

|  |                                  |                           |  |  |                        |
|--|----------------------------------|---------------------------|--|--|------------------------|
| <b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>  |                                  |                           |  | 1. Contract Number<br>DCJM-2012-H-0004 | Page of Pages<br>1   2 |
| 2. Amendment/Modification Number<br>A001   | 3. Effective Date<br>May 7, 2012 | 4. Requisition No.        | 5. Solicitation Caption<br>Residential Expenses              |  |                        |
| 6. Issued by:<br>Department on Disability Services<br>Office of Contracts and Procurement<br>1125 15 <sup>th</sup> Street NW., 4 <sup>th</sup> Floor<br>Washington, DC 20005-2717  |                                  | Code<br>JM0TNS            | 7. Administered by (If other than line 6)                    |  |                        |
| 8. Name and Address of Contractor (No. street, city, county, state and zip code)   |                                  | X                         | 9A. Amendment of Solicitation No.<br>DCJM-2012-H-0004        |  |                        |
|  |                                  |                           | 9B. Dated (See Item 11)<br>February 27, 2012                 |  |                        |
|  |                                  |                           | 10A. Modification of Contract/Order No.                      |  |                        |
|  |                                  |                           | 10B. Dated (See Item 13)                                     |  |                        |
| <b>11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS</b>   |                                  |                           |  |  |                        |
| <input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers <u>X</u> is extended. ___ is not extended. Offerors must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) BY separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such may be made by letter or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified. |                                  |                           |  |  |                        |
| 12. Accounting and Appropriation Data (If Required)  |                                  |                           |  |  |                        |
| <b>13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS , IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14</b>  |                                  |                           |  |  |                        |
| A. This change order is issued pursuant to (Specify Authority): THE CHANGES CLAUSE, The changes set forth in Item 14 are made in the contract/order no. in item 10A.   |                                  |                           |  |  |                        |
| B. The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation data etc.) set forth in item 14, pursuant to the authority of 27 DCMR, Chapter 36, Section 3601.2.   |                                  |                           |  |  |                        |
| C. This supplemental agreement is entered into pursuant to authority of:   |                                  |                           |  |  |                        |
| D. Other (Specify type of modification and authority)  |                                  |                           |  |  |                        |
| <b>E. IMPORTANT:</b> Contractor <input type="checkbox"/> is not <input type="checkbox"/> is required to sign this document and return _____ copy to the issuing office.  |                                  |                           |  |  |                        |
| 14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.)<br><br>Request for Human Care Agreement (HCA) No. DCJM-2012-H-0004-for Residential Services is hereby amended to make certain revisions and respond to questions raised by prospective providers, as follows:<br><br>A. The closing date for submission of applications is hereby extended to 2:00 p.m. local time on <b>May 31, 2012</b> .<br><br>B. <b>Section B.5.1, CLIN 0005 is revised to reflect that Administrative Costs and Fees will be limited to 13% after the provider's first year of operation.</b><br><br>C. <b>Section B.6.2, CLIN 0002.1, Food, is revised to waive the requirement to apply for SNAP benefits for individuals residing outside the District of Columbia.</b>   |                                  |                           |  |  |                        |
| Except as provided herein, all terms and conditions of the document is referenced in Item 9A or 10A remain unchanged and in full force and effect.   |                                  |                           |  |  |                        |
| 15A. Name and Title of Signer (Type or print)  |                                  |                           | 16A. Name of Contracting Officer<br><br>Janice Parker Watson |  |                        |
| 15B. Name of Contractor  | 15C. Date Signed                 | 16B. District of Columbia |  | 16C. Date Signed                       |                        |
| (Signature of person authorized to sign)   |                                  |                           | (Signature of Contracting Officer)                           |  |                        |

D. Which insurance is DDS requiring a provider to obtain to be enclosed in the HCA?

**Response: All insurance listed in Section F.8 is required before provider begins to serve individual(s) for supported living, residential habilitation or host home. If provider is not yet serving individuals, evidence of the financial ability to obtain the insurance is required as part of our contractor responsibility determination.**

E. Where is the Continuity of Operations Plan located in the DDS intranet? Is this the provider Emergency Preparedness Policy or does it entail more information? It is not in the section where there are 66 policies.

**Response: No, the COOP and the provider Emergency Preparedness Policy are not the same.**

F. If the provider has not received a technical letter from the Office of Provider Relations, but has completed New Provider Orientation, does that disqualify a provider for submitting the HCA?

**Response: No. Prospective providers who have completed New Provider Orientation may submit an HCA application.**

G. What is the individual program plan (IPP)?

**Response: Add the following to definitions in Section C.3.**

**Individual Program Plan - The IPP is the written plan that describes how the goals set forth in the ISP are to be implemented. For individuals residing in an ICF/MR, the provider will develop an IPP with the participation of the IDT per 42 CFR § 483.440 (6). For HCBS waiver participants, the provider is responsible to prepare and implement a written support plan per the requirements for the specific waiver service being delivered (e.g. 29 DCMR § 993.5 Supported Living).**