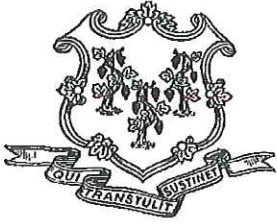


STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES



## CONTRACT AMENDMENT

**Contractor:** CONNECTICUT COMMUNITY CARE, INC.  
**Contractor Address:** 43 ENTERPRISE DRIVE, BRISTOL, CT 06010-7472  
**Contract Number:** 017CC-CHC-04/13DSS6501FO  
**Amendment Number:** A4  
**Amount as Amended:** \$45,676,643.00  
**Contract Term as Amended:** 07/01/13 - 06/30/16

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The contract between **Connecticut Community Care, Inc.** (the Contractor and/or CCCCI) 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 1/5/16, is hereby further amended as follows:

1. The total maximum amount payable under this contract is increased by **\$10,892.00** from **\$45,665,751.00** to **\$45,676,643.00**. This increase is due to the one (1) month extension of the ABI Waiver I Pilot Program (AWPP) found in Amendment 1 (A1) of the Original Contract and further amended in Amendment 3, (A3) of the Original Contract.
2. Part I, SECTION FOUR, labeled THE ABI WAIVER I PILOT PROGRAM SUMMARY OF SERVICES, subsection A. labeled TERM of A1 shall be amended, extending the term of ABI Waiver I Pilot Program for one (1) month, from March 31, 2016 to April 30, 2016.
3. Part I, SECTION E. labeled BUDGET AND PAYMENT of A1 of the Original Contract shall be supplemented with the following:
  - a. The budget for the services related to the ABI Waiver I Pilot Program is supplement to include the period between March 31, 2016 to April 30, 2016, shown on page 2 of this agreement.

**PART I**

**FINANCIAL SUMMARY**

**PROGRAM NAME:**

**Pilot Program for ABI Waiver I**

**PROGRAM NUMBER:**

**017CCC-CHC-04/13DSS6501FO**

	Requested	Adjustments	Approved
<b>Contract Amount</b>			<b>\$ 45,676,643.00.</b>
<i>For Amendments Only</i>			
<b>Previously Approved Contract Amount</b>			<b>\$ 45,665,751.00</b>
<b>Amount of Amendment 4</b>	<b>\$ 10,892.00</b>		<b>\$ 10,892.00</b>

<i>Line #</i>	<i>Item</i>	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
1	<b><u>UNIT RATE</u></b>				
	<b>TOTAL UNIT RATE</b>				
2	<b><u>CONTRACTUAL SERVICES</u></b>				
	<b>TOTAL CONTRACTUAL SERVICES</b>				
3	<b><u>ADMINISTRATION</u></b>				
	3a. Admin. Salaries				
	3b. Admin. Fringe Benefits				
	3c. Admin. Overhead	1,483			
	<b>TOTAL ADMINISTRATION</b>	<b>1,483</b>			
4	<b><u>DIRECT PROGRAM STAFF</u></b>				
	4a. Program Salaries	5,923			
	4b. Program Fringe Benefits	2,923			
	<b>TOTAL DIRECT PROGRAM</b>	<b>8,846</b>			
5	<b><u>OTHER COSTS</u></b>				
	5a. Program Rent				
	5b. Consumable Supplies				
	5c. Travel & Transportation	65			
	5d. Utilities				
	5e. Repairs & Maintenance				
	5f. Insurance				
	5g. Food & Related Costs				
	5h. Other Project Expenses	498			
	<b>TOTAL OTHER COSTS</b>	<b>563</b>			
6	<b><u>EQUIPMENT</u></b>				
7	<b><u>PROGRAM INCOME</u></b>				
	7a. Fees	10,892			
	7b. Other Income				
	<b>TOTAL PROGRAM INCOME</b>				
8	<b><u>TOTAL NET PROGRAM COST</u></b>	<b>0</b>			

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

**SIGNATURES AND APPROVALS**

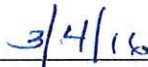
**017CCC-CHC-04/13DSS6501FO A4**

The Contractor IS NOT 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.

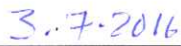
**CONTRACTOR - CONNECTICUT COMMUNITY CARE, INC.**

  
Molly Rees Gavin, *President*


  
Date

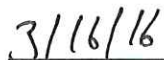
**DEPARTMENT OF SOCIAL SERVICES**

  
Roderick L. Bremby, *Commissioner*

  
Date

**OFFICE OF THE ATTORNEY GENERAL**

  
ASST./ ASSOC. ATTORNEY GENERAL (*Approved as to form*)  
Robert W. Clark

  
Date