

State of Arkansas
INSURANCE DEPARTMENT
DIVISION OF SENIOR HEALTH INSURANCE INFORMATION PROGRAM (SHIIP)
1200 West Third Street
Little Rock, Arkansas 72201

REQUEST FOR QUALIFICATIONS (RFQ)

RFQ Number: SHIIP-2013-003	Project Manager: Melissa Simpson
Commodity: Medicare Information and Assistance	Initial Bid Opening Date: 5/10/2013 This solicitation is open-ended. RFQs may be submitted at any time during the year or during any authorized renewal period.
Date: 4/9/2013	Initial Bid Opening Time: 3:30 p.m. Central Standard Time

BID RESPONSES TO THE RFQ WILL BE ACCEPTED UNTIL THE TIME AND DATE SPECIFIED ABOVE. THE RFQ ENVELOPE, INCLUDING THE OUTSIDE OF OVERNIGHT PACKAGES **MUST** BE SEALED AND SHOULD BE PROPERLY MARKED WITH THE RFQ NUMBER, DATE AND HOUR OF THE RFQ OPENING, AND VENDOR'S RETURN ADDRESS. IT IS NOT NECESSARY TO RETURN "NO RESPONSES" TO THE OFFICE OF STATE PROCUREMENT.

Vendors are responsible for delivery of their RFQ documents to the Arkansas Insurance Department (AID) prior to the scheduled time for opening of the particular RFQ. When appropriate, vendors should consult with delivery providers to determine whether the RFQ documents will be delivered to the AID office street address prior to the scheduled time for RFQ opening. Delivery providers, USPS, UPS, and FedEx deliver mail to the AID mailing address on a schedule determined by each individual provider. These providers will deliver to AID offices based solely on the AID mailing address.

MAILING ADDRESS		BID OPENING LOCATION	
ARKANSAS INSURANCE DEPARTMENT ATTN: SHIIP DIVISION 1200 WEST THIRD STREET LITTLE ROCK, AR 72201 PHONE: 501-371-2872		ARKANSAS INSURANCE DEPARTMENT HEARING ROOM 1200 WEST THIRD STREET LITTLE ROCK, AR 72201	
USE INK ONLY. UNSIGNED RFQ's WILL NOT BE CONSIDERED			
Company Name:			
Business Designation: Circle one	Government	501(c)3 Nonprofit	
Name (type or print):			
Title:			
Address:			
Telephone Number:			
Fax Number:			
E-Mail Address:			
Signature:		Date:	
<i>Use ink only. Unsigned proposals will not be considered.</i>			
Federal Employer ID Number			

FAILURE TO PROVIDE TAXPAYER IDENTIFICATION NUMBER MAY RESULT IN RFQ REJECTION

Table of Contents

	PAGE NUMBER
DELIVERY OF RESPONSE DOCUMENTS	3
MINORITY BUSINESS POLICY LANGUAGE	3
REQUIREMENT OF AMENDMENT	3
ALTERATION OF ORIGINAL RFQ DOCUMENT	3
ADDITIONAL TERMS AND CONDITIONS	3
EMPLOYMENT OF ILLEGAL IMMIGRANTS	4
EQUAL EMPLOYMENT OPPORTUNITY POLICY	4
EO-98-04 GOVERNOR'S EXECUTIVE ORDER	4
PAST PERFORMANCE	4
ANTICIPATION TO AWARD	4
SECTION 1: GENERAL INFORMATION	
1.0 INTRODUCTION	5
1.1 ISSUING AGENCY	5
1.2 CAUTIONS TO VENDOR	5
1.3 RFQ FORMAT	5
1.4 QUALIFICATION TERM	5
1.5 PROPRIETARY INFORMATION	5
1.6 RESERVATION	6
1.7 CLARIFICATION OF RFQ AND QUESTIONS	6
1.8 PRIME CONTRACTOR RESPONSIBILITY	6
1.9 CONTRACT INFORMATION	6
1.10 DEFINITION OF TERMS	7
1.11 CONDITIONS OF CONTRACT	7
1.12 STATEMENT OF LIABILITY	7
1.13 QUALIFICATIONS	7
1.14 PUBLICITY	7
1.15 CONFIDENTIALITY	7
1.16 TERMINATION OF CONTRACT	7
1.17 RECORDS	8
1.18 NEGOTIATIONS	8
1.19 RFQ OPENING DATE AND LOCALION	8
1.20 PROPOSED TIMELINE	8
SECTION 2: SCOPE OF WORK	
2.0 PURPOSE	9
2.1 VENDOR ELIGIBILITY	9
2.2 VENDOR MINIMUM QUALIFICATIONS	9
2.3 TARGET POPULATION	9
2.4 REQUIRED SERVICES TO CLIENTS	10
2.5 SHIIP COUNSELOR CERTIFICATION	11
2.6 ADDITIONAL REQUIREMENTS	12
2.7 REPORTING REQUIREMENTS	12
2.8 PAY FOR PERFORMANCE STRUCTURE	13
2.9 RFQ SUBMISSION	13
SECTION 3: RESPONSE DOCUMENT	14
SECTION 4: STANDARD TERMS AND CONDITIONS	18
ATTACHMENTS	21

1. **DELIVERY OF RESPONSE DOCUMENTS:** In accordance with the Arkansas Procurement Law and Regulations, it is the responsibility of vendors to submit bids on or before the date and time at the place set in the RFQ solicitation documents. RFQ documents received at the Arkansas Insurance Department (AID) after the date and time designated for opening are considered late submission's and shall not be considered. Submission documents arriving late, which are to be returned and are not clearly marked, may be opened to determine for which RFQ the submission is intended.
2. **MINORITY BUSINESS POLICY:** Minority participation is encouraged in this and in all other procurements by state agencies. "Minority" is defined by Arkansas Code Annotated § 1-2-503 as "black or African American, Hispanic American, American Indian or Native American, Asian, and Pacific Islander". The Arkansas Economic Development Commission conducts a certification process for minority businesses. Vendors unable to include minority-owned business as subcontractors "may explain the circumstances preventing minority inclusion".

