

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:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit		
Minority and Women-Owned Designation*:	<input checked="" 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 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			
<input checked="" 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: 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
☒ 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.

Marilyn Stuedland
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)
☒ 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.

Maura Stuchland
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:

- ☒ Change of specification(s)
- ☒ Additional specification(s)
- ☐ Change of bid opening date and time
- ☐ Cancellation of bid
- ☒ 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.

Maile Stuchland
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: SUBCONTRACTOR NAME:

☐ Yes ☒ No

IS THIS FOR:

TAXPAYER ID NAME: Arkansas Foundation for Medical Care

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 (v)		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 Maura Stuchland 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]

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 Fiskien

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.

Marjorie Stuckland
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

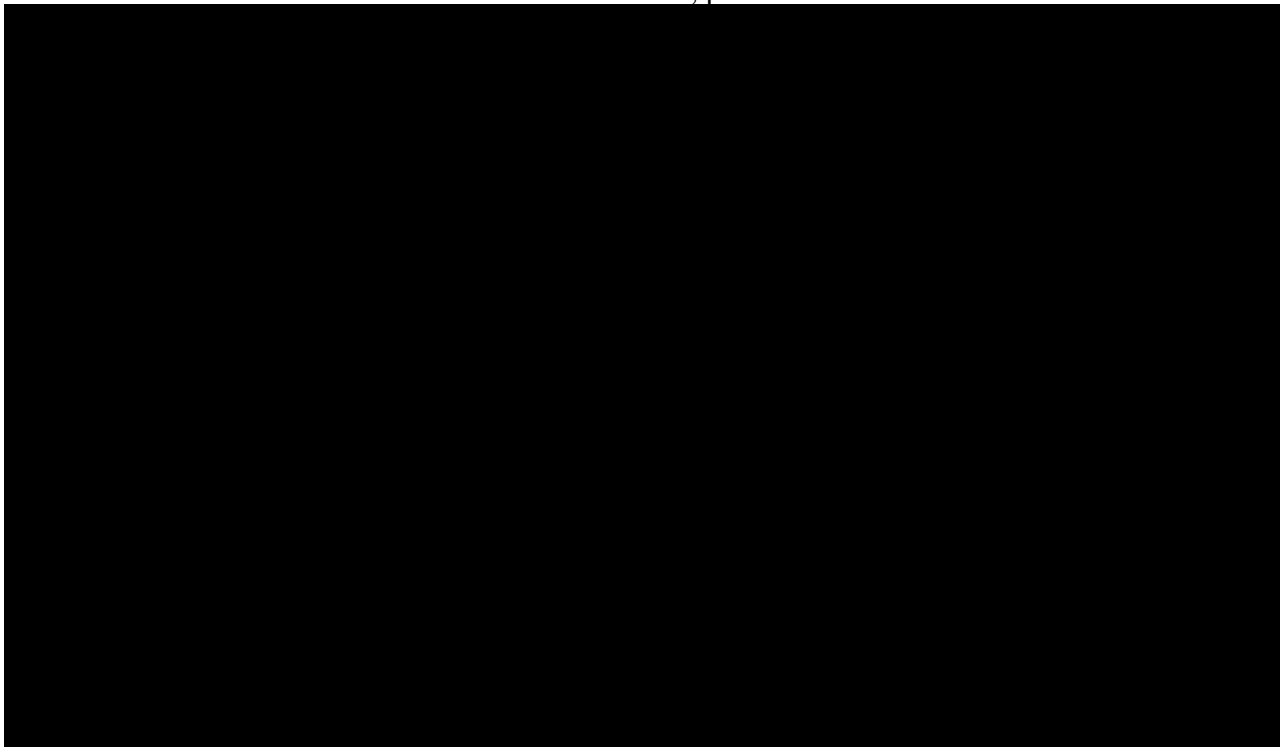
Instructions: This form is intended to help the State gain a more complete understanding of each Respondent's experience. This form **must** be complete and accurate.

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.

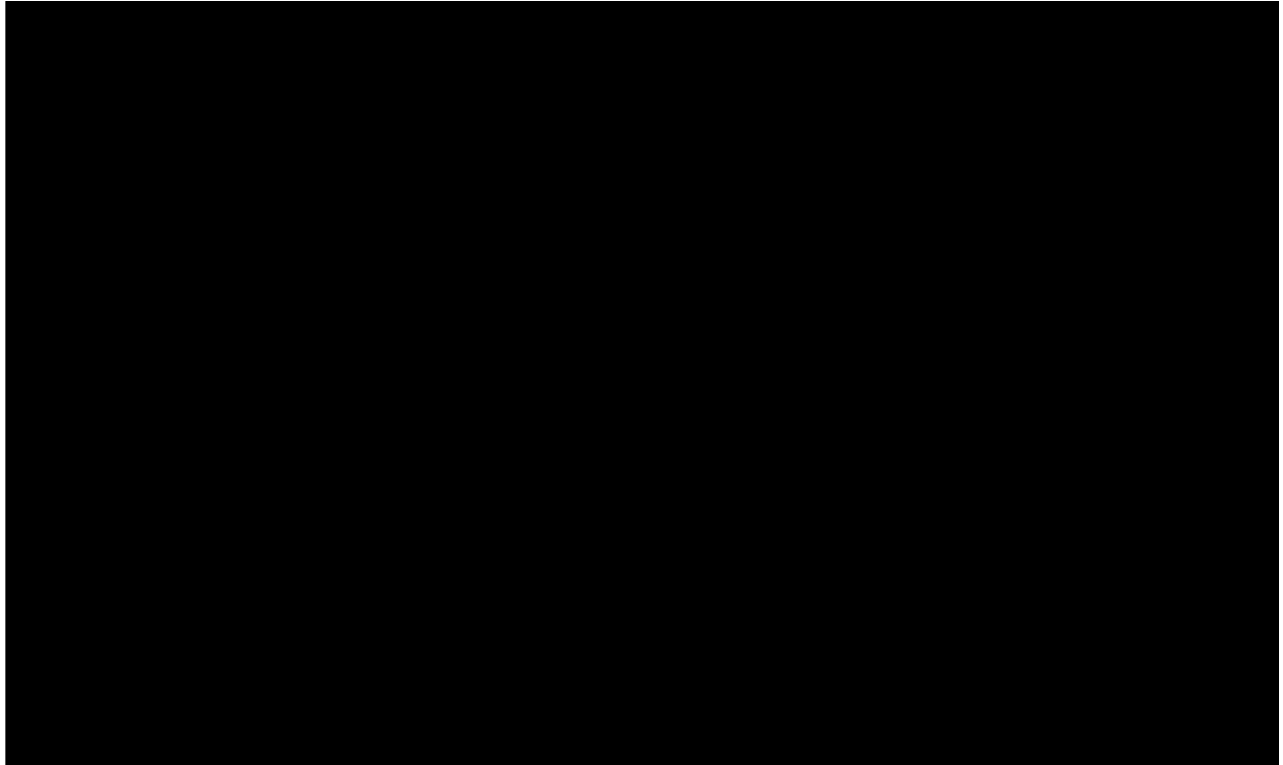
For purposes of this form, the "client" is not an individual but the entity which held the contract. By way of explanation, in the Contract resulting from this RFP, Arkansas DHS will be the client. For each listed client, Respondents may (but are not required to) provide the contact information for a 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."



