Attachment I

Client History Form
RFP # 710-23-074

Client History Form

Instructions: This form is intended to help the State gain a full understanding of each Respondent's background and experience in eligibility determinations for Medicaid. This form **must** be accurately completed and signed by the same signatory who signed the Proposal Signature Page (please see final page below).

The State reserves the right to verify the accuracy of responses by contacting any of the listed clients; therefore, all applicable clients **must** be listed. 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 **must** include the client entity's name, address, and phone number. Additionally, Respondents are encouraged to provide an individual's contact information for a person at the client entity who is knowledgeable of the named project. If the State contacts the clients listed, the State reserves the right to either contact the listed individual and/or another person at the client entity. Omission of a relevant client will constitute a failure of form completion.

The boxes below each prompt will expand if necessary. If there are no contracts which meet the definition, Respondent **must** state "none."

1. Provide a company background summary including the date established, location, type of ownership, and the total number of employees that provide eligibility support services.

2. Please list three (3) examples where you served as the ***prime contractor*** for a project similar in size, complexity, and scope in the past five (5) years for a state government entity. Provide the following for each example: A description of work performed including experience with eligibility determinations for Medicaid applications, renewals, and changes of circumstance, the contract period, contract amount, staff FTE count, names, positions, and client contact information.

Authorized Signature: _____   **Title:** _____

Printed/Typed Name: _____   **Date:** _____