



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Sarah Huckabee Sanders

Renee Mallory, RN, BSN, Secretary of Health

Jennifer Dillaha, MD, Director

ANTICIPATION TO AWARD NOTIFICATION

Solicitation Number: DH-24-0001

Description: MMJ Registry ID Card Portal Operation

Date: 08/31/2023

The Arkansas Department of Health (ADH) has completed evaluation of bids received. All bids received are shown below.

Based on the prices bid, the ADH intends to award a contract to: Catalis for an initial 12-month term of \$249,000.00.

Pricing:

IFB Bid Tab						
<i>The below is preliminary information only and should not be relied upon as final determination for contract award.</i>						
Bid #/Description:		DH-24-0001 MMJ Registry ID Card Portal Operation				
Bid Opening				Qty	Price (Monthly Rate)	Total Amount
Date:	8/30/2023	Read By:	J. Griffin			
Time:	03:00pm	Recorded By:	T. Baker			
Proposal Submitted By:						
Automated Health Systems				1	\$149,279.00	\$149,279.00
Catalis				1	\$20,750.00	\$20,750.00
AFMC				1	\$49,936.00	\$49,936.00

Jeff Griffin, Acting Branch Chief
Procurement Support Branch
Jeffry.h.griffin@arkansas.gov
501-534-6275

BID SIGNATURE PAGE

DH-24-0001

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:	Automated Health Systems Inc.		
Address:	300 Arcadia Court 9370 McKnight Road		
City:	Pittsburgh	State: PA	Zip Code: 15237
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit		
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American		
	AR Certification #: _____		* See <i>Minority and Women-Owned Business Policy</i> in <i>Solicitation Terms and Conditions</i>

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for solicitation-related matters.			
Contact Person:	Joseph P Cain III, CPA	Title:	CFO
Phone:	412-367-3030	Alternate Phone:	
Email:	ahsexecutivegroup@automated-health.com		

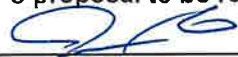
CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <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 Solicitation Terms and Conditions for additional information.</i>

ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Solicitation</i> , Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants and shall not employ or contract with illegal immigrants during the term of a contract awarded as a result of this solicitation.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, Prospective Contractor agrees and certifies that they do not boycott Israel and shall not boycott Israel during the term of a contract awarded as a result of this solicitation. <input checked="" type="checkbox"/> Prospective Contractor does not and shall not boycott Israel.

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

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

Authorized Signature: _____  **Title:** Chief Financial Officer _____

Printed/Typed Name: Joseph P. Cain III **Date:** 8/24/23

SUBMISSION REQUIREMENTS CHECKLIST

The following items **must** be submitted with the Prospective Contractor's bid response:

- Bid Signature Page*
- Proposed Subcontractors Form*
- Exceptions Form*, if applicable
- Official Solicitation Price Sheet*

The following items, which **must** be submitted prior to a contract award to the Prospective Contractor, may also be included with the Prospective Contractor's bid response:

- EO 98-04: *Contract and Grant Disclosure Form*
- Copy of Prospective Contractor's *Equal Opportunity Policy*
- Voluntary Product Accessibility Template (VPAT)*, if applicable (<https://www.itic.org/policy/accessibility/vpat>)
(Use the VPAT 2.3Rev 508 version)

The following should be included in the Prospective Contractor's bid response:

- Signed addenda, if applicable

EXCEPTIONS FORM

Prospective Contractor **shall** document all exceptions related to requirements in the Solicitation and terms in the "Standard Commodities Contract or Services Contract (SRV-1) Fillable Form" and "Solicitation Terms and Conditions" located on the TSS OSP website. See Section 2.4 and 2.5 of the Solicitation.

ITEM #	REFERENCE (SECTION, PAGE, PARAGRAPH)	DESCRIPTION	PROPOSED LANGUAGE
1.			
2.			
3.			

OFFICIAL SOLICITATION PRICE SHEET

DH-24-0001

Instructions:

This program currently processes an average of 455 applications per work day, or about 10,000 per month. Enter your Monthly rate for providing all services according to Attachment 2 Scope of Work.

Price Escalation:

It is anticipated that the number of applications processed monthly will increase annually by about 5% and price bid should recognize this. When it is demonstrated that applications have increased by more than 5% in any year a request made by the vendor for a price increase will be considered by ADH at the time of Contract Renewal only. Likewise, should it be demonstrated that the number of applications processed has decreased by at least 5% ADH may request consideration of a price decrease.

Continue below and enter your initials next to each statement associated with the Minimum Qualifications Attachment.

Total Monthly Price \$ 149,279.00

Applicant shall initial each of the below where provided:

gc

Applicant has the ability to comply with and maintain compliance of all Scope of Work Elements.

gc

Applicant will adjust and revise processes where indicated by ADH or change in law.

gc

Applicant will implement "Train The Trainer" methodology for program and registry system.

gc

Applicant has in-place a multifaceted Quality Assurance process to include all phone calls preserved.

gc

Applicant has a minimum 3 years experience with governmental programs for processing applications and handling customer calls and emails.

gc

Applicant agrees to implement all contract terms within 30 days of ALC ratification of contract award.



