



STATE OF ARKANSAS

OFFICE OF STATE PROCUREMENT

1509 West 7th Street, Room 300
Little Rock, Arkansas 72201-4222

TECHNICAL PROPOSAL PACKET

SP-17-0031R

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"/> 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"/> 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 - 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.

		Maximum RAW Score Available
E.1 Qualifications and Essential Services		Points
A.	Provide information, per each Pharmacist assigned to this service, which meets the minimum of five (5) years of experience in dispensing pharmaceuticals in similar surrounds. E.g. Nursing Home, Residential Care. Include three (3) references with information as stated in section 2.3 (1).	5
B.	Describe in detail the current dispensing program utilized at the time of the RFP.	5
C.	Provide information on blister packs and situations where they cannot be used.	5
D.	Explain current change-out program methods utilized and how the process meets the requirements of this RFP.	5
E.	Describe the effective computer system that is in place and how it maintains drug profiles on individual clients for medical staff, consulting pharmacists, and the regulatory agency.	5
F.	Provide a list of the current pharmaceutical equipment related to administering pharmaceutical drugs to patients that may be required at the facility locations as shown in the RFP.	5
G.	Provide the hours of service, both standard, emergency, and inclement weather hours that are currently utilized for delivery of pharmaceuticals.	5
H.	Explain the routine checking or monitoring of medication lists regarding allergies, drug interactions and any new medications changes that may affect new orders.	5
I.	Give a description of your process for handling the delivery of intravenous solutions.	5
J.	Provide current practices for viewing prescriptions for therapeutic lessons individually or collectively to provide and maximize dollar savings.	5
K.	Describe the current plan utilized as an on-site pharmacist for the ADVA locations and how the pharmacist will act as the liaison between the agency and the vendor.	5
L.	Describe how inventory control is managed to include ordering and receiving of medications required for the ADVA residents.	5
M.	Describe in detail the current reporting documents that are available that meet the requirements as set forth in the RFP. Examples may also be included in the detailed information.	5
N.	Provide all information regarding current available transportation that supports the specifications as outlined in the RFP.	5
O.	Provide information regarding staffing and the experience that is represented by current staffing. Should subcontractors be utilized, provide detail information as to how and when those subcontractors are used.	5
P.	Describe the current internet ordering procedure and how its effect is shown to maximize processing prescriptions.	5
Q.	Does your current system integrate with Point Click Care to allow seamless billing? Describe your process for invoice submittal.	5
R.	Describe the methods utilized to handle discrepancies in shortages based on inaccurate counts or errors when noted by ADVA facilities.	5
S.	What system do you have in place to deliver meds in inclement weather? What is your process for reporting missing narcotics? What are your reporting requirements? How do you handle shortages?	5
T.	Describe the procedure in place for effective and efficient delivery processes. The methods should include preventing theft, shortages, mishandling and inaccurate inventory counts of pharmaceuticals.	5
U.	Provide in detail, the transition plan that will be utilized to enable continued provision of pharmacy services, as required in the RFP, for the Fayetteville and NLR location.	5
E. 2 Desired Features		
A.	Is there currently a "Prescription Take-back Program" offered by the vendor? If so, detail the processes utilized and the procedures used to securely provide destruction of the medications. These details should include where the prescription medications are destroyed and the chain of custody timeframe as	5

	required by destruction requirements. Method of destruction is to be approved methods by the Arkansas State Board of Pharmacy.	
Total Points		110