

Every Mom Matters

TECHNICAL PROPOSAL PACKET

DH-22-0019

RFP Issued: April 28, 2022

RFP Due Date: **May 17, 2022 2:00PM Central Time**

Bid Opening Date:	May 17, 2022	Bid Opening Time:	2:00 PM, Central Time
<p>Deliver proposal submissions for this Request for Proposal to the Arkansas Department of Health on or before the designated bid opening date and time. In accordance with Arkansas Procurement Law and Rules, it is the responsibility of prospective contractors to submit proposals at the designated location on or before the bid opening date and time. Proposals received after the designated bid opening date and time may be considered late and may be returned to the prospective contractor without further review. It is not necessary to return "no bids" to ADH.</p>			

DELIVERY OF RESPONSE DOCUMENTS	
Delivery Address:	<p>Arkansas Department of Health Procurement Support Branch 4815 West Markham Street, Slot 58 Little Rock, AR 72205-3867 ATTN: Tim O'Brien</p> <p>Delivery providers, USPS, UPS, and FedEx deliver mail to ADH's street address on a schedule determined by each individual provider. These providers will deliver to ADH based solely on the street address. Prospective contractors assume all risk for timely, properly submitted deliveries.</p>
Proposal's Outer Packaging:	<p>Seal outer packaging and properly mark with the following information. If outer packaging of proposal submission is not properly marked, the package may be opened for bid identification purposes.</p> <ul style="list-style-type: none"> Bid number Date and time of bid opening Prospective Contractor's name and return address

PROPOSAL 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"/> 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>	
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 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.				
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.				

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 proposal to be disqualified.**

Authorized Signature: _____ Title: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

SUBMISSION REQUIREMENTS CHECKLIST

Per the solicitation, the following items **must** be submitted with the Prospective Contractor’s proposal:

- Proposal Signature Page*
- Proposed Subcontractors Form*
- Information for Evaluation*
- Exceptions Form, if applicable*
- Official Solicitation Price Sheet, sealed separately*

It is strongly recommended that the following items are also included with the Prospective Contractor’s proposal:

- EO 98-04: Contract and Grant Disclosure Form*
- Copy of Prospective Contractor’s Equal Opportunity Policy*
- Signed addenda, if applicable*

EXCEPTIONS FORM

Prospective Contractor **shall** document all exceptions related to requirements in the RFP Solicitation. See Section 1.5 of the RFP Solicitation.

ITEM #	REFERENCE (SECTION, PAGE, PARAGRAPH)	DESCRIPTION	PROPOSED LANGUAGE

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.

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-22-0019
Description of product or service	Contract To Provide Healthcare Support For Pregnant Women In Arkansas
Contractor name	

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

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. **A word version of the Information For Evaluation section is available upon request.**
- Do not include additional information if not pertinent to the itemized request.

E1. VENDOR MINIMUM QUALIFICATIONS/REQUIREMENTS	Maximum Raw Score Available
<p>a. Provide documentation of your organizations minimum three year experience in the successful operation of health care call center/centers management. Provide the Call Center Name, the primary purpose, and the dates of your management experience Response:</p>	5
<p>b. Provide documentation of any Call Center/Contact Center accreditation or certification you currently have or in the process of obtaining Response:</p>	5
<p>c. Provide an overview of your experience in providing translation/interpretive services, describing how this service has been provided in the past Response:</p>	5
<p>d. Describe training methods and activities you will use to ensure compliance with requirements set forth in ACA §20-16-2405 & §20-16-2406 Response:</p>	5
<p>e. Do you currently employ any Training Specialists and if so, provide any training certifications they currently hold or are in the process of obtaining Response:</p>	5
E2. SCOPE OF WORK	
<p>a. Describe your most recent experience with managing the daily operation of a call center having a similar size and scope to the Every Mom Matters Call Center. Please provide the average number of calls received per day, the services provided and the average number of call center personnel employed per day. Response:</p>	5
<p>b. Describe the type of Call Center Software to be utilized, provide its capabilities in meeting the requirements of this project and any value added capabilities that it may have Response:</p>	5
<p>c. Describe your experience, methods, and processes that will be used to provide Quality Assurance for the Every Mom Matters program. Describe any Quality Assurance methods currently in use Response:</p>	5
<p>d. Describe methods that will be used to ensure privacy protection of callers as identified in item 2.2 para C on page 10 of 21. Provide your organizations knowledge and experience with maintaining compliance with all State of Arkansas and Federal privacy laws Response:</p>	5
<p>e. Describe the Data Security system that will be utilized to ensure that the Every Mom Matters program data will be as secure as possible. Please list any Data Security certifications your IT Staff may have such Certified Information Security Manager (CISM) Response:</p>	5

OFFICIAL BID PRICE SHEET

DH-22-0019

COST PROPOSAL MUST BE SUBMITTED SEALED SEPARATELY FROM THE TECHNICAL PROPOSAL. ANY REFERENCE TO COST(S) INCLUDED WITH THE TECHNICAL PROPOSAL SHALL RESULT IN OFFEROR'S PROPOSAL BEING REJECTED.

PRICE INCREASES WILL ONLY BE CONSIDERED AT TIME OF CONTRACT RENEWAL

NOTE: Please see Para 4.5 on page 17 of 20 of the Solicitation Document

Description	Unit of Measure	Price
Provide all services in exact accordance with the scope and requirements as specified in DH-22-0019 Sections 2.1 through 2.5	Total Project Cost Per Year	\$ _____

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 <small>[senator, representative, name of board/ commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and how are they related to you? <small>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]</small>	
	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 <small>[senator, representative, name of board/commission, data entry, etc.]</small>	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. _____