

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

**Contractor:** UNITED WAY OF CONNECTICUT  
**Contractor Address:** 1344 SILAS DEANE HIGHWAY, ROCKY HILL, CT 06067  
**Contract Number:** 119UWC-HUO-10 / 09DSS1002AX  
**Amendment Number:** A1  
**Amount as Amended:** \$3,783,000  
**Contract Term as Amended:** 07/01/09 - 06/30/11

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The contract between **United Way of Connecticut** (the Contractor) and the Department of Social Services (the Department), which was last executed by the parties and signed by the Office of the Attorney General on 03/19/10, is hereby amended as follows:

1. The total maximum amount payable under this contract is increased by \$45,565 from \$3,737,435 to \$3,783,000. The additional funding is awarded for the Medicaid for the Employed Disable program.
2. The budget on page 16 of the original contract is deleted and replaced in its entirety by the budget on page 4 of this amendment.
3. The original contract shall be amended to include the following services:

United Way of CT will have knowledgeable specialists available to provide basic information and assistance on the MED program and Connect-Ability resources. Escalated or more complex issues callers would be referred to DSS, Connect-Ability. A packet of information and materials including the MED application will be sent to individuals who request or inquire about the program.

Callers may dial 2-1-1 or reach the MED trained HUSKY Infoline staff directly by dialing 1-800-434-8769. Calls that come into 2-1-1 during business hours, Monday – Friday 8:00am – 6:00 pm, will be transferred to the HUSKY Infoline unit. If, during the call, the staff person learns that the person could benefit from talking with another department about other needs, the caller will be triaged internally, as appropriate. In addition, other departments will triage to the HUSKY Infoline team if the staff person learns that they could benefit from MED. Other departments include: 2-1-1 Health and Human Services, 2-1-1 Childcare, Child Development Infoline and Care for Kids.

HUSKY Infoline staff will provide information on the MED program and Connect-Ability resources, telephone application assistance and care coordination. Afterhours and on weekends, callers who contact 2-1-1 for MED would be provided general information and if needed the 2-1-1 call specialist would leave a message for the HUSKY Infoline staff to return the call next business day. Callers who dial 1-800-434-8769 directly afterhours and on weekends will have the option of leaving a voicemail for a call back the next business day.

Resources will also be available via the web. United Way of CT will add a partner link on the 2-1-1 website to the [www.connect-ability.com](http://www.connect-ability.com). The landing page of this link will offer the information available via our e-library paper on MED and our database referrals for accessing this resource. The MED program is also included in United Way of CT's online eligibility benefits screener, the 2-1-1 Navigator.

4. The original contract shall be amended to include the following Contractor responsibilities:

Hire, Train and Support 1.5 FTE call specialists to handle calls and e-mail inquiries related to employment for individuals with disabilities. Staffing will include .5 FTE in 2-1-1 HHS and 1 FTE in the HUSKY Infoline department.

Train all 2-1-1 and HUSKY Infoline call specialists to handle MED inquiries and make referrals to [www.connect-ability.com](http://www.connect-ability.com) and also 1.866.844.1903 when appropriate.

Train HUSKY Infoline staff to provide telephone application assistance and access to care assistance for MED.

Mail MED materials and application, as requested.

Mail Connect-Ability materials, as requested.

Update database with new MED information as provided by DSS.

Modify database for call tracking and provide data quarterly.

Create a partner link on the 2-1-1 website to the Connect-Ability website. Update and maintain 2-1-1 landing page for this link.

Reporting: Provide data quarterly for the first three quarters and then one annual report which is consistent with HUSKY Infoline's existing reporting schedule.

Data to include: # MED calls, # applications mailed, types of inquires in addition to the # of inquiries referred to Connect-Ability (information and referral, access to care or eligibility issues).

Mail MED and Connect-Ability materials as other 2-1-1 materials are disseminated.

Promote Connect-Ability initiatives on 2-1-1 website and send out e-mail alerts to 2-1-1 electronic database as requested.

5. The original contract shall be amended to include the following DSS Responsibilities:

Staff training to 2-1-1 staff on MED program and other Connect-Ability resources.

Update Resource Department on MED guidelines, Connect-Ability resources and any changes that occur.

Provide 2-1-1 with contacts for escalated issues or questions.

Ensure HUSKY Infoline staff has access to appropriate EMS pages for application status look ups. HUSKY Infoline staff currently has EMS access for HUSKY inquiries.

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Provide 2-1-1 with copies of all communications to clients on the MED program.

Provide 2-1-1 with MED information and application for mailing to callers as needed.

Provide 2-1-1 with Connect-Ability information for mailing to callers as needed.

Notify 2-1-1 of any media campaigns/ press releases about the MED program.

**This document constitutes an amendment to the above numbered contract. All provisions of that contract, except those explicitly changed above by this amendment, shall remain in full force and effect.**



<b>Total State Grant</b>				
<b>For Amendments Only</b>				
<b>Previously approved State Grant</b>		<b>\$3,737,435</b>		
<b>Amount of Amendment</b>			<b>\$45,565</b>	<b>\$3,783,000</b>
<b>ITEM/Line #</b>	<b>Subcategory (a)</b>	<b>Line Item Total (b)</b>	<b>Adjustments (c)</b>	<b>Revised Total (d)</b>
<b>1. UNIT RATE</b>				
1a. Bed Days				
1b. Client Advocate				
1c. Security Deposit				
1d. Other Unit Rate Costs				
<b>TOTAL UNIT RATE</b>				
<b>2. CONTRACTUAL SERVICES</b>				
2a. Accounting	0			
2b. Legal	9,410		252	
2c. Independent Audit	12,098		144	
2d. Other Contractual Service	180,988		1561	
<b>TOTAL CONTRACTUAL SERVICES</b>		<b>202,496</b>	<b>1957</b>	<b>204,453</b>
<b>3. ADMINISTRATION</b>				
3a. Admin. Salaries	303,506		3671	
3b. Admin. Fringe Benefits	96,290		1169	
3c. Admin. Overhead	32,621		411	
<b>TOTAL ADMINISTRATION</b>		<b>432,417</b>	<b>5251</b>	<b>437,668</b>
<b>4. DIRECT PROGRAM STAFF</b>				
4a. Program Salaries	1,867,196		23,159	
4b. Prog. Fringe Benefits	682,874		7,142	
<b>TOTAL DIRECT PROGRAM</b>		<b>2,550,070</b>	<b>30,301</b>	<b>2,580,371</b>
<b>5. OTHER COSTS</b>				
5a. Program Rent	203,848		2331	
5b. Consumable Supplies	124,522		2613	
5c. Travel & Trans.	52,258		536	
5d. Utilities	90,114		477	
5e. Repairs & Maintenance	0			
5f. Insurance	20,701		250	
5g. Food & Related Costs	0			
5h. Other Project Expenses	21,209		129	
<b>TOTAL OTHER COSTS</b>		<b>512,652</b>	<b>6336</b>	<b>519,988</b>
<b>6. EQUIPMENT</b>		<b>39,800</b>	<b>1720</b>	<b>41,520</b>
<b>7. PROGRAM INCOME</b>				
7a. Fees				
7b. Other Income				
<b>TOTAL PROGRAM INCOME</b>				
<b>8. TOTAL NET PROGRAM COST</b>		<b>3,737,435</b>	<b>45,565</b>	<b>3,783,000</b>

### SIGNATURES AND APPROVALS

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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 - UNITED WAY OF CONNECTICUT

  
\_\_\_\_\_  
Laura M. Huren, Sr. Vice President Business Operations

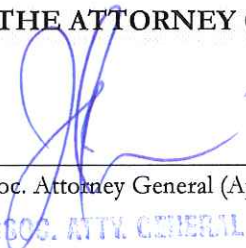
11/2/10  
\_\_\_\_\_  
Date

#### DEPARTMENT OF SOCIAL SERVICES

  
\_\_\_\_\_  
Michael P. Starkowski, Commissioner

11/18/10  
\_\_\_\_\_  
Date

#### OFFICE OF THE ATTORNEY GENERAL

  
\_\_\_\_\_  
ASST. / Assoc. Attorney General (Approved as to form & legal sufficiency)  
ASST. ATTY. GENERAL

11/30/10  
\_\_\_\_\_  
Date



CERTIFIED RESOLUTION OF CONTRACTOR

I, Timothy F. Bannon, Board Chairman of United Way of Connecticut, Inc., a Connecticut corporation (the "Contractor"), DO HEREBY certify that the following is a true and correct copy of a resolution duly adopted at a meeting of the Board of Directors of the Contractor duly held and convened on September 16, 2010, at which meeting a duly constituted quorum of the Board of Directors was present and acting throughout and that such resolution has not been modified, rescinded or revoked and is at present in full force and effect:

RESOLVED: That the Sr. Vice President for Business Operations, Laura M. Huren, is empowered to enter into or amend contractual instruments in the name and on behalf of United Way of Connecticut, Inc., with the Department of Social Services of the State of Connecticut for a 2-1-1 / Husky / MED program if such an agreement is offered and to have the corporate seal affixed to all documents required as a part of any offered agreement and

IN WITNESS WHEREOF, I have affixed my signature and the corporate seal this 2nd day of November, 20 10.

SEAL

Certifier Named Above and Title





**STATE OF CONNECTICUT**  
**NONDISCRIMINATION CERTIFICATION – Affidavit**  
**By Entity**  
**For Contracts Valued at \$50,000 or More**

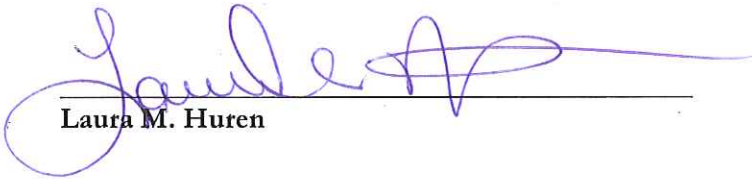
*Documentation in the form of an affidavit signed under penalty of false statement by a chief executive officer, president, chairperson, member, or other corporate officer duly authorized to adopt corporate, company, or partnership policy that certifies the contractor complies with the nondiscrimination agreements and warranties under Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended*

**INSTRUCTIONS:**

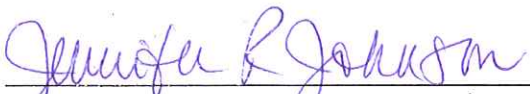
For use by an entity (corporation, limited liability company, or partnership) when entering into any contract type with the State of Connecticut valued at \$50,000 or more for any year of the contract. Complete all sections of the form. Sign form in the presence of a Commissioner of Superior Court or Notary Public. Submit to the awarding State agency prior to contract execution.

**AFFIDAVIT:**

I, the undersigned, am over the age of eighteen (18) and understand and appreciate the obligations of an oath. I am **Sr. Vice President Business Operations of United Way of Connecticut**, an entity duly formed and existing under the laws of the State of Connecticut. I certify that I am authorized to execute and deliver this affidavit on behalf of United Way of Connecticut and that United Way of Connecticut has a policy in place that complies with the nondiscrimination agreements and warranties of Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended.

  
\_\_\_\_\_  
**Laura M. Huren**

Sworn and subscribed to before me on this 2 day of NOVEMBER, 2010.

  
\_\_\_\_\_  
**Commissioner of the Superior Court/  
Notary Public**

7/31/12  
\_\_\_\_\_  
**Commission Expiration Date**



## STATE OF CONNECTICUT GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

*Certification to accompany a State contract with a value of \$50,000 or more in a calendar or fiscal year, pursuant to C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8, and No. 7C, Para. 10; and C.G.S. §9-612(g)(2), as amended by Public Act 07-1*

CONTRACT #: 119UWC-HUO-10/09DSS1002AX A1

### INSTRUCTIONS:

Complete all sections of the form. Attach additional pages, if necessary, to provide full disclosure about any lawful campaign contributions made to campaigns of candidates for statewide public office or the General Assembly, as described herein. Sign and date the form, under oath, in the presence of a Commissioner of the Superior Court or Notary Public. Submit the completed form to the Department of Social Services at the time of initial contract execution (and on each anniversary date of a multi-year contract, if applicable).

**CHECK ONE:**     Initial Certification                       Annual Update (Multi-year contracts only.)

### GIFT CERTIFICATION:

As used in this certification, the following terms have the meaning set forth below:

- 1) Contract means that contract between the State of Connecticut (and/or one or more of its agencies or instrumentalities) and the Contractor, attached hereto, or as otherwise described by the awarding State agency below;
- 2) If this is an Initial Certification, Execution Date means the date the Contract is fully executed by, and becomes effective between, the parties; if this is an Annual Update, Execution Date means the date this certification is signed by the Contractor;
- 3) Contractor means the person, firm or corporation named as the contractor below;
- 4) Applicable Public Official or State Employee means any public official or state employee described in C.G.S. §4-252(c)(1)(i) or (ii);
- 5) Gift has the same meaning given that term in C.G.S. § 4-250(1);
- 6) Planning Start Date is the date the State agency began planning the project, services, procurement, lease or licensing arrangement covered by this Contract, as indicated by the awarding State agency below; and
- 7) Principals or Key Personnel means and refers to those principals and key personnel of the Contractor, and its or their agents, as described in C.G.S. §§ 4-250(5) and 4-252(c)(1)(B) and (C).

I, the undersigned, am the official authorized to execute the Contract on behalf of the Contractor. I hereby certify that, between the Planning Start Date and Execution Date, neither the Contractor nor any Principals or Key Personnel has made, will make (or has promised, or offered, to, or otherwise indicated that he, she or it will, make) any **Gifts** to any Applicable Public Official or State Employee.

I further certify that no Principals or Key Personnel know of any action by the Contractor to circumvent (or which would result in the circumvention of) the above certification regarding **Gifts** by providing for any other principals, key personnel, officials, or employees of the Contractor, or its or their agents, to make a **Gift** to any Applicable Public Official or State Employee. I further certify that the Contractor made the bid or proposal for the Contract without fraud or collusion with any person.

### CAMPAIGN CONTRIBUTION CERTIFICATION:

I further certify that, on or after December 31, 2006, neither the Contractor nor any of its principals, as defined in C.G.S. § 9-612(g)(1), has made any **campaign contributions** to, or solicited any contributions on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support, any candidate for statewide public office, in violation of C.G.S. § 9-612(g)(2)(A). I further certify that **all lawful campaign contributions** that have been made on or after December 31, 2006 by the Contractor or any of its principals, as defined in C.G.S. § 9-612(g)(1), to, or solicited on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support any candidates for statewide public office or the General Assembly, are listed below:





# STATE OF CONNECTICUT GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

### Lawful Campaign Contributions to Candidates for Statewide Public Office:

<u>Contribution Date</u>	<u>Name of Contributor</u>	<u>Recipient</u>	<u>Value</u>	<u>Description</u>
NONE				

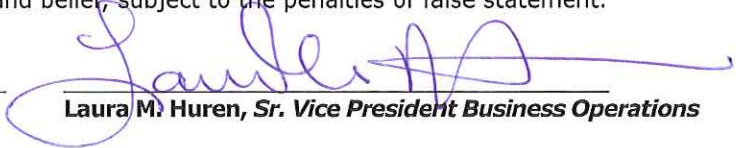
### Lawful Campaign Contributions to Candidates for the General Assembly:

<u>Contribution Date</u>	<u>Name of Contributor</u>	<u>Recipient</u>	<u>Value</u>	<u>Description</u>
NONE				

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

**UNITED WAY OF CONNECTICUT**

Contractor

  
 Laura M. Huren, Sr. Vice President Business Operations

Subscribed and acknowledged before me this 2nd day of NOVEMBER, 2010.

  
 Commissioner of the Superior Court (or Notary Public)

<b>For State Agency Use Only</b>	
<b>DEPARTMENT OF SOCIAL SERVICES</b> Awarding State Agency	<b>6/30/2009</b> Planning Start Date
<b>HUSKY Outreach</b> Contract Number or Description	





**STATE OF CONNECTICUT  
CERTIFICATION OF STATE AGENCY OFFICIAL OR EMPLOYEE  
AUTHORIZED TO EXECUTE CONTRACT**

Certification to accompany a State contract, having a value of more than \$50,000, pursuant to Connecticut General Statutes §§ 4-250 and 4-252(b), and Governor M. Jodi Rell's Executive Order 7C, Paragraph 10

**INSTRUCTIONS:**

Complete all sections of the form. Sign and date in the presence of a Commissioner of the Superior Court or Notary Public. Submit to the awarding State agency at the time of contract execution.

**CERTIFICATION:**

I, the undersigned State agency official or State employee, certify that (1) I am authorized to execute the attached contract on behalf of the State agency named below, and (2) the selection of the contractor named below was not the result of collusion, the giving of a gift or the promise of a gift, compensation, fraud or inappropriate influence from any person.

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

United Way of Connecticut

*Department of Social Services*  
Awarding State Agency

  
\_\_\_\_\_  
*Michael P. Starkowski, Commissioner*

11/18/10  
\_\_\_\_\_  
Date

Sworn and subscribed before me on this 18 day of November, 20 10.

Kathleen M. Brennan  
\_\_\_\_\_  
Commissioner of the Superior Court, Juris No. 307252

119UWC-HUO-10 / 09DSS1002AX A1  
Contract Number



## Amendment POS

**Name:** 2010\_8367  
**Status:** Approved by OPM  
**Title:** AA\_119UWC-HUO-10 A1\_RW  
**Agency:** Department of Social Services  
**Disposition Date:** 6/30/2010 11:58:06 AM  
**Disposition Reason:**

**Contact:** Andrea Alexander  
860 424-5780

**Requester:** Kathleen M. Brennan  
Director, Contract Administration  
kathleen.brennan@ct.gov

## Original POS

**Cost:** \$3,737,435.00

**Prior Amendments** 0  
**PO Reference:**  
**Core-CT Contract Id:** 09DSS1002AX  
**Start Date:** 07-01-09  
**End Date:** 06-30-11

**Contractor:** United Way of Connecticut, Inc

### Description of Services:

The contractor operates the statewide 211 InfoLine Health and Human Service and HUSKY outreach call center, which provides information and referral services to approximately 250,000 individuals with targeted services for current Temporary Family Assistance (TFA) clients and clients exceeding the 60-month TFA time limit, the elderly, low-income individuals, persons with disabilities, persons with substance abuse issues, Medicare-eligible individuals and Kinship Care providers. Activities include 24-hour telephone crisis intervention services (for which the contract will maintain its American Association of Suicidology certification status), after-hours coverage for the Department's Protective Services for the Elderly (PSE) and Conservator of Persons (COP) programs with the contractor contacting the Department PSE and COP staff by beeper in emergency situations. The contractor shall conduct 80 outreach activity forums that include presentations on overall services to constituent groups throughout its four geographical regions. The contractor also provides specialized information and referral services tailored to families transitioning from TFA and assisting the Department with the Managed Care Organization and Pharmacy provider transitions.

## Prior Amendment

**Cost:** \$0.00

**Start Date:**

**End Date:**

## Current Amendment:

**Estimated Cost:** \$45,655.00

**Start Date:** 04-01-10

**End Date:** 06-30-10

**Account Codes:** Budget Ref 2009, Fund 12060,  
Department DSS60771, SID 20940,  
Project DSS 000000033503, Chartfield  
168060  
Total \$45,655, 100% Federally funded

### Amended Description of Services:

The following services will be added to the original services provided by United Way of Connecticut, INC:

The objective of this project is to assist callers generated from DSS's outreach efforts by providing information to assist them in accessing the MED program and employment resources available through Connect-Ability. Information and assistance efforts include: help in understanding the requirements, obtaining the necessary application to apply, and ultimately information about how and what the MED and Connect-Ability program can offer individuals with disabilities.

### Need for Amendment:

This amendment is intended to enhance the services that are being provided by UWC, Inc.

### Explain the reason for not issuing a new Request for Proposal:

There is an original contract in existence and the services are being provided as contracted and remain relevant. This amendment is intended to cover services which will enhance the existing contracted services.

**MacDonald, Elizabeth**

**From:** Brennan, Kathleen M.  
**Sent:** Wednesday, June 30, 2010 12:08 PM  
**To:** Alexander, Andrea C.  
**Cc:** MacDonald, Elizabeth  
**Subject:** FW: Final Disposition for Amendment POS 2010\_8367

**Kathleen M. Brennan**  
**Department of Social Services**  
**Contract Administration**  
**25 Sigourney Street**  
**Hartford, CT 06716**  
**Phone: (860) 424-5693**  
**Fax: (860) 424-4953**  
**Email: Kathleen.brennan@ct.gov**

In an effort to "GO GREEN" and to reduce expenditures documents will be transmitted as an e-mail attachment in a PDF file. You will NOT receive a hard-copy in the mail.

**From:** robert.dakers@ct.gov [mailto:robert.dakers@ct.gov]  
**Sent:** Wednesday, June 30, 2010 11:58 AM  
**To:** Brennan, Kathleen M.  
**Cc:** Dakers, Robert  
**Subject:** Final Disposition for Amendment POS 2010\_8367

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The Office of Policy and Management has Approved the following Amendment POS

A#1

AA\_119UWC-HUO-10 A1\_RW (2010\_8367) 09 DSS 1002AX

**Contractor:** United Way of Connecticut, Inc

**Effective Date:** 04-01-10 - 06-30-10

**Estimated Cost:** \$45,655.00

V@

**Comments/Conditions:** 100% Federally funded; OK per DSS Fiscal Reviewed by 6/24/10 Sent to OPM 6/24/10 Approved RSD 6-30-10

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*Robert Dakers*  
Executive Financial Officer

CONFIDENTIAL INFORMATION: The information contained in this e-mail may be confidential and protected from general disclosure. If the recipient or reader of this e-mail is not the intended recipient or a person responsible to receive this e-mail for the intended recipient, please do not disseminate, distribute or copy it. If you received this e-mail in error, please notify the sender by replying to this message and delete this e-mail immediately. We will take immediate and appropriate action to see to it that this mistake is corrected.[\*LD\*]