

Amendment I to RFP 2019-ACHN-01

1/25/2019

NOTE THE FOLLOWING AND ATTACHED ADDITIONS, DELETIONS AND/OR CHANGES TO THE REQUIREMENTS FOR THE REQUEST FOR PROPOSAL NUMBER: 2019-ACHN-01. THIS AMENDMENT MUST BE INCLUDED IN THE VENDOR'S RESPONSE AND MEET THE REQUIREMENTS AS DEFINED IN THE RFP.

THE VENDOR MUST SIGN AND RETURN THIS AMENDMENT WITH THEIR PROPOSAL.

I. Section II.I.3.o, Page 27, change as follows:

Currently reads as:

Monitoring- Medical Review

i. From the list of targeted EIs referenced in Section II.I.3.b., the PCCM-E will select EIs not receiving Care Coordination services, but are high cost and/or high risk, to review claims data for cost efficiency and clinical appropriateness. Payment for each review will be based on completing a report in the HIMS used by the PCCM-E. The required template is located on the Agency's website (see Section II.B). The information required includes:

- (1) Demographics – Name, Address, Contact Information;
- (2) Medicaid Number;
- (3) Diagnoses;
- (4) Past Medical History/Significant Events such as neonatal birth, cerebrovascular accident (stroke), myocardial infarction (heart attack), extended hospitalizations, seizures;
- (5) Medications for the past twelve (12) months:
 - (a) Compliance with medications (fill history); and
 - (b) Highest cost medications.
- (6) Medical Appointments for the past twelve (12) months and compliance with keeping appointments, if known;
- (7) Emergency Department Visits in past twelve (12) months including diagnosis/ reason for visit;
- (8) Hospitalizations for the past twelve (12) months;
- (9) Reason for hospitalizations;
- (10) Procedures during hospitalizations;
- (11) Course of current treatment;

- (12) Durable Medical Equipment;
- (13) Case Management Services (Targeted Case Management, Care Coordination, Waivers);
- (14) Cost drivers;
- (15) Next Steps; and
- (16) Recommendations to the Agency, if necessary.

Revised as:

Monitoring- Medical Review

- i. From the list of targeted EIs referenced in Section II.I.3.b., the PCCM-E will select EIs not receiving Care Coordination services, but are high cost and/or high risk, to review claims data for cost efficiency and clinical appropriateness. Payment for each review will be based on completing a report in the HIMS used by the PCCM-E. **The review must be completed by a BSN.** The required template is located on the Agency's website (see Section II.B). The information required includes:
 - (1) Demographics – Name, Address, Contact Information;
 - (2) Medicaid Number;
 - (3) Diagnoses;
 - (4) Past Medical History/Significant Events such as neonatal birth, cerebrovascular accident (stroke), myocardial infarction (heart attack), extended hospitalizations, seizures;
 - (5) Medications for the past twelve (12) months:
 - (a) Compliance with medications (fill history); and
 - (b) Highest cost medications.
 - (6) Medical Appointments for the past twelve (12) months and compliance with keeping appointments, if known;
 - (7) Emergency Department Visits in past twelve (12) months including

- diagnosis/ reason for visit;
- (8) Hospitalizations for the past twelve (12) months;
 - (9) Reason for hospitalizations;
 - (10) Procedures during hospitalizations;
 - (11) Course of current treatment;
 - (12) Durable Medical Equipment;
 - (13) Case Management Services (Targeted Case Management, Care Coordination, Waivers);
 - (14) Cost drivers;
 - (15) Next Steps; and
 - (16) Recommendations to the Agency, if necessary.

II. Section II.J.9 , Page 45 change as follows:

Currently reads as:

The PCCM-E shall on a monthly basis submit an accounting flash report, using a template provided by the Agency, that gives a high-level summary of monthly revenues and expenses. The flash report shall be due ten (10) Business Days following the last day of the preceding month. If the PCCM-E incurs two (2) consecutive months with expenses greater than revenues, the PCCM-E will submit to the Agency a Corrective Action Plan (CAP) that details the actions the PCCM-E will enact to enable the PCCM-E to decrease expenses below revenues. The CAP must be submitted within ten (10) Business Days following receipt of Agency notification that a CAP is required.

Revised as:

The PCCM-E shall on a monthly basis submit an accounting flash report, using a template provided by the Agency, that gives a high-level summary of monthly revenues and expenses. The flash report shall be due **fifteen (15) Business Days** following the last day of the preceding month. If the PCCM-E incurs two (2) consecutive months with expenses greater than revenues, the PCCM-E will submit to the Agency a Corrective Action Plan (CAP) that details the actions the PCCM-E will enact to enable the PCCM-E to decrease expenses below

revenues. The CAP must be submitted within ten (10) Business Days following receipt of Agency notification that a CAP is required.

III. Section VI.1.b.x., Page 72 remove the following:

Vendor's acknowledgment that the State will not reimburse the Vendor until: (a) the Project Director has approved the invoice; and (b) the Agency has received and approved all deliverables covered by the invoice; and

IV. Section VI.2., Page 73 change as follows:

Currently reads as:

The State reserves the right to use any information or additional references deemed necessary to establish the ability of the Vendor to perform the conditions of the Contract.

Revised as:

Furnish three (3) professional references for the Executive Director position, including contact name, title, organization, address, phone number, and E-mail address. Professional references must be submitted in accordance with Appendix D: Key Personnel Resume Sheet. The State reserves the right to use any information or additional references deemed necessary to establish the ability of the Vendor to perform the conditions of the Contract.

Exhibit C , Page 108 change as follows:

Currently reads as:

All Care Plans for EIs receiving General Care Coordination must be documented in the HIMS designated by the Agency.

Revised as:

All Care Plans for EIs receiving General Care Coordination must be documented in the HIMS approved by the Agency.

V. Exhibit F, Page 114 cahnge as follows:

Currently reads as:

Exhibit F – Requirements for Key Staff and Other Positions

1) Administrative Staff Requirements. The PCCM-E(s) must:

- a) have sufficient and appropriate staff;
- b) ensure staff are properly licensed and credentialed;
- c) ensure staff operates within their professional scope;
- d) ensure staff responds to needs of EIs;
- e) provide appropriate training to all staff; and
- f) submit potential staff resumes for review by the Agency to ensure appropriate experience requirements are met.

2) Executive Director:

- a) Possess a Bachelor of Science (BS) or Bachelor of Arts (BA) degree from an accredited college or university (preferred);
- b) Have a minimum of three (3) years management experience in managed health care and experience working with low income populations; or
- c) In lieu of a BS or BA degree, the individual may have ten (10) years management experience in managed health care;
- d) The authority to make all day to day program decisions including hiring, firing, financial, contract agreements, policies and procedures, and the budget approved by the PCMM-E Governing Board; and
- e) Maintain a full-time office in the PCCM-E Region.

3) Medical Director:

- a) Be a practicing Primary Care Physician within the Region for which he or she serves as Medical Director. If the Medical Director practices in more than one Region, he or she will only be eligible to serve (as Medical Director) in the Region of his or her main practice site;
- b) Be a licensed physician in the State of Alabama (required);
- c) Have three (3) years' experience with low income populations;
- d) Is part-time.
- e) Primary responsibilities include, but are not limited to:
 - i) Maintain contact with local Providers;
 - ii) Represent the PCCM-E in person at select meetings as required by the Agency and/or the PCCM-E;
 - iii) Address local issues at the community level;
 - iv) Lead quarterly Medical Management Meetings in the Region; and
 - v) Approve the Quality Initiatives and Quality Improvement Plan of PCCM-E.

4) Quality Care Manager:

- a) Possess at least one of the following qualifications:
 - i) Master of Public Health (MPH) in Epidemiology (preferred);
 - ii) Master of Science (MS) in Health Services or Public Health, or Master of Health Administration (MHA) with minimum of one (1) year experience in managing population health;
 - iii) Master of Social Work (MSW) degree with appropriate license with one (1) year experience in managing population health; or
 - iv) Bachelor of Science in Nursing (BSN) degree with current license and minimum of one (1) year experience in managing population health.

- b) Primary responsibilities include, but are not limited to:
- i) Oversees the Quality Improvement Plan and submits quarterly reports to the Agency on the progress made and plans to address any issues identified;
 - ii) Ensures the PCCM-E completes the required Quality Improvement Projects (QIPs) and meets required benchmarks;
 - iii) Reviews and reports data to the Medical Director, Region Medical Management Committee, and the PCCM-E information related to Quality Measures, QIPs, and any Agency directed quality initiatives adopted by the Agency;
 - iv) Support the Care Coordination activities of those in the Region that are at the highest risk and cost along with other areas of focus as chosen by the PCCM-E;
 - v) Work with existing Care Coordinators to meet transformation goals (listed in I. B. Purpose transformation Goals) or initiatives as defined by the PCCM-E or the Agency;
 - vi) Assist the Region Medical Management Committee by providing data and assistance in implementing health initiatives;
 - vii) Ensure quality of services are provided in accordance with state and federal regulations;
 - viii) Population Health Management - Oversees the PCCM-E Quality Improvement Plan by:
 - (1) Systematic data analysis to target EIs and Providers for outreach, education, and intervention to improve health outcomes;
 - (2) Monitoring system access to care, services, and treatment including linkage to a Medical Home;
 - (3) Monitoring quality and effectiveness of interventions to the population;
 - (4) Facilitating quality improvement activities that educate, support, and monitor Providers regarding evidence-based care for best practice; and
 - (5) Implement clinical management initiatives identified as priorities by the Agency, Quality Assurance Committee, and the PCCM-E.

- 5) Pharmacy Director (See Exhibit L below for additional information):
 - a) Current Alabama pharmacy license in good standing;
 - b) Work within the Region; live within the Region (preferred);
 - c) Holds at a minimum a B.S. degree in Pharmacy;
 - d) Must have a minimum of five (5) years of pharmacist experience within the past six (6) years; supervisory experience preferred; and
 - e) Possess excellent organizational and administrative skills.

- 6) Care Coordinator Supervisor:
 - a) Minimum of three (3) years' experience in Care Coordination or case management;
 - b) Possess at least one of the following qualifications:
 - i) Master of Social Work (MSW) degree from an accredited school of Social Work, and minimum Licensed Graduate Social Worker (LGSW); or
 - ii) Minimum of a Bachelor of Science in Nursing (BSN) degree with appropriate license.

- 7) General Care Coordinators:
 - a) Possess at least one of the following qualifications:
 - i) Minimum of Bachelor of Science in Nursing (BSN) degree with appropriate license; or
 - ii) Minimum of Bachelor of Social Work (BSW) or MSW from an accredited school of Social Work and appropriate license.

- 8) Maternity Care Coordinators:
 - a) Possess at least one of the following qualifications:
 - i) Minimum of Bachelor of Science in Nursing (BSN) degree with appropriate license;
 - ii) Minimum of Bachelor of Social Work (BSW) or MSW from an accredited school of Social Work and appropriate license;

iii) Maternity Care Coordinators may also be a licensed registered nurse with an Associate of Science degree or diploma in nursing, with one (1) year experience in Care Coordination with low-income populations; or

iv) Maternity Care Coordinators may be comprised of 20% licensed practical nurses with at least two (2) years of clinical experience and one (1) year experience in Care Coordination, accessing resources, and coordinating care with low-income populations.

b) Application Assister – an Application Assister is a Maternity Care Coordinator that has received training from the Agency to assist in Medicaid applications.

9) Family Planning Care Coordinators:

a) Possess at least one of the following qualifications:

i) Minimum of Bachelor of Science in Nursing (BSN) degree with appropriate license; or

ii) Minimum of Bachelor of Social Work (BSW) or MSW from an accredited school of Social Work and appropriate license.

10) Community Health Workers:

a) Minimum of a high school diploma or GED; and

b) Have a valid driver's license.

11) Transitional Care Nurses:

a) Maintain appropriate licensure;

b) At least 50% of transitional care nurses on staff must:

i) Possess BSN degree; and

ii) Have experience in a hospital or Home Health setting;

c) The remainder of transitional care nurses on staff may:

i) Possess an Associate Degree in Nursing (ADN) or Diploma in Nursing;

- ii) Within last three (3) years, have a minimum of two (2) years of direct patient care experience in a health care setting (preferably hospital, home health agency, or PCCM-E).

12) Behavioral Health Nurses:

- a) An individual with a BSN must meet the following:
 - i) Minimum of a BSN degree with appropriate license; and
 - ii) Within the last three (3) years have a minimum of two (2) years nursing experience in an acute treatment unit in a psychiatric hospital, psychiatric home care, psychiatric partial hospitalization program, or other outpatient psychiatric services; or
- b) An individual with an ADN must meet the following:
 - i) Possess an ADN degree or Diploma of Nursing degree with appropriate license; and
 - ii) Within last four (4) years have a minimum of three (3) years nursing experience in an acute treatment unit within a psychiatric hospital, psychiatric home care, psychiatric partial hospitalization program, or other outpatient psychiatric services

13) Community Pharmacist:

- a) Must hold a current Alabama Pharmacy license in good standing;
- b) Must hold a current Alabama Preceptor certification (at the time of or within six (6) months of start of the Contract);
- c) Must work and preferably live within the PCCM-E Region;
- d) Must hold at a minimum a B.S. in Pharmacy with a Pharm.D. preferred;
- e) Must have three (3) years of community pharmacy experience within the past four (4) years preferably with supervisory experience preferred;
- f) Must possess excellent organizational and administrative skills; and

14) Transitional Pharmacist:

- a) Must hold a current Alabama Pharmacy license in good standing;

- b) Must hold a current Alabama Preceptor certification;
- c) Must work and preferably live within the PCCM-E Region;
- d) Must hold at a minimum a B.S. in Pharmacy with a Pharm.D. preferred;
- e) Must have formal residency training or equivalent clinical inpatient experience (minimum of three (3) calendar years within the past four (4) years preferably with supervisory experience preferred; and
- f) Must possess excellent organizational and administrative skills.

Revised as:

Exhibit F – Requirements for Key Staff and Other Positions

- 1) Administrative Staff Requirements. The PCCM-E(s) must:
 - a) have sufficient and appropriate staff;
 - b) ensure staff are properly licensed and credentialed;
 - c) ensure staff operates within their professional scope;
 - d) ensure staff responds to needs of EIs;
 - e) provide appropriate training to all staff; and
 - f) submit potential staff resumes for review by the Agency to ensure appropriate experience requirements are met.
- 2) Executive Director:
 - a) Possess a Bachelor of Science (BS) or Bachelor of Arts (BA) degree from an accredited college or university (preferred);
 - b) Have a minimum of three (3) years management experience in managed health care and experience working with low income populations; or
 - c) In lieu of a BS or BA degree, the individual may have ten (10) years management experience in managed health care;

d) The authority to make all day to day program decisions including hiring, firing, financial, contract agreements, policies and procedures, and the budget approved by the PCMM-E Governing Board,

e) Maintain a full-time office in the PCCM-E Region, and

f) Is full-time.

3) Medical Director:

f) Be a practicing Primary Care Physician within the Region for which he or she serves as Medical Director. If the Medical Director practices in more than one Region, he or she will only be eligible to serve (as Medical Director) in the Region of his or her main practice site;

g) Be a licensed physician in the State of Alabama (required);

h) Have three (3) years' experience with low income populations;

i) Is part-time.

j) Primary responsibilities include, but are not limited to:

i) Maintain contact with local Providers;

ii) Represent the PCCM-E in person at select meetings as required by the Agency and/or the PCCM-E;

iii) Address local issues at the community level;

iv) Lead quarterly Medical Management Meetings in the Region; and

v) Approve the Quality Initiatives and Quality Improvement Plan of PCCM-E.

4) Quality Care Manager:

c) Possess at least one of the following qualifications:

i) Master of Public Health (MPH) in Epidemiology (preferred);

- ii) Master of Science (MS) in Health Services or Public Health, or Master of Health Administration (MHA) with minimum of one (1) year experience in managing population health;
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 - iv) Bachelor of Science in Nursing (BSN) degree with current license and minimum of one (1) year experience in managing population health.
- d) Primary responsibilities include, but are not limited to:
- i) Oversees the Quality Improvement Plan and submits quarterly reports to the Agency on the progress made and plans to address any issues identified;
 - ii) Ensures the PCCM-E completes the required Quality Improvement Projects (QIPs) and meets required benchmarks;
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 - iv) Support the Care Coordination activities of those in the Region that are at the highest risk and cost along with other areas of focus as chosen by the PCCM-E;
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 - vi) Assist the Region Medical Management Committee by providing data and assistance in implementing health initiatives;
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 - viii) Population Health Management - Oversees the PCCM-E Quality Improvement Plan by:
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- (3) Monitoring quality and effectiveness of interventions to the population;
- (4) Facilitating quality improvement activities that educate, support, and monitor Providers regarding evidence-based care for best practice; and
- (5) Implement clinical management initiatives identified as priorities by the Agency, Quality Assurance Committee, and the PCCM-E.

ix) Is full-time.

5) Pharmacy Director (See Exhibit L below for additional information):

- f) Current Alabama pharmacy license in good standing;
- g) Work within the Region; live within the Region (preferred);
- h) Holds at a minimum a B.S. degree in Pharmacy;
- i) Must have a minimum of five (5) years of pharmacist experience within the past six (6) years; supervisory experience preferred;
- j) Possess excellent organizational and administrative skills; and

k) Is full-time.

6) Care Coordinator Supervisor:

- c) Minimum of three (3) years' experience in Care Coordination or case management;
- d) Possess at least one of the following qualifications:
 - i) Master of Social Work (MSW) degree from an accredited school of Social Work, and minimum Licensed Graduate Social Worker (LGSW); or
 - ii) Minimum of a Bachelor of Science in Nursing (BSN) degree with appropriate license.

e) Is full-time.

7) General Care Coordinators:

- b) Possess at least one of the following qualifications:

- i) Minimum of Bachelor of Science in Nursing (BSN) degree with appropriate license; or
- ii) Minimum of Bachelor of Social Work (BSW) or MSW from an accredited school of Social Work and appropriate license.

8) Maternity Care Coordinators:

- b) Possess at least one of the following qualifications:
 - i) Minimum of Bachelor of Science in Nursing (BSN) degree with appropriate license;
 - ii) Minimum of Bachelor of Social Work (BSW) or MSW from an accredited school of Social Work and appropriate license;
 - iii) Maternity Care Coordinators may also be a licensed registered nurse with an Associate of Science degree or diploma in nursing, with one (1) year experience in Care Coordination with low-income populations; or
 - iv) Maternity Care Coordinators may be comprised of 20% licensed practical nurses with at least two (2) years of clinical experience and one (1) year experience in Care Coordination, accessing resources, and coordinating care with low-income populations.
- b) Application Assister – an Application Assister is a Maternity Care Coordinator that has received training from the Agency to assist in Medicaid applications.

9) Family Planning Care Coordinators:

- b) Possess at least one of the following qualifications:
 - i) Minimum of Bachelor of Science in Nursing (BSN) degree with appropriate license; or
 - ii) Minimum of Bachelor of Social Work (BSW) or MSW from an accredited school of Social Work and appropriate license.

10) Community Health Workers:

- c) Minimum of a high school diploma or GED; and
- d) Have a valid driver's license.

11) Transitional Care Nurses:

- d) Maintain appropriate licensure;
- e) At least 50% of transitional care nurses on staff must:
 - i) Possess BSN degree; and
 - ii) Have experience in a hospital or Home Health setting;
- f) The remainder of transitional care nurses on staff may:
 - i) Possess an Associate Degree in Nursing (ADN) or Diploma in Nursing;
 - ii) Within last three (3) years, have a minimum of two (2) years of direct patient care experience in a health care setting (preferably hospital, home health agency, or PCCM-E).

