



ARKANSAS DEPARTMENT OF HEALTH STATEWIDE CONTACT TRACING SYSTEM

RESPONSE PACKET ***DH-20-0026***

Response Opening Date: June 19, 2020 1:00pm Central Time

RESPONSE SIGNATURE PAGE

Type or Print the following information.

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

PROSPECTIVE CONTRACTOR 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 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.</i>

ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Bid Solicitation</i> , 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.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, 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. <input type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's response to be rejected.

Authorized Signature: _____ **Title:** _____
Use Ink Only.

Printed/Typed Name: _____ **Date:** _____

MINIMUM VENDOR QUALIFICATIONS

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

Vendor must provide proof that that the following Minimum Qualifications have been met
A MS WORD version of this form is available on request

Qualifying Requirement	Qualifying Documentation
<p>A. Provide Evidence of nationally recognized accreditation for health IT data collection such as: Commission On Accreditation For Health Informatics And Information (CAHIIM) or American Health Information Management Association (AHIMA) or other like industry accreditation.</p>	
<p>B. Provide evidence of a minimum of three years' experience staffing and managing a Call Center utilizing remote staff with outbound unsolicited call experience specifically for health care related phone based education. (document any phone based education your organization has with government agency program topics)</p> <p>NOTE: More detailed information may be provided on the "Previous or Current Engagement Form".</p>	
<p>C. Document your firms experience with report documentation for phone based interviews. Provide name of entity for which services were provided. Provide the dates the services were provided</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 three (3) years which demonstrate the vendor's 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 Response Packet</p>	
<p>E. Document your firms experience managing staffing levels for in person and remote staff where workload fluctuations were constant. Provide the entity services were provided for and the dates of the service</p>	
<p>F. Document your firm's experience in training and collaborating with community based health care programs and initiatives. Include experience working with underserved populations and/or groups with health disparities. Provide the entity services were provided for and the dates of the service</p>	

INFORMATION FOR EVALUATION

- *Provide a response to each item/question in this section. Prospective vendors may expand the space under each item/question to provide a complete response. Prospective vendors may also use a separate form. If using a separate form vendor must clearly and distinctly identify the section (E.1/2) and question number*
- *Word Version of Information For Evaluation question pages are available upon request*
- ***Do not** include additional information if not pertinent to the itemized request*
- ***All responses shall be limited to 300 words***

E.1 Capabilities & Experience	Maximum RAW Score Available
1. Describe your Firm's experience and capabilities in the overall operation and management of a Call Center which utilizes remote staff	5
2. Describe the methods and processes your firm uses to ensure staffing levels are always commensurate with the workload	5
3. Describe the training methods employed for all call center workers whether on-site or remote.	5
4. Describe the training methods employed for in-person home visit Contact Tracing	5
5. Describe the training methods employed to ensure all workers have full knowledge of HIPAA requirements	5
6. Describe the management and oversight processes employed to ensure full HIPAA compliance	5
7. Describe the processes used to rapidly disseminate and implement programmatic and operational changes to all personnel	5
8. Describe how you ensure the ability to communicate with individuals who speak languages other than English	5
9. What languages other than English do you anticipate being able to provide	5
10. Describe your capabilities and experience training and collaborating with community based health care programs and initiatives	5
11. Describe your capabilities working with and providing services for the underserved and populations or groups with health disparities	5

E.2 Data Management & Security	Maximum RAW Score Available
1. What strategies and practices would you use to complete employee technology verification + vetting to ensure potential hires possess adequate technology infrastructure (phones, computers, etc.), phone access, Internet access? If you would provide necessary technology infrastructure to contact tracers, please describe how you would accomplish this.	5
2. Describe how you would provide redundancy, fault tolerance, and an up-time of 99.9% annual availability	5
3. Describe the processes employed to ensure Contract Tracing personnel can capture and transmit protected health information (PHI).	5
4. Describe your level of understanding and experience working with the privacy and security practices and processes as defined by the National Institute of Standards and Technology (NIST) and Health Information Technology for Economic and Clinical Health (HITECH)	5

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:

