

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: VALUEOPTIONS, INC
Contractor Address: 240 CORPORATE BOULEVARD, NORFOLK, VA 23502
Contract Number: 999VOI-BHP-01 / 11DSS1206AL
Amendment Number: A4
Amount as Amended: \$91,168,203.00
Contract Term as Amended: 01/01/11 - 12/31/15

The contract between ValueOptions Inc. (the Contractor or VO and the Department of Social Services (the Department)), which was last executed by the parties and approved by the Office of the Attorney General on 06/03/2014, is hereby further amended as follows:

1. The total maximum payable under this contract is increased by \$1,401,051.00 from \$89,767,152.00 to \$91,168,203.00. (Detailed description regarding allocations within budget for the additional services are described in Attachment A and B).
2. The parties hereby agree to amend the original agreement, in response to an advisory issued by the Centers of Medicare & Medicaid Services (CMS) (See Attachment A), to provide comprehensive diagnostic evaluation and complete behavioral assessment and treatment for children under the age of 21, who are enrolled in Medicaid, have a diagnosis of Autism Spectrum Disorder (ASD), and for whom evidence-based autism treatment is medically necessary.
3. The parties hereby agree to amend the original agreement, to increase staffing for the purpose of utilization management for methadone maintenance transportation.
4. Part I, Section A.1.21, titled DEFINITIONS of the original agreement is hereby deleted in its entirety and replaced with the following:

A.1.21 Clinician: Unless otherwise designated by any or each of the Departments, a person who is licensed to practice in the State of Connecticut in the field of Social Work, Marital and Family Therapy, Professional Counseling, Nursing, Psychology, Medicine, Board Certified Behavior Analyst and/or Alcohol and Drug Counseling (including certified alcohol and drug counselors).

5. Part I, Section P.3 titled TRANSPORTATION of the original agreement is as follows:

(1) By inserting after P.3.1.5 the following new section P.3.2:

Contractors is responsible for the approval and/or denial for transportation to and from methadone clinics in order to reduce the overall cost directly related to Medicaid members traveling greater than or equal to fifteen miles to receive treatment services.

6. Part I Section BB.3.9 of the original agreement and Amendment Two (2) is amended with the following:

On or after this date the Contractor shall request a payment:	The maximum payment request shall be:	The payment request shall be for the operation of the program through the period:	Payments are contingent upon the DEPARTMENT'S receipt and approval of financial reports due on or before:
January 1, 2014	\$4,268,692.	January 1, 2014 – March 31, 2014	45 days after the close of the three quarter
April 1, 2014	\$4,268,692.	April 1, 2014 – June 30, 2014	N/A
July 1, 2014	\$4,268,692.	July 1, 2014 – September 30, 2014	45 days after the close of the first quarter
October 1, 2014	\$4,268,692	October 1, 2014 – December 31, 2014	45 days after the second quarter
January 1, 2015	\$4,628,151.50	January 1, 2015 – March 31, 2015	45 days after the close of the third quarter
April 1, 2015	\$4, 628,151.50	April 1, 2015 – June 30, 2015	N/A
July 1, 2015	\$4, 628,151.50	July 1, 2015 – September 30, 2015	45 days after the close of the first quarter
October 1, 2015	\$4, 628,151.50	October 1, 2015 – December 31, 2015	45 days after the close of the second quarter

7. The 7.5% withhold in calendar year 2015 shall be paid to the Contractor, in whole or in part, at the end of the contract year contingent upon the Contractors' success in meeting established Performance Targets as set forth in Exhibit A. Failure to achieve a target associated with any of the percentage points, shall be applied against the 7.5% withhold.

All terms and conditions of the original contract, and any subsequent amendments thereto, which were not modified by this Amendment remain in full force and effect.

ATTACHMENT A:

**PEER SERVICES/CARE COORDINATION
FOR ASD POPULATION BUDGET**

G Peer Services/Care Coordination for ASD Population 13.05 FTE				ValueOptions, CT					
Staff Salary Only				CY 2015 Cost (1/15-12/15)				Total Cost	
Department	Position			12 Months				FTE	Cost
	Staff	FTE Rate	FTE	Hrs/Wk	FTE	# Months	Total		
				40					
A	Clinical Supervisor	\$ 72,000	1.000	40	1.000	12	\$ 72,000	1.000	\$ 72,000
B	Peer Representative	\$ 44,000	4.000	160	4.000	12	\$ 176,000	4.000	\$ 176,000
C	Care Coordinator	\$ 43,000	4.000	160	4.000	12	\$ 172,000	-	\$ -
D	Member Services Rep	\$ 34,000	1.000	40	1.000	12	\$ 34,000	4.000	\$ 172,000
E	Reporting	\$ 75,000	0.050	2	0.050	12	\$ 3,750	1.000	\$ 34,000
F	Care Manager	\$ 68,000	3.000	120	3.000	12	\$ 204,000	-	\$ -
G							\$ -	0.050	\$ 3,750
H							\$ -	3.000	\$ 204,000
I							\$ -	-	\$ -
J							\$ -	-	\$ -
FTE/Cost	FTE		13.050	522	13.05		\$ 681,750	13.050	\$ 661,750

Total Expense Grouping Summary		CY 2015 Cost (1/15-12/15)		Total Cost	
Category		Rate			
a	Total salaries		\$ 661,750	a	\$ 661,750
b	FB	21.50%	\$ 142,276	b	\$ 142,276
c	Subtotal Salary and Fringe		\$ 804,026	c	\$ 804,026
d	Other Direct Costs (rent, equip., supplies, etc.)	24.00% of Sal/FB	\$ 192,966	d	\$ 192,966
e	Subtotal Direct Costs		\$ 996,993	e	\$ 996,993
f	Overhead	11.85% of all costs	\$ 118,144	f	\$ 118,144
g	Subtotal Direct Costs and Overhead		\$ 1,115,136	g	\$ 1,115,136
h	Profit	7.50%	\$ 83,635	h	\$ 83,635
i	Total		\$ 1,198,771	i	\$ 1,198,771

ATTACHMENT B:

**METHODONE TRANSPORTATION
ASSISTANCE BUDGET**

VO-CT

\$ 251,140

Insert Value

CY 2015 Cost (1/15-12/15)

12 Months

	Hrs/Wk	FTE	# Months	FTE Rate	Adjustment Factor	Total
	40				3.5%	
A	40	1.000	12	\$ 72,450		\$ 72,450
B	20	0.500	12	\$ 37,260		\$ 18,630
C	20	0.500	12	\$ 33,638		\$ 16,819
D	1	0.025	12	\$ 78,073		\$ 1,902
E	1	0.025	12	\$ 74,520		\$ 1,863
F	-	-	12	\$ -		\$ -
G	-	-	-	\$ -		\$ -
H	-	-	-	\$ -		\$ -
I	-	-	-	\$ -		\$ -
J	-	-	-	\$ -		\$ -
	82	2.05				\$ 111,664

D Methodone Transportation Assistance
2.05 FTE - with Nurse

Staff Salary Only

Department	Position	Staff	FTE Rate	FTE
A	Nurse		\$ 70,000	1.000
B	Clinical Liaison		\$ 36,000	0.500
C	Customer Serv Rep		\$ 32,500	0.500
D	Programmer		\$ 73,500	0.025
E	Supervision		\$ 72,000	0.025
F				
G				
H				
I				
J				
FTE/Cost		FTE		2.050

CY 2015 Cost (1/15-12/15)

	Rate	
a		\$ 111,664
b	21.50%	\$ 24,008
c		\$ 135,671
d	24.00% of Sal/FB	\$ 32,561
e		\$ 168,232
f	11.85% of all costs	\$ 19,936
g		\$ 188,168
h	7.50%	\$ 14,113
i		\$ 202,280

Total Expense Grouping Summary

Category
a Total salaries
b FB
c Subtotal Salary and Fringe
d Other Direct Costs (rent, equip., supplies, etc.)
e Subtotal Direct Costs
f Overhead
g Subtotal Direct Costs and Overhead
h Profit
i Total


SIGNATURES AND APPROVALS

999VOI-BHP-01/11DSS1206AL (A4)

The Contractor IS a Business Associate under the Health Insurance Portability and Accountability Act of 1996 as amended.

