

BID SOLICITATION



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 CAPITOL HILL
 PROVIDENCE RI 02908

BID NUMBER: B06162
TITLE: IV THERAPY SERVICES-RI VETERAN
BID OPENING DATE AND TIME:
04/12/2006 2:00 PM

BUYER: ALMA MILLER
 PHONE #: (401) 222 - 2142 ext. 124
 BLANKET PERIOD: 5/1/2006 - 4/30/2007

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**HUMAN SERVICES
 DHS VETERANS HOME
 BUSINESS OFFICE
 PO BOX 689
 BRISTOL RI 02809**

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**HUMAN SERVICES
 DHS VETERANS HOME
 480 METACOM AVE
 BRISTOL RI 02809**

Requisition Number(s): R69G069356

Item	Class-Item	Quantity	Unit	Unit Price	Total
	<p>BLANKET REQUIREMENTS: 5/1/06 - 4/30/07</p> <p>BIDDING</p> <p>(a) A single price shall be quoted for each item against which a proposal is submitted. This price will be the maximum in effect during the agreement period. Any price decline at the manufacturer's level shall be reflected in a reduction of the agreement price to the State.</p> <p>(b) Quantities, if any, are estimated only. The agreement shall cover the actual quantities ordering during the period. Deliveries will be billed at the single, firm, awarded unit price quoted regardless of the quantities ordered.</p> <p>(c) Bid price is net F.O.B. destination and shall include inside delivery at no extra cost.</p> <p>(d) Bids for single items and/or a small percentage of total items listed, may, at the State's sole option, be rejected as being non-responsive to the intent of this request.</p> <p>ORDERING</p> <p>(a) The User Agency(s) will submit individual orders for the various items and various quantities as may be required during the agreement period.</p> <p>(b) Exception - Regardless of any agreement resulting from this bid, the State reserves the right to solicit prices separately for any extra large requirements for delivery to specific destinations.</p>				

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	<p>AN INSURANCE CERTIFICATE IN COMPLIANCE WITH PROVISIONS OF ITEM 31 (INSURANCE) OF THE GENERAL CONDITIONS OF PURCHASE IS REQUIRED FOR COMPREHENSIVE GENERAL LIABILITY, AUTOMOBILE LIABILITY, AND WORKERS' COMPENSATION AND MUST BE SUBMITTED BY THE SUCCESSFUL BIDDER(S) TO THE DIVISION OF PURCHASES PRIOR TO AWARD. THE INSURANCE CERTIFICATE MUST NAME THE STATE OF RHODE ISLAND AS CERTIFICATE HOLDER AND AS AN ADDITIONAL INSURED. FAILURE TO COMPLY WITH THESE PROVISIONS MAY RESULT IN REJECTION OF THE OFFEROR'S BID. ANNUAL RENEWAL CERTIFICATES MUST BE SUBMITTED TO THE AGENCY IDENTIFIED ON THE PURCHASE ORDER. FAILURE TO DO SO MAY BE GROUNDS FOR CANCELLATION OF CONTRACT.</p>				

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	<p>NOTE: IF THIS BID COVERS CONSTRUCTION, SCHOOL BUSING, HAZARDOUS WASTE, OR VESSEL OPERATION, APPLICABLE COVERAGES FROM THE FOLLOWING LIST MUST ALSO BE SUBMITTED TO THE DIVISION OF PURCHASES PRIOR TO AWARD:</p> <ul style="list-style-type: none"> * PROFESSIONAL LIABILITY INSURANCE (AKA ERRORS & OMISSIONS) - \$1 MILLION OR 5% OF ESTIMATED PROJECT COST, WHICHEVER IS GREATER. * BUILDER'S RISK INSURANCE - COVERAGE EQUAL TO FACE AMOUNT OF CONTRACT FOR CONSTRUCTION. * SCHOOL BUSING - AUTO LIABILITY COVERAGE IN THE AMOUNT OF \$5 MILLION. * ENVIRONMENTAL IMPAIRMENT (AKA POLLUTION CONTROL) - \$1 MILLION OR 5% OF FACE AMOUNT OF CONTRACT, WHICHEVER IS GREATER. * VESSEL OPERATION - (MARINE OR AIRCRAFT) - PROTECTION & INDEMNITY COVERAGE REQUIRED IN THE AMOUNT OF \$1 MILLION. 				

