

| Item#                    | Vendor Name                           | Contract No.                          | Amend No. | Method of Procurement | Contract Period              |                                 |            | Service Type                   |
|--------------------------|---------------------------------------|---------------------------------------|-----------|-----------------------|------------------------------|---------------------------------|------------|--------------------------------|
| 1                        | KEYSTONE PEER REVIEW ORGANIZATION LLC | 4600057348                            | 00        | Emergency             | 11/16/2025                   | To                              | 11/30/2025 | PCS                            |
| Original Contract Amount |                                       | Current Annual Contract Amount        |           | Amendment Amount      |                              | Original Total Projected Amount |            | Updated Total Projected Amount |
| \$435,324.04             |                                       | \$435,324.04                          |           | \$0.00                |                              | \$435,324.04                    |            | \$0.00                         |
|                          |                                       |                                       |           |                       |                              |                                 |            |                                |
| Agency #                 |                                       | Agency Name                           |           |                       | Division                     |                                 |            |                                |
| 0710                     |                                       | Arkansas Department of Human Services |           |                       | Division of Medical Services |                                 |            |                                |

**Contract Summary**      To initiate an agreement to administer Prior Authorization and Retrospective Review services for behavioral health, developmental disabilities, and aging and adult Medicaid populations statewide. Also see Attachment 4.

**Purpose for Amendment**

**Reason for Amendment**

Not Applicable