12) Behavioral Health Nurses:

- c) An individual with a BSN must meet the following:
 - i) Minimum of a BSN degree with appropriate license; and
 - ii) Within the last three (3) years have a minimum of two (2) years nursing experience in an acute treatment unit in a psychiatric hospital, psychiatric home care, psychiatric partial hospitalization program, or other outpatient psychiatric services; or
- d) An individual with an ADN must meet the following:
 - i) Possess an ADN degree or Diploma of Nursing degree with appropriate license; and
 - ii) Within last four (4) years have a minimum of three (3) years nursing experience in an acute treatment unit within a psychiatric hospital, psychiatric home care, psychiatric partial hospitalization program, or other outpatient psychiatric services

13) Community Pharmacist:

- g) Must hold a current Alabama Pharmacy license in good standing;

- h) Must hold a current Alabama Preceptor certification (at the time of or within six (6) months of start of the Contract);
- i) Must work and preferably live within the PCCM-E Region;
- j) Must hold at a minimum a B.S. in Pharmacy with a Pharm.D. preferred;
- k) Must have three (3) years of community pharmacy experience within the past four (4) years preferably with supervisory experience preferred;
- l) Must possess excellent organizational and administrative skills; and

14) Transitional Pharmacist:

- g) Must hold a current Alabama Pharmacy license in good standing;
- h) Must hold a current Alabama Preceptor certification;
- i) Must work and preferably live within the PCCM-E Region;
- j) Must hold at a minimum a B.S. in Pharmacy with a Pharm.D. preferred;
- k) Must have formal residency training or equivalent clinical inpatient experience (minimum of three (3) calendar years within the past four (4) years preferably with supervisory experience preferred; and
- l) Must possess excellent organizational and administrative skills.

VI. Appendix A, Page 152 change as follows:

Currently reads as:

Appendix A: Proposal Compliance Checklist

NOTICE TO VENDOR:

It is highly encouraged that the following checklist be used to verify completeness of Proposal content. It is not required to submit this checklist with your proposal.

Vendor Name

Project Director

Review Date

Proposals for which ALL applicable items are marked by the Project Director are determined to be compliant for responsive proposals.

<input checked="" type="checkbox"/> IF CORRECT	BASIC PROPOSAL REQUIREMENTS
<input type="checkbox"/>	1. Vendor's original proposal received on time at correct location.
<input type="checkbox"/>	2. Vendor submitted the specified copies of proposal and in electronic format.
<input type="checkbox"/>	3. The Proposal includes a completed and signed RFP Cover Sheet.
<input type="checkbox"/>	4. The Proposal is a complete and independent document, with no references to external documents or resources.
<input type="checkbox"/>	5. Vendor submitted signed acknowledgement of any and all addenda to RFP.
<input type="checkbox"/>	6. The Proposal includes written confirmation that the Vendor understands and shall comply with all of the provisions of the RFP.
<input type="checkbox"/>	7. The Proposal includes required client references (with all identifying information in specified format and order).
<input type="checkbox"/>	8. The Proposal includes a corporate background.
<input type="checkbox"/>	9. The Proposal includes a detailed description of the plan to design, implement, monitor, address special situations related to a new PCCM-E as outlined in the request for proposal regarding each element listed in the scope of work.
<input type="checkbox"/>	10. Vendor must submit a statement stating that the Vendor understands and will comply with the terms and conditions as set out in this RFP. Additions or exceptions to the standard terms and conditions are not allowed. Any addition or exception to the terms and conditions are considered severed, null and void, and may result in the Vendor's proposal being deemed non-responsive.
<input type="checkbox"/>	11. The response includes (if applicable) a Certificate of Authority or letter/form showing application has been made with the Secretary of State for a Certificate of Authority.
<input type="checkbox"/>	12. The response must include an E-Verify Memorandum of Understanding with the Department of Homeland Security.

