



**STATE OF TENNESSEE
TENNESSEE STATE VETERANS' HOMES BOARD**

**REQUEST FOR INFORMATION
FOR
PROVISION OF PHARMACY SERVICES**

**RFI # 32399-01216-EO
DECEMBER 28, 2015**

1. STATEMENT OF PURPOSE:

The State of Tennessee, TENNESSEE STATE VETERANS' HOMES BOARD ("TSVHB") issues this Request for Information ("RFI") for the purpose of gathering information regarding the current industry standards and best practices / marketplace for the provision of pharmacy services at the long-term care facilities operated by the TSVHB. We appreciate your input and participation in this process.

2. BACKGROUND:

The Tennessee State Veterans' Homes Board is seeking information to assist in the development of a RFP for the provision of pharmacy services at the long-term care facilities operated by the TSVHB. The primary purpose of these facilities is to provide support and care for honorably discharged veterans who served in the United States armed forces, their spouses, and gold star parents. The TSVHB currently operates three 140 bed long-term care facilities. These facilities are located at 345 Compton Road in Murfreesboro, Tennessee; 2865 Main Street in Humboldt, Tennessee; and One Veterans Way in Knoxville, Tennessee. The TSVHB also operates a fourth facility with 108 beds, located at 250 Arrowood Drive in Clarksville, Tennessee. In addition, plans are underway for the construction of future facilities in Bradley County and Shelby County.

3. COMMUNICATIONS:

3.1. Please submit your response to this RFI to:

Pamela Hayden-Wood, Director of Risk Management
Tennessee State Veterans' Homes Board Executive Office
345 Compton Road, Murfreesboro, TN 37130
P.O. Box 11328, Murfreesboro, TN 37129
Telephone Number (615) 225-1804
Facsimile Number (615) 898-1619
phayden-wood@tsvh.org

- 3.2. Please feel free to contact the TENNESSEE STATE VETERANS' HOMES BOARD with any questions regarding this RFI. The main point of contact will be:

Pamela Hayden-Wood, Director of Risk Management
 Tennessee State Veterans' Homes Board Executive Office
 345 Compton Road, Murfreesboro, TN 37130
 P.O. Box 11328, Murfreesboro, TN 37129
 Telephone Number (615) 225-1804
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- 3.3. Please reference RFI # 32399-01216-EO with all communications to this RFI.

4. RFI SCHEDULE OF EVENTS:

EVENT		TIME (Central Time Zone)	DATE (all dates are State business days)
1.	RFI Issued		December 28, 2015
2.	Written Questions (to be submitted to the RFI Coordinator via e-mail)	2:00 p.m.	January 4, 2016
3.	State Responds to Written Questions		January 11, 2016
4.	RFI Response Deadline via e-mail	2:00 p.m.	January 19, 2016
5.	Tentative Vendor Demos		January 25-28, 2016

5. GENERAL INFORMATION:

- 5.1. Please note that responding to this RFI is not a prerequisite for responding to any future solicitations related to this project and a response to this RFI will not create any contract rights. Responses to this RFI will become property of the State.
- 5.2. The information gathered during this RFI is part of an ongoing procurement. In order to prevent an unfair advantage among potential respondents, the RFI responses will not be available until after the completion of evaluation of any responses, proposals, or bids resulting from a Request for Qualifications, Request for Proposals, Invitation to Bid or other procurement method. In the event that the state chooses not to go further in the procurement process and responses are never evaluated, the responses to the procurement including the responses to the RFI, will be considered confidential by the State.
- 5.3. The State will not pay for any costs associated with responding to this RFI.

6. INFORMATIONAL FORMS:

The State is requesting the following information from all interested parties. Please fill out the following forms:

RFI #32399-01216-EX	
TECHNICAL INFORMATIONAL FORM	
1.	RESPONDENT LEGAL ENTITY NAME:
2.	RESPONDENT CONTACT PERSON: Name, Title: Address: Phone Number: Email:
3.	BRIEF DESCRIPTION OF EXPERIENCE PROVIDING PHARMACY SERVICES IN LONG-TERM CARE FACILITIES
4.	DESCRIPTION OF SPECIFIC SERVICES OR FUNCTIONS YOU WOULD PROVIDE, INCLUDING INTERFACING WITH POINTCLICKCARE EMR.

COST INFORMATIONAL FORM	
1.	Describe what pricing units you typically utilize for similar services or goods (e.g., per hour, each, etc.):
2.	Describe the typical price range for similar services or goods

ADDITIONAL CONSIDERATIONS	
1.	Please provide input on alternative approaches or additional things to consider that might benefit the State: