



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"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <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"/> Pacific Islander American <input type="checkbox"/> Female-Owned Business <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Service Disabled Veteran		
	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), shall 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.

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

E.9 <u>Plan to manage the negotiation process</u> Vendor will describe their plan on managing the negotiation process	5
E.10 <u>Timeline of events as listed in 3.2A-8</u> 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	5
E.11 <u>ADDITIONAL INFORMATION AND COMMENTS</u> 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.	5
E.12 <u>VENDOR DISCLOSURES</u> Provide details on the following disclosures for the Vendor and all subcontractors: <ul style="list-style-type: none"> • 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. • 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. • 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. • 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 3.5.K. • 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. • 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 	5