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."



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.

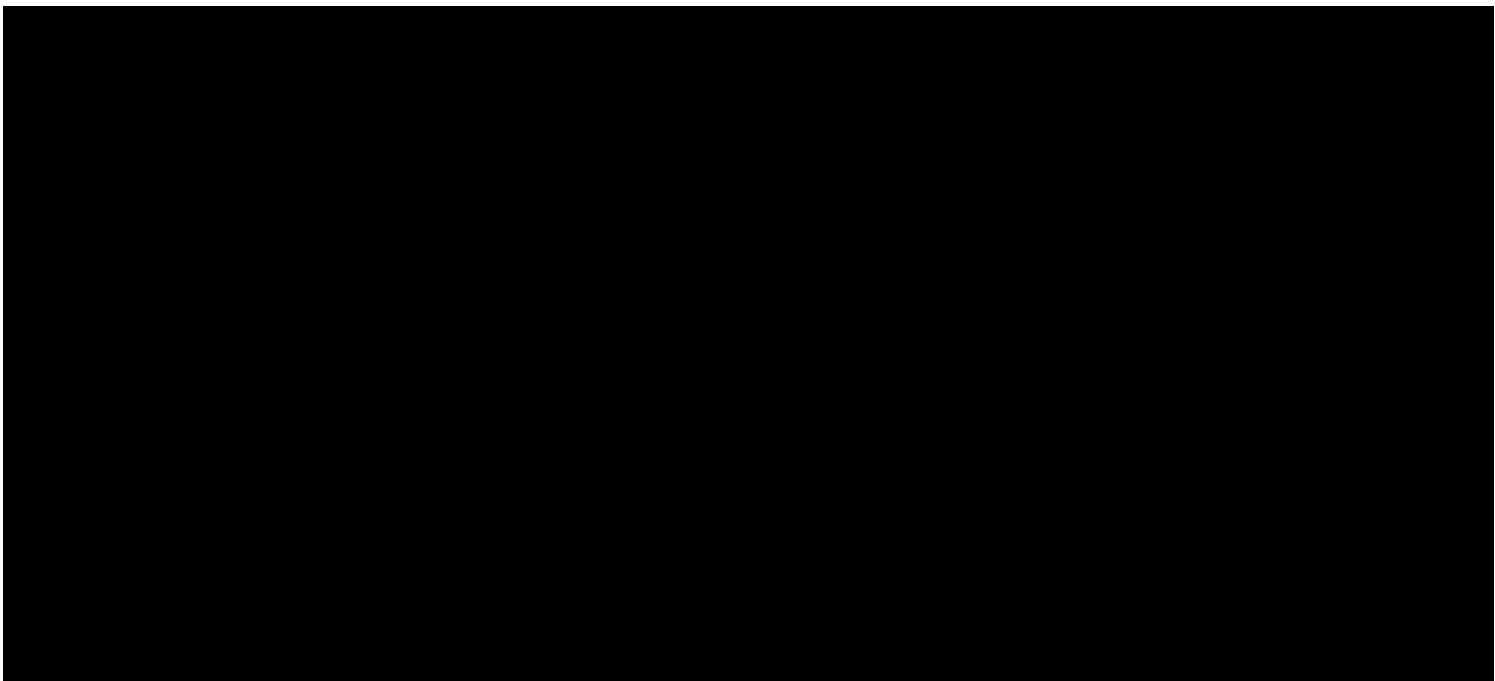
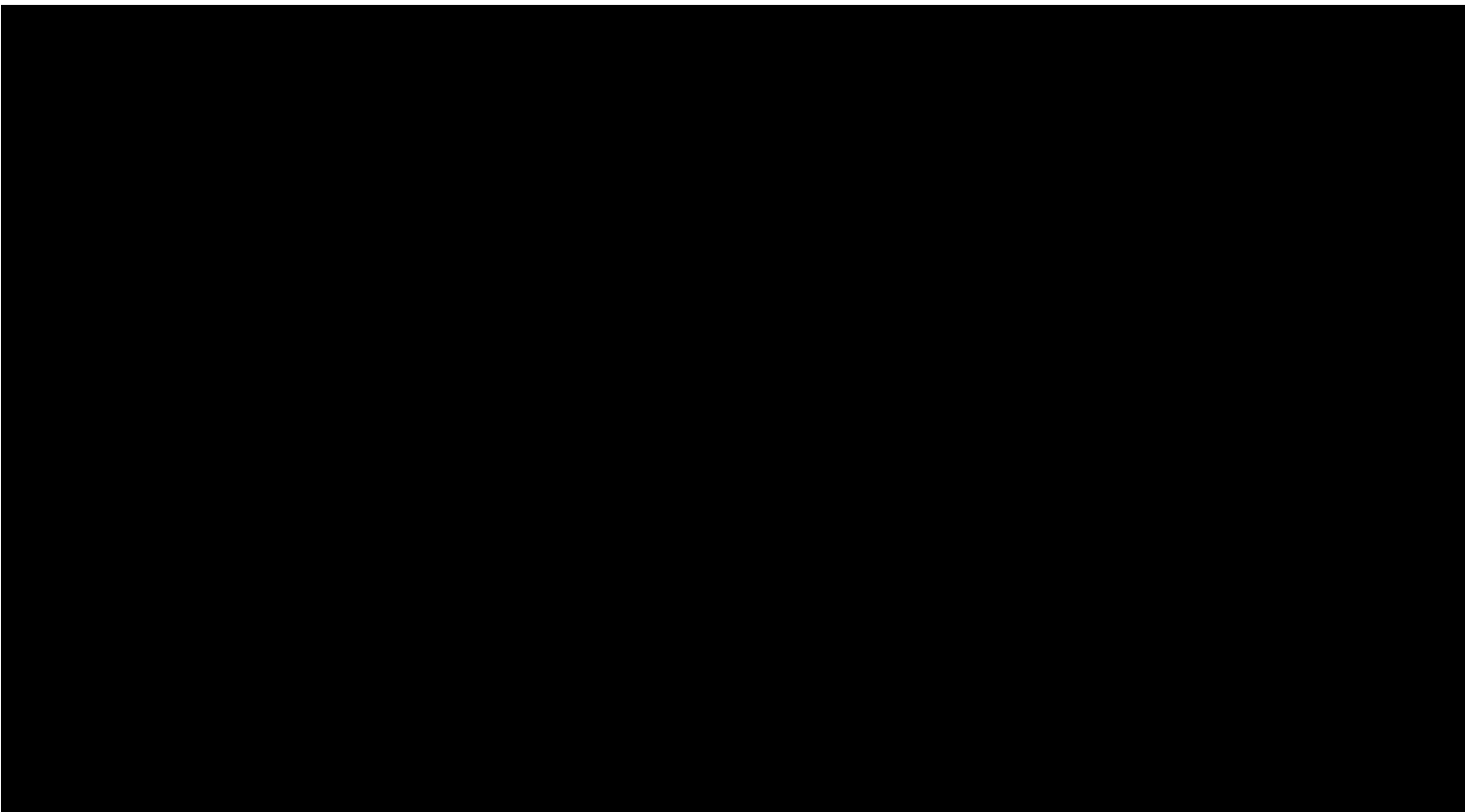
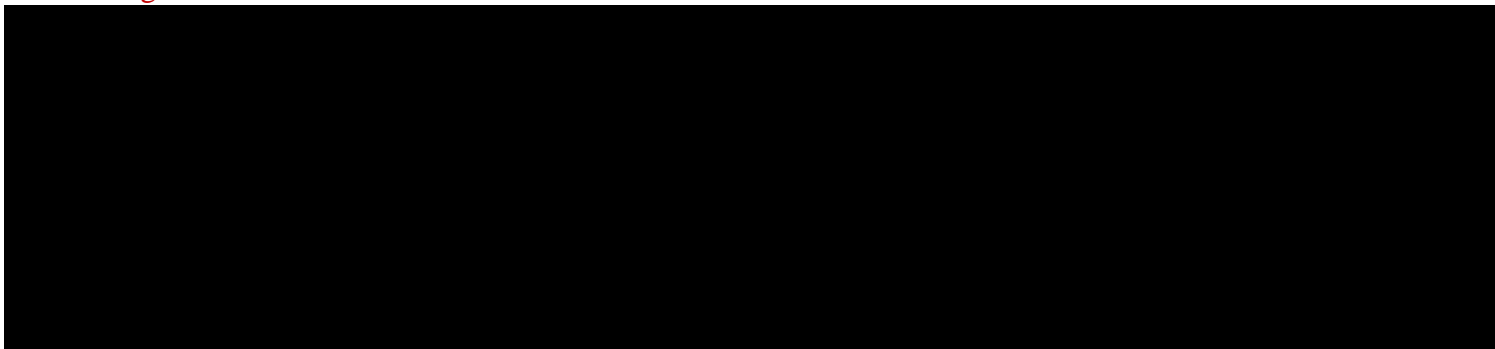
The State reserves the right to verify the accuracy of these answers by contacting any of the listed clients, and all applicable clients **must** be listed. Omission of a client will constitute a failure to complete this form.

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.

