

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

ADDENDUM 5

TO: Vendor Addressed
FROM: Tamara DeBord, Buyer
DATE: February 11, 2015
SUBJECT: SP-15-0039 Non-Emergency Transportation (NET)

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 26, 2015 AT 2:00 PM CENTRAL TIME.**

- (2) **DELETE** the Revised Data Book dated 1/30/2015 and **REPLACE** with the Revised Data Book dated 2/11/2015.

- (3) **DELETE - from page 5 – under Section 1.6 PAYMENT AND INVOICE PROVISIONS from the second paragraph the following:**

Bidders should note that the historical data provided in the Data book includes trips to Developmental Day Treatment Clinic Services (DDTCS) and Child Health Management Services (CHMS) providers which will not be points of destination under this RFP. The numbers of historical trips associated with these provider destinations are shown in the data book although beginning July 1, 2015 no NET services shall be provided for any DDTCS or CHMS facilities.

REPLACE - on page 5 – under Section 1.6 PAYMENT AND INVOICE PROVISIONS in the second paragraph with the following:

Bidders should note that the historical data provided in the Data book includes trips to Developmental Day Treatment Clinic Services (DDTCS) and Child Health Management Services (CHMS) providers which will be points of destination under this RFP. The numbers of historical trips associated with these provider destinations are shown in the data book.

- (4) **DELETE - from page 16 the following bullet point:**

- Requesting transportation to Developmental Day Treatment Clinic Services (DDTCS) or Child Health Management Services (CHMS) facilities. Transportation to these facilities is addressed in the provisions for each service***

- (5) **DELETE - from page 17 the following:**

***NET Brokers may contract independently with these facilities in order to provide transportation. Transportation Brokers choosing to engage in these business arrangements must understand that trips provided to and from DDTCS and CHMS facilities will not meet the criteria as being a Medical reimbursable trip and such trips will not be accepted as a legitimate NET encounter.

- (6) **DELETE - from page 24 - (under Section 2.3 Operational Requirements) the following bullet point:**

- type of vehicle – examples include but not limited to: (minibus, wheelchair van or NET stretcher van)

REPLACE - on page 24 – (under Section 2.3 Operational Requirements) with the following bullet point:

- type of vehicle – examples include but not limited to: (minibus or wheelchair van)

(7) **DELETE - from Addendum #3 item #15 the following bullet point:**

- Ambulatory, wheelchair or stretcher

REPLACE – specification to read as follows:

- Ambulatory or wheelchair

(8) **DELETE** - from page 47 - Attachment B - Encounter Information and Statistical Data Reporting Formats

REPLACE - on page 47 with the included Attachment B - Encounter Information and Statistical Data Reporting Formats dated 2/11/2015. NOTE: Prior Authorization Number and Special Needs Header Field/Description changes.

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 PROPOSAL 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