



STATE OF ARKANSAS
ARKANSAS DEPARTMENT OF HEALTH
4815 West Markham Street
Little Rock, Arkansas 72205-3867

TECHNICAL PROPOSAL PACKET
DH-23-0004

Bid Opening Date: 12/07/2022

Bid Opening Time: 3:00pm, Central Time

CAUTION TO VENDOR

Vendor's failure to submit required items and/or information as specified in the *Bid Solicitation Document* **may** result in disqualification.

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"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <input type="checkbox"/> Nonprofit	
Minority Designation: <small>See Minority Business Policy</small>	<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
	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.
<p><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></p>

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

- 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:**

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.

E1. VENDOR MINIMUM QUALIFICATIONS:

Vendor must provide proof that the following Minimum Qualifications have been met for a proposal to be considered reasonably susceptible for award.

Qualifying Requirement	Provide an Overview/Description of Vendor Qualifications
A. The vendor must currently own an Online Licensing Application and Renewal system. Vendor must also have a minimum of three (3) years' experience successfully implementing, configuring, and operating such a system for a state government client and must meet the minimum requirements of this RFP.	
B. Vendor must have successfully installed at least three (3) Online Licensing Application and Renewal systems for state government monitoring and control with the same or similar services as required in this RFP.	
C. Vendor must have successfully demonstrated at least three (3) years of experience in the field of Online Licensing Application and Renewal software for the purpose of licensee certificate tracking, government oversight, and reporting.	
D. Vendor must 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.	

E2. FUNCTIONAL REQUIREMENTS OF THE ONLINE APPLICATION AND RENEWAL LICENSING SYSTEM:

Vendors are required to complete the table below for their proposed Online Application and Renewal Licensing System by marking in the appropriate column to indicate whether their proposed system meets the requirements out-of-the-box, requires configuration, or must be customized. Vendors will provide any explanation for any solution that requires configuration or customization. Vendors may enter explanations for any line item they feel the need to elaborate on. Vendors must complete each line item listed below.

Prior to contract award, the State may request access to the proposed system to verify Vendor's response to the requirements as stated in this RFP.

Acronym Key	
Out of the Box (OOB):	The Proposed System completely meets the requirement without customization or configuration.
Configurable (CFG):	The Proposed System must be configured to meet the requirement but changes to software code are not required. <i>(Proposer must provide explanation).</i>
Custom Solution (CSL):	The requirement can be met by implementing a custom solution. <i>(Proposer must provide explanation).</i>
Not Available (NA):	The proposed system does not offer this requirement

Online Application and Licensing Renewal System Requirements					
	OOB	CFG	CSL	NA	Explanation/Response
1. Portal Creation:					
a. Describe the web portal system used. Description should include each and every portal, including a detailed description. (i.e., Staff, New Applicants, Current Licensee Renewals, Permitting, Complaints, CEU Tracking, Inspections, Public-Facing, etc.)					
b. Describe in detail the abilities and purpose of each portal and to whom permissions are given to use it. Indicate what roles would be assigned to each department staff, including levels of permissions granted.					
c. Describe any portals provided that might allow for businesses, rather than individuals, to apply for and renew licensure, or allow insurance companies and other outside entities to verify current licensure status of a licensee					
d. Describe any portal that specifically deals with financial transactions, including the ability to add financial transactions to a customer/license record, batch invoices, or handle banking					

transactions such as daily deposits and adjustments.					
e. Describe the system’s ability to do the following in any portal: i. Merge accounts. ii. De-merge old accounts with new when companies with the same name and address change owners. iii. Post single payments to multiple transactions. iv. Flag accounts that are incomplete. v. Batch large volumes of invoices at one time. vi. Allow the public to search for licensees in the licensee record.					
2. CEU Management					
a. Describe in detail any CEU management portal the system uses. Include any ability to upload/download documents, track courses, track certifications or other capabilities					
b. Describe what types of documents can be managed.					
3. Automatic Alerts, Reminders, and Notifications					
a. Describe the system’s use of automatic alerts, reminders and/or notifications. How are these used and how are they configured?					
b. Describe the system’s ability and process to automatically invoice for the next year. If automatic invoices are not sent, describe how reminders might be sent instead.					
4. Compatibility					
a. Describe the system’s compatibility with multiple browsers or restrictions to specific browsers.					
b. Describe the system’s ability to use or include a QR code on each certificate, to scan for information regarding the licensee					
c. Describe the system’s ability to use single sign-on. Describe any ability to use dual authentication					

for non-ADH users and for users who access the system from outside the ADH domain.					
d. Describe the system’s ability to remove or inactivate ADH users based on their AD status.					
5. Handling of Invoicing/Fee Payments					
a. ADH currently processes all payment and fee transactions through a third-party vendor known as INA (aka INC, Inc., recently merged with Tyler Technologies). Describe the system’s ability to process payments and fees using an API call that would work with a similar type of third party, or the ability to process all payment and fee transactions within the system itself. If the system is unable to do the above, please state how it would handle these types of payments and fee transactions					
b. If the system automatically sends out invoices for the following year, describe how any abatements would be handled.					
c. Describe the ability of Licensees to pay fees online using an electronic check or credit card. Describe the system’s ability, if any, to work with any third-party credit card processing company.					
d. Describe the system’s ability, if any, to track and issue credits for fees taken, or process fees back to a credit card company if the transaction is cancelled.					
6. System Support					
a. Describe how support, if any, is provided for issue resolution, software, maintenance, or upgrade notifications. Include a description of any support portal, ticket system, phone tree, AI system and/or live staff availability.					
b. Describe any reports provided regarding customer reported software, hardware, or service issues, how often these are provided and what data are included?					

7. Certification Management and Printing					
a. Describe how the system verifies Licensee status. Describe how license certificates are designed, validated, and printed, in what formats, and who is assigned permissions for each of these functions. Describe any ability to customize certificates.					
b. Describe the license types available. Describe the ability and process of creating new and/or customized license types.					
c. Describe Licensee ability to verify license status. Describe ADH staff ability to create original and/or renewable license certificates. Describe who can print license certificates, under what circumstances, and how this is done?					
d. Indicate whether or not any of the above functions can be performed on a mobile device.					
8. Quality Assurance					
a. Describe how the system verifies current data and differentiates between active and inactive accounts.					
b. Describe the process for ensuring a Licensee has met all requirements for certification, including any tools used in the process					
9. Reporting					
a. Describe any and all data analysis for reporting. Indicate what standard reports are available and in what format.					
b. Describe the ability to export queries, including what data can be exported and in what format. Describe any ability for customization of reports and in what format.					
c. Describe the system's ability to create reports such as End of Day and A/R Reports.					
d. If available, describe reports for any generated child support enforcement and transfer to OCSE.					

10. Security					
a. Describe the security protocol used to protect the integrity of all data. Where will data be stored and using what method?					
b. What system or program will be used to create the database?					
c. How many Administrator accounts does the system allow? Explain any hierarchy, security structure or permissions levels used.					
d. Describe any security measures taken to ensure data is protected between departments, as well as administrative staff.					

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: _____ SUBCONTRACTOR NAME: _____
 Yes No

TAXPAYER ID NAME: _____ IS THIS FOR: Goods? Services? Bot ?

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							
Constitutional Officer							
State Board or Commission Member							
State Employee							

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								
Constitutional Officer								
State Board or Commission Member								
State Employee								

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

Reset Form

Print Form