

Amendment 3 to RFP 2023-ACHN-01

02/22/2024

NOTE THE FOLLOWING AND ATTACHED ADDITIONS, DELETIONS, AND/OR CHANGES TO THE REQUIREMENTS FOR THE REQUEST FOR PROPOSAL NUMBER 2023-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.

1. VI. d, Corporate Background and References, Page 66, changed as follows:

Currently Reads 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 the Key Personnel Resume Sheet located in the Procurement Library. 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 RFP. **You may not use any Alabama Medicaid Agency personnel as a reference.**

Revised as:

Furnish three (3) professional references for the **Key Staff** positions, including contact name, title, organization, address, phone number, and E-mail address. Professional references must be submitted in accordance with the Key Personnel Resume Sheet located in the Procurement Library. 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 RFP. **You may not use any Alabama Medicaid Agency personnel as a reference.**

2. Amendment 2, Item 8, Pages 28-30, changed as follows:

Currently Reads as:

Appendix E: RFP Documentation

Procurement Library Contents at the time of RFP release are listed below. Please refer to the Alabama Medicaid Procurement website for any updates to the Procurement Library.

https://medicaid.alabama.gov/content/2.0_Newsroom/2.4_Procurement.aspx

1. PL01_Consumer Advisory Committee Policy
2. PL02_Care Management Care Plan Requirements Policy
3. PL03_Recipient Materials Requirements
4. PL04_Recipient Materials Requirements-Provider Directory
5. PL05_Recipient Notice Model
6. PL06_Regions Map
7. PL07_Multidisciplinary Care Team
8. PL08_Care Management Guidelines
9. PL09_General Risk Stratification Chart-updated
10. PL10_Medically Complex Stratification Chart-updated
11. PL11_Maternity Risk Stratification Chart-updated
12. PL12_Medical Monitoring Risk Stratification chart-updated

13. PL13_Enrollments, Disenrollments and Reenrollments
14. PL14_Recipient Assignment Process
15. PL15_Training Requirements for Staff who Provide Care Management Services for the Medically Complex Population
16. PL16_Enrollee Manual Model
17. PL17_ Quarterly Grievance Reporting Template
18. PL18_Alabama Medicaid Vendor Interface Specifications
19. PL 19_Alabama Medicaid Case Management Activity Guide V4.0
20. PL 20_Medical Management Meetings
21. PL 21_Medicaid Enterprise Security Policy - Full Set - Moderate v1.4-added
22. PL 22_Key Personnel Resume Sheet -added
23. PL 23_Alabama ACHN PCCM-e Payment Support

Revised as:

Appendix E: RFP Documentation

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2. PL02_Care Management Care Plan Requirements Policy
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5. PL05_Recipient Notice Model
6. PL06_Regions Map
7. PL07_Multidisciplinary Care Team
8. PL08_Care Management Guidelines
9. PL09_General Risk Stratification Chart
10. PL10_Medically Complex Stratification Chart
11. PL11_Maternity Risk Stratification Chart
12. PL12_Medical Monitoring Risk Stratification chart
13. PL13_Enrollments, Disenrollments and Reenrollments
14. PL14_Recipient Assignment Process
15. PL15_Training Requirements for Staff who Provide Care Management Services for the Medically Complex Population-**updated**
16. PL16_Enrollee Manual Model

17. PL17_ Quarterly Grievance Reporting Template
18. PL18_ Alabama Medicaid Vendor Interface Specifications
19. PL 19_ Alabama Medicaid Case Management Activity Guide V4.0
20. PL 20_ Medical Management Meetings
21. PL 21_ Medicaid Enterprise Security Policy - Full Set - Moderate v1.4
22. PL 22_ Key Personnel Resume Sheet
23. PL 23_ Alabama ACHN PCCM-e Payment Support
24. PL 24_ ACHN Vendor Orientation Overview-added
25. PL 25_ Readiness Schedule-added

3. Amendment 2, Item 2, Pages 3-21, added as follows:

Currently Reads as:

Appendix K: Key Staff and other Positions Requirements

Key Staff

Executive Director

Requirements:

- Full-time;
- Possess excellent organizational and administrative skills; and
- Must maintain a full-time office in the PCCM-e Region.

Education/Experience

- Possess a Bachelor's Degree in Business Administration, Finance, Accounting or related field from an accredited college or university (preferred).
- Have a minimum of three years management experience in managed health care (to include population health management) and experience working with low-income populations; or
- In lieu of a bachelor's degree, the individual may have 10 years management experience in managed healthcare.

Primary responsibilities include, but are not limited to:

- Authority to make all day-to-day program decisions including hiring, firing, and financial decisions consistent with the terms of the Contract, within the policies and procedures of the PCCM-e and the budget approved by the PCCM-e's Governing Board.
- Leads and maintains a team of qualified staff to ensure quality of services are provided in accordance with state and federal requirements and regulations; Agency and program goals and objectives are met; and desired health outcomes are achieved; and

- Serves as primary administrative liaison between the PCCM-e and the Agency.

Medical Director

Requirements:

- Be a practicing 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.
- Part-time.

Education/Experience

- Be a licensed physician in the State of Alabama (required).
- Have three (3) years' experience with low-income populations; and

Primary responsibilities include, but are not limited to:

- Maintain contact with local providers.
- Represent the PCCM-e in person at select meetings as required by the Agency and/or the PCCM-e.
- Address local issues at the community level.
- Lead quarterly Medical Management Meetings in the Region; and
- Approve the Quality Initiatives and Quality Improvement Plan of PCCM-e.

Pharmacy Director

Requirements:

- Possess excellent organizational and administrative skills; and
- Is full-time.
- Current Alabama pharmacy license in good standing.
- Work within the Region; live within the Region (preferred).

Education/Experience

- Holds at a minimum a B.S. degree in Pharmacy.
- Must have a minimum of five years of pharmacist experience within the past six years; supervisory experience (preferred).

Primary responsibilities include:

- Provide leadership and oversight of the Pharmacy Program for the PCCM-e, including supervision of the Community Pharmacist, Transitional Pharmacist, and any pharmacy staff (pharmacists or certified pharmacy technicians) within the Region.
- May serve simultaneously as either the Transitional Pharmacist or Community Pharmacist but must meet the educational/professional criteria for both positions held.

- Serve as the primary point of contact with the Agency for all meetings and coordination in all pharmacy related matters.
- Develop, coordinate, implement, and manage education of community, inpatient, transitional, and all pharmacists and PCPs within the PCCM-e and Agency pharmacy initiatives.
- Develop, coordinate, engage within, and manage staff to implement programs that advance the Medical Home.
- Work with the PCCM-e’s management team to determine ways to support pharmacists and prescribers with management of drug costs and policies.
- Create and manage programs that address new policies as the Agency implements them.
- Attend and present at various local PCCM-e and Agency meetings as requested, such as Steering Committee meetings, Medical Management meetings, Alabama Medicaid Pharmacy and Therapeutics (P&T) and Drug Utilization Review (DUR) meetings, and PCCM-e Director’s Meetings.
- Serve as a resource to PCPs and care managers on general drug information and Agency pharmacy policy issues.
- Develop and implement a Medication Reconciliation standard for both Community and Transitional Pharmacists to follow and maintain. Implementing medication reconciliation in concert with the PCP and Pharmacists to assure continuation of needed therapy following inpatient discharge to ensure a seamless transition back into the community.
- Educate, train or coordinate the education and training of staff on processes to be developed, such as Medication Reconciliation.
- Coordinate efforts with the Alabama Medicaid Academic Detailing Program regarding obtaining administrative detailing sessions for the PCCM-e’s network PCPs.
- Participate in regular status calls with Agency Pharmacy Program staff.
- Complete, oversee, be responsible for, and submit all reports for the PCCM-e Pharmacy Program.

Population Health Data Analyst

Requirements:

- Ensures analytics supports the quality improvement plan, projects, activities and clinical management initiatives identified as priorities by the Agency and the PCCM-e.
- Lead the design, implementation, dissemination, and interpretation of population health analysis and reporting.
- Utilizes claims and administrative data to identify and measure key metrics for improving the quality of care and health outcomes of Medicaid recipients.
- Develops strong, collaborative relationships and communications with internal and

external partners in clinical, administrative, financial, and technical matters.

- Self-starter, independent worker, collaborative, and the ability to work under tight deadlines.
- Full-time

Education/Experience

- Minimum – B.S degree in a science, public health, or statistical-related field with seven (7) years of relevant experience in public health data analysis, epidemiology, or statistical analysis
- Preferred – Doctorate or Master’s degree in a science, public health, or statistical-related field with a minimum of 3-5 years of relevant experience in public health data analysis, epidemiology, or statistical analysis
- Qualifications and Skills
 - Must have 5 years of experience writing SQL queries or similar languages with knowledge of database design, data entry, and data management.
 - Must have 5 years of experience managing large, complex, and longitudinal datasets; moving and merging data files from different platforms cleaning and aggregating data and performing quality control.
 - Must demonstrate the ability to use statistical software such as SAS, SPSS, or R for statistical analysis.
 - Ability to use Tableau, Microsoft EXCEL, and Power BI to manipulate, analyze, and visualize data for dashboards and presentations.
 - Knowledge and/or experience with external data sources such as Department of Public Health and Centers for Disease Control (CDC).

Primary responsibilities include:

- Assists the Quality Care Director in effectively managing quality improvement projects, by providing consultative, technical, and subject matter expertise, and actively designing and executing analyses.
- Conducts analyses, interpret results, and summarize and present findings to relevant stakeholders.
- Communicates analytic advice and statistical methodology effectively with clients, management, and staff.
- Analyzes and understands stakeholder’s needs and translate them into formal requirements.
- Maintains public health management expertise; stays abreast of industry changes and trends.

Quality Care Director

Requirements:

- Is full-time, and
- Works and lives in the region.

Education/Experience

- Certified Professional in Healthcare Quality (CPHQ) or equivalent experience related to healthcare quality.
- Bachelor's degree in public health, public administration or healthcare quality and safety, master's degree preferred. Relevant work experience can be substituted for master's degree.
- Clinical background preferred.
- Prior experience, at least one year, working with the Medicaid population.
- Familiarity with Healthcare Effectiveness Data and Information Set (HEDIS®), CAHPS, and other standardized quality measures/assessments
- Proficiency in quantitative data analysis
- At least 3 years' experience related to population health management, including interpretation and presentation of data; identifying opportunities for improvement; and developing strategic plans to address quality deficits.
- Population Health Management strategies- Oversees the PCCM-e quality Improvement Plan by:
 - Systematic data analysis to target Medicaid recipients and providers for outreach, education, and intervention to improve health outcomes.
 - Monitoring system access to care, services, and treatment including linkage to a Medical Home.
 - Monitoring quality and effectiveness of interventions to the population.
 - Facilitating quality improvement activities that educate, support, and monitor Providers regarding evidence-based care for best practice.
 - Implementing clinical management initiatives identified as priorities by the Agency and the PCCM-e.

Primary responsibilities include but are not limited to:

- Oversee the development of the Quality Improvement Plan.
- Work with practices and community providers in the implementation of the Quality Improvement Program.
- Ensure the PCCM-e completes the required Quality Improvement Projects (QIPs) and meets required benchmarks.
- Review and report data to the Medical Director, and conveys information related to Quality Measures, QIPs, and any Agency directed quality initiatives adopted by the Agency to the PCCM-e.
- 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; and

- Ensure quality of services are provided in accordance with state and federal regulations.

Care Management Director

Requirements:

- Is full time, and
- works and lives within the Region.

Education/Experience

- Master of Social Work (MSW) degree from an accredited school of Social Work, and minimum Licensed Graduate Social Worker (LGSW); or
- Minimum of Bachelor of Science in Nursing (BSN) degree with appropriate license; Master of Science in Nursing (MSN) degree with appropriate license (preferred), or
- Master of Counseling degree from an accredited school and a minimum licensed professional counselor (LPC) designation.
- Minimum of three (3) years' experience in care coordination/case management working with low-income and diverse populations; must include experience working with individuals in the specific Medicaid population(s) receiving care coordination/case management services.

Primary responsibilities include:

- Develops, implements, and provides oversight of the PCCM-e's Care Management Program including utilization review, intake or discharge planning, and managed care in accordance with the Medicaid program rules and state and federal regulations.
- Supervise, recruit and train qualified care management staff that include Care Coordinators, Case Managers, Community Health Workers, and Behavioral Health and Transitional Care staff.
- Evaluates patient data to ensure the provision of quality care coordination services in accordance with clinical guidelines while improving cost effectiveness.

Other Positions

Community Pharmacist

Requirements:

- Current Alabama Pharmacy license in good standing.
- Must hold a current Alabama Preceptor certification (at the time of or within six months of start of contract or employment).
- Works within the PCCM-e Region; live within the Region preferred.
- Possesses excellent organizational and administrative skills.

Education/Experience

- Holds at a minimum a B.S. in Pharmacy; Pharm.D. preferred.
- Must have three years of community pharmacy experience within the past four years; supervisory experience preferred.

Primary responsibilities:

- Coordinate and support outpatient pharmacy initiatives, such as dispensing of 90-day supply for maintenance medications, pharmacist vaccine administration, opioid use disorder, smoking cessation, and other programs as outlined by the Agency or PCCM-e.
- Assist prescribers in creating and managing drug regimens of recipients with chronic disease (e.g., diabetes, asthma, congestive heart failure). This may include, but shall not be limited to, activities such as meeting with recipients and adjusting medication dosages in concert with PCP.
- Assist prescribers and dispensing pharmacists within the Region for patients needing assistance with prior authorizations, management of drug therapy, prescription limit concerns, and any other pharmacy-related patient challenges.
- Implement pharmacy management programs for those receiving multiple medications, complex drug regimens, and/or specialty pharmacy products. The following goals should be considered, but additional criteria may be added by the Agency:
 - Improve medication adherence.
 - Prevent and reduce potential medication-related errors.
 - Reduce ‘doctor shopping’; and
 - Cost-effectiveness.
- Perform Medication Reconciliation assessments to optimize the recipient’s drug regimen.
- Educate community pharmacists within the Region on the PCCM-e program and Agency pharmacy initiatives.
- Coordinate with the Agency on the Patient Controlled Substances Lock-In Program Medication Reconciliations and must be conducted by a pharmacist for all medium/high risk Recipients in the General Population.
- Serve as a resource to PCCM-e’s PCPs and Care Management staff on general drug information and Agency drug policy issues.

- Serve as the Preceptor for the Pharmacy Student Advance Practice Experience.
- Successfully complete a Medication Therapy Management Certification Course. The course must be approved in advance by the Agency. One course approved by the Agency is provided by Power-Pak C.E.® (<http://www.powerpak.com/mtm/>).
- Manage any additional pharmacy staff (pharmacists, certified pharmacy technicians, etc.) hired by the Region to work on Community Pharmacy Program tasks.

Transitional Pharmacist

Requirements:

- Current Alabama Pharmacy license in good standing.
- Must hold a current Alabama Preceptor certification (at the time of or within six months of start of contract or employment).
- Works within the PCCM-e Region; live within the Region preferred.
- Possesses excellent organizational and administrative skills.

Education/Experience

- Current Alabama Pharmacy license in good standing.
- Must hold a current Alabama Preceptor certification.
- Works within the PCCM-e Region; live within the Region preferred.
- Holds at a minimum a B.S. in Pharmacy; Pharm.D. preferred.
- Must have formal residency training or equivalent clinical inpatient experience (minimum of three calendar years within the past four years); supervisory experience preferred.

Primary responsibilities:

- Develop, establish, and oversee an organizational process and policy on recipient transition of care from inpatient to the community. Aspects of the transitional care should include but are not limited to: Medication reconciliation on patients from pre-hospitalization, during inpatient stay, and post-discharge within three days of receiving the patient medication list.
- Transitional medication management to include face-to-face visits, calls, and any other means necessary.
- Obtain and review discharge information (e.g., discharge summary or continuity of care documents).
- Prior authorization assistance.

- Reduction of readmission rates related to medication issues/errors.
- Coordination with the Care Manager to ensure post-discharge appointments are made; needed prescriptions are obtained.
- Review the need for or follow-up on pending diagnostic tests related to the medications and treatments.
- Interact with other health care professionals who will assume or reassume care of the recipient specific problems.
- Provide education to the recipient, family, guardian, and/or caregiver.
- Refer recipient to the Community Pharmacy Program if continued services are needed.
- Monitor compliance with standardized forms, tools, and methods for transitions of care. Use post-discharge surveys and data collection to find root causes of ineffective transitions and to identify patient and caregiver understanding of transitions and the care plan.
- Coordinate and support recipients as they transition to the community or outpatient on Agency pharmacy initiatives, such as dispensing of 90-calendar day supply for maintenance medications, pharmacist vaccine administration, smoking cessation, and other programs as outlined by the Agency or PCCM-e.
- Assist prescribers in creating and managing drug regimens of recipient with chronic disease upon discharge (e.g., diabetes, asthma, congested heart failure). This may include, but shall not be limited to, activities such as meeting with recipients, adjusting medication dosages in concert with prescribing physician.
- Assist prescribers and dispensing pharmacists within the Region for patients needing assistance with prior authorizations, management of drug therapy, prescription limit concerns, and any other pharmacy-related patient challenge as they transition to the community setting.
- Medication Reconciliations for inpatient/discharge patients must be performed by a pharmacist for all discharge patients.
- Perform Medication Reconciliation assessments as requested by PCPs and/ or Care Managers to optimize the recipient's drug regimen.
- Educate inpatient prescribers and pharmacists within the Region on the PCCM-e Program and Agency pharmacy initiatives. Serve as the Preceptor

for the Pharmacy Student Advance Practice Experience.

- Successfully complete a Medication Therapy Management Certification Course. The course must be approved in advance by the Agency. One course approved by the Agency is provided by Power-Pak C.E.® (<http://www.powerpak.com/mtm/>).
- Manage any additional pharmacy staff (pharmacists, certified pharmacy technicians, etc.) hired by the Region to work on Inpatient/Transitional Pharmacy program tasks.

Application Assister

Requirements:

- Agency approved Application Assister Certification

Primary responsibilities include:

- Documentation of eligibility status at screening intake.
- Assistance with completing the application electronically or paper format.
- Follow-up with the recipient until a Medicaid eligibility determination is made.
- Assistance with any other barriers to the application process.
- Completion of the initial screening
- Documentation of activities associated with the encounter in the Health Information Management Systems (HIMS), when applicable.

Case Manager

Requirements:

- Must be licensed.
- Have strong verbal and written communication skills to include ability to encourage and engage recipients in plan of care.
- Ability to sufficiently document electronic case records including writing effective care plans and SMART goals.
- Ability to manage a heavy caseload; and
- Works and lives within the Region

Education/Experience

Must have at a minimum:

- Bachelor's degree in a health science, social or behavioral health area of study. Examples include:
 - Bachelor of Science in Nursing (BSN) degree with appropriate license; or
 - Bachelor of Social Work (BSW) from an accredited school of Social Work and appropriate license; or
 - Bachelor of Counseling from an accredited school of Counseling and appropriate license; or
 - Bachelor of Social Work (BSW) or MSW from an accredited school of Social Work and appropriate license

OR

- Licensed Registered Nurse (RN) with an Associate Degree in Nursing (ADN) and two (2) years of recent experience working in a clinic setting or combined hospital experience.
- Minimum of one (1) year experience in care coordination/case management working with low-income and diverse populations; must include experience working with individuals in the specific Medicaid population(s) receiving care coordination/case management services.

Primary responsibilities include:

- Provide and coordinate the care management services of Medicaid recipients, especially those stratified as high risk, to increase quality of care, reduce the use of inpatient and emergency department utilization and improve health outcomes.
- Conduct home visits and non-home encounters with recipients, recipients' family/caregiver, and/or support network to identify needs, provide education, address health literacy, develop, update, and evaluate person-centered care plans and perform other case management activities as deemed necessary (i.e., completing health risk assessments, social determinants of health screenings, attending medical appointments with the recipient, updating medication list, assisting with provider referrals and directives, linkage to a medical home).
- Collaborate with providers and healthcare professionals to advocate for recipient and to ensure delivery of appropriate care and timely follow up care, creating sustainable clinical-community linkages to improve recipients' access to care and fill any identified gaps in services.
- Provide consistent communication to the Care Coordinator to evaluate recipient/family status, provide necessary follow-up and document progress in case record.

Care Coordinator

Requirements:

- Strong verbal and written communication skills to include ability to encourage and engage recipients in plan of care; ability to sufficiently document electronic case records including writing effective care plans and SMART goals,
- Ability to manage a heavy caseload; and
- Works and lives within the Region.

Education/Experience

- Can meet Case Manager educational and/or experience requirements listed in the Case Manager section; or the following:
- Master’s degree from an accredited college or university in a health science, social and/or behavioral science and one years of professional care management experience; OR
- Bachelor’s degree from an accredited four-year college or university in a health science, social and/or behavioral science and two years of professional care management experience OR
- Bachelor’s degree from an accredited four-year college or university in any major with at least 30 semester or 45 quarter hours in social and/or behavioral science courses and three years of professional care management experience OR
- Minimum of Bachelor of Science in Nursing (BSN) degree with appropriate license; or
- Minimum of Bachelor of Social Work (BSW) or MSW from an accredited school of Social Work and appropriate license OR
- Licensed Registered Nurse (RN) with an Associate Degree in Nursing (ADN) and two years of recent experience working in a clinic setting or combined hospital experience; and
- Minimum of one year experience in care coordination/case management working with low-income and diverse populations; must include experience working with individuals in the specific Medicaid population(s) receiving care coordination/case management services.

Primary responsibilities:

- Provide care coordination services to Medicaid recipients in the general, maternity (including postpartum), and medically complex populations in a specified region to ensure and advance the plan of care to support positive health outcomes and successful transitions.

- Conduct home visits and non-home encounters with recipients, recipients' family/caregiver, and/or support network to identify needs, provide education, address health literacy, assist in developing, updating, and evaluating person-centered care plans and perform other case management activities as deemed necessary.
- Collaborate with providers and healthcare professionals to advocate for recipient and to ensure delivery of appropriate care and timely follow up care, creating sustainable clinical-community linkages to improve recipients' access to care and fill any identified gaps in services.
- Provide consistent communication to the Case Manager to evaluate recipient/family status, provide necessary follow-up and document progress in case record.

Community Health Worker (CHW)

Requirements:

- Have a valid driver's license and ability to travel.
- Lives and works within the Region.

Education/Experience

- Licensed Practical Nurse (LPN) or
- Minimum of a high school diploma or GED and completion of any required training.
- Have two years of human or social services, public health, healthcare or community health experience; and
- Knowledge of local community and public resources serving the Medicaid population
- CHW certifications or licenses and Medicaid population experience preferred.

Primary responsibilities include:

- Provide outreach & education to recipient and community.
- Act as liaison linking recipients and families to community resources making appropriate referrals.
- Assist applicants in completing necessary documents to obtain Medicaid program eligibility.

Medically Complex Population Staff

Requirements:

- Pediatric Nurse: Must have a BSN with a minimum of two (2) years complex pediatric nursing experience or an ADN with a minimum of five (5) years complex pediatric nursing experience. Preferred experience settings include acute hospital, intensive care, Children's Rehabilitation, Children's Specialty Clinic, or a pediatric practice.
- Social Worker: A Licensed Independent Clinical Social Worker (LICSW) (preferred) or a Licensed Master Social Worker (LMSW) with experience in a pediatric environment.

Preferred experience settings include acute hospital, intensive care, Children’s Rehabilitation, Children’s Specialty Clinic, Children’s Mental Health, or pediatric clinic.

- Pharmacist: A Pharm D is required with pediatric experience preferred.

The PCCM-e must have at a minimum, a nurse and a social worker with pediatric experience to provide training to applicable general care management staff. The applicable staff includes those staff members who render care management services to those recipients who meet the medically complex criteria. This training should include topics related to the care and linking of services for children with medical complexity. A designated pharmacist will also receive this training.

Staff Training:

- Each PCCM-e will be required to identify a pediatric nurse, social worker, and pharmacist to attend an in-person training at an Agency designated location.
- The newly trained pediatric nurse, social worker, and pharmacist will subsequently be responsible for training the other PCCM-e staff designated to work with the CMC population.

Revised as:

Appendix K: Key Staff and other Positions Requirements

Key Staff

Executive Director

Requirements:

- Full-time;
- Possess excellent organizational and administrative skills; and
- Must maintain a full-time office in the PCCM-e Region.

Education/Experience

- Possess a Bachelor's Degree in Business Administration, Finance, Accounting or related field from an accredited college or university (preferred).
- Have a minimum of three years management experience in managed health care (to include population health management) and experience working with low-income populations; or
- In lieu of a bachelor’s degree, the individual may have 10 years management experience in managed healthcare.

Primary responsibilities include, but are not limited to:

- Authority to make all day-to-day program decisions including hiring, firing, and financial decisions consistent with the terms of the Contract, within the policies and procedures of the PCCM-e and the budget approved by the PCCM-e's Governing Board.
- Leads and maintains a team of qualified staff to ensure quality of services are provided in accordance with state and federal requirements and regulations; Agency and program goals and objectives are met; and desired health outcomes are achieved; and
- Serves as primary administrative liaison between the PCCM-e and the Agency.

Medical Director

Requirements:

- Be a practicing 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.
- Part-time.

Education/Experience

- Be a licensed physician in the State of Alabama (required).
- Have three (3) years' experience with low-income populations; and

Primary responsibilities include, but are not limited to:

- Maintain contact with local providers.
- Represent the PCCM-e in person at select meetings as required by the Agency and/or the PCCM-e.
- Address local issues at the community level.
- Lead quarterly Medical Management Meetings in the Region; and
- Approve the Quality Initiatives and Quality Improvement Plan of PCCM-e.

Pharmacy Director

Requirements:

- Possess excellent organizational and administrative skills; and
- Is full-time.
- Current Alabama pharmacy license in good standing.
- Work within the Region; live within the Region (preferred).

