

**GCPS B-1939BM Nursing Services for Medically Fragile Students**

Gwinnett County Public Schools

Award Information

**Contract Term: August 1, 2020 - July 31, 2021**

CCSD Contact

Jeanette Gray, Senior Buyer

770-426-3362 or jeanette.gray@Cobbk12.org

**Instructions:**

- 1) All requisitions and contracts using this bid must reference **GCPS B-1939BM** in the bid number field.
- 2)  Vendors highlighted in red have not been set-up for use in Munis. To use these vendors, contact Jeanette Gray (jeanette.gray@cobbk12.org) in the Procurement Department.

**Vendor Information**

**Advanced Care Partners, LLC**  
**dba Advanced Care Pediatrics, Inc.**  
 3525 Piedmont RD SE  
 Suite 415, Bldg. 5  
 Atlanta, GA 30305  
 Vendor-PO Mailing #105241  
 Contact: Rob Monn  
 Ph: 404-835-3512  
 RMonn@acpediatrics.com

**Supplemental Health Care**  
 6600 Peachtree Dunwoody RD NE  
 Bldg. 400, Suite 125  
 Atlanta, GA 30328  
 Vendor-PO Mailing #105770  
 Contact: Monica Maxwell  
 Ph. 770-225-8421  
 Fax: 678-587-9922  
 mmaxwell@supplementalhealthcare.com

Vendor:		ATC Healthcare Services, LLC	Advanced Care Partners, LLC	BAYADA Home Health Care	CareerStaff Unlimited
Vendor-PO Mailing #:			<b>105241</b>		
#	Items	Cost per Hour	Cost per Hour	Cost per Hour	Cost per Hour
#0-1-RN	Reimbursement Rate for RN (PLEASE NOTE: GCPS will not pay more than the current Medicaid Reimbursement Rate)	\$42.50	\$42.50	\$42.50	\$42.50
#0-2-LPN	Reimbursement Rate for LPN (PLEASE NOTE: GCPS will not pay more than the current Medicaid Reimbursement Rate)	\$36.00	\$37.25	\$37.25	\$37.25

Vendor:		D.H. Porter Enterprises, LLC	EDU Healthcare, LLC	NiteLines USA, Inc.	SHC Services, Inc., dba Supplemental Health Care
Vendor-PO Mailing #:					<b>105770</b>
#	Items	Cost per Hour	Cost per Hour	Cost per Hour	Cost per Hour
#0-1-RN	Reimbursement Rate for RN (PLEASE NOTE: GCPS will not pay more than the current Medicaid Reimbursement Rate)	\$40.00	\$42.00	\$42.50	\$42.50
#0-2-LPN	Reimbursement Rate for LPN ((PLEASE NOTE: GCPS will not pay more than the current Medicaid Reimbursement Rate)	\$35.00	\$37.00	\$37.25	\$37.25