AR Certification number: _____

Check minority type:

African American_____ Hispanic American_____ American Indian_____ Native American_____ Asian_____ Pacific Islander_____

3. **LANGUAGE:** Submissions will only be accepted in the English language.
4. **CURRENCY:** All bid pricing must be in United States dollars and cents.
5. **REQUIREMENT OF AMENDMENT:** THIS RFQ MAY BE MODIFIED ONLY BY ADDENDUMS WRITTEN AND AUTHORIZED BY THE ARKANSAS INSURANCE DEPARTMENT (AID). Bidders are cautioned to ensure they have received or obtained and responded to any and all addendums to the RFQ prior to submission. There will be no addendums to a submission 72 hours prior to the RFQ opening. It is the responsibility of the vendor to check the AID website, <http://www.insurance.arkansas.gov/shiip.htm> for any and all addendums up to that time.
6. **ALTERATION OF ORIGINAL RFQ DOCUMENTS:** The original written or electronic language of the RFQ documents shall not be changed or altered except by approved written addendum issued by the AID. This does not eliminate a Bidder from taking exception(s) to non-mandatory terms and conditions, but does clarify that the Bidder cannot change the original document's written or electronic language. If the Bidder wishes to make exception(s) to any of the original language, it must be submitted by the Bidder in separate written or electronic language in a manner that clearly explains the exception(s). If Bidder's/Contractor's submittal is discovered to contain alterations/changes to the original written or electronic documents, the Bidder's response may be declared as "nonresponsible" and the response shall not be considered.
7. **ADDITIONAL TERMS AND CONDITIONS:** The Arkansas Insurance Department objects to, and shall not consider, any additional terms or conditions submitted by a Bidder, including any appearing in documents attached as part of a Bidder's response that conflict with mandatory terms and conditions required by law. In signing and submitting his submittal, a Bidder agrees that any additional terms or conditions, whether submitted intentionally or inadvertently, shall have no force or effect. Failure to comply with terms and conditions, including those specifying information that must be submitted with an RFQ, shall be grounds for rejecting a submission.

8. **EMPLOYMENT OF ILLEGAL IMMIGRANTS:** In compliance with Arkansas Code Annotated §19-11-105, all bidders must certify prior to award of the contract that they do not employ or contract with any illegal immigrants in their contract with the State. Bidders shall certify online at: <https://www.ark.org/dfa/immigrant/index.php/disclosure/submit/new>. Bidders must provide a printed confirmation of completion from the website.
9. **EQUAL EMPLOYMENT OPPORTUNITY POLICY:** In compliance with Arkansas Code Annotated §19-11-104, the AID is required to have a copy of the Bidders Equal Employment Opportunity Policy prior to issuing a contract award. EEO Policies may be submitted in electronic format to the following email address: Melissa.simpson@arkansas.gov or as a hard copy accompanying the solicitation response.

The AID will maintain a file of all vendor EEO policies submitted in response to solicitations issued by this office. The submission is a one- time requirement, but Bidders are responsible for providing updates or changes to their respective policies, and for supplying EEO policies upon request to other state agencies that must also comply with this statute. Bidders that do not have an established EEO policy will not be prohibited from receiving a contract award, but are required to submit a written statement to that effect.
10. **EO-98-04 GOVERNOR'S EXECUTIVE ORDER:** Vendors should complete the Disclosure form posted with this RFQ.
11. **PAST PERFORMANCE:** In accordance with provisions of The State Procurement Law, R2: 19-11-230 Competitive Sealed Proposals – Responsibility of offeror paragraph (b) (i) & (ii): a vendor's past performance with the state may be used in the evaluation of any offer made in response to this solicitation. The past performance should not be greater than three (3) years old and must be supported by written documentation on file in the Office of State Procurement at the time of the bid opening. Documentation may be in the form of either a written or electronic report, VPR (Vendor Performance Report), memo, file or any other appropriate authenticated notation of performance to the vendor files.
12. **ANTICIPATION TO AWARD:** After complete evaluation of the bid, the anticipated award will be posted on the AID website www.insurance.arkansas.gov the purpose of the posting is to establish a specific timeframe in which vendors and agencies are aware of the anticipated award. The bid results will Be posted for a period of fourteen days (14) prior to the issuance of any award. Vendors and agencies are cautioned that these are preliminary results only and no official award will be issued prior to the end of the 14 days posting period. Accordingly, any reliance on these preliminary results is at the agency's/vendors' own risk.

The AID reserves the right to waive the polity of Anticipation to Award when it is in the best interest of the State. Vendors are responsible for viewing the Anticipation to Award section of the AID website at www.insurance.arkansas.gov

SECTION 1: GENERAL INFORMATION

1.0 INTRODUCTION

The Arkansas Insurance Department (AID) division of Senior Health Insurance Information Program (SHIIP) seeks to award contracts in Arkansas with 501(c)3 nonprofits, faith-based organizations or local, city or township government organizations deliver local, grassroots programs to help Medicare beneficiaries and their caregivers save money and make informed decisions about Medicare.

1.1 ISSUING AGENCY

The AID SHIIP issues this RFQ. The issuing office is the sole point of contact in the State for the selection process. Questions regarding RFQ related matters should be addressed to Melissa Simpson at Melissa.simpson@arkansas.gov

1.2 CAUTIONS TO VENDOR

The AID reserves the right to reject this RFQ, if it is in the best interest of the State to do so. Submissions will be rejected for one or more reasons including but not limited to the following:

1. Failure to provide three (3) vendor references for required services (see Attachment 1).
2. Failure to sign the Official RFQ. An official authorized to bind the vendor to a resultant contract must have signed the original RFQ that is submitted.
3. Any wording by the vendor in their response to this RFQ, or in subsequent correspondence, which conflicts with or takes exception to a requirement in this RFQ.
4. Failure of any proposed services to meet or exceed a requirement as outlined in this RFQ.
5. Vendor(s) must **submit and original and four (4) copies (marked copy) of the submission** as well as electronic version via email to Melissa.simpson@arkansas.gov.

1.3 RFQ FORMAT

Any statement in this document that contains the word “**must**”, “**shall**”, or “**will**” means that compliance with the intent of the statement is mandatory, and failure by the bidder(s) to satisfy that intent will cause the proposal to be rejected. **Bidders must respond to each item or question of the RFQ Response Document in Section 3. Vendors should complete Section 3 Parts 1, 2, 3 and 4 and submit responses with other required forms as their bid.**

1.4 QUALIFICATION TERM

The term of the qualified vendor list shall be for one (1) year. Names may be added as qualified vendors are approved. The list shall be reviewed annually and upon mutual agreement shall be reissued or six (6) one (1) year periods of a portion thereof. In no case will the list be in place longer than seven (7) years from the original start date of the list.

