REDACTED

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:	Arkansas Foundation for Medical Care, Inc.				
Address:	1020 West 4th Street, Suite 400				
City:	Little Rock	State:	AR	Zip Code:	72201
Business Designation:	☐ Individual ☐ Partnership	☐ Sole Proprietorship ☐ Corporation		☐ Public Service Corp ☒ Nonprofit	
Minority and Women-Owned Designation*:	☒ Not Applicable ☐ American Indian ☐ Service-Disabled Veteran ☐ African American ☐ Hispanic American ☐ Women-Owned ☐ Asian American ☐ Pacific Islander American				
	AR Certification #: _____ * See *Minority and Women-Owned Business Policy*				

PROSPECTIVE CONTRACTOR CONTACT INFORMATION *Provide contact information to be used for solicitation related matters.*			
Contact Person:	Debbie Rushing	Title:	Manager, Strategy and Business Development
Phone:	501-529-2163	Alternate Phone:	501-631-0192
Email:	SBD@afmc.org		

CONFIRMATION OF REDACTED COPY

☒ YES, a redacted copy of submission documents is enclosed.

☐ NO, a redacted copy of submission documents is not enclosed. I understand a full copy of non-redacted submission documents will be released if requested.

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.

COMBINDED 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: Marilyn Strickland **Title:** Chief Operating Officer

Printed/Typed Name: Marilyn Strickland **Date:** 12-2-24

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: Marilyn Strickland

Use Ink Only.

Printed/Typed Name: Marilyn Strickland **Date:** 12-2-24

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 1

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: 10/28/2024
SUBJECT: 710-25-002 Pre-Admission Screening and Resident Review

---

The following change(s) to the above referenced RFP have been made as designated below:

_____Change of specification(s)
_____ Additional specification(s)
_____ Change of bid opening date and time
_____ Cancellation of bid
___X___ Other

OTHER

- Section 1.31 Schedule of Events – remove and replace with the following:

SOLICITATION SCHEDULE

ACTIVITY	DATE
Public Notice of RFP	October 25, 2024
Deadline for Receipt of Written Questions	November 1, 2024, 4:00 p.m. CST
Response to written Questions, On or About	November 8, 2024
Proposal Due Date and Time	November 20, 2024, 10:30 a.m. CST
Opening Proposal Date and Time	November 20, 2024, 11:30 a.m. CST
Intent to Award Announcement Posted, On or About	January 24, 2025
Contract Start Date (Subject to State Approval)	July 1, 2025

The specifications by virtue of this addendum become a permanent addition to the above referenced RFP. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Susie Taylor, DHS.OP.Solicitations@dhs.arkansas.gov and (501) 396-6045.

Marie Stuckland
Vendor Signature

12-2-24
Date

Arkansas Foundation for Medical Care, Inc.
Company

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 2

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: 11/8/2024
SUBJECT: 710-25-002 Pre-Admission Screening and Resident Review

---

The following change(s) to the above referenced RFP have been made as designated below:

___Change of specification(s)
___Additional specification(s)
_X_Change of bid opening date and time
____Cancellation of bid
___Other

CHANGE OF BID OPENING DATE AND TIME

- Proposal Submission date and time has been extended to December 3, 2024, 10:30 a.m., CST.
- Proposal Bid Opening date and time has been extended to December 3, 2024, 11:30 a.m., CST.

The specifications by virtue of this addendum become a permanent addition to the above referenced RFP. Failure to return this signed addendum may result in rejection of your proposal. If you have any questions, please contact: Susie Taylor, DHS.OP.Solicitations@dhs.arkansas.gov and (501) 396-6045.

Marie Strickland
Vendor Signature

12-2-24
Date

Arkansas Foundation for Medical Care, Inc.
Company

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 3

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: 11/13/2024
SUBJECT: 710-25-002 Pre-Admission Screening and Resident Review

---

The following change(s) to the above referenced RFP have been made as designated below:

_X_Change of specification(s)
_X_Additional specification(s)
___Change of bid opening date and time
___Cancellation of bid
_X_Other

CHANGE OF SPECIFICATION(S)

- Solicitation Section 2.4.C – remove and replace the following:
  Contractor must have a minimum of three (3) combined years of experience with the behavioral health population and intellectually disabled population in a nursing home setting. For verification purposes, Prospective Contractor must complete Attachment I - Client History Form.

