

REDACTED

BID RESPONSE PACKET
710-19-1042

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Pharmacy Care of Arkansas, LLC				
Address:	518 Clay Street				
City:	Arkadelphia	State:	AR	Zip Code:	71923
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"/> Asian American <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Women-Owned				
	AR Certification #: _____		* See <i>Minority and Women-Owned Business Policy</i>		

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for bid solicitation related matters.			
Contact Person:	W. Percy Malone	Title:	Authorized representative and CEO
Phone:	870-246-5553	Alternate Phone:	870-230-7200
Email:	percy@allcarepharmacy.com		

CONFIRMATION OF REDACTED COPY
<input checked="" 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 Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i></p>

ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.
<input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

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

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's bid to be disqualified:

Authorized Signature: W. Percy Malone Title: Authorized representative and CEO
Use Ink Only.

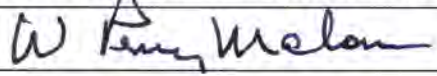
Printed/Typed Name: W. Percy Malone Date: 5-15-19

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.

No requested exceptions to Section 1.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

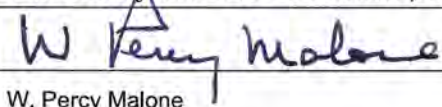
Vendor Name:	Pharmacy Care of Arkansas, LLC	Date:	5-15-19
Signature:		Title:	Authorized representative and CEO
Printed Name:	W. Percy Malone		

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.

No requested exceptions to Section 2.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

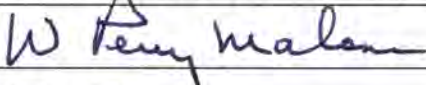
Vendor Name:	Pharmacy Care of Arkansas, LLC	Date:	5-15-19
Signature:		Title:	Authorized representative and CEO
Printed Name:	W. Percy Malone		

SECTION 3 - VENDOR AGREEMENT AND COMPLIANCE

- *Exceptions to Requirements shall cause the vendor's proposal to be disqualified.*

No requested exceptions to Section 3.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

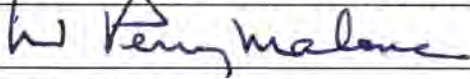
Vendor Name:	Pharmacy Care of Arkansas, LLC	Date:	5-15-19
Signature:		Title:	Authorized representative and CEO
Printed Name:	W. Percy Malone		

SECTION 4 - VENDOR AGREEMENT AND COMPLIANCE

- *Exceptions to Requirements shall cause the vendor's proposal to be disqualified.*

No requested exceptions to Section 4.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	Pharmacy Care of Arkansas, LLC	Date:	5-15-19
Signature:		Title:	Authorized representative and CEO
Printed Name:	W. Percy Malone		

PROPOSED SUBCONTRACTORS FORM

- Do not include additional information relating to subcontractors on this form or as an attachment to this form.

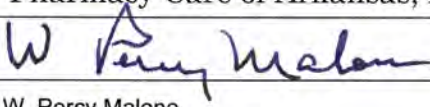
PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

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

By signature below, vendor agrees to and **shall** fully comply with all Requirements related to subcontractors as shown in the bid solicitation.

Vendor Name:	Pharmacy Care of Arkansas, LLC	Date:	5-15-19
Signature:		Title:	Authorized representative and CEO
Printed Name:	W. Percy Malone		



STATE OF ARKANSAS
 DEPARTMENT OF HUMAN SERVICES
 700 South Main Street
 P.O. Box 1437 / Slot W345
 Little Rock, AR 72203

ADDENDUM 1

TO: Vendors Addressed
FROM: Chorsie Burns
DATE: May 6, 2019
SUBJECT: 710-19-1042: Pharmacy Services

The following changes to the above-referenced IFB have been made as designated below:

- Change of Specifications
- Change of Pricing Sheet
- Change of Bid Opening Time and Date
- Cancellation of Bid
- Other

BID OPENING DATE AND TIME

Bid opening date and time shall remain unchanged.

CHANGE OF PRICING SHEET

ALL BIDDERS MUST USE THE ATTACHED OFFICIAL BID PRICE SHEET FOR PRICING.

The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your IFB.

If you have questions, please contact Chorsie Burns at chorsie.burns@dhs.arkansas.gov

Company: Pharmacy Care of Arkansas, LLC

Respondent Signature: W Kenny Malone Auth Rep

Date: 5-15-19



STATE OF ARKANSAS
 DEPARTMENT OF HUMAN SERVICES
 700 South Main Street
 P.O. Box 1437 / Slot W345
 Little Rock, AR 72203

ADDENDUM 2

TO: Vendors Addressed
FROM: Chorsie Burns
DATE: May 14, 2019
SUBJECT: 710-19-1042: Pharmacy Services

The following changes to the above-referenced IFB have been made as designated below:

- Change of Specifications
- Change of Pricing Sheet
- Change of Bid Opening Time and Date
- Cancellation of Bid
- Other

BID OPENING DATE AND TIME

Bid opening date and time shall be as follows: **May 17, 2019 @ 2:00pm CDT**

CHANGE OF SPECIFICATIONS

1.18 COST SCORES

Delete B and replace with the following: **The Maximum number of cost points (250) will be given to the contractor with the lowest average cost, including dispensing fee, for Prescription Medication not covered by Medicaid for all regions.**

Delete C and replace with the following: **The Maximum number of cost points (250) will be given to the contractor with the lowest average cost, including dispensing fee, for Over-the-Counter Medication, with blister pack where appropriate for all regions**

1.19 GRAND TOTAL SCORE

	Maximum Points Possible
Onsite Pharmacists (all regions)	500
Lowest Average Cost Prescription Medication (including dispensing fee) (all regions)	250
Lowest Average Cost Over-the-Counter Medication (including dispensing fee) (all regions)	250
Maximum Possible Grand Total Score	1000

The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your IFB.

If you have questions, please contact Chorsie Burns at chorsie.burns@dhs.arkansas.gov

Company: Pharmacy Care of Arkansas, LLC

Respondent Signature: W. Amy Malone

Date: 5-15-19



STATE OF ARKANSAS
 DEPARTMENT OF HUMAN SERVICES
 700 South Main Street
 P.O. Box 1437 / Slot W345
 Little Rock, AR 72203

ADDENDUM 3

TO: Vendors Addressed
FROM: Chorsie Burns
DATE: May 15, 2019
SUBJECT: 710-19-1042: Pharmacy Services

The following changes to the above-referenced IFB have been made as designated below:

- Change of Specifications
- Change of Pricing Sheet
- Change of Bid Opening Time and Date
- Cancellation of Bid
- Other

BID OPENING DATE AND TIME

Bid opening date and time shall be as follows: **May 21, 2019 @ 3:00pm CDT**

CHANGE OF PRICING SHEET

See updated Official Price Sheet #3 attached.

The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your IFB.

If you have questions, please contact Chorsie Burns at chorsie.burns@dhs.arkansas.gov

Company: Pharmacy Care of Arkansas, LLC

Respondent Signature: W King Melton Auth Rep

Date: 5-15-19

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 NAME: _____

Yes No

IS THIS FOR:

TAXPAYER ID NAME: Pharmacy Care of Arkansas, LLC Goods? Services? Both?

YOUR LAST NAME: Malone FIRST NAME: William M.I.: Percy

ADDRESS: 518 Clay Street

CITY: Arkadelphia STATE: AR ZIP CODE: 71923 COUNTRY: USA

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	✓		State Rep. & Senator	01/95	12/12	W. Percy Malone	100% Owner
Constitutional Officer							
State Board or Commission Member	✓		AR State Bd. of Pharmacy	04/14	6/15	W. Percy Malone	100% Owner
State Employee							

None of the above applies

Contract Number _____
Attachment Number _____
Action Number _____

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 W. Percy Malone Title Auth Rep Date 5-18-19

Vendor Contact Person W. Percy Malone Title Authorized Representative Phone No. 870-230-7200

Agency use only

Agency Number 0710 Agency Name Department of Human Services Agency Contact Person _____ Agency Contact Phone No. _____ Agency Contract Grant No. _____

EMPLOYMENT PRACTICES

Employment at Will

Unless provided otherwise by a separate written agreement, employment with WPMI is "at-will" meaning that either WPMI or the employee can terminate the employment relationship at any time, for any reason or for no reason.

Union Free Environment

We believe that the best and most rewarding employee management system results from a direct relationship between management and employees. This is why we prefer to deal with employees directly rather than through a third party. It is the belief of this Company that representation by an outside organization is not necessary for our employees to enjoy fair treatment and good working conditions.