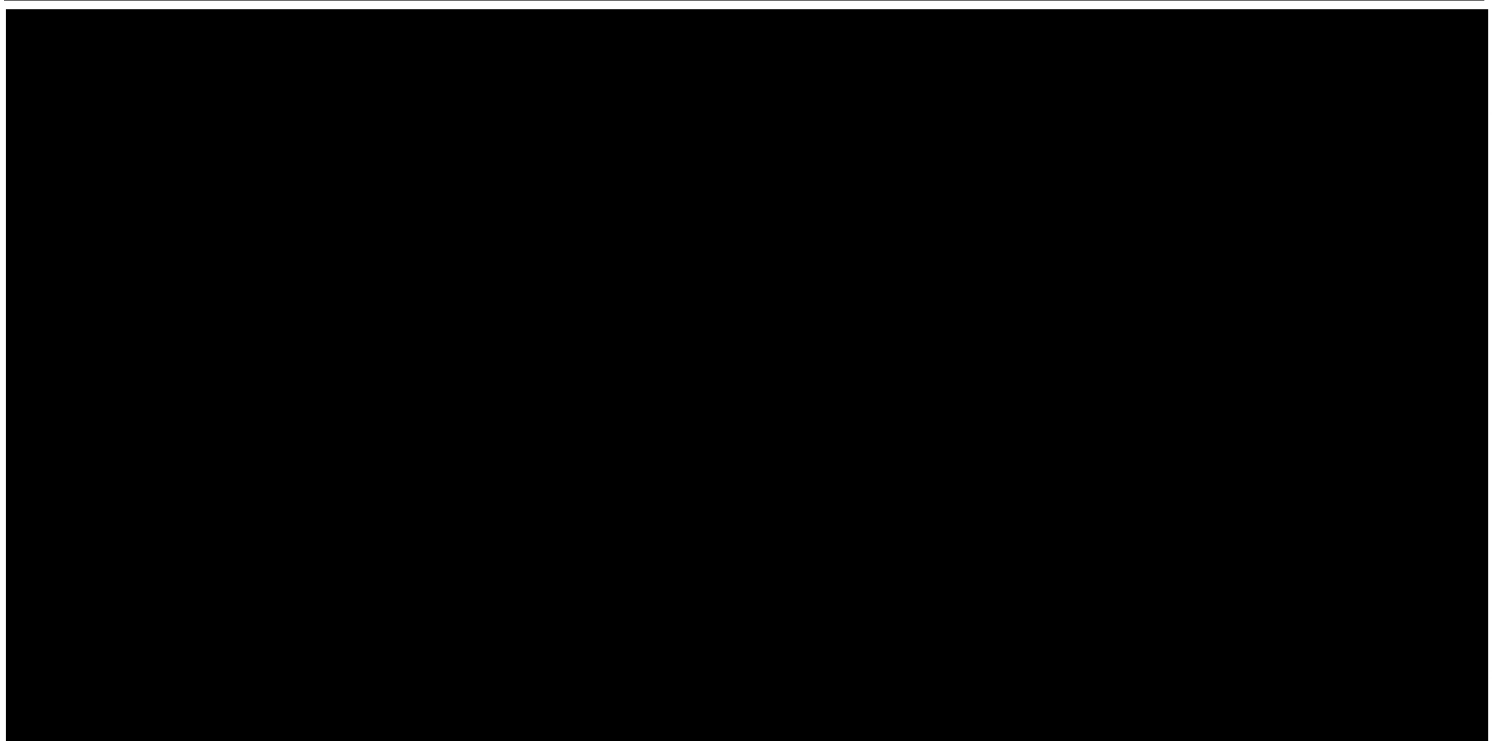
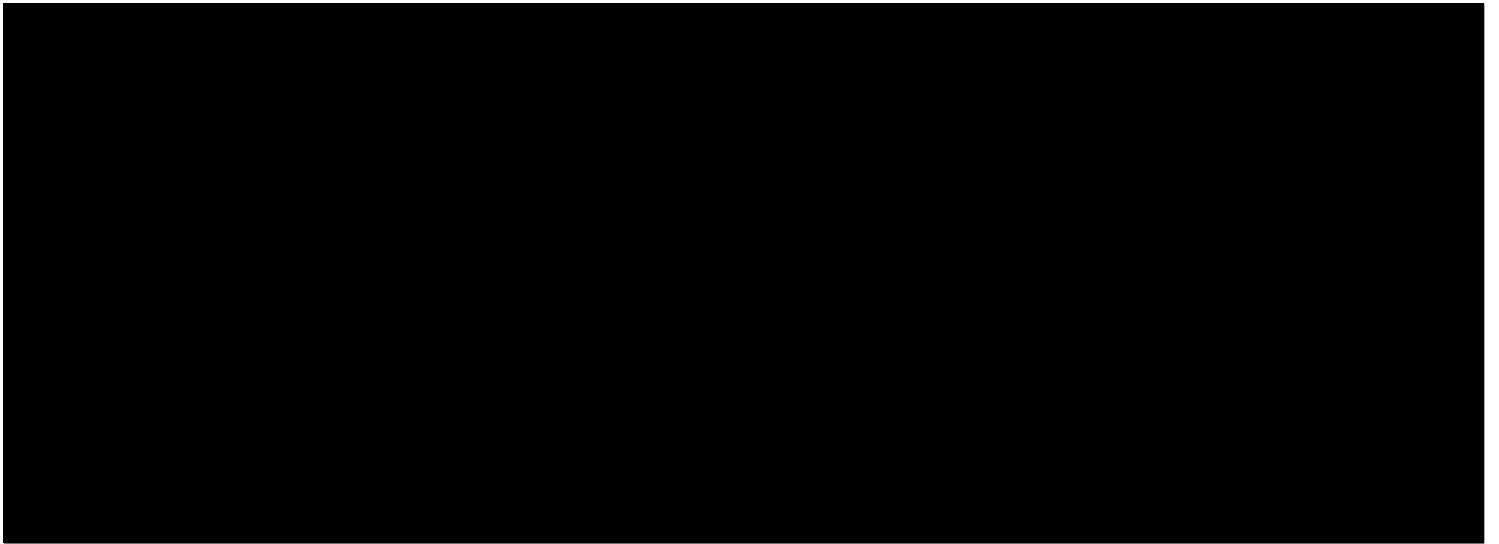
The boxes below each prompt will expand if necessary. The form **must** be signed (please see the final page) by the same signatory who signed the *Response Signature Page*.

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."

Providing the same material in a more readable format.