1.5 PROPRIETARY INFORMATION

- Proprietary information submitted in response to this RFQ will be processed in accordance with applicable State of Arkansas procurement procedures.
- Qualifications and documents pertaining to the RFQ become the property of the State and shall be open to public inspection.
- Should a firm require non-disclosure of any information, **the vendor must submit one complete copy of the submission from which any proprietary information has been removed, i.e., a redacted copy.** The redacted copy should reflect the same pagination as the original, show the empty space from which information was redacted, and should be submitted on a CD or flash drive. Except for the redacted information, the redacted copy must be identical to the original hard copy. The vendor is responsible for ensuring the redacted copy on CD/flash drive is protected against restoration of redacted data. The redacted copy will be open to public inspection under the Freedom of Information Act

(FOIA) without further notice to the vendor. If you do not send a redacted copy your entire submission will be open to public inspection. If the State of Arkansas deems redacted information to be subject to the FOIA the vendor will be contacted prior to sending out the information.

1.6 RESERVATION

This RFQ does not commit the Arkansas Insurance Department (AID) to award a contract, to pay costs incurred in the preparation of a submission in response to this request, or to procure or contract for service. The State reserves the right to accept or reject, in part or in its entirety, any or all submissions received as a result of this RFQ, if it is in the best interest of the State to do so.

1.7 CLARIFICATION OF RFQ AND QUESTIONS

If additional information is necessary to enable vendors to better interpret the information contained in the RFQ, **written questions will be accepted until the close of business 4/24/2013**. Vendor questions submitted in writing will be consolidated and responded to by the AID. The consolidated written state response will be posted on the AID website on or before the close of business on 4/26/2013. Questions should be sent to Melissa Simpson Melissa.simpson@arkansas.gov. Answers to verbal questions may be given as a matter of courtesy and must be evaluated at vendor's risk.

1.8 PRIME CONTRACTOR RESPONSIBILITY

In the event a contract is issued as a result of this RFQ, the following shall apply:

- A. The selected vendor(s) will be required to assume prime contractor responsibility for the contract and will be the sole point of contact.
- B. AID reserves the right to interview the key personnel assigned by the successful vendor to a project and to recommend and/or require reassignment of personnel deemed unsatisfactory by the department. All such request must be submitted to AID prior to making any request to the vendor.
- C. AID reserves the right to approve subcontractors for a project and to require primary contractors to replace subcontractors who are found to be unacceptable. All such request must be submitted to AID prior to making any request to the vendor.
- D. If any part of the work is to be subcontracted, vendor must submit a list of subcontractors, including:
 1. firm name and address,
 2. contact person,
 3. complete description of work to be subcontracted, and
 4. descriptive information concerning subcontractor's organizational activities.
- E. The vendor shall give the Contract Administrator immediate notice in writing by certified mail of any action or suit filed and prompt notice of any claim made against the vendor by any subcontractor which, in the opinion of the vendor, may result in litigation related in any way to the contract or the State.

1.9 CONTRACT INFORMATION

In the event a contract is issued as a result of this RFQ, the following will apply:

- A. The State of Arkansas may not contract with another party.
 1. Upon default, to pay all sums to become due under a contract.
 2. To pay damages, legal expenses or other costs and expense of any party.
 3. To continue a contract once the service has been cancelled.
 4. To agree to any provision of a contract which violates the laws or constitution of the State of Arkansas.
 5. To conduct litigation in a place other than Pulaski County, Arkansas.
- B. A party wishing to contract with the State of Arkansas shall:
 1. Include in its contract that the laws of the State of Arkansas govern the contract.
 2. Acknowledge in its contract that contracts become effective when awarded by the State Procurement Official.

1.10 DEFINITION OF TERMS

The Arkansas Insurance Department (AID) made every effort to use industry-accepted terminology in this RFQ and it will attempt to further clarify any point or item in question. The term bidder, vendor, responder and contractor are used synonymously in this document.

Abbreviation	Definition
AID	Arkansas Insurance Department
CCF	Client Contact Form
CMS	Centers for Medicare & Medicaid Services
LIS	Low-Income Subsidy also known as Extra Help
MAT	Minimum Attainment Level
MSP	Medicare Savings Programs
NPR	National Performance Rating
PAM	Public and Media Activity Form
SHIIP	Senior Health Insurance Information Program
SHIIP Counseling	Medicare information and assistance
SHIPTalk.org	Online database for CCF & PAM Reporting hosted by CMS

1.11 CONDITIONS OF CONTRACT

If a contract is issued to a qualifying vendor(s) as a result of this RFQ, that vendor shall at all times observe and comply with federal and State laws, local laws, ordinances, orders, and regulations existing at the time of, or enacted subsequent to, the execution of a contract which in any manner affect the completion of the work. The qualified vendor(s) shall indemnify and save harmless the agency and all its officers, representatives, agents, and employees against any claim or liability arising from, or based upon, the violation of any such law, ordinance, regulation, order or decree by an employee, representative, or subcontractor of the qualified vendor(s).

1.12 STATEMENT OF LIABILITY

The State will demonstrate reasonable care but shall not be liable in the event of loss, destruction, or theft of contractor-owned items to be delivered or to be used in the installation of deliverables. At no time will the State be responsible for, or accept liability for, any vendor-owned items.

1.13 QUALIFICATIONS

Vendors meeting all requirements of this RFQ will be placed on the qualified vendor list.

1.14 PUBLICITY

News release(s) by a vendor pertaining to this RFQ or any portion of the project shall not be made without prior written approval of the AID. Failure to comply with this requirement is deemed to be a valid reason for disqualification of the vendor's response. The AID Official will not initiate any publicity relating to this procurement action before the qualification process is completed and any resulting contract is issued.

1.15 CONFIDENTIALITY

The qualified vendor(s) shall be bound to confidentiality of any information that its employees may become aware during the qualification process. In the event a contract is awarded, consistent and/or uncorrected breaches of confidentiality may constitute grounds for disqualification.

1.16 TERMINATION OF CONTRACT

In the event the AID issues a contract as a result of this RFQ but finds it no longer needs the qualified vendor(s) for the service or commodity specified in the contract due to program changes, changes in laws, rules or regulations, relocation of offices, or lack of appropriated funding, the AID may cancel by giving the contractor written notice of such cancellation (30) days prior to the date of cancellation.

1.17 RECORDS

The Vendor(s) shall be required to maintain all pertinent financial and accounting records and evidence pertaining to any resulting contract in accordance with generally accepted principles of

accounting and other procedures specified by the State of Arkansas. Access will be granted upon request, to State or Federal Government entities or any of their duly authorized representatives. Financial and accounting records shall be made available, upon request, to the State of Arkansas' designee(s) at any time during the contract period and any extension thereof, and for five (5) years from expiration date and final payment on the contract or extension thereof.

1.18 NEGOTIATIONS

As provided in this RFQ and under regulations, discussions may be conducted with qualified vendors determined to be reasonably susceptible of being selected for a contract for the purpose of obtaining clarification and negotiation of contract terms and conditions.

