



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

State of West Virginia
Master Agreement

Order Date: 12-09-2024

CORRECT ORDER NUMBER MUST
 APPEAR ON ALL PACKAGES, INVOICES,
 AND SHIPPING PAPERS. QUESTIONS
 CONCERNING THIS ORDER SHOULD BE
 DIRECTED TO THE DEPARTMENT
 CONTACT.

Order Number:	CMA 0613 9905 VNF23000001C 3	Procurement Folder:	1147666
Document Name:	Prequalified Vendors for Direct Care Staffing Service	Reason for Modification:	Change Order No. 02 To Renew Contract
Document Description:	Prequalified Vendors for Direct Care Nurse Staffing Services		
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2023-01-01
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2025-12-31

VENDOR				DEPARTMENT CONTACT	
Vendor Customer Code:	VS0000008443			Requestor Name:	Peggy L Alexander
HOME CARE ADVANTAGE INC 1179 S 6TH ST				Requestor Phone:	(304) 626-1600
INDIANA PA 15701-3733				Requestor Email:	peggy.l.alexander@wv.gov
US					
Vendor Contact Phone:	724-465-5863	Extension:			
Discount Details:					
	Discount Allowed	Discount Percentage	Discount Days	<div style="font-size: 2em; font-weight: bold;">2025</div> FILE LOCATION _____	
#1	No	0.0000	0		
#2	No				
#3	No				
#4	No				

INVOICE TO	SHIP TO
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY CLARKSBURG WV 26301 US	VETERAN'S NURSING FACILITY 1 FREEDOMS WAY CLARKSBURG WV 26301 US

CR 12-18-24

Total Order Amount:	Open End
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Purchasing Division's File Copy

12/11/24
PURCHASING DIVISION AUTHORIZATION
 DATE: *12.17.24*
 ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM
John S. Gray
 DATE: *12/19/2024*
 ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
[Signature]
 DATE: *12-20-24*
 ELECTRONIC SIGNATURE ON FILE

Extended Description:

Change Order

Change Order No. 02 is issued to renew the original contract according to all terms, conditions, prices, and specifications contained in the original contract, including all authorized change orders.

Effective date of renewal 1/1/2025 through 12/31/2025.

Renewal Years Remaining: 0

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	85101601				0.000000
	Service From	Service To		Service Contract Amount	
	2023-01-01	2025-12-31		1000000.00	

Commodity Line Description: Registered Nurse (RN)

Extended Description:

Registered Nurse (RN) to be billed using Delivery Order

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	85101601				0.000000
	Service From	Service To		Service Contract Amount	
	2023-01-01	2025-12-31		1000000.00	

Commodity Line Description: Licensed Practical Nurse (LPN)

Extended Description:

Licensed Practical Nurse (LPN) to be billed using Delivery Order

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
3	85101601				0.000000
	Service From	Service To		Service Contract Amount	
	2023-01-01	2025-12-31		1000000.00	

Commodity Line Description: Health Service Worker (HSW)

Extended Description:

Health Service Worker (HSW) to be billed using Delivery Order



*West Virginia Veterans Nursing Facility
One Freedoms Way
Clarksburg WV 26301*

December 3, 2024

Heather Gault
Home Care Advantage
1179 S 6th St.
Indiana, PA 15701

RE: Renewal CMA 0613 9905 VNF23*01C

Dear Ms. Gault,

Provisions were included in the original contract documents to renew the referenced contract under the same terms, conditions, and pricing. The renewal dates are 1/1/2025 to 12/31/2025. If your company agrees to this renewal, please sign below and return to my attention as soon as possible.

If you have any questions or concerns, feel free to contact me at (304) 626-1600 .

