

RESPONSE PACKET
710-25-002

Pre-Admission Screening and Resident Review

RESPONSE SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:			
Address:			
City:		State:	Zip Code:
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit		
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American		
AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>			
PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for solicitation related matters.</i>			
Contact Person:		Title:	
Phone:		Alternate Phone:	
Email:			
CONFIRMATION OF REDACTED COPY			
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's Response Packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Solicitation Terms and Conditions for additional information.</i>			
COMBINED CERTIFICATIONS FORM			
Prospective Contractor has included, in this submission packet, the signed <i>Attachment H-Combined Certifications for Contracting with the State of Arkansas</i> .			

An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Solicitation* **may cause the Prospective Contractor's response to be rejected.**

Authorized Signature: _____ Title: _____

Printed/Typed Name: _____ Date: _____

PROPOSED SUBCONTRACTORS FORM

• **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information:

Subcontractor's Company Name	Street Address	City, State, ZIP

☐ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

SECTIONS 1 – 4: VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____

Use Ink Only.

Printed/Typed Name: _____ Date: _____

MINIMUM QUALIFICATIONS

- *In accordance with Section 2.4.E of the solicitation, list all proposed clinical staff including names, type of licensure/certification, license number, and/or certification number. The Contractor may expand the space under each item/question to provide a complete response.*

[illegible]

INFORMATION FOR EVALUATION

- *Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.*
- ***Do not*** include additional information if not pertinent to the itemized request.

	Maximum RAW Score Available
E.1 EXPERIENCE	45
A. Provide resumes of the Prospective Contractor's clinical staff.	5 points
B. Explain the federal and state regulations applicable to your company conducting Level II PASRR assessments.	5 points
C. Describe the Prospective Contractor's clinical staff experience in conducting level II PASRR assessments.	5 points
D. Describe the Prospective Contractor's experience with working with individuals with intellectual disabilities and related conditions.	5 points
E. Describe the Prospective Contractor's experience with working with individuals with mental health disorders.	5 points
F. Describe the Prospective Contractor's experience with transitioning individuals from hospitals to nursing facilities or other facilities.	5 points
G. Describe the Prospective Contractor's experience working with individuals with Alzheimer's and Dementia related disorders.	5 points
H. If you are already conducting PASRR assessments, what is your processing timeframe of Level II assessments.	5 points
I. Provide the number of years the Prospective Contractor has conducted PASRR assessments?	5 points
E.2 APPROACH AND METHODOLOGY	15
A. Describe your approach and methodology for completing Level II PAS within seven to nine business days in accordance with federal regulations.	5 points
B. Describe your strategy for delivering results no later than forty-eight (48) hours after the completion of the assessment, taking into account quality assurance measures to ensure the information is correct and complete.	5 points
C. Describe the instruments and methodologies used to conduct the PASRR.	5 points
E.3 TRACKING	10
A. Describe your computerized management, information, and tracking system.	5 points
B. Describe your plan to communicate decisions or information to the State.	5 points