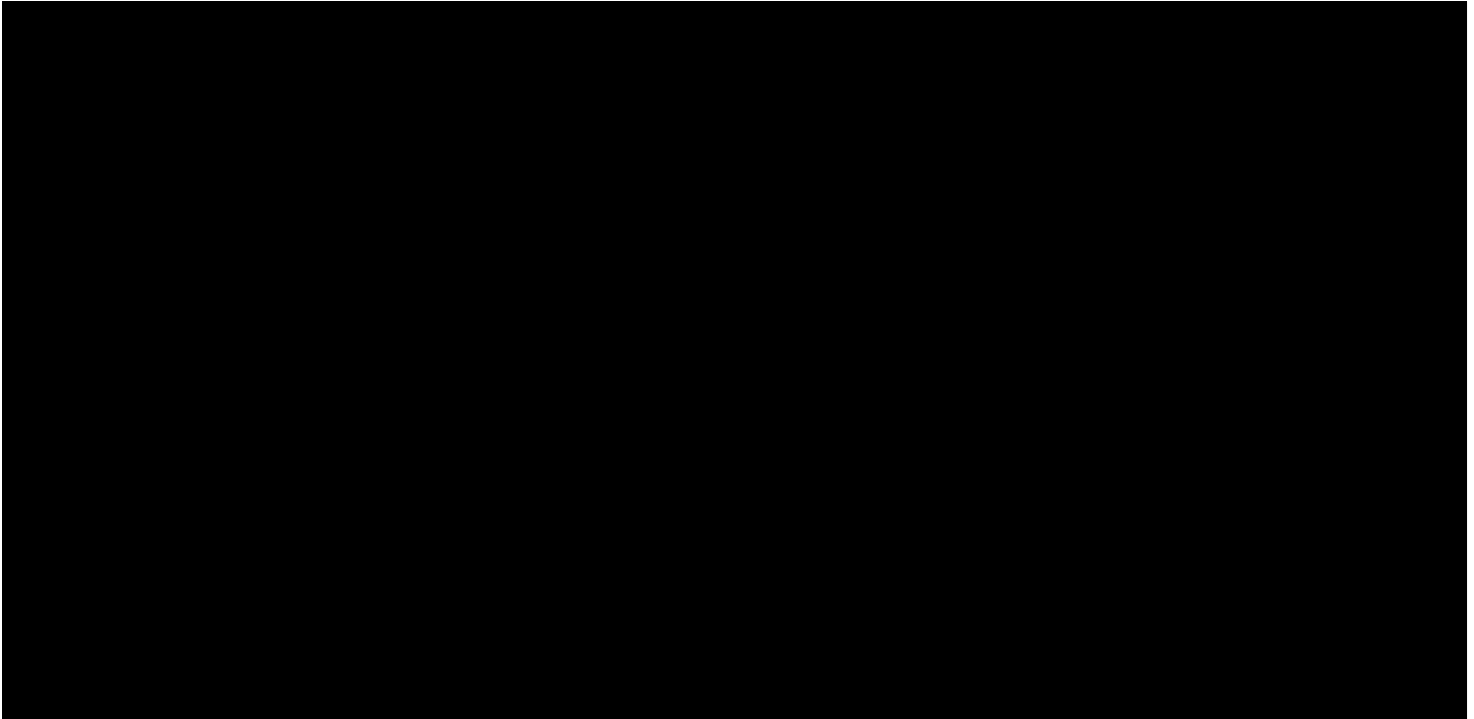


Providing the same material in a more readable format.



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."



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**

1. *Journal of the American Medical Association*, 2000; 284: 2689-2695.

Page 1 of 3

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Gender	Percentage
Men	10%
Women	15%

