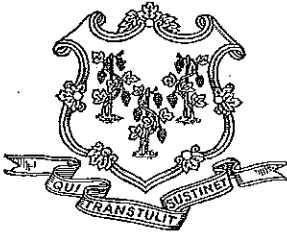


STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES



CONTRACT AMENDMENT

Contractor: ALLIED COMMUNITY RESOURCES, INC.
Contractor Address: 6 CRAFTSMAN ROAD, EAST WINDSOR, CT 06088
Contract Number: 049ACR-DWS-04 / 12DSS5101AS
Amendment Number: A6
Amount as Amended: \$12,653,561.00
Contract Term as Amended: 01/01/12 – 6/30/17

The contract between **Allied Community Resources, Inc.** (the Contractor) and the Department of Social Services (the Department), which was last executed by the parties and approved the office of the Attorney General on 12/18/2015 is hereby further amended as follows:

1. The funding of the contract is increased in the amount of \$1,090,999.00 and the total Contract award is changed from \$11,562,562.00 to \$12,653,561.00 to support the increased scope and activities related to processing claims for Acquired Brain Injury Waivers.
2. The term of the Contract is hereby extended for a period of one year from 06/30/16 through 6/30/17.
3. **Amendments to Part I., Section II.2.b.** Subsection 2.b. labeled **Provider Credentialing** in the original Contract and Amendment Three (A3) is amended as follows:
 - a) By deleting Subsection 2.b.v. in its entirety and replace it with the following:
 - v. For Personal Care Assistants, the Contractor agrees to facilitate each Personal Care Assistant's signature on the Department's Medicaid Provider agreement and retain the signed document in the Contractor's records.
 - b) By deleting Subsection 2.b.vi. in its entirety and replace it with the following:
 - vi. The contractor shall continue to credential new providers and re-credential existing providers every two years who wish to perform Waiver Services for the Acquired Brain Injury Program. The Contractor shall issue a letter to providers indicating that they have completed the credentialing process.
 1. Contractor will direct providers to enroll with the Department's MMIS contractor, currently HP Enterprises, and inform them of the requirement to sign the Department's standard Medicaid provider agreement.

5. **Amendments to Part I, Section II.2.f.** Section II.2.f. labeled **Claims Processing and Waiver Participant Agent** in the original Contract and A3 is hereby amended as follows:
 - a) By inserting after Subsection 1.b.2), in the following new subsection 3):
 - 3) The processing of claims for the Acquired Brain Injury Waivers shall only be for dates of service through August 31, 2016. The Contractor shall continue to process vendor payments for one-time services including, but not limited to, minor home modifications or assistive technology.
6. Item numbered Seven (7.) in Amendment Four (A4) is hereby amended by replacing "Section l" with "Section m".
7. Item numbered Three (3.) in Amendment Five (A5) is hereby amended by replacing "Section l" with "Section m".
7. **Amendments to Part I, Section 2.m.** Section 2.m. labeled **BUDGET AND PAYMENT PROVISIONS: BUDGET PAGE.** Section 2.m. in A3 and A5 are hereby supplemented with the budget for the period between July 1, 2016 through June 30, 2017 page found on page 3.
8. 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.

SECTION INTENTIONALLY LEFT BLANK
BUDGET PAGE FOLLOWS

BUDGET PAGE


PERSONNEL	FY 2017
Total Salaries	\$676,569
Fringe	\$135,314
subtotal	\$811,882.31
NON-PERSONNEL	
Payroll & Provider Processing	\$8,000
Outreach	\$2,000
Training/ Development	\$2,000
Phone/Fax	\$4,000
Office Expense	\$10,000
Postage	\$65,000
Equip/Maint	\$7,000
IT	\$32,000
Mileage/Vehicle	\$1,000
Rent/Utilities	\$25,000
Furniture	\$500
Insurance	\$2,000
Legal	\$4,000
Auditing	\$7,000
subtotal	\$169,500
<i>Fidelity Bond</i>	\$1,500
Admin Sub Total	\$982,882
Overhead	\$108,117
TOTAL ADMIN. BUDGET	\$1,090,999

SIGNATURES AND APPROVALS

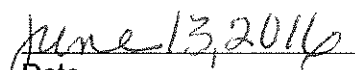
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The Contractor IS a Business Associate under the Health Insurance Portability and Accountability Act of 1996 as amended.

CONTRACTOR - ALLIED COMMUNITY RESOURCES, INC.



Carol Bohnet, CEO




Date

DEPARTMENT OF SOCIAL SERVICES




Roderick L. Bremby, Commissioner

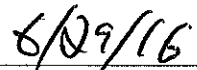


Date

OFFICE OF THE ATTORNEY GENERAL



~~ASST. ATTORNEY GENERAL~~ (Approved as to form)
Robert M. Clark



Date



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

Certification to accompany a State contract, having a value of \$50,000 or more, pursuant to Connecticut General Statutes §§ 4-250 and 4-252(b), and Governor Dannel P. Malloy's Executive Order 49.

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.

Allied Community Resources, Inc.
Contractor Name

Department of Social Services
Awarding State Agency

Kathleen M. Brennan
State Agency Official or Employee Signature

6-21-16
Date

Roderick L. Bremby
Printed Name

Deputy
Commissioner
Title

Sworn and subscribed before me on this 21 day of June, 20 16

[Signature]
Commissioner of the Superior Court
or Notary Public Juris # 4116183

My Commission Expires



STATE OF CONNECTICUT
CONSULTING AGREEMENT AFFIDAVIT

Affidavit to accompany a bid or proposal for the purchase of goods and services with a value of \$50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§ 4a-81(a) and 4a-81(b). For sole source or no bid contracts the form is submitted at time of contract execution.

INSTRUCTIONS:

If the bidder or vendor has entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1): Complete all sections of the form. If the bidder or contractor has entered into more than one such consulting agreement, use a separate form for each agreement. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public. If the bidder or contractor has not entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1): Complete only the shaded section of the form. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public.

Submit completed form to the awarding State agency with bid or proposal. For a sole source award, submit completed form to the awarding State agency at the time of contract execution.

This affidavit must be amended if there is any change in the information contained in the most recently filed affidavit not later than (i) thirty days after the effective date of any such change or (ii) upon the submittal of any new bid or proposal, whichever is earlier.

AFFIDAVIT: [Number of Affidavits Sworn and Subscribed On This Day: _____]

I, the undersigned, hereby swear that I am a principal or key personnel of the bidder or contractor awarded a contract, as described in Connecticut General Statutes § 4a-81(b), or that I am the individual awarded such a contract who is authorized to execute such contract. I further swear that I have not entered into any consulting agreement in connection with such contract, except for the agreement listed below:

Table with columns: Consultant's Name and Title, Name of Firm (if applicable), Start Date, End Date, Cost, Description of Services Provided. Includes handwritten entry: NA - NONE.

Is the consultant a former State employee or former public official? [] YES [] NO

If YES: Name of Former State Agency, Termination Date of Employment

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

Allied Community Resources, Printed Name of Bidder or Contractor, Signature of Principal or Key Personnel Date

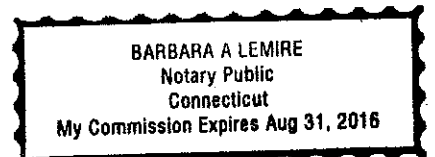
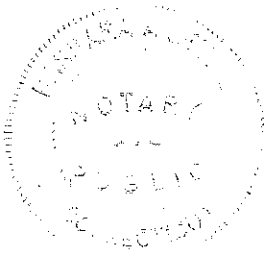
Department of Social Services
Awarding State Agency

Carol A Bohnet
Printed Name (of above)

Sworn and subscribed before me on this 26 day of June, 2015.

Signature of Barbara A Lemire
Commissioner of the Superior Court
or Notary Public

August 31, 2016
My Commission Expires





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 President/CEO of Allied Community Resources, an entity
Signatory's Title Name of Entity

duly formed and existing under the laws of Connecticut
Name of State or Commonwealth

I certify that I am authorized to execute and deliver this affidavit on behalf of

Allied Community Resources and that Allied Community Resources
Name of Entity Name of Entity

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.

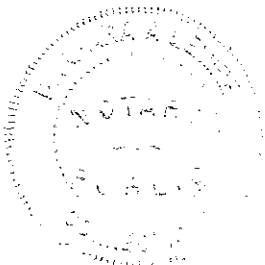
Carol A Bohnet
Authorized Signatory

Carol A Bohnet
Printed Name

Sworn and subscribed to before me on this 26 day of June, 2015.

Barbara A Lemire
Commissioner of the Superior Court/
Notary Public

August 31, 2016
Commission Expiration Date



BARBARA A LEMIRE
Notary Public
Connecticut
My Commission Expires Aug 31, 2016



STATE OF CONNECTICUT
GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

Written or electronic certification to accompany a State contract with a value of \$50,000 or more,
pursuant to C.G.S. §§ 4-250, 4-252(c) and 9-612(f)(2) and Governor Dannel P. Malloy's Executive
Order 49.

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 awarding State agency at the time of initial contract execution and if there is a change in the information contained in the most recently filed certification, such person shall submit an updated certification either (i) not later than thirty (30) days after the effective date of such change or (ii) upon the submittal of any new bid or proposal for a contract, whichever is earlier. Such person shall also submit an accurate, updated certification not later than fourteen days after the twelve-month anniversary of the most recently filed certification or updated certification.

CHECK ONE: Initial Certification 12 Month Anniversary Update (Multi-year contracts only.)
 Updated Certification because of change of information contained in the most recently filed certification or twelve-month anniversary update.

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 a twelve-month anniversary 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) "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 a Principal or Key Personnel of the person, firm or corporation authorized to execute this certification on behalf of the Contractor. I hereby certify that, no gifts were made by (A) such person, firm, corporation, (B) any principals and key personnel of the person firm or corporation who participate substantially in preparing bids, proposals or negotiating state contracts or (C) any agent of such, firm, corporation, or principals or key personnel who participates substantially in preparing bids, proposals or negotiating state contracts, to (i) any public official or state employee of the state agency or quasi-public agency soliciting bids or proposals for state contracts who participates substantially in the preparation of bid solicitations or request for proposals for state contracts or the negotiation or award of state contracts or (ii) any public official or state employee of any other state agency, who has supervisory or appointing authority over such state agency or quasi-public agency.

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.