STATE OF INDIANA

Request for Proposal/Partnership 27-88343 - Addendum 2

INDIANA DEPARTMENT OF ADMINISTRATION

On Behalf Of
FAMILY AND SOCIAL SERVICES ADMINISTRATION
OFFICE OF MEDICAID POLICY AND PLANNING

Solicitation For:
Indiana Medicaid Managed Care Organizations

Submission Due Date and Time:
November 6, 2026, by 3:00 PM ET

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Summary of Changes

Additions have been made in red font in the corresponding documents. Deletions have been made in ~~red struckthrough~~ font in the corresponding documents.

1. **The following change has been made to Attachment E – Business Proposal**
   a. Section 14.0 has been updated.
      i. Notwithstanding any other provisions relating to the beginning of the term, any contract will not become effective until the evidence of financial responsibility is delivered in the correct form and amount to the address indicated above ~~in RFP Section 1.25~~.
2. **The following change has been made to Attachment F2 – Outcomes Measures Response Template:**
   a. Measurement code has been updated to replace AIE-E.
      i.

AI~~S~~E-E	Adult Immunization Status - Pneumococcal - 66+

3. **The following change has been made to Attachments K1-4 – Statement of Work:**
   a. Section 9.4 has been updated.
      i. The Contractor is responsible for verifying member eligibility data and reconciling with capitation payments for each eligible member. The Contractor must reconcile its eligibility and capitation records monthly. In accordance with 42 CFR 438.608(c)(3), if the Contractor discovers a discrepancy in eligibility or capitation information, the Contractor must notify FSSA and the State fiscal agent within thirty (30) calendar days of discovering the discrepancy and no more than ninety (90) calendar days after FSSA delivers the eligibility records. The Contractor must return any capitation overpayments to FSSA within thirty ~~forty-five~~ (3045) calendar days of discovering the discrepancy. If the Contractor receives either enrollment information or capitation for a member, the Contractor is financially responsible for the member.
4. **The following change has been made to Attachment K1 Hoosier Healthwise – Statement of Work:**
   a. Section 2.3.4 has been updated.
      i. Care Coordination Manager
         - Dedicated full-time to each IN Medicaid Managed Care Program individually
         - Reports to the Population Health Director. Must have at least one (1) Care Coordination Manager dedicated full-time to each Medicaid program, preferably with a designation as a Certified Case Manager from the Commission for Case Manager Certification. Requires an Indiana licensed registered nurse or an Indiana licensed Master's level social worker/therapist with a minimum of three (3) years of case management experience. The Care Coordination Manager(s) must be located in Indiana to oversee case management staff. ~~This individual must have experience in long-term services and supports or the care of older adults.~~ Requires collaboration to ensure coordination of physical and behavioral health. ~~Must have one (1) manager assigned specifically to DCS care coordination. This position will directly oversee Care Coordinators who work with DCS population. The manager must have experience working with DCS and trauma informed care.~~
   b. Section 7.1.12 has been updated.

7.1.12 Reserved ~~Waiver Assurances~~

~~The State must meet Federal requirements for the 1915(c) waiver(s) that provide the Department with authority to implement the Hoosier Healthwise program. The Contractor must fully comply and implement to the State's satisfaction any delegated activities by the State for any Federal waiver requirements.~~

i.

5. **The following change has been made to Attachment K2 Healthy Indiana Plan – Statement of Work:**
   a. Section 2.3.4 has been updated.

Care Coordination Manager

- Dedicated full-time to each IN Medicaid Managed Care Program individually
- Reports to the Population Health Director. Must have at least one (1) Care Coordination Manager dedicated full-time to each Medicaid program, preferably with a designation as a Certified Case Manager from the Commission for Case Manager Certification. Requires an Indiana licensed registered nurse or an Indiana licensed Master's level social worker/therapist with a minimum of three (3) years of case management experience. The Care Coordination Manager(s) must be located in Indiana to oversee case management staff. ~~This individual must have experience in long-term services and supports or the care of older adults.~~ Requires collaboration to ensure coordination of physical and behavioral health. ~~Must have one (1) manager assigned specifically to DCS care coordination. This position will directly oversee Care Coordinators who work with DCS population. The manager must have experience working with DCS and trauma informed care.~~

i.

6. **The following change has been made to Attachment K3 Hoosier Care Connect – Statement of Work:**
   a. Section 2.3.4 has been updated.

Care Coordination Manager

- Dedicated full-time to each IN Medicaid Managed Care Program individually
- Reports to the Population Health Director. Must have at least one (1) Care Coordination Manager dedicated full-time to each Medicaid program, preferably with a designation as a Certified Case Manager from the Commission for Case Manager Certification. Requires an Indiana licensed registered nurse or an Indiana licensed Master's level social worker/therapist with a minimum of three (3) years of case management experience. The Care Coordination Manager(s) must be located in Indiana to oversee case management staff. ~~This individual must have experience in long-term services and supports or the care of older adults.~~ Requires collaboration to ensure coordination of physical and behavioral health. Must have one (1) manager assigned specifically to DCS care coordination. This position will directly oversee Care Coordinators who work with DCS population. The manager must have experience working with DCS and trauma informed care.

i.

   b. Section 7.7 has been updated.

CFR 438.210(c). ~~The Contractor must have a full-time Geriatrician on staff or physician with ten (10) years of clinical practice with older adults with oversight of utilization management program.~~

i.

7. **The following change has been made to Attachment K4 Indiana PathWays for Aging – Statement of Work:**
    a. Section 2.3.4 has been updated.

i.

Care Coordination Manager

- Dedicated full-time to each IN Medicaid Managed Care Program individually
- Reports to the Population Health Director. Must have at least one (1) Care Coordination Manager dedicated full-time to each Medicaid program, preferably with a designation as a Certified Case Manager from the Commission for Case Manager Certification. Requires an Indiana licensed registered nurse or an Indiana licensed Master's level social worker/therapist with a minimum of three (3) years of case management experience. The Care Coordination Manager(s) must be located in Indiana to oversee case management staff. This individual must have experience in long-term services and supports or the care of older adults. Requires collaboration to ensure coordination of physical and behavioral health. ~~Must have one (1) manager assigned specifically to DCS care coordination. This position will directly oversee Care Coordinators who work with DCS population. The manager must have experience working with DCS and trauma informed care.~~

    b. Section 4.7 has been updated.

i.

- Brief CHAT – completed for members who do not meet NFLOC. An initial Brief CHAT is completed within one hundred fifty ~~ninety~~ (150~~90~~) calendar days of the effective date of enrollment. The Brief CHAT can be done in-person or telephonically. The Brief CHAT is completed annually or anytime there is a significant change in member status.

    c. Section 7.1.12 has been updated.

i. The State must meet Federal requirements for the 1915(b) and 1915(c) waiver(s) that provide the Department with authority to implement the PathWays program. The Contractor must fully comply and implement to the State's satisfaction any delegated