- Solicitation Section 2.5.7.A.8 – remove and replace with the following:
  The Contractor shall participate in quarterly PASRR trainings for providers in conjunction with DHS. DHS may request additional training sessions as needed. The Contractor shall attend all scheduled PASRR trainings.

ADDITIONAL SPECIFICATIONS

- Solicitation – Section 2.5.3: Add the following:
  G. If interpreter services are required, the Contractor shall arrange and coordinate these services. Costs for interpreter services shall be borne by the Contractor.

OTHER

- Attachment I – Client History Form – remove and replace with the following:
  Attachment I – Fillable Client History Form

The specifications by virtue of this addendum become a permanent addition to the above referenced RFP. Failure to return this signed addendum may result in rejection of your proposal. If you have any questions, please contact: Susie Taylor, DHS.OP.Solicitations@dhs.arkansas.gov and (501) 396-6045.

Marilyn Stuckland
Vendor Signature

12-2-24
Date

Arkansas Foundation for Medical Care, Inc.
Company

Contract Number _____

Attachment Number _____

Action Number _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: ☐ Yes ☑ No

SUBCONTRACTOR NAME:

TAXPAYER ID NAME: Arkansas Foundation for Medical Care

IS THIS FOR: Goods? ☐ Services? ☑ Both? ☐

YOUR LAST NAME: Selig FIRST NAME John M.I.:

ADDRESS: 1020 West 4th Street

CITY: Little Rock STATE: AR ZIP CODE: 72201 COUNTRY: USA

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS*

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse *is* a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☑ **None of the above applies**

FOR AN ENTITY (BUSINESS)*

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee			See Attachment 1					

☐ **None of the above applies**

ATTACHMENT 1 to Contract and Grant Disclosure and Certification Form

This document is an attachment to the Contract and Grant Disclosure Form for:

Vendor: Arkansas Foundation for Medical Care (AFMC)

Request for Proposal: AR DHS Pre-Admission Screening and Resident Review (PASRR)

FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
State Employee	X		ADH Chief Epidemiologist	04/97	Present	Herbert Matthews (spouse - Kristy Bondurant)	0%	Director Data Sciences
	X		AR Alcoholic Beverage Control Board	07/24	Present	Hannah Ray (self)	0%	VP, Gov't Relations Mgmt
	X		UAMS Resident Physician	07/24	Present	Emily Ray (sister - Hannah Ray)	0%	VP, Gov't Relations Mgmt

Contract Number _____

Attachment Number _____

Action Number _____

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a *state agency* I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

   Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature Marion Strickland Title Chief Operating Officer Date 12-2-24

Vendor Contact Person Catherine Bain Title SVP, Administrative Services and PSO Phone No. (501) 212-8612

Agency use only

Agency Number 0710 Agency Name Department of Human Services Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____

Healthy **People.** Healthy **Businesses.**
Healthy **Communities.**

Equal Employment Opportunity Nondiscrimination Statement

[redacted]

1020 W. 4TH ST., SUITE 400 | LITTLE ROCK, AR 72201 | 501-212-8600 | FAX: 501-375-0705

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.

Department of Transformation and Shared Services
Governor Sarah Huckabee Sanders
Secretary Leslie Fisken

COMBINED CERTIFICATIONS FOR CONTRACTING WITH THE STATE OF ARKANSAS

Pursuant to Arkansas law, a vendor must certify as specified below and as designated by the applicable laws.

1. **Israel Boycott Restriction:** For contracts valued at $1,000 or greater.
   A public entity shall not contract with a person or company (the "Contractor") unless the Contractor certifies in writing that the Contractor is not currently engaged in a boycott of Israel. If at any time after signing this certification the Contractor decides to boycott Israel, the Contractor must notify the contracting public entity in writing. *See* Arkansas Code Annotated § 25-1-503.

2. **Illegal Immigrant Restriction:** For contracts valued at $25,000 or greater.
   No state agency may contract for services with a Contractor who knowingly employs or contracts with an illegal immigrant. The Contractor shall certify that it does not knowingly employ, or contract with, illegal immigrants. *See* Arkansas Code Annotated § 19-11-105.