Documentation necessary to demonstrate the authorization to sign must be attached.

CONTRACTOR -VALUEOPTIONS, INC



Douglas Thompson
Executive Vice President & CFO

12/4/14
Date

DEPARTMENT OF SOCIAL SERVICES



Roderick L. Bremby, *Commissioner*

12/16/2014
Date

DEPARTMENT OF CHILDREN OF FAMILIES

Joette Katz, *Commissioner*

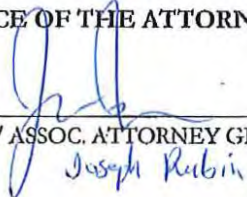
 / /
Date

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

Patricia Rehmer, *Commissioner*

 / /
Date

OFFICE OF THE ATTORNEY GENERAL



~~Assoc.~~ / ASSOC. ATTORNEY GENERAL (*Approved as to form*)
Joseph Rubin

1/7/15
Date

SIGNATURES AND APPROVALS

999V01-011P-01/110881200AL (54)

The Contractor is a Business Associate under the Health Information Privacy and Accountability Act of 1996 as amended. Documentation necessary to demonstrate the authorization to sign must be included.

CONTRACTOR - VALUATIONS, INC

Douglas Thompson
Douglas Thompson
Executive Vice-President & CEO

Date 12/4/14

DEPARTMENT OF SOCIAL SERVICES

Roderick L. Bromby
Roderick L. Bromby, Commissioner

Date 12/16/2014

DEPARTMENT OF CHILDREN OF FAMILIES

Joanne K. Kelleher
Joanne K. Kelleher, Commissioner

Date 12/22/2014

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

Patricia Rehner
Patricia Rehner, Commissioner

Date _____

OFFICE OF THE ATTORNEY GENERAL

ASSISTANT ATTORNEY GENERAL (Approved in Part)

Date _____

SIGNATURES AND APPROVALS

999V01-BHP-01/IDSS1206AL (A4)

The Contractor is a Business Associate under the Health Insurance Portability and Accountability Act of 1996 as notated.
Documentation necessary to demonstrate the authorization to sign must be attached.

CONTRACTOR - VALUE OPTIONS, INC

Douglas M. Hampton
Douglas M. Hampton
Executive Vice President & CFO

12/14/14
Date

DEPARTMENT OF SOCIAL SERVICES

Roderick L. Brenby
Roderick L. Brenby, Commissioner

12/16/2014
Date

DEPARTMENT OF CHILDREN OF FAMILIES

Joette Katz, Commissioner

1/1/14
Date

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

Patricia A. Palmer
Patricia Palmer, Commissioner

12/19/2014
Date

OFFICE OF THE ATTORNEY GENERAL

ASST. / ASSOC. ATTORNEY GENERAL (Approved as to form)

1/1/14
Date

SIGNATURES AND APPROVALS

2020 VOL 100-01/10/2014 (01)

The Contractor is a Business Associate under the Health Information Privacy and Accountability Act of 1996 as amended. Documentation necessary to demonstrate the Contractor's compliance is to be provided by the Contractor.

CONTRACTOR EVALUATIONS, INC

Douglas Monopoli
Douglas Monopoli
Executive Vice President & CEO

12/14/2014
Date

DEPARTMENT OF SOCIAL SERVICES

Robert L. Brennan
Robert L. Brennan, Commissioner

12/16/2014
Date

DEPARTMENT OF CHILDREN OF FAMILIES

Joanna K. O'Connell
Joanna K. O'Connell, Commissioner

12/22/2014
Date

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

Patricia Rehman
Patricia Rehman, Commissioner

1/1/2015
Date

OFFICE OF THE ATTORNEY GENERAL

ASSOC. ATTORNEY GENERAL (Appointed in Office)

1/1/2015
Date