

Amendment II to RFP 2019-ACHN-01

2/08/2019

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.C, Page 12 change as follows:

Currently reads as:

PCCM-E Organizational Requirements

1. The PCCM-E must meet all RFP guidelines and comply with all authoritative documents and any revisions thereto.
2. The PCCM-E must:
 - a. Organize as a nonprofit entity under Alabama law, with an office located in the Region where the PCCM-E operates;
 - b. Have an Alabama domicile;
 - c. Provide documentation that the PCCM-E is operating as a nonprofit entity in Alabama (or such status has been applied for), to include, providing a copy of its nonprofit articles of incorporation, and bylaws.
 - d. Submit the PCCM-E's governing bylaws, organization documents, policies, and procedures for review and approval by the Agency.
3. The PCCM-E must establish a Governing Board that must:
 - a. Meet at least once in the second (2nd) quarter, and at least once in the fourth (4th) quarter;
 - b. Keep minutes of meetings and other records to document that the Governing Board is effectively discharging its obligations. All records must be maintained for not less than ten (10) years;
 - c. Submit minutes and other records as requested to the Agency;
 - d. Notify the Agency's Managed Care Division within ten (10) Business Days of any substantial or material corrections or updates to the information provided related to the Governing Board, including but not limited to organizational or governing documents;
 - e. Notify the Agency within ten (10) Business Days of any vacancies or additions to the Governing Board;
 - f. Receive at each Governing Board meeting a verbal report from the Consumer Advisory Committee (CAC); and

- g. Have the following Governing Board composition:
 - i. Fifty percent (50%) of the Governing Board must be primary care physicians (including at least one OB-GYN) who practice in the Region and engage in Active Participation with the PCCM-E. Up to two of these primary care physicians can be employed by a hospital; and
 - ii. Representative(s) from each of the following:
 - (1) At least two (2) representatives of In-Region hospitals representing more than one system, if more than one system exists in a Region;
 - (2) At least one (1) representative of a Community Mental Health Center located in the Region;
 - (3) At least one (1) representative of a Substance Abuse Treatment Facility located in the Region;
 - (4) At least one (1) Consumer Representative (e.g., EI, Parent of EI or advocacy organization representative) who lives in the Region; and
 - (5) At least one (1) representative of a Federally Qualified Health Center located in the Region.

- 4. The PCCM-E must have a CAC (see Exhibit B).
 - a. The CAC shall advise the PCCM-E on ways the PCCM-E may be more efficient/effective in providing quality care to its EIs and shall carry out other functions and duties assigned to it by the PCCM-E and approved by the Agency.
 - b. Meet at least once in the first (1st) quarter, and at least once in the third (3rd) quarter.
 - c. The CAC must have at least six (6) members. Twenty percent (20%) of the members must be EIs and/or parent/care takers of EIs served by the PCCM-E.
 - d. The PCCM-E must ensure that the CAC maintains all records for a period of ten (10) years.
 - e. The Governing Board must hear at each Governing Board meeting a verbal report from the CAC.
- 5. The PCCM-E must also have in place the organization, management, and administrative systems necessary to fulfill all requirements of this RFP and comply with any other

applicable state and federal laws and regulations. The PCCM-E must demonstrate to the Agency's satisfaction, via submission of a staffing plan and resumes, that it has the required staffing, by function and qualifications, to fulfill its obligations under this RFP.

6. The PCCM-E shall notify within ten (10) Business Days the Agency's Managed Care Division of any change within the PCCM-E's organizational structure. Key Staff positions in the organizational structure include the Executive Director, Medical Director, Quality Care Manager, Pharmacy Director, and Care Coordination Supervisor.
7. The PCCM-E shall maintain all necessary business licenses, registrations, and certifications to be able to conduct business in Alabama.

Revised as:

PCCM-E Organizational Requirements

1. The PCCM-E must meet all RFP guidelines and comply with all authoritative documents and any revisions thereto.
2. The PCCM-E must:
 - a. Organize as a nonprofit entity under Alabama law, with an office located in the Region where the PCCM-E operates;
 - b. Have an Alabama domicile;
 - c. Provide documentation that the PCCM-E is operating as a nonprofit entity in Alabama (or such status has been applied for), to include, providing a copy of its nonprofit articles of incorporation, and bylaws.
 - d. Submit the PCCM-E's governing bylaws, **board composition**, organization documents, policies, and procedures for review and/or approval by the Agency.
3. The PCCM-E must establish a Governing Board that must:
 - a. Meet at least once in the second (2nd) quarter, and at least once in the fourth (4th) quarter;
 - b. Keep minutes of meetings and other records to document that the Governing Board is effectively discharging its obligations. All records must be maintained for not less than ten (10) years;
 - c. Submit minutes and other records as requested to the Agency;

- d. Notify the Agency's Managed Care Division within ten (10) Business Days of any substantial or material corrections or updates to the information provided related to the Governing Board, including but not limited to organizational or governing documents.;
- e. Notify the Agency within ten (10) Business Days of any vacancies or additions to the Governing Board;
- f. Receive at each Governing Board meeting a verbal report from the Consumer Advisory Committee (CAC); and
- g. Have the following Governing Board composition:
 - i. Fifty percent (50%) of the Governing Board must be primary care physicians (including at least one OB-GYN) who practice in the Region and engages in Active Participation with the PCCM-E. Up to two of these primary care physicians can be employed by a hospital; and
 - ii. Representative(s) from each of the following:
 - (1) At least two (2) representatives of In-Region hospitals representing more than one system, if more than one system exists in a Region;
 - (2) At least one (1) representative of a Community Mental Health Center located in the Region;
 - (3) At least one (1) representative of a Substance Abuse Treatment Facility located in the Region;
 - (4) At least one (1) Consumer Representative (e.g., EI, Parent of EI or advocacy organization representative) who lives in the Region; and
 - (5) At least one (1) representative of a Federally Qualified Health Center located in the Region.
 - iii. At the PCCM-E's discretion and subject to Agency approval, no more than two (2) additional representatives who are not employed by or subcontracted with, either directly or indirectly, an organization described above in Section II.C.3.g.ii.

4. The PCCM-E must have a CAC (see Exhibit B).

- a. The CAC shall advise the PCCM-E on ways the PCCM-E may be more efficient/effective in providing quality care to its EIs and shall carry out other functions and duties assigned to it by the PCCM-E and approved by the Agency.
 - b. Meet at least once in the first (1st) quarter, and at least once in the third (3rd) quarter.
 - c. The CAC must have at least six (6) members. Twenty percent (20%) of the members must be EIs and/or parent/care takers of EIs served by the PCCM-E.
 - d. The PCCM-E must ensure that the CAC maintains all records for a period of ten (10) years.
 - e. The Governing Board must hear at each Governing Board meeting a verbal report from the CAC.
5. The PCCM-E must also have in place the organization, management, and administrative systems necessary to fulfill all requirements of this RFP and comply with any other applicable state and federal laws and regulations. The PCCM-E must demonstrate to the Agency's satisfaction, via submission of a staffing plan and resumes, that it has the required staffing, by function and qualifications, to fulfill its obligations under this RFP.
 6. The PCCM-E shall notify within ten (10) Business Days the Agency's Managed Care Division of any change within the PCCM-E's organizational structure. Key Staff positions included in the organizational structure include the Executive Director, Medical Director, Quality Care Manager, Pharmacy Director, and Care Coordination Supervisor.
 7. The PCCM-E shall maintain all necessary business licenses, registrations, and certifications to be able to conduct business in Alabama.

II. Section II.Y, Page 63 add the following:

9. Eligible Individual (EI) Incentives
 - a. The PCCM-E may provide an incentive program to its EIs based on health/educational activities or for compliance with health-related recommendations, including, but not limited to:
 - i. Finishing all prenatal and postpartum visits
 - ii. Participating in a smoking cessation program
 - iii. Completing a health goal
 - b. The incentive program may include, but is not limited to:

- i. Health-related gift items
 - ii. Gift certificates in exchange for merchandise
 - iii. Cash or redeemable coupons with a cash value prohibited
- c. The PCMM-E's incentive program, including related material for EI use, shall be proposed in writing and prior approved by the Agency.
- d. The aggregate value of health-related gifts to an EI shall not exceed \$75.00 per EI per calendar year.

III. Section III.2., Page 70 change as follows:

Currently reads as:

The Care Coordination activity payments for the general population is separated into three levels and are the same amount for all Regions. The Care Coordination activity payments for the maternity population are separated into five levels and varies for each Region. The Care Coordination activity payments for the family planning population are separated into three levels and varies for each Region (see Exhibit S).

Revised as:

The Care Coordination activity payments for the general population is separated into three levels and are the same amount for all Regions. The Care Coordination activity payments for the maternity population are separated into five levels and varies for each Region. The Care Coordination activity payments for the family planning population are separated into three levels and varies for each Region (see Exhibit S). **NOTE: The PCCM-E will not be reimbursed for care coordination services performed during the first month of the contract.**

IV. Section VII.M.2, Page 76 change as follows:

Currently reads as:

The Care Coordination activity payments for the general population is separated into three levels and are the same amount for all Regions. The Care Coordination activity payments for the maternity population are separated into five levels and varies for each Region. The Care Coordination activity payments for the family planning population are separated into three levels and varies for each Region (see Exhibit S).

Revised as:

The Care Coordination activity payments for the general population is separated into three levels and are the same amount for all Regions. The Care Coordination activity payments for the maternity population are separated into five levels and varies for each Region. The Care Coordination activity payments for the family planning population are separated into three levels and varies for each Region (see Exhibit S). **NOTE: The PCCM-E will not be reimbursed for care coordination services performed during the first month of the contract.**

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

Authorized Contractor Signature

Date-

Contractor Organization