Education/Experience

- Holds at a minimum a B.S. degree in Pharmacy.
- Must have a minimum of five years of pharmacist experience within the past six years; supervisory experience (preferred).

Primary responsibilities include:

- Provide leadership and oversight of the Pharmacy Program for the PCCM-e, including supervision of the Community Pharmacist, Transitional Pharmacist, and any pharmacy staff (pharmacists or certified pharmacy technicians) within the Region.
- May serve simultaneously as either the Transitional Pharmacist or Community Pharmacist but must meet the educational/professional criteria for both positions held.
- Serve as the primary point of contact with the Agency for all meetings and coordination in all pharmacy related matters.
- Develop, coordinate, implement, and manage education of community, inpatient, transitional, and all pharmacists and PCPs within the PCCM-e and Agency pharmacy initiatives.
- Develop, coordinate, engage within, and manage staff to implement programs that advance the Medical Home.
- Work with the PCCM-e's management team to determine ways to support pharmacists and prescribers with management of drug costs and policies.
- Create and manage programs that address new policies as the Agency implements them.
- Attend and present at various local PCCM-e and Agency meetings as requested, such as Steering Committee meetings, Medical Management meetings, Alabama Medicaid Pharmacy and Therapeutics (P&T) and Drug Utilization Review (DUR) meetings, and PCCM-e Director's Meetings.
- Serve as a resource to PCPs and care managers on general drug information and Agency pharmacy policy issues.
- Develop and implement a Medication Reconciliation standard for both Community and Transitional Pharmacists to follow and maintain. Implementing medication reconciliation in concert with the PCP and Pharmacists to assure continuation of needed therapy following inpatient discharge to ensure a seamless transition back into the community.
- Educate, train or coordinate the education and training of staff on processes to be developed, such as Medication Reconciliation.
- Coordinate efforts with the Alabama Medicaid Academic Detailing Program regarding obtaining administrative detailing sessions for the PCCM-e's network PCPs.
- Participate in regular status calls with Agency Pharmacy Program staff.
- Complete, oversee, be responsible for, and submit all reports for the PCCM-e Pharmacy Program.

Population Health Data Analyst

Requirements:

- Ensures analytics supports the quality improvement plan, projects, activities and clinical management initiatives identified as priorities by the Agency and the PCCM-e.
- Lead the design, implementation, dissemination, and interpretation of population

health analysis and reporting.

- Utilizes claims and administrative data to identify and measure key metrics for improving the quality of care and health outcomes of Medicaid recipients.
- Develops strong, collaborative relationships and communications with internal and external partners in clinical, administrative, financial, and technical matters.
- Self-starter, independent worker, collaborative, and the ability to work under tight deadlines.
- Full-time

Education/Experience

- Minimum – B.S degree in a science, public health, or statistical-related field with seven (7) years of relevant experience in public health data analysis, epidemiology, or statistical analysis
- Preferred – Doctorate or Master’s degree in a science, public health, or statistical-related field with a minimum of 3-5 years of relevant experience in public health data analysis, epidemiology, or statistical analysis
- Qualifications and Skills
 - Must have 5 years of experience writing SQL queries or similar languages with knowledge of database design, data entry, and data management.
 - Must have 5 years of experience managing large, complex, and longitudinal datasets; moving and merging data files from different platforms cleaning and aggregating data and performing quality control.
 - Must demonstrate the ability to use statistical software such as SAS, SPSS, or R for statistical analysis.
 - Ability to use Tableau, Microsoft EXCEL, and Power BI to manipulate, analyze, and visualize data for dashboards and presentations.
 - Knowledge and/or experience with external data sources such as Department of Public Health and Centers for Disease Control (CDC).

Primary responsibilities include:

- Assists the Quality Care Director in effectively managing quality improvement projects, by providing consultative, technical, and subject matter expertise, and actively designing and executing analyses.
- Conducts analyses, interpret results, and summarize and present findings to relevant stakeholders.
- Communicates analytic advice and statistical methodology effectively with clients, management, and staff.

- Analyzes and understands stakeholder’s needs and translate them into formal requirements.
- Maintains public health management expertise; stays abreast of industry changes and trends.

Quality Care Director

Requirements:

- Is full-time, and
- Works and lives in the region.

Education/Experience

- Certified Professional in Healthcare Quality (CPHQ) or equivalent experience related to healthcare quality.
- Bachelor’s degree in public health, public administration or healthcare quality and safety, master’s degree preferred. Relevant work experience can be substituted for master’s degree.
- Clinical background preferred.
- Prior experience, at least one year, working with the Medicaid population.
- Familiarity with Healthcare Effectiveness Data and Information Set (HEDIS®), CAHPS, and other standardized quality measures/assessments
- Proficiency in quantitative data analysis
- At least 3 years’ experience related to population health management, including interpretation and presentation of data; identifying opportunities for improvement; and developing strategic plans to address quality deficits.
- Population Health Management strategies- Oversees the PCCM-e quality Improvement Plan by:
 - Systematic data analysis to target Medicaid recipients and providers for outreach, education, and intervention to improve health outcomes.
 - Monitoring system access to care, services, and treatment including linkage to a Medical Home.
 - Monitoring quality and effectiveness of interventions to the population.
 - Facilitating quality improvement activities that educate, support, and monitor Providers regarding evidence-based care for best practice.
 - Implementing clinical management initiatives identified as priorities by the Agency and the PCCM-e.

Primary responsibilities include but are not limited to:

- Oversee the development of the Quality Improvement Plan.
- Work with practices and community providers in the implementation of the Quality Improvement Program.

- Ensure the PCCM-e completes the required Quality Improvement Projects (QIPs) and meets required benchmarks.
- Review and report data to the Medical Director, and conveys information related to Quality Measures, QIPs, and any Agency directed quality initiatives adopted by the Agency to the PCCM-e.
- 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; and
- Ensure quality of services are provided in accordance with state and federal regulations.

Care Management Director

Requirements:

- Is full time, and
- works and lives within the Region.

Education/Experience

- Master of Social Work (MSW) degree from an accredited school of Social Work, and minimum Licensed **Master** Social Worker (**LMSW**); or
- Minimum of Bachelor of Science in Nursing (BSN) degree with appropriate license; Master of Science in Nursing (MSN) degree with appropriate license (preferred), or
- Master of Counseling degree from an accredited school and a minimum licensed professional counselor (LPC) designation.
- Minimum of three (3) years' experience in care coordination/case management working with low-income and diverse populations; must include experience working with individuals in the specific Medicaid population(s) receiving care coordination/case management services.

