



STATE OF GEORGIA
Department of Community Health

ADDENDUM NUMBER: 01

DATED: August 26, 2004

Statement of Need (SON) - IV and V Services HPAS Project:

The attached information is made a part of this SON. The purpose of this addendum is to provide the following:

- 1) **Amended and/or replacement sections of the SON and/or Appendices, as identified on the following pages.**

Note: Review Carefully!

In the event of a conflict between previously released information and the information contained herein, the latter shall control.

NOTE: A signed acknowledgment of this addendum (this page) should be attached to your RFP response. A signature on this addendum does not constitute your signature on the original SON document. The original SON response must also be signed in the proper places.

Company Name: _____
Contact Name: _____
Title: _____
Address: _____
Telephone: _____ Fax: _____
E-mail: _____

Georgia Department of Community Health
Statement of Need (SON) IV and V Services
HPAS Project - Amendment #1
August 26, 2004

The following are replacement pages to the original Statement of Need released on August 02, 2004. Pages not included here have no changes from the originally published SON. Please note that changes are represented as “strikeouts” for deletions or changes and highlighted additions:



Georgia Department of Community Health

Statement of Need

Independent Verification and Validation (IV&V) Services – HPAS Project

**In Accordance with
GTA procurement GTA000058
Specialized Consulting Services Contract**

Responses Due: Proposal Submission Due Date: **August 30, 2004 September 07, 2004**

3:00pm EST

Location: 2 Peachtree St NW 35th Floor Contracts Area

Point of Contact: Ms. Elvina Calland

Point of Contact- Contact Information:

Ecalland@dch.state.ga.us

Telephone: 404 657-9470

specified amount of time by providing the requested information in the designated manner. Offerors failing to respond to this SON exactly as prescribed may be disqualified and no longer considered for evaluation. Offerors shall be accorded fair and equal treatment with respect to any opportunity for discussion and revision of proposals. Such revisions may be permitted after submissions and prior to purchase order issuance for the purpose of obtaining best-valued offers. In conducting any such discussions, there shall be no disclosure of any information derived from competing Offerors.

A Purchase Order may be issued to the responsive and responsible Offeror whose proposal is determined to be the most advantageous for the State, taking into account all of the factors set forth in the SON. No other factors or criteria shall be used in the evaluation. Before acceptance of a proposal, DCH reserves the right to reject any or all proposals at any time without penalty. The release of this SON does not compel DCH to purchase services.

4.1 Project Schedule

The following represents the anticipated Schedule of Activities for this Statement of Need. Any changes to this schedule that occur after the posting of the SON will be posted to the GTA website. Please note all dates are for information only and represent “on or about” dates. The schedule is as follows:

Event	Date	Comments
Release Date of SON	On or before August 2, 2004	
Questions Deadline	August 12, 2004	
Response to Questions	August 18, 2004	Date may be affected by Volume of questions
Statement of Work/Response Due	August 30, 2004 September 07, 2004	
Anticipated Offeror Selection	September 27, 2004	Date may be affected by number of responses received.
Anticipated Offeror start work date	October 18, 2004 October 25, 2004	.
Anticipated completion date for work	June 30, 2006	

5.0 Mandatory Offeror Requirements

In order for Offeror’s Proposal to be considered, the Offeror’s Proposal must demonstrate that:

10.2 Approach:

- a. Describe in Offeror's own words the Offeror's understanding of the project's objectives and DCH'S expectations of the work activities.
- b. Describe Offeror's approach to Independent Verification and Validation (IV&V) services for the Health Plan Administration System project and how Offeror will meet/address each of the requirements in the **Statement Scope** of Work Section and the Deliverable Section.
 - The response should repeat each entry in the Statement of Work (SOW) Section. Following each entry, provide a description of the proposed approach to meeting the SOW requirement.
 - The response should repeat each entry in the Deliverables section **of the Cost Proposal (Appendix B)**. Following each entry, provide a description of the proposed approach to creating the deliverable.
- c. Submit a high-level work plan in Microsoft Project format with milestones, staff-day estimates and timelines for the completion of each milestone and each deliverable **proposed by the Offeror**. Include the estimated completion date of the project.
- d. Describe the staff commitment: indicate number of staff-days the facilitator/manager and staff will spend on the project. DCH reserves the right to choose only the staff DCH feels is best suited for the project.
- e. Create and provide a DCH/Offeror Roles and Responsibilities Matrix.
- f. Other response items if needed to evaluate a complex SON.
- g. Any additional materials that Offeror thinks may be relevant.