



State of Arkansas
Arkansas Department of Health
4815 West Markham Street
Little Rock, AR 72205

APPLICATION PACKET

DH-21-0006

Request for Application

Purpose of Sub-Grant: (Insert purpose/scope of work)

The purpose of this Request for Application (RFA) is to identify and award a *National Advanced, Award-Winning Medication Therapy Management (MTM) Certificate Training Program* who has demonstrated experience working with pharmacy teams in the Arkansas Delta Counties and their pharmacies to continue our work with Arkansas Delta Community Pharmacies Advanced Medication Therapy Management (MTM) Certificate Training Project in the areas of diabetes, hypertension, and hyperlipidemia. ***Please note: This RFA is not for direct patient care services or online platforms.***

APPLICATION SIGNATURE PAGE

Type or Print the following information.

APPLICANT'S INFORMATION				
Company:				
Fiscal Year:				
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	
				<input type="checkbox"/> Intergovernmental
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian American	<input type="checkbox"/> Service-Disabled Veteran
	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Women-Owned
	AR Certification #: _____		* See <i>Minority and Women-Owned Business Policy</i>	
APPLICANT CONTACT INFORMATION				
<i>Provide contact information to be used for bid solicitation related matters.</i>				
Contact Person:		Title:		
Phone:		Alternate Phone:		
Email:				
Alternate Email:				
ILLEGAL IMMIGRANT CONFIRMATION				
By signing and submitting a response to this <i>solicitation</i> , the applicant agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the recipient certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.				
ISRAEL BOYCOTT RESTRICTION CONFIRMATION				
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.				
Geographical Coverage Area: Indicate geographical coverage area as either statewide or by individual counties, alphabetically.				

An official authorized to bind the prospective recipient to a resultant contract shall sign below.

By signing and submitting a response to this Request for Application (RFA), the applicant agrees to comply with all requirements, and that any exception that conflicts with a requirement of this RFA will cause the application to be disqualified.

Authorized Signature: _____ **Title:** _____
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.

PROSPECTIVE CONTRACTOR 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

PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

Agreement and Compliance

CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person 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 the awarding of any federal contract, the making of any federal sub-grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, sub-grant, loan, or cooperative agreement.

2. If any funds other than federal appropriated funds have been paid or will be paid to any person 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 this Federal contract, sub-grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," attached hereto, in accordance with its instructions. This disclosure form must be filed with the Arkansas Department of Health (ADH) at the end of each calendar quarter in which there occurs any event that requires disclosure or that materially affects the accuracy of the information contained in any disclosure form previously filed. An event that materially affects the accuracy of the information reported includes:
 - a. A cumulative increase of \$25,000 or more in the amount paid or expected to be paid for influencing or attempting to influence a covered federal action; or,
 - b. A change in the person(s) or individuals(s) influencing or attempting to influence a covered federal action; or,
 - c. A change in the officer(s), employee(s), or member(s) contracted to influence or attempt to influence a covered federal action.

3. The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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. 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	Subject Knowledge	
1.	Please explain your Medication Therapy Management (MTM) Certificate Training Program/approach. What makes your MTM Certificate Training Program different from others/unique?	5 Points
2.	Explain how you educate/train on the incorporation of MTM into your daily workflow and apply clinically minded verification of prescriptions.	5 Points
3.	Give examples of your MTM Certificate Training Program competition rates as it improves patient care and patient outcomes.	5 Points
4.	Please give examples of any recognitions and/or acknowledgments you have received for your MTM Certificate Training Program.	5 Points
5.	Explain your knowledge of Collaborative Practice Agreements, Arkansas Pharmacy Laws and Regulations 09-01, and how you incorporate that into your MTM Certificate Training Program.	5 Points
E.2	Communication/Technical Assistance	
1.	Please describe how you provide technical assistance after your initial MTM Certificate Training and describe the different ways you use to communicate for training and ongoing providing technical assistance for Medication Therapy Management.	5 Points
2.	Due to the recent events and Arkansas State mandates for COVID 19, how will you adapt your MTM Certificate Training Program to meet the patients' needs and to successfully continue to offer the program?	5 Points
3.	List an example of a protocol/workflow that you use for Medication Therapy Management.	5 Points
4.	Please provide an example of where you utilized Blackboard in your training curriculum.	5 Points
5.	Please describe any patient handouts that you provide that is incorporated in your MTM Certificate Training Program.	5 Points
E.3	Organization	
1.	Please describe your ability to develop spreadsheets and proficiency using Excel.	5 Points
2.	Please describe your experience tabulating and reporting data.	5 Points
3.	Please describe your experience providing expense reports.	5 Points
E.4	Past Experience	
1.	Please describe your experience in working with pharmacies in the Arkansas Delta?	5 Points
2.	Please describe your experience in training pharmacy teams in Arkansas?	5 Points
3.	Please describe your experience with incorporating pharmacy technicians' roles regarding your MTM Certificate Training Program.	5 Points
4.	Please describe your National ranking of your MTM Certificate Program and any improvements within one year?	5 Points