

***Attachment H***  
***Client History Form***  
***Independent Assessment Services***  
***RFP # 710-24-0001***

## Attachment H

### Independent Assessment Services

*Instructions:* This form is intended to help the State gain a more complete understanding of each Respondent's Dental Managed Care Organization (DMO) experience. This form must be completed completely and accurately.

The State reserves the right to verify the accuracy of these answers by contacting any of the listed clients, and all applicable clients **must** be listed. Omission of a client will constitute a failure to complete this form.

For purposes of this form, the "client" is not an individual but the entity which held the contract. By way of explanation, in the Contract resulting from this RFP, Arkansas's DHS will be the client. For each listed client, Respondents may (but are not required to) provide the contact information for a person at the client entity who is knowledgeable of the named project. The State reserves the right to contact the listed individual or another person at the listed client.

The boxes below each prompt will expand if necessary. The form **must** be signed (please see the final page) by the same signatory who signed the Proposal Signature Page.

1. Please list every client state, tribe, or county where you (the prime contractor only) **served as the prime contractor** for administering a similar implementation and administration of Independent Assessment projects for at least three (3) other state Medicaid programs or similar state human services programs in the last eight (8) years. This includes the management, support, and hosting of Assessment Instruments on the Contractor's information technology platform. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract. If there are no contracts which meet this definition, please state "none."

2. Please list every client state, tribe, or county where you (the prime contractor only) **served as a subcontractor** for administering a similar implementation and administration of Independent Assessment projects for at least three (3) other state Medicaid programs or similar state human services programs in the last eight (8) years. This includes the management, support, and hosting of Assessment Instruments on the Contractor's information technology platform. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract and the role you specifically served in relation to the broader contract. If there are no contracts which meet this definition, please state "none."

3. Please list every client state, tribe, or county where a **proposed subcontractor served as the prime contractor** for administering a similar implementation and administration of Independent Assessment projects for at least three (3) other state Medicaid programs or similar state human services programs in the last eight (8) years. This includes the management, support, and hosting of Assessment Instruments on the Contractor's information technology platform. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract. If there are no contracts which meet this definition, please state "none."

4. Please list every client state, tribe, or county where you (the prime contractor only) **served as the prime contractor** on similar transformation support projects for at least three (3) other state Medicaid programs or similar state human services programs in the last eight (8) years. This experience shall include the development of a curriculum and the training of employees through in-person, electronic and telephonic methods. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract. If there are no contracts which meet this definition, please state "none."

5. Please list every client state, tribe, or county where you (the prime contractor only) **served as a subcontractor** on similar transformation support projects for at least three (3) other state Medicaid programs or similar state human services programs in the last eight (8) years. This experience shall include the development of a curriculum and the training of employees through in-person, electronic and telephonic methods. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract. If there are no contracts which meet this definition, please state "none."

6. Please list every client state, tribe, or county where a **proposed subcontractor served as the prime contractor** on similar transformation support projects for at least three (3) other state Medicaid programs or similar state human services programs in the last eight (8) years. This experience shall include the development of a curriculum and the training of employees through in-person, electronic and telephonic methods. .For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract. If there are no contracts which meet this definition, please state "none."

7. Please list every client state, tribe, or county where you (the prime contractor only) **served as the prime contractor** for the delivery of assessments and interacting and communicating with the target audience, which includes individuals diagnosed with intellectual disabilities, behavioral/mental health diagnoses, physical disabilities, and aging populations, or other similar experience. Experience shown must be work done by individuals who will be assigned to this project as well as that of the Contractor's company. Studies or projects referred to must be identified and the name of the client disclosed. within the last eight (8) calendar years. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract. If there are no contracts which meet this definition, please state "none."

8. Please list every client state, tribe, or county where you (the prime contractor only) **served as a subcontractor** for the delivery of assessments and interacting and communicating with the target audience, which includes individuals diagnosed with intellectual disabilities, behavioral/mental health diagnoses, physical disabilities, and aging populations, or other similar experience. Experience shown must be work done by individuals who will be assigned to this project as well as that of the Contractor's company. Studies or projects referred to must be identified and the name of the client disclosed. within the last eight (8) calendar years. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract. If there are no contracts which meet this definition, please state "none."

9. Please list every client state, tribe, or county where a **proposed subcontractor served as the prime contractor** for the delivery of assessments and interacting and communicating with the target audience, which includes individuals diagnosed with intellectual disabilities, behavioral/mental health diagnoses, physical disabilities, and aging populations, or other similar experience. Experience shown must be work done by individuals who will be assigned to this project as well as that of the Contractor's company. Studies or projects referred to must be identified and the name of the client disclosed. within the last eight (8) calendar years. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract. If there are no contracts which meet this definition, please state "none."

10. Please list every client state, tribe, or county where you (the prime contractor only) **served as the prime contractor** for providing stakeholder outreach and education, particularly with Medicaid providers, for a project of similar scope within the last eight (8) years. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract. If there are no contracts which meet this definition, please state "none."

11. Please list every client state, tribe, or county where you (the prime contractor only) **served as a subcontractor** for providing stakeholder outreach and education, particularly with Medicaid providers, for a project of similar scope within the last eight (8) years. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract. If there are no contracts which meet this definition, please state "none."

12. Please list every client state, tribe, or county where a **proposed subcontractor served as the prime contractor** for providing stakeholder outreach and education, particularly with Medicaid providers, for a project of similar scope within the last eight (8) years. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract. If there are no contracts which meet this definition, please state "none."

13. Please list all history of litigation relating State Medicaid programs including without limitation, on-going litigation and any litigation that has been resolved (including by settlement) for all clients served in the last (5) years. Please briefly describe the litigation. Please briefly describe the litigation.



14. For Respondents including a subcontractor in their proposal, please list every client state, tribe, or county where you (the prime contractor only) utilized subcontractors to support your contracted service provision within the last eight (8) years. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the subcontract. If there are no contracts which meet this definition, please state "none." If the Respondent has not proposed the utilization of subcontractors to provide or support services, then you may respond with 'n/a' below.

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Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
*Use Ink Only.*

Printed/Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_