the 1990s, the number of people in the United States who are 65 years of age or older has increased by 50 percent, and the number of people 75 years of age or older has increased by 75 percent. The number of people 85 years of age or older has increased by 150 percent. The number of people 95 years of age or older has increased by 300 percent. The number of people 100 years of age or older has increased by 500 percent. The number of people 105 years of age or older has increased by 1,000 percent. The number of people 110 years of age or older has increased by 2,000 percent. The number of people 115 years of age or older has increased by 4,000 percent. The number of people 120 years of age or older has increased by 8,000 percent. The number of people 125 years of age or older has increased by 16,000 percent. The number of people 130 years of age or older has increased by 32,000 percent. The number of people 135 years of age or older has increased by 64,000 percent. The number of people 140 years of age or older has increased by 128,000 percent. The number of people 145 years of age or older has increased by 256,000 percent. The number of people 150 years of age or older has increased by 512,000 percent. The number of people 155 years of age or older has increased by 1,024,000 percent. The number of people 160 years of age or older has increased by 2,048,000 percent. The number of people 165 years of age or older has increased by 4,096,000 percent. The number of people 170 years of age or older has increased by 8,192,000 percent. The number of people 175 years of age or older has increased by 16,384,000 percent. The number of people 180 years of age or older has increased by 32,768,000 percent. The number of people 185 years of age or older has increased by 65,536,000 percent. The number of people 190 years of age or older has increased by 131,072,000 percent. The number of people 195 years of age or older has increased by 262,144,000 percent. The number of people 200 years of age or older has increased by 524,288,000 percent. The number of people 205 years of age or older has increased by 1,048,576,000 percent. The number of people 210 years of age or older has increased by 2,097,152,000 percent. The number of people 215 years of age or older has increased by 4,194,304,000 percent. The number of people 220 years of age or older has increased by 8,388,608,000 percent. The number of people 225 years of age or older has increased by 16,777,216,000 percent. The number of people 230 years of age or older has increased by 33,554,432,000 percent. The number of people 235 years of age or older has increased by 67,108,864,000 percent. The number of people 240 years of age or older has increased by 134,217,728,000 percent. The number of people 245 years of age or older has increased by 268,435,456,000 percent. The number of people 250 years of age or older has increased by 536,870,912,000 percent. The number of people 255 years of age or older has increased by 1,073,741,824,000 percent. The number of people 260 years of age or older has increased by 2,147,483,648,000 percent. The number of people 265 years of age or older has increased by 4,294,967,296,000 percent. The number of people 270 years of age or older has increased by 8,589,934,592,000 percent. The number of people 275 years of age or older has increased by 17,179,869,184,000 percent. The number of people 280 years of age or older has increased by 34,359,738,368,000 percent. The number of people 285 years of age or older has increased by 68,719,476,736,000 percent. The number of people 290 years of age or older has increased by 137,438,953,472,000 percent. The number of people 295 years of age or older has increased by 274,877,906,944,000 percent. The number of people 300 years of age or older has increased by 549,755,813,888,000 percent. The number of people 305 years of age or older has increased by 1,099,511,627,776,000 percent. The number of people 310 years of age or older has increased by 2,199,023,255,552,000 percent. The number of people 315 years of age or older has increased by 4,398,046,511,104,000 percent. The number of people 320 years of age or older has increased by 8,796,093,022,208,000 percent. The number of people 325 years of age or older has increased by 17,592,186,044,416,000 percent. The number of people 330 years of age or older has increased by 35,184,372,088,832,000 percent. The number of people 335 years of age or older has increased by 70,368,744,177,664,000 percent. The number of people 340 years of age or older has increased by 140,737,488,355,328,000 percent. The number of people 345 years of age or older has increased by 281,474,976,710,656,000 percent. The number of people 350 years of age or older has increased by 562,949,953,421,312,000 percent. The number of people 355 years of age or older has increased by 1,125,899,906,842,624,000 percent. The number of people 360 years of age or older has increased by 2,251,799,813,685,248,000 percent. The number of people 365 years of age or older has increased by 4,503,599,627,370,496,000 percent. The number of people 370 years of age or older has increased by 9,007,199,254,740,992,000 percent. The number of people 375 years of age or older has increased by 18,014,398,509,481,984,000 percent. The number of people 380 years of age or older has increased by 36,028,797,018,963,968,000 percent. The number of people 385 years of age or older has increased by 72,057,594,037,927,936,000 percent. The number of people 390 years of age or older has increased by 144,115,188,075,855,872,000 percent. The number of people 395 years of age or older has increased by 288,230,376,151,711,744,000 percent. The number of people 400 years of age or older has increased by 576,460,752,303,423,488,000 percent. The number of people 405 years of age or older has increased by 1,152,921,504,606,846,976,000 percent. The number of people 410 years of age or older has increased by 2,305,843,009,213,693,952,000 percent. The number of people 415 years of age or older has increased by 4,611,686,018,427,387,904,000 percent. The number of people 420 years of age or older has increased by 9,223,372,036,854,775,808,000 percent. The number of people 425 years of age or older has increased by 18,446,744,073,709,551,616,000 percent. The number of people 430 years of age or older has increased by 36,893,488,147,419,103,232,000 percent. The number of people 435 years of age or older has increased by 73,786,976,294,838,206,464,000 percent. The number of people 440 years of age or older has increased by 147,573,952,589,676,412,928,000 percent. The number of people 445 years of age or older has increased by 295,147,905,179,352,825,856,000 percent. The number of people 450 years of age or older has increased by 590,295,810,358,705,651,712,000 percent. The number of people 455 years of age or older has increased by 1,180,591,620,717,411,303,424,000 percent. The number of people 460 years of age or older has increased by 2,361,183,241,434,822,606,848,000 percent. The number of people 465 years of age or older has increased by 4,722,366,482,869,645,213,696,000 percent. The number of people 470 years of age or older has increased by 9,444,732,965,739,290,427,392,000 percent. The number of people 475 years of age or older has increased by 18,889,465,931,478,580,854,784,000 percent. The number of people 480 years of age or older has increased by 37,778,931,862,957,161,709,568,000 percent. The number of people 485 years of age or older has increased by 75,557,863,725,914,323,419,136,000 percent. The number of people 490 years of age or older has increased by 151,115,727,451,828,646,838,272,000 percent. The number of people 495 years of age or older has increased by 302,231,454,903,657,293,676,544,000 percent. The number of people 500 years of age or older has increased by 604,462,909,807,314,587,353,088,000 percent. The number of people 505 years of age or older has increased by 1,208,925,819,614,629,174,706,176,000 percent. The number of people 510 years of age or older has increased by 2,417,851,639,229,258,349,412,352,000 percent. The number of people 515 years of age or older has increased by 4,835,703,278,458,516,698,824,704,000 percent. The number of people 520 years of age or older has increased by 9,671,406,556,917,033,397,649,408,000 percent. The number of people 525 years of age or older has increased by 19,342,813,113,834,066,795,298,816,000 percent. The number of people 530 years of age or older has increased by 38,685,626,227,668,133,590,597,632,000 percent. The number of people 535 years of age or older has increased by 77,371,252,455,336,267,181,195,264,000 percent. The number of people 540 years of age or older has increased by 154,742,504,910,672,534,362,390,528,000 percent. The number of people 545 years of age or older has increased by 309,485,009,821,345,068,724,781,056,000 percent. The number of people 550 years of age or older has increased by 618,970,019,642,690,137,449,562,112,000 percent. The number of people 555 years of age or older has increased by 1,237,940,039,285,380,274,899,124,224,000 percent. The number of people 560 years of age or older has increased by 2,475,880,078,570,760,549,798,248,448,000 percent. The number of people 565 years of age or older has increased by 4,951,760,157,141,521,099,596,496,896,000 percent. The number of people 570 years of age or older has increased by 9,903,520,314,283,042,199,193,993,792,000 percent. The number of people 575 years of age or older has increased by 19,807,040

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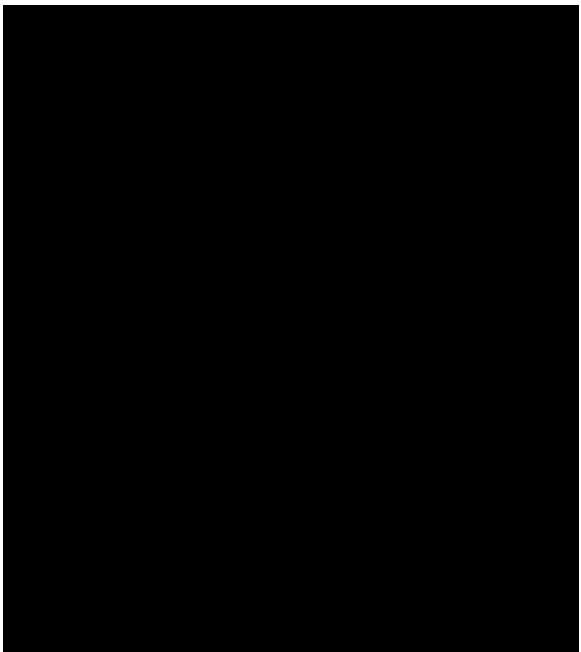
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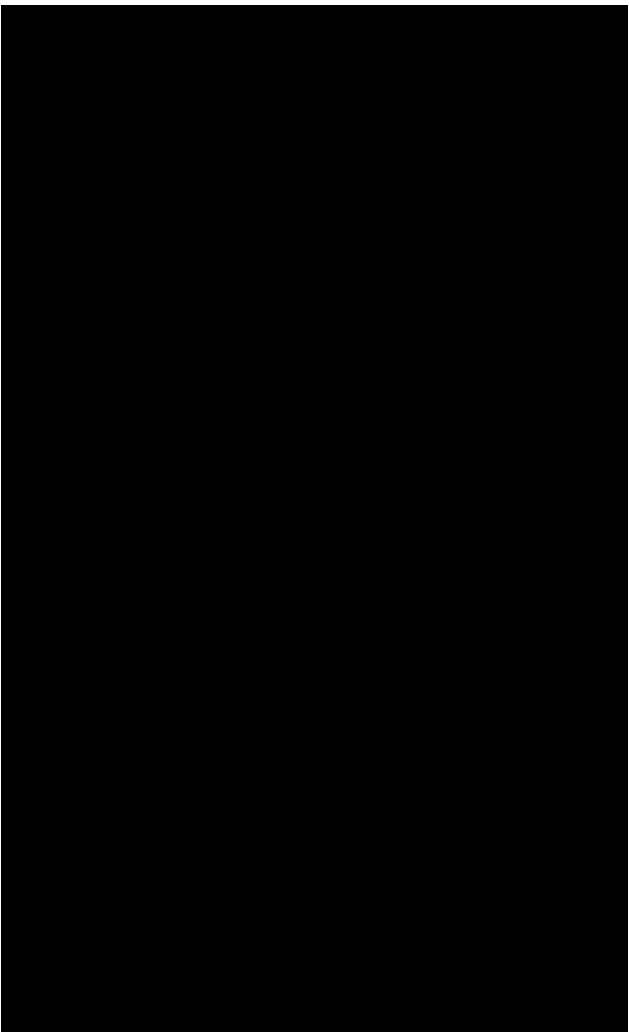
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MINIMUM QUALIFICATIONS

- 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.

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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
<p>A. Provide resumes of the Prospective Contractor's clinical staff.</p> <p>Resumes for the clinical staff listed above are included as appendices.</p>	5 points
<p>B. Explain the federal and state regulations applicable to your company conducting Level II PASRR assessments.</p> <p>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.</p> <p>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.</p> <div style="background-color: black; height: 30px; width: 100%;"></div> <p>Staffing Excellence at AFMC: A Commitment to Quality Care</p> <p>At AFMC, we take pride in assembling a highly skilled and diverse team of professionals dedicated to delivering exceptional care.</p> <div style="background-color: black; height: 100px; width: 100%;"></div> <div style="background-color: black; height: 100px; width: 100%;"></div> <div style="background-color: black; height: 100px; width: 100%;"></div>	5 points

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

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

[Redacted]

Key competencies and experience include:

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

<p>[REDACTED]</p> <p>We have maintained [REDACTED]</p> <p>[REDACTED]</p> <p>To achieve our goal of timely assessments, [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>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.</p>	
<p>I. Provide the number of years the Prospective Contractor has conducted PASRR assessments?</p> <p>AFMC staff have [REDACTED]</p>	5 points
<p>E.2 APPROACH AND METHODOLOGY</p>	15
<p>A. Describe your approach and methodology for completing Level II PAS within seven to nine business days in accordance with federal regulations.</p> <p>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, [REDACTED]</p> <p>[REDACTED] We will maintain adequate staffing on any working holidays in which State offices are kept open.</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>Our team [REDACTED]</p> <p>[REDACTED]</p> <p>To ensure efficient and timely completion of PASRR Level II assessments within the required timeframe, [REDACTED]</p> <p>[REDACTED]</p>	5 points

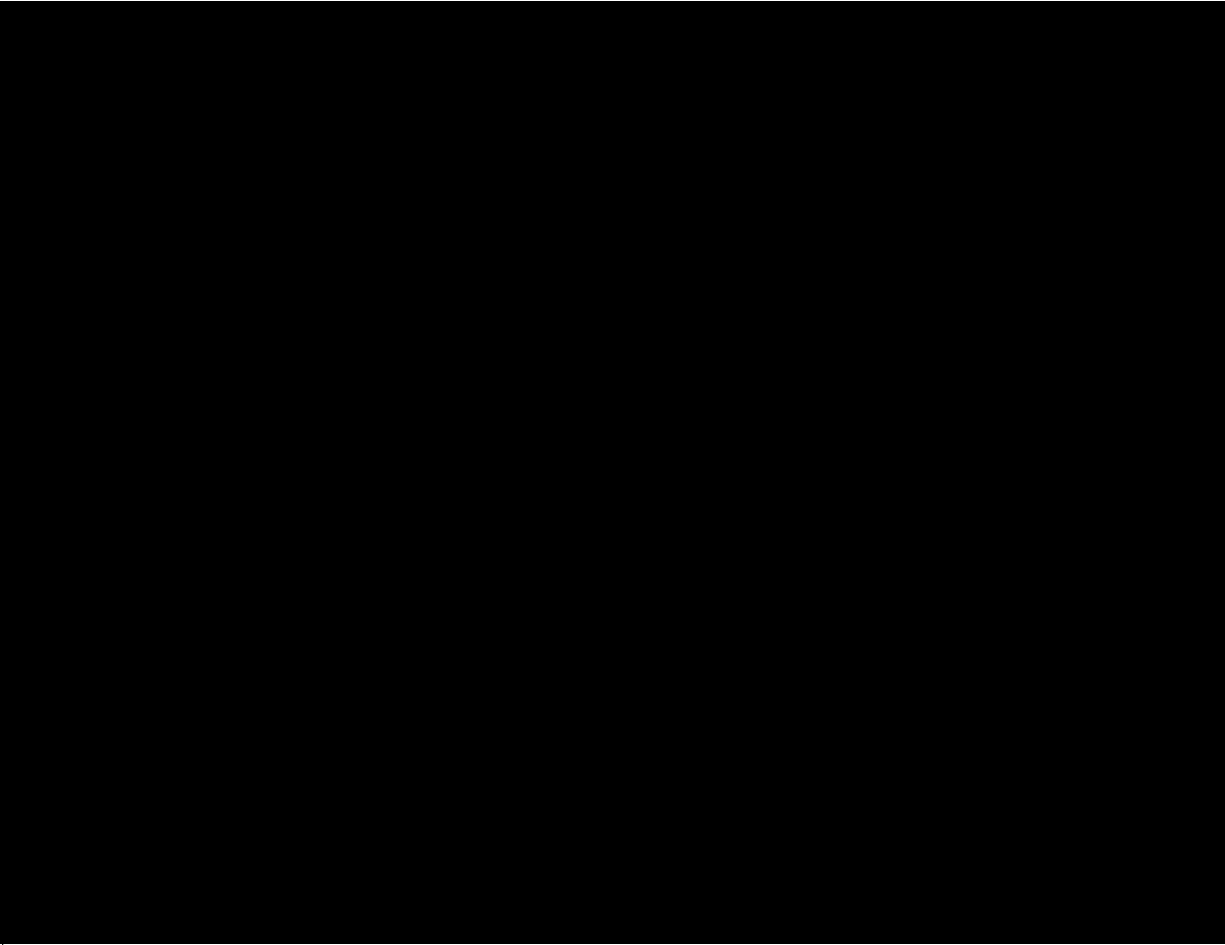
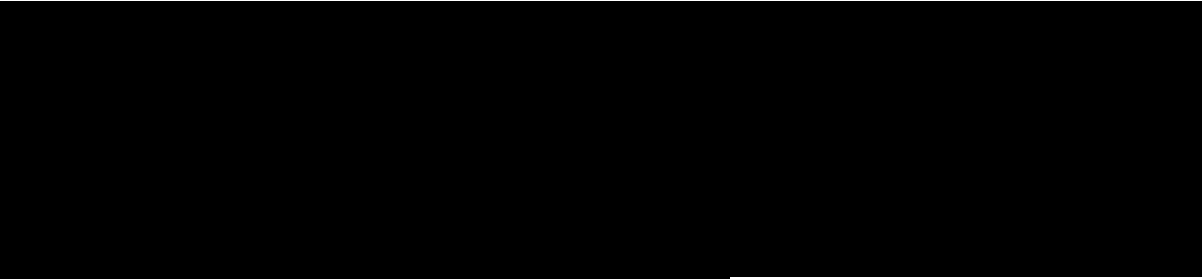
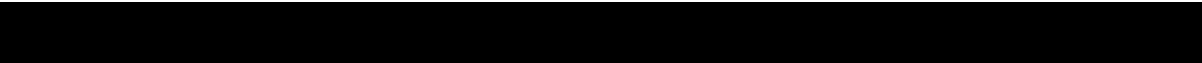
Step-by-Step Process

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<div data-bbox="99 81 1297 512" data-label="Text"><p>[REDACTED]</p></div> <div data-bbox="139 527 1211 821" data-label="List-Group"> <ul style="list-style-type: none"> [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] </div> <div data-bbox="99 835 1297 957" data-label="Text"><p>[REDACTED]</p></div> <div data-bbox="99 972 1297 1066" data-label="Text"><p>[REDACTED]</p></div> <div data-bbox="99 1081 1297 1236" data-label="Text"><p>[REDACTED]</p></div>	
E.3 TRACKING	10
<p>A. Describe your computerized management, information, and tracking system.</p> <div data-bbox="99 1360 1297 1516" data-label="Text"><p>[REDACTED]</p></div> <div data-bbox="99 1530 1297 1772" data-label="Text"><p>[REDACTED]</p></div> <div data-bbox="99 1787 1297 1942" data-label="Text"><p>[REDACTED]</p></div> <div data-bbox="99 1957 1297 1984" data-label="Text"><p>[REDACTED]</p></div>	<p>5 points</p>

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<p data-bbox="131 1056 1024 1087">B. Describe your plan to communicate decisions or information to the State.</p>  	<p data-bbox="1369 1056 1461 1087">5 points</p>

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