



VENDOR REFERENCE VERIFICATION FORM

GEN2120541P1 – In-House Pharmacy Management Services				
Reference For (hereinafter, "Vendor"):	Advanced Pharmaceutical Consultants, Inc.			
Reference Date:	June 25, 2021			
Organization/Firm Providing Reference:	Acadia Healthcare Company Inc.			
Contact Name:	Lee Dubois			
Contract Title:	VP, Procurement			
Contact Email:	Lee.Dubois@acadiahealthcare.com			
Contact Phone:	(615) 821-1237			
Name of Referenced Project:	Pharmacy Management Services and Consulting			
Contract Number:				
Date Range of Services Provide:	Start Date: > 5 years	End Date:		
Project Amount:	>\$10,000,000 a year			
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed)				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed)				
Pharmacy Management Services and Consulting for over 50 behavioral healthcare facilities in the US				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<small>All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to Section 21.119 of the Broward County Procurement Code.</small>				
THE SECTION BELOW IS FOR COUNTY USE ONLY				
Verified via:	<input checked="" type="checkbox"/> Email	Verified by: Omeed Rackal	Division:	Broward Addiction Recovery D
	<input type="checkbox"/> Verbal		Date:	7/19/2021



VENDOR REFERENCE VERIFICATION FORM

GEN2120541P1 – In-House Pharmacy Management Services				
Reference For (hereinafter, "Vendor"):	Advanced Pharmaceutical Consultants, Inc.			
Reference Date:	June 25, 2021			
Organization/Firm Providing Reference:	Clarity Child Guidance Center			
Contact Name:	Jessica Knudsen			
Contract Title:	CEO			
Contact Email:	Jessica.knudsen@claritycgc.org			
Contact Phone:	210-582-6417			
Name of Referenced Project:	Pharmacy Services Management Agreement			
Contract Number:	None			
Date Range of Services Provide:	Start Date: December 2020	End Date: December 2021		
Project Amount:	\$275,940			
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed)				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed)				
Pharmacy Management Services - In House				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Verified via: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Verbal	Verified by: Omeed Rackal	Division: Broward Addiction Recovery D	Date: 7/20/2021	



VENDOR REFERENCE VERIFICATION FORM

GEN2120541P1 – In-House Pharmacy Management Services				
Reference For (hereinafter, "Vendor"):	Advanced Pharmaceutical Consultants, Inc.			
Reference Date:	June 25, 2021			
Organization/Firm Providing Reference:	Orange County Health Department			
Contact Name:	Brunilda Vega, MPA, FCCM			
Contract Title:	GOC II-Contract Manager			
Contact Email:	Brunilda.Vega@flhealth.gov			
Contact Phone:	407-888-1281			
Name of Referenced Project:	PHARMACIST/PHARMACY MANAGEMENT SERVICES			
Contract Number:	RFP DOH09-066			
Date Range of Services Provide:	Start Date: 2-2010	End Date: 1-2021		
Project Amount:	\$292,228			
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed)				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed)				
Pharmacist/Pharmacy Management Services- Onsite Retail Services, 340b, and clinic pharmacy services unde				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/> Verbal		Date: 7/19/2021	

Services OE Contract: R1012809R1 - In-House Pharmacy Management Services

Prime Vendor: ADVANCED PHARMACEUTICAL CONSULTANTS INC

DCA: SIMONE KNIGHT

Renewal Service Evaluation - Status: Approved

Evaluation Rated By Using Agency: **BROWARD ADDICTION RECOVERY CENTER**

Start Dt: **7/26/2019** End Dt: **7/31/2019**

Evaluation Score: **4.88**

ADVANCED PHARMACEUTICAL CONSULTANTS INC Is RECOMMENDED For Future Contracts

Remarks: **Recommend continued use of supplier**

Rated By: **Mary Hargro** On **7/26/2019**

Reviewed By: **Sonia Lovett** On **7/31/2019**

Numerical Score : 4.88

Quality		Category Average: 5
How well did the vendor's services meet the contract specifications?		5
How accurate and timely were any necessary repairs or reconfigurations?		5
How appropriate were vendor recommended repairs or upgrades?		5
How accurate were vendor reports of services provided?		5
How proactive was vendor in self-monitoring to ensure required service quality was met?		5
How well did vendor pass inspections of services on the first inspection?		5
How complete and timely did the vendor submit warranties, manuals, etc.?		5
How qualified and knowledgeable were the vendor's staff in the performance of the specified work?		5
How would you rate the overall quality of work?		5
Comments:		
Quantity		Category Average: 5
How accurate were the estimated service hours to the actual hours of service provided?		5
How accurate were estimated services to those actually needed to complete the project?		5
Comments:		
Delivery		Category Average: 5
How well did the vendor comply with the contract requirements for delivery and/or scheduling for completion of services?		5
How timely was the vendor's response to replacing damaged goods?		5
How timely was the vendor in requesting inspections or submittal of completion reports?		5
How responsive was the vendor to correcting inspection failures?		5
How clear and understandable were vendor invoices and reports?		5
How accurate were vendor invoices?		5
How prompt and responsive was the vendor when sending invoices and resolving any invoice discrepancies?		5

