1 Selected Other clients Alcohol Testing

Line	Comm Ln Desc		Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	Single Drug Testing for	Fentanyl	50.00000	TEST	28.850000	1442.50
Comm	Code	Manufacturer		Specifica	ation	Model #
851218	310					

## **Commodity Line Comments:**

#### **Extended Description:**

#### 4.1.10.1 Single Drug Testing for Fentanyl

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	Single Drug Testing for Tramadol	50.00000	TEST	21.650000	1082.50

Comm Code	Manufacturer	Specification	Model #	
85121810				

# **Commodity Line Comments:**

#### Extended Description:

## 4.1.10.1 Single Drug Testing for Tramadol

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
7	Single Drug Testing for Neurontin	50.00000	TEST	38.000000	1900.00

Comm Code	Manufacturer	Specification	Model #	
85121810				

## **Commodity Line Comments:**

## Extended Description:

## 4.1.10.1 Single Drug Testing for Neurontin

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
8	Collection Expert Witness Testimony	10.00000	HOUR	0.500000	5.00

Comm Code	Manufacturer	Specification	Model #	
85121810				

# **Commodity Line Comments:**

# Extended Description:

# 4.1.19.1 Collection Expert Witness Testimony

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
9	Laboratory Expert Witness Testimony	10.00000	TEST	0.500000	5.00
Comm	Code Manufacturer		Specifica	ation	Model #

85121810

#### **Commodity Line Comments:**

#### **Extended Description:**

# 4.1.19.2 Laboratory Expert Witness Testimony

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
10	MRO Expert Witness Testimony	10.00000	HOUR	0.500000	5.00

Comm Code	Manufacturer	Specification	Model #	
85121810				

# **Commodity Line Comments:**

#### Extended Description:

# 4.1.19.3 MRO Expert Witness Testimony

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
11	Collection Expert Testimony at Deposition	10.00000	HOUR	0.500000	5.00

Comm Code	Manufacturer	Specification	Model #	
85121810				

# **Commodity Line Comments:**

## Extended Description:

4.1.19.4 Collection Expert Testimony at Deposition

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
12	Laboratory Expert Testimony at Deposition	10.00000	HOUR	0.500000	5.00

Comm Code	Manufacturer	Specification	Model #	
85121810				

#### **Commodity Line Comments:**

## Extended Description:

4.1.19.5 Laboratory Expert Testimony at Deposition

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
13	MRO Expert Witness Testimony at Deposition	n 10.00000	HOUR	0.500000	5.00
Comm	Code Manufacturer		Specific	ation	Model #

 Comm Code
 Manufacturer
 Specification
 Model #

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# **Commodity Line Comments:**

# Extended Description:

4.1.19.6 MRO Expert Witness Testimony at Deposition



August 10, 2021

State of West Virginia Dept of Administration Attn: Crystal G. Hustead 2019 Washington St. E Charleston, WV 25305

RE: CRFQ 0511 BCF200000001 Drug and Alcohol Testing Services

Dear Ms. Hustead,

Health Research Systems, Inc. (HRS) is pleased to participate in the above referenced RFQ. HRS certifies that it has read the RFQ and the amendments in their entirety and is able to meet off of the service requirements listed in the RFQ. HRS has over 30 years of experience in the drug and alcohol testing industry and is very qualified to perform the drug and alcohol testing services required by the State of West Virginia.

HRS serves as a third-party administrator for drug and alcohol testing programs for both private and governmental agencies. We provide total turn-key drug and alcohol testing services for our customers. HRS has the capability for each location to order and receive test results via the internet. HRS also provides a certified Medical Review Office for results review.

HRS will utilize Alere for their laboratory services. Alere is a DHHS SAMHSA certified laboratory. HRS utilizes the Medical Review Officer services of Brian N. Heinen MD. Dr. Heinen is certified by the American Association of Medical Review Officers.

