




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 4

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

Procurement Folder: 1281126

Procurement Type: Central Master Agreement

Vendor ID: 000000109245 

Legal Name: JAYKAY INC

Alias/DBA: JAYKAY INC

Total Bid: \$0.00

Response Date: 09/14/2023 

Response Time: 9:04

Responded By User ID: MichelleMc 

First Name: Michelle

Last Name: McCatty

Email: mmccarty@jaykaymedical.com

Phone: 8004425441

SO Doc Code: CRFQ

SO Dept: 0613

SO Doc ID: VNF2400000003

Published Date: 9/12/23

Close Date: 9/14/23

Close Time: 13:30

Status: Closed

Solicitation Description: VNF Therapy Services

Total of Header Attachments: 4

Total of All Attachments: 4



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: 1281126
Solicitation Description: VNF Therapy Services
Proc Type: Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2023-09-14 13:30	SR 0613 ESR09142300000001377	1

VENDOR
 000000109245
 JAYKAY INC

Solicitation Number: CRFQ 0613 VNF2400000003
Total Bid: 0
Response Date: 2023-09-14
Response Time: 09:04:42
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	Occupational Therapist Services	0.00000			0.00

Comm Code	Manufacturer	Specification	Model #
85122102			

Commodity Line Comments: Please see pricing page

Extended Description:

As Per Specifications Section 10.2 The Pricing Page Exhibit "A" must be used to input your pricing if submitting electronic bid. Occupational Therapy for residents of WVNF. See solicitation specifications for details.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Occupational Therapist Assistant	0.00000			0.00

Comm Code	Manufacturer	Specification	Model #
85122102			

Commodity Line Comments: Please see pricing page

Extended Description:

As Per Specifications Section 10.2 The Pricing Page Exhibit "A" must be used to input your pricing if submitting electronic bid. Occupational Therapist Assistant for residents of WVNF. See solicitation specifications for details.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	Physical Therapist Services	0.00000			0.00

Comm Code	Manufacturer	Specification	Model #
85122101			

Commodity Line Comments: Please see pricing page

Extended Description:

As Per Specifications Section 10.2 The Pricing Page Exhibit "A" must be used to input your pricing if submitting electronic bid. Physical Therapy for residents of WVNF. See solicitation specifications for details.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	Physical Therapist Assistant	0.00000			0.00

Comm Code	Manufacturer	Specification	Model #
85122101			

Commodity Line Comments: Please see pricing page

Extended Description:

As Per Specifications Section 10.2 The Pricing Page Exhibit "A" must be used to input your pricing if submitting electronic bid. Physical Therapist Assistant Services for residents of WVNF. See solicitation specifications for details.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	Speech-Language Pathologist	0.00000			0.00

Comm Code	Manufacturer	Specification	Model #
85122108			

Commodity Line Comments: Please see pricing page

Extended Description:

As Per Specifications Section 10.2 The Pricing Page Exhibit "A" must be used to input your pricing if submitting electronic bid. Speech- Language Therapy services for residents of WVNF. See solicitation specifications for details.



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

State of West Virginia
 Centralized Request for Quote

Proc Folder: 1281126		Reason for Modification: Addendum No. 1	
Doc Description: VNF Therapy Services			
Proc Type: Central Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2023-09-12	2023-09-14 13:30	CRFQ 0613 VNF2400000003	2

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code: 000000109245
 Vendor Name : Jaykay Services, INC dba Jaykay Medical Staffing
 Address : 2054
 Street : Classique Lane
 City : Tavares
 State : Florida Country : USA Zip : 32178
 Principal Contact : Nancy Malika
 Vendor Contact Phone: (800)442-5441 Extension:

FOR INFORMATION CONTACT THE BUYER
 David H Pauline
 304-558-0067
 david.h.pauline@wv.gov

Vendor Signature X *[Signature]* FEIN# 200131316 DATE 9/12/2023

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

ADDITIONAL INFORMATION

Addendum No. 1

To make changes to Specifications, see attached.

To provide responses to Vendor Technical Questions, see attached.

To move bid opening date and time to September 14, 2023, at 1:30 pm., est.

No other changes.

INVOICE TO**SHIP TO**DIVISION OF VETERANS
AFFAIRS
1 FREEDOMS WAYVETERAN'S NURSING
FACILITY
1 FREEDOMS WAYCLARKSBURG WV
USCLARKSBURG WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Occupational Therapist Services	0.00000			

Comm Code**Manufacturer****Specification****Model #**

85122102

Extended Description:

As Per Specifications Section 10.2 The Pricing Page Exhibit "A" must be used to input your pricing if submitting electronic bid.

Occupational Therapy for residents of WVNF. See solicitation specifications for details.

INVOICE TO**SHIP TO**DIVISION OF VETERANS
AFFAIRS
1 FREEDOMS WAYVETERAN'S NURSING
FACILITY
1 FREEDOMS WAYCLARKSBURG WV
USCLARKSBURG WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Occupational Therapist Assistant	0.00000			

Comm Code**Manufacturer****Specification****Model #**

85122102

Extended Description:

As Per Specifications Section 10.2 The Pricing Page Exhibit "A" must be used to input your pricing if submitting electronic bid.

Occupational Therapist Assistant for residents of WVNF. See solicitation specifications for details.

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Physical Therapist Services	0.00000			

Comm Code	Manufacturer	Specification	Model #
85122101			

Extended Description:

As Per Specifications Section 10.2 The Pricing Page Exhibit "A" must be used to input your pricing if submitting electronic bid.

Physical Therapy for residents of WVNF. See solicitation specifications for details.

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	Physical Therapist Assistant	0.00000			

Comm Code	Manufacturer	Specification	Model #
85122101			

Extended Description:

As Per Specifications Section 10.2 The Pricing Page Exhibit "A" must be used to input your pricing if submitting electronic bid.

Physical Therapist Assistant Services for residents of WVNF. See solicitation specifications for details.

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
5	Speech-Language Pathologist	0.00000			

Comm Code	Manufacturer	Specification	Model #
85122108			

Extended Description:
 As Per Specifications Section 10.2 The Pricing Page Exhibit "A" must be used to input your pricing if submitting electronic bid.
 Speech- Language Therapy services for residents of WVNF. See solicitation specifications for details.

SCHEDULE OF EVENTS

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Vendor TECHNICAL questions due by 11:00 am., est.	2023-09-07

SOLICITATION NUMBER: CRFQ VNF2400000003

Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as CRFQ VNF2400000003 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.
- To respond to technical questions
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

Additional Documentation:

1. **To Modify Specifications of product or service being sought, see attached.**
2. **To respond to vendor technical questions, see attached.**
3. **Bid opening date and time remains August 16, 2023, at 1:30 pm., est.**
4. **No other changes.**

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.

Skilled Rehabilitative Therapy Services CRFQ VNF240000003

Vendor Questions & Answers

Revision to Specification Section 8.5 in response to the vendor question below

Vendor must provide rehabilitative services to WVNF Veterans and members at least six (6) days a week, Monday through Saturday, 7 am – 7 pm, or as otherwise instructed by WVNF.

Does this need to be a separate addendum, or are we okay to just leave it in the Q&A? Thanks!

Q. In regards to the rehabilitation services being provided between the hours of 7 am – 7 pm Monday through Saturday, is this time frame to mean there needs to be therapists and assistants on site during these hours or would it mean available during these hours? Is this the time frame of rehabilitation services being done by the current vendor or are these newly assigned hours of operation?

A. Vendor services are currently required Monday through Friday from 7 am – 7 pm. However, services must be available on Saturdays as well, if/when needed. We currently do not have a need for Saturday services as of this writing. However, it has been needed in the past and may be needed again in the future under this contract.

Q1. Would you be able to provide the current therapy caseload for all payor sources?

A1. Therapy caseload information is not readily available. Payor sources information follows, but these are only estimates based on the current census of 96.

Resident's Insurance Coverage Type	Percentage
Private Insurance only	4%
Medicare Part A only	18%
Medicare Part A & B only	32%
Medicare Part A & B and Private Insurance	37%
No Coverage	9%

Q2. Who is the current provider?