1.19 RFQ OPENING DATE AND LOCATION

Submissions must be received prior to 5/10/2013 @ 3:30 p.m. to be considered as part of the initial bid with the planned start date of 7/19/2013.

The RFQ is open-ended. Bids will be accepts any time after the opening date during the entire time the RFQ is in effect. Submissions shall be publicly opened and announced at that time and become public information under the laws of the State of Arkansas.

1.20 PROPOSED TIMELINE

Event	Date
RFP issued	4/9/2013
Letter of Intent due date. Submit the Letter of Intent Form (Attachment 2).	4/24/2013 (2.5 weeks)
Written questions due date	4/24/2013 (2.5 weeks)
Conference call to review responses to written questions	4/26/2013 9:00 – 11:00 a.m. CST Dial-in #: 1-888-363-4735 Passcode: 970-8550
Date for opening of proposals	5/10/2013 @ 3:30 p.m. (5 weeks)
Completion of proposal evaluation and potential awardee selection	5/24/2013 (7 weeks)
Anticipation of Award letter posted	5/24/2013 (7 weeks)
Contract start (Subject to State approval)	7/19/2013

SECTION 2: SCOPE OF WORK

2.0 PURPOSE

This Request for Qualification (RFQ) sets forth requirements of the Arkansas Department of Insurance division of Senior Health Insurance Information Program (SHIIP) to develop a list of qualified vendors capable and willing to deliver local Medicare programs to help Medicare beneficiaries and their caregivers save money and make informed decisions about Medicare. This assistance will be referred to as SHIIP counseling from this point forward.

The RFQ is open-ended and providers may submit qualifications at any time during the year or any extension period. The AID may add qualified vendors at any time during the term or an authorized extension. The qualification period will be for one year with an option to extend in one year increments up a total of seven (7) years.

Vendor(s) must meet the minimum qualifications listed in this Request for Qualifications (RFQ). Vendors should address all of the requirements for qualification. The Issuing Officer will send subsequent mailings related to this RFP, including answers to questions and any amendments to the RFP, only to respondents that submitted letters of intent.

2.1 VENDOR ELIGIBILITY

In order to qualify, respondents must meet the following requirements.

- A. Eligible respondents include;
 1. 501(c) 3 nonprofits,
 2. faith-based organizations, or
 3. local, city or township government organizations.
- B. Eligible respondents must possess an employer identification number, may not be on the either the state or federal barred provider list, and may not be delinquent on federal or state taxes.
- C. Eligible respondents **must not** be health insurance issuers, subsidiaries of a health insurance issuer, or professional associations that include members of or lobbies on behalf of the insurance industry.
- D. Eligible respondents **must not** be licensed agents or brokers or work on behalf of the insurance industry.

2.2 VENDOR MINIMUM QUALIFICATIONS

- A. Demonstrate ability to serve Medicare recipients and their caregivers through existing relationships or the ability to form relationships. Be sure to list partnerships or planned partnerships in the Response Document Part 1 Vendor Narrative as well as Part 2 Partnership and Local Counseling Site charts.
- B. Certify with a positive "yes" response to all the Commitment Requirements in Response Document Part 4.
- C. Provide brief explanations to address each of the questions in the Response Document Part 3.

2.3 TARGET POPULATION

Bidders must demonstrate ability to serve Medicare recipients, their caregivers and those nearing Medicare eligibility through existing relationships or the ability to form relationships within the vendor narrative. Be sure to list partners in the partnership chart in the Response Document Part 1 as well. Beneficiaries receive Medicare for one of the following four reasons:

1. Age 65 or older,
2. Deemed disabled by the Social Security Administration and drawing Social security Disability Income for 24 months,
3. Diagnosed with end-stage Renal Disease (ESRD), or
4. Diagnosed with Lou Gehrig 's disease or ALS.

CMS details additional subcategories of target populations including:

1. Limited-income,

2. Limited English proficiency,
3. Low literacy,
4. Rural populations,
5. Persons with disabilities, and
6. Dual eligible (persons eligible for Medicare and Medicaid).

The RFQ Response Document Part 3 requires specific plans to target the additional subcategories listed above.

2.4 REQUIRED SERVICES TO CLIENTS

Successful applicants will provide SHIP Counseling services including but not limited to the following:

1. Recognize the parts of Medicare, what services and benefits and supplies are covered by each part, and associated costs for the beneficiary
 - a. Explain basic insurance concepts and terminology
 - b. Determine client eligibility for Medicare
 - c. Describe the difference between Parts A, B, C and D
 - d. Describe Medicare health and prescription benefits and exclusions
 - e. Explain how to get beneficiary's Medicare services covered
 - f. Explain costs related to Medicare

2. Identify enrollment processes, enrollment periods, and eligibility requirements for federal and state health and prescription drug coverage, and assistance programs
 - a. Explain the Medicare enrollment and disenrollment process
 - b. Explain premium penalties applicable to beneficiary's situation
 - c. Explain how to enroll and disenroll from a plan
 - d. Explain enrollment and disenrollment process for Medicaid and other state programs
 - e. Understand how to enroll in a plan using Plan Finder and other methods
 - f. Explain SSA and Railroad Retirement Board role in Medicare enrollment

3. Explain and compare Medicare health benefits, prescription drug coverage options and Medigap (Medicare Supplement Insurance) policies
 - a. Explain prescription drug coverage under Parts A, B & D
 - b. Describe types of Medicare Advantage plans and their structures
 - c. Explain how prescription drugs are covered by Medicare Advantage plans
 - d. Explain how Medicare Advantage plans use provider networks
 - e. Explain the difference between stand alone drug plans and Medicare Advantage plans
 - f. Describe standard Part D structures and benefits including coverage gap (donut hole), closing of the coverage gap and out-of-pocket expenses
 - g. Describe standard Medigap plan structures
 - h. Understand state specific Medigap plans (under 65)
 - i. Explain the difference between issue-age and attained-age rating systems
 - j. Explain when to enroll in Medigap
 - k. Explain applicable waiting periods (Part B enrollment, etc.)
 - l. Explain how to switch Medigap plans
 - m. Explain Plan Finder results

4. Understand Medicare rights and appeals, and assist with complaints
 - a. Understand proper entities handle complaints
 - b. Explain how clients can submit appeal or file complaint
 - c. Explain required notices for appeals and complaints
 - d. Understand privacy rights
 - e. Understand the appeals process