Open Door Policy

WPMI's goal is to have a warm and family-like work environment in all our facilities. WPMI has an open door policy, which means that employees should bring any problems or issues to their supervisor, to an executive manager, or directly to the owners.

If you have work-related concerns, you should discuss these with your immediate supervisor. Your supervisor will investigate the problem and provide you with an answer in a timely fashion. Should your concerns be of a nature that you are uncomfortable discussing with your immediate supervisor, you should go directly to the next appropriate individual up the chain of command.

If your problem/issue/dispute has not been satisfactorily resolved, you may speak directly to the owner.

Conflict Resolution

Conflict resolution is the process of ending a disagreement between two or more people in a constructive fashion. It is important that employees work together to resolve conflicts in the workplace.

Keep the following in mind when faced with conflict:

- Conflicts should be faced and a resolution found as soon as the conflict arises.
- Focus on the situation that caused the conflict, not on the person(s) involved.
- Negative name-calling and put-downs will not solve a conflict.
- Maintain good relationships with co-workers by respecting them.
- Take the initiative to make your work environment better.

Equal Employment

It is the policy of WPMI to ensure equal opportunity in all personnel matters. Employee selection and other employment related decisions will be made without regard to an individual's race, religion, color, national origin, sex, age, sexual orientation, disability, veteran status, or any legally protected status.

Any violation of these equal opportunity policies should be reported immediately to your supervisor, to executive management, and/or to the owner.

An employee should notify his/her immediate supervisor as soon as the employee becomes aware of the need for a reasonable accommodation with regard to:

- Performance of essential functions of job;
- Access to the workplace;
- Access and participation in company sponsored programs/activities;
- Emergency treatment and/or emergency evacuation assistance; or
- Alternative accessible formats for medical communications.

Personnel Records

You are required to complete all forms requested by the Company with regard to your employment. These forms are part of your personnel record and are the property of the Company. Since the personnel file is the property of the Company and contains confidential information, access to these files is restricted to authorized personnel only. False or misleading information on your employment forms or any other Company document, can lead to disciplinary action, up to and including termination of employment at the Company's discretion.

Employees are responsible for keeping the information in their personnel file up to date. You must immediately notify your supervisor and the payroll department of any changes in name, address, phone number, personal and dependent status or emergency contact(s). The Company will not be responsible for any errors that occur as a result of your failure to update information.

If your position requires a license or certification, you are responsible for submitting written proof to the payroll department whenever your license or certification is renewed. Failure to do so may result in reassignment, suspension or termination.

Hiring Practices

The success of WPMI depends on qualified, competent, and enthusiastic employees. We attempt to carefully select our employees through written application, interviewing, and verification of past employment.

All employees, before beginning work, must complete the required Federal Form I-9, and present documents showing proof of employment eligibility.

For any job requiring a license and/or certificate, the applicant must present a current and valid license and/or certificate. All licenses and certifications will be verified through their respective licensing/certification boards. Pharmacy Technicians hired without being licensed or fully certified, must attain certification within the first four (4) months of employment. Failure to do so may result in termination. All professional, registered, or certified personnel are required to keep their licenses, credentials, and any other required documents current and provide WPMI with documentation.



Voluntary Product Accessibility Template (VPAT)

Date: 05/13/2019

Product Name: iMAR

Product Version Number: 9.0

Organization Name: ExactMed, LLC.

Submitter Name: W. Percy Malone

Submitter Telephone: (870) 246-5553

APPENDIX A: Suggested Language Guide

Summary Table Voluntary Product Accessibility Template

<i>Criteria</i>	Level of Support & Supporting Features	Remarks and explanations
Section 1194.21 Software Applications and Operating Systems	Supports	
Section 1194.22 Web-based Internet Information and Applications	Not Applicable	Not Web Based
Section 1194.23 Telecommunications Products	Supports	
Section 1194.24 Video and Multi-media Products	Not Applicable	No video or media
Section 1194.25 Self-Contained, Closed Products	Supports	
Section 1194.26 Desktop and Portable Computers	Supports	
Section 1194.31 Functional Performance Criteria	Supports	Supports when combined with Compatible AT
Section 1194.41 Information, Documentation and Support	Supports	

**Section 1194.21 Software Applications and Operating Systems -
Detail
Voluntary Product Accessibility Template**

<i>Criteria</i>	Level of Support & Supporting Features	Remarks and explanations
(a) When software is designed to run on a system that has a keyboard, product functions shall be executable from a keyboard where the function itself or the result of performing a function can be discerned textually.	Supports	
(b) Applications shall not disrupt or disable activated features of other products that are identified as accessibility features, where those features are developed and documented according to industry standards. Applications also shall not disrupt or disable activated features of any operating system that are identified as accessibility features where the application programming interface for those accessibility features has been documented by the manufacturer of the operating system and is available to the product developer.	Supports	
(c) A well-defined on-screen indication of the current focus shall be provided that moves among interactive interface elements as the input focus changes. The focus shall be programmatically exposed so that Assistive Technology can track focus and focus changes.	Supports	
(d) Sufficient information about a user interface element including the identity, operation and state of the element shall be available to Assistive Technology. When an image represents a program element, the information conveyed by the image must also be available in text.	Supports	

(e) When bitmap images are used to identify controls, status indicators, or other programmatic elements, the meaning assigned to those images shall be consistent throughout an application's performance.	Supports	
(f) Textual information shall be provided through operating system functions for displaying text. The minimum information that shall be made available is text content, text input caret location, and text attributes.	Supports	
(g) Applications shall not override user selected contrast and color selections and other individual display attributes.	Supports	
(h) When animation is displayed, the information shall be displayable in at least one non-animated presentation mode at the option of the user.	Not Applicable	
(i) Color coding shall not be used as the only means of conveying information, indicating an action, prompting a response, or distinguishing a visual element.	Supports	
(j) When a product permits a user to adjust color and contrast settings, a variety of color selections capable of producing a range of contrast levels shall be provided.	Not Applicable	
(k) Software shall not use flashing or blinking text, objects, or other elements having a flash or blink frequency greater than 2 Hz and lower than 55 Hz.	Supports	
(l) When electronic forms are used, the form shall allow people using Assistive Technology to access the information, field elements, and functionality required for completion and submission of the form, including all directions and cues.	Supports	

**Section 1194.22 Web-based intranet and
Internet information and applications - Detail
Voluntary Product Accessibility Template**

<i>Criteria</i>	Level of Support & Supporting Features	Remarks and explanations
(a) A text equivalent for every non-text element shall be provided (e.g., via "alt", "longdesc", or in element content).	Not Applicable	
(b) Equivalent alternatives for any multimedia presentation shall be synchronized with the presentation.	Not Applicable	
(c) Web pages shall be designed so that all information conveyed with color is also available without color, for example from context or markup.	Not Applicable	
(d) Documents shall be organized so they are readable without requiring an associated style sheet.	Not Applicable	
(e) Redundant text links shall be provided for each active region of a server-side image map.	Not Applicable	
(f) Client-side image maps shall be provided instead of server-side image maps except where the regions cannot be defined with an available geometric shape.	Not Applicable	
(g) Row and column headers shall be identified for data tables.	Not Applicable	
(h) Markup shall be used to associate data cells and header cells for data tables that have two or more logical levels of row or column headers.	Not Applicable	
(i) Frames shall be titled with text that facilitates frame identification and navigation	Not Applicable	

(j) Pages shall be designed to avoid causing the screen to flicker with a frequency greater than 2 Hz and lower than 55 Hz.	Not Applicable	
(k) A text-only page, with equivalent information or functionality, shall be provided to make a web site comply with the provisions of this part, when compliance cannot be accomplished in any other way. The content of the text-only page shall be updated whenever the primary page changes.	Not Applicable	
(l) When pages utilize scripting languages to display content, or to create interface elements, the information provided by the script shall be identified with functional text that can be read by Assistive Technology.	Not Applicable	
(m) When a web page requires that an applet, plug-in or other application be present on the client system to interpret page content, the page must provide a link to a plug-in or applet that complies with 1194.21(a) through (l).	Not Applicable	
(n) When electronic forms are designed to be completed on-line, the form shall allow people using Assistive Technology to access the information, field elements, and functionality required for completion and submission of the form, including all directions and cues.	Not Applicable	
(o) A method shall be provided that permits users to skip repetitive navigation links.	Not Applicable	
(p) When a timed response is required, the user shall be alerted and given sufficient time to indicate more time is required.	Not Applicable	

Section 1194.23 Telecommunications Products - Detail Voluntary Product Accessibility Template

