

**AMENDMENT 2
FOR
RFP NUMBER #0A1126**

**DATE AMENDMENT ISSUED:
January 13, 2016**

The State of Ohio, through the Department of Administrative Services, Enterprise IT Contracting for the Ohio Department of Medicaid, is issuing this amendment for the Request for Proposals (RFP) entitled:

Electronic Visit Verification Services

INQUIRY PERIOD BEGINS:	November 20, 2015
INQUIRY PERIOD ENDS:	January 6, 2016
OPENING DATE:	January 20, 2016
OPENING TIME:	1:00 P.M.
OPENING LOCATION:	Department of Administrative Services General Services Division Bid Desk 4200 Surface Road Columbus, Ohio 43228-1313

The attached is an Amendment for the RFP listed above. Please use the replacement page(s) contained in the Amendment to replace the corresponding page(s) previously in the RFP.

Specifications and requirements that have been revised are preceded by an asterisk and red font or when applicable, strikethrough and bold.

an actual or apparent conflict is disclosed. The State also may terminate the Contract for cause if it discovers any actual or apparent conflict of interest that the offeror did not disclose in its Proposal.

Proof of Insurance. The offeror must provide the certificate of insurance in the form that Attachment Four requires. The policy may be written on an occurrence or claims made basis.

Payment Address. The offeror must give the address to which the State should send payments under the Contract.

Legal Notice Address. The offeror must give the name, title, and address to which the State should send legal notices under the Contract.

W-9 Form. The offeror must complete the attached W-9 form in its entirety. The offeror must submit at least one originally signed W-9. All other copies of a Proposal may contain copies of the W-9. The offeror must indicate on the outside of the binder which Proposal contains the originally signed W-9. A current version of the Internal Revenue's W-9 form is available at <http://ohiosharedservices.ohio.gov/SuppliersForms.aspx> in the Supplier Forms section.

Independent Contractor Acknowledgement Form. Unless the offeror is a "business entity" as that term is defined in ORC. 145.037 ("an entity with five or more employees that is a corporation, association, firm, limited liability company, partnership, sole proprietorship, or other entity engaged in business"), the offeror must complete and submit an originally signed Independent Contractor Acknowledgement form in its entirety. All other copies of a Proposal may contain copies of the Independent Contractor Acknowledgement form. The offeror must indicate on the outside of the binder which Proposal contains the originally signed Independent Contractor Acknowledgement form. A current version of the Independent Contractor Acknowledgement form is available at <https://www.opers.org/forms-archive/PEDACKN.pdf>

Standard Affirmation and Disclosure Form (EO 2011-12K). The offeror must complete and sign the Affirmation and Disclosure Form (Attachment ~~Eleven~~*Nine*) as part of its Proposal.

Affirmative Action. Before a contract can be awarded or renewed, an Affirmative Action Program Verification Form must be completed using:

<http://das.ohio.gov/Divisions/EqualOpportunity/AffirmativeActionProgramVerification/tabid/133/Default.aspx> .

Approved Affirmative Action Plans can be found by going to the Equal Opportunity Department's Web site: <http://eodreporting.oit.ohio.gov/searchAffirmativeAction.aspx> .

Copies of approved Affirmative Action plans must be supplied by the offeror as part of its Proposal or inclusion of an attestation to the fact that the offeror has completed the process and is pending approval by the EOD office.

Demonstration Requirements. The State will select highest ranking offerors to provide demonstrations of their solutions(s). Any special needs for the demonstration must be made clear in this section of the offeror's proposal.

Acceptance of Attachment Four – General Terms and Conditions. Offerors must include the entire content of Attachment Four as a single section in their proposal. The offerors must include a statement at the beginning of the section indicating that the offeror has read, understands and agrees to the General Terms and Conditions contained in Attachment Four. The State may reject any Proposal if the offeror takes exception to the terms and conditions of this RFP.

ODM Business Associate Agreement. The offeror must complete and sign Attachment Fourteen, ODM Business Associate Agreement. The ODM Business Associate Agreement will be executed as of the date of the signature of the Director of the Ohio Department of Medicaid.

Cost Summary Form. This RFP includes a Cost Summary Form (Attachment Twelve). Offerors may not reformat this form. Each offeror must complete the Cost Summary Form in the exact format provided, since the State may reject any Proposal with a reformatted Cost Summary Form or that is not separately sealed. (See: Part Three: General Instructions, Proposal Submittal.)

The Cost Summary Form must not include exceptions, additional terms and conditions, or assumptions.