

Request for Proposals

RFP #20024

Independent Evaluation of the New York State (NYS) Health and Recovery Plans (HARP) Program and Self-Directed Care (SDC) Pilot Program

AMENDMENT #1
February 28, 2019

The following are official modifications, which are hereby incorporated into the New York State Department of Health, Independent Evaluation of the New York State Health and Recovery Plans (HARP) Program and Self-Directed Care (SDC) Pilot Program Request for Proposals (RFP) #20024, issued January 31, 2019. The information contained in this amendment prevails over the original RFP language. For all amendments below, deleted language appears in red and strikethrough ("~~xxx~~") and added language appears in underline ("xxx").

1. Page 3, Section 1.0, Calendar of Events is hereby amended as follows:

1.0 CALENDAR OF EVENTS

RFP # 20024 - INDEPENDENT EVALUATION OF THE NEW YORK STATE (NYS) HEALTH AND RECOVERY PLANS (HARP) PROGRAM AND SELF-DIRECTED CARE (SDC) PILOT PROGRAM	
<u>EVENT</u>	<u>DATE</u>
Issuance of Request for Proposals	January 31, 2019
Deadline for Submission of Written Questions	February 22, 2019 5:00 p.m. ET
<u>Deadline for 2nd Round for Submission of Written Questions</u>	<u>March 8, 2019</u> 5:00 p.m. ET
Responses to <u>All</u> Written Questions Posted by DOH	On or About March 1, 2019 <u>March 15, 2019</u>
Letter of Intent to Bid (Optional, See Section 5.3)	March 8, 2019 <u>March 22, 2019</u>
Deadline for Submission of Proposals	March 29, 2019 <u>April 5, 2019</u> 5:00 p.m. ET
<u>Anticipated</u> Contract Start Date	August 1, 2019

2. Page 65, Section 8.3, Technical Evaluation

8.3 Technical Evaluation

The evaluation process will be conducted in a comprehensive and impartial manner. A Technical Evaluation Committee comprised of programmatic staff ~~of DOH~~ will review and evaluate all proposals.

3. Attachment E, BH HCBS Eligibility Brief Assessment Tool

The attachment has been removed and replaced with:

Please email QQPS.ASU@health.ny.gov for an electronic copy of this attachment.

4. Attachment F, BH HCBS Full Assessment Tool

The attachment has been removed and replaced with:

Please email QQPS.ASU@health.ny.gov for an electronic copy of this attachment.