



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

ADDENDUM 1

TO: Vendors Addressed
FROM: Shane Phillips, Buyer
DATE: June 6, 2017
SUBJECT: SP-17-0012 Integrated Eligibility and Benefits Management System

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

CHANGE OF SPECIFICATIONS

- Delete from Template T6- Functional Requirements, Instructions Tab, Solution Method and replace with the following:

Solution Method	<p>Vendor response to how the Functional Requirement will be met by the Vendor solution. Indicate how the requirement will be met by selecting one of:</p> <p>* <u>Leveraged Functionality</u> - The State Requirement will be met by leveraging/enhancing the EEF Solution functionality already configured and implemented for MAGI Medicaid at DHS</p> <p>* <u>Configuration</u> - The State Requirement will be met by configuring the proposed Solution and/or any existing DHS Enterprise assets already in production</p> <p>* <u>Third Party Product</u> - The State Requirement will be met by commercially available third-party software or hardware assets and is included in this proposal. Note: In the "Suggested Clarifying Comments" column, indicate the name of the proposed third-party software vendor and proposed components and indicate its compliance to DHS' technology or architecture standards.</p> <p>* <u>New Development</u> - The State Requirement will be met through development of new software code to provide specific business or technical services where there are no leverageable off-the-shelf functionality or software assets. Note: This column is not included on the Sections (worksheets) where it does not apply</p>
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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 Shane Phillips at Jordan.Phillips@dfa.arkansas.gov or (501) 324-9322.

Company: _____

Signature: _____

Date: _____