



**EXECUTIVE DOCUMENT SUMMARY**

State Form 41221 (R10/4-06)

Instructions for completing the EDS and the Contract process.

1. Please read the guidelines on the back of this form.
2. Please type all information.
3. Check all boxes that apply.
4. For amendments / renewals, attach original contract.
5. Attach additional pages if necessary.

Received

JUN 30 2016

EK

DOA Contracts

1. EDS Number: A129-4-29-14-LF-1758		2. Date prepared: 6/15/2016	
<b>3. CONTRACTS &amp; LEASES</b>			
<input checked="" type="checkbox"/> Professional/Personal Services		<input type="checkbox"/> Contract for procured Services	
<input type="checkbox"/> Grant		<input type="checkbox"/> Maintenance	
<input type="checkbox"/> Lease		<input type="checkbox"/> License Agreement	
<input type="checkbox"/> Attorney		<input checked="" type="checkbox"/> Amendment# <u>3</u>	
<input type="checkbox"/> MOU		<input type="checkbox"/> Renewal # _____	
<input type="checkbox"/> QPA _____		<input type="checkbox"/> Other _____	
<b>FISCAL INFORMATION</b>			
4. Account Number: 62130-F6430.531010		5. Account Name: FSSA DHHS Fund	
6. Total amount this action: \$800,772.00		7. New contract total: 4,851,400.00	
8. Revenue generated this action: \$0.00		9. Revenue generated total contract: \$0.00	
10. New total amount for each fiscal year:			
Year 2014	\$140,000.00		
Year 2015	\$1,781,400.00		
Year 2016	\$1,630,000.00		
Year 2017	\$1,300,000.00		
<b>TIME PERIOD COVERED IN THIS EDS</b>			
11. From (month, day, year): 5/23/2014		12. To (month, day, year): 6/30/2017	
13. Method of source selection: <input checked="" type="checkbox"/> Negotiated			
<input type="checkbox"/> Bid/Quotation <input type="checkbox"/> Emergency <input type="checkbox"/> Special Procurement			
<input type="checkbox"/> RFP# _____ <input type="checkbox"/> Other (specify) _____			
35. Will the attached document involve data processing or telecommunications system <input type="checkbox"/> Yes: IOT or Delegate has signed off on contract			
36. Statutory Authority (Cite applicable Indiana or Federal Codes): NA			
37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.) The Contractor shall provide consulting services in the form of project management, research services, document review and preparation, advice and strategic planning on a number of projects related to Aged, Blind and Disabled Managed Care, the 209(b) Transition to 1634, Payment Redesign and the Healthy Indiana Plan expansion  This amendment adjusts the scope of work for the contract and adds additional funding			
38. Justification of vendor selection and determination of price reasonableness: The Contractor is the leading subject matter expert on HIP 2.0 and will consult on the implementation of this Project. The Contractor's expertise and strategic planning are critical to a timely roll out Funding Information: Federal/State Funding Split% 50% Federal/50% State, Federal Funding Source, Grant/Program Name. Medicaid Administration, State Funding Source: Dedicated (HIP)			
39. If this contract is submitted late, please explain why: (Required if more than 30 days late.)  			
40. Agency fiscal officer or representative appro 		41. Date Approved 6/28/16	
44. Attorney General's Office approval 		45. Date Approved 6/30/16	
42. Budget agency approval 		43. Date Approved 6/30/16	
46. Agency representative receiving from AG		47. Date Approved	

**RUSH**

AGENCY INFORMATION

14. Name of agency:  
FSSA Medicaid Policy & Plan

15. Requisition Number:

16. Address: FSSA, Contract Management  
402 W WASHINