



STATE OF TENNESSEE
 Department of Finance and Administration
 Division of Health Care Finance and Administration

REQUEST FOR PROPOSALS # 31865-00451

AMENDMENT # 3

PRE-ADMISSION SCREENING AND RESIDENT REVIEW

DATE: April 21, 2016

RFP # 31865-00451 IS AMENDED AS FOLLOWS:

1. This RFP Schedule of Events updates and confirms scheduled RFP dates. Any event, time, or date containing revised or new text is highlighted.

EVENT	TIME (central time zone)	DATE	CONFIRMED/ UPDATED
1. RFP Issued		March 22, 2016	CONFIRMED
2. Disability Accommodation Request Deadline	2:00 p.m.	March 28, 2016	CONFIRMED
3. Pre-response Conference	2:00 p.m.	March 31, 2016	CONFIRMED
4. Notice of Intent to Respond Deadline	2:00 p.m.	April 1, 2016	CONFIRMED
5. Written "Questions & Comments" Deadline	2:00 p.m.	April 5, 2016	CONFIRMED
6. State Response to Written "Questions & Comments"		April 18, 2016	CONFIRMED
7. Response Deadline	12:00 p.m.	April 27, 2016	CONFIRMED
8. State Completion of Technical Response Evaluations		May 10, 2016	CONFIRMED
9. State Opening & Scoring of Cost Proposals	2:00 p.m.	May 11, 2016	CONFIRMED
10. State Notice of Intent to Award Released <u>and</u> RFP Files Opened for Public Inspection	2:00 p.m.	May 12, 2016	CONFIRMED
11. End of Open File Period		May 19, 2016	CONFIRMED
12. State sends contract to Contractor for signature		May 20, 2016	CONFIRMED
13. Contractor Signature Deadline	2:00 p.m.	May 24, 2016	CONFIRMED

14. Contract Start Date		June 1, 2016	CONFIRMED
-------------------------	--	--------------	------------------

2. Delete RFP Attachment 6.3 in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):

RFP ATTACHMENT 6.3.

COST PROPOSAL & SCORING GUIDE

NOTICE: THIS COST PROPOSAL MUST BE COMPLETED EXACTLY AS REQUIRED

COST PROPOSAL SCHEDULE— The Cost Proposal, detailed below, shall indicate the proposed price for goods or services defined in the Scope of Services of the RFP Attachment 6.6., *Pro Forma* Contract and for the entire contract period. The Cost Proposal shall remain valid for at least one hundred twenty (120) days subsequent to the date of the Cost Proposal opening and thereafter in accordance with any contract resulting from this RFP. All monetary amounts shall be in U.S. currency and limited to two (2) places to the right of the decimal point.

NOTICE: The Evaluation Factor associated with each cost item is for evaluation purposes only. The evaluation factors do NOT and should NOT be construed as any type of volume guarantee or minimum purchase quantity. The evaluation factors shall NOT create rights, interests, or claims of entitlement in the Respondent.

Notwithstanding the cost items herein, pursuant to the second paragraph of the *Pro Forma* Contract section C.1. (refer to RFP Attachment 6.6.), "The State is under no obligation to request work from the Contractor in any specific dollar amounts or to request any work at all from the Contractor during any period of this Contract."

This Cost Proposal must be signed, in the space below, by an individual empowered to bind the Respondent to the provisions of this RFP and any contract awarded pursuant to it. If said individual is not the *President* or *Chief Executive Officer*, this document must attach evidence showing the individual's authority to legally bind the Respondent.

RESPONDENT SIGNATURE:	
PRINTED NAME & TITLE:	
DATE:	

RESPONDENT LEGAL ENTITY NAME:			
Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (cost x factor)
PASRR Level I Screening – without Clinical Review	\$ _____ / per screening	50,000	
PASRR Level I Screening – with Clinical Review	\$ _____ / per screening	10,000	

RESPONDENT LEGAL ENTITY NAME:			
Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (cost x factor)
PASRR Level II Screening – Out of State Paper Submission	\$ _____ / per screening	20	
PASRR Level II Evaluation Without IQ Test	\$ _____ / per assessment	19,000	
PASRR Level II Evaluation With IQ Test	\$ _____ / per assessment	500	
PASRR Level II Evaluations Withdrawn	\$ _____ / per assessment	500	
Expedited PASRR Level II Evaluation	\$ _____ / per assessment	50	
PASRR Change of Status Review	\$ _____ / per assessment	2500	
PASRR Document Based Review	\$ _____ / per assessment	2000	
Supports Intensity Scale™ (SIS™) Assessment Within 10 Business Days (A.25.a – c and e)	\$ _____ / per assessment	200	
Supports Intensity Scale™ (SIS™) Assessment Within 30 Business Days (A.25.d)	\$ _____ / per assessment	2500	
EVALUATION COST AMOUNT (sum of evaluation costs above): The Solicitation Coordinator will use this sum and the formula below to calculate the Cost Proposal Score. Numbers rounded to two (2) places to the right of the decimal point will be standard for calculations.			
lowest evaluation cost amount from all proposals _____ evaluation cost amount being evaluated		x 30 (maximum section score)	= SCORE:

RESPONDENT LEGAL ENTITY NAME:			
Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (cost x factor)
<i>State Use – Solicitation Coordinator Signature, Printed Name & Date:</i>			

3. **RFP Amendment Effective Date.** The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.