



**DISTRICT OF COLUMBIA DEPARTMENT OF MENTAL HEALTH  
CONTRACTS AND PROCUREMENT SERVICES**

NOVEMBER 5, 2012

**REQUEST FOR PROPOSAL AMENDMENT NUMBER FOUR (4) FOR:**

**SOLICITATION NUMBER RM-13-RFP-040-BY0-SDS  
HEALTH HOME STRATEGIC PLANNING CONSULTANT  
Amendment Four (4)**

**TO ALL PROSPECTIVE OFFERORS:**

Question No.	RFP Section	Question
1	Section B	B.5 Pricing – There is no Contract Line Item for Travel, how are travel expenses to be reflected in the proposal?


Contract Line Items 0006 through 0009 have been added to the Pricing Schedule. New items B.5 and B.5.1 are attached to this Amendment

**ALL OTHER TERMS AND CONDITIONS OF THE REQUEST FOR QUOTE REMAIN UNCHANGED.**

Only one copy of this amendment is being sent to prospective Offerors. Offerors shall sign below and attach a signed copy of this amendment to each quote to be submitted to the place specified for receipt of Proposals. Proposals shall be mailed or delivered in accordance with the instructions provided in the original RFP. In the event your quote has been previously deposited with the Department of Mental Health, Contracts and Procurement Services (DMH/CPS), submit this signed Amendment in a sealed envelope, identified on the outside by the RFP number and submission date. This signed Amendment must be included with your submission in response to this RFP.

Failure to acknowledge receipt of Amendment four (4) for Solicitation Number **RM-13-RFP-040-BY0-SDS** may be cause for rejection of any quote submitted in response to the subject RFP.

Signed:

  
Samuel J. Feinberg, CPPC, CPPB  
Director, Contracts and Procurement  
Agency Chief Contracting Officer

Amendment Number Four (4) is hereby acknowledged and is considered a part of the proposal for Solicitation Number **RM-13-RFP-040-BY0-SDS**.

\_\_\_\_\_  
Signature of Authorized Representative      Title of Authorized Representative      Date

\_\_\_\_\_  
Print or Type Name of Offeror

**B.5 PRICING SCHEDULE**

The Contractor shall provide a quote on all or none of the following Contract Line Item Numbers (CLIN) 0001 through 0009 as described below and for travel items use published Federal Government Geographic Rates for mileage, lodging, per diem, etc.

**B.5.1 SCHEDULE B – PRICING SCHEDULE**

CLIN	ITEM DESCRIPTION	QTY	UNIT	UNIT PRICE	AMOUNT
0001	Environmental Scan and Analysis Report.	110	Hour		
0002	Health Home Stakeholder and Management Plan.	90	Hour		
0003	Technical assistance resulting in an DC Medicaid health home benefit design and implementation strategy, including details regarding data analysis, programmatic, financial, data exchange, information technology, quality measurement, provider training, and best practices and lessons learned from CMS-approved state health home programs.	534	Hour		
0004	Technical assistance resulting in a health home benefit implementation timeline that shall eventually be incorporated into a DC Medicaid health home SPA and provide assistance in the preparation for and participation in conversations with the US Centers for Medicare and Medicaid Services (CMS) and the US Substance Abuse and Mental Health Services Administration (SAMHSA) related to DC Medicaid Health Home State Plan Amendment(s) (SPA).	112	Hour		
0005	Health Home Project Status Reports	80	Hour		
0006	Per Diem for Trainers	1	Session	\$ _____	\$ _____
0007	Incidental Expenses	1	Session	\$ _____	\$ _____
0008	Hotel Lodging	1	Session	\$ _____	\$ _____
0009	Travel (Ground/Air Transportation)	1	Session	\$ _____	\$ _____

**PERIOD OF PERFORMANCE: ONE YEAR FROM DATE OF AWARD.**

\_\_\_\_\_  
Print Name of Business/Organization

\_\_\_\_\_  
Signature of Authorized Personnel

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Authorized Personnel

\_\_\_\_\_  
Title