

DISTRICT OF COLUMBIA DEPARTMENT OF BEHAVIORAL HEALTH CONTRACTS AND PROCUREMENT SERVICES

NOVEMBER 24, 2015

REQUEST FOR PROPOSAL AMENDMENT NUMBER ONE (1) FOR: SOLICITATION NUMBER RM-16-RFP-022-BY4-SDS **HEALTH HOME SERVICES**

TO ALL PROSPECTIVE OFFERORS:					
Question	RFP Sect	Question/Clarification			
No.					
1		Will DBH accept electronic copies of Offerors' Proposals as a response to the RFP			
DBH RESI	PONSE – Elec	tronic Copies of the Offeror's Proposal in response to the RFP shall not be accepted.			
One (1) sign	gned Original	and four (4) copies of the written Proposal must be submitted by 11:00 AM on			
December 3	3, 2015, addres	ssed to:			
Dir Age Der 64 I	ector Contract ency Chief Cor partment of Be	rg, CPPO, CPPB ts and Procurement ntracting Officer chavioral Health nue, NE, Room 222 20002			
2	2 Section L2 Proposal Form, Organization and Content – Does the Proposal have to be on bond paper?				
DBH RESPONSE – Bond paper is preferred but not required					
3	Section J	Can Offerors request that DBH send them copies of Forms J.7 through J.10 if they are having problems obtaining them through the link provided?			
DBH RESPONSE – Offeror's request must be made in writing and sent to Mr. Feinberg at the address in Question #1 above, or via email at Samuel.Feinberg@dc.gov .					
4	Section L.2	Are the forms required to be submitted with the Proposal from Section J counted as part of the Maximum of fifteen (15) pages?			
DBH RESPONSE Required forms with signatures are not part of the Maximum number of pages allowed for the Responses to this RFP.					
5	Section K	Do Offerors have to complete Section K and submit it with the Proposal?			
	I	·			

DBH RESPONSE - Section K shall be completed in its entirety. Sections K.3 and K.4 shall be completed along with First Source Employment Documents and Documents dealing with Equal Opportunity Compliance as required in Sections J.7 and J.8.

6	Section M.3.1.4	What documentation should Offerors use to verify that they have completed the readiness assessment?
DBH RESI	PONSE – Upo copied and si	on completion of the Readiness Assessment, DBH shall send each Provider a Certificate ubmitted with their Response to this RFP.
7		What is the last day that questions regarding this Solicitation may be submitted and can that date be extended?
for extensi	on of the time	ember 27, 2015 is the last date for submission of questions to the Solicitation. Requests to submit questions must be made in writing, with a justification for the request, to Mr. berg@dc.gov.
8		Does the Health Home Director have to be a Licensed Clinician?
DBH RESI	PONSE – The	Health Home Director does not have to be a Licensed Clinician.
9		What are Preference Points and How do you know if you are a CBE
10		Is approval of DOES First Source Employment Agreement required as part of the submission of the Proposal Package
prior appro	oval is not req	viders must submit the completed Fist Source Agreement Employment Documents, uired for DOES First Source Employment Agreement.
11		Section B.5 Price Schedule - Clarification
	PONSE – Secti Price Schedule	ion B.5 Price Schedule is replaced in its entirety with the attached Attachment A
12		How is the Pricing Proposal to be submitted?
Consumers	for each, Lov	Price Proposal Schedule B.5 Pricing Schedule indicates the Maximum Number of w/High Acuity. The Offeror must acknowledge acceptance of the Pricing Schedule B.5 we where provided.
13		Subcontracting Plan – Is a Subcontracting Plan Mandatory for this Solicitation?
DBH RESE	PONSE – In vi requirement f	iew of the fact that payments for Health Home Services shall be through Medicaid, for the Provider to provide a Subcontracting Plan.
14		How will Providers receive payment for Services
DBH RESF Enrollment iCAMs.	PONSE – The	Health Home Reimbursement can only begin once the Consumer is enrolled. the Consumer's signing the Health Home Consent Form which shall be embedded in

15	Section M.3	of January, Vendor X w month until we reach th pricing proposal?	vill be proposing to e ne 300 mark. How de	300 clients into Health Ho enroll a certain number of o we reflect that when sul	f clients each bmitting the
DBH RESPONSE – Section M.3.1.2 states: "The Offerors shall describe the number of Health Home Teams they intend to create, the capacity of each team, the mix of High and Low Acuity Consumers and the process used to select the Consumers, the Provider's Action Plan to grow the service capability and its procedures for administering a Wait List or assisting Consumers to transfer to another Health Home when the Provider's existing teams are at capacity."					
ALL OTHI	ER TERMS	AND CONDITIONS OF	THE REQUEST FO	OR QUOTE REMAIN UN	ICHANGED.
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 Behavioral Health, Contracts and Procurement Services (DBH/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.					
		eceipt of Amendment One Proposal submitted in resp		umber <u>RM-16-RFP-022-B</u> FP.	Y4-SDS may be
Director, Co	einberg, CPPontracts and P	rocurement			
	: Number One P-022-BY4-S		ed and is considered a	a part of the proposal for So	olicitation Number
Signature of	Authorized l	Representative		Date	

Title of Authorized Representative

Print or Type Name of Offeror

AMENDMENT ONE (1) - ATTACHMENT A

B.5 SCHEDULE B – PRICING SCHEDULE

CLIN	Item Description	Chap 25: Rate Per Member Per Month (PMPM) per Consumer	Quantity Minimum	Minimum Extended Total Price (# of Consumers x PMPM Rate/Mo.)	# of Consumers: Maximum Award Quantity	Maximum Extended Total Price (# of Consumers x PMPM Rate/Mo)
0001	Base Year Low Acuity Health Homes services, as set forth in Section C	\$349.00	One Low Acuity PMPM	\$349.00	300	\$104,700.00
0002	Base Year High Acuity Health Homes services, as set forth in Section C	\$481.00	One High Acuity PMPM	\$481.00	300	\$144,300.00
1001	Option Year 1 Low Acuity Health Homes services, as set forth in Section C	\$349.00	One Low Acuity PMPM	\$349.00	300	\$104,700.00
1002	Option Year 1 High Acuity Health Homes services, as set forth in Section C	\$481.00	One High Acuity PMPM	\$481.00	300	\$144,300.00
2001	Option Year 2 Low Acuity Health Homes services, as set forth in Section C	\$349.00	One Low Acuity PMPM	\$349.00	300	\$104,700.00
2002	Option Year 2 High Acuity Health Homes services, as set forth in Section C	\$481.00	One High Acuity PMPM	\$481.00	300	\$144,300.00
3001	Option Year 3 Low Acuity Health Homes services, as set forth in Section C	\$349.00	One Low Acuity PMPM	\$349.00	300	\$104,700.00
3002	Option Year 3 High Acuity Health Homes services, as set forth in Section C	\$481.00	One High Acuity PMPM	\$481.00	300	\$144,300.00
4001	Option Year 4 Low Acuity Health Homes services, as set forth in Section C	\$349.00	One Low Acuity PMPM	\$349.00	300	\$104,700.00
4002	Option Year 4 High Acuity Health Homes services, as set forth in Section C	\$481.00	One High Acuity PMPM	\$481.00	300	\$144,300.00

Print Name of Business/Organization	Signature of Authorized Personnel	Date
Print Name of Authorized Personnel	Title	