HRS is classified as a small business in the State of West Virginia and is in good standings with the State of West Virginia. HRS is located at:

Health Research Systems 7 Stonecrest Drive Huntington, WV 25701 (304) 529-4453 Fax: (866) 945-9153

7 Stonecrest Drive Huntington, WV 25701 T: 304.529.4453 F: 866.945.9153 www.healthresearchsystems.com **Mr. Michael Day,** President and CEO of HRS, has thirty (30) years of experience coordinating specimen collection and laboratory services for health services testing. He is able to provide expert testimony on program administration that stands behind the specimens collected by HRS personnel. Mr. Day works to stay current on federal regulations relevant to the drug free workplace in order to provide collectors with the most up-to-date training possible, as well as keep our clients informed of any pertinent changes.

**Mrs. Merilee Hutchinson** is HRS's current Operations Manager with 12 years of management experience and 7 years of experience in the health services industry. Mrs. Hutchinson is currently a Collections Services Technician Trainer and Breath Alcohol Technician Trainer as well as a Calibration Technician. Mrs. Hutchinson will serve as the main contact for this contract.

If HRS is selected for award, HRS would contact each of the DER's assigned and would review the current policy. All contact information to order tests would be obtained. All authorized individuals who are allowed to view results would be identified and would receive instructions for viewing online results. A list of all the collection sites and instructions would be discussed with each of the Divisions.

HRS will utilize authorization forms for each of the Divisions with instruction for the collection sites. All data such as billing and personnel contacts will also be arranged by HRS.

HRS looks forward to the possibility of providing excellent drug testing services to the State of West Virginia.

# **Scope of Services**

HRS will provide all drug and alcohol testing services and related services in accordance to the provisions and requirements stated in the RFQ. HRS will provide all testing services in compliance with all federal, state, and local regulations, and adhere to rules and regulations found in 49 CFR Part 40.

HRS will maintain knowledge of any amendments or modifications to federal and state regulations, rules and/or requirements that govern drug and alcohol testing and understands and agrees that such modifications will be incorporated into the contract to enable continue compliance.

HRS will utilize only collection facilities that have collectors that are DOT certified according to 49 CFR Part 40 for both urine and alcohol testing. HRS will be responsible for the performance and compliance of any sub-contractors, including required certifications of facilities, devices or technicians.

# **Drug Test Requirements**

HRS will provide the drug screening panel listed in this RFQ as well as the option of the individualized drugs. All testing will be completed according to the guidelines of 49 CFR Part 40. Confirmatory testing of a positive screen will be by GC/MS confirmation. All specimens will be tested for validity and integrity including adulterants, creatinine, specific gravity, PH and nitrates. Initial cut-off levels, confirmatory cut-off levels and validity or integrity for human urine shall be followed as indicated by federal guidelines.

# **Alcohol Test Requirements**

HRS will conduct alcohol testing in accordance with DOT regulations and procedures. All initial alcohol screening tests will be completed using a DOT breath alcohol device that is on the Conforming Product List. All confirmation tests will be done using the same device and within 15 minutes of the screening test. All breath alcohol technicians will immediately notify the DER of a finding of .02% alcohol concentration or greater, an inability to provide sufficient breath, or a refusal to test.

# **Medical Review Officer Requirements**

HRS will utilize the services of Dr. Brian N. Heinen. Dr. Heinen is the Medical Review Officer that works directly with Alere. Dr. Heinen is certified by the American Association of Medical Review Officers and credentialing can be provided if awarded.

# **Specimen Collection Requirements**

All clinics will have the necessary equipment, materials, and facilities to allow for the proper collections, temporary storage and shipping of specimens to the laboratory according to DOT requirements.

All donors will be identified utilizing a valid picture ID. All facilities will meet the requirements for procedures specified under DOT regulations to ensure that specimens are not tampered, adulterated, or diluted during the collection process. All clinics will

have BAT certificates and US DOT Collector certificates on file in all of the collection site locations.

All negative drug tests will be reported within 24 hours and positives will be reported after MRO donor interview.

# ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: CRFO BCF2200000001

**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 reccipt 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)

[)	0	Addendum No. 1	ſ	]	Addendum No. 6
[	]	Addendum No. 2	I	]	Addendum No. 7
[	]	Addendum No. 3	ľ	]	Addendum No. 8
ĺ	]	Addendum No. 4	I	]	Addendum No. 9
[	]	Addendum No. 5	ľ	1	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.