<i>Criteria</i>	Level of Support & Supporting Features	Remarks and explanations
(a) Telecommunications products or systems which provide a function allowing voice communication and which do not themselves provide a TTY functionality shall provide a standard non-acoustic connection point for TTYs. Microphones shall be capable of being turned on and off to allow the user to intermix speech with TTY use.	Not Applicable	
(b) Telecommunications products which include voice communication functionality shall support all commonly used cross-manufacturer non-proprietary standard TTY signal protocols.	Not Applicable	
(c) Voice mail, auto-attendant, and interactive voice response telecommunications systems shall be usable by TTY users with their TTYs.	Not Applicable	
(d) Voice mail, messaging, auto-attendant, and interactive voice response telecommunications systems that require a response from a user within a time interval, shall give an alert when the time interval is about to run out, and shall provide sufficient time for the user to indicate more time is required.	Not Applicable	
(e) Where provided, caller identification and similar telecommunications functions shall also be available for users of TTYs, and for users who cannot see displays.	Not Applicable	

(f) For transmitted voice signals, telecommunications products shall provide a gain adjustable up to a minimum of 20 dB. For incremental volume control, at least one intermediate step of 12 dB of gain shall be provided.	Not Applicable	
(g) If the telecommunications product allows a user to adjust the receive volume, a function shall be provided to automatically reset the volume to the default level after every use.	Not Applicable	
(h) Where a telecommunications product delivers output by an audio transducer which is normally held up to the ear, a means for effective magnetic wireless coupling to hearing technologies shall be provided.	Not Applicable	
(i) Interference to hearing technologies (including hearing aids, cochlear implants, and assistive listening devices) shall be reduced to the lowest possible level that allows a user of hearing technologies to utilize the telecommunications product.	Not Applicable	
(j) Products that transmit or conduct information or communication, shall pass through cross-manufacturer, non-proprietary, industry-standard codes, translation protocols, formats or other information necessary to provide the information or communication in a usable format. Technologies which use encoding, signal compression, format transformation, or similar techniques shall not remove information needed for access or shall restore it upon delivery.	Supports	
(k)(1) Products which have mechanically operated controls or keys shall comply with the following: Controls and Keys shall be tactilely discernible without activating the controls or keys.	Supports	

<p>(k)(2) Products which have mechanically operated controls or keys shall comply with the following: Controls and Keys shall be operable with one hand and shall not require tight grasping, pinching, twisting of the wrist. The force required to activate controls and keys shall be 5 lbs. (22.2N) maximum.</p>	Supports	
<p>(k)(3) Products which have mechanically operated controls or keys shall comply with the following: If key repeat is supported, the delay before repeat shall be adjustable to at least 2 seconds. Key repeat rate shall be adjustable to 2 seconds per character.</p>	Not Applicable	
<p>(k)(4) Products which have mechanically operated controls or keys shall comply with the following: The status of all locking or toggle controls or keys shall be visually discernible, and discernible either through touch or sound.</p>	Supports	

Section 1194.24 Video and Multi-media Products – Detail Voluntary Product Accessibility Template

<i>Criteria</i>	Level of Support & Supporting Features	Remarks and explanations
a) All analog television displays 13 inches and larger, and computer equipment that includes analog television receiver or display circuitry, shall be equipped with caption decoder circuitry which appropriately receives, decodes, and displays closed captions from broadcast, cable, videotape, and DVD signals. As soon as practicable, but not later than July 1, 2002, widescreen digital television (DTV) displays measuring at least 7.8 inches vertically, DTV sets with conventional displays measuring at least 13 inches vertically, and stand-alone DTV tuners, whether or not they are marketed with display screens, and computer equipment that includes DTV receiver or display circuitry, shall be equipped with caption decoder circuitry which appropriately receives, decodes, and displays closed captions from broadcast, cable, videotape, and DVD signals.	Not Applicable	
(b) Television tuners, including tuner cards for use in computers, shall be equipped with secondary audio program playback circuitry.	Not Applicable	
(c) All training and informational video and multimedia productions which support the agency's mission, regardless of format, that contain speech or other audio information necessary for the comprehension of the content, shall be open or closed captioned.	Not Applicable	

(d) All training and informational video and multimedia productions which support the agency's mission, regardless of format, that contain visual information necessary for the comprehension of the content, shall be audio described.	Not Applicable	
(e) Display or presentation of alternate text presentation or audio descriptions shall be user-selectable unless permanent.	Not Applicable	

Section 1194.25 Self-Contained, Closed Products – Detail Voluntary Product Accessibility Template

<i>Criteria</i>	Level of Support & Supporting Features	Remarks and explanations
(a) Self contained products shall be usable by people with disabilities without requiring an end-user to attach Assistive Technology to the product. Personal headsets for private listening are not Assistive Technology.	Supports	
(b) When a timed response is required, the user shall be alerted and given sufficient time to indicate more time is required.	Not Applicable	
(c) Where a product utilizes touchscreens or contact-sensitive controls, an input method shall be provided that complies with 1194.23 (k) (1) through (4).	Supports	
(d) When biometric forms of user identification or control are used, an alternative form of identification or activation, which does not require the user to possess particular biological characteristics, shall also be provided.	Not Applicable	
(e) When products provide auditory output, the audio signal shall be provided at a standard signal level through an industry standard connector that will allow for private listening. The product must provide the ability to interrupt, pause, and restart the audio at anytime.	Not Applicable	

<p>(f) When products deliver voice output in a public area, incremental volume control shall be provided with output amplification up to a level of at least 65 dB. Where the ambient noise level of the environment is above 45 dB, a volume gain of at least 20 dB above the ambient level shall be user selectable. A function shall be provided to automatically reset the volume to the default level after every use.</p>	Not Applicable	
<p>(g) Color coding shall not be used as the only means of conveying information, indicating an action, prompting a response, or distinguishing a visual element.</p>	Supports	
<p>(h) When a product permits a user to adjust color and contrast settings, a range of color selections capable of producing a variety of contrast levels shall be provided.</p>	Not Applicable	
<p>(i) Products shall be designed to avoid causing the screen to flicker with a frequency greater than 2 Hz and lower than 55 Hz.</p>	Supports	
<p>(j) (1) Products which are freestanding, non-portable, and intended to be used in one location and which have operable controls shall comply with the following: The position of any operable control shall be determined with respect to a vertical plane, which is 48 inches in length, centered on the operable control, and at the maximum protrusion of the product within the 48 inch length on products which are freestanding, non-portable, and intended to be used in one location and which have operable controls.</p>	Not Applicable	

<p>(j)(2) Products which are freestanding, non-portable, and intended to be used in one location and which have operable controls shall comply with the following: Where any operable control is 10 inches or less behind the reference plane, the height shall be 54 inches maximum and 15 inches minimum above the floor.</p>	Not Applicable	
<p>(j)(3) Products which are freestanding, non-portable, and intended to be used in one location and which have operable controls shall comply with the following: Where any operable control is more than 10 inches and not more than 24 inches behind the reference plane, the height shall be 46 inches maximum and 15 inches minimum above the floor.</p>	Not Applicable	
<p>(j)(4) Products which are freestanding, non-portable, and intended to be used in one location and which have operable controls shall comply with the following: Operable controls shall not be more than 24 inches behind the reference plane.</p>	Not Applicable	

Section 1194.26 Desktop and Portable Computers – Detail Voluntary Product Accessibility Template

<i>Criteria</i>	Level of Support & Supporting Features	Remarks and explanations
(a) All mechanically operated controls and keys shall comply with 1194.23 (k) (1) through (4).	Supports	
(b) If a product utilizes touchscreens or touch-operated controls, an input method shall be provided that complies with 1194.23 (k) (1) through (4).	Supports	
(c) When biometric forms of user identification or control are used, an alternative form of identification or activation, which does not require the user to possess particular biological characteristics, shall also be provided.	Not Applicable	
(d) Where provided, at least one of each type of expansion slots, ports and connectors shall comply with publicly available industry standards	Supports	

Section 1194.31 Functional Performance Criteria – Detail Voluntary Product Accessibility Template

<i>Criteria</i>	Level of Support & Supporting Features	Remarks and explanations
(a) At least one mode of operation and information retrieval that does not require user vision shall be provided, or support for Assistive Technology used by people who are blind or visually impaired shall be provided.	Supports when combined with Compatible AT	With use of a screen reader.
(b) At least one mode of operation and information retrieval that does not require visual acuity greater than 20/70 shall be provided in audio and enlarged print output working together or independently, or support for Assistive Technology used by people who are visually impaired shall be provided.	Supports	
(c) At least one mode of operation and information retrieval that does not require user hearing shall be provided, or support for Assistive Technology used by people who are deaf or hard of hearing shall be provided	Supports	
(d) Where audio information is important for the use of a product, at least one mode of operation and information retrieval shall be provided in an enhanced auditory fashion, or support for assistive hearing devices shall be provided.	Not Applicable	
(e) At least one mode of operation and information retrieval that does not require user speech shall be provided, or support for Assistive Technology used by people with disabilities shall be provided.	Supports	