Primary responsibilities include:

- Develops, implements, and provides oversight of the PCCM-e's Care Management Program including utilization review, intake or discharge planning, and managed care in accordance with the Medicaid program rules and state and federal regulations.
- Supervise, recruit and train qualified care management staff that include Care Coordinators, Case Managers, Community Health Workers, and Behavioral Health and Transitional Care staff.
- Evaluates patient data to ensure the provision of quality care coordination services in accordance with clinical guidelines while improving cost effectiveness.

Other Positions

Community Pharmacist

Requirements:

- Current Alabama Pharmacy license in good standing.
- Must hold a current Alabama Preceptor certification (at the time of or within six months of start of contract or employment).
- Works within the PCCM-e Region; live within the Region preferred.
- Possesses excellent organizational and administrative skills.

Education/Experience

- Holds at a minimum a B.S. in Pharmacy; Pharm.D. preferred.
- Must have three years of community pharmacy experience within the past four years; supervisory experience preferred.

Primary responsibilities:

- Coordinate and support outpatient pharmacy initiatives, such as dispensing of 90-day supply for maintenance medications, pharmacist vaccine administration, opioid use disorder, smoking cessation, and other programs as outlined by the Agency or PCCM-e.
- Assist prescribers in creating and managing drug regimens of recipients with chronic disease (e.g., diabetes, asthma, congestive heart failure). This may include, but shall not be limited to, activities such as meeting with recipients and adjusting medication dosages in concert with PCP.
- Assist prescribers and dispensing pharmacists within the Region for patients needing assistance with prior authorizations, management of drug therapy, prescription limit concerns, and any other pharmacy-related patient challenges.
- Implement pharmacy management programs for those receiving multiple medications, complex drug regimens, and/or specialty pharmacy products. The following goals should be considered, but additional criteria may be added by the Agency:
 - Improve medication adherence.
 - Prevent and reduce potential medication-related errors.
 - Reduce ‘doctor shopping’; and
 - Cost-effectiveness.
- Perform Medication Reconciliation assessments to optimize the recipient’s drug regimen.
- Educate community pharmacists within the Region on the PCCM-e program and Agency pharmacy initiatives.

- Coordinate with the Agency on the Patient Controlled Substances Lock-In Program Medication Reconciliations and must be conducted by a pharmacist for all medium/high risk Recipients in the General Population.
- Serve as a resource to PCCM-e's PCPs and Care Management staff on general drug information and Agency drug policy issues.
- Serve as the Preceptor for the Pharmacy Student Advance Practice Experience.
- Successfully complete a Medication Therapy Management Certification Course. The course must be approved in advance by the Agency. One course approved by the Agency is provided by Power-Pak C.E.® (<http://www.powerpak.com/mtm/>).
- Manage any additional pharmacy staff (pharmacists, certified pharmacy technicians, etc.) hired by the Region to work on Community Pharmacy Program tasks.

Transitional Pharmacist

Requirements:

- Current Alabama Pharmacy license in good standing.
- Must hold a current Alabama Preceptor certification (at the time of or within six months of start of contract or employment).
- Works within the PCCM-e Region; live within the Region preferred.
- Possesses excellent organizational and administrative skills.

Education/Experience

- Current Alabama Pharmacy license in good standing.
- Must hold a current Alabama Preceptor certification.
- Works within the PCCM-e Region; live within the Region preferred.
- Holds at a minimum a B.S. in Pharmacy; Pharm.D. preferred.
- Must have formal residency training or equivalent clinical inpatient experience (minimum of three calendar years within the past four years); supervisory experience preferred.

Primary responsibilities:

- Develop, establish, and oversee an organizational process and policy on recipient transition of care from inpatient to the community. Aspects of the transitional care should include but are not limited to: Medication reconciliation on patients from pre-hospitalization, during inpatient stay, and post-discharge within three days of receiving the patient medication list.

- Transitional medication management to include face-to-face visits, calls, and any other means necessary.
- Obtain and review discharge information (e.g., discharge summary or continuity of care documents).
- Prior authorization assistance.
- Reduction of readmission rates related to medication issues/errors.
- Coordination with the Care Manager to ensure post-discharge appointments are made; needed prescriptions are obtained.
- Review the need for or follow-up on pending diagnostic tests related to the medications and treatments.
- Interact with other health care professionals who will assume or reassume care of the recipient specific problems.
- Provide education to the recipient, family, guardian, and/or caregiver.
- Refer recipient to the Community Pharmacy Program if continued services are needed.
- Monitor compliance with standardized forms, tools, and methods for transitions of care. Use post-discharge surveys and data collection to find root causes of ineffective transitions and to identify patient and caregiver understanding of transitions and the care plan.
- Coordinate and support recipients as they transition to the community or outpatient on Agency pharmacy initiatives, such as dispensing of 90-calendar day supply for maintenance medications, pharmacist vaccine administration, smoking cessation, and other programs as outlined by the Agency or PCCM-e.
- Assist prescribers in creating and managing drug regimens of recipient with chronic disease upon discharge (e.g., diabetes, asthma, congested heart failure). This may include, but shall not be limited to, activities such as meeting with recipients, adjusting medication dosages in concert with prescribing physician.
- Assist prescribers and dispensing pharmacists within the Region for patients needing assistance with prior authorizations, management of drug therapy, prescription limit concerns, and any other pharmacy-related patient challenge as they transition to the community setting.
- Medication Reconciliations for inpatient/discharge patients must be performed by a

pharmacist for all discharge patients.

- Perform Medication Reconciliation assessments as requested by PCPs and/ or Care Managers to optimize the recipient's drug regimen.
- Educate inpatient prescribers and pharmacists within the Region on the PCCM-e Program and Agency pharmacy initiatives. Serve as the Preceptor for the Pharmacy Student Advance Practice Experience.
- Successfully complete a Medication Therapy Management Certification Course. The course must be approved in advance by the Agency. One course approved by the Agency is provided by Power-Pak C.E.[®] (<http://www.powerpak.com/mtm/>).
- Manage any additional pharmacy staff (pharmacists, certified pharmacy technicians, etc.) hired by the Region to work on Inpatient/Transitional Pharmacy program tasks.

Application Assister

Requirements:

- Agency approved Application Assister Certification

Primary responsibilities include:

- Documentation of eligibility status at screening intake.
- Assistance with completing the application electronically or paper format.
- Follow-up with the recipient until a Medicaid eligibility determination is made.
- Assistance with any other barriers to the application process.
- Completion of the initial screening
- Documentation of activities associated with the encounter in the Health Information Management Systems (HIMS), when applicable.

Case Manager

Requirements:

- Must be licensed.

