

TECHNICAL PROPOSAL PACKET
DH-20-0001

Bid Opening Date: September 5, 2019
2:00PM Central Time

Word Version Available On Request
Email Request to: Daniel.McNutt@arkansas.gov

| PROSPECTIVE CONTRACTOR'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 and Women-Owned Designation*: | <input type="checkbox"/> Not Applicable <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 <input type="checkbox"/> Women-Owned |
| | AR Certification #: _____ | | * See <i>Minority and Women-Owned Business Policy</i> | |

| | | | |
|-----------------|--|------------------|--|
| Contact Person: | | Title: | |
| Phone: | | Alternate Phone: | |
| Email: | | | |

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 bid solicitation for additional information.

By signing and submitting a response to this bid solicitation, a prospective contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the prospective contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.

By signing and submitting a response to this Bid Solicitation, a prospective contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.

The signature below signifies agreement that any exception that conflicts with a requirement of this bid solicitation **will cause the proposal to be disqualified.**

Printed/Typed Name: _____ Date: _____

RESTRICTION OF BOYCOTT OF ISRAEL CERTIFICATION

Pursuant to Arkansas Code Annotated § 25-1-503, a public entity **shall not** enter into a contract valued at \$1,000 or greater with a company unless the contract includes a written certification that the person or company is not currently engaged in, and agrees for the duration of the contract not to engage in, a boycott of Israel.

By signing below, the contractor agrees and certifies that they do not boycott Israel and will not boycott Israel during the remaining aggregate term of the contract.

If a company does boycott Israel, see Arkansas Code Annotated § 25-1-503.

| | |
|-----------------------------------|---|
| Bid Number/Contract Number | DH-20-0001 |
| Description of product or service | ADH Statewide Prescription Drug Monitoring System |
| Contractor name | |

Contractor Signature: _____
Signature must be hand written, in ink.

Date: _____

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitations for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Included prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503

Disclosure of Lobbying Activities

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

| | | |
|---|---|--|
| 1. Type of Federal Action: a. contract _____ b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance | 2. Status of Federal Action: a. bid/offer/application _____ b. initial award c. post-award | 3. Report Type: a. initial filing _____ b. material change For material change only: Year _____ quarter _____ Date of last report _____ |
| 4. Name and Address of Reporting Entity: _____ Prime _____ Subawardee Tier _____, if Known: Congressional District, if known: | 5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District, if known: | |
| 6. Federal Department/Agency: | 7. Federal Program Name/Description: CFDA Number, if applicable: _____ | |
| 8. Federal Action Number, if known: | 9. Award Amount, if known: \$ | |
| 10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i> | b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i> | |
| 11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. | Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____ | |
| Federal Use Only | Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97) | |

MINIMUM VENDOR QUALIFICATIONS

ADH will review each Technical Proposal Packet to verify minimum vendor qualifications have been met. Technical Proposals Packets that do not meet minimum vendor qualifications will be disqualified and will not be evaluated.

Vendor must provide proof that the following Minimum Qualifications have been met

| Qualifying Requirement | Qualifying Documentation |
|--|--------------------------|
| <p>A. The vendor shall currently own a PDMP system that has been fully implemented and fully operational with live data for at least two (2) state governments having a similar size and scope as required in this RFP</p> | |
| <p>B. Vendor shall have successfully demonstrated at least two (2) years of experience in the production of PDMP software which incorporates similar services as required in this RFP</p> | |
| <p>C. Vendor shall describe its capability to offer the long-term commitment and financial resources necessary to provide the services required by this RFP at the highest level.</p> | |
| <p>D. Vendor shall describe previous or current engagements (of a similar size and scope to the RFP specifications) it has performed within the last two (2) years which demonstrate the vendors capability to perform all services required in this RFP. Vendor shall include the following:</p> <ol style="list-style-type: none"> 1. Contract duration, including dates 2. Geographic area served and size of system installation 3. Brief written description of the solution provided and the methodology employed 4. A reference from each previous/current engagement reference that can be contacted for verification of all data submitted <p>NOTE: Use Previous or Current Engagement Reference Form Provided in the Tech. Response Packet</p> <ol style="list-style-type: none"> 5. If using subcontractors, provide name, address, and telephone number. <p>NOTE: Use Subcontractor Form provided in the Tech. Response Packet</p> | |

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 DATA COLLECTION | |
| 1. Describe methods for accepting electronic data from dispensers | 5 |
| 2. Describe the process used to cleanse and validate data from dispensers | 5 |
| 3. Describe the conversion of historical data from previous vendor | 5 |
| 4. Describe how a user can both upload/report data and query patients | 5 |
| 5. Describe the steps taken when a dispenser report has an error. How is the dispenser notified? How can the dispenser fix the error? How will the vendor notify ADH of an error? | 5 |
| | |
| E.2 SECURE WEB SERVICES | |
| 1. Describe the security and environment for capturing and transmitting Patient Health Information | 5 |
| 2. What are the safe guards in place to prevent a security breach? | 5 |
| 3. What process does your product have to identify a security breach? | 5 |
| 4. What process is in place to validate DEA numbers | 5 |
| 5. If Arkansas were to implement state-wide integration of your product to all EHR's and PDS, describe the process to fulfill this requirement. If available, describe any actual implementations performed | 5 |
| | |

| E.3 DATA MANAGEMENT | |
|---|---|
| 1. Describe the access the Arkansas PDMP will have to the raw data and how it will be updated | 5 |
| 2. Describe the process for patient matching, consolidating, and de-selecting patient profiles | 5 |
| 3. Describe how your product will address the issue of prescribers with multiple DEA numbers | 5 |
| 4. Describe your ability to offer redundancy, fault tolerance and “up-time” greater than 99.9% annually | 5 |
| 5. Describe your process for standardization and matching will be done as well as which criteria will be used as the matching algorithm in the system | 5 |
| | |
| E.4 QUERIES AND REPORTS | |
| 1. Describe the different types of reports and permissions granted to specific role types. | 5 |
| 2. Per legislation, the ADH is required to send out quarterly prescriber reports to prescribers. Describe the content of reports that will be sent and the method by which the reports will be sent. Describe the reporting information that will be provided to the ADH for analysis | 5 |
| 3. Describe the types of Clinical Alerts that can be sent out and how the ADH can adjust users, limits and frequency of the alerts | 5 |
| 4. Describe the interactive portal your system will provide and the types of pre-defined analytical reporting provided | 5 |
| 5. The ADH requires dispensers to report controlled dispensations by the next business day. Describe your process for identifying non-compliant dispensers and how the ADH will be notified of non-compliance | 5 |
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| KEY STAFF FORM | | |
|----------------|------------------|---------------------|
| Name | Project Position | Relative Experience |
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| CURRENT OR PREVIOUS ENGAGEMENT REFERENCES | | | |
|--|----------------------------------|--------------------------|--|
| Name & Type of Entity Contract Duration Dates | Geographic Area & System Size | Brief System Description | Reference |
| | | | Name: Address: Phone: E-mail: |
| | | | Name: Address: Phone: E-mail: |
| | | | Name: Address: Phone: E-mail: |
| | | | Name: Address: Phone: E-mail: |
| | | | Name: Address: Phone: E-mail: |
| | | | Name: Address: Phone: E-mail: |

PROPOSED SUBCONTRACTOR 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 |
|------------------------------|----------------|------------------|
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| | | |

☐ **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:** _____

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: ☐ Yes ☐ No SUBCONTRACTOR NAME: _____

TAXPAYER ID NAME: _____ IS THIS FOR: ☐ Goods? ☐ Services? ☐ Both?

YOUR LAST NAME: _____ FIRST NAME: _____ M.I.: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTRY: _____

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 | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| Constitutional Officer | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| State Board or Commission Member | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| State Employee | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

☐ 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 | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| Constitutional Officer | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| State Board or Commission Member | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| State Employee | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |

☐ None of the above applies

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 _____ Title _____ Date _____
 Vendor Contact Person _____ Title _____ Phone No. _____

Agency use only

Agency Number _____ Agency Name _____ Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____