



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

55 FARMINGTON AVENUE – HARTFORD, CONNECTICUT 06105-5033

6/23/15

Mr. Charlie Conway
Executive Director
Access Independence, Inc.
80 Ferry Boulevard
Stratford, CT 06615

Contract #: **138DRC-MFP-02/12DSS7101HU**
Period: **07/01/12 - 06/30/18**

Amount as Amended: **\$768,960.00**
Amendment #: **A4**

Dear Mr. Conway:

I am pleased to inform you that Amendment A4 for the above referenced contract has been fully executed and approved. Attached is a scanned copy of the original amendment for your files.

Requests for Payment should be completed and directed to the program contact identified below. The Department will process requests for payment in accordance with the terms of the contract. Your receipt of payment is contingent upon the continued availability of funds and your agency's compliance with the terms of the contract.

For issues or concerns related to the Program please direct your inquiries to:

PROGRAM

Kenniel Martin
(860) 424-5563
kenniel.martin@ct.gov

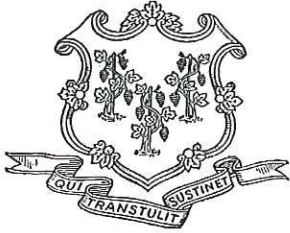
CONTRACT

Olga Coleman-Williams
(860) 424-5661
olga.coleman-williams@ct.gov

Sincerely,

Roderick L. Bremby
Commissioner

C: Kenniel Martin, *Program Staff, Medical Care Administration*
Kate McEvoy, *Director, Medical Care Administration*
Contract file



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: ACCESS INDEPENDENCE, INC.
Contractor Address: 80 FERRY BOULEVARD, STRATFORD, CT 06615
Contract Number: 138DRC-MFP-02 / 12DSS7101HU
Amendment Number: A4
Amount as Amended: \$768,960.00
Contract Term as Amended: 07/01/12 - 06/30/18

The contract between **Access Independence, Inc.** (the Contractor) 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 08/14/14, is hereby further amended as follows:

1. The total maximum amount payable under this contract is **increased in the amount of \$396,000**, and the total contract award is changed from **\$372,000 to \$768,000.00**.
2. The term of the contract is extended for an additional thirty six (36) months and the end date of the contract is changed from 06/30/15 to 06/30/18.
3. The Dun & Bradstreet (DUNS) number assigned to Access Independence, Inc. is: 797014909
4. The address for the Department of Social Services on the cover sheet of the original contract is amended as follows:

Department of Social Services
55 Farmington Avenue
Hartford, CT 06106
5. **Amendments to Part I, Section E., labeled FEDERAL REQUIREMENTS.** Section E in the original contract is supplemented to include a new subsection 2, as follows:
 2. Federal Funding Accountability and Transparency Act (FFATA). To assist the Department with meeting its obligation to comply with the Federal Funding Accountability and Transparency Act (FFATA) the Contractor shall comply with the following provisions:
 - a. Upon Department request the Contractor shall submit FFATA-required data regarding all annual Federal funding awards greater than \$25,000 to the Department. Such data may include but not be limited to the names and total compensation of the Contractor's top five executives.
 - b. The Contractor shall register with the Federal System for Award Management (SAM) at <https://www.sam.gov>. The Contractor shall ensure that it shall remain active in SAM by updating its

SAM profile at least every 12 months. Upon notification by the Department that its SAM status is not active, the Contractor shall update its SAM profile and complete the Department-issued Federal Funding Accountability and Transparency Act (FFATA) Contractor (Subawardee) Report] within five business days of such notification. The Contractor's failure to comply may impact future issuance of payments by the Department.

6. **Amendments to Part I, Section J, labeled NOTICES.** Section J.1. in the original contract is hereby amended by deleting sub-sections a., b. and c. in their entirety and replacing them with the following:

- a. In case of notice(s) to the Contractor:

Charlie Conway
 Executive Director
 Access Independent, Inc.
 80 Ferry Boulevard
 Stratford, CT 06615
 (203) 378-6977, or cconway@accessinct.org

- b. In case of notice(s) to the Department regarding this contract

Olga Coleman-Williams
 Contract Administration Unit
 Department of Social Services
 55 Farmington Avenue
 Hartford, CT 06105
 (860) 424-5661, or olga.coleman-williams@ct.gov

- c. In case of notice(s) to the Department regarding this contract:

Dawn Lambert
 Money Follows the Person Program
 Division of Health Services
 Department of Social Services
 55 Farmington Avenue
 Hartford, CT 06105
 (860) 42-4897, or dawn.lambert@ct.gov

6. **Amendments to Part I, Section L, labeled FINANCIAL REPORTING REQUIREMENTS.** Section L is hereby amended as follows:

- a. by replacing in subsection 1, "September 30, 2015" with "September 30, 2018" in the original contract and Amendment One (A1), Amendment Two (A2), and Amendment Three (A3).
- b. by supplementing in subsection 4, in A3 the following Revised Reporting Period and Submission Due Dates schedule as follows:

| Reporting Period | Submission Due Date |
|--------------------------------------|---------------------|
| July 1, 2015 – October 31, 2015 | November 30, 2015 |
| November 1, 2015 – February 28, 2016 | March 31, 2016 |
| March 1, 2016 – June 30, 2016 | September 30, 2016 |
| Reporting Period | Submission Due Date |
| July 1, 2016 – October 31, 2016 | November 30, 2016 |
| November 1, 2016 – February 28, 2017 | March 31, 2017 |
| March 1, 2017 – June 30, 2017 | September 30, 2017 |
| Reporting Period | Submission Due Date |
| July 1, 2017 – October 31, 2017 | November 30, 2018 |

| | |
|--------------------------------------|--------------------|
| November 1, 2017 – February 28, 2018 | March 31, 2018 |
| March 1, 2018 – June 30, 2018 | September 30, 2018 |

7. **Amendments to Part I, Section M, labeled PAYMENT PROVISIONS.** Section M is hereby amended as follows.

- a. by supplementing in subsection 1., in the A3, the not to exceed provisions for the period of July 1, 2015 through June 30, 2018 as follows:
 1. The Department shall pay the Contractor for services rendered in accordance with terms of this contract up to a maximum amount not to exceed \$396,000 for the contract period of July 1, 2015 through June 30, 2018.
- b. by supplementing in subsection 4., in A3, the Revised Payment Schedule for SFY 16, SFY 17, and SFY18, as follows:

SFY 16

| | Annual | Signed Contract | Period 2 10/31/2015 | Period 3 1/31/2016 |
|---------------|------------------|-----------------|------------------------|-----------------------|
| MFP TC | \$99,000 | \$33,000 | \$33,000 | \$33,000 |
| NFT | \$33,000 | \$11,000 | \$11,000 | \$11,000 |
| Total | \$132,000 | \$44,000 | \$44,000 | \$44,000 |

SFY 17

| | Annual | Signed Contract | Period 2 10/31/2016 | Period 3 1/31/2017 |
|---------------|------------------|-----------------|------------------------|-----------------------|
| MFP TC | \$99,000 | \$33,000 | \$33,000 | \$33,000 |
| NFT | \$33,000 | \$11,000 | \$11,000 | \$11,000 |
| Total | \$132,000 | \$44,000 | \$44,000 | \$44,000 |

SFY 18

| | Annual | Signed Contract | Period 2 10/31/2017 | Period 3 1/31/2018 |
|---------------|------------------|-----------------|------------------------|-----------------------|
| MFP TC | \$99,000 | \$33,000 | \$33,000 | \$33,000 |
| NFT | \$33,000 | \$11,000 | \$11,000 | \$11,000 |
| Total | \$132,000 | \$44,000 | \$44,000 | \$44,000 |

- c. by supplementing to the original contract the new subsection 10, as follows:
 10. The Contractor shall submit Interim and Financial Reports to the Department, reporting the actual income and expenditures for each funded program, on forms provided by the Department.
 - a. The Contractor will submit to the Department fiscal reports on the Department's provided forms on or before October 31, January 31, April 30, and July 31 of each year during the contract period. The final fiscal report shall be due within 60 days of the end of the contract period.

- b. The Contractor will submit such required financial reports to the Department's Program representative located at Department of Social Services, Social Work Services, 55 Farmington Ave, Hartford, CT 06105.

8. **Amendments to Part I, Section N, labeled BUDGET PROVISIONS.** Section N is hereby amended in the A3 by supplementing the budgets for the period between July 1, 2015 to June 30, 2018 as follows:

- a. The Budget for SFY 16 is designated as **APPROVED** and included in the Uniform Chart of Accounts as follows (UCOA).

| | | | |
|---|--------------------------------|--------------------------------------|-----------------------|
| Effective Date: <u>5/12/2015</u> | | | |
| CONTRACT NUMBER: <u>12DSS7101HU</u> | | | |
| CONTRACT PERIOD: <u>07/01/2012 through 06/30/2018</u> | | | |
| ST FISCAL YR (SFY): <u>2016</u> | | | |
| PROVIDER: <u>Access Independence, Inc.</u> | | | |
| Approved by: <u>martinken</u> | | | |
| 4000 INCOME | | MFP | Total Income |
| | Program Funding Period: | <u>07/01/2015 through 06/30/2016</u> | |
| <u>4100 CONTRACT FUNDING</u> | <u>SID</u> | <u>\$ 132,000</u> | <u>\$ 132,000</u> |
| 4101 State Funds | 10020 | \$ 132,000 | \$ 132,000 |
| TOTAL INCOME | | <u>\$ 132,000</u> | <u>\$ 132,000</u> |
| 5000 DIRECT EXPENSES | | MFP | Total Expenses |
| <u>5100 SALARIES</u> | | <u>\$ 99,666</u> | <u>\$ 99,666</u> |
| 5101 Staff Salaries & Wages | | \$ 99,666 | \$ 99,666 |
| <u>5200 FRINGE BENEFITS</u> | | <u>\$ 21,376</u> | <u>\$ 21,376</u> |
| <u>5400 TRANSPORTATION</u> | | <u>\$ 4,831</u> | <u>\$ 4,831</u> |
| 5401 Staff Travel Reimbursement | | \$ 4,831 | \$ 4,831 |
| <u>5500 MATERIALS AND SUPPLIES</u> | | <u>\$ 480</u> | <u>\$ 480</u> |
| 5504 Other Mtrls and Sppls (specify in narrative) | | \$ 480 | \$ 480 |
| <u>5800 OTHER EXPENSES</u> | | <u>\$ 1,800</u> | <u>\$ 1,800</u> |
| 5801 Communications | | \$ 1,800 | \$ 1,800 |
| TOTAL DIRECT EXPENSES | | <u>\$ 128,153</u> | <u>\$ 128,153</u> |
| 7000 INDIRECT EXPENSES | | MFP | Total Expenses |
| <u>7100 ADMINISTRATIVE & GENERAL</u> | | <u>\$ 3,847</u> | <u>\$ 3,847</u> |
| All Other A&G | | \$ 3,847 | \$ 3,847 |
| TOTAL INDIRECT EXPENSES | | <u>\$ 3,847</u> | <u>\$ 3,847</u> |
| TOTAL EXPENSES | | <u>\$ 132,000</u> | <u>\$ 132,000</u> |
| INCOME/EXPENSE SUMMARY | | MFP | Total |
| TOTAL INCOME | | \$ 132,000 | \$ 132,000 |
| TOTAL EXPENSES | | \$ 132,000 | \$ 132,000 |
| <u>EXCESS/(SHORTAGE)</u> | | <u>\$ -</u> | <u>\$ -</u> |

- b. The Budgets for SFY 17 and SFY 18 are designated as **PRELIMINARY**. The budgets will be "Approved" once submitted, and accepted in the UCOA. Once accepted in the UCOA, those budgets will be deemed approved and part of this agreement.

SFY 17

| Contractual Services | MFP Housing | NFTP Funds | MFP TC | TOTAL |
|-----------------------------|-----------------|-----------------|-----------------|------------------|
| Personnel Supervisor Salary | \$3,333 | \$1,666 | \$1,667 | \$6,666 |
| Personnel Salaries | \$46,500 | \$23,250 | \$23,250 | \$93,000 |
| Fringe | \$10,689 | \$5,344 | \$5,343 | \$21,376 |
| Travel | \$2,415 | \$1,208 | \$1,208 | \$4,831 |
| Telephone & Internet | \$900 | \$450 | \$450 | \$1,800 |
| Supplies | \$200 | \$100 | \$100 | \$400 |
| Equipment | \$0 | | \$0 | \$0 |
| Postage & Printing | \$40 | \$20 | \$20 | \$80 |
| Total Direct | \$64,077 | \$32,038 | \$32,038 | \$128,153 |
| Indirect | \$1,923 | \$962 | \$962 | \$3,847 |
| In Kind | \$0 | | \$0 | \$0 |
| Grand Total | \$66,000 | \$33,000 | \$33,000 | \$132,000 |
| Vacancy Savings Period 1 | \$0 | | \$0 | \$0 |
| NET TOTAL | \$66,000 | \$33,000 | \$33,000 | \$132,000 |

SFY 18

| Contractual Services | MFP Housing | NFTP Funds | MFP TC | TOTAL |
|-----------------------------|-----------------|-----------------|-----------------|------------------|
| Personnel Supervisor Salary | \$3,333 | \$1,666 | \$1,667 | \$6,666 |
| Personnel Salaries | \$46,500 | \$23,250 | \$23,250 | \$93,000 |
| Fringe | \$10,689 | \$5,344 | \$5,343 | \$21,376 |
| Travel | \$2,415 | \$1,208 | \$1,208 | \$4,831 |
| Telephone & Internet | \$900 | \$450 | \$450 | \$1,800 |
| Supplies | \$200 | \$100 | \$100 | \$400 |
| Equipment | \$0 | | \$0 | \$0 |
| Postage & Printing | \$40 | \$20 | \$20 | \$80 |
| Total Direct | \$64,077 | \$32,038 | \$32,038 | \$128,153 |
| Indirect | \$1,923 | \$962 | \$962 | \$3,847 |
| In Kind | \$0 | | \$0 | \$0 |
| Grand Total | \$66,000 | \$33,000 | \$33,000 | \$132,000 |
| Vacancy Savings Period 1 | \$0 | | \$0 | \$0 |
| NET TOTAL | \$66,000 | \$33,000 | \$33,000 | \$132,000 |

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.

SIGNATURES AND APPROVALS

136DRC-MFP-02/12DSS7101HU 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 – ACCESS INDEPENDENCE, INC.



Charlie Conway, Executive Director

6/4/15
Date


DEPARTMENT OF SOCIAL SERVICES



Roderick L. Bremby, Commissioner

6/15/15
Date

OFFICE OF THE ATTORNEY GENERAL



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

6/23/15
Date