- Have strong verbal and written communication skills to include ability to encourage and engage recipients in plan of care.
- Ability to sufficiently document electronic case records including writing effective care plans and SMART goals.
- Ability to manage a heavy caseload; and
- Works and lives within the Region

Education/Experience

Must have at a minimum:

- Bachelor’s degree in a health science, social or behavioral health area of study.
Examples include:
 - Bachelor of Science in Nursing (BSN) degree with appropriate license; or
 - Bachelor of Social Work (BSW) from an accredited school of Social Work and appropriate license; or
 - Bachelor of Counseling from an accredited school of Counseling and appropriate license; or
 - Bachelor of Social Work (BSW) or MSW from an accredited school of Social Work and appropriate license

OR

- Licensed Registered Nurse (RN) with an Associate Degree in Nursing (ADN) and two (2) years of recent experience working in a clinic setting or combined hospital experience.
- Minimum of one (1) year experience in care coordination/case management working with low-income and diverse populations; must include experience working with individuals in the specific Medicaid population(s) receiving care coordination/case management services.

Primary responsibilities include:

- Provide and coordinate the care management services of Medicaid recipients, especially those stratified as high risk, to increase quality of care, reduce the use of inpatient and emergency department utilization and improve health outcomes.
- Conduct home visits and non-home encounters with recipients, recipients’ family/caregiver, and/or support network to identify needs, provide education, address health literacy, develop, update, and evaluate person-centered care plans and perform other case management activities as deemed necessary (i.e., completing health risk assessments, social determinants of health screenings, attending medical appointments with the recipient, updating medication list, assisting with provider referrals and directives, linkage to a medical home).
- Collaborate with providers and healthcare professionals to advocate for recipient and to ensure delivery of appropriate care and timely follow up care, creating sustainable

clinical-community linkages to improve recipients' access to care and fill any identified gaps in services.

- Provide consistent communication to the Care Coordinator to evaluate recipient/family status, provide necessary follow-up and document progress in case record.

Care Coordinator

Requirements:

- Strong verbal and written communication skills to include ability to encourage and engage recipients in plan of care; ability to sufficiently document electronic case records including writing effective care plans and SMART goals,
- Ability to manage a heavy caseload; and
- Works and lives within the Region.

Education/Experience

- Can meet Case Manager educational and/or experience requirements listed in the Case Manager section;
or the following:
- Master's degree from an accredited college or university in a health science, social and/or behavioral science and one years of professional care management experience;
OR
- Bachelor's degree from an accredited four-year college or university in a health science, social and/or behavioral science and two years of professional care management experience
OR
- Bachelor's degree from an accredited four-year college or university in any major with at least 30 semester or 45 quarter hours in social and/or behavioral science courses and three years of professional care management experience
OR
- Minimum of Bachelor of Science in Nursing (BSN) degree with appropriate license;
or
- Minimum of Bachelor of Social Work (BSW) or MSW from an accredited school of Social Work and appropriate license
OR
- Licensed Registered Nurse (RN) with an Associate Degree in Nursing (ADN) and two years of recent experience working in a clinic setting or combined hospital experience; and
- Minimum of one year experience in care coordination/case management working with low-income and diverse populations; must include experience working with

individuals in the specific Medicaid population(s) receiving care coordination/case management services.

Primary responsibilities:

- Provide care coordination services to Medicaid recipients in the general, maternity (including postpartum), and medically complex populations in a specified region to ensure and advance the plan of care to support positive health outcomes and successful transitions.
- Conduct home visits and non-home encounters with recipients, recipients' family/caregiver, and/or support network to identify needs, provide education, address health literacy, assist in developing, updating, and evaluating person-centered care plans and perform other case management activities as deemed necessary.
- Collaborate with providers and healthcare professionals to advocate for recipient and to ensure delivery of appropriate care and timely follow up care, creating sustainable clinical-community linkages to improve recipients' access to care and fill any identified gaps in services.
- Provide consistent communication to the Case Manager to evaluate recipient/family status, provide necessary follow-up and document progress in case record.

Community Health Worker (CHW)

Requirements:

- Have a valid driver's license and ability to travel.
- Lives and works within the Region.

Education/Experience

- Licensed Practical Nurse (LPN) or
- Minimum of a high school diploma or GED and completion of any required training.
- Have two years of human or social services, public health, healthcare or community health experience; and
- Knowledge of local community and public resources serving the Medicaid population
- CHW certifications or licenses and Medicaid population experience preferred.

Primary responsibilities include:

- Provide outreach & education to recipient and community.
- Act as liaison linking recipients and families to community resources making appropriate referrals.
- Assist applicants in completing necessary documents to obtain Medicaid program eligibility.

Medically Complex Population Staff

Requirements:

- Pediatric Nurse: Must have a BSN with a minimum of two (2) years complex pediatric nursing experience or an ADN with a minimum of five (5) years complex pediatric nursing experience. Preferred experience settings include acute hospital, intensive care, Children's Rehabilitation, Children's Specialty Clinic, or a pediatric practice.
- Social Worker: A Licensed Independent Clinical Social Worker (LICSW) (preferred) or a Licensed Master Social Worker (LMSW) with experience in a pediatric environment. Preferred experience settings include acute hospital, intensive care, Children's Rehabilitation, Children's Specialty Clinic, Children's Mental Health, or pediatric clinic.
- Pharmacist: A Pharm D is required with pediatric experience preferred.

The PCCM-e must have at a minimum, a nurse and a social worker with pediatric experience to provide training to applicable general care management staff. The applicable staff includes those staff members who render care management services to those recipients who meet the medically complex criteria. This training should include topics related to the care and linking of services for children with medical complexity. A designated pharmacist will also receive this training.

Staff Training:

- Each PCCM-e will be required to identify a pediatric nurse, social worker, and pharmacist to attend an in-person training at an Agency designated location.
- The newly trained pediatric nurse, social worker, and pharmacist will subsequently be responsible for training the other PCCM-e staff designated to work with the CMC population.

4. Add the following paragraphs after Section III, Subsection 14, Subsection B created by Amendment 2, Item 6:

C. Transition at Expiration and/or Termination of Contract.

1. The Agency may terminate the Contract, in accordance with the terms of this RFP, with the PCCM-e and place recipients into a different PCCM-e or provide Medicaid benefits through other state plan authority, if the Agency determines that the PCCM-e has failed to carry out the substantive terms of its contracts or meet the applicable requirements of sections 1932, 1903(m), or 1905(t) of the Act.
2. A transition period shall begin in the event of termination of this Contract, prior to the end of the term of this Contract if the Agency and the PCCM-e do not execute a new contract or upon notice that the Agency does not intend to exercise an option to renew this Contract for any additional year.
3. During the transition period, the PCCM-e must work cooperatively with the Agency and any organization with whom the Agency may contract for similar services to recipients in the Region.