Revised as:

Appendix A: Proposal Compliance Checklist

NOTICE TO VENDOR:

It is highly encouraged that the following checklist be used to verify completeness of Proposal content. It is not required to submit this checklist with your proposal.

Vendor Name

Project Director

Review Date

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<input checked="" type="checkbox"/> IF CORRECT	BASIC PROPOSAL REQUIREMENTS
<input type="checkbox"/>	1. Vendor's original proposal received on time at correct location.
<input type="checkbox"/>	2. Vendor submitted the specified copies of proposal and in electronic format.
<input type="checkbox"/>	3. The Proposal includes a completed and signed RFP Cover Sheet.
<input type="checkbox"/>	4. The Proposal is a complete and independent document, with no references to external documents or resources.
<input type="checkbox"/>	5. Vendor submitted signed acknowledgement of any and all addenda to RFP.
<input type="checkbox"/>	6. The Proposal includes written confirmation that the Vendor understands and shall comply with all of the provisions of the RFP.
<input type="checkbox"/>	7. The Proposal includes required professional references (with all identifying information in specified format and order).
<input type="checkbox"/>	8. The Proposal includes a corporate background.
<input type="checkbox"/>	9. The Proposal includes a detailed description of the plan to design, implement, monitor, address special situations related to a new PCCM-E as outlined in the request for proposal regarding each element listed in the scope of work.
<input type="checkbox"/>	10. Vendor must submit a statement stating that the Vendor understands and will comply with the terms and conditions as set out in this RFP. Additions or exceptions to the standard terms and conditions are not allowed. Any addition or exception to the terms and conditions are considered severed,

	null and void, and may result in the Vendor's proposal being deemed non-responsive.
<input type="checkbox"/>	11. The response includes (if applicable) a Certificate of Authority or letter/form showing application has been made with the Secretary of State for a Certificate of Authority.
<input type="checkbox"/>	12. The response must include an E-Verify Memorandum of Understanding with the Department of Homeland Security.

VII. Appendix B, Page 154 change as follows:

Currently reads as:

APPENDIX B: SCORED ITEMS AND COMPLIANCE ACKNOWLEDGEMENT

**ALABAMA MEDICAID AGENCY
Request for Proposal RFP# 2019-ACHN-01**

Instructions: In accordance with Section VII, Vendors must provide a hard and soft copy narrative response to the Section II – Scope of Work (Scored Items), listed below. The vendor's response should include:

- HOW do you intend to complete the requirement?
- WHAT problems/issues need to be resolved?
- WHAT assistance will be needed from the Agency?
- WHO will execute the requirement?
- WHAT additional information would you like to submit?

The response to each requirement, listed below, must not exceed two (2) pages. Attached documents, including graphics, flow charts, diagrams, and other descriptive information should only be used to support the information in the narrative response. Attachments not directly referenced in the narrative response, will not be reviewed. Attachments, including graphics, charts, and other supplemental information must not exceed ten (10) pages for the entirety of this document. Pages in excess of the stated page limits (including supplemental pages), will not be reviewed. Requirements, listed below, may be paraphrased. Refer to RFP document for complete description.

Revised as:

APPENDIX B: SCORED ITEMS AND COMPLIANCE ACKNOWLEDGEMENT

**ALABAMA MEDICAID AGENCY
Request for Proposal RFP# 2019-ACHN-01**

Instructions: In accordance with Section VII, Vendors must provide a hard and soft copy narrative response to the Section II – Scope of Work (Scored Items), listed below. The vendor’s response should include:

- HOW do you intend to complete the requirement?
- WHAT problems/issues need to be resolved?
- WHAT assistance will be needed from the Agency?
- WHO will execute the requirement?
- WHAT additional information would you like to submit?

Attached documents, including graphics, flow charts, diagrams, and other descriptive information should only be used to support the information in the narrative response. Attachments not directly referenced in the narrative response, will not be reviewed. Requirements, listed below, may be paraphrased. Refer to RFP document for complete description.

I hereby acknowledge the receipt of Addendum I to RFP 2019-ACHN -01.

Authorized Contractor Signature

Date-

Contractor Organization