

RESPONSE PACKET
710-25-005

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"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <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>			
ILLEGAL IMMIGRANT CONFIRMATION			
By signing and submitting a response to this <i>Solicitation</i> , Prospective Contractor agrees and certifies that it does not employ or contract with illegal immigrants and shall not employ or contract with illegal immigrants during the term of a contract awarded as a result of this solicitation.			
ISRAEL BOYCOTT RESTRICTION CONFIRMATION			
By checking the box below, Prospective Contractor agrees and certifies that it does not boycott Israel and shall not boycott Israel during the term of a contract awarded as a result of this solicitation.			
<input type="checkbox"/> Prospective Contractor does not and shall not boycott Israel.			

An official authorized to bind 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 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.

STATEMENT OF ATTESTATION

Within six (6) months of the contract start date, Contractor **must** have a computer system in place that will interface with each Division's electronic health records, that is readily available and capable of providing and maintaining medication profiles on every individual client for medical staff. This system **must** be responsive to medical staff needs while adhering to the regulations for protection of patient privacy.

By signature below, Prospective Contractor agrees to and shall fully comply with all requirements as described in this attestation.

Authorized Signature: _____

Printed/Typed Name: _____ **Date:** _____

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 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: _____

Printed/Typed Name: _____ **Date:** _____

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 START-UP PLAN	5
<p>A. Describe Prospective Contractor's start-up plan including the following:</p> <ul style="list-style-type: none"> • A detailed timetable for commencing full operations • A detailed plan for orientation of new staff required to perform the contracted services, or other work elements • Plan of implementation and use of on-site supervisory staff • Identify all personnel that will be assigned to manage, supervise, and monitor your firm's transition to the new contract. 	5 points
E.2 DELIVERY	25
<p>A. One service objective of DHS is to receive pharmaceutical deliveries at the service delivery locations up to three (3) times daily, Monday through Saturday, as needed. These facilities are open twenty-four (24) hours per day, seven (7) days a week, and may require urgent deliveries. Describe Prospective Contractor's approach and methodology for ensuring all deliveries are complete as scheduled.</p>	5 points
<p>B. Provide the number of distribution centers, location(s), and hours of operation for each facility.</p>	5 points
<p>C. Describe Prospective Contractor's approach and methodology for providing urgent/emergency pharmaceutical deliveries within two (2) hours from the time ordered.</p>	5 points
<p>D. Describe the approach and methodology for resolving delivery issues and addressing concerns.</p>	5 points
<p>E. Describe Prospective Contractor's blister pack system.</p>	5 points
E.3 TECHNICAL FUNCTIONALITY	20
<p>A. Describe the methodology for ensuring a system is in place within six (6) months of the contract start date that will interface with each electronic health records system that is readily available and capable of providing and maintaining profiles on each client.</p>	5 points
<p>B. Explain how the proposed system will adhere to regulations for protection of patient privacy.</p>	5 points
<p>C. Describe Prospective Contractor's system of documentation to process prior authorizations of medications.</p>	5 points
<p>D. Explain the daily operation of the medication delivery system for monitoring orders, receiving orders, and ensuring accuracy of medication deliveries.</p>	5 points
E.4 BILLING	5
<p>A. Describe Prospective Contractor's approach and methodology for billing vendor programs such as Medicaid, Medicare, and private insurance companies prior to billing DHS.</p>	5 points