



STATE OF ARKANSAS
ARKANSAS DEPARTMENT OF HEALTH
4815 West Markham Street
Little Rock, Arkansas 72205

TECHNICAL PROPOSAL PACKET

ADH-AQ-001

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"/> Nonprofit
Minority Designation: <i>See Minority Business Policy</i>	<input type="checkbox"/> Not Applicable AR Minority Certification #: _____	<input type="checkbox"/> African American <input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic American <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Service Disabled Veteran 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 - 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:** _____

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.

	Maximum RAW Score Available
E.1 COMMITMENT TO CONTINUING HIGH QUALITY IN-HOME HEALTH CARE SERVICES Note: Any operating, quality or financial information provided should cover the years 2012 – 2015 and YTD 2016.	
A. Provide supporting evidence of your company’s past commitment to high quality In-Home Health Care Services.	10 points
B. Describe your most relevant previous experience with the acquisition of In-Home Health Care Service providers, including what was changed and what remained the same after the acquisition.	10 points
C. Provide details regarding your organization’s provision and monitoring of the provision of high quality In-Home Health Care Services within the organization’s current structure, including: <ol style="list-style-type: none"> 1. Quality factors monitored by the organization. 2. Results of quality-of-care and deficiency surveys. 3. Staff-to-patient ratios, mix of RNs, LPNs and aids, staff tenure, staff training and other relevant information. 	10 points
D. Provide a detailed explanation of your policies, procedures, and plans for addressing In-Home Health Care Services patient concerns on a go-forward basis.	10 points
E. Describe your plans to continue the Agency’s legacy of the provision of high quality In-Home Health Care Services in the State of Arkansas, including: <ol style="list-style-type: none"> 1. The Bidder’s transition plan from current operations of the Agency to operations under the ownership of the Bidder, including: <ol style="list-style-type: none"> a. How your organization will contact patients residing in rural remote locations. b. How your organization will work with and address the concerns of referring providers 	10 points
F. Describe how the company will address the needs and circumstances of current In-Home Health Care Services patients during the transition to ensure uninterrupted delivery of high quality In-Home Health Care Services, which would include plans to address In-Home Health Care Services patient concerns during the transition period.	10 points
E.2 COMMITMENT TO CONTINUING IN-HOME HEALTH CARE SERVICES TO INDIGENT / SELF-INSURED PATIENTS, MEDICAID PATIENTS AND PEDIATRIC PATIENTS	

<p>Note: Any operating, quality or financial information provided should cover the years 2012 – 2015 and YTD 2016.</p>		
A.	Describe in detail your plans to continue to provide In-Home Health Care Services to indigent / self-insured patients in the Agency’s service area during and after the initial 18 month period following Closing	10 points
B.	Elaborate on your plans and commitment to continue to provide In-Home Health Care Services to Medicaid patients in the Agency’s service area	10 points
C.	Elaborate on your plans and commitment to continue to offer and provide Pediatric Care in the Agency’s service area.	10 points
D.	Provide your current indigent / self-insured, Medicaid and Pediatric Care policies.	10 points
E.	Provide supporting evidence of past organizational indigent / self-insured patient, Medicaid patient and Pediatric Care practices and performance.	10 points
<p>E.3 ABILITY AND PLAN TO CONTINUE THE PROVISION OF IN-HOME HEALTH CARE SERVICES TO THE AGENCY’S SERVICE AREA Note: Any operating, quality or financial information provided should cover the years 2012 – 2015 and YTD 2016.</p>		
A.	Supply your company’s supporting evidence of past experience and qualifications in providing In-Home Health Care Services to a broad patient base in a large geographic area, including rural communities.	10 points
B.	Provide a description and supporting information regarding the Bidder’s approach to community involvement and betterment.	10 points
C.	Describe your organization’s vision for working to be a community partner across the Agency’s service area.	10 points
D.	Describe your organization’s vision for the future of In-Home Health Care Services in the Agency’s service area.	10 points
E.	Elaborate on your plans regarding anticipated office/location closures.	10 points
F.	Elaborate on your plans to continue to provide In-Home Health Care Services to the Agency’s entire service area.	10 points
<p>E.4 COMMITMENT TO CONTINUED EMPLOYMENT OF THE AGENCY’S EMPLOYEES Note: Any operating, quality or financial information provided should cover the years 2012 – 2015 and YTD 2016.</p>		
A.	Elaborate on your plans to offer employment to the Agency’s employees for 12 months following Closing.	10 points
B.	How does your company intend to provide positions and wages comparable to those offered by the Agency prior to Closing?	10 points
C.	How does your company intend to honor seniority for all aspects of your benefit plans?	10 points
D.	Provide your organization’s customary pre-employment screening procedures.	10 points
E.	Provide your organization’s plans for continued employment of the agencies employees following the end of the twelve (12) month period following Closing.	10 points
<p>E.5 QUALIFICATIONS Note: Any operating, quality or financial information provided should cover the years 2012 – 2015 and YTD 2016.</p>		
A.	Provide details on your organization’s qualifications as outlined in 2.4.A-F of the Request for Proposal.	10 points
<p>E.6 PROFILE AND DISCLOSURES Note: Any operating, quality or financial information provided should cover the years 2012 – 2015 and YTD 2016.</p>		

A. Provide your organization's profile and required disclosures as outlined in Sections 2.5 through 2.7 of the Request for Proposal.	10 points
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