Medicaid Non-Emergency Transportation Legislative Report

May 2019

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As the NET Monitoring Contractor, the Arkansas Foundation for Medical Care (AFMC), is responsible for working with the state to manage and monitor NET services.

Effective February 1, 2019, region-specific broker and county service area information was as follows:

- Region A: Transportation services for beneficiaries residing in Baxter, Benton, Boone, Carroll, Madison, Marion, Newton, Searcy, and Washington counties were provided by Southeastrans.
- Region B: Transportation services for beneficiaries residing in Cleburne, Fulton, Independence, Izard, Jackson, Sharp, Stone, Van Buren, White, and Woodruff counties were provided by Southeastrans.
- Region C: Transportation services for beneficiaries residing in Clay, Craighead, Crittenden, Cross, Greene, Lawrence, Mississippi, Poinsett, Randolph, and St. Francis counties were provided by Southeastrans.
- Region D: Transportation services for beneficiaries residing in Conway, Crawford, Franklin, Johnson, Logan, Perry, Polk, Pope, Scott, Sebastian, and Yell counties were provided by Southeastrans.
- Region E: Transportation services for beneficiaries residing in Calhoun, Clark, Columbia, Dallas, Garland, Hempstead, Hot Spring, Howard, Lafayette, Little River, Miller, Montgomery, Nevada, Pike, Saline, Sevier, and Union counties were provided by Central Arkansas Development Council.
- Region F: Transportation services for beneficiaries residing in Arkansas, Ashley, Bradley, Chicot, Cleveland, Desha, Drew, Grant, Jefferson, Lee, Lincoln, Monroe, Phillips, and Prairie counties were provided by Area Agency on Aging of Southeast Arkansas.
- Region G: Transportation services for beneficiaries residing in Faulkner, Lonoke, and Pulaski counties were provided by Southeastrans.

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NET Complaints by Region and Contract Type May 1 through May 31, 2019

NET complaints received through the NET Helpline by region and contract type.

			Grand						
DTT - EIDT/ADDT Facility	NET Topics	Α	В	С	D	E	F	G	Total
Yes	Child Endangerment	0	1	0	0	0	0	0	1
	No Provider/Driver Available	5	2	0	1	0	0	1	9
	Subtotal	5	3	0	1	0	0	1	10
No	Driver Rudeness	0	0	2	0	0	0	0	2
	Gas Reimbursement	2	1	2	2	0	0	1	8
	Late Drop Off to Appointment	1	0	1	0	0	0	0	2
	Late Pickup at Appointment	0	0	2	0	0	0	1	3
	Late Pickup at Residence		0	3	2	0	0	1	7
	Lengthy Trip		0	1	0	0	0	0	1
	No Pickup at Appointment	0	0	2	0	0	0	0	2
	No Pickup at Residence	7	3	6	3	0	1	3	23
	No Provider/Driver Available	16	8	3	4	0	0	3	34
	Not Nearest Qualified Provider	1	0	0	0	0	0	0	1
	Pickup at Facility Too Early	0	0	0	0	1	0	0	1
	Reckless Driving	0	0	0	0	1	0	0	1
	Scheduling Miscommunication	0	0	1	0	0	0	1	2
	Transportation Refused by the Broker	0	0	0	1	0	0	0	1
	Subtotal	28	12	23	12	2	1	10	88
	Grand Total	33	15	23	13	2	1	11	98

NET Vehicle Inspections and Redlined With Camera Installation by Region May 2019

The Vehicle Monitor conducted vehicle inspections, examination of safety programs, child safety buzzers, and wheelchair lifts in all regions. Inspections took place across the state. Two vehicles were redlined in May. The deficiencies were identified as non-working window and non-working wheelchair lift.

	# of Vehicle Inspections	# of Cameras Installed	Number of Vehicles Redlined
Region A – Southeastrans	11	10	0
Region B – Southeastrans	15	3	0
Region C – Southeastrans	8	8	0
Region D – Southeastrans	0	0	0
Region E – CADC	28	28	1
Region F – AAA of SE AR	18	18	1
Region G – Southeastrans	12	12	0
Total	92	79	2

NET Driver Audit from Vehicle Inspections May 2019

The NET Vehicle Monitor performs monthly scheduled and unscheduled vehicle inspections. The name of the driver operating the vehicle is recorded on the vehicle inspection. Not all inspections have drivers present. The date and driver's name are compared against the driver's hire date in the NET Portal. This audit validates if drivers and/or attendants are providing NET services prior to the NET Monitoring Contractor receiving and approving compliance documents through the NET Portal. 49 drivers were present at the time of the inspection. 49 hire dates were validated. 100% compliance was found.

	# of Vehicle Inspections	# of Validated Driver's Hire Dates
April	92	49

NET Driver and Attendant Report May 2019

NET brokers had submitted information for 832 approved drivers and attendants as of the last day of the reporting month, 5/31/2019.

	# of Eligible Drivers and Attendants
Region A – Southeastrans	73
Region B – Southeastrans	99
Region C – Southeastrans	36
Region D – Southeastrans	123
Region E – CADC	178
Region F – AAA of SE AR	129
Region G – Southeastrans	194
Total	832

NET Vehicle Report May 2019

NET brokers had submitted information for 734 approved vehicles as of the last day of the reporting month, 5/31/2019.

	# of Active Vehicles				
Region A – Southeastrans	86				
Region B – Southeastrans	93				
Region C – Southeastrans	31				
Region D – Southeastrans	105				
Region E – CADC	147				
Region F – AAA of SE AR	149				
Region G – Southeastrans	123				
Total	734				

NET Monthly Call Center Metrics Report May 2019

Region	Calls Received	Calls Answered	Calls Abandoned	% Calls Abandoned	Average Speed to Answer (mm:ss)	Average Talk Time (mm:ss)	Average Number of CSRs
A	3915	3846	69	1.76%	0:16	4:30	27
В	3749	3663	84	2.24%	0:16	4:19	27
С	6708	6580	121	1.80%	0:17	4:00	27
D	6797	6650	143	2.10%	0:18	4:06	27
Е	6273	5865	98	2%	0:19	5:52	11
F	17532	15781	1748	9%	0:48	3:06	10
G	7390	7207	170	2.30%	0.19	4:01	27

^{*}Regions A, B, C, D and G customer service representatives are available to answer multiple queues.

NET Monthly Denial Report May 2019

NET broker must provide the beneficiary written notice when transportation services are denied. A denial notice is sent to the beneficiary and a copy to the NET Monitoring Contractor. 390 denial notices were issued to Medicaid beneficiaries for "No Provider/Subcontractor Available" to transport the beneficiary to their scheduled medical appointments in May 2019. This is a 17% decrease from the previous month.

	No Provider/Subcontractor Available
Region A – Southeastrans	126
Region B – Southeastrans	106
Region C – Southeastrans	73
Region D – Southeastrans	71
Region E – CADC	0
Region F – AAA of SE AR	0
Region G – Southeastrans	14
Total	390

^{*}Data is based on the beneficiary's medical appointment date given at the time of the reservation.

Date Submitted	Vendor		Contract No.	Contract Period	Method o		nitial Contract Amount	Total Projected Amount
06/06/2019	WALLACE DUKE & R	USSELL	4600044786	07/01/2019 06/30/2020	Request fo Qualificatio		\$23,000.00	\$23,000.00
Agency #	PLL Agency Na	_	Division	Agency Co	ntact Name	Agency Co		Agency Contact E-mail Address
0023	Administrative the Cour			Moshelle	e Helms	501-410-		oshelle.helms@arcourts.gov
Item #	Category	Short De	scription		Quar	ntity U	M Description	Cost
00002	Personnel		RVICE,REIMB EXP	LEGAL	030	•	Lump Sum	\$1.00
00001	Personnel	PRO SEI	RVICE,ATTORNEY	,	200	00	Lump Sum	\$1.00
Date Submitted	Vendor	Name	Contract No.	Contract Period	Method o	-	nitial Contract Amount	Total Projected Amount
06/18/2019	THE LAW O	WRENCE	4600044861	07/01/2019 06/30/2020	Request fo Qualificatio		\$32,750.00	\$32,750.00
Agency #	LL(Agency Na		Division	Agency Co	ntact Name	Agency C		Agency Contact E-mail Address
0023	Administrative the Cour			Moshell	e Helms	501-410-		oshelle.helms@arcourts.gov
Item #	Category	Short De	scription		Quar	ntity U	M Description	Cost
00002	Personnel PRO SERVICE, REIMB EXP		LEGAL	030	000	Lump Sum	\$1.00	
00001	Personnel	PRO SE	RVICE,ATTORNEY	•	297	50	Lump Sum	\$1.00
Date Submitted	Vendor	Name	Contract No.	Contract Period	Method o		nitial Contract Amount	t Total Projected Amount
06/24/2019	AARIKA K THOMF		4600044887	07/01/2019 06/30/2020	Request for Qualification	or	\$22,500.00	\$22,500.00
Agency #	Agency N	ame	Division	Agency Co	ntact Name	Agency C Phone		Agency Contact E-mail Address
0023	Administrative the Cour			Moshell	e Helms	501-410-	·1956 mo	oshelle.helms@arcourts.gov
Item #	Category	Short De	escription		Quar	ntity U	M Description	n Cost
00002	Personnel	PRO SE	RVICE,REIMB EXF	LEGAL	025	500	Lump Sum	\$1.00
00001	Personnel	PRO SE	RVICE,ATTORNEY	,	200	000	Lump Sum	\$1.00
Date Submitted	Vendor		Contract No.	Contract Period	Method o	ent	nitial Contract Amount	Amount
06/11/2019	CAD ARCHITECT		RA181150002	03/01/2018 06/30/2019	Request for Qualification		\$49,999.00	\$49,999.00
Agency #	Agency N	ame	Division		ntact Name	Agency C Phone		Agency Contact E-mail Address
0115	Southern Ar University - To Branch	echnical		GAYE M	IANNING	870574		gmanning@sautech.edu
Item #	Category	Short De	escription		Quai	ntity U	JM Description	n Cost

Date Submitted	Vendor		Contract No.	Contract Period	Method o	ent	Initial Contract Amount	Total Projected Amount		
06/06/2019	LANDMAI	RK PLC	RA1194074	05/01/2019 06/30/2019	Request f Proposa		\$12,000.00	\$12,000.00		
Agency #	Agency Na	ame	Division	Agency Co	ntact Name	act Name Agency Contact Phone No.		Agency Contact E-mail Address		
0135	University of A at Fayette		UA Fayetteville	ELLEN FE	ERGUSON		-575-5314	ellenf@uark.edu		
Item #	Category	Short De	scription		Qua	ntity	UM Description	Cost		
00001	Personnel	Auditing	Services		000	001	Years	\$11,600.00		
00001	Expenses	Travel, co	opies, etc.		000	001	Years	\$400.00		
Date	Vendor	Name	Contract No.	Contract	_Method		Initial Contract	Total Projected		
Submitted 06/06/2019	ARISTIDIS V	,	RA1204077	Period 05/01/2019 To 06/30/2019			Amount \$27,000.00	Amount \$27,000.00		
Agency #	Agency N	ame	Division		ntact Name		cy Contact one No.	Agency Contact E-mail Address		
0135	University of A at Fayette		UA Fayetteville	ELLEN FE	ERGUSON 479-575-5314			ellenf@uark.edu		
Item #	Category Short Description		scription		Qua	ntity	UM Description	Cost		
00001	Personnel	Impleme	ntation of Wound H	Healing Model	00001 Years		Years	\$27,000.00		
Date Submitted	Vendor	Name	Contract No.	Contract Period	Method of Procurement		Initial Contract Amount	Total Projected Amount		
06/27/2019	ARKAN DEPARTM	IENT OF	RA20145300	07/01/2019 06/30/2020	Intergovernn		\$40,250.00	\$40,250.00		
Agency #	HEALTH; S TAGRIGGYO N		Division	Agency Co	ntact Name		cy Contact ione No.	Agency Contact E-mail Address		
0145	University of A at Little R			DESIREE	TAGGARD	501	-569-8924	dltaggard@ualr.edu		
Item #	Category	Short De	scription		Qua	intity	UM Description	Cost		
00001	Personnel	Collectin SYNAR	g Data and running grant	g reports for the	00	001	Years	\$40,250.00		
Date	Vendor	Name	Contract No.	Contract	Method		Initial Contract	Total Projected		
Submitted 06/04/2019	UNIVERS ARKANS	SAS AT	4600043186	Period 09/01/2018 To 08/31/2019	Procurem Intergovernn		Amount \$12,000.00	Amount \$36,000.00		
Agency #	FAYET Agency N		Division		ntact Name		icy Contact none No.	Agency Contact E-mail Address		
0645	Arkansas Dep of Heal			Sherry	Gibson			rry.Gibson@Arkansas.go		
Item #	Category	Short De	escription		Qua	antity	UM Description	Cost		
00001	Personnel	PRO SE	RVICE, CONSULT	ANT.PLANNING	12	000	Lump Sum	\$1.00		

Submitted	Vendor		Contract No.	Contract Period	Method o Procureme		Initial Contract Amount		Total Projected Amount	
06/25/2019	NEW GROW LLC		UACPCS001	05/06/2019 Small Order 07/31/2019			\$7,500.	00	\$17,500.00	
Agency #	Agency Na	ame	Division	Agency Co	ntact Name	Agency			Agency Contact	
0677	Cossatot Ted College				E JOHNSON	Phon 870-58			E-mail Address cjohnson@cccua.edu	
Item #	Category	Short D	escription		Quar	ntity	UM Descri	ption	Cost	
00001	Expenses	Grant W	/riting Services		000	01	Years		\$17,500.00	
Date Submitted	Vendor UNIVERS		Contract No.	Contract Period	Method o	ent	Initial Con	nt	Total Projected Amount	
06/28/2019	ARKANSAS-	MEDICAL	4501866185	03/13/2019 03/12/2020	Intergovernm	entai	\$49,735	.00	\$49,735.00	
Agency #	SCIEN Agency Na		Division	Agency Co	ntact Name	Agency Phon			Agency Contact E-mail Address	
0710	Arkansas Dep of Human Se		Division of Aging Adults & Behavioral	Stephanie	e Scearce	501-53		STEF	PHANIE.SCEARCE@DHS ARKANSAS.GOV	
Item #	Category	Short D	escription		Quar	ntity	UM Descri	ption	Cost	
00005	Personnel	PRO SE	ERVICE,EVALUATIO	N,RESEARCH	000	87	Lump St	ım	\$75.00	
00004	Personnel	PRO SE	ERVICE,EVALUATIO	N,RESEARCH	001	30	Lump St	ım	\$100.00	
00003	Personnel	PRO SE	ERVICE,EVALUATIO	N,RESEARCH	001	04	Lump St	ım	\$95.00	
00002	Personnel	PRO SE	ERVICE,EVALUATIO	N,RESEARCH	001	04	Lump St	ım	\$70.00	
00001	Personnel	PRO SE	ERVICE,EVALUATIO	N,RESEARCH	000	87	Lump St	ım	\$150.00	
Date Submitted	Vendor	Name	Contract No.	Contract Period	Method o		Initial Cor		Total Projected Amount	
06/01/2019	WESTERN A COUNSE GUIDA	LING &	4600043772	01/01/2019 06/30/2019	Request fo Qualificatio	ns	\$44,425	.80	\$44,425.80	
Agency #	Agency Na		Division	Agency Co	ntact Name		Contact e No.		Agency Contact E-mail Address	
0710	Arkansas Dep		Division of Aging Adults & Behavioral	Stephani	e Scearce		7-2283	STE	PHANIE.SCEARCE@DHS ARKANSAS.GOV	
3	of Human Se	;i vices	Addito a Deliavioral							
Item #	Category		escription		Quar	ntity	UM Descri	ption	Cost	
		Short D	escription ERVICE,ASSESSME	NT,MENTAL	Q uar 444	•	UM Descri each	ption	Cost \$1.00	
Item # 00001	Category	Short D PRO SE HEALT	escription ERVICE,ASSESSME	Contract	444 Method o	26 	each	ıtract	\$1.00 Total Projected	
Item # 00001	Category Personnel Vendor SOUTH AR REGIONAL	Short D PRO SE HEALTI Name EKANSAS HEALTH	escription ERVICE,ASSESSME H		444	26 of ent	each	itract	\$1.00	
Date Submitted 06/01/2019	Category Personnel Vendor SOUTH AR	Short D PRO SE HEALTI Name EKANSAS HEALTH	escription ERVICE,ASSESSME H Contract No.	Contract Period 01/01/2019 06/30/2019	Method of Procurement Request for	of ent or ons Agency	Initial Cor Amou \$42,428	itract	\$1.00 Total Projected Amount \$42,428.08 Agency Contact	
Date Submitted 06/01/2019	Category Personnel Vendor SOUTH AR REGIONAL CENT	Short D PRO SE HEALTI Name EKANSAS HEALTH TER ame partment	Contract No.	Contract Period 01/01/2019 06/30/2019 Agency Co	Method of Procurement Request for Qualification	of ent or ons Agency Phon	Initial Cor Amou \$42,428	ntract nt	\$1.00 Total Projected Amount \$42,428.08 Agency Contact E-mail Address	
Date Submitted 06/01/2019 Agency #	Category Personnel Vendor SOUTH AR REGIONAL CENT Agency No	Short D PRO SE HEALTI Name EKANSAS HEALTH TER ame partment ervices	Contract No. 4600043775 Division Division of Aging	Contract Period 01/01/2019 06/30/2019 Agency Co	Method of Procurement Request for Qualification ontact Name	of ent or ons Agency Phon 501-53	Initial Cor Amou \$42,428 Contact	etract nt 3.08	\$1.00 Total Projected Amount \$42,428.08 Agency Contact E-mail Address PHANIE.SCEARCE@DHS	

Date Submitted 06/03/2019	Vendor N SOUTH ARK REGIONAL	KANSAS HEALTH	Contract No. 4600043775	Contract Period 01/01/2019 06/30/2019	Period Procurement 01/01/2019 Request for		Initial Contra Amount \$42,428.0		Total Projected Amount \$42,428.08
Agency #	CENTI Agency Na		Division	Agency Co	ntact Name		cy Contact		Agency Contact
0710	Arkansas Depa of Human Ser	artment	Division of Aging Adults & Behavioral	BRANDI			one No. 320.6476	dhs	E-mail Address .rmu@dhs.arkansas.gov
Item #	Category	Short D	escription		Quar	itity	UM Descript	ion	Cost
00001	Personnel	PRO SE HEALTI	ERVICE,ASSESSMEN H	NT,MENTAL	424	28	each		\$1.00
Date Submitted	Vendor I	lame	Contract No.	Contract Period	Method o	-	Initial Contr Amount		Total Projected Amount
06/01/2019	COUNSE ASSOCIAT		4600043778	01/01/2018 06/30/2019	Request fo Qualificatio		\$40,625.9	6	\$40,625.96
Agency #	Agency Na	me	Division	Agency Co	ntact Name	_	cy Contact one No.		Agency Contact E-mail Address
0710	Arkansas Depa of Human Ser		Division of Aging Adults & Behavioral	Stephanie	e Scearce			STEP	PHANIE.SCEARCE@DHS. ARKANSAS.GOV
Item #	Category	Short D	escription		Quar	ntity	UM Descript	ion	Cost
00001	Personnel	PRO SE HEALTI	ERVICE,ASSESSMEN H	NT,MENTAL	406	26	each		\$1.00
Date Submitted	Vendor I	Name	Contract No.	Contract Period	Method o	-	Initial Contr Amount		Total Projected Amount
06/01/2019	COUNSE ASSOCIAT		4600043778	01/01/2018 06/30/2019	Request for Qualification		\$45,190.9	0	\$45,190.90
Agency #	Agency Na	me	Division	Agency Co	ntact Name		cy Contact one No.		Agency Contact E-mail Address
0710	Arkansas Depa of Human Sei		Division of Aging Adults & Behavioral	Stephanie	e Scearce			STEF	PHANIE.SCEARCE@DHS. ARKANSAS.GOV
Item #	Category	Short D	escription		Quai	ntity	UM Descript	ion	Cost
00001	Personnel	PRO SE HEALTI	ERVICE,ASSESSMEI H	NT,MENTAL	451	91	each		\$1.00
Date Submitted	Vendor I	Name	Contract No.	Contract Period	Method o		Initial Contr Amount		Total Projected Amount
06/03/2019	HLH CONSU		4600044113	07/01/2019 06/30/2020	Request for Qualification	or	\$31,502.7		\$31,502.78
Agency #	Agency Na	me	Division	Agency Co	ntact Name		icy Contact none No.		Agency Contact E-mail Address
0710	Arkansas Depa of Human Se		Division of Aging Adults & Behavioral	BRANDI	BENSEN		320.6476	dhs	s.rmu@dhs.arkansas.gov
Item #	Category	Short D	escription		Quai	ntity	UM Descript	tion	Cost
00001	Personnel		ERVICE,ASSESSMEI	NT,MENTAL	315	•	each		\$1.00

Professional Consultant Services - Executed Contracts Total Projected Cost >= \$10,000 and < \$50,000.00

Date Submitted 06/20/2019	Vendor BROOKH HOSPITA	IAVEN	Contract No. 4600044346	Contract Period 06/01/2019 06/30/2019	Method of Procuremon Emergence	ent	Initial Contract Amount \$26,400.00	Total Projected Amount \$26,400.00	
Agency # 0710	Agency Na Arkansas Dep of Human Se	artment	Division Division of Aging Adults & Behavioral	Agency Co BRANDI		Ph	ocy Contact none No. 320.6476	Agency Contact E-mail Address dhs.rmu@arkansas.gov	
Item # 00001	Category Personnel		Description ERVICE,COMPENSA	TION,DAILY BI	Qua ED 264	-	UM Description Days	Cost \$1.00	

Date	Vendor	Name	Contract No.	Contract	Method o		Initial Contract	Total Projected
Submitted 06/25/2019	DISSINGER			Period 07/01/2019	Procureme Competitive		Amount \$50,500.00	Amount \$50,500.00
				07/31/2020		Agana	v Contact	Aganay Cantact
Agency #	Agency N	ame	Division	Agency Co	ntact Name		cy Contact one No.	Agency Contact E-mail Address
0130	Arkansas Universi	.,		JESSICA F	IOLLOWAY	479-9	968-0269	jholloway@atu.edu
Item #	Category	Short De	escription		Qua	ntity	UM Description	Cost
00001	Services	Claims A	Administration for Atl	nletic Insurance	000	001	Years	\$50,500.00
Date	Vendor	Name	Contract No.	Contract	Method o		Initial Contract	Total Projected
Submitted 06/06/2019	OXFORD RESOU	GLOBAL	RA20190059UAF	Period 05/13/2019 07/05/2019	Procurem Special Procureme		Amount \$39,875.00	Amount \$39,875.00
Agency #	Agency N	ame	Division		ntact Name	_	cy Contact	Agency Contact
0135	University of A	Arkansas	UA Fayetteville	-	ERGUSON		one No. 575-5314	E-mail Address ellenf@uark.edu
Item #	Category	Short De	escription		Qua	ntity	UM Description	Cost
00001	Services	Splunk ir	nstallation/implemen	ntation services	000	002	Months	\$39,875.00
Date Submitted	Vendor	Name	Contract No.	Contract Period	Method o		Initial Contract Amount	Total Projected Amount
06/27/2019	EDWIN	I KEY	4600040852	07/01/2017 06/30/2020	Invitation fo	r Bid	\$34,389.15	\$34,389.15
Agency #	Agency N	ame	Division	Agency Co	ntact Name		cy Contact one No.	Agency Contact E-mail Address
0420	AR Geologica	l Survey		JOSEPH	R. COX			seph.cox@arkansas.gov
Item #	Category	Short De	escription		Qua	ntity	UM Description	Cost
00004	Services	TECH S	ERVICE,JANITORIA	AL	000	003	Months	\$1,063.05
00003	Services	TECH S	ERVICE,JANITORIA	AL	000	006	Months	\$400.00
00002	Services	TECH S	ERVICE, JANITORIA	AL.	000	006	Months	\$300.00
00001	Services	TECH S	ERVICE,JANITORIA	AL	000	036	Months	\$750.00
Date Submitted	Vendor		Contract No.	Contract Period	Method o		Initial Contract Amount	Total Projected Amount
06/25/2019	IOMYAW	NLONG	4600040984	09/01/2017 08/31/2019	Invitation fo	r Bid	\$22,800.00	\$31,920.00
Agency #	Agency N	ame	Division	Agency Co	ntact Name	_	cy Contact one No.	Agency Contact E-mail Address
0480	Departme Correcti			FLORA J	OHNSON			ra.Johnson@arkansas.go
Item #	Category	Short De	escription		Qua	ntity	UM Description	Cost
00002	Services	TECH S	ERVICE,PEST CON	NTROL	128	840	Lump Sum	\$1.00
00001	Services	TEOLLO	ERVICE, PEST CON		099		Lump Sum	\$1.00

Technical and General Services - Executed Contracts Total Projected Cost >= \$25,000.00 and < \$100,000.00

Date Submitted	Vendor	Name	Contract No.	Contract Period	Method o		Initial Contr Amount		Total Projected Amount
06/03/2019	HOPE RIS	SES INC	4600041900	01/30/2018 09/30/2019	Request f Qualification		\$88,233.3	88	\$88,233.38
Agency #	Agency N	ame	Division	Agency Co	ntact Name	-	cy Contact one No.		Agency Contact E-mail Address
0485	Departme Community Co			Samona	a R Smith		-682 - 3426	samo	ona.smith@arkansas.gov
Item #	Category	Short D	escription		Qua	ntity	UM Descript	tion	Cost
00001	Services		SERVICE,INMATE RE RATION	E-ENTRY	882	233	Days		\$1.00
Date Submitted	Vendor	Name	Contract No.	Contract Period	Method of Procurem		Initial Cont		Total Projected Amount
06/05/2019	LITTLE AMBUL	ANCE	4600044595	07/01/2019 06/30/2020	Intergovernm		\$40,000.0		\$40,000.00
Agency #	AUTHO Agency N		Division		ontact Name		cy Contact one No.		Agency Contact E-mail Address
0710	Arkansas Dep of Human Se	partment ervices	Division of Aging Adults & Behavioral	BRANDI	BENSON	501	-320-6476	dl	hs.rmu@arkansas.gov
Item #	Category	Short D	escription		Qua	ntity	UM Descript	tion	Cost
00001	Services	TECH S	SERVICE,MEDICAL 1	RANSPORT	400	000	Lump Sun	n	\$1.00
Date Submitted	Vendor	Name	Contract No.	Contract Period	Method Procurem		Initial Cont		Total Projected Amount
06/28/2019	SOURC GRAPHI		4600044733	06/01/2019 05/31/2021	Competitive	Bid	\$74,500.0	00	\$74,500.00
Agency #	Agency N	ame	Division		ontact Name		cy Contact one No.		Agency Contact E-mail Address
0810	Departme Workforce Se			Nancy	/ Morris		-683-5372	nan	cy.morris@arkansas.gov
Item #	Category	Short D	escription		Qua	ntity	UM Descrip	tion	Cost
00001	Services	TECH S	SERVICE, COPYING		74:	500	each		\$1.00
Date Submitted	Vendor	Name	Contract No.	Contract Period	Method Procurem		Initial Cont		Total Projected Amount
06/13/2019	RAZORO BUILDING S		4600044735	07/01/2019 06/30/2020	Competitive		\$45,347.4		\$90,694.80
Agency #	Agency N	ame	Division	Agency Co	ontact Name		cy Contact none No.		Agency Contact
0810	Departme Workforce So			Warne	r Sebree		-683-1654	SEB	E-mail Address WARNER. BREE@ARKANSAS.GO\
Item #	Category	Short D	escription		Qua	ntity	UM Descrip	tion	Cost
00001	Services		SERVICE,JANITORIA	AI.		012	Months		\$3,778.95

Technical and General Services - Executed Contracts Total Projected Cost >= \$25,000.00 and < \$100,000.00

Date Submitted 06/13/2019	Vendor BEST JAN SERV	ITORIAL	Contract No. 4600044834	Contract Period 07/01/2019 06/30/2020	Method Procurem Competitive	ent Bid	Initial Contrac Amount \$23,460.00	Amount \$93,840.00
Agency # 0810	Agency Na Departme Workforce Se	nt of	Division		ontact Name Sebree	Ph	cy Contact one No. -683-1654 S	Agency Contact E-mail Address WARNER. EBREE@ARKANSAS.GOV
Item #	Category	Short D	escription		Qua	ntity	UM Description	n Cost
00001	Services	TECH S	SERVICE, JANITORI	AL	00	012	Months	\$1,955.00
Date Submitted	Vendor	Name	Contract No.	Contract Period	Method Procurem		Initial Contrac Amount	t Total Projected Amount
06/27/2019	CHRISTO FRANI		4600044836	07/01/2019 06/30/2020	Competitive	e Bid	\$17,516.16	\$70,064.64
Agency #	Agency N	ame	Division		ntact Name		cy Contact one No.	Agency Contact E-mail Address
0810	Departme Workforce Se			Warner	Sebree		-683-1654	WARNER. EBREE@ARKANSAS.GOV
Item #	Category	Short D	escription		Qua	ntity	UM Description	n Cost
00001	Services	TECH S	SERVICE, JANITORI	AL	00	012	Months	\$1,459.68
Date Submitted	Vendor		Contract No.	Contract Period	Method Procurem	ent	Initial Contrac Amount	Amount
06/17/2019	CHRISTO FRANI		4600044841	07/01/2019 06/30/2020	Competitive	e Ria	\$20,160.00	\$80,640.00
Agency # 0810	Agency No.		Division	Agency Co	ntact Name	Ph	cy Contact one No. -683-1654	Agency Contact E-mail Address WARNER
	Workforce Se			· · · · · · · · · · · · · · · · · · ·	000100	001		EBREE@ARKANSAS.GOV
Item #	Category	Short D	escription		Qua	ntity	UM Description	n Cost
00001	Services	TECH S	SERVICE, JANITORI	AL	00	012	Months	\$1,680.00
Date Submitted	Vendor	Name	Contract No.	Contract Period	Method Procurem		Initial Contrac	t Total Projected Amount
06/17/2019	CHRISTO FRANI		4600044842	07/01/2019 06/30/2020	Competitive	e Bid	\$17,184.00	\$68,736.00
Agency #	Agency N	ame	Division		ntact Name		cy Contact ione No.	Agency Contact E-mail Address
0810	Departme Workforce Se			Warne	Sebree		-683-1654	WARNER. SEBREE@ARKANSAS.GOV
Item #	Category	Short D	escription		Qua	intity	UM Descriptio	n Cost
00001	Services	TECH	SERVICE, JANITORI	Α1	00	012	Months	\$1,432.00

Date Submitted	Vendor		Contract No.	Contract Period	Method o	ent	Initial Contract Amount	Total Projected Amount
06/17/2019	MACAIAH	TILLIVIAN	4600044845	07/01/2019 06/30/2020	Competitive		\$33,300.00	\$99,900.00
Agency #	Agency N	ame	Division	Agency Co	ntact Name	-	cy Contact one No.	Agency Contact E-mail Address
0810	Departme Workforce Se			Warner	Sebree		-683-1654	WARNER. BREE@ARKANSAS.GOV
Item #	Category	Short De	scription		Qua	ntity	UM Description	Cost
00001	Services	TECH SE	ERVICE,JANITOR	IAL	000	012	Months	\$2,775.00
Date Submitted	Vendor	Name	Contract No.	Contract Period	Method of Procurem		Initial Contract Amount	Total Projected Amount
06/27/2019	EUGE CHAMBE		4600044857	07/01/2019 06/30/2020	Competitive	Bid	\$13,500.00	\$54,000.00
Agency #	Agency N	ame	Division		ntact Name	_	cy Contact one No.	Agency Contact E-mail Address
0810	Departme Workforce Se			Warner	Sebree		-683-1654	WARNER. BREE@ARKANSAS.GOV
Item #	Category	Short De	scription		Qua	ntity	UM Description	Cost
00001	Services	TECH SE	ERVICE,JANITOR	IAL	000	012	Months	\$1,125.00
Date Submitted	Vendor	Name	Contract No.	Contract Period	Method Procurem		Initial Contract Amount	Total Projected Amount
06/27/2019	CENTRAL A CLEANING		4600044910	07/01/2019 06/30/2020	Competitive	Bid	\$12,288.96	\$36,866.88
Agency #	Agency N	ame	Division	Agency Co	ntact Name		cy Contact one No.	Agency Contact
0810	Departme Workforce So			Warner	Sebree		-683-1654	E-mail Address WARNER. BREE@ARKANSAS.GOV
Item #	Category	Short De	scription		Qua	ntity	UM Description	Cost
00001	Services	TECH SE	ERVICE, JANITOR	IAL	000	012	Months	\$1,024.08
Date Submitted	Vendor	Name	Contract No.	Contract Period	Method Procurem		Initial Contract Amount	Total Projected Amount
06/28/2019	RANDY M \	WALTERS	4600044915	07/01/2019 06/30/2020	Competitive		\$23,419.20	\$70,257.60
Agency #	Agency N	ame	Division	Agency Co	ntact Name		cy Contact one No.	Agency Contact
0810	Departme Workforce So				Sebree		-683-1654	E-mail Address WARNER. BREE@ARKANSAS.GOV
	Category	Short De	scription		Qua	ntity	UM Description	Cost
Item #	Category	OHOIL DC	Compaion		4,010	y	OIN DCSCIIPHOII	0031

Technical and General Services - Executed Contracts Total Projected Cost >= \$25,000.00 and < \$100,000.00

Date Submitted 06/05/2019	Vendor 4E ENVIROI SERVICE	NMENTAL	Contract No. 4600044782	Contract Period 06/23/2019 06/22/2020	Method of Procureme Competitive	ent	Initial Contrac Amount \$30,000.00	Total Projected Amount \$30,000.00
Agency #	Agency Na	ame	Division	Agency Co	ntact Name		cy Contact one No.	Agency Contact E-mail Address
0900	Department of and Touri			Shelly Qu	attlebaum		682-7619	SHELLY. JATTLEBAUM@ARKANSAS. GOV
Item #	Category	Short De	scription		Qua	ntity	UM Descriptio	n Cost
00002	Services	TECH SE BIOLOG	ERVICE,WASTE F ICAL	REMOVAL,	300	000	US pound	\$0.25
00001	Services	TECH SE BIOLOG	ERVICE,WASTE F ICAL	REMOVAL,	900	000	US pound	\$0.25

Agency: AR Department of Environmental Quality		
Purchase Order /		
Purchase Outline Agreement		
Order Date Number Vendo	Vendor Name Description	Amount
6/13/2019 4501884932 Nabholz Inc	Tech Service, Temp flood Barrier Install	\$45,850.00