



TEXAS
Health and Human Services

TEXAS HEALTH AND HUMAN SERVICES

ADDENDUM

To

Open Enrollment

HHS0014039

For

**Medical Staffing for a Declared
Emergency/Disaster Event
Health Emergency Preparedness and Response Section
Response and Recovery Unit**

Notice is hereby given to prospective applicants to the above referenced open enrollment that changes have been made to requirements or information in the open enrollment, as noted in the addenda below.

(Note: In the column with the heading "Open Enrollment Reference", the references to "Package" refer to the link, as listed on the HHSC Open Enrollment Opportunities webpage and Electronic State Business Daily (ESBD) posting of this open enrollment.)

Open Enrollment for Medical Staffing for a Declared Emergency/Disaster Event

Procurement Number: **HHS0014039** Addendum 1

Addendum #1 April 24, 2024			
<u>Item</u>	<u>Open Enrollment Reference</u>	<u>Previous</u>	<u>Revised Language</u>
1	<p>Package 1 – Open Enrollment Document Medical Staffing for a Declared Emergency/Disaster Event</p> <p>Section 12 – Required Application Documents</p>	<p>The first paragraph in References in the Minimum Qualification Sub-Section has been removed:</p> <p>Applicants must provide a minimum of three (3) references for contracts of similar size and scope of services within the last seven (7) years.</p>	<p>The first paragraph in References in the Minimum Qualification Sub-Section has been added:</p> <p>Applicants must provide a minimum of three (3) references for contracts of similar size and scope of services within the two (2) year period immediately preceding submission of the Application.</p>
2	<p>Package 1 – Open Enrollment Document Medical Staffing for a Declared Emergency/Disaster Event</p> <p>Section 12 – Required Application Documents</p>	<p>The third bulleted item in the Executive Summary Sub-Section has been removed:</p> <p>Court or Governmental Agency Proceedings, Investigations, or Other Actions: Applicant shall provide information required pursuant to the HHS Solicitation Affirmations (Exhibit A), paragraph 36.</p>	<p>The third bulleted item in the Executive Summary Sub-Section has been added:</p> <p>Court or Governmental Agency Proceedings, Investigations, or Other Actions: Applicant shall provide information required pursuant to the HHS Solicitation Affirmations (Exhibit A), paragraph 35.</p>

Open Enrollment for Medical Staffing for a Declared Emergency/Disaster Event

Procurement Number: **HHS0014039** Addendum 1

3	<p>Package 1 – Open Enrollment Document Medical Staffing for a Declared Emergency/Disaster Event</p> <p>Section 13 – Required Application Documents</p>	<p>The second paragraph has been removed:</p> <p>The complete Application must be submitted to: Contract Management Section (CMS) Email: Jennifer.Boggs@dshs.texas.gov</p>	<p>The second paragraph has been added:</p> <p>The complete Application must be submitted to: Contract Management Section (CMS) Email: Fred.Waterman@dshs.texas.gov</p>
4	<p>Package 1 – Open Enrollment Document Medical Staffing for a Declared Emergency/Disaster Event</p> <p>Section 13.1 – E-Mail Submission</p>	<p>The first and second paragraphs have been removed:</p> <p>Each Applicant is solely responsible for ensuring its Application is submitted in accordance with all OE requirements, including, but not limited to, the Section 13, Required Application Documents and ensuring timely e-mail receipt by DSHS.</p> <p>The Application, including all documentation outlined in Section 13, must be sent in its entirety in one or more e-mails.</p>	<p>The first and second paragraphs have been added:</p> <p>Each Applicant is solely responsible for ensuring its Application is submitted in accordance with all OE requirements, including, but not limited to, the Section 12, Required Application Documents and ensuring timely e-mail receipt by DSHS.</p> <p>The Application, including all documentation outlined in Section 12, must be sent in its entirety in one or more e-mails.</p>

Open Enrollment for Medical Staffing for a Declared Emergency/Disaster Event

Procurement Number: **HHS0014039** Addendum 1

5	<p>Package 1 – Open Enrollment Document Medical Staffing for a Declared Emergency/Disaster Event</p> <p>Section 15.3 – Additional Required Pre-Award Verifications</p>	<p>The first paragraph has been removed:</p> <p>After the checks performed in Section 16.2.1, the following verifications will be conducted for each Applicant. The verifications will be based on the legal name and, if applicable, the Assumed Business Name (D.B.A.), and/or the Secretary of State (SOS) charter number, the Federal ID or Texas Payee ID numbers, or the CPA Franchise Tax number provided, as applicable, on Exhibit A, HHS Solicitation Affirmations.</p>	<p>The first paragraph has been added:</p> <p>After the checks performed in Section 15.2.1, the following verifications will be conducted for each Applicant. The verifications will be based on the legal name and, if applicable, the Assumed Business Name (D.B.A.), and/or the Secretary of State (SOS) charter number, the Federal ID or Texas Payee ID numbers, or the CPA Franchise Tax number provided, as applicable, on Exhibit A, HHS Solicitation Affirmations.</p>
6	<p>Package 2 – Exhibits and Forms (Zip File Archive)</p> <p>Form B – Open Enrollment Submission Checklist</p>	<p>Form B – Open Enrollment Submission Checklist, References Document has been removed:</p> <p>Three (3) references for contracts of similar size and scope of services with the 17 years. Minimum Qualifications – Reference Section # 6</p>	<p>Form B – Open Enrollment Submission Checklist, References Document has been added:</p> <p>Three (3) references for contracts of similar size and scope of services within the two (2) year period immediately preceding submission of the Application. Minimum Qualifications – Reference Section # 6</p>