



STATE OF TENNESSEE
 DEPARTMENT OF FINANCE AND ADMINISTRATION
 DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION

**REQUEST FOR PROPOSALS # 31865-00453
 AMENDMENT # 2
 FOR GOODS OR TRAINING AND TECHNICAL
 ASSISTANCE FOR PRIMARY CARE PRACTICES AND
 COMMUNITY MENTAL HEALTH CENTERS**

DATE: JUNE 7, 2016

RFP # 31865-00453 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		May 10, 2016	CONFIRMED
2. Disability Accommodation Request Deadline	2:00 p.m.	May 16, 2016	CONFIRMED
3. Pre-response Conference	2:00 p.m.	May 18, 2016	CONFIRMED
4. Notice of Intent to Respond Deadline	2:00 p.m.	May 19, 2016	CONFIRMED
5. Written "Questions & Comments" Deadline	2:00 p.m.	May 24, 2016	CONFIRMED
6. State Response to Written "Questions & Comments"		June 7, 2016	CONFIRMED
7. Response Deadline	12:00 p.m.	June 23, 2016	CONFIRMED
8. State Completion of Technical Response Evaluations		July 6, 2016	CONFIRMED
9. State Opening & Scoring of Cost Proposals	2:00 p.m.	July 7, 2016	CONFIRMED
10. State Notice of Intent to Award Released and RFP Files Opened for Public Inspection	2:00 p.m.	July 8, 2016	CONFIRMED
11. End of Open File Period		July 15, 2016	CONFIRMED
12. State sends contract to Contractor for signature		July 18, 2016	CONFIRMED

13. Contractor Signature Deadline		July 22, 2016	CONFIRMED
14. Contract Start Date		September 1, 2016	CONFIRMED

2. State responses to questions and comments in the table below amend and clarify this RFP.

Any restatement of RFP text in the Question/Comment column shall NOT be construed as a change in the actual wording of the RFP document.

QUESTION / COMMENT	STATE RESPONSE
<p>1 RFP Section 1.1 The TennCare site referenced in the RFP http://tn.gov/tencare/article/rfp. Indicates that a health home provider readiness assessment was to be completed by April 1, 2016. Are the results of that assessment available to bidders for this procurement?</p>	<p>No. The results of the Health Home Provider Readiness Assessment will be made available to the winning bidder. The results are provider specific and have not been posted publicly. The readiness assessment questions focused primarily on Tennessee mental health providers' current IT capabilities and their level of integration with primary care.</p>
<p>2 RFP Section 1.1 What will be the practice and community mental health centers incentives to participate in either the PCMH or Health Home initiative?</p>	<p>While these are not mandatory programs, we expect many providers will see this as a great opportunity to participate in the State's new primary care transformation models and improve care delivery for their Medicaid patients. PCMH and Health Homes participating practices will be paid for new clinical activities and will be eligible to receive outcomes based bonus payments for their performance on cost and quality. There is no downside risk associated with participation in these programs. Additionally, providers who choose not to become Health Homes will no longer be able to bill for Level 2 Case Management services since those services will all be moved within Health Homes beginning October 1, 2016.</p>
<p>3 RFP Section 1.1 and RFP Attachment 6.3 Per the RFP, health homes will impact: approximately 30 practices, comprising approximately 200 sites, impacting approximately 90,000 TennCare members. Which of these numbers does HCFA wish the contractor consider as the target for one-on-on coaching reach to achieve a target of 8,000 coaching</p>	<p>The target for one-on-one coaching is PCMH and Health Home individual practice sites. For Health Homes there will be approximately 200 sites. Refer to RFP Attachment 6.6, Section A.16.c. It is anticipated there will be limited overlap between PCMH and Health Home providers. Fewer than five (5) providers are anticipated to overlap between the PCMH and Health Home programs in the first year of operation.</p>

QUESTION / COMMENT	STATE RESPONSE
<p>sessions through the contract period (practices, sites or members)? How much overlap does TennCare anticipate in provider health home and PCMH participation?</p>	
<p>4 RFP Attachments 6.1 & 6.2, Item A.1</p> <p>Should a Statement of Certification and Assurances also be submitted for subcontractor(s)?</p>	<p>No. The respondent is the one who will sign the contract and has to agree to the language in the contract.</p>
<p>5 RFP Attachment 6.2, Item B.14</p> <p>Can a partner on the bid (subcontractor or consultant) also qualify as a Health home and/or PCMH participant?</p>	<p>Yes, a partner on the bid (subcontractor or consultant) can also qualify as a Health home and/or PCMH participant.</p>
<p>6 RFP Section 3.1.2 & RFP Attachment 6.3</p> <p>How does the state want bidders to express the contract years in hours? Should it be September 1 - December 31, 2017 Start-up and then the Operational years run from January 1 to December 31 with a one month ending period January 1 -31, 2020? If this is not correct, please clarify time periods</p>	<p>3.1.2 and Attachment 6.3 are related to the Cost proposal, neither of which are required to be broken out by hours. Attachment 6.2, Section B.13 is where respondents should provide the hours, but we did not request it be broken out by years.</p>
<p>7 <i>Pro Forma</i> Contract Section A.2</p> <p>In Section A.2 Home health providers are defined as all providers with authority to be the lead sponsor for a home health Pursuant of HCFA's Health Home eligibility requirements. Is the intent to allow providers, teams of health care professionals or health teams be eligible to participate, rather than the more standard provider definition (e.g. TAX-ID)?</p>	<p>No, the definition of a Health Home provider will be at the tax-ID level.</p>
<p>8 <i>Pro Forma</i> Contract Section</p>	<p>For more information on Health Home provider eligibility</p>

QUESTION / COMMENT	STATE RESPONSE
<p>A.2</p> <p>Are there published requirements for becoming a certified PCMH &/or Health home in TN?</p>	<p>requirements, see slide 14 of the Health Home (renamed to Health Link) Technical Advisory Group (TAG) final recommendations deck: http://www.tn.gov/assets/entities/hcfa/attachments/HealthLinkFinalTAGRecommendations.pdf</p> <p>PCMH provider eligibility requirements are not currently published publicly, but include the following:</p> <ul style="list-style-type: none"> • Stated commitment to the program • Minimum panel size of 500 patients with a single MCO • TennCare primary care practice type (i.e. adults, pediatrics, internal medicine, geriatrics) with one or more PCPs • Use of Care Coordination Tool • Designation of a PCMH Director <p>Activity requirements for PCMH and Health Homes are included in sections A.10 and A.11 of the contract, respectively. Quality and efficiency measures for PCMH and Health Homes are included in Attachments C and D of the <i>pro forma</i> contract, respectively. Final PCMH and Health Home activity requirements, quality and efficiency measures are expected to be updated slightly by the time this contract begins. The Contractor's Practice Transformation Support Curricula are expected to support PCMH and Health Home practices in effectively delivering activity requirements and in improving their quality and efficiency scores.</p>
<p>9 <i>Pro Forma</i> Contract Section A.5</p> <p>Does state have a preferred, or example of an off-the-shelf PCMH/Health Home practice transformation training curriculum? Can the state provide an example of one or more curriculums that would qualify as an off the shelf curriculum?</p>	<p>The State does not have a preferred off-the-shelf training curriculum.</p> <p>Curricula used for a bidder's previous work would be considered an off the shelf curriculum for the purposes of this bid. Bidders are required to have completed a minimum of 2 years of on-site training before being eligible to bid.</p> <p>Please note that regardless of the starting point of a bidder's off-the-shelf training curricula, curricula must be tailored to meet the specific requirements outlined in sections A.5, A.6, A.7, and A.8. of the <i>pro forma</i> contract within the State's expected timeline for completion.</p>
<p>10 <i>Pro Forma</i> Contract Section A.5</p> <p>Are the semi-annual PCMH and health home assessments to be conducted at the practice or site level?</p>	<p>The initial and semi-annual PCMH and Health Home assessment results should be presented to providers, the State, and MCOs at the practice level, since providers will be receiving performance reports at the tax-ID/practice level. However, the assessments should also include a review of site-level performance as a drill down, so that a provider can identify any outliers to their overall performance.</p> <p>Please refer to Item # 3 of this amendment.</p>

QUESTION / COMMENT	STATE RESPONSE
<p>11 <i>Pro Forma</i> Contract Section A.5</p> <p>Will the CCT contractor provide the training materials for incorporation into the PCMH and Health Home Curriculum? If not, will the contractor make available information or content that supports the development of the curriculum for the CCT?</p>	<p>The Care Coordination Tool contractor, Altruista Health, will provide training materials for incorporation into the PCMH and Health Home curricula.</p>
<p>12 <i>Pro Forma</i> Contract Section A.6</p> <p>Is there a link or other relevant information about the CCT?</p>	<p>See: http://altruistahealth.com/solutions/guidingcare-overview.html</p>
<p>13 <i>Pro Forma</i> Contract Section A.8</p> <p>Are the elements listed in A.8 considered the requirements of the off the shelf product or could one or more of these elements be part of the TennCare customization?</p>	<p>The elements listed in A.8 could be part of the TennCare customization.</p>
<p>14 <i>Pro Forma</i> Contract Section A.10</p> <p>Are the elements listed in A.10 considered the requirements of the off the shelf product or could one or more of these elements be part of the TennCare customization?</p>	<p>The elements listed in A.10 could be part of the TennCare customization.</p>
<p>15 <i>Pro Forma</i> Contract Section A.10.a</p> <p>Would a contractor or subcontractor under this procurement be ineligible for the work referenced as "a separate entity will monitor and evaluate practices' performance against the following criteria"... Has this contract already been awarded? If not awarded, what is the anticipated date of award and bidder requirements?</p>	<p>A contractor or subcontractor under this procurement would continue to be eligible for the work referenced as "a separate entity will monitor and evaluate practices' performance against the following criteria."</p> <p>At this time, this contract is not anticipated to be held by the State. It is anticipated that the MCOs will work directly with a vendor to monitor activity requirements.</p>

QUESTION / COMMENT	STATE RESPONSE
<p>16 <i>Pro Forma</i> Contract Sections A.10.c and A.11.b.3</p> <p>Will the state provide additional information on the technical specifications for the avoidable utilization measures including the methodology for member attribution and level of reporting (individual provider, site, or practice)?</p>	<p>Yes, the State will provide the technical specifications for all of the quality and efficiency measures, including methodology for member attribution, to participating providers and the winning bidder.</p>
<p>17 <i>Pro Forma</i> Contract Section A.11</p> <p>The RFP states that "the MCO will separately monitor and evaluate practices' performance against these criteria"... Is this function intended to be different from the procurement of these services referenced separately under A.10.a (ref. question 15)?</p>	<p>The function in both sections is monitoring the activity requirements for these two programs. The entity monitoring the activity requirements may be different in each case.</p>
<p>18 <i>Pro Forma</i> Contract Section A.11</p> <p>Does the health home specific content also need to be incorporated into the semi-annual assessment tool referenced in A.5?</p>	<p>Initial and semi-annual assessments will be completed for both PCMH and Health Home providers using the "standard assessment tool approved by the State" referenced in A.3.</p>
<p>19 <i>Pro Forma</i> Contract Section A.12</p> <p>Understanding the difficulty in provider face-to-face attendance, would HCFA deem it appropriate and cost effective to deliver large format in-person trainings in collaboration with other organizations who bring together providers such as the TMA, TNMGMA, TAFP etc. Would this coordination be acceptable in lieu of the contractor facilitating all aspects of the logistics of these meetings independently so long as the requirement to hold at least 1 meeting quarterly per grand region is met?</p>	<p>Yes, the State encourages this type of collaboration with provider organizations in Tennessee so long as the requirement to hold at least one (1) meeting quarterly per grand region is met.</p>

QUESTION / COMMENT	STATE RESPONSE
<p>20 <i>Pro Forma</i> Contract Section A.14</p> <p>"The recordings shall be non-duplicative material not otherwise covered in live webinars or large format in-person trainings". Please clarify it is feasible to consider that some of these recordings will need to cover general aspects of the program and some content that may have been delivered in other sessions, particularly as new providers are rolled into the program and content related to requirements of the program etc. appear to be the most appropriate content for recorded trainings.</p>	<p>Yes, it is assumed that certain general program content as well as critical messages to providers will be repeated in provider trainings, including through webinars and large format trainings.</p> <p>As new providers are rolled into the PCMH program for Wave 2 PCMH and beyond, the content they receive is expected to be duplicative of content developed for Wave 1 PCMH providers.</p>
<p>21 <i>Pro Forma</i> Contract Section A.15</p> <p>How often does HCFA anticipate the contractor will need to update the Compendium of Resources?</p>	<p>It is expected that the final Compendia of Resources for PCMH and Health Homes will be delivered to the State 12/1/2017. Following that, the compendia of resources will be updated as new content is developed by the Contractor for training purposes or changes to the PCMH and Health Homes programs are made by the State for the duration of the contract period.</p> <p>Please refer to Item #4 of this amendment.</p>
<p>22 <i>Pro Forma</i> Contract Section A.15</p> <p>Are the costs associated with the semi-annual assessments of practices using the PCMH and health home curricula to be captured in the On-site element of the Cost Proposal? Is the semi-annual assessment to be administered by the contractor or would this be a review of the practices' self assessment?</p>	<p>The initial and semi-annual assessments are considered on-site coaching sessions. The initial and semi-annual assessments are expected to be administered by the Contractor on-site and are not self-assessments. See A.16.e of the pro forma contract.</p>
<p>23 <i>Pro Forma</i> Contract Section A.15</p> <p>Can a semi-annual assessment be conducted virtually or should the contractor assume that every practice MUST have an on-site assessment semi-</p>	<p>The semi-annual assessments are expected to be conducted on-site. To be clear, initial and semi-annual assessments are not required to be completed for practices to maintain their eligibility in the PCMH or Health Home programs.</p> <p>Please refer to Item #3 of this amendment.</p>

QUESTION / COMMENT	STATE RESPONSE
annually?	
<p>24 <i>Pro Forma</i> Contract Section A.17</p> <p>Can Learning Collaboratives be combined with one or more A.12 Large in person trainings as long as they are conducted separately but can share in the logistical costs and efficiency of a combined meeting?</p>	<p>Yes, learning collaboratives can be combined for logistical purposes with one or more large in person trainings as long as they are conducted separately.</p>
<p>25 <i>Pro Forma</i> Contract Section A.25</p> <p>Could you please clarify if all of the elements in this section are appropriate requirements for this contract as the target for outreach in this contract is providers?</p>	<p><i>Pro Forma</i> Contract Sections A. 25 (a)(11) - (a)(12) have been deleted from Section A.25.</p> <p>Please refer to Item #6 and Item #7 of this amendment and State's response to question #26.</p>
<p>26 <i>Pro Forma</i> Contract Section A.25</p> <p>Please provide clarification around the contractors Nondiscrimination Compliance requirements and responsibilities. Specifically: Section A. 25.6, Section A.25.7., & Sections A.25.8-10.</p> <p>a. Are contractors under this RFP responsible to provide beneficiary/individual services relating to discrimination and LEP communication?</p> <p>b. What is the relationship of this requirement to providing training and technical assistance services for primary care practices and community mental health centers to become Patient-Centered Medical Homes and Health Homes?</p>	<p>A. 25(a)(6). When you accept federal funds there are certain civil rights obligations that must be complied with. This requirement is about providing notice to participants (i.e. providers) that they are protected under the applicable civil rights laws see 45 C.F.R. § 80.6, 45 C.F.R. § 84.8, and soon to be implemented 45 C.F.R. § 92.8.</p> <p>A.25(a)(7) Just in case a provider would like to file a discrimination complaint we provide our discrimination form to contractors and inform them how to assist an individual with sending the complaint to us.</p> <p>A.25.(a)(8)-(10) and questions (a) and (b): Providers are considered participants in the Medicaid program and are protected under the applicable civil rights laws. You may have providers who do not speak English as his/her first language or providers with disabilities who have communication or other needs.</p> <p>In addition, you will be helping providers learn how to better communicate, interact, and provide care to members. The civil rights laws contain requirements that providers need to be aware of when delivering care to patients. This includes interacting with members who come from different cultural backgrounds that create barriers to accessing care, such as, being limited English Proficient or having other communication assistance needs due to disability or aging statuses.</p>

QUESTION / COMMENT	STATE RESPONSE
<p>27 RFP Attachment 6.2, C.2, f and g</p> <p>Can a sample of the content of the PCMH and Health Home Curriculum be provided in appendices?</p>	<p>Yes, sample content of your PCMH and Health Home curricula may be provided in appendices so long as that material is labeled and referenced appropriately in the technical response.</p>
<p>28 RFP Attachment 6.2 and <i>Pro Forma</i> Contract</p> <p>Will all provider semi-annual assessments be performed on-site? If so, would these assessments be conducted at the practice level or at the site level?</p>	<p>Please refer to State's response to questions #10 and #22.</p>
<p>29 RFP Attachment 6.2 and <i>Pro Forma</i> Contract</p> <p>Please confirm that the assessments are considered as a coaching session and assessments are to be reported at the practice level, with site specific information aggregated within a single practice report.</p>	<p>Please refer to State's response to questions #10 and #22.</p>
<p>30 RFP Attachment 6.2 and <i>Pro Forma</i> Contract</p> <p>Will coaching sessions to multiple practice sites of a single provider be counted as a single coaching visit, or will each site be counted as a coaching visit?</p>	<p>Coaching sessions at each site will be counted as separate coaching visits. Please refer to pro forma section A.16.c</p>
<p>31 RFP Attachment 6.2, B.15(b)</p> <p>Please clarify - Should the commitment to diversity listing contain all business relationships or is it limited to only business relationships with Tennessee organizations?</p>	<p>It is not limited to relationships with Tennessee organizations.</p>
<p>32 General Question</p> <p>Does participation on any of the PCMH or Health Home Technical Advisory Groups (TAGs) create a conflict of interest for this opportunity?</p>	<p>No, participation in the PCMH or Health Home Technical Advisory Groups (TAGs) does not create a conflict of interest for this opportunity.</p>

QUESTION / COMMENT	STATE RESPONSE
<p>33 <i>Pro Forma</i> Contract Section A.19</p> <p>What staff position(s) does the state consider "key personnel"?</p>	<p>For the purposes of this Contract, "Key Personnel" are any Contractor personnel deemed by the State to be essential to the Contractor's satisfactory performance of the requirements of the contract as outlined in A.19.a.2. Please refer to Item # 4 of this amendment.</p>
<p>34 Does the state have any plans for building a sustaining structure/plan for the practice transformation within this contract? Such as, each practice site naming a PCMH coach and having a train the trainer program simultaneous or in partnership with the contractor work during the 4 years of the contract?</p>	<p>The State is planning to transfer all provider training responsibilities to the MCOs following the completion of this contract. The Contractor has a requirement for a knowledge transfer to the MCOs outlined in A.18 of the contract.</p> <p>All participating practices are required to remain engaged in the Learning Collaboratives and may choose to continue their engagement in conferences and webinars past the 2 years of on-site practice transformation support.</p> <p>The Contractor is encouraged to work with practices to identify provider champions who can help sustain the transformation efforts. The Contractor is also encouraged to work with those provider champions during on-site coaching and large-format in-person trainings.</p>
<p>35 How are the "participating providers" the contractor will conduct an initial assessment with, initially identified/selected?</p>	<p>Please refer to Item #3 of this amendment.</p>
<p>36 On-site coaching expectation is part of the first 2 years of the practice transformation. Is each year's cohort finished with the coaching at the conclusion of the second year? And what about the practices beginning in the 4th year, they would only get one year of coaching, correct?</p>	<p>Each PCMH and Health Home participating provider is eligible for 2 years of in-person practice transformation support - this support includes initial and semi-annual assessments and on-site coaching.</p> <p>Eligibility for in-person practice transformation support begins at the start of the program launch for the provider. For example, for Health Home practices, this support would be available starting 10/1/16. This is indicated in the timeline of Contractor Practice Transformation Deliverables in A.21.c of the contract as "Begin scheduling initial assessments for Year 1 Health Homes." For Wave 1 PCMH practices this support would begin to be available starting 1/1/17. This is indicated in the timeline of Contractor Practice Transformation</p>

QUESTION / COMMENT	STATE RESPONSE
	<p>Deliverables in A.21.c of the contract as “Begin scheduling initial assessments for Wave 1 PCMH.”</p> <p>Refer to Item # 3 of this amendment.</p> <p>Practices starting in the PCMH program on 1/1/2019 would only receive one year of training.</p>
<p>37 Please describe the level of detail you expect in the curriculum to be submitted as part of the RFP response. Is a set of learning objectives and activities sufficient, or are you expecting actual teaching materials (or samples of teaching materials) to be included?</p>	<p>We expect actual teaching materials or samples of teaching materials to be submitted as attachments for bidders’ technical responses. (please refer to RFP Attachment 6.2, Section C.2) If these materials are submitted, they are expected to be labeled and referenced appropriately in the technical response.</p>
<p>38 The State may want to consider clarifying for this RFP. It revolves around a number of hours citation that is made in several RFP locations. The provision of the approximate number of necessary hours (40,000) is most appreciated; however, if it could be clarified if this is per year or a contract total, that would be most helpful. This clarification would allow the state to receive “apples to apples” type cost proposals and technical approach planning.</p>	<p>The 40,000 hour estimate is a contract total. Please refer to RFP Attachment 6.2, Section B.13.</p>

3. RFP Attachment 6.6, Section A.3 is amended by adding sections d through g.
 (any sentence or paragraph containing revised or new text is highlighted)

- d. Initial and semi-annual assessments are not required to be completed for practices to maintain their eligibility in the PCMH or Health Home programs.
- e. Health Home and PCMH providers are selected through an application process with the State. Once providers are selected, they will be encouraged to engage with the provider training vendor for an initial assessment, on-site coaching, and other resources. In addition,

the provider training vendor will be expected to directly outreach to PCMH and Health Home providers to engage them in the initial assessment and on-site training. The State will provide the requisite contact information, such as names, email addresses, and mail addresses of physicians, office managers, care coordinators and/or PCMH directors to enable outreach and communication. It is expected that a practice's first interaction with the provider training vendor will be their initial assessment.

- f. Initial and semi-annual assessments should also include a review of site-level performance as a drill down, so that a provider can identify any outliers to their overall performance.
- g. Each PCMH and Health Home participating provider is eligible for 2 years of in-person practice transformation support- this support includes initial and semi-annual assessments and on-site coaching. Eligibility for in-person practice transformation support begins at the start of the program launch for the provider.

4. **RFP Attachment 6.6, Section A.15 is deleted in its entirety and replaced with the following:** (any sentence or paragraph containing revised or new text is highlighted)

A.15. Compendium of Resources - The Contractor shall create and deliver, for the State's review and approval, one (1) compendium of resources for PCMH and one (1) compendium of resources for Health Homes. The resources shall be comprehensive and inclusive of all elements of PCMH and Health Home requirements covered in this Scope of Services. The Contractor shall also provide each compendium to the MCOs for comment and/or to add content to each one, and shall provide all MCO comments and additional content to the State for final approval. Once approved by the State, both compendia will be posted on the State and MCO's websites. All costs associated with the creation and revision of the compendia to be included in Contractor's flat fee for each compendium set forth in Section C.3.b.

It is expected that the final Compendia of Resources for PCMH and Health Homes will be delivered to the State 12/1/2017. Following that, the compendia of resources will be updated as new content is developed by the Contractor for training purposes or changes to the PCMH and Health Homes programs are made by the State for the duration of the contract period. These updates will be at no additional cost to the State.

5. **RFP Attachment 6.6, Section A.19.a.2. is deleted in its entirety and replaced with the following:** (any sentence or paragraph containing revised or new text is highlighted)

A.19.a.2. The State shall have the absolute right to approve or disapprove the Contractor's and any subcontractor's key personnel assigned to this Contract, to approve or disapprove any proposed changes in key staff, or to require the removal or reassignment of any key Contractor employee or subcontractor personnel found unacceptable by the State. For purposes of this Contract, the term "Key Personnel" refers to Contractor personnel deemed by the State to be essential to the Contractor's satisfactory performance of the requirements contained in this Contract. This includes, but is not limited to, the Contractor's qualified trainers and coaches, professional and technical leadership, project managers, meeting coordinators, and trainer and coach supervisors. Meeting coordinators will be critical to the Contractor's staffing model. Meeting coordinators are

expected to outreach to practices, schedule on-site assessments and trainings, coordinate logistics for large-format trainings, etc.

6. **RFP Attachment 6.6, Section A.25.a(8) deleted in its entirety and replaced with the following:** (any sentence or paragraph containing revised or new text is highlighted)

A.25.a(8) Written materials provided pursuant to this Contract shall be in plain language and ensure effective communication with Limited English Proficiency (“LEP”) individuals and individuals with disabilities at no expense to these individuals and/or their representatives and shall meet the standards set forth in the applicable civil rights laws and guidance. Effective Communication may be achieved by providing interpretation and translation services and other forms of auxiliary aids or services, including, Braille and large print and shall be based on the needs of the individual and/or the individual’s representative. **[text deleted]**

7. **RFP Attachment 6.6, Section A.25.a(11) and A.25.a(12) are deleted in their entirety.**

8. **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.