

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

ADDENDUM 3

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: October 1, 2024
SUBJECT: 710-24-037 Medicaid Related Consultants

The following change(s) to the above referenced Request for Qualifications (RFQ) have been made as designated below:

- Change of specification(s)
- Additional specification(s)
- Change of bid opening date and time
- Cancellation of bid
- Other

OTHER

- Open enrollment period begins October 1, 2024 – October 31, 2024.
- If you are currently enrolled as a qualified vendor for 710-24-0037 Medicaid Related Consultants and would like to renew, please submit a signed copy of the addendum via email to DHS.OP.Solicitations@dhs.arkansas.gov prior to 4:00 pm, October 31, 2024, under the same areas of expertise you originally submitted.

Please note the following:

- If you are renewing to be included on the Qualified Vendor Listing without any changes to the areas of expertise, please sign and return Addendum 3 only.
- If you're renewing and wish to add one or more of areas of expertise, complete the Response Packet and provide all supporting documentation as stated in the solicitation.
- For new submissions, please submit all supporting documentation as stated in the solicitation, the Response Packet, and a signed Addendum 3. DHS will review all supporting documentation and provide confirmation once reviewed.

CHANGE OF SPECIFICATIONS

- Page 1: Delivery of Response Documents
Response documents may be emailed to DHS.OP.Solicitations@dhs.arkansas.gov. Physical copies are not required.
- Section 1.8 Response Documents
All required documentation may be delivered via email. If documents are emailed, additional copies are not required. A redacted copy may be submitted via email as well.

The specifications by virtue of this addendum become a permanent addition to the above referenced RFQ. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: **Buyer's name, Buyer's email address and phone number.**

Vendor Signature

Date

Company