State of Arkansas
ARKANSAS DEPARTMENT OF HEALTH
4815 West Markham
Little Rock, Arkansas 72205

ADDENDUM 1

TO: Vendors Addressed
FROM: Jeff Griffin, Acting Branch Chief, Procurement Support Branch
DATE: 8/22/2023
SUBJECT: DH-24-0001

The following change(s) to the above-referenced RFP have been made as designated below:

- Change of specification(s)
- Additional specification(s)
- Change of bid opening time and date
- Cancellation of bid
- Other

BID OPENING DATE AND TIME

- The bid opening date and time remains August 30th, 2023 at 3 p.m. Central Time

CHANGE OF SPECIFICATIONS

- Change to Specifications are as follows:
Attachment 1 Minimum Vendor Qualifications, Item 6:
Delete "...ALC ratification of contract award", and
Insert "...contract start date."

The specifications by virtue of this addendum become a permanent addition to the above referenced RFP. Failure to return this signed addendum as part of the bid package or separately by email may result in rejection of your proposal.

If you have any questions, please contact Jeff Griffin @ 501-534-6275 or jeffrey.h.griffin@arkansas.gov

Company: Automated Health Systems

Signature: 

Date: August 24, 2023

BID SIGNATURE PAGE

DH-24-0001

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:	Catalis Regulatory & Compliance, LLC		
Address:	3025 Windward Plaza, Suite 200		
City:	Alpharetta	State: GA	Zip Code: 30005
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit		
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American		
	AR Certification #: _____		* See Minority and Women-Owned Business Policy in Solicitation Terms and Conditions

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for solicitation-related matters.			
Contact Person:	John Barnes	Title:	Vice President, Government Relations
Phone:	904-333-7843	Alternate Phone:	904-421-7231
Email:	J.Barnes@catalisgov.com		

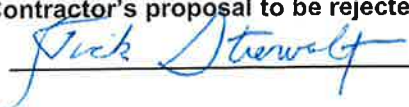
CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <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 Solicitation Terms and Conditions for additional information.</i>

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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 *Solicitation* may cause the Prospective Contractor's proposal to be rejected.

Authorized Signature:  Title: Executive Vice President

Printed/Typed Name: Rick Stierwalt Date: 08/25/23

SUBMISSION REQUIREMENTS CHECKLIST

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(Use the VPAT 2.3Rev 508 version)

The following should be included in the Prospective Contractor's bid response:

- Signed addenda, if applicable

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
N/A	N/A	N/A

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

EXCEPTIONS FORM

Prospective Contractor **shall** document all exceptions related to requirements in the Solicitation and terms in the "Standard Commodities Contract or Services Contract (SRV-1) Fillable Form" and "Solicitation Terms and Conditions" located on the TSS OSP website. See Section 2.4 and 2.5 of the Solicitation.

ITEM #	REFERENCE (SECTION, PAGE, PARAGRAPH)	DESCRIPTION	PROPOSED LANGUAGE
1.	N/A	N/A	N/A
2.			
3.			



State of Arkansas
ARKANSAS DEPARTMENT OF HEALTH
4815 West Markham
Little Rock, Arkansas 72205

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DATE: 8/22/2023
SUBJECT: **DH-24-0001**

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- Additional specification(s)
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- Other

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CHANGE OF SPECIFICATIONS

- Change to Specifications are as follows:
Attachment 1 Minimum Vendor Qualifications, Item 6:
Delete "...ALC ratification of contract award", and
Insert "...contract start date."

The specifications by virtue of this addendum become a permanent addition to the above referenced RFP. Failure to return this signed addendum as part of the bid package or separately by email may result in rejection of your proposal.

If you have any questions, please contact Jeff Griffin @ 501-534-6275 or jeffrey.h.griffin@arkansas.gov

Company: Catalis Regulatory & Compliance, LLC

Signature: *Jack Stewart*

Date: 08/25/23

OFFICIAL SOLICITATION PRICE SHEET

DH-24-0001

Instructions:

This program currently processes an average of 455 applications per work day, or about 10,000 per month. Enter your Monthly rate for providing all services according to Attachment 2 Scope of Work.

Price Escalation:

It is anticipated that the number of applications processed monthly will increase annually by about 5% and price bid should recognize this. When it is demonstrated that applications have increased by more than 5% in any year a request made by the vendor for a price increase will be considered by ADH at the time of Contract Renewal only. Likewise, should it be demonstrated that the number of applications processed has decreased by at least 5% ADH may request consideration of a price decrease.

Continue below and enter your initials next to each statement associated with the Minimum Qualifications Attachment.