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	<p>AWARDS EXTENDING BEYOND JUNE 30TH ARE SUBJECT TO AVAILABILITY OF FUNDS. CONTINUATION OF THE CONTRACT BEYOND THE INITIAL FISCAL YEAR WILL BE AT THE DISCRETION OF THE STATE. TERMINATION MAY BE EFFECTED BY THE STATE BASED UPON DETERMINING FACTORS SUCH AS UNSATISFACTORY PERFORMANCE OR THE DETERMINATION BY THE STATE TO DISCONTINUE THE GOODS/SERVICES, OR TO REVISE THE SCOPE AND NEED FOR THE TYPE OF GOODS/SERVICES; ALSO MANAGEMENT OWNER DETERMINATIONS THAT MAY PRECLUDE THE NEED FOR GOODS/SERVICES.</p>				

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Item	Class-Item	Quantity	Unit	Unit Price	Total
	<p>IV THERAPY SERVICES FOR PALLATIVE PROGRAM AND FACILITY WIDE IV ANTIBIOTIC THERAPY AT THE RI VETERANS HOME.</p> <p>FOLLOWING SERVICES ARE SOUGHT: PREPARATION AND COMPOUNDING OF PHARMACEUTICALS INCLUDING INTRAVENOUS MEDICATIONS, PROVIDING INFUSION THERAPY AND/OR PLACEMENT OF MID-LINES, PERIPHERALLY INSERTED CENTRAL CATHETER OR PERIPHERALLY INSERTED CATHETER AS NEEDED, PROVIDE AN ON-CALL NURSE FOR PERIPHERAL LINE SERVICES, 24 HOURS PER DAY AND PROVIDE PHARMACY SERVICES ON A TWENTY-FOUR HOUR PER DAY, SEVEN-DAYS-A WEEK BASIS WITH A TWO-HOUR TURN-AROUND TIME FOR ORDERS. PROVIDER MUST HAVE A QUALITY ASSURANCE PROGRAM FOR INTRAVENOUS MIXING, ALL PRODUCT AND PRESCRIPTION LABELING PROCEDURES MUST FOLLOW APPROPRIATE STATE, FEDERAL AND LOCAL LAWS AND REGULATIONS. PROVIDER MUST ALSO COMPLY WITH THE REQUIREMENTS OF THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATION (JCAHO).</p> <p>VENDOR WILL BILL RESIDENTS' PRIVATE INSURANCE COMPANY. FACILITY WILL BE BILLED FOR ANY DEDUCTIBLE OR CO- PAYS UP TO APPROVED AMOUNT OF RESIDENTS INSURANCE. VENDORS INVOICE SUBMITTED TO THE AGENCY MUST BE ITEMIZED SHOWING THE INSURANCE COMPANY HAS BEEN INVOICED , THE INSURANCE PORTION OF PAYMENT, EACH SERVICE PERFORMED (NUMBER AND UNITS AND UNITS PRICING AND THEN THE EXTENDED AMOUNTS AND TOTAL BALANCE DUE TO THE RI VETERANS HOME.</p>				

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Item	Class-Item	Quantity	Unit	Unit Price	Total
1.0	948-74 PRICE PER DAY THERAPY TYPE: PAIN MANAGEMENT AWP (AVERAGE WHOLESALE PRICE) PER DIEM (PUMP/SUPPLIES) PRICING TO INCLUDE PUMP/CATHETER AND RELATED SUPPLIES	1.00	DAY		
2.0	948-74 PRICE PER DAY THERAPY TYPE: HYDRATION AWP (AVERAGE WHOLESALE PRICE) PER DIEM (PUMP/SUPPLIES)	1.00	DAY		
3.0	948-74 PRICE PER DAY THERAPY TYPE: ENTERAL THERAPY AWP (AVERAGE WHOLESALE PRICE) PER DIEM (PUMP/SUPPLIES)	1.00	DAY		
4.0	948-74 PRICE PER DAY THERAPY TYPE: ANTIBIOTICS AWP (AVERAGE WHOLESALE PRICE) PER DIEM: INCLUDES IV TUBING, CATHETER SUPPLIES AND FLUSHES	1.00	DAY		
	CATHETER SERVICES:				
5.0	948-74 PICC INSERTION (SUPPLIES/CATHETER)	1.00	EA		

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6.0	948-74 MID-LINE INSERTION (SUPPLIES/CATHETER)	1.00	EA		
7.0	948-74 NURSING SERVICES / 2 HOURS	1.00	HR		
8.0	948-74 NURSING SERVICES ADDITIONAL HOURS	1.00	HR		
9.0	948-74 ON CALL DELIVERY FEE 5:00 PM - 8:00 AM	1.00	EA		
	DELIVERY OF GOODS OR SERVICES AS REQUESTED BY AGENCY.				
				TOTAL:	

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