



**DISTRICT OF COLUMBIA DEPARTMENT OF BEHAVIORAL HEALTH
CONTRACTS AND PROCUREMENT SERVICES
64 NEW YORK AVENUE, NE, 2ND FLOOR, WASHINGTON, DC 20002
PHONE: (202) 671-3171 ♦ FAX: (202) 671-3395**

June 26, 2014

**HUMAN CARE AGREEMENT (HCA) SOLICITATION
SUBSTANCE ABUSE TREATMENT SERVICES (SATS)
AMENDMENT NUMBER THREE (3)
RM-15-HCA-SATS-000-XXX-BY4-CPS**

TO ALL PROSPECTIVE PROVIDERS:

The above solicitation is hereby amended to reflect DBH's response to questions that were received from Prospective Providers

PART I

Delete Questions 33 in Amendment Two in its entirety and replace with the following:

Question No.	RFP Section	Question
33		Is it acceptable to request an evaluation from DBH/APRA?
DBH RESPONSE: Utilization of DBH APRA is an acceptable means of obtaining a Past Performance Evaluation.		

PART II

QUESTIONS AND ANSWERS

Question No.	RFP Section	Question
1		Has the time to ask questions passed, or with the extended submission deadline has the questions deadline also been extended?
DBH RESPONSE: The question deadline has also been extended to reflect the new Human Care Agreement Solicitation's First Review Deadline of July 9, 2014 at 2:00 PM.		
Question No.	RFP Section	Question
2		Will Medicaid eligibility be performed by DBH-APRA staff?
DBH RESPONSE: The initial Medicaid eligibility will be verified in the District's Automated Treatment Accounting (DATA) system.		
Question No.	RFP Section	Question
3		Will Medicaid eligibility be continuously verified by DBH-APRA staff throughout client's time in treatment?
DBH RESPONSE: Once a client is enrolled at the Provider, the Provider shall be responsible for Case Management of the Client. Case Management includes ensuring that Clients are connected with benefits, resources, employment readiness, etc. . . Ensuring that a Client renews their Medicaid benefits is a Case Management function and shall be performed by the Provider. The DATA system shall alert the Provider that a Client's benefits have expired.		
Question No.	RFP Section	Question
4		Will referral agencies have electronic access to DBH-APRA's Medicaid eligibility results in order to address client's healthcare needs (ongoing insurance coverage) and billing needs?
DBH RESPONSE: The DATA system shall alert the referring agent that a Client's benefits have expired. Ensuring that a Client renews their Medicaid benefits is a Case Management function that shall be performed by the Provider.		

Question No.	RFP Section	Question
5		Will referral agencies have electronic access (either DATA or another system) to assess client's Medicaid eligibility?
DBH RESPONSE: At this time and until further notice, DATA is the District's approved Electronic Health Record (EHR). DATA will continue to operate the front end (the user end that puts information into the system) of the EHR and e-cura/i.cams will operate the adjudication of claims in the EHR. All providers in the SUD system shall have access to the EHR.		

ALL OTHER TERMS AND CONDITIONS OF THE REQUEST FOR PROPOSALS 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 proposal 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 HCA Solicitation. In the event your proposal 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 HCA number and submission date. This signed Amendment must be received by the DBH/CPS no later than the date and time for closing.

Failure to acknowledge receipt of Amendment Three (3) for Solicitation Number **RM-15-HCA-SATS-000-XXX-BY4-CPS** may be cause for rejection of any proposal submitted in response to the subject HCA Solicitation.

Signed:



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

Amendment Number Three (3) is hereby acknowledged and is considered a part of the proposal for Solicitation Number **RM-15-HCA-SATS-000-XXX-BY4-CPS**.

Signature of Authorized Representative

Date

Title of Authorized Representative

Print or Type Name of Offeror