

TECHNICAL RESPONSE PACKET
710-25-024

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 Attachment H-Combined Certifications for Contracting with the State of Arkansas.				

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.**

STATEMENT OF ATTESTATION

Within six (6) months of the contract start date, the 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.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in section 2.4.D of the bid solicitation.

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 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: _____

Printed/Typed Name: _____ Date: _____

DOCUMENTATION CHECKLIST

As outlined in section 2.3 Minimum Qualifications in the solicitation document, please provide the following:

- Active registration from the Arkansas Secretary of State's Office, or other state approved documentation
- Certification/Licensure to dispense medication
- Official Bid Price Sheet (sealed separately)
- All documents provided in the response packet
- Response to Information for Evaluation
- Copy of Vendor's Equal Opportunity Policy
- Signed Addenda, if applicable
- EO 98-04 Disclosure Form (Attachment A)
- Combined Certifications (Attachment H)
- Client History Form (Attachment I)

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 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 the Prospective Contractor's approach and methodology for ensuring all deliveries are completed 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 the 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 meets all State of Arkansas, federal, and interface requirements for ADT, e-prescribe and prescription fulfillment.</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 the 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