



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene  
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary  
Office of Procurement and Support Services - Sharon R. Gambrill, CPPB, Director

**Request for Proposal – Office OF Health Services  
Fiscal Management Services for Medicaid Participants Enrolled in Self-Directed  
Home Care Service Programs  
DHMH-OPASS- 14-13407  
ADDENDUM # 1**

All persons who are known by the Issuing Officer to have received the above-mentioned reference Request For Proposal are hereby advised of the following:

**Original Proposal Due Date:**

Friday, August 16, 2013 at 2:00 p.m. local time

**Revised Proposal Due Date:**

Friday, August 23, 2013 at 2:00 p.m. local time

**Revision Financial Proposal Sheet ATTACHMENT F– Reflects 2 One Year Base Periods and Three (3) One-Year Option Periods.**

**The Revised Financial Proposal Page is attached in MS Excel.**

All other terms and conditions remain unchanged.

This Addendum is issued under the authority of State Procurement Regulations, COMAR 21.05.02.08 and with the approval of the Procurement Officer.

August 13, 2013  
Date

*Michael Howard*

Michael Howard  
Assistant Director for Procurement  
Office of Procurement and Support Services

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Addendum # 1

DHMH-OPASS 14-13407

Upon receipt, please return the addendum acknowledgement via fax, email or hardcopy to:

Queen Davis, Contract Officer  
Office of Procurement and Support Service  
201 W. Preston Street,  
Baltimore, Maryland 21201  
Phone: 410-767-5335 - Fax: 410-333-5958  
E-Mail: [queen.davis@maryland.gov](mailto:queen.davis@maryland.gov)

**ADDENDUM ACKNOWLEDGEMENT RECEIPT**

I acknowledge receipt of Addendum #1 to **DHMH-OPASS 14-13407** titled "Fiscal Management Services for Medicaid Participants Enrolled in Self-Directed Home Care Service Programs" dated August 13, 2013.

\_\_\_\_\_  
Vendor's Name

\_\_\_\_\_  
Authorized Signatory - (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date