



**STATE OF ARKANSAS**  
**OFFICE OF STATE PROCUREMENT**  
 1509 West 7th Street, Room 300  
 Little Rock, Arkansas 72201-4222

## ADDENDUM 1

TO: Vendors Addressed  
 FROM: Jaime Motley, Buyer  
 DATE: March 15, 2016  
 SUBJECT: SP-16-0091 AJATC Juvenile Facility Management Services

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

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

### BID OPENING DATE AND TIME

- Bid opening date and time shall remain unchanged.

### ADDITIONAL SPECIFICATIONS

- Add the following to Section 2.1 Introduction:

\*Note: For the purposes of this RFP, DYS **shall** use the estimated number of residential beds as 100 and 20 medical/intake beds, totaling 120 beds. This estimate is inclusive of all juveniles housed on site.

- Add the following to Section 8.2 Emergency Medical Invoices

C. The vendor **shall not** be reimbursed for any medical services except in accordance with the medical services provider or emergency clause.

### CHANGE OF SPECIFICATIONS

- Delete 6.15 (A) and replace with the following:

A. The vendor **shall** allow unimpeded access to the DYS contracted medical service provider for all juveniles, as well as act as a first responder in urgent and emergency situations

- Delete 6.15 (D) and replace with the following:

D. The vendor shall obtain referrals from the medical services provider for any medical off-site services.

- Delete 6.15 (E) and replace with the following:

E. The vendor **shall** collaborate with the DYS contracted Medical Services provider to develop medical protocols to ensure immediate and adequate medical services.

- Delete 8.2 (A) and replace with the following:

A. The vendor shall obtain all supporting documentation for any off-site medical services rendered which shall accompany respective invoices submitted for reimbursement.

- Delete 8.2 (A) and replace with the following:

B. The vendor **shall** submit the following to DYS Accounts Payable, via mail, on or before the tenth (10th) day of the month following the month in which off-site medical services were paid by the vendor.

#### REPLACEMENT PRICE SHEET

- Delete the Official Price Sheet and replace with the Revised Official Price Sheet dated 6/16/2014.

#### ADDITIONAL DOCUMENTS

- Add Attachment C – Facility Presentation.
- Add Attachment D – Facility Inventory

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

If you have any questions please contact Jaime Motley at [Jaime.Motley@dfa.arkansas.gov](mailto:Jaime.Motley@dfa.arkansas.gov) or (501) 371-6070.

Company: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_