



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

Request for Quotation

RFQ NUMBER
VNF1016

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
TARA LYLE 304-558-2544

VENDOR

RFQ COPY
 TYPE NAME/ADDRESS HERE

SHIP TO

DIVISION OF VETERANS AFFAIRS
 VETERANS NURSING FACILITY
 ONE FREEDOMS WAY
 CLARKSBURG, WV
 26301 304-627-2415

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
09/19/2011				

BID OPENING DATE: 09/29/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 1		
				1. QUESTIONS AND ANSWERS ARE ATTACHED.		
				2. PRE-BID SIGN-IN SHEETS ATTACHED.		
				3. TO MOVE THE BID OPENING DATED FROM 09/22/2011 TO 9/29/2011.		
				4. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.		
				END OF ADDENDUM NO. 1		
0001	1	LS		948-86		
				PHYSICAL/OCCUPATIONAL/SPEECH THERAPY SERVICES		
***** THIS IS THE END OF RFQ VNF1016 ***** TOTAL: _____						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

GENERAL TERMS & CONDITIONS REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
4. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods this Purchase Order/Contract becomes void and of no effect after June 30.
5. Payment may only be made after the delivery and acceptance of goods or services.
6. Interest may be paid for late payment in accordance with the *West Virginia Code*.
7. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
10. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern the purchasing process.
11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
12. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
13. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at www.state.wv.us/admin/purchase/vrc/hipaa.htm and is hereby made part of the agreement. Provided that the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
14. **CONFIDENTIALITY:** The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures, and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf>.
15. **LICENSING:** Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, and the West Virginia Insurance Commission. The vendor must provide all necessary releases to obtain information to enable the director or spending unit to verify that the vendor is licensed and in good standing with the above entities.
16. **ANTITRUST:** In submitting a bid to any agency for the State of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the State of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, or person or entity submitting a bid for the same material, supplies, equipment or services and is in all respects fair and without collusion or Fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
2. Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
4. All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130
5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).

VNF1016
Addendum No. 1

CLARIFICATIONS:

C1: On Page 17 – Add the following subsection:

31.7 Each vendor's employee will participate in a facility orientation.

C2: The bid opening has moved from 09/22/2011 to 09/29/2011.

QUESTIONS:

Q1: Your RFQ is asking for an hourly rate for PT/OT/ST for Part A based on 300? For PT, 200 for OT and 100 for ST. And a % of fee schedule for Part B?

What is 300? 200 and 100?

Is that the number of hours we will provide per month each discipline? And what if we go over that?

So, say we bill \$60.00/hour all disciplines, then would it be \$18,000/month for PT; \$12,000/month for OT, \$6,000/month for ST, all just PART A?

A1: Our facility is not a provider of Medicare or Medicaid. We do not bill insurance companies. However the vendor must be able to bill Medicare Part B and other secondary insurance coverages on their own for qualifying patients, however we are requiring the HCPC percentage as a parameter of our pricing module in case we pursue that option in the future..... Medicare Part A, however is not an option to pursue in the future due to the requirements we have for admission to the WVVNF.

Each Vendor, as proof of their ability to bill immediately, must provide their Group Medicare Part B Provider number as well as subsequent provider numbers for PT and OT. The name, WV state license number, and individual provider number for the Therapists under the Group that the vendor plans to work at the WVVNF is required in the RFQ.

The number of hours listed are estimated hours per month for bidding purposes only. We understand you may go over the number of hours per month. It is only estimated for bidding purposes only.

Q2: Can you please provide us with:

Average Total Census
 Average Number of Part A Residents
 Current RUGs mix
 Current Number of Residents on Part B Caseload Current Number of
 Therapists working in the building.

A2:	Average total census	90
	Average number of part A residents	Does not apply
	Current RUGs mix	Does not apply
	Current # of Part B caseload	6-8, no residents at this time using speech hours.
	Current # of Therapist Working Average over 1 year	15 (mix of part-time, fulltime and PRN). This number includes all disciplines. There is not a limit; it is based on need of the residents and the vendor's treatment protocols.

Q3: Will there be non-billable time?

A3: Yes, this time is to be no more than 20% of the overall billable time. An Example would be that the vendor would bill the facility an additional 120 hours on the invoice for non-billable time on an invoice with 600 hours billable to WVVNF. Items to be covered under this would be rehab techs, meetings, assistance on patient trips with activities, and documentation time.

Q4: On page 18-#7 reads "ADVS" Responsibilities

A4: Should read "Agency" Responsibilities

No additional questions will be accepted on this RFQ.

End of Addendum No. 1

SIGN IN SHEET

Request for Proposal No. WNF1010

PLEASE PRINT

Page 1 of 2
Date: 8/29/11

* PLEASE BE SURE TO PRINT LEGIBLY - IF POSSIBLE, LEAVE A BUSINESS CARD

FIRM & REPRESENTATIVE NAME

MAILING ADDRESS

TELEPHONE & FAX NUMBERS

Company: <u>ALL STATE THERAPIES, INC.</u>	<u>9030 NDE ROAD</u>	PHONE <u>704-207-3553</u>
Rep: <u>Tim Kubistek</u>	<u>Raw Townsho, PA 15644</u>	TOLL FREE
Email Address: <u>TKubistek@AllSTNTherapies.com</u>		FAX <u>704-723-9430</u>
Company: <u>Genesis Rehab Services</u>	<u>Rt. 2 Box 323A</u>	PHONE <u>304-288-3158</u>
Rep: <u>Monica Rogers</u>	<u>Grafton, WV</u>	TOLL FREE
Email Address: <u>monica.rogers@genesishcc.com</u>	<u>26354</u>	FAX <u>610-335-4371</u>
Company: <u>West Virginia Therapy Services</u>	<u>415 Bendum Drive</u>	PHONE <u>304-842-9887</u>
Rep: <u>Mize Dotson</u>	<u>Bridgeport, WV 26330</u>	TOLL FREE
Email Address: <u>mdotson@wvtherapy.com</u>		FAX <u>304-842-9888</u>
Company: <u>West Virginia Therapy Services</u>	<u>415 Bendum Dr</u>	PHONE <u>304-677-3848 (cell)</u>
Rep: <u>Gary Hayes</u>	<u>Bridgeport WV 26330</u>	TOLL FREE
Email Address: <u>ghayes@wvtherapy.com</u>		FAX
Company: <u>West Virginia Veterans Nursing Facility</u>	<u>One Freedom Way</u>	PHONE <u>304-626-1600</u>
Rep: <u>THOMAS McVAY</u>	<u>Clarksburg WV 26301</u>	TOLL FREE
Email Address: <u>THOMAS.G.McVAY@WV.GOV</u>		FAX

Request for Proposal No. WNF 1016

SIGN IN SHEET
PLEASE PRINT

Page 2 of 2
Date: 8/29/11

* PLEASE BE SURE TO PRINT LEGIBLY - IF POSSIBLE, LEAVE A BUSINESS CARD

FIRM & REPRESENTATIVE NAME	MAILING ADDRESS	TELEPHONE & FAX NUMBERS
Company: XXXXXX <u>WVNVNF</u> Rep: <u>Sheri Reed</u> Email Address: <u>Sheri.A.Reed@wv.gov</u>	<u>One Freedoms Way</u> <u>Clarksburg WV 260301</u>	PHONE <u>304-626-1600</u> TOLL FREE FAX <u>304-626-1609</u>
Company: <u>WVNVNF</u> Rep: <u>Katherine N. Hess</u> Email Address: <u>Katherine.N.Hess@wv.gov</u>	<u>One Freedoms Way</u> <u>Clarksburg WV 260301</u>	PHONE <u>(304) 626-1600</u> TOLL FREE FAX <u>(304) 626-1908</u>
Company: _____ Rep: _____ Email Address: _____	_____ _____	PHONE _____ TOLL FREE FAX _____
Company: _____ Rep: _____ Email Address: _____	_____ _____	PHONE _____ TOLL FREE FAX _____
Company: _____ Rep: _____ Email Address: _____	_____ _____	PHONE _____ TOLL FREE FAX _____

EXHIBIT 10

REQUISITION NO.:

ADDENDUM ACKNOWLEDGEMENT

I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED
ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY
PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.

ADDENDUM NO.'S:

- NO. 1
- NO. 2
- NO. 3
- NO. 4
- NO. 5

I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE
ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS. VENDOR
MUST CLEARLY 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.

.....
SIGNATURE

.....
COMPANY

.....
DATE