

State of Arkansas  
OFFICE OF STATE PROCUREMENT  
1509 West Seventh Street, Room 300  
Little Rock, Arkansas 72201-4222  
501-324-9316

**ADDENDUM 3**

TO: Vendor Addressed  
FROM: Tamara DeBord, Buyer  
DATE: January 20, 2015  
SUBJECT: SP-15-0039 Non-Emergency Transportation (NET)

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The following changes to the above-referenced Request for Proposals have been made as designated below:

- (1) **THE PROPOSAL OPENING DATE AND TIME HAS CHANGED TO FEBRUARY 19, 2015 AT 3:00 PM CENTRAL TIME.**
- (2) **DELETE ATTACHMENT** - Data Book (excel spreadsheet);  
**REPLACE WITH ATTACHMENT** - Copy of Data Book Jan 9 (excel spreadsheet)  
(Sentences to further describe the data were added to the Data Book under the Read Me tab).
- (3) **ADD ATTACHMENT** - NET Actuarial study SFY 2014 and SFY 2015 (PDF document).
- (4) **ADD ATTACHMENT** – Copy of Response to questions 114 and 124 (excel spreadsheet).
- (5) **DELETE - from page 4 – under Section 1.3 CAUTION TO BIDDERS the following:**  
10. d. Failure to supply vendor references.
- (6) **DELETE – from Page 8 – Section 1.12 – Paragraph 2 and REPLACE with the following:**  
If any part of the work must be subcontracted, vendor must include a list of subcontractors, including firm name and address, contact person, complete description of work to be subcontracted, a signed statement of intent declaring the intent to participate as a subcontractor and descriptive information concerning subcontractor's organization, including number of employees, call center information, number of vehicles and other organizational information prior to award.
- (7) **DELETE – from Page 13 – Section 2.2 – Contractor's Responsibilities – Adhere to Program Guidelines - the 2<sup>nd</sup> bullet point and REPLACE with the following:**
  - Trip limits are limited to eight (8) one way trips to the Private Option population within each Calendar Year.
- (8) **DELETE – from Page 15 – Provide Administrative Oversight and Reporting - the 2<sup>nd</sup> bullet point and REPLACE with the following:**
  - The Broker is financially responsible for all costs incurred in printing and mailing letters, **one per household**, to notify the beneficiaries and facilities of changes including new telephone number fifteen (15) business days prior to start date.
- (9) **DELETE – from Page 16 the following:**  
...”told, ‘You will be asked to sign a statement when your ride arrives stating your answers to the previous questions are true and correct and that you have no other means of transportation available’.”  
**REPLACE with the following:**  
...asked: Do you confirm the information provided is true, accurate, and complete and understand any falsification, omission, or concealment of information may result in termination of future transportation services or additional penalty?

The broker **must** record the question and response. The broker must maintain the recording for one year. This recorded conversation must be made available to DMS or the DMS NET Monitoring Contractor within 5 business days of being requested.

Beneficiaries who refuse to answer will be provided the requested transportation. A list of those refusing to attest will be maintained by each broker and forwarded to AFMC each month.

**(10) DELETE – from Page 17 – Section 2.2 – Beneficiary Application for Services – 2<sup>nd</sup> paragraph on page 17 - the 1<sup>st</sup> sentence and REPLACE with the following:**

NET services available to beneficiaries participating in the Private Option are limited to eight (8) one way trips within each Calendar Year.

**(11) DELETE – from Page 17 - the 6<sup>th</sup> bullet point and REPLACE with the following:**

- The Broker is responsible for verifying the appointment prior to providing the trip.

**(12) DELETE – from Page 18 the following:**

**Attestation Statement**

Prior to transportation being provided to eligibles, at the A leg of the trip, via iPad or electronic mechanism of the Broker's choice or other means as determined by the Broker; the beneficiary (or parent or guardian or other as previously arranged at time the reservation was made) will be asked to sign the attestation statement certifying the intake questions at the time of the reservation were true and correct.

Each beneficiary's attestation statement will be valid for one year from the date of signing.

Example Attestation Statement:

I attest that the information I provided at the time the reservation for transportation was made is true, accurate, and complete. I understand any falsification, omission, or concealment of information may result in termination of future transportation services or additional penalty.

Print Name: \_\_\_\_\_

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

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

The Broker will be responsible for ensuring the attestation statements are available upon request by DMS or the NET Monitoring Contractor.

**ADD – to page 18 the following new requirement:**

The broker **must** record the question and response. The broker must maintain the recording for one year. This recorded conversation must be made available to DMS or the DMS NET Monitoring Contractor within 5 business days of being requested.

Beneficiaries who refuse to answer will be provided the requested transportation. A list of those refusing to attest will be maintained by each broker and forwarded to AFMC each month.

**(13) DELETE – from Page 22 the last paragraph under Telephone System Requirements and REPLACE with the following:**

For quality assurance purposes, the Broker must have a system in which phone calls are recorded and maintained for up to **one year** from the date of the call. DMS prefers systems in which recordings can be sent to DMS or the DMS NET Monitoring Contractor electronically.

**(14) DELETE – from Page 22 the following:**

*For testing instructions go to this link:*

[www.medicaid.state.ar.us/InternetSolution/Provider/hipaa/compan.aspx#compan](http://www.medicaid.state.ar.us/InternetSolution/Provider/hipaa/compan.aspx#compan)

*and open this document*

837 Institutional	5010/D.0	<a href="#">837i.doc</a>	373k	12/27/13
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**REPLACE with the following:**

837 Professional	5010/D.0	<a href="#">837p.doc</a>	340k	12/20/13
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**(15) DELETE – from Page 22 under Encounter Information the last bullet point and REPLACE with the following:**

- Ambulatory, wheelchair or stretcher

**(16) DELETE – SECTION 3 – PROPOSAL SUBMISSION REQUIREMENTS in its entirety.**

**REPLACE SECTION 3 with the following:**

**MINIMUM QUALIFICATION REQUIREMENTS OF RESPONDENTS**

- The vendor must have three (3) years of experience in non-emergency medical transportation.
- The vendor must have and submit a Dun and Bradstreet Rating of 6 or better.
- The vendor must submit a statement that the Broker expressly agrees and acknowledges that if they default on or otherwise abandon their contract(s) for a region or regions they have been awarded, such default or abandonment will be considered as past performance and may be used against them in any subsequent solicitation or other source-selection process for the region(s) so abandoned.

**SECTION 3- AMENDED PROPOSAL SUBMISSION REQUIREMENTS**

Due to the need to select a qualified and experienced vendor, DHS/DMS has established the following minimum criteria to be included in proposal submissions:

**Organization Overview** - Provide the following information:

- Non-Profit Corporations - submit a copy of documents attesting to Non-Profit status
- Corporate name
- Address
- Telephone
- Organizational Chart

**Qualification and Experience** - Provide the following information:

- Qualifications and experience of the Broker as related to providing quality and safe Medicaid transportation specified in Section 2.
- Qualifications and experience of the Broker's Project Director and staff as related to providing quality and safe Medicaid transportation specified in Section 2.
- Experience working with children, persons with disabilities and special needs, the aging population, senior citizen programs and the ability to adhere to program guidelines.

**Performance Capabilities** - Provide the following information:

- Evidence that Broker can employ, or contract with adequately trained personnel, subcontractor, experienced vehicle operators and attendants, and secure appropriate well maintained vehicles to safely provide Medicaid transportation services as specified in Section 2.
- Procedures for oversight of day to day operation.
- Telephone, trip scheduling and dispatch capabilities.
- Data collection and reporting procedures.
- Disaster Recovery Plan contingency plans and ability to provide services in the event of unforeseen circumstances.
- Additional capabilities.
- Technology Requirements.

**Quality Assurance Plan** - Provide the following information:

- Detailed description of the processes and procedures to be used for adherence and performance reporting and monitoring of transportation operators regarding all requisite health and safety standards, vehicle maintenance, operation, vehicular inspections, vehicle licenses, driver's license, a copy of the registration permits issued by the Arkansas Department of Finance and Administration (DF&A) for each vehicle operated, and Broker must provide written assurance to DMS that all vehicles used for beneficiary transport are in compliance with all requirements of the DF&A for class I.E. (Intrastate Exempt) prior to award and upon any contract renewal periods.
- Samples of reports.

- o Detailed description of the quality assurance measures related to efficient and timely trip scheduling and error free dispatch capabilities.

**Financial Disclosure**

- o Dun and Bradstreet Rating: The rating will be evaluated in accordance with score point schedule listed below:

SQR Risk Score	Points Assigned
1	30.0
2	25.0
3	20.0
4	15.0
5	10.0
6	5.0

**(17) DELETE – SECTION 4 – CRITERIA FOR SELECTION in its entirety.**

**REPLACE SECTION 4 with the following:**

**SECTION 4 – AMENDED CRITERIA FOR SELECTION  
TRADITIONAL AND PRIVATE OPTION POPULATION**

**4.1 RFP Submission Overview**

The Office of State Procurement has established the following minimum criteria to be included in submitted proposals. Vendor should respond to each item in Section two (2) and Section three (3) to ensure a complete evaluation of the proposal. After submitted proposals are determined to meet minimum mandatory requirements by the Office of State Procurement, an impartial evaluation committee established by DHS will evaluate and assign points in accordance with the criteria specified within this document. At a minimum the proposal must provide:

**4.2 Proposal Requirements**

The Technical Proposal should be arranged in the following order.

1. Cover Sheet Signed in Ink
2. Table of Contents
3. Executive Summary
4. Organization Overview
5. Qualification and Experience
6. Performance Capabilities
7. Quality Assurance Plan

The original proposal and all copies should be indexed and tabbed with the above sections clearly marked. The respondents should make the proposal easy for the evaluators to read and reference.

Respondents should not include ancillary information including promotional/marketing information or anything not directly responsive to the RFP in the Technical Proposal or as attachments to the proposal.

**SECTION 4 – AMENDED CRITERIA FOR SELECTION  
TRADITIONAL AND PRIVATE OPTION POPULATION**

**EXECUTIVE SUMMARY**

The executive summary should condense and summarize the contents of the Technical Proposal to provide the proposal evaluators with a broad but clear understanding of the entire proposal. It should summarize the respondent's technical approach and the enhancements proposed for DHS.

The executive summary should include a cross-reference to the pages in the proposal that address the RFP requirements. The proposal may be rejected as incomplete and failing mandatory requirements if the respondent fails to include the cross-reference.

The executive summary should not exceed three (3) pages. The RFP cross-reference pages are not included in this number.

**1. ORGANIZATION OVERVIEW (5 POINTS POSSIBLE) SECTION 3**

A.	Organizational Chart	5
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**2. QUALIFICATION AND EXPERIENCE (170 POINTS POSSIBLE) SECTION 2 & 3**

A.	Qualifications and experience of the Broker as related to providing quality and safe Medicaid transportation.	70
B.	Qualifications and experience of the Broker's Project Director and staff as related to providing quality and safe Medicaid transportation.	50
C.	Experience working with children, persons with disabilities and special needs, the aging population, senior citizen programs and the ability to adhere to program guidelines.	50

**3. PERFORMANCE CAPABILITIES (345 POINTS POSSIBLE) SECTION 2 & 3**

A.	Evidence that Broker can employ, or contract with adequately trained personnel, subcontractor, experienced vehicle operators and attendants, and secure appropriate well maintained vehicles to safely provide Medicaid transportation services.	100
B.	Procedures for oversight of day to day operation.	50
C.	Telephone, trip scheduling and dispatch capabilities.	50
D.	Data collection and reporting procedures.	50
E.	Disaster Recovery Plan contingency plans and ability to provide services in the event of unforeseen circumstances.	65
F.	Additional capabilities.	15
G.	Technology Requirements.	15

**4. QUALITY ASSURANCE PLAN (150 POINTS POSSIBLE) SECTION 2 & 3**

A.	Detailed description of the processes and procedures to be used for adherence and performance reporting and monitoring of transportation operators regarding all requisite health and safety standards, vehicle maintenance, operation, vehicular inspections, vehicle licenses, driver's license, a copy of the registration permits issued by the Arkansas Department of Finance and Administration (DF&A) for each vehicle operated, and Broker must provide written assurance to DMS that all vehicles used for beneficiary transport are in compliance with all requirements of the DF&A for class I.E. (Intrastate Exempt) prior to award and upon any contract renewal periods.	75
B.	Samples of reports.	50
C.	Detailed description of the quality assurance measures related to efficient and timely trip scheduling and error free dispatch capabilities.	25

<b>5. FINANCIAL DISCLOSURE (30 POINTS POSSIBLE) SECTION 2 &amp; 3</b>																
Dun & Bradstreet Rating – The rating will be evaluated in accordance with the score point schedule listed below:																
A.	<table border="1"> <thead> <tr> <th>SQR Risk Score</th> <th>Points Assigned</th> </tr> </thead> <tbody> <tr><td>1</td><td>30</td></tr> <tr><td>2</td><td>25</td></tr> <tr><td>3</td><td>20</td></tr> <tr><td>4</td><td>15</td></tr> <tr><td>5</td><td>10</td></tr> <tr><td>6</td><td>5</td></tr> </tbody> </table>	SQR Risk Score	Points Assigned	1	30	2	25	3	20	4	15	5	10	6	5	30
SQR Risk Score	Points Assigned															
1	30															
2	25															
3	20															
4	15															
5	10															
6	5															
<b>Technical Proposal Total Points Possible</b>		<b>700</b>														
<b>(Omitted – 0%; Poor – 25%; Adequate – 50%; Good – 75%; Exceptional – 100%)</b>																

<b>SECTION 4 – CRITERIA FOR SELECTION TRADITIONAL AND PRIVATE OPTION POPULATION COST PROPOSALS</b>	
Traditional Option Population points possible	210
Private Option Population points possible	90
<b>Cost Proposal Total Points Possible</b>	<b>300</b>

FAILURE TO RETURN THIS SIGNED ADDENDUM **MAY** RESULT IN REJECTION OF YOUR PROPOSAL.

THE PROPOSAL MUST BE SEALED AND SHOULD BE PROPERLY MARKED WITH THE PROPOSAL NUMBER, DATE AND HOUR OF PROPOSPAL OPENING AND BIDDER'S RETURN ADDRESS. IT IS NOT NECESSARY TO RETURN "NO BIDS" TO THE OFFICE OF STATE PROCUREMENT.

If you have questions, please contact the buyer, Tamara DeBord at 501-683-0253.

\_\_\_\_\_  
VENDOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COMPANY