5. Select programs to help pay Medicare costs for people with limited income and resources
 - a. Explain Medicare Savings Programs (MSP) eligibility and enrollment
 - b. Explain Low-Income Subsidy (LIS) also known as Extra Help eligibility and enrollment
 - c. Explain Medicaid eligibility and enrollment
 - d. Explain how these programs work with Medicare
 - e. Explain who processes these applications
 - f. Explain coverage for those eligible for Medicare and Medicaid (duals)

6. Recognize how other insurances coordinate with Medicare
 - a. Explain how Medicare works with military and veterans benefits
 - b. Explain Initial Enrollment Questionnaire and why it's important
 - c. Determine which insurance pays first in common situations
 - d. Explain how COBRA works with Medicare
 - e. Determine how client's preferred plan will coordinate with other coverage
 - f. Explain differences between active employee, retiree and dependent coverage

7. Identify and report Medicare and Medicaid Fraud and Abuse
 - a. Determine whether a client issue is fraud or abuse
 - b. Understand proper entities to report fraud and abuse to
 - c. Understand marketing surveillance guidelines

8. Recognize and counsel on private sector health and private prescription drug insurance coverage and Long Term Care Insurance
 - a. Explain how long term care policies work
 - b. Explain how long term care partnership plans work
 - c. Explain benefit triggers and how long term care benefits are accessed
 - d. Determine which insurance pays first in common situations

9. Recognize new legislation and programs that have an impact on the programs that CMS administers (Medicare, Medicaid, CHIP, private health)
 - a.. Understand Marketplaces/Insurance Exchanges
 - b. Understand Durable Medical Equipment Prosthetics, Orthotics and Supplies
 - c. Understand Accountable Care Organizations

10. Use appropriate resources.
 - a. www.medicare.gov to compare plans and find information
 - b. www.accessarkansas.gov to apply for Medicare Savings Programs online
 - c. www.ssa.gov to apply for Extra Help and Medicare Parts A & B

2.5 SHIIP COUNSELOR CERTIFICATION

Successful respondents will be required to ensure that individuals under their direction (staff and volunteers) providing SHIIP Counseling complete SHIIP Counselor Certification requirements subsequent to awarding any resulting contract. The SHIIP Counselor Certification Program includes initial training and testing and subsequent annual re-certification exam and training with an 80% score.

Successful respondents will assign a minimum of one staff member to serve as a member of the SHIIP Training Advisory Group (TAG). The purpose of TAG is to review and improve the content and delivery of the initial and on-going SHIIP Counselor Certification Program. Additionally, TAG members must:

1. provide on-site training to their agency's staff and volunteers as part of a train-the-trainer program,
2. participate in TAG webinars,
3. attend webinars and teleconferences hosted by CMS and SHIIP, and

4. attend annual SHIIP in-person train-the-trainer session.

2.6 ADDITIONAL REQUIREMENTS

- A. Contract awardees must accept inquiry referrals and transferred calls from the SHIIP toll-free line, 1-800-224-6330, and via email for those residing in the bidder's service area.
- B. Participate in outreach events in the organization's service area as requested by SHIIP ex. presentation/speaking requests or Medicare beneficiary focused health fairs or events.
- C. Outreach requirements:
 1. Conduct minimum one (1) Medicare Minute Presentation per county each month in the bidder's service area.
 2. Conduct minimum four (4) Medicare Maze Presentations targeting those nearing age 65 or Medicare eligibility in the bidder's service area.
- D. Successful respondents will have at least one individual SHIIP Counselor on staff who is a permanent employee of the entity. SHIIP Counselor entity staff may be full or part-time paid employees, contracted staff and/or volunteers.
- E. Successful respondents will ensure that individuals under their direction perform the following activities:
 1. Provide information and services in a fair, accurate and impartial manner;
 2. Maintain personal privacy in accordance with HIPPA;
 3. Provide information in a manner that is culturally and linguistically appropriate to the needs of the Medicare population, including individuals with limited English proficiency; and ensure accessibility and usability of tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act.
 4. Must receive no financial consideration directly or indirectly from an insurance company or Medicare drug or health plan.

2.7 REPORTING REQUIREMENTS

Successful applicants must comply with the following SHIPTalk.org reporting requirements;

- A. Enter **Client Contact Form (CCF)** and **Public and Media Form (PAM)** forms online at SHIPTalk.org or upload data from a proprietary system if available.
- B. Submit a CCF for client inquiries based on the Centers for Medicare & Medicaid Services definition of a contact. Contact includes in-person, email, postal mail, fax, and phone inquiries. No more than one form per client is to be submitted per day. A CCF is included as an attachment.
- C. Submit a PAM for activities based on the Centers for Medicare & Medicaid Services definition of an activity. A PAM is included as an attachment.
- D. Register SHIIP Certified Counselors and staff providing support services (appointments, referrals, etc.) in SHIPTalk.org.
- E. Retain records pertaining to SHIIP including CCF and PAM Forms for a period of three (3) years. Copies or other facsimiles of program records such as electronic media are acceptable substitutions for original documents.
- F. Review the list of SHIPTalk.org users quarterly and report staff and volunteer changes to the SHIIP State Office on the following dates: Apr. 1, July 1, Oct. 1, and Jan. 1.
- G. Twice annually ensure that individuals under the organization's direction signed and submitted to the State SHIIP Office a SHIPTalk.org Confidentiality Form June 15 and Dec. 15.
- H. Assign a minimum of one (1) staff member to review monthly dashboard reports provided by the SHIIP State Office detailing the successful bidder's progress to its goals for level of service (submitted CCFs and PAMs). The agency must review the dashboard and provide and email response detailing successful strategies or, if needed, plans for improvement.

- I. Provide an update report in Sept. and year-end report in Jan. updating progress to RFQ proposed activities.
- J. Track number of SHIIP Counselor training sessions provided and report sessions to SHIIP quarterly.

2.8 PAY FOR PERFORMANCE STRUCTURE

SHIIP will make contract payments when successful bidders reach specific targets of Client Contact Form (CCF) and Public and Media (PAM) submission. CCFs represent individual client contacts. The targets are based on the Centers for Medicare & Medicaid Services (CMS) Minimum Attainment Threshold (MAT). MAT is a standard based on the median level of service provided among the National SHIP Network.

Bidders must estimate the level of service to be provided by their organization and therefore estimate the dollar amount of its potential contract. See the attached list of Medicare beneficiaries per county. On request, SHIIP will provide personalized spreadsheet detailing Medicare population in the bidder’s service area, MAT, etc. Email Melissa.simpson@arkansas.gov to request a personalized spreadsheet.