A2. Benchmark Therapies, Inc.

Q3. How many current therapists do you have, by discipline?

A3. Speech Therapists – 3; Physical Therapists – 2; Physical Therapist Assistants – 4; Occupational Therapists – 1; Occupational Therapist Assistants – 2. These numbers fluctuate according to the census and the needs.

Q4. When will this contract start?

A4. We hope to have a start date of November 1, 2023

Q5. Can you confirm that we will need to bill for Part B services?

A5. Yes. See the Specifications Sections 8.38 and 8.41.

Q6. It appears you are using paper charts and not an EMR. Can you confirm?

A6. We use both paper charting and PointClickCare.

Q7. Can you please share the current rates and [pricing] structure for the incumbent rehab services provider?

A7. Requesting copies of previously awarded contracts, other solicitations, or documents related to previous contracts through the question and answer process included in this solicitation is not appropriate. Requests for documentation of this nature can be obtained by interested parties through a Freedom of Information Act request.

Q8. Who is the incumbent therapy provider?

A8. See response to Question #2 above.

Q9. What is the current billing system and the EMR being used?

A9. WVNF uses PointClickCare as its EMR and billing. Vendor, however, will need its own billing system. Also see answer to Question 6 above.

Q10. Can you provide 3 months of data on CMI trended?

A10. WVNF is a WV State Agency and not subject to Medicare/Medicaid regulations. Therefore, this data is not available.

Q11. Census for each short-term rehab and long-term care; and capacity of each building - can you provide invoices?

A11. Regarding census, WVNF is a 120-bed long-term care facility. The number of days/months of therapy per resident is not available. The census is 89.67 based on the past 12 months. This number is subject to change based on resident population.

Census on the last day of the month	Year - Month
85	22-Aug
85	22-Sep
86	22-Oct
90	22-Nov
89	22-Dec
87	23-Jan
89	23-Feb
92	23-Mar
94	23-Apr
95	23-May
94	23-Jun
90	23-Jul

Total 1076 ÷ 12 = 89.67 Average Census

Regarding invoices, requesting copies of previously awarded contracts, other solicitations, or documents related to previous contracts through the question and answer process included in this solicitation is not appropriate. Requests for documentation of this nature can be obtained by interested parties through a Freedom of Information Act request.

Q12. Managed Care vs Medicare - can you provide invoices?

A12. See responses to Q10 and Q11 above.

Q13. What improvements, if any, can be made to the delivery of therapy services?

A13. This question is irrelevant to the solicitation.

Q14. How does WVNF measure the performance of your therapy provider?

A14. See Section 15 of the Specifications.

Q15. Can we submit our RFQ online via wvOASIS?

A15. Yes

Q16. Are you looking for pricing quotes only or can we submit an additional technical proposal?

A16. Technical proposals are expected. Vendors must submit a completed Exhibit A Pricing Page.

Q17. If we are allowed to submit a technical proposal is there a file size limit?

A17. None that we are aware of at this time.

Q18. Is non treatment time (ex. Care plan meeting, in-service training time and documentation) billable under the hourly rate assigned to each therapist and assistant on the pricing page?

Q18.i. For example: If the Physical Therapist attends a resident's care plan meeting for 1 hour, regardless of whether or not the resident is in attendance, would this hour be billable at the hourly rate assigned on the pricing sheet?

A18.i. No

Q18.ii. For example: If an Occupational Therapist spends 2 hours doing the following; completing evals, recerts, progress reports, daily notes and discharge summaries would those 2 hours be billable at the hourly rate assigned on the pricing sheet?

A18.ii. No

Q18.iii. For example: If a Physical Therapist Assistant spends 3 hours at an annual in-service training, such as, fire safety, emergency preparedness, dementia, etc. would that time be billable at the hourly rate assigned on the pricing sheet?

A18.iii. Yes, see Specifications Section 8.30.

Q18.iv. For example: If the WVNF has us provide an OT in-service training, such as, self-feeding using built-up utensils, for 30 minutes, would that time be billable at the hourly rate assigned on the pricing sheet?