3. **Energy, Fossil Fuel, Firearms, and Ammunition Industries Boycott Restriction:** For contracts valued at $75,000 or greater.
   A public entity shall not contract unless the contract includes a written certification that the Contractor is not currently engaged in and agrees not to engage in, a boycott of an Energy, Fossil Fuel, Firearms, or Ammunition Industry for the duration of the contract. *See* Arkansas Code Annotated § 25-1-1102.

4. **Scrutinized Company Restriction:** Required with bid or proposal submission.
   A state agency shall not contract with a Scrutinized Company or a company that employs a Scrutinized Company as a subcontractor. A Scrutinized Company is a company owned in whole or with a majority ownership by the government of the People's Republic of China. A state agency shall require a company that submits a bid or proposal for a contract to certify that it is not a Scrutinized Company and does not employ a Scrutinized Company as a subcontractor. *See* Arkansas Code Annotated § 25-1-1203.

By signing this form, the Contractor agrees and certifies they are not a Scrutinized Company and they do not currently and shall not for the aggregate term of any resultant contract:

- Boycott Israel.
- Knowingly employ or contract with illegal immigrants.
- Boycott Energy, Fossil Fuel, Firearms, or Ammunition Industries.
- Employ a Scrutinized Company as a subcontractor.

Contract Number: _____ Description: Pre-Admission Screening and Resident Review (PASRR)

Agency Name: Department of Human Services, Office of Procurement

Vendor Number: 600003621 Vendor Name: Arkansas Foundation for Medical Care, Inc.

Marijo Strickland
Vendor Signature

12-2-24
Date

Attachment I
Client History Form
Pre-Admission Screening and Resident Review
710-25-002

Attachment I

Pre-Admission Screening and Resident Review

Instructions: This form is intended to help the State gain a more complete understanding of each Respondent's experience. This form **must** be complete and accurate.

The State reserves the right to verify the accuracy of these answers by contacting any of the listed clients. All applicable clients **must** be listed. Omission of a client will constitute a failure to complete this form.

For purposes of this form, the "client" is not an individual but the entity which held the contract. By way of explanation, in the Contract resulting from this RFP, Arkansas DHS will be the client. For each listed client, Respondents may (but are not required to) provide the contact information for a person at the client entity who is knowledgeable of the named project. If the State contacts clients listed on this form, the State reserves the right to contact the listed individual or another person at the listed client.

The boxes below each prompt will expand if necessary. The form **must** be signed (please see the final page) by the same signatory who signed the *Response Signature Page*.

1. Please list clients where you (the prime contractor only) **served as the prime contractor** for providing services of similar size, scope, and complexity to behavioral health population and intellectually disabled population in a nursing home setting. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the services including responsibilities and the duration of services (begin and end dates). If there are no contracts which meet this definition, please state "none."

[redacted]

2. Please list clients where the proposed subcontractor(s), if applicable, **served as the prime contractor** for providing and conducting PASRR assessments. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the services, population, and the duration of services (begin and end dates). If there are no contracts which meet this definition, please state "none."

[redacted]

Authorized Signature: Marilyn Strickland **Title:** Chief Operating Officer

Printed/Typed Name: Marilyn Strickland **Date:** 12-2-24

Providing the same material in a more readable format.

Attachment I
Client History Form
Pre-Admission Screening and Resident Review
710-25-002

Providing the same material in a more readable format.

Attachment I

Pre-Admission Screening and Resident Review

Instructions: This form is intended to help the State gain a more complete understanding of each Respondent's experience. This form **must** be completed completely and accurately.

The State reserves the right to verify the accuracy of these answers by contacting any of the listed clients, and all applicable clients **must** be listed. Omission of a client will constitute a failure to complete this form.

For purposes of this form, the "client" is not an individual but the entity which held the contract. By way of explanation, in the Contract resulting from this RFP, Arkansas DHS will be the client. For each listed client, Respondents may (but are not required to) provide the contact information for a person at the client entity who is knowledgeable of the named project. If the State contacts clients listed on this form, the State reserves the right to contact the listed individual or another person at the listed client.

The boxes below each prompt will expand if necessary. The form **must** be signed (please see the final page) by the same signatory who signed the *Response Signature Page*.

1. Please list clients where you (the prime contractor only) **served as the prime contractor** for providing services of similar size, scope, and complexity to behavioral health population and intellectually disabled population in a nursing home setting. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the services including responsibilities and the duration of services (begin and end dates). If there are no contracts which meet this definition, please state "none."