(f) At least one mode of operation and information retrieval that does not require fine motor control or simultaneous actions and that is operable with limited reach and strength shall be provided.	Supports	
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Section 1194.41 Information, Documentation and Support – Detail Voluntary Product Accessibility Template

<i>Criteria</i>	Level of Support & Supporting Features	Remarks and explanations
(a) Product support documentation provided to end-users shall be made available in alternate formats upon request, at no additional charge	Supports	
(b) End-users shall have access to a description of the accessibility and compatibility features of products in alternate formats or alternate methods upon request, at no additional charge.	Supports	
(c) Support services for products shall accommodate the communication needs of end-users with disabilities.	Supports	

APPENDIX A (of the DoS VPAT/GPAT Checklist)

Suggested Language for Filling out the VPAT/GPAT

In order to simplify the task of conducting market research assessments for procurement officials or customers, ITIC (Information Technology Industry Council) has developed suggested language for use when filling out a VPAT/GPAT. You may choose to employ all or some of the language below. Once you determine what language you intend to use, we recommend that use is consistent throughout all of your VPAT/GPATs.

Supporting Features (Column 2 on VPAT/GPAT)

Supports

Use this language when you determine the product fully meets the letter and intent of the Criteria.

Supports with Exceptions

Use this language when you determine the product does not fully meet the letter and intent of the Criteria, but provides some level of access relative to the Criteria.

Supports through Equivalent Facilitation

Use this language when you have identified an alternate way to meet the intent of the Criteria or when the product does not fully meet the intent of the Criteria.

Supports when combined with Compatible AT

Use this language when you determine the product fully meets the letter and intent of the Criteria when used in combination with Compatible AT. For example, many software programs can provide speech output when combined with a compatible screen reader (commonly used assistive technology for people who are blind).

Does not Support

Use this language when you determine the product does not meet the letter or intent of the Criteria.

Not Applicable

Use this language when you determine that the Criteria do not apply to the specific product.

Not Applicable - Fundamental Alteration Exception Applies

Use this language when you determine a Fundamental Alteration of the product would be required to meet the Criteria (see the access board standards for the definition of "fundamental alteration").

IMPACT Outreach Center

IRM Program for Accessible Computer/Communication Technology (IMPACT)

2025 E Street, N.W. (SA-9)

Washington, DC 20006

Email: SECTION508@state.gov

Internet: <http://www.state.gov/m/irm/impact/index.htm>

Intranet: <http://impact.state.gov>

AllCare's Preliminary Statement

Pharmacy Care of Arkansas, LLC (operating as AllCare Pharmacy) acknowledges and agrees that it will provide the services under this contract in compliance with the requirements set out in this IFB, including all attachments and addenda to the IFB.

AllCare's Responses to Section 2 – Minimum Requirements

2.1 INTRODUCTION

This Invitation for Bid (IFB) is issued by the Office of Procurement (OP) for the Division of Developmental Disabilities Services (DDS) to obtain pricing and a contract for Pharmacy Services at the five (5) Human Development Centers (HDCs) located throughout the State of Arkansas (locations listed in Sec. 1.1). This service shall include labeling all medications and providing all the necessary facilities and equipment for an electronic medication administration record system (MARS). The Pharmacy Service must be able to provide routine medications as well as having a system in place for floor stock medications, as needed (prn) medications, and emergency/urgently needed medications.

Response:

Pharmacy Care of Arkansas, LLC operates as AllCare Pharmacy (“AllCare”) and acknowledges and agrees to all requirements of this IFB.

AllCare’s pharmacists and staff have extensive experience in providing medication and services to long term care facilities, including the Arkansas Human Development Centers for over a decade.

We operate institutional pharmacies, specializing in providing pharmacy services to long term care facilities throughout the state of Arkansas. We have designed an efficient system to deliver pharmacy services utilizing barcode technology, wireless technology, just-in-time robotics, point of care documentation and a software application to ensure error free medication delivery. AllCare employs a team of drivers and maintains its own fleet of delivery vehicles.

AllCare and its affiliates provide pharmacy services to residents in over 200 facilities throughout the State of Arkansas. AllCare employs 90 pharmacists in Arkansas, most of which work in the long-term care setting. Additional clinical staff consists of RNs, LPNs, nutritionists, and account specialists whose experience in the long-term care setting is up to 38 years.

Allcare stocks a full line of medications and equipment for long term care residents. These include but are not limited to floor medications, stock medications, PRN medications, emergency/urgent medications, intravenous medications, injectables, vaccines, wound care products, equipment, and supplies.

Our staff's credentials include active memberships in the American Society of Consultant Pharmacists, American Pharmacists Association, National Community Pharmacists Association, Arkansas Pharmacy Association, Arkansas Consultant Pharmacist Association, Arkansas Healthcare Association, Arkansas Nursing Home Nurses Association, and past Arkansas State Board of Pharmacy member and president. These credentials illustrate our commitment to staff training and professionalism.

Processing and delivery of prescriptions (including stock, PRN, and emergency medications).

AllCare utilizes its ExactMed pharmacy system software in processing and filling prescriptions. AllCare provides flexibility to facilities by using a cycle fill method for routine solid oral medications and an on-demand reorder system for controlled medications, liquids, eye drops, PRN medications, and topicals. We have the ability to provide any cycle fill requirements as well as on demand. AllCare will notify the facility about medications that may need to be reordered, and its systems are set up to prevent duplicate data entry.

Each order is processed by a pharmacist, and during that stage the pharmacist will check for patient allergy reactions and drug interactions. The pharmacist will also review financial considerations, including prior authorization requirements. A prescription label is generated when the prescription is filled. That label includes a bar code imprinted on the label as well as a physical description of the medication including color, shape, and any markings or imprints that appear on the tablet or capsule.

All pharmacy services – including labeling and dispensing – are dispensed in compliance with applicable local, state, and federal laws.

AllCare follows a comprehensive verification process which ensures that the medication being filled from stock matches the prescription label based on the bar code scanning. In addition, pharmacists scan each prescription and verify blister packed prescriptions have been accurately filled. Before a prescription leaves AllCare's pharmacy, each order is checked a total of five times (twice by a pharmacist and three times by the ExactMed computer system). This verification process must be completed before a delivery list is printed and the medication delivered.

Our delivery staff is on call 24 hours a day, seven days a week, 365 days a year, including during inclement weather. In the event of hazardous road conditions, AllCare has 4-wheel drive vehicles, vehicles with studded tires, and snow chains available for icy or snowy conditions. AllCare also has two planes and two pilots on staff to provide support in emergency situations. To date, we have not failed to deliver due to weather conditions.

Our delivery vehicles are equipped with GPS devices to allow for the remote tracking of each delivery that leaves AllCare Pharmacy. Emergency orders can be delivered within two hours from the time the prescription is received when requested.

Additionally, we provide an Emergency Medication Box (ER Box) for each facility so that certain medications can be kept on hand. The Medical Director and the Arkansas State Board of Pharmacy approve the type and amount of medications that are contained in each ER Box. Each ER Box is maintained with a color-coded breakaway locking system. All new ER Boxes that are delivered from the pharmacy are locked with a red lock. When the ER Box is opened the nurse locks the ER Box with a yellow lock, which is provided with each ER Box. Upon request, AllCare will promptly exchange an ER Box with a yellow tag with a new ER Box. This process provides the facility the opportunity to have a complete ER Box at the facility at all times.

2.2 SERVICE DELIVERY LOCATION

The Vendor must have professional staff available to fulfill the requirements of this IFB which includes nights, weekends, and holidays as requested by each of the five (5) HDCs (locations listed in Section 1.1). All services must be provided during normal state work hours and within the agreed upon number of days unless otherwise arranged and coordinated with the agency. The Vendor shall give the agency immediate notice of any anticipated delays that will affect the service delivery requirement.

Response:

AllCare acknowledges and agrees to the requirements of this IFB related to Service Delivery Location.

AllCare has the ability to provide pharmacy services as requested. While AllCare agrees to notify the facility of any anticipated delays that will affect the service delivery requirement, no delays are expected because of AllCare's extensive operational capabilities and delivery services. We maintain our own complete

delivery system to avoid interruptions in service and to ensure the efficient delivery of prescription medications.