A18.iv. No

Q19. Does the WVNF still have a locked dementia unit? If so, what is the requirement for training both upon hire and annually?

A19. Yes, see Specifications Section 8.30. Dementia training is part of orientation and annual training.

Q20. In regards to the rehabilitation services being provided between the hours of 7 am – 7 pm Monday through Saturday, is this time frame to mean there needs to be therapists and assistants on site during these hours or would it mean available during these hours? Is this the time frame of rehabilitation services being done by the current vendor or are these newly assigned hours of operation?

A20. Vendor services are currently required Monday through Friday from 7 am – 7 pm. However, services must be available on Saturdays as well, if/when needed. We currently do not have a need for Saturday services as of this writing. However, it has been needed in the past and may be needed again in the future under this contract.

Q21. Is oversight of the wheelchair clinic, and maintaining of inventory of wheelchairs, equipment and accessories billable time under the hourly rates assigned on the pricing page for therapists and assistants? Is this oversight being done by the current vendor?

A21. This time is not billable. This is a requirement in the current contract.

Q22. Is 8.13, duties of Regional Director billable under the hourly rates assigned on the pricing page for therapists and assistants?

A22. No.

Q23. Has the current vendor made recommendations for staffing patterns appropriate to the rehabilitation caseload? If so, what were they?

A23. Vendor and Agency collaborate on staffing requirements based on the census and residents needs.

Q24. What is the current vendors staffing model by FTE? Please provide for OT, OTA, PT, PTA, SLP.

A24. See answers to Questions 3 and 23 above.

Q25. How many Billable minutes were billed under the current vendor during the 2022 calendar year? In addition, what was the breakdown per discipline?

A25. Requesting copies of previously awarded contracts, other solicitations, or documents related to previous contracts through the question and answer process included in this solicitation is not appropriate. Requests for documentation of this nature can be obtained by interested parties through a Freedom of Information Act request.

Q26. Does the current vendor have any non-billable staff, such as rehab techs?

A26. No.

END OF QUESTIONS AND ANSWERS

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ VNF240000003

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

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

Addendum Numbers Received:

(Check the box next to each addendum received)

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

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that 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.

Jaykay Services, INC dba
Jaykay Medical Staffing

Company

W. W. W. W.

Authorized Signature

9/12/2023

Date

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

REQUEST FOR QUOTATION – CRFQ VNF24*03
SKILLED REHABILITATION THERAPY SERVICES

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: Nancy Malika

Telephone Number: (800) 442-5441

Fax Number: (800) 805-9016

Email Address: nmalika@jaykaymedicalstaffing.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.

(Printed Name and Title) Nancy Malika

(Address) 2054 Classique Lane, Tavares Florida 32778

(Phone Number) / (Fax Number) (800) 442-5441 / (800) 805-9016

(Email address) nmalika@jaykaymedicalstaffing.com

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation/Contract 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/Contract 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 this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; 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; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.

JayKay Services, INC dba JayKay Medical Staffing

(Company)

Nancy Malika

(Signature of Authorized Representative)

Nancy Malika, General Manager

(Printed Name and Title of Authorized Representative) (Date)

(800) 442-5441 / (800) 805-9016

(Phone Number) (Fax Number)

nmalika@jaykaymedicalstaffing.com

(Email Address)



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

CRFQ VNF24*03 - 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	\$ 79 -00	\$395,000 -00
2	4.1.2	Occupational Therapist Assistant	800	Hour	\$ 49 -00	\$ 39,200 -00
3	4.1.3	Physical Therapist Services	1500	Hour	\$ 79 -00	\$ 118,500 -00
4	4.1.4	Physical Therapist Assistant	3200	Hour	\$ 49 -00	\$ 156,800 -00
5	4.1.5	Speech Therapist Services	400	Hour	\$ 82 -00	\$ 32,800 -00
TOTAL						\$ 742,300-00

Vendor:	Jaykay Services, INC dba Jaykay Medical Staffing
Address:	2054 Classique Lane, Tavares, FL 32178
Phone:	(800) 442-5441
Email:	nmalika@jaykaymedicalstaffing.com
Signature:	<i>[Handwritten Signature]</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*****