



Caring Hand to Mouth

P.O. Box 459, Lowell, OR 97452

April 12, 2012

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
250 Winter Street NE, 3rd Floor
Salem, Oregon 97301

RE: RFA #3402, **CCO LETTER OF INTENT TO APPLY Amended 4-12-2012**

Dear Tammy Hurst,

Please find below the questions listed on attachment #5 of RFA #3402 as required for the CCO Letter of Intent to apply (**changes are in red**).

1. What is Applicant's Legal Entity name, Oregon headquarters location, and key contact person?

Caring Hand to Mouth located at 498 Harlow Road, Suite #3; Springfield, OR 97477, Randy Meyer, M.S.W. Executive Director.

2. What is the Applicant's desired service area by county or zip code?

Eastern Lane County, including Cottage Grove 97424 population 16,668, Creswell 97426 population 7,460, Dexter 97431 population 2,684, Fall Creek 97438 population 1,553, Lowell 97452 population 862, Oakridge 97463 population 3,760, Pleasant Hill 97455 population 3,039, Westfir 97492 population 640.

3. Who are the Applicant's key potential Affiliates or sponsoring organizations, if known?

Statewide Dental Services, P.C.; Statewide Contracting Services LLC, Cottage Grove Hospital, RiverBend and Campus Hospital where some of our providers are currently on staff.

4. What is the Applicant's desired member capacity? If the Applicant desires to have no limit on capacity, so state.

No limit on capacity requested at this time.

5. Does the Applicant, or an Affiliate or intended subcontractor of the Applicant, have a contract with the Oregon Health Authority as a Medicaid managed care organization (MCO)? If so, does Applicant expect that contract to be terminated immediately before the effective date of Applicant's CCO Contract?

No, however applicant has over 15 years of experience as a Dental Care Organization in the State of Oregon and was the 2nd largest DCO in August 2009.

6. Is the Applicant, or an Affiliate or intended subcontractor of the Applicant, licensed or expected to be licensed as an insurer (including health care service contractor) with the Oregon Insurance Division?

The applicant is not licensed as an insurer with the Oregon Insurance division, but some Affiliates and subcontractors will be licensed as an insurer with the Oregon Insurance Division.

7. Does the Applicant, or an Affiliate or an intended subcontractor of the Applicant, have or expect to have a contract as a Medicare Advantage Plan with the Center for Medicare and Medicaid Services (CMS)?

Yes.

8. Attachment 3 describes four possible Application timelines in 2012. Which due date does the Applicant elect for submitting its Technical and Financial Applications? Choose one pair:

Technical/Cost August 1/August 8
Application
dates:
Medicaid November 1, 2012
Contract
effective:

9. Does the Applicant intend to submit a Medicare Notice of Intent to Apply to CMS? If so, please provide a copy to OHA.

Yes, no copy of the Medicare Notice of Intent to apply was provided. The answers to Question 5,7,9, and 11 was "Caring Hand to Mouth does not have a current 2012 Medicare Part C or D contract".

The Applicant acknowledges that this Letter of Intent is non-binding, except that OHA will consider this Letter of Intent will remain in effect and OHA may rely on it until the Applicant changes or withdraws it in accordance with the RFA. The Applicant will submit its Technical and Financial Applications on the dates set forth in this Letter of Intent to Apply, unless Applicant submits to OHA changes to this Letter of Intent to Apply. The Applicant understands this Letter of Intent to Apply will be made public.



Electronic signature

Authorized representative of the Applicant (may be Applicant's sponsor if Applicant is not yet formed)