

State of Arkansas  
DEPARTMENT OF HUMAN SERVICES  
700 South Main Street  
P.O. Box 1437 / Slot W345  
Little Rock, AR 72203  
501-682-6327

**ADDENDUM 2**

**DATE:** May 9, 2017

**SUBJECT:** IFB 0710-17-1001

Medicaid Beneficiary Relations and Non-Emergency Transportation (NET) Administration

The following change(s) to the above referenced Invitation for Bid for DHS has been made as designated below:

\_\_\_\_\_ Additional specification(s)  
\_\_\_\_\_ Change of bid opening date and time  
\_\_\_\_\_ Cancellation of bid  
\_\_\_\_\_X\_\_\_\_\_ Other--Clarification

**BID OPENING DATE AND TIME**

Bid opening date and time **will remain the same**, May 16, 2017 at 11:00 A.M., CST.

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Page 5, section 1.10, "B"

States: A justification of prices quoted should be attached to the Official Bid Price Sheet.

**Clarification**

This narrative will require a separate breakdown of total costs associated with each of the listed areas of this bid. As stated in Attachment D, Performance Indicator (PI) O will be phased out upon the transition to managed Dental Care. At transition completion, the Dental portion of the ConnectCare PI's will terminate, ***as will the budget portion associated with providing those services.***

Listing of Required Services:

Statewide administration of the Arkansas Beneficiary Relations.

Statewide administration of Non-Emergency Transportation (NET) Administration

Statewide administration of ConnectCare services, both Primary Care Physician and Dental Coordinated Care

All other areas of work required in the Scope of Work.

The specifications by virtue of this addendum become a permanent addition to the above referenced Invitation for Bid. FAILURE TO RETURN THIS SIGNED ADDENDUM MAY RESULT IN REJECTION OF YOUR BID.

BIDS WILL BE ACCEPTED UNTIL THE TIME AND DATE SPECIFIED. THE BID ENVELOPE MUST BE SEALED AND SHOULD BE PROPERLY MARKED WITH THE BID NUMBER, DATE AND HOUR OF BID OPENING AND BIDDER'S RETURN ADDRESS. IT IS NOT NECESSARY TO RETURN "NO BIDS" TO THE DEPARTMENT OF HUMAN SERVICES.

If you have questions, please contact the buyer at [warren.jensen@dhs.arkansas.gov](mailto:warren.jensen@dhs.arkansas.gov) or 501-537-1066

\_\_\_\_\_  
Vendor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company