How complete and accurate was documentation of pass thru for invoices?	5
How accurate were close out procedures followed (e.g. documents provided at closeout - packing slips, invoices, technical manuals, etc.) ?	5
Comments:	
Customer Service	Category Average: 4.33
How promptly were County staff's communications responded to, including requests for information, proposals, and quotes?	5
How proactive was the vendor in addressing County staff's problems or concerns regarding the service?	4
How courteous/professional was the vendor in working with the County, sub-vendors, County tenants/customers?	4
How sensitive/responsive was the vendor to working around County operational needs?	4
How consistent and clear were the vendor communications with County staff?	4
How responsive and timely was the vendor in providing emergency services and/or support?	5
Comments:	
Support	Category Average: 5
How close was the level of vendor technical expertise to what was needed to support the service?	5
How timely was the vendor response compared to the contract requirements?	5
How clear was the vendor information regarding the warranty or replacement policy?	5
How well did the vendor respond to warranty service requests?	5
How timely were repairs completed?	5
How well did the vendor coordinate any sub vendors?	5
Comments:	
Living Wage Compliance	Category Average: N/A
How prominent was the Living Wage rate provision poster displayed in workplace?	N/A
How timely was the vendor in providing the three language statement with each covered employee in the first paycheck or direct deposit slip and every six months thereafter in accordance with the Living Wage Ordinance?	N/A
How timely and complete were the required compliance payroll reports submitted?	N/A
How proactive was the vendor in ensuring Living Wage compliance, including inserting into subcontracts, by any subcontractor with the Living Wage Ordinance as it applies to the subcontract?	N/A
If applicable, how cooperative was the vendor in responding to and resolving any employee complaints regarding alleged violations of Living Wage contract requirements?	N/A
Comments:	

Services OE Contract: R1012809R1 - In-House Pharmacy Management Services

Prime Vendor: ADVANCED PHARMACEUTICAL CONSULTANTS INC

DCA: SIMONE KNIGHT

Renewal Service Evaluation - Status: Approved

Evaluation Rated By Using Agency: **BROWARD ADDICTION RECOVERY CENTER**

Start Dt: 11/12/2000 End Dt: 10/31/2015

Evaluation Score: **4.97**

ADVANCED PHARMACEUTICAL CONSULTANTS INC Is RECOMMENDED For Future Contracts

Remarks:

Rated By: **Mary Ann Merola** On 10/19/2015

Reviewed By: **Polly Cacurak** On 10/19/2015

Numerical Score : 4.97

Quality		Category Average: 5
How close did the vendor conform with specifications, drawings and other requirements?		5
How accurate and timely were any necessary repairs or reconfigurations?		5
How appropriate were any vendor recommended repairs or upgrades?		5
How efficient and timely was the applicable training completed?		5
How complete and timely did the vendor submit warranties, manuals, etc.?		5
How well did the vendor performance meet agreement expectations?		5
Comments:		
Quantity		Category Average: 5
How accurate were the estimated service hours to the actual hours of service provided?		5
How accurate were estimated services to those actually needed to complete the project?		5
Comments:		
Delivery		Category Average: 5
How timely was the complete order received, based on industry standards?		5
How proactive was the vendor response to replacing damaged goods?		5
how cooperative was the vendor in appearing at a satisfactory time?		5
How accurate were the prices quoted to the invoiced price?		5
How well did the vendor manage delivery of the service?		5
How accurate were the documents provided at closeout, e.g. packing slips, invoices, technical manuals, etc. regarding the correct material codes and purchase order numbers?		5
How accurately were close-out procedures followed?		N/A
Comments:		
Customer Service		Category Average: 5
How knowledgeable was the vendor regarding the requested service?		5
How timely were requests for information, proposals and quotes answered?		5

How prompt were County staff communications returned or responded to?	5
How proactive was the vendor in addressing County staff problems or concerns regarding the service?	5
How courteous/professional was the vendor in dealing with the County, Sub-vendors and/or County Tenants/Customers?	5
How sensitive/responsive was the vendor to working around County operational needs?	5
How consistent and clear were the vendor communications with County staff?	5

Comments:

Support Category Average: 5

How close was the level of vendor technical expertise to what was needed to support the service?	5
How appropriate was the contact information provided by the vendor for questions?	5
How well did the vendor respond to additional questions regarding the service?	5
How timely was the vendor response compared to the contract requirements?	5
How clear was the vendor information regarding the warranty or replacement policy?	N/A
How well did the vendor respond to warranty service requests?	N/A
How timely were repairs completed?	5
How well did the vendor coordinate any sub vendors?	N/A
How responsive and competent were vendor representatives?	5

Comments:

