

***Attachment I***  
***Client History Form***  
***Medicaid and Other Procurement Support***  
***Services***  
***710-24-076***

# Attachment I

## Medicaid and Other Procurement Support Services Client History Form

*Instructions:* This form is intended to help the State gain a more complete understanding of each Prospective Contractor's experience. This form **must** be completed accurately and in full.

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 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. If the State contacts clients listed on this form, 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 *Response Signature Page*.

1. Please list at least three (3) successfully awarded solicitation projects **where you** (*the prime contractor only*) served as the lead providing procurement support for projects equal to or greater than \$50 million total projected contract cost in the past five (5) years. For each project, please specify the organization/agency/division, not just the state or political subdivision. Please describe the scope and total project cost and include the dates on which procurement support was provided. If there are no contracts which meet this definition, please state "none."

2. Please list at least two (2) state clients where you (*the prime contractor only*) directly supported the successful procurement of at least two (2) MES modules in states similarly sized or larger than Arkansas in the last five (5) years. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope and total project cost and include the dates on which procurement support was provided. If there are no contracts which meet this definition, please state "none."

3. Please list and assign qualified staff with direct experience through a combination of employment with governmental entities and/or private entities including at minimum:

- Ten (10) years of combined experience in project managing solicitations,
- Ten (10) combined years of experience in writing and executing complex procurements,
- For up to two (2) proposed staff, five (5) combined years of experience soliciting MES modules or components for State programs with 500,000 or more Medicaid beneficiaries, and
  - At least one proposed staff member with five (5) years of experience leading governmental procurement projects.
- Experience addressing protests for high-cost state or federal solicitations.

Description	# Years of Experience	Assigned Staff
Project Managing Solicitations		
Writing and executing complex procurements		
Soliciting MES modules or components for State programs with 500,000 or more Medicaid Beneficiaries		
Leading governmental procurement projects		
Addressing protests for high-cost state or federal solicitations		

4. Please list any additional projects not included above in the areas of procurement support services provided in the areas of Medicaid, IT systems, and other large state complex solicitations. (i.e. approximately 3000 project hours over the course of 18 months). For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope and duration of the services. If there are no contracts which meet this definition, please state "none." If there are no contracts which meet this definition, please state "none."

**Authorized Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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