Regards,

Michael Clevenger
Procurement Supervisor

We agree to renew the contract for the period stated above under the same terms, conditions, and pricing as in the original Purchase Order and any subsequent Change Orders.

x Dr. Michael Gehosky
SIGNATURE

12/03/2024
DATE

Dr. Michael Gehosky, President
PRINT NAME

COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u> 8 </u> Date: <u> 12/11/24 </u> Solicitation No. <u> CMA VNF23*01C </u>	Agency: WVNF <hr/> Procurement Officer Submitting Requisition: Michael Clevenger <hr/> Requisition No. CMA VNF23*01C <hr/> PF No.: 1147666
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This checklist **MUST** be completed by a state agency's designated procurement officer and submitted with the Purchase Requisition to the Purchasing Division. The purpose of the checklist is to verify that an agency procurement officer has obtained and included required documentation necessary for the Purchasing Division to process the requisition without future processing disruptions. At the agency's preference, the agency **MUST** either submit the checklist by attaching it to the requisition's Header **OR** by placing it in the requisition's Procurement Folder.

FOR ALL SOLICITATION TYPES:

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
1	Specifications and Pricing Page included	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Use of correct specification template	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Use of correct requisition type [CRQS → CCT or CPO] or [CRQM → CMA]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Use of most current terms and conditions (www.state.wv.us/admin/purchase/TCP.pdf)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Maximum budgeted amount in wvOASIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Suggested vendors in wvOASIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Capitol Building Commission pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	Financing (Governor's Office) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	Fleet Management Division pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
10	Insurance requirements				
	Commercial General Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Automobile Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Workers' Compensation/Employer's Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Cyber Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Builder's Risk/Installation Floater	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	Office of Technology CIO pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	Treasurer's Office (banking) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FOR CHANGE ORDERS/RENEWALS:

1	Two-party agreement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Standard change order language	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Office of Technology CIO approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4	Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6	Secretary of State Verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	State debarment verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Federal debarment verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**The items pre-checked are required before a Purchase Requisition may be submitted to the Purchasing Division. Failure to complete and verify this documentation may result in rejection of the requisition back to the agency. It is up to the agency procurement officer to determine if pre-approvals, insurance, or other documentation is needed for the purchase. The referenced information below may be used to make this determination.*

For Purchasing Division Use Only:

I have reviewed the requisition identified above and find that it is sufficient to advertise publicly to the vendor community. My review does not preclude the possibility that the vendor community, or some other entity, will identify an area of concern; however, should such issues or concerns arise, they will be reviewed and addressed as may be appropriate.

Signature: David Pauline

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Business Organization Detail

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HOME CARE ADVANTAGE INC.

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C Corporation	4/5/2017		4/10/2017	Foreign	Profit			

Organization Information			
Business Purpose	5613 - Admin/Support Waste Mgt/Remediation Services - Administrative and Support Services - Employment Services (placement, executive search, temporary help, professional employer orgs)		Capital Stock
Charter County		Control Number	0
Charter State	PA	Excess Acres	
At Will Term		Member Managed	
At Will Term Years		Par Value	
Authorized Shares		Young Entrepreneur	Not Specified

Addresses	
Type	Address
Local Office Address	1179 S 6TH ST INDIANA, PA, 15701
Mailing Address	1179 S 6TH ST INDIANA, PA, 15701 USA
Notice of Process Address	HOME CARE ADVANTAGE, INC. 1179 S 6TH ST INDIANA, PA, 15701
Principal Office Address	1179 S 6TH ST INDIANA, PA, 15701 USA
Type	Address

Officers	
Type	Name/Address
Director	MICHAEL GEHOSKY 1179 S 6TH STREET INDIANA, PA, 15701
President	MICHAEL GEHOSKY 1480 INDIAN SPRINGS RD INDIANA, PA, 15701
Type	Name/Address

Annual Reports	
Filed For	Date filed
2024	
2023	
2022	
2021	
2020	
2019	
2018	
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Hi, I'm SOLO! I can help you file your Annual Report.

For more information, please contact the Secretary of State's Office at 304-558-8000.

Wednesday, December 11, 2024 — 7:35 AM

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