Emergency Procurement Category Average: 4.8

How responsive was the vendor to providing after hours contact information?	5
How clear was the vendor regarding the local services available in the event of an emergency?	4
How proactive was the vendor in providing emergency support for repair or replacement of a failed or unusable commodity?	5
How accessible was the vendor before, during and after the emergency?	N/A
How willing was the vendor to provide support services?	5
How cooperative was the vendor in demonstrating extra effort to meet County staff requirements in the emergency?	5

Comments:

Living Wage Compliance Category Average: N/A

How prominent was the Living Wage rate provision poster displayed in workplace?	N/A
How timely was the vendor in providing the three language statement with each covered employee in the first paycheck or direct deposit slip and every six months thereafter in accordance with the Living Wage Ordinance?	N/A
How complete overall were the vendor's payroll records of the covered employees over the required three year period?	N/A
How timely and complete were the required compliance payroll reports submitted?	N/A
How proactive was the vendor regarding inserting into any subcontracts the applicable clauses as required by the Living Wage Ordinance?	N/A
How proactive was the vendor in ensuring the compliance by any subcontractor with the Living Wage Ordinance as it applies to the subcontract?	N/A

If applicable, how cooperative was the vendor in responding to and resolving any employee complaints regarding alleged violations of Living Wage contract requirements?

N/A

Comments:

Services OE Contract: R1012809R1 - In-House Pharmacy Management Services

Prime Vendor: ADVANCED PHARMACEUTICAL CONSULTANTS INC

DCA: SIMONE KNIGHT

Periodic Service Evaluation - Status: Approved

Evaluation Rated By Using Agency: **BROWARD ADDICTION RECOVERY CENTER**

Start Dt: **11/1/2015** End Dt: **7/11/2017**

Evaluation Score: **3.90**

ADVANCED PHARMACEUTICAL CONSULTANTS INC Is RECOMMENDED For Future Contracts

Remarks:

Rated By: **Christina Boggs** On **7/11/2017**

Reviewed By: **Polly Cacurak** On **7/11/2017**

Numerical Score : 3.92

Quality		Category Average: 3.86
How well did the vendor's services meet the contract specifications?		4
How accurate and timely were any necessary repairs or reconfigurations?		4
How appropriate were vendor recommended repairs or upgrades?		N/A
How accurate were vendor reports of services provided?		4
How proactive was vendor in self-monitoring to ensure required service quality was met?		3
How well did vendor pass inspections of services on the first inspection?		4
How complete and timely did the vendor submit warranties, manuals, etc.?		N/A
How qualified and knowledgeable were the vendor's staff in the performance of the specified work?		4
How would you rate the overall quality of work?		4
Comments:		
Quantity		Category Average: 3
How accurate were the estimated service hours to the actual hours of service provided?		3
How accurate were estimated services to those actually needed to complete the project?		3
Comments:		
Delivery		Category Average: 4.12
How well did the vendor comply with the contract requirements for delivery and/or scheduling for completion of services?		4
How timely was the vendor's response to replacing damaged goods?		N/A
How timely was the vendor in requesting inspections or submittal of completion reports?		4
How responsive was the vendor to correcting inspection failures?		4
How clear and understandable were vendor invoices and reports?		4
How accurate were vendor invoices?		5
How prompt and responsive was the vendor when sending invoices and resolving any invoice discrepancies?		4

How complete and accurate was documentation of pass thru for invoices?	4
How accurate were close out procedures followed (e.g. documents provided at closeout - packing slips, invoices, technical manuals, etc.) ?	4
Comments:	
Customer Service Category Average: 4	
How promptly were County staff's communications responded to, including requests for information, proposals, and quotes?	4
How proactive was the vendor in addressing County staff's problems or concerns regarding the service?	4
How courteous/professional was the vendor in working with the County, sub-vendors, County tenants/customers?	4
How sensitive/responsive was the vendor to working around County operational needs?	4
How consistent and clear were the vendor communications with County staff?	4
How responsive and timely was the vendor in providing emergency services and/or support?	4
Comments:	
Support Category Average: 4	
How close was the level of vendor technical expertise to what was needed to support the service?	4
How timely was the vendor response compared to the contract requirements?	4
How clear was the vendor information regarding the warranty or replacement policy?	N/A
How well did the vendor respond to warranty service requests?	N/A
How timely were repairs completed?	N/A
How well did the vendor coordinate any sub vendors?	4
Comments:	
Living Wage Compliance Category Average: N/A	
How prominent was the Living Wage rate provision poster displayed in workplace?	N/A
How timely was the vendor in providing the three language statement with each covered employee in the first paycheck or direct deposit slip and every six months thereafter in accordance with the Living Wage Ordinance?	N/A
How timely and complete were the required compliance payroll reports submitted?	N/A
How proactive was the vendor in ensuring Living Wage compliance, including inserting into subcontracts, by any subcontractor with the Living Wage Ordinance as it applies to the subcontract?	N/A
If applicable, how cooperative was the vendor in responding to and resolving any employee complaints regarding alleged violations of Living Wage contract requirements?	N/A
Comments:	