Total Monthly Price \$ 20,750.00

Applicant shall initial each of the below where provided:

- JED Applicant has the ability to comply with and maintain compliance of all Scope of Work Elements.
- JED Applicant will adjust and revise processes where indicated by ADH or change in law.
- JED Applicant will implement "Train The Trainer" methodology for program and registry system.
- JED Applicant has in-place a multifaceted Quality Assurance process to include all phone calls preserved.
- JED Applicant has a minimum 3 years experience with governmental programs for processing applications and handling customer calls and emails.
- JED Applicant agrees to implement all contract terms within 30 days of ALC ratification of contract award.

BID RESPONSE PACKET

DH-24-0001

BID SIGNATURE PAGE

DH-24-0001

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:	Arkansas Foundation for Medical Care		
Address:	1020 West 4th Street, Suite 400		
City:	Little Rock	State: AR	Zip Code: 72201
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit		
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American		
	AR Certification #: <u>N/A</u>		* See Minority and Women-Owned Business Policy in Solicitation Terms and Conditions

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for solicitation-related matters.</i>			
Contact Person:	Debbie Rushing	Title:	Manager, Strategy & Business Development
Phone:	501-529-2163	Alternate Phone:	N/A
Email:	Debbie.Rushing@afmc.org		

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" 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 Solicitation Terms and Conditions for additional information.</i>

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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 *Solicitation* may cause the Prospective Contractor's proposal to be rejected.

Authorized Signature:  Title: President & CEO

Printed/Typed Name: John Selig

Date: August 29, 2023

SUBMISSION REQUIREMENTS CHECKLIST

The following items **must** be submitted with the Prospective Contractor's bid response:

- Bid Signature Page*
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- **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.

EXCEPTIONS FORM

Prospective Contractor **shall** document all exceptions related to requirements in the Solicitation and terms in the "Standard Commodities Contract or Services Contract (SRV-1) Fillable Form" and "Solicitation Terms and Conditions" located on the TSS OSP website. See Section 2.4 and 2.5 of the Solicitation.

ITEM #	REFERENCE (SECTION, PAGE, PARAGRAPH)	DESCRIPTION	PROPOSED LANGUAGE
1.			
2.			
3.			

Arkansas Foundation for Medical Care has no exceptions related to the requirements in the Solicitation and Terms and Conditions.

OFFICIAL SOLICITATION PRICE SHEET

DH-24-0001

Instructions:

This program currently processes an average of 455 applications per work day, or about 10,000 per month. Enter your Monthly rate for providing all services according to Attachment 2 Scope of Work.

Price Escalation:

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Continue below and enter your initials next to each statement associated with the Minimum Qualifications Attachment.

Total Monthly Price \$ 49,936.00

Applicant shall initial each of the below where provided:

- JS Applicant has the ability to comply with and maintain compliance of all Scope of Work Elements.
- JS Applicant will adjust and revise processes where indicated by ADH or change in law.
- JS Applicant will implement "Train The Trainer" methodology for program and registry system.
- JS Applicant has in-place a multifaceted Quality Assurance process to include all phone calls preserved.
- JS Applicant has a minimum 3 years experience with governmental programs for processing applications and handling customer calls and emails.
- JS Applicant agrees to implement all contract terms within 30 days of ALC ratification of contract award.

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

IS THIS FOR:

Goods? Services? Both?

TAXPAYER ID NAME: Arkansas Foundation for Medical Care

FIRST NAME: John

YOUR LAST NAME: Selig

ADDRESS: 1020 W. 4th St., Suite 400, Little Rock, AR 72201

COUNTRY: UNITED STATES

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 [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	Relation
	Current	Former		From MM/YY	To MM/YY		
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 [senator, representative, name of board/ commission, data entry, etc.]	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 (%)
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 John Selig Digitally signed by John Selig Date: 2023.08.18 11:45:13 -05'00' Title President & CEO Date 08/18/23

Vendor Contact Person Catherine Bain Title SVP, Admin. Services, PSO Phone No 501-804-0383

<u>Agency use only</u>			
Agency Number <u>0645</u>	Department of Health	Agency Contact Person <u>Nichole Brewer (501) 280-4603</u>	Contract or Grant No. _____



Healthy **People**. Healthy **Businesses**.
Healthy **Communities**.

AFMC Equal Opportunity Policy

AFMC is an equal-opportunity employer and provides equal employment opportunities without regard to race, color, religion, national origin, gender, age, physical or mental disability, sex, sexual orientation, gender identity, genetic information, veteran status, or any other protected status in accordance with federal, state, or local laws. Equal employment opportunity applies to all related terms and conditions of employment, including recruitment, selection, placement, promotions, compensation, benefits, transfers, layoffs, training, education, reimbursement, disciplinary action, or discharge, and all other terms, conditions, and privileges of employment. If you feel that this policy is not being adhered to, you should follow reporting procedures set out in the AFMC Employee Handbook.



State of Arkansas
ARKANSAS DEPARTMENT OF HEALTH
4815 West Markham
Little Rock, Arkansas 72205

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Company: Arkansas Foundation for Medical Care

Signature: 

Date: 8/29/23