Health Research Systems, Inc.	
Company	
Muleo Hutchinson Authorized Signature	
Authorized Signature	
08/09/2021	
Date	

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

# ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: CRFO BCF220000001

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)

[]	Addendum No. 1	]	]	Addendum No. 6
ĩX	Addendum No. 2	[	]	Addendum No. 7
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[]	Addendum No. 4	Ι	]	Addendum No. 9
[]	Addendum No. 5	]	]	Addendum No. 10

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Health Research Systems, Inc. Company Authorized Signature 08/09/2021 Date

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

**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.

Neules Autors Mar (Name, Title) Merilee Hutchinson/Operations Manager	ager
(Printed Name and Title) 7 Stonecrest Drive Huntington, WV 25701	
(Address) (304) 529-4453 (866) 945-9153	
(Phone Number) / (Fax Number) mhutchinson@healthresearchsystems.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.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law,

Health Research Systems, Inc.

(Company) log Chitcherson

(Authorized Signature) (Representative Name, Title)

Merilee Hutchinson/Operations Manager

(Printed Name and Title of Authorized Representative)

08/09/2021

(Date)

(304) 529-4453 (866) 945-9153

(Phone Number) (Fax Number)

Revised 07/01/2021

# REQUEST FOR QUOTATION CRFQ BCF2200000001 Drug and Alcohol Testing Services

# 10.2.3. Any other remedies available in law or equity.

# **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.

<b>Contract Mana</b>	ger:	Merilee Hutchinson
<b>Telephone</b> Nun	aber:	(304) 529-4453
Fax Number:		
Email Address	: mhut	chinson@healthresearchsystems.com

Revised 10/27/2014

Name of Associate: Merilee Hutchinson

Signature: Meules Hutchinon

Date:

Title: Operations Manager

Date: 08/09/2021

Form - WVBAA-012004 Amended 05.25.2013

APPROVED AS TO FORM THIS 24	
Matrick Morrisoy	C

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#### Appendix A

(To be completed by the Agency's Procurement Officer prior to the execution of the Addendum, and shall be made a part of the Addendum. PHI not identified prior to execution of the Addendum may only be added by amending Appendix A and the Addendum, via Change Order.)

Name of Associate: Health Research Systems, Inc.

WV Department of Health and Human Resources

Name of Agency:\_\_\_\_

Describe the PHI (do not include any actual PHI). If not applicable, please indicate the same.

All types of PHI in electronic, verbal, or any other form, including but not limited to:

- Names
- Geographic data
- All elements of dates
- Telephone numbers
- FAX numbers
- Email addresses
- Social Security numbers
- Medical record numbers
- Health plan beneficiary numbers
- Account numbers
- Certificate/license numbers
- Vehicle identifiers and serial numbers including license plates
- Device identifiers and serial numbers
- Web URLs
- Internet protocol addresses
- Biometric identifiers (i.e. retinal scan, fingerprints)
- Full face photos and comparable images
- Any unique identifying number, characteristic or code

To the minimum extent necessary, the services contained within this agreement involve the transmission of protected health information required for the appropriate oversight and administration of health care services and may include, but is not limited to, data and information related to: treatment data, beneficiary eligibility, medical records, and/or billing information, in paper, electronic, or any other form.

# 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, licence 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 belance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-20-2, 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, imited 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 exceed 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 §81-6-3) 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:

By contraining a sector 0 conter 8, 1985

Vendor's Name: Health Research Systems, Inc.	
Authorized Signeture: Maile Nuk	Juron Date: 08/09/2021
State of West Virginia	
County of <u>Cabell</u> , to-wit:	
Taken, subscribed, and sworn to before me this ${f q}$	they or ALQUST 202!
My Commission expires October 0	2023
AFFIX SEAL HERE	NOTARY PUBLIC Charlene Casto
Contraction of the second second	Purchasing Allidavit (Revised 01/19/2018)
Charlene Caste	
Et 60 Anna	