

### **Additional Information Regarding Vendors Performing Work in Replacement of State Employees**

This document contains copies of purchase order contracts obtained by OMB by which a nongovernmental person or entity agrees with any department, commission, board, council, agency, or public corporation to provide services, valued at one hundred fifty thousand dollars (\$150,000) or more, which are substantially similar to and in replacement of work normally performed by an employee of the department, commission, board, council, agency or public corporation. For additional supporting contract documents, you may submit a public records request to the Department of Administration in accordance with the Rhode Island Access to Public Records Act ("APRA"), R.I. Gen. Laws § 38-2-1 *et seq.* APRA forms, procedures and other information for the Department of Administration are available at <http://www.admin.ri.gov/publicrecords/index.php>.

**Fiscal Year:** FY18

**Agency:** Department of Human Services

**Vendor Name:** Mas Medical Staffing Corporation

**Total Amount Paid to Vendor for Services:** \$1,852,132.00

#### **Summary of Services Rendered to Agency:**

<b>Identifying Code</b>	<b>Service Type</b>	<b>Description</b>	<b>Amount</b>	<b>Notes</b>
PO 3452935	Doctors, Specialists, Medical Consultants, Dentists		\$1,852,132.00	

Note: Some of the above payments may have been made under the terms of a master price agreement (MPA). MPAs are solicited as requests for proposals or requests for quotes and may have cap limits for pricing and cap limits for project cost. MPAs provide agencies with access to qualified vendors, expedited process, and opportunities for mini-bids. Such purchases are made directly under the MPA and do not require a separate and unique contract. All MPAs are public and can be viewed at <http://www.purchasing.ri.gov/MPA/MPASearch.aspx>.

#### **Contents:**

<b>Item Number</b>	<b>Document ID</b>	<b>Description</b>	<b>Notes</b>
Item 1	PO 3452935	Purchase order contract	

**Item 1**

## Notice of Blanket Purchase Agreement



**State Of Rhode Island and Providence Plantations**  
**Department of Administration**  
**Division of Purchases**  
**One Capitol Hill**  
**Providence, RI 02908-5860**

V E N D O R	<b>MAS MEDICAL STAFFING CORPORATION</b> <b>1243 MINERAL SPRING AVE</b> <b>STE 208</b> <b>NORTH PROVIDENCE, RI 02904</b> <b>United States</b>
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<b>NURSING SERVICES AND CERTIFIED NURSING ASSISTANTS, VETERANS' HOME - DHS</b>	
Award Number	<b>3452935</b>
Revision Number	<b>4</b>
Effective Period	<b>01-FEB-2016 - 31-JAN-2020</b>
Approved PO Date	<b>05-NOV-2018</b>
Vendor Number	<b>22421-iSupplier</b>

S H I P  T O	<b>DHS VETERANS HOME</b> <b>480 METACOM AVE</b> <b>BRISTOL, RI 02809</b> <b>United States</b>
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Type of Requisition	<b>*OTHER</b>
Requisition Number	<b>1437167</b>
Change Order Requisition Number	<b>069</b>
Solicitation Number	<b>7550093</b>
Freight	<b>Paid</b>
Payment Terms	<b>NET 30</b>
Buyer	<b>Vittorioso, Dawn</b> -
Requester Name	<b>Avila, Joanne</b>
Work Telephone	<b>401-253-8000 x326</b>

This Purchase Order is issued pursuant to and in accordance with the terms and conditions of the solicitation and applicable federal, state, and local law, including the State of Rhode Island's purchasing regulations, available at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).

CHANGE TO PO #3452935 DATED 10/17/2018 - AGENCY DOCUMENT ID NUMBER 069

INCREASE CONTROL VALUE FOR ADDITIONAL SERVICES TO BE PROVIDED.

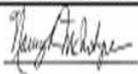
INCREASE CONTROL VALUE:  
 ORIGINAL CONTROL AMOUNT: \$855,000.00  
 INCREASE CONTROL AMOUNT 7/31/17: \$500,000.00  
 REVISED CONTROL AMOUNT: \$1,355,000.00  
 INCREASE CONTROL AMOUNT 12/27/17: \$1,145,000.00  
 REVISED CONTROL AMOUNT: \$2,500,000.00  
 INCREASE CONTROL AMOUNT 6/13/18: \$1,000,000.00  
 REVISED CONTROL AMOUNT: \$3,500,000.00

### INVOICE TO

The State of Rhode Island accepts electronic invoices via its supplier portal. To register and submit electronic invoices, visit the supplier portal at <http://controller.admin.ri.gov/iSupplier/isup/index.php>

To submit paper invoices, mail to: Department of Administration Controller, One Capitol Hill, 4th Floor, Providence 02908.

**STATE PURCHASING AGENT**

  
 Nancy R. McIntyre

INCREASE CONTROL AMOUNT 10/22/18: \$1,000,000.00  
 REVISED CONTROL AMOUNT: \$4,500,000.00

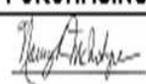
AGENCY CONTACT:  
 LYNN LAVALLEE  
 401-342-7002

Line	Description	Unit	Unit Price (USD)
1	APA-11655 FY16-20 LPN-MONDAY THROUGH FRIDAY-FIRST SHIFT	Hour	38
2	APA-11655 FY16-20 LPN-MONDAY THROUGH FRIDAY-FIRST SHIFT-OVERTIME RATE	Hour	57
3	APA-11655 FY16-20 LPN-MONDAY THROUGH FRIDAY-SECOND SHIFT	Hour	37
4	APA-11655 FY16-20 LPN-MONDAY THROUGH FRIDAY-SECOND SHIFT-OVERTIME RATE	Hour	55.5
5	APA-11655 FY16-20 LPN-MONDAY THROUGH FRIDAY-THIRD SHIFT	Hour	36
6	APA-11655 FY16-20 LPN-MONDAY THROUGH FRIDAY-THIRD SHIFT-OVERTIME RATE	Hour	54
7	APA-11655 FY16-20 LPN-WEEKENDS-FIRST, SECOND, THIRD SHIFT	Hour	42.75
8	APA-11655 FY16-20 LPN-WEEKENDS-FIRST, SECOND, THIRD SHIFT-OVERTIME RATE	Hour	64.13
9	APA-11655 FY16-20 LPN-HOLIDAY PAY-FIRST SHIFT	Hour	57
10	APA-11655 FY16-20 LPN-HOLIDAY PAY-SECOND SHIFT	Hour	55.5
11	APA-11655 FY16-20 LPN-HOLIDAY PAY-THIRD SHIFT	Hour	54
12	APA-11655 FY16-20 LPN-NEW YEAR'S DAY/CHRISTMAS DAY-ALL SHIFTS	Hour	76
13	APA-11655 FY16-20 REGISTERED NURSE-MONDAY THROUGH FRIDAY-FIRST SHIFT	Hour	41.5
14	APA-11655 FY16-20 REGISTERED NURSE-MONDAY THROUGH FRIDAY-FIRST SHIFT-OVERTIME RATE	Hour	62.25
15	APA-11655 FY16-20 REGISTERED NURSE-MONDAY THROUGH FRIDAY-SECOND SHIFT	Hour	40.4
16	APA-11655 FY16-20 REGISTERED NURSE-MONDAY THROUGH FRIDAY-SECOND SHIFT-OVERTIME RATE	Hour	60.75
17	APA-11655 FY16-20 REGISTERED NURSE-MONDAY THROUGH FRIDAY-THIRD SHIFT	Hour	40
18	APA-11655 FY16-20 REGISTERED NURSE-MONDAY THROUGH FRIDAY-THIRD SHIFT-OVERTIME RATE	Hour	60
19	APA-11655 FY16-20 REGISTERED NURSE-WEEKENDS- FIRST, SECOND, THIRD SHIFT	Hour	45.75
20	APA-11655 FY16-20 REGISTERED NURSE-WEEKENDS- FIRST,	Hour	68.63

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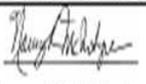
**STATE PURCHASING AGENT**  
  
 Nancy R. McIntyre

Line	Description	Unit	Unit Price (USD)
	<b>SECOND, THIRD SHIFT-OVERTIME RATE</b>		
21	APA-11655 FY16-20 REGISTERED NURSE-HOLIDAY PAY-FIRST SHIFT	Hour	62.25
22	APA-11655 FY16-20 REGISTERED NURSE-HOLIDAY PAY-SECOND SHIFT	Hour	60.75
23	APA-11655 FY16-20 REGISTERED NURSE-HOLIDAY PAY-THIRD SHIFT	Hour	60
24	APA-11655 FY16-20 REGISTERED NURSE-NEW YEAR'S DAY/CHRISTMAS DAY-ALL SHIFTS	Hour	83
25	APA-11655 FY16-20 CNA-MONDAY THROUGH FRIDAY-FIRST, SECOND, THIRD SHIFT	Hour	19.15
26	APA-11655 FY16-20 CNA-MONDAY THROUGH FRIDAY-FIRST, SECOND, THIRD SHIFT-OVERTIME RATE	Hour	28.73
27	APA-11655 FY16-20 CNA-WEEKENDS-FIRST, SECOND, THIRD SHIFT	Hour	25
28	APA-11655 FY16-20 CNA-WEEKENDS-FIRST, SECOND, THIRD SHIFT-OVERTIME RATE	Hour	37.5
29	APA-11655 FY16-20 CNA-HOLIDAY PAY-FIRST, SECOND, THIRD SHIFT	Hour	37.5
30	APA-11655 FY16-20 CNA-NEW YEAR'S DAY/CHRISTMAS DAY-ALL SHIFTS	Hour	50

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