

ADDENDUM 5

Care Management for Acquired Brain Injury Waiver Program

Request for Proposals CM_ABI_RFP_103015

The Department of Social Services is issuing **Addendum 5** to the Care Management for Acquired Brain Injury Waiver Program Request for Proposals.

Addendum 5 contains two (2) corrections to the RFP.

- #1. On page 61 of the RFP, please note that **Appendix 6** has been amended to be **Appendix 7**.

18. Confidentiality and Safeguarding of Participant Information

The Resultant Contractor shall be responsible for protecting ABI waiver program participant confidentiality and implementing participant information safeguards.

a. Resultant Contractor Requirements - The Resultant Contractor shall

- 1) Maintain the confidentiality of all participant care records;
- 2) Implement a confidentiality policy;
- 3) Provide the Department, its designees and/or the federal government access to participant care records;
- 4) Require written consent by the participant to release medical information to other providers;
- 5) Develop a standard release form;
- 6) Obtain the Department's written approval in advance for all other ABI waiver program care records releases; and
- 7) Conduct all other release activity in accordance with written policy on the protection and release of information as specified in the Federal and State Regulations (e.g. HIPAA).

b. Respondent Requirements: To submit a responsive proposal, THE RESPONDENT SHALL:

- 1) Provide a copy of the Respondent's confidentiality policies and procedures for protecting participant records in Section IV. G. Appendices, as **Appendix-67**; and
- 2) Include a proposed release form.

- #2. **IV. PROPOSAL OUTLINE, Appendix 7 has been added, please see below.**

G. Appendices

1. Appendix 1-Addenda
2. Appendix 2- Functional Organization

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3. Appendix 3- References
4. Appendix 4- Signed release
5. Appendix 5- Evidence of Qualified Entity
6. Appendix 6- Job Descriptions and Resumes
7. **Appendix 7- Policies and Procedures for protecting participants records**

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Date Issued: January 22, 2016

Approved: _____

Marcia McDonough

State of Connecticut Department of Social Services
(Original signature on document in procurement file)

This Addendum must be signed and returned with your submission.

Authorized Signer

Name of Company