[redacted]

Providing the same material in a more readable format.

[redacted]

[redacted]

[redacted]

Providing the same material in a more readable format.

[redacted]

[redacted]

[redacted]

Providing the same material in a more readable format.

2. Please list clients where the Prospective Contractor's clinical staff **served as the prime contractor** for providing and conducting PASRR assessments. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the services, population, and the duration of services (begin and end dates). If there are no contracts which meet this definition, please state "none."

[redacted]

Authorized Signature: Marilyn Strickland **Title:** Chief Operating Officer

Printed/Typed Name: Marilyn Strickland **Date:** 12-2-24

Appendices: Staff Resumes

Information for Evaluation item # E.1.A.

Pre-Admission Screening and Resident Review Solicitation #710-25-002

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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.*

Name	Type of License/Certification	License #	Certification #
[redacted]	[redacted]	[redacted]	
[redacted]	[redacted]d	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
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[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	

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. Resumes for the clinical staff listed above are included as appendices.	5 points
B. Explain the federal and state regulations applicable to your company conducting Level II PASRR assessments. The Arkansas Foundation for Medical Care (AFMC) recognizes that Pre-Admission Screening and Resident Review (PASRR) is a federally mandated program designed to ensure all individuals seeking admission into Medicaid-certified nursing facilities receive appropriate care and services. This is especially important for those with mental illnesses or intellectual or developmental disabilities. The primary goal of PASRR is to protect individuals from unnecessary institutionalization and ensure they are not inappropriately placed in long-term care facilities without first undergoing a comprehensive evaluation of their clinical needs. AFMC is fully committed to complying with federal regulations outlined in 42 CFR § 483.100 – 483.138 and Arkansas DHS requirements. By adhering to these standards, we aim to facilitate effective and appropriate placements and service plans that meet the unique needs of each client. [redacted] **Staffing Excellence at AFMC: A Commitment to Quality Care** At AFMC, we take pride in assembling a highly skilled and diverse team of professionals dedicated to delivering exceptional care. [redacted]	5 points

Each evaluation will consider the cultural background, language, ethnic origin, and communication preferences of the individual being evaluated.	
C. Describe the Prospective Contractor's clinical staff experience in conducting level II PASRR assessments. AFMC's	5 points
D. Describe the Prospective Contractor's experience with working with individuals with intellectual disabilities and related conditions. Our	5 points

[redacted] Key areas of expertise include: [redacted] [redacted] [redacted] [redacted]	
E. Describe the Prospective Contractor's experience with working with individuals with mental health disorders. [redacted] Key highlights of our expertise include: [redacted] [redacted] [redacted] [redacted]	5 points
F. Describe the Prospective Contractor's experience with transitioning individuals from hospitals to nursing facilities or other facilities.	5 points

Key competencies and experience include:

[redacted]	
G. Describe the Prospective Contractor's experience working with individuals with Alzheimer's and Dementia related disorders. Our team [redacted] Key areas include: [redacted] [redacted]	5 points
H. If you are already conducting PASRR assessments, what is your processing timeframe of Level II assessments. [redacted] Our staff includes [redacted]	5 points

We have maintained To achieve our goal of timely assessments, Our commitment to Arkansas guarantees a personalized, efficient, and high-quality service that meets regulatory requirements and reflects the values and needs of our local communities.	
I. Provide the number of years the Prospective Contractor has conducted PASRR assessments? AFMC staff have	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. AFMC will maintain an office at 1020 West 4th Street, Suite 400, Little Rock, AR 72201, Monday through Friday, 8:00 am to 4:30 p.m., except for approved official State holidays, We will maintain adequate staffing on any working holidays in which State offices are kept open. Our team To ensure efficient and timely completion of PASRR Level II assessments within the required timeframe,	5 points

Step-by-Step Process

[redacted]	
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. [redacted]	5 points
C. Describe the instruments and methodologies used to conduct the PASRR. AFMC will leverage [redacted]	5 points

[redacted]	
E.3 TRACKING	**10**
A. Describe your computerized management, information, and tracking system.	5 points
[redacted]	

B. Describe your plan to communicate decisions or information to the State.	5 points

[redacted]