AllCare specializes in providing pharmacy services to residents in long term care facilities and nursing homes across Arkansas. That focus is demonstrated by the system we have in place to ensure timely delivery of medications despite the conditions. AllCare's pharmacy never closes, and our pharmacists, technicians, and delivery personnel are available to provide services to all of our long-term care residents twenty-four hours a day, seven days a week.

We are committed to making sure Arkansas Human Development Center residents receive the medication that is ordered for them in a timely manner. We will work very attentively with your facility's administrative and medical staff so we can deliver the best possible care to the residents of your facilities.

Our statewide footprint means we have a pharmacy within close proximity to the residents we serve. Of specific importance for the Arkansas Human Development Centers, AllCare has pharmacy locations in Little Rock, Arkadelphia, Paris, Jonesboro, and El Dorado. Below is a map showing all of our pharmacy locations in Arkansas.



AllCare Pharmacy is open with a pharmacist on duty 24 hours a day. Moreover, telephone calls are answered by AllCare personnel 24 hours a day, seven days a week, thereby eliminating the need for a paging process. AllCare has installed a Doctor Direct Line (877-420-9450) for the physician to call and speak directly to an AllCare pharmacist.

Pharmacists can also be reached at 870-420-9400. AllCare has a disaster recovery plan to ensure the telephone service is continued. The disaster recovery plan includes real time replication of data so the systems and patient data are continuously available.

AllCare's CEO, Percy Malone, is available on his cell phone, (870) 230-7200.

Delivery management solution.

We use DeliveryTrack, which is a professional-grade delivery management solution which provides real-time, continuous tracking to ensure chain of custody. DeliveryTrack is designed specifically for tracking delivery of pharmaceutical deliveries to your residents.

DeliveryTrack's cutting-edge Android technology, combined with integration to DocuTrack (AllCare's document tracking software information systems) sets it apart from the competition. DeliveryTrack provides:

- Electronic signature capture
- Item verification
- Real-time proof of delivery
- Barcode scanning of delivery manifests
- Vehicle tracking
- Route optimization
- 3rd-party carrier integration
- Integration with other technologies
- Real-time synchronization with pharmacy

All controlled medications are dispensed in a sealed plastic container, which assures the facility staff the medication was not tampered with during transportation. A separate delivery list is generated for controlled medications. Our delivery associate will work closely with the individual receiving the order to make sure everything in the delivery is correct and everything is accounted for. If at any time during the delivery process there is a question the delivery associate cannot adequately answer, facility staff can contact the pharmacy for assistance. If a narcotic has been lost or is missing, we have a chain of custody process to track its movement. This process allows us to identify the last person to possess it. That individual is accountable for the narcotic's disposition until a signature is received upon delivery to the facility.

SECTION 2.3 MINIMUM QUALIFICATIONS

The Contractor must meet the following requirements:

A. Vendor must have five (5) years' experience providing services substantially similar to the requirements of this IFB. For verification purposes Vendor must provide an overview of prior work, within the past five (5) years and which must include the following:

- 1) Scope of work.**
- 2) Time period of contract.**
- 3) Contract amounts.**
- 4) Contact information for staff who can verify Vendor's experience which shall including the following information without limitation: staff member's name, title, current phone number, email address, and mailing address.**

Proposals may be disqualified from respondents whose references do not respond within five (5) business days of the request for verification.

Response:

AllCare acknowledges the qualification requirements for this IFB and affirmatively declares it meets all such qualification requirements.

Reference 1: Arkansas Veterans' Nursing Homes

- 1) Scope of work.** Providing full array of pharmacy services for veterans and spouses.
- 2) Time period of contract.** AllCare has been serving veterans' facilities for more than five years. AllCare has served residents of the North Little Rock Veterans' Facility since the date it opened.
- 3) Contract amounts.** [REDACTED] annually or [REDACTED] for our expected terms.

- 4) **Contact information for staff who can verify Vendor's experience which shall including the following information without limitation: staff member's name, title, current phone number, email address, and mailing address.** David Barker, Arkansas Department of Veterans Affairs, Nursing Home Division Director, 2401 Ashley Drive, North Little Rock, Arkansas 72114. Phone number: 501-537-9895, 501-413-1454 (mobile). Email address: david.barker@arkansas.gov.

Reference 2: Hillcrest Nursing Home, Twin Rivers Health and Rehabilitation, and The Plaza.

- 1) **Scope of work.** Providing full array of pharmacy services for long term care residents.
- 2) **Time period of contract.** AllCare has provided pharmacy services to the residents of these facilities for over five years.
- 3) **Contract amounts.** In excess of **REDACTED**.
- 4) **Contact information for staff who can verify Vendor's experience which shall including the following information without limitation: staff member's name, title, current phone number, email address, and mailing address.** Eddie Arnold (owner), P.O. Box 963, Arkadelphia, Arkansas 71923. Phone numbers: 870-246-5979 (office) and 870-245-6373 (mobile). Email address: eddie.arnold@jostens.com.

Reference 3: Booneville Human Development Center.

- 1) **Scope of work.** Providing full array of pharmacy services for long term care residents.
- 2) **Time period of contract.** AllCare has provided pharmacy services to the residents of this facility for over five years.
- 3) **Contract amounts.** **REDACTED**

- 4) **Contact information for staff who can verify Vendor's experience which shall including the following information without limitation: staff member's name, title, current phone number, email address, and mailing address.** Stacy Weinbrenner, Director of Nursing, 87 Reed Road, Booneville, Arkansas 72927. Phone number: 479-675-1445. Email address: Stacy.Weinbrenner@dhs.arkansas.gov.

Reference 4: Little River Nursing Center.

- 1) **Scope of work.** Providing full array of pharmacy services for long term care residents.
- 2) **Time period of contract.** AllCare has provided pharmacy services to the residents of this facility for over five years.
- 3) **Contract amounts.** In excess of **REDACTED**.
- 4) **Contact information for staff who can verify Vendor's experience which shall including the following information without limitation: staff member's name, title, current phone number, email address, and mailing address.** Dana Battiest, Administrator, 162 Highway 32, Ashdown, Arkansas 71822. Phone number: 870-784-2174. Email address: dbattiest@lrnr.org.

Reference 5: Presbyterian Village.

- 1) **Scope of work.** Providing full array of pharmacy services for long term care residents.
- 2) **Time period of contract.** AllCare has provided pharmacy services to the residents of this facility for over five years.
- 3) **Contract amounts.** In excess of **REDACTED**
- 4) **Contact information for staff who can verify Vendor's experience which shall including the following information without limitation: staff member's name, title, current phone number, email address, and mailing address.** Brenda Bane, Administrator, 510 Brookside Drive, Little Rock, Arkansas. Phone number: 501-208-2250. Email address: brendabane@presbyvillage.com.

B. Vendor must certify that he/she has not received any sanctions or corrective actions by a State or Federal government with the last ten (10) years. However, failure to certify may not disqualify a Vendor's bid submission if Vendor provides detailed documentation of each sanction and any corresponding corrective action received from a State or Federal government within the last ten (10) years. Documentation must include in status of all corrective actions within the last ten (10) years, including corrective actions completed to the satisfaction of the issuing government agency.

Response:

AllCare certifies it has not received any sanctions or corrective action plans imposed upon it from any State or Federal government within the last ten (10) years. In efforts to strengthen its services and assure compliance with state and federal regulations and audit requirements, AllCare has voluntarily agreed to undertake certain corrective actions.

C. Vendor and all Vendor Subcontractors, if any, must certify that Vendor and all Vendor Subcontractors have read the Organizational or Personal Conflict of Interest Clause (see Attachment G). If Vendor or any Vendor Subcontractor does have an actual, apparent, or potential conflict of interest, Vendor must disclose all relevant information pertaining to such conflict of interest. Vendors disclosing a potential, actual or apparent conflicts of interest must submit a conflict of interest mitigation plan at the time of bid. The Arkansas Department of Human Services (DHS), in its sole discretion, will determine if a conflict exists and whether it can be mitigated or waived. Bidders with conflicts of interest that cannot be mitigated or waived shall be disqualified.

Response:

AllCare acknowledges the requirements of this IFB. AllCare has read the Organizational or Personal Interest Clause (Attachment G) and does not have any actual, apparent, or potential conflict of interest.

AllCare will not be using subcontractors in providing these services.

D. Vendor must be bondable. As proof of meeting this requirement the Vendor must submit a Letter of Bondability from an admitted Surety Insurer with its bid submission. The letter shall unconditionally offer to guarantee to the extent of one hundred percent (100%) of the annual contract price the bidder's performance in all respects of the terms and conditions of the IFB and the resultant contract.

Response:

AllCare acknowledges and agrees to the bonding requirements of this IFB. A letter of bondability is attached to this response as Exhibit 1.

2.4 INSURANCE REQUIREMENTS

A. Prior to contract awarding, the Vendor must furnish an approved "Certificate of Insurance" and must maintain the insurance requirements throughout the contract and any/all extensions.

B. The Insurance shall not be modified without DHS approval.

C. The Vendor shall maintain insurance for the contract period and any resultant renewals in the minimum amount:

- 1. One million dollars (\$1,000,000) per occurrence, general liability.**
- 2. Three million dollars (\$3,000,000) aggregate, for professional liability, negligence, errors and omissions and public liability.**

D. The insurance must have limits sufficient to cover losses resulting from or arising out of vendor's action or inaction in the performance of the contract by the vendor, its agents, servants, employees, or subcontractors.

E. The insurance shall cover and continue to cover all occurrences during the term of this contract and any extensions thereof.

F. All insurance policies shall be with a company licensed by the State of Arkansas to do business and to provide such policies.

G. The Vendor shall notify DHS, not less than forty-five (45) days in advance of any non-renewal, cancellation, or expiration of the vendor's insurance policy. In the event DHS receives a notice of non-renewal, the vendor shall provide DHS with an insurance policy from another carrier at least thirty (30) days prior to the expiration of the insurance policy then in effect.

H. DHS shall have the right to inspect the original insurance policies held by the vendor.

Response:

AllCare acknowledges and agrees to the insurance requirements of this IFB.

AllCare is providing an approved "Certificate of Insurance" with this response (see Exhibit 2). AllCare will maintain the insurance requirements throughout the contract and all extensions.

2.5 CREDENTIALS/LICENSURE

The Vendor shall ensure the Pharmacist(s) assigned maintains the appropriate credentials and/or licenses. DHS shall be immediately notified in the event of a lapse.

Response:

AllCare acknowledges and agrees to the Credential/Licensure requirements of this IFB. AllCare will ensure the pharmacists providing services under the contract will maintain the appropriate credentials and/or licenses.

Pharmacists.

1. Percy Malone P.D., President, 49 years of experience in pharmacy operations and management.
2. Charity Calhoun PharmD, Pharmacist, 15 years of experience in pharmacy operations.
3. Alex Gordon P.D., Pharmacist, 20 years of experience with pharmacy operations with AllCare Pharmacies.
4. Tony Hughes, P.D., Consultant Pharmacist, 42 years of experience in long term care and consulting pharmacy services.

5. Mark Meeker P.D., Pharmacist, 34 years of experience in long term care and retail pharmacy operations and ownership.
6. Cheri Whatley P.D., Pharmacist, Director of Clinical Consulting Services, 32 years of experience in long term care and consulting pharmacy services
7. Mark McGrew, P.D., Chief Operating Officer, 32 years of experience in long term care and retail pharmacy services.
8. Jim Yarborough, P.D., Pharmacist, 43 years of experience in institutional pharmacy services.
9. Bruce Mason, P.D., Pharmacy Manager, 32 years of experience in retail and LTC pharmacy services.
10. Karen Ferren, P.D., Pharmacist, 32 years of experience, in retail and long-term care pharmacy services.
11. Kim Payne, P.D., Consultant Pharmacist, 22 years of experience in management of long-term care pharmacy.
12. Brandon Coggins, P.D., Pharmacist, Operations Manager, 6 years of experience in long term care pharmacy services in Arkansas.
13. David Burris, P.D., Pharmacist, Operations Manager, 6 years of experience in long term care pharmacy services in Arkansas.
14. Julie Payne, Consultant Pharmacist, experience in long-term care pharmacy services in Arkansas.
15. Lindsey McCrary, Pharmacist, approximately 2 years of experience in long-term care pharmacy services in Arkansas.
16. Dal Burgess, On-Site Pharmacist with HDC for over 7 years.

Other professionals.

1. Glenda Donaldson R.N., 37 years of experience with long term care services, marketing, and customer support.
2. Amber James, Billing Manager, 21 years of experience in long term care billing operations.
3. Ricky Norton, Transportation Manager, 23 years of experience in managing fleet delivery drivers.

4. Larissa Glisson, Prior Authorization Specialist, 10 years of experience in pharmacy services to institutional residents.
5. Tom Powers, Pharmacy Liaison for nursing facilities.

2.6 SCOPE OF WORK

A. Vendor shall provide pharmacy services, including accepting and filling prescriptions for residents of five (5) Human Development Centers located across the state.

Response:

AllCare acknowledges and agrees to the Scope of Work for this IFB.

Because of AllCare's history in providing pharmacy services to the Arkansas Human Development Centers, the transition involved will be minimal, and AllCare will continue to provide the requested pharmacy services to residents.

From day one of the new contract cycle, there will be zero disruption in pharmacy service if AllCare is awarded the contract. As such, the timetable for commencing full operations will be the first day of the contract. AllCare will provide orientation for new staff as necessary.

The leadership team at AllCare is available at any time to address any concerns that may arise with the pharmacy services provided. The current support team at AllCare for pharmacy services includes Percy Malone, Mark McGrew, Brandon Coggins, and David Burris.

If awarded the contract, we will work with facility management to refine and implement the gear-up and transition plan.

B. A blister pack system for unit dose delivery of medications shall be used as the method for drug dispensing for both prescription and over-the-counter medications. However, it is understood that not all medications will be able to be provided in a blister pack delivery system for a variety of reasons. The Contractor shall be expected to provide information on situations when it is anticipated that blister packs cannot be used.

Response:

AllCare acknowledges and agrees to the packaging requirements for this IFB.

AllCare understands and agrees that blister packs should be used unit dose delivery of medications. AllCare will provide information on situations when it is anticipated that blister packs cannot be used.

C. Contractor shall have the Medication Administration Record (MAR) computerized system in place and it shall be readily available and capable of providing and maintaining drug profiles on individual clients for medical staff, consulting pharmacists, and the regulatory agency. The MAR computerized system shall allow for an effective interface between the staff of various medical facilities and with the Contractor. This computerized system must be responsive to medical staff and Pharmacist needs while adhering to the regulations for protection of patient privacy, including without limitation the Health Insurance Portability and Accountability Act (HIPAA).

Response:

AllCare acknowledges and agrees to the MAR requirements of this IFB.

AllCare is a technology-based pharmacy and can interface with medical records software companies.

We are able to receive orders by fax, telephone, and electronic means (eprescribe, web portals, and it interfaces with electronic medical records systems).

AllCare's ExactMed pharmacy system maintains complete patient drug profiles and screens all new orders for patient allergies and drug interactions. AllCare has developed a FaxTrak system to receive fax communications electronically. Each fax received by AllCare is digitally stored and can be retrieved at any time. When AllCare receives a fax, the system generates a return fax to the facility to confirm that the transmission was received by the pharmacy. This software also allows the pharmacy to monitor the ordering and receipt of medications to ensure timely ordering and receipt by the facility.

As part of the service package, AllCare Pharmacy is willing to provide the Arkansas Human Development Center facilities with its proprietary software ExactMed iMAR including all updates at no additional charge. iMAR is an electronic medical records package that allows the ordering, scheduling, and administering of medications and treatments to be processed electronically. This software also allows scheduling of labs and other routine tasks. The data is all stored and retrieved in real time,

therefore facility staff can verify if tasks are completed such as medication administration.

Our proprietary system provides for routine checking of medication lists for allergies and drug interactions, including when new medications or medication changes are ordered. Our pharmacists monitor for allergies, drug interactions, and the appropriateness of dosages.

AllCare's proprietary system accesses First Data Bank which is an integrated drug disease, drug allergy, and drug interaction database. Every time a prescription is entered for a patient, the system automatically reviews each prescription for drug allergies and interactions and displays any results to the pharmacist who is reviewing the prescription. In addition, we can provide side-effect sheets for each patient's medications on new orders and on a monthly basis if needed.

As discussed in this response, AllCare's pharmacy services and its computer systems are HIPAA compliant to protect privacy.

D. Vendor shall ensure that all OTC medications supplied by Vendor shall be purchased from the wholesaler in the most economical bulk or cost-saving method available.

Response:

AllCare acknowledges and agrees to the OTC packaging requirements of this IFB.

E. The Vendor shall be responsible for the payment of state and federal taxes and Federal Insurance Contributions Act (FICA) with regards to wages received.

Response:

AllCare acknowledges and agrees to the tax payment requirements of this IFB.

AllCare will be responsible for the payment of state and federal taxes and FICA with regard to wages received.

F. The Vendor shall be responsible for all meals, lodging and any other expenses accrued during required travel.

Response:

AllCare acknowledges and agrees to the expense requirements of this IFB.

AllCare will be responsible for all meals, lodging, and other expenses accrued during required travel.

G. The Vendor shall be responsible for providing all equipment necessary to perform the pharmacy services contract as specified within this IFB.

Response:

AllCare acknowledges and agrees to the equipment requirements of this IFB.

AllCare will be responsible for pharmacy services equipment as specified within this IFB.

H. The Vendor must maintain good interpersonal skills and professional business appearance.

Response:

AllCare acknowledges the interpersonal skills and professional business appearance requirements of this IFB and affirmatively states that it will comply.

AllCare maintains the highest professional standards and interpersonal skills for its staff, including requiring its staff to maintain professional business appearance.

I. The Vendor shall maintain reliable transportation, to include insurance, for the beneficial and expeditious provision of pharmacy service and delivery.

Response:

AllCare acknowledges and agrees to the transportation requirements of this IFB.

AllCare maintains a fleet of delivery vehicles that are insured for the delivery of pharmacy services to its clients.

J. The Vendor must have knowledge and experience in Federal and State regulations for pharmacies (i.e. Office of Long-Term Care, Medicaid, Medicare). The Vendor must have the appropriate credentials that apply to their profession.

Response:

AllCare acknowledges and agrees to the knowledge and credential requirements of this IFB.

AllCare has knowledge and experience in federal and state regulations for pharmacies, including Office of Long-Term Care, Medicaid, and Medicare. AllCare has the appropriate credentials that apply to the pharmacy profession.

K. Due to the critical and sensitive nature of the work at the HDCs, the successful Vendor and any/all subcontractors must undergo a criminal history background checks prior to implementation of the contract.

Response:

AllCare will comply with the requirements for a criminal history background check prior to implementation of the contract.

2.7 ORDERING AND DELIVERY

A. The Vendor must be able to monitor the ordering and receiving of medications to ensure they are ordered and received from the pharmacy accurately and timely.

Response:

AllCare acknowledges and agrees to the requirements of this this IFB.

AllCare has the ability to monitor the ordering and receiving of medications to ensure they are ordered and received from the pharmacy accurately and timely.

B. Pharmacy services must be available twenty-four (24) hours per day, seven (7) days per week for urgent and emergency medication orders. This shall include back-up plans for urgent/emergency drug delivery in the event of (for example) hazardous road conditions or after hours' drug delivery.

Response:

AllCare acknowledges and agrees to the requirements of this IFB.

AllCare's pharmacy services are available 24 hours per day, seven days per week for urgent and emergency medication orders. AllCare has plans for urgent and

emergency drug delivery in the event of hazardous road conditions or after hours' delivery.

C. Non-cycle refill requests in the mornings shall be delivered that same day.

Response:

AllCare acknowledges and agrees to the requirements of this IFB.

D. New orders shall be delivered on the same day as ordered. These orders must be delivered as soon as possible on the order's next scheduled med pass.

Response:

AllCare acknowledges and agrees to the requirements of this IFB.

E. To accommodate non-cycle refills, new orders and the current HDC nursing schedules, the first daily delivery must occur not later than 2:00 p.m. CT.

Response:

AllCare acknowledges and agrees to the requirements of this IFB.

F. Late morning and afternoon new orders or refill requests that are needed that day shall be delivered in an evening delivery that meets Long Term Care (LTC) guidelines for a next med pass start, no later than 7:30 p.m. CT, to accommodate med pass schedules.

Response:

AllCare acknowledges and agrees to the requirements of this IFB.

G. The Vendor must have the ability to provide for stat or now orders in a manner that meets Long Term Care (LTC) guidelines, twenty-four (24) hours daily, seven (7) days a week.

Response:

AllCare acknowledges and agrees to the requirements of this IFB.

AllCare has the ability to provide for stat or now orders in a manner that meets Long Term Care guidelines, 24 hours a day, seven days a week.

H. The Vendor must provide routine checking of medication lists for allergies or drug interactions, especially when new medications or medication changes are ordered.

Response:

AllCare acknowledges and agrees to the requirements of this IFB.

2.8 PHARMACIST RESPONSIBILITIES

A. The Vendor must provide a partial or full support on-site Pharmacist, in accordance with the needs of each HDC. The Pharmacist is required at a minimum of the following:

Human Development Center (HDC) Minimum Hours	
Arkadelphia	Eight (8) hours per month.
Booneville	Eight (8) hours per month.
Conway	Forty (40) hours per week.
Jonesboro	Eight (8) hours per month.
Southeast Arkansas (Warren)	Eight (8) hours per quarter.

Response:

AllCare acknowledges and agrees to the requirements of this IFB.

B. The Pharmacist shall act as liaison between the facility, its nursing staff, and the pharmacy service.

Response:

AllCare acknowledges and agrees to the requirements of this IFB.

C. The Pharmacist shall be responsible for monitoring the ordering and receiving of medications to ensure they are ordered in a timely schedule and are received from the pharmacy accurately and timely.

Response:

AllCare acknowledges and agrees to the requirements of this IFB.

D. The Pharmacist shall provide miscellaneous services such as working with nursing services regarding nursing needs in drug distribution.

Response:

AllCare acknowledges and agrees to the requirements of this IFB.

E. The Pharmacist shall preform required duties such as annual staffing reports, drug destruction, and control drug returns.

Response:

AllCare acknowledges and agrees to the requirements of this IFB.

F. The Pharmacist shall work with a Consultant Pharmacist in educating the nursing staff. Specific requirements include but are not limited to the following:

- 1. Directing the daily operation of the drug delivery system and monitor the ordering, receiving, and accuracy of delivery of all medications.**
- 2. Monitoring the proper storage of medications.**
- 3. Reviewing all pharmacy charges to the facility.**
- 4. Attending meetings with facility administrative staff, in an effort, to find ways to keep pharmacy costs as low as possible.**
- 5. Making recommendations for changing drug therapy to medications that may be billed to other payer sources or change to the lowest cost products with the same therapeutic effectiveness.**
- 6. Assisting the nursing staff with pharmacy questions, assistance with order entry, and questions of drug compatibility.**
- 7. Monitoring for the proper utilization of medications. Develop a report and provide it to the Director of Nursing and consultant Pharmacist.**

8. Coordinating with nursing staff and the attending physicians to obtain medication orders and changes in orders to comply with the established facility formulary and perform follow-up to ensure the order change was appropriately transcribed to the orders and Medication Administration Record (MAR).

9. Assisting nursing staff on transcribing medication orders into the computer or creation of the computer printed orders and MAR

10. Providing a method of medication management for client visits to home.

Response:

AllCare acknowledges and agrees to the requirements of this IFB.

G. The Pharmacy Service Contractor shall be available to assist the Consultant Pharmacist as needed.

Response:

AllCare will comply with these requirements and will assist the Consultant Pharmacist as needed.

H. The on-site Pharmacist must have immediate access to the out-sourcing pharmacy's actual dispensing system with the ability to look up client drug histories, drug reports, dispensing records, etc.

Response:

AllCare acknowledges and agrees to the requirements of this IFB.

2.9 RECORD RETENTION

A. The Vendor shall be required to maintain all pertinent financial and accounting records and evidence pertaining to the contract in accordance with generally accepted principles of accounting and specified by the State of Arkansas Law. Vendor shall grant access to records immediately to State or Federal Government entities or any of their duly authorized representatives upon request by such entities.

B. Vendor shall make available all financial and accounting records, upon request, to the State of Arkansas or its 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.

Response:

AllCare acknowledges and agrees to the requirements of this IFB.

2.10 DATA SECURITY

A. The Vendor shall be responsible for maintaining a database within a Vendor-provided secure environment. All data in the database shall belong to DHS/DDS and is to be maintained in accordance with industry standard and the state's data security and data privacy requirements, including without limitation HIPAA.

Response:

AllCare acknowledges and agrees to the requirements of this IFB.

B. The Vendor shall be responsible for purchasing any computer hardware and software (approved by DHS/DDS) that will be used for data collection and reporting.

Response:

AllCare acknowledges and agrees to the requirements of this IFB.

C. All data must be encrypted with 256-Bit SSL or higher encryption before transmission and must comply with all laws regarding computing.

Response:

AllCare acknowledges and agrees to the requirements of this IFB.

D. DDS currently uses Worx, a Mediware product, as its electronic pharmacy system. The current version/update used by Arkansas State Hospital (ASH) is Worx 2003 R3. The State also currently uses Omnicell drug dispensing cabinets, as well as MediMar, a module of the pharmacy system that provides the electronic MAR and bar code scanning.

Response:

AllCare acknowledges the requirements of this IFB. AllCare's systems will interface with Worx and other products.

2.11 DIVISION'S RESPONSIBILITY

A. DDS shall provide a Pharmacy Consultant, who shall be independent of the Pharmacy Service contract, to perform regular reviews of client medication lists. A primary objective will be to ensure that systems are in place to determine efficacy and toxicity of behavioral medications. Also, the consultant shall review policies and procedures as needed.

Response:

AllCare acknowledges the requirements of this IFB.

B. The HDCs shall have a Pharmacy and Therapeutic committee which will be responsible for formulary management, facilities policies, and procedures affecting facility-specific pharmacy services, medication error review, adverse drug reaction review, and other pharmacy, nursing and physician related issues of drug therapy. The Pharmacy Service Contractor shall be responsive to this committee and, if unavailable, be willing to provide a liaison to respond to the committee.

Response:

AllCare will be responsive to the Pharmacy and Therapeutic Committee for the HDC and is willing to provide a liaison to respond to the committee.

C. The HDC's shall allow the Vendor to have full access to the HDC's client medical records for purposes of delivery and monitoring of medications.

Response:

AllCare acknowledges that if awarded the contract, it will have access to client medical records for purposes of delivery and monitoring of medications.

2.12 PERFORMANCE STANDARDS

A. State law requires that all contracts for services include Performance Standards for measuring the overall quality of services provided. Attachment C: Performance-Based Contracting identifies expected deliverables, performance measures, or outcomes; and defines the acceptable standards a vendor must meet to avoid assessment of damages.

B. The State may be open to negotiations of Performance Standards prior to contract award, prior to the commencement of services, or at times throughout the contract duration.

C. The State shall have the right to modify, add, or delete Performance Standards throughout the term of the contract, should the State determine it is in its best interest to do so. Any changes or additions to performance standards will be made in good faith following acceptable industry standards and may include the input of the vendor so as to establish standards that are reasonably achievable.

D. All changes made to the Performance Standards shall become an official part of the contract.

E. Performance Standards shall continue throughout the term of the contract.

F. Failure to meet the minimum Performance Standards as specified may result in the assessment of damages or termination of the contract.

G. In the event a Performance Standard is not met, the vendor will have the opportunity to defend, respond to, or cure to as determined by the State, the insufficiency. The State may waive damages if it determines there were extenuating factors beyond the control of the vendor that hindered the performance of services or it is in the best interest of the State. In these instances, the State shall have final determination of the performance acceptability.

Should any compensation be owed to the agency due to the assessment of damages, vendor shall follow the direction of the agency regarding the required compensation process.

Response:

AllCare will comply with the performance standards and the requirements of the Performance-Based Contracting attachment (Attachment C).

AllCare's response to how it will deliver each of the required services and meet the performance standards is set out in this response document.

AllCare will work with the State as necessary if it is awarded the contract.

AllCare agrees that it will be bound by the agreed performance standards if it is awarded the contract.

Elizabeth Browning
Senior Vice President
Bond Department Manager

May 13, 2019

Arkansas Department of Human Services
Attn: Office of Procurement
700 Main Street, Slot W345
Little Rock, AR. 72201

RE: DHS Bid #710-19-1042 Pharmacy Services

To Whom It May Concern;

It is the privilege of Travelers Casualty and Surety Company of America ("Travelers") to provide surety bonds for Pharmacy Care of Arkansas, LLC. We have considered bonds in the range of \$1,000,000.

Pharmacy Care of Arkansas is bondable, meeting the IFB requirements, and we are prepared to issue a bond for 100% of the contract value if awarded, subject to our standard underwriting at the time of the final performance bond request, which will include but not be limited to the acceptability of the contract documents, terms, and bond form. We assume no liability to third parties or to you for any reason we do not execute said bonds.

If you have any questions or need any additional information, please do not hesitate to contact me at 501-377-8442.

Sincerely,



Elizabeth Browning
Attorney-in-Fact
Travelers Casualty and Surety Company of America

Senior Vice President
Bond Department Manager
Stephens Insurance, LLC

EXHIBIT 1



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/28/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Stephens Insurance, LLC PO Box 3507 Little Rock AR 72203-3507		CONTACT NAME: Sue S Rhodes CIC CISR PHONE (A/C, No, Ext): (800) 852-5053 E-MAIL ADDRESS: sue.rhodes@stephens.com FAX (A/C, No):	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Columbia Casualty Company	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
		NAIC # 31127	

COVERAGES **CERTIFICATE NUMBER:** CL1892828365 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			HMA6072862442 PL/GL	10/01/2018	10/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Employee Benefit Liability \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$			HMC6072862456 UMBR	10/01/2018	10/01/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Pharmacy Professional Liability - Claims-made / 10-1-18 RD			HMA6072862442 PL	10/01/2018	10/01/2019	Each Claim Limit 1,000,000 Aggregate Limit 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Pharmacy Locations Schedule attached.

CERTIFICATE HOLDER To Whom It May Concern	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

Additional Named Insureds

Other Named Insureds

Allcare Correctional LLC	Limited Liability Company, Additional Named Insured
Allcare Express Pharmacy at Pine Bluff LLC	Limited Liability Company, Additional Named Insured
Allcare Specialty Pharmacy LLC	Limited Liability Company, Additional Named Insured
Clinical Concepts LLC	Limited Liability Company, Additional Named Insured
Pharmacy Care of AR, LLC	Limited Liability Company, Additional Named Insured
PWYW Management, Inc.	Corporation, Additional Named Insured
WPM Community Holdings, Inc.	Corporation, Additional Named Insured
WPM Community Landholdings, Inc.	Corporation, Additional Named Insured
WPM Community Pharmacies, LLC	Limited Liability Company, Additional Named Insured

W P Malone, Inc. Et al
10-1-18/19 Pharmacy Locations

Loc #	Address 1	City	State	Zip	Name
1	518 Clay St.	Arkadelphia	AR	71923	Clinical Concepts; WPMI
2	624 Clay St.	Arkadelphia	AR	71923	Allcare Correctional
3	3006 W. 28th Ave.	Pine Bluff	AR	71603	Allcare Express Pharmacy of PB
4	1430 W. 1st St. N	Prescott	AR	71857	Allcare Pharmacy - WPM CP
5	400 S. College	Mountain Home	AR	72653	Allcare Pharmacy - WPM CP
6	107 E. North St.	Magnolia	AR	71753	Allcare Pharmacy - WPM CP
7	3002 W. Pine St.	Arkadelphia	AR	71923	Allcare Pharmacy - WPM CP
8	1112 Windover Rd.	Jonesboro	AR	72401	Allcare Pharmacy - WPM CP
9	113 East St.	Texarkana	AR	71854	Allcare Pharmacy - WPM CP
10	329 Highway 463S	Trumann	AR	72472	Allcare Pharmacy - WPM CP
11	309 E. 8th St.	Danville	AR	72833	Allcare Pharmacy - WPM CP
12	600 W Main St.	Heber Springs	AR	72543	Allcare Pharmacy - WPM CP
13	216 S 13th St., #A	Rogers	AR	72758	Allcare Pharmacy - WPM CP
14	714 North West Ave.	Eldorado	AR	71730	Allcare Pharmacy - WPM CP
15	508 E Walnut	Paris	AR	72855	Allcare Pharmacy - WPM CP
16	717 S Main St.	Hope	AR	71801	Allcare Pharmacy - WPM CP
17	201 N Elm St.	Gurdon	AR	71743	Allcare Pharmacy - WPM CP
18	10620 Col Glenn Rd, #300	Little Rock	AR	72204	Allcare Specialty Pharmacy
19	515 Main St.	Arkadelphia	AR	71923	Pharmacy Care of AR
20	216 S. 13th St., #B	Rogers	AR	72758	Pharmacy Care of AR
21	10620 Col Glenn Rd,	Little Rock	AR	72204	Pharmacy Care of AR
22	3409 Wheeler Ave.	Ft Smith	AR	72902	Pharmacy Care of AR
23	521 Main St.	Arkadelphia	AR	71923	Pharmacy Care of AR
24	105 Sawtooth Oak St.	Hot Springs	AR	71901	Allcare Pharmacy - WPM CP