

Amendment 3 to RFP 2023-ICN-01

6/7/23

NOTE THE FOLLOWING AND ATTACHED ADDITIONS, DELETIONS, AND/OR CHANGES TO THE REQUIREMENTS FOR THE REQUEST FOR PROPOSAL NUMBER: 2023-ICN-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. Appendix F, Scored Items and Compliance Acknowledgement, page 79, changed as follows:

Currently Reads as:

| SCOPE OF WORK | | |
|--|--------------|--|
| Section Title | Sec # | Requirement (Provide Description for:) |
| HCBS Case Mgmt | II.X.1 | Describe plan to support HCBS Case Management through CMOs |
| HCBS Case Mgmt | II.. | Describe plan to monitor CMO’s delivery of HCBS Case Management |
| HCBS Case Mgmt | II.. X.4 | Describe system(s) establishing connection with CMOs allowing access to Enrollee care plans. |
| Medical Case Mgmt | II.. Y.1 | Describe your Medical Case Management program |
| Medical Case Mgmt | II.Y.5 | Describe the data system used for documenting Medical Case Management services to Enrollees. |
| Case Mgr Training | II.AA | Submit the Case Manager Training plan\program. |
| Education and Outreach | II.. O | Describe Education and Outreach plan to Providers and Enrollees. |
| Single Point of Entry Supportive Services | II.I.1 | Describe coordination plan with ADRCs. |
| Single Point of Entry Supportive Services | II.. I.2 | Describe your Pre-enrollment Education plan. |
| Single Point of Entry Supportive Services | II.. I.3 | Describe your Community Education plan. |
| ICN Network Requirements | II. | Complete (attached Excel spreadsheet) demonstrating LOIs with Nursing Facilities and CMOs. |
| Data to Support Case Management Activities | II.. Z.1-3 | Describe the information technology system and processes integrate and share data, link data and systems, and ensure that patient data is accessible 24/7. |
| Reporting | II.CC | Submit a Reporting plan that includes a health information system that will collect, analyze, integrate and report data, and submit certified data, and required and ad hoc reports to the Agency. |
| Technical Infrastructure and Reporting | II.. FF.1 | Describe technical infrastructure, and process for reporting and transmitting data with the Agency. |

Revised as:

| SCOPE OF WORK | | |
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II. Appendix F, Scored Items and Compliance Acknowledgement, page 78, changed as follows:

Currently Reads as:

| VENDOR EXPERIENCE AND CAPABILITIES | | |
|---|--------------|--|
| Section Title | Sec # | Requirement (Provide Description for:) |
| Place of Business and Hours of Operations | IV., 3-4 | Submit description for Place Of Business and Hours Of Operations |
| Corporate Background and References | V.b.1 .and 2 | Describe the Contractor organizational background and experience. (Date established, ownership, Governing Board composition, etc.) |
| Corporate Background and References | V.3 | Submit an organizational chart, and staffing plan with staffing experience requirements. |
| Corporate Background and References | V.4 | Describe Operational Support Staffing plan |

Revised as:

| VENDOR EXPERIENCE AND CAPABILITIES | | |
|---|--------------|---|
| Section Title | Sec # | Requirement (Provide Description for:) |
| Place of Business and Hours of Operations | II., 3-4 | Submit description for Place of Business and Hours of Operations |
| Corporate Background and References | V.b.1.-2 | Describe the Contractor organizational background and experience. (Date established, ownership, Governing Board composition, organization chart etc.) |
| Corporate Background and References | V.b.3. -5 | Names of employees and resources. Names and resumes of Senior Managers and Partners in regards to this contract. A list of all similar projects the Vendor has completed within the last three years. |

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

Authorized Vendor Signature

Date

Vendor Organization