4. The Agency will specify a plan for the transferring PCCM-e to follow during this transition period. The length of the transition period shall be at the Agency's sole discretion. The costs relating to the transfer of materials and responsibilities must be paid by the transferring PCCM-e without additional compensation or reimbursement of expenses from the Agency. The transferring PCCM-e must be responsible for all necessary services during the transition period.

D. Post-Contract Obligations and Procedures

1. Contract termination shall not extinguish or prejudice the Agency's right to enforce its rights and remedies under this RFP or State and Federal law and regulation, including but not limited to the right to recover damages for breach of contract.
2. Continuing obligations: Termination or expiration of the Contract shall not discharge the PCCM-e of obligations with respect to services or items furnished prior to termination or expiration, including retention of records. Termination or expiration shall not discharge the Agency's payment obligations, as allowed by law, to the PCCM-e or the PCCM-e's payment obligations to its Subcontractors Provider with respect to services furnished prior to termination or expiration. Upon any termination or expiration of this Contract, in accordance with the provisions in Section III.14, the PCCM-e must provide the Agency with any and all information deemed necessary by the Agency within thirty (30) Calendar Days of the request;
3. Notice to recipients: In the event that the Contract is terminated or expires without the Agency and the PCCM-e executing a new contract, the PCCM-e must notify all recipients in writing of such termination or such expiration at least thirty (30) Calendar Days in advance of the effective date of termination or expiration. In accordance with Section III.8.B of this RFP, notice must be made available in an accessible format for individuals with visual impairments and in the relevant language for recipients with limited English proficiency.

5. III., General Requirements, Subsection 7. Technical Requirements, A. System Compliance and Security Management, Page 43-44, Changed as follows:

Currently Reads as:

1. The HIMS Contractor hosting solution shall support the Agency's vision of security requirements. At a minimum, the HIMS Contractor must ensure all solution components and necessary environments comply with the security specifications as described in the Medicaid Enterprise Security Policy, which is based upon the OMB Circular A-130, National Institute for Standards and Technology (NIST) Federal Information Processing Standard (FIPS) 200, NIST Special Publication 800-53: Security and Privacy Controls for Federal Information Systems and Organizations, and other applicable NIST publications. Temporary access to the Medicaid Enterprise Security Policy will be granted to qualified Vendors for preparation of their response to this RFP.
2. System Compliance and Security Management. It is the Agency's expectation that the HIMS Contractor ensures the comprehensive HIMS solution meets the Security Specifications as described in the Medicaid Enterprise Security Policy, which is based on

OMB Circular A-130, NIST FIPS 200, NIST Special Publication 800-53: Security and Privacy Controls for Federal Information Systems and Organizations, and other applicable NIST Special Publications. Adherence to the Medicaid Enterprise Security Policy is maintained in the Medicaid Governance, Risk, and Compliance (GRC) management platform. The HIMS Contractor shall document the HIMS Solution System Security Plan in the GRC management platform. The GRC management platform will be made available to the HIMS Contractor through VPN access upon Contract start. The current policy for proposal purposes will also be available in an access-controlled SharePoint site. The Agency's GRC management platform is the Enterprise repository for all security documentation.

3. The HIMS Contractor's Information System Security Officer (ISSO) and/or Information System Security Manager (ISSM) will be given access to the GRC management platform and shall be responsible for entering security documentation in the GRC. The HIMS Contractor shall review and update the security documentation according to the continuous monitoring strategy defined by the Agency ISO, as well as any time the HIMS Contractor's system is modified. The initial entry of this information can be a time-consuming effort and the HIMS Contractor must plan accordingly. As a part of the response to this RFP, the PCCM-e must describe how they plan to perform System Compliance and Security Management and all related requirements located in the Medicaid Enterprise Security Policy located in the access-controlled SharePoint site.

Revised as:

1. The HIMS Contractor hosting solution shall support the Agency's vision of security requirements. At a minimum, the HIMS Contractor must ensure all solution components and necessary environments comply with the security specifications as described in the Medicaid Enterprise Security Policy, which is based upon the OMB Circular A-130, National Institute for Standards and Technology (NIST) Federal Information Processing Standard (FIPS) 200, NIST Special Publication 800-53: Security and Privacy Controls for Federal Information Systems and Organizations, and other applicable NIST publications. Temporary access to the Medicaid Enterprise Security Policy will be granted to qualified Vendors for preparation of their response to this RFP.
2. System Compliance and Security Management. It is the Agency's expectation that the HIMS Contractor ensures the comprehensive HIMS solution meets the Security Specifications as described in the "Basic HIPAA Security Requirements" section of the Medicaid Enterprise Security Policy, which is based on the HIPAA Security Rule's Required and Addressable Controls. Adherence to the Medicaid Enterprise Security Policy is maintained in the Medicaid Governance, Risk, and Compliance (GRC) management platform. The HIMS Contractor shall document the HIMS Solution System Security Plan in the GRC management platform. The GRC management platform will be made available to the HIMS Contractor through VPN access upon **completion of onboarding of HIMS Contractors' Information System Security Officer (ISSO) and/or Information System Security Manager (ISSM) following intent to award**. The current policy for proposal purposes will also be available in an access-controlled SharePoint site. The Agency's GRC management platform is the Enterprise repository for all security documentation. **Onboarding of the HIMS contractor's ISSO and ISSM will**

require completion of Alabama Medicaid Agency (AMA) security awareness training, signing both an NDA and an agreement to abide by the AMA rules of behavior in AMA Policy PL-4.

3. The HIMS Contractor's Information System Security Officer (ISSO) and/or Information System Security Manager (ISSM) will be given access to the GRC management platform and shall be responsible for entering security documentation in the GRC. The HIMS Contractor shall review and update the security documentation according to the continuous monitoring strategy defined by the **Agency Information Security Office (ISO)**, as well as any time the HIMS Contractor's system is modified. The initial entry of this information can be a time-consuming effort and the HIMS Contractor must **initiate this process before the start of the selected contractor Readiness Review period. The HIMS contractor ISSM and/or ISSM must complete the Agency Security Awareness Training within 30 days of intent to award and establishment of VPN Access to the Agency GRC tool either within 45 days of intent to award or within 10 days of the vendor signing the completed contract, whichever is later. The Agency will provide all necessary resources to complete these tasks in a timely manner.** As a part of the response to this RFP, the PCCM-e must describe how they plan to perform System Compliance and Security Management and all related requirements located in the Medicaid Enterprise Security Policy located in the access-controlled SharePoint site. **This process must be completed once every three years for each HIMS system in operation.**

I hereby acknowledge the receipt of Amendment 3 to RFP 2023-ACHN-01.

Authorized Vendor Signature

Date

Vendor Organization