



## **Arkansas Department of Health**

4518 West Markham Street, Slot 58  
Little Rock, AR 72205-3867

# ***TECHNICAL PROPOSAL PACKET*** ***RFQ-15-1001***

### **CAUTION TO VENDOR**

Vendor's failure to submit required items and/or information as specified in the *Bid Solicitation Document* **shall** result in disqualification.



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## PROPOSAL SIGNATURE PAGE

Type or Print the following information.

RESPONDENT'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"/> Government/ Nonprofit
Minority Designation: <i>See Minority Business Policy</i>	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic American
	<input type="checkbox"/> Female-Owned Business	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian American
	AR Minority Certification #:	Service Disabled Veteran Certification #:	

VENDOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid 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 vendor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), <b>shall</b> be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See bid solicitation for additional information.</i>

**An official authorized to bind the vendor to a resultant contract must sign below.**

The signature below signifies agreement that either of the following **shall** cause the vendor's proposal to be disqualified:

- Additional terms or conditions submitted in their proposal, whether submitted intentionally or inadvertently.
- Any exception that conflicts with a Requirement of this *Bid Solicitation*.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
*Use Ink Only.*

Printed/Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_

## **SECTION 1 - 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:** \_\_\_\_\_

## **SECTION 2 - 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:** \_\_\_\_\_

## **SECTIONS 3, 4, 5, 6 - VENDOR AGREEMENT AND COMPLIANCE**

- *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:** \_\_\_\_\_

# PROPOSED SUBCONTRACTORS FORM

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

## **VENDOR 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

**VENDOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

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

**Authorized Signature:** \_\_\_\_\_  
*Use Ink Only.*

**Printed/Typed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **INFORMATION FOR EVALUATION**

- *Provide a response to each item/question in this section. Vendor 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.*

<b>E.1</b>	<b><u>Experience of Vendor's organization regarding Home Health Agencies and related lines</u></b>	25
	A. Describe the Vendor's experience regarding Home Health Agencies and related lines specific to services	5
	B. Describe the Vendor's experience regarding Home Health Agencies and related lines specific to regulations	5
	C. Describe the Vendor's experience regarding Home Health Agencies and related lines specific to payer reimbursements	5
	D. Describe the Vendor's experience regarding Home Health Agencies and related lines specific to valuation	5
	E. Describe the Vendor's experience regarding Home Health Agencies and related lines specific to HHA standard business practices	5
<b>E.2</b>	<b><u>Knowledge of State of Arkansas government processes</u></b> Describe the Vendor's knowledge of State of Arkansas government processes for accounting, budgeting, procurement and personnel	<b>5</b>
<b>E.3</b>	<b><u>Knowledge of Licenses and Acquisitions of Home Health Agencies</u></b> Vendor to provide documentation that indicates knowledge of Home Health agency licenses and acquisitions	5
<b>E.4</b>	<b><u>Methods to ensure continued patient care</u></b> Vendor to describe methods to ensure continued patient care	5
<b>E.5</b>	<b><u>Methods to assist employees as they transition to private providers</u></b> Vendor to describe methods to assist employees as they transition to private providers	5
<b>E.6</b>	<b><u>Perform a preliminary valuation analysis</u></b> Vendor will describe how to they will perform a preliminary valuation analysis	5
<b>E.7</b>	<b><u>Develop a strategy to divest ADH's in-home business</u></b> Vendor will share strategy to divest ADH's in-home business	5
<b>E.8</b>	<b><u>Develop a proposal process for the transition of the business</u></b> Vendor will share a proposal process they will use for transition of the business	5

<p><b>E.9 <u>Plan to manage the negotiation process</u></b></p> <p>Vendor will describe their plan on managing the negotiation process</p>	5
<p><b>E.10 <u>Timeline of events as listed in 3.2A-8</u></b></p> <p>Vendor will provide a timeline of events, beginning with the date of the contract and concluding with the final date of termination for this program</p>	5
<p><b>E.11 <u>ADDITIONAL INFORMATION AND COMMENTS</u></b></p> <p>The Vendor should provide any additional related information and/or services that are believed to set them apart from their competitors. This may be submitted as an attachment and should be no longer than 2 pages.</p>	5
<p><b>E.12 <u>VENDOR DISCLOSURES</u></b></p> <p>Provide details on the following disclosures for the Vendor and all subcontractors:</p> <ul style="list-style-type: none"> <li>• All the counties and jurisdictions in which the Vendor does business and the nature of the business for each county or jurisdiction as required in 3.5.H.</li> <li>• All the states and jurisdictions in which the Vendor has contracts to supply in-home goods or services and the nature of the goods or services involved for each county or jurisdiction as required in 3.5.I.</li> <li>• All finding or plea, conviction, or adjudication of guilt in a state, federal, foreign, or international court or tribunal for a criminal offense other than a traffic violation committed by vendor or a person identified under Arkansas Code Annotated § 23-115-501 (b)(1) as required in 3.5.J.</li> <li>• All Vendor’s bankruptcy, insolvency, reorganization, or corporate or individual purchase or takeover of another corporation, including without limitation the assumption of bonded indebtedness as required in 3.5K.</li> <li>• All civil or criminal litigation or indictments which the vendor is involved and any joint ventures, strategic partners, prime contractor team members, and subcontractors involved as required in 3.6.</li> <li>• Information on all conflict of interest with the products and goals of ADH that could result from other projects in which the Vendor is involved as required in 3.7</li> </ul>	5