Payments consist of \$.05, \$.07, \$.09 or \$.11 cents per beneficiary residing within the successful bidder’s service area. Payments trigger when successful bidders:

- 1. Submit Client Contact Forms (CCF) matching the MAT percentage, and
- 2. Submit Public and Media Forms (PAM)
 - i. One per month for the Medicare Minute Presentation in each county in the bidder’s service area, and
 - ii. Minimum four (4) Medicare Maze Presentations annually targeting new Medicare enrollees or those nearing Medicare eligibility.

Level	Percentage Reached/MAT in service area	\$.05 per beneficiary in service area payment	\$.07 per beneficiary in service area payment	\$.09 per beneficiary in service area payment	\$.11 per beneficiary in service area payment
1	0.10%	X			
2	0.25%	X			
3	20%		X		
4	35%		X		
5	55%			X	
6	70%			X	
7	90%			X	
8	105%				X
9	125%				X

2.3.1 RFQ SUBMISSIONS:

Submissions must include the following;

Contract and Grant Disclosure Form
One original and four (4) copies of the bidder’s response to RFQ.
Cover letter including estimated service/bid amount
Signed the cover letter
Email copy of the bidders response to the RFQ to Melissa.simpson@arkansas.gov
Vendor must submit (3) references via Attachment 1
Completed Section 3: RFQ Response Document Parts 1-4

SECTION 3: RFQ RESPONSE DOCUMENT

PART 1 - VENDOR NARRATIVE

Response must not exceed 400 words. Responses exceeding the word limit will not be considered.

Detail your organization’s background and qualifications. Be sure to include your organization’s experience serving Medicare recipients and their caregivers through existing relationships or the ability to form relationships. Remember to list partnerships in the chart in Part 2.

PART 2 – PARTNERSHIPS AND LOCAL COUNSELING SITES

Using the template below, list **partnerships** with organizations that will assist in completing SHIIP Counseling Services.

Partner Organization Name	What target population or geographic areas will the SHIP reach or serve through this partnership?	What specific activities do you plan to undertake with this partner during the coming grant year? Do you have a written Agreement with this partner?	Is this a current partnership or is it a planned new partnership?	Desired Outcome

Using the template below, list all **Local Counseling Sites**. Sites may include satellite offices, libraries, senior centers, assisted living facilities, etc. where SHIIP Counseling takes place.

Name of Local Counseling Organization	Is this organization paid to provide counseling? (Y/N)	Is there a written agreement in place with this local counseling organization? (Y/N)	What is the service area of this local organization (provide county, city, or other local identification of service area)?	What are the responsibilities of this local program (example – counselor recruitment, training, local counseling services, local outreach coordination, NPR reporting)?

PART 3 – PLAN TO ADDRESS PERFORMANCE MEASURES (PM) AND TARGET POPULATIONS

Responses per individual question must not exceed 250 words. Responses exceeding the word limit will not be considered.

1. PM 1 - Number of total client contacts per 1,000 Medicare beneficiaries in the State. What specific activities will your organization conduct to provide individual SHIP counseling in your service area?

2. PM 2 -Number of persons reached through presentations/booths/exhibits at health/senior fairs, enrollment events per 1,000 Medicare beneficiaries in the State. How will your organization work to participate in activities and events in your service area?

3. PM 4- Number of contacts with Medicare beneficiaries in the CMS defined Disabled program (under 65 years of age with Medicare) per 1,000 Medicare beneficiaries in the CMS defined Disabled program in the State. What specific activities will your organization conduct to provide individual SHIP counseling to individuals with disabilities in your service area?

4. PM 5 -Number of unduplicated low-income Medicare beneficiary contacts and/or contacts that discussed low-income subsidy (LIS) per 1,000 low-income Medicare beneficiaries in the State. What specific activities will your organization conduct to provide individual SHIP counseling to reach low income beneficiaries and potential limited income subsidy (LIS) eligibles in your service area?

5. PM 6 – Number of unduplicated enrollment contacts discussed per 1,000 Medicare beneficiaries in the State. What specific activities will your organization conduct to provide enrollment contacts in your service area?

6. PM 7 - Number of unduplicated Part D enrollment contacts discussed per 1,000 Medicare beneficiaries in the State. What specific activities will your organization conduct to provide Part D enrollment contacts in your service area? Be sure to include a description of efforts to provide service during the Medicare Annual Election Period (AEP) from October 15 through December 7.

7. Will your organization work to serve Centers for Medicare & Medicaid (CMS) target populations? What specific activities will your organization conduct to provide SHIP Counseling to each of the following target populations listed below:
 - a. dual eligibles with mental disabilities (DMD),
 - b. limited English proficiency,
 - c. low literacy,
 - d. beneficiaries in rural areas, and
 - e. ethnic and racial groups.

8. Will your organization increase awareness about Medicare fraud prevention and awareness and to increase efforts in detecting and reporting fraud. What specific activities will your organization conduct to increase awareness?

PART 4 - COMMITMENT REQUIREMENTS

Confirm with a check mark in the "yes" column your organization's willingness to comply with the following minimum requirements if a contract is awarded as a result of the response to this RFQ. Note that a "yes" check mark and initialing for each requirement is required to be eligible to receive a SHIP contract.				
	REQUIREMENT	YES	NO	INITIAL
2.4 Required Services to Clients				
1	Ensure services detailed in Section 2.4 as <i>Required Services to Clients</i> are available from the bidder in their service area via SHIP Certified Counselors.			
2.5 SHIP Counselor Certification				
2	Ensure the staff and volunteers providing Medicare Counseling obtains <u>initial</u> SHIP Counselor Certification with a passing score of 80%.			
3	Ensure the staff and volunteers providing Medicare Counseling obtains <u>annual update</u> SHIP Counselor Certification with a passing score of 80%.			
4	SHIP Certified Counselors will participate in CMS and SHIP training and update webinars and teleconferences.			
5	Provide a minimum of one staff member to serve on the Training Advisory Group (TAG). Member will participate in the review of the SHIP Certification Program.			
6	TAG member must attend annual in-person training (if available) and participate in webinars.			
7	TAG member must provide SHIP training sessions to the organization's staff and volunteers.			
2.6 Additional Requirements				
8	Accept and respond to inquiry referrals and transferred calls from the SHIP toll-free line, 1-800-224-6330, and via email for those residing in the organization's service area.			
9	Participate in outreach events in the organization's service area as requested by SHIP ex. Presentation/speaking requests or Medicare beneficiary focused health fairs or events.			
10	Present Medicare Minutes once a month in each county in the organization's service area.			
11	Present a minimum of four (4) Medicare Maze presentations annually in the organization's service area.			
12	Employee at least one permanent employee. SHIP Counselor entity staff may be full or part-time paid employees, contracted staff and/or volunteers.			
13	Provide information and services in a fair, accurate and impartial manner.			
14	Maintain personal privacy in accordance with HIPPA.			
15	Provide information in a manner that is culturally and linguistically appropriate to the needs of the Medicare population, including individuals with limited English proficiency; and ensure accessibility and usability of tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act.			
16	Organization will not receive financial consideration directly or indirectly from an insurance company or Medicare drug or health plan.			

2.7 Reporting Requirements				
16	Enter CCF and PAM forms online at SHIPTalk.org or upload data into SHIPTalk.org from a proprietary system if available.			
17	Data entry of CCF and PAM forms must be completed by the 10 th of each month for the prior month's service.			
18	Report CCF and PAM data for each Certified SHIIP Counselor providing service as well as those providing support services (setting appointments, referrals, etc.).			
20	Register SHIIP Certified Counselors as well as those providing support services in SHIPTalk.org.			
19	Retain records pertaining to SHIIP including CCF and PAM Forms for a period of three (3) years. Copies or other facsimiles of program records such as electronic media are acceptable substitutions for original documents.			
21	Review the list of SHIPTalk.org users quarterly and report staff and volunteer changes to the SHIIP State Office on the following dates: Apr. 1, July 1, Oct. 1, and Jan. 1.			
22	Twice annually ensure that individuals under the organization's direction signed and submitted to the State SHIIP Office a SHIPTalk.org Confidentiality Form on the following dates June 15 and Dec. 15.			
23	Assign a minimum one (1) staff member to review the monthly SHIIP dashboard and provide a response to the dashboard via email. The agency must review the dashboard and provide and email response detailing successful strategies or, if needed, plans for improvement.			
24	Submit an update report in Sept. and year-end contract report in Jan. detailing progress to proposed activities.			
25	Track number of SHIIP Counselor training sessions provided and report sessions to SHIIP quarterly.			

SECTION 4: STANDARD TERMS & CONDITIONS

1. GENERAL: Any special terms and conditions included in the invitation for bid override these standard terms and conditions. The standard terms and conditions and any special terms and conditions become part of any contract entered into if any or all parts of the bid are accepted by the Arkansas Insurance Department (AID).

2. ACCEPTANCE AND REJECTION: The AID reserves the right to accept or reject all or any part of a bid or any and all bids, to waive minor technicalities, and to award the bid to best serve the interest of the AID.

3. BID SUBMISSION: Bids must be submitted to the AID on this form, with attachments when appropriate, on or before the date and time specified for bid opening. If this form is not used, the bid may be rejected. The bid must be typed or printed in ink. The signature must be in ink. Unsigned bids will be disqualified. The person signing the bid should show title or authority to bind his firm in a contract. Each bid should be placed in a separate envelope completely and properly identified. Late bids will not be considered under any circumstances.

4. PRICES: Quote F.O.B. destination. Bid the unit price. In case of errors in extension, unit prices shall govern. Prices are firm and not subject to escalation unless otherwise specified in the bid invitation. Unless otherwise specified, the bid must be firm for acceptance for thirty days from the bid opening date. "Discount from list" bids are not acceptable unless requested in the bid invitation.

5. QUANTITIES: Quantities stated in term contracts are estimates only, and are not guaranteed. Bid unit price on the estimated quantity and unit of measure specified. The AID may order more or less than the estimated quantity on term contracts. Quantities stated on firm contracts are actual requirements of the ordering agency.

6. BRAND NAME REFERENCES: Any catalog brand name or manufacturer's reference used in the bid invitation is descriptive only, not restrictive, and used to indicate the type and quality desired. Bids on brands of like nature and quality will be considered. If bidding on other than referenced specifications, the bid must show the manufacturer, brand or trade name, and other descriptions, and should include the manufacturer's illustrations and complete descriptions of the product offered. The State reserves the right to determine whether a substitute offered is equivalent to and meets the standards of the item specified, and the State may require the bidder to supply additional descriptive material. The bidder guarantees that the product offered will meet or exceed specifications identified in this bid invitation. If the bidder takes no exception to Specifications or reference data in this bid he will be required to furnish the product according to brand names, numbers, etc., as specified in the invitation.

7. GUARANTY: All items bid shall be newly manufactured, in first-class condition, latest model and design, including, where applicable, containers suitable for shipment and storage, unless otherwise indicated in the bid invitation. The bidder hereby guarantees that everything furnished hereunder will be free from defects in design, workmanship and material, that if sold by drawing, sample or specification, it will conform thereto and will serve the function for which it was furnished. The bidder further guarantees that if the items furnished hereunder are to be installed by the bidder, such items will function properly when installed. The bidder also guarantees that all applicable laws have been complied with relating to construction, packaging, labeling and registration. The bidder's obligations under this paragraph shall survive for a period of one year from the date of delivery, unless otherwise specified herein.

8. SAMPLES: Samples or demonstrators, when requested, must be furnished free of expense to the State. Each sample should be marked with the bidder's name and address, bid number and item number. If samples are not destroyed during reasonable examination they will be returned at bidder's expense, if requested, within ten days following the opening of bids. All demonstrators will be returned after reasonable examination.

9. TESTING PROCEDURES FOR SPECIFICATIONS COMPLIANCE: Tests may be performed on samples or demonstrators submitted with the bid or on samples taken from the regular shipment. In the event products tested fail to meet or exceed all conditions and requirements of the specifications, the cost of the sample used and the reasonable cost of the testing shall be borne by the bidder. Could add something here about quality assurance

10. AMENDMENTS: The bid cannot be altered or amended after the bid opening except as permitted by regulation.

11. TAXES AND TRADE DISCOUNTS: Do not include state or local sales taxes in the bid price. Trade discounts should be deducted from the unit price and the net price should be shown in the bid.

12. AWARD: Term Contracts: A contract award will be issued to the successful bidder. It results in a binding obligation without further action by either party. This award does not authorize shipment. Shipment is authorized by the receipt of a purchase order from the ordering agency. Firm Contracts: A written state purchase order authorizing shipment will be furnished to the successful bidder.

13. LENGTH OF CONTRACT: The invitation for bid will show the period of time the term contract will be in effect.

14. DELIVERY ON FIRM CONTRACTS: The invitation for bid will show the number of days to place a commodity in the ordering agency's designated location under normal conditions. If the bidder cannot meet the stated delivery, alternate delivery schedules may become a factor in an award. The Arkansas Insurance Department (AID) has the right to extend delivery if reasons appear valid. If the date is not acceptable, the agency may buy elsewhere and any additional cost will be borne by the vendor.

15. DELIVERY REQUIREMENTS: No substitutions or cancellations are permitted without written approval of the AID. Delivery shall be made during agency work hours only 8:00 a.m. to 4:30 p.m., unless prior approval for other delivery has been obtained from the agency. Packing memoranda shall be enclosed with each shipment.

16. STORAGE: The ordering agency is responsible for storage if the contractor delivers within the time required and the agency cannot accept delivery.

17. DEFAULT: All commodities furnished will be subject to inspection and acceptance of the ordering agency after delivery. Back orders, default in promised delivery, or failure to meet specifications authorize the AID to cancel this contract or any portion of it and reasonably purchase commodities elsewhere and charge full increase, if any, in cost and handling to the defaulting contractor. The contractor must give written notice to the AID of the reason and the expected delivery date. Consistent failure to meet delivery without a valid reason may cause removal from the bidders list or suspension of eligibility for award.

18. VARIATION IN QUANTITY: The AID assumes no liability for commodities produced, processed or shipped in excess of the amount specified on the agency's purchase order.

19. INVOICING: The contractor shall be paid upon the completion of all of the following: (1) submission of an original properly itemized invoice showing the bid and purchase order numbers, where itemized in the invitation for bid, (2) delivery and acceptance of the commodities and (3) proper and legal processing of the invoice by AID. Invoices must be sent to the "Invoice To" point shown on the purchase order.

20. STATE PROPERTY: Any specifications, drawings, technical information, dies, cuts, negatives, positives, data or any other commodity furnished to the contractor hereunder or in contemplation hereof or developed by the contractor for use hereunder shall remain property of the AID, be kept confidential, be used only as expressly authorized and returned at

the contractor's expense to the F.O.B. point properly identifying what is being returned.

21. PATENTS OR COPYRIGHTS: The contractor agrees to indemnify and hold the AID harmless from all claims, damages and costs including attorneys' fees, arising from infringement of patents or copyrights.

22. ASSIGNMENT: Any contract entered into pursuant to this invitation for bid is not assignable nor the duties thereunder delegable by either party without the written consent of the other party of the contract.

23. OTHER REMEDIES: In addition to the remedies outlined herein, the contractor and the State have the right to pursue any other remedy permitted by law or in equity.

24. LACK OF FUNDS: The AID may cancel this contract to the extent funds are no longer legally available for expenditures under this contract. Any delivered but unpaid for goods will be returned in normal condition to the contractor by the AID. If the AID is unable to return the commodities in normal condition and there are no funds legally available to pay for the goods, the contractor may file a claim with the Arkansas Claims Commission. If the contractor has provided services and there are no longer funds legally available to pay for the services, the contractor may file a claim.

25. DISCRIMINATION: In order to comply with the provision of Act 954 of 1977, relating to unfair employment practices, the bidder agrees that:

(a) the bidder will not discriminate against any employee or applicant for employment because of race, sex, color, age, religion, handicap, or national origin;

(b) in all solicitations or advertisements for employees, the bidder will state that all qualified applicants will receive consideration without regard to race, color, sex, age, religion, handicap, or national origin;

(c) the bidder will furnish such relevant information and reports as requested by the Human Resources Commission for the purpose of determining compliance with the statute;

(d) failure of the bidder to comply with the statute, the rules and regulations promulgated thereunder and this nondiscrimination clause shall be deemed a breach of contract and it may be cancelled, terminated or suspended in whole or in part;

(e) the bidder will include the provisions of items (a) through (d) in every subcontract so that such provisions will be binding upon such subcontractor or vendor.

26. CONTINGENT FEE: The bidder guarantees that he has not retained a person to solicit or secure this contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except for retention of bona fide employees or bona fide established commercial selling agencies maintained by the bidder for the purpose of securing business.

27. ANTITRUST ASSIGNMENT: As part of the consideration for entering into any contract pursuant to this invitation for bid, the bidder named on the front of this invitation for bid, acting herein by the authorized individual or its duly authorized agent, hereby assigns, sells and transfers to the State of Arkansas all rights, title and interest in and to all causes of action it may have under the antitrust laws of the United States or this State for price fixing, which causes of action have accrued prior to the date of this assignment and which relate solely to the particular goods or services purchased or produced by this State pursuant to this contract.

28. DISCLOSURE: 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.

Attachment 1

Vendor's References

1. Company Name: _____
 2. Contact Name: _____
 3. Contact's Title: _____
 4. City: _____ State: _____
 5. E-Mail Address: _____
 6. Telephone Number and Area Code: _____
 7. Description of Services Furnished: _____
-

1. Company Name: _____
 2. Contact Name: _____
 3. Contact's Title: _____
 4. City: _____ State: _____
 5. E-Mail Address: _____
 6. Telephone Number and Area Code: _____
 7. Description of Services Furnished: _____
-

1. Company Name: _____
 2. Contact Name: _____
 3. Contact's Title: _____
 4. City: _____ State: _____
 5. E-Mail Address: _____
 6. Telephone Number and Area Code: _____
 7. Description of Services Furnished: _____
-

Attachment 2

LETTER OF INTENT

Please complete and return this Letter of Intent Form if your organization intends to submit a response to this RFQ. Completion does not obligate the submission of a response. It does, however, add your organization to the distribution list for updates regarding the RFQ as well as responses to written questions from potential bidders.

Submit form to: Melissa Simpson
AID SHIIP
1200 West Third Street
Little Rock, AR 72201
Fax: 501-371-2781
Email: Melissa.simpson@arkansas.gov

Intent to submit response:

Name of Proposing Organization: _____

Type of Organization (circle one): 501 (c)3 Nonprofit Faith-based Government

Address: _____

City, State, Zip: _____

Contact Person #1: _____

Contact Person #1 Title: _____

Email: _____

Phone: _____ Fax: _____

List a second contact if desired.

Contact Person #2: _____

Contact Person #2 Title: _____

Email: _____

Phone: _____ Fax: _____

Attachment 3 - COVER LETTER

Proposer Information

Agency Name:

Agency Contact Person and Title:

Federal Employer ID Number:

Address:

Telephone:

Fax:

Email:

Project Contact Information

Project Coordinator(s) Name

Address:

Telephone:

Fax:

Email:

Proposal Information

County(ies) Served:

Proposed Service Levels bid:

Proposed Total of Client Contact Forms _____

Proposed Total of Public and Media Forms _____

Proposed Contract Amount _____

I acknowledge the obligations of any contract awarded in connection with this proposal and affirm that the Proposer Agency is a legal entity that will meet the specifications set forth in the RFQ.

Signature in ink by the individual authorized to legally bind the proposer. _____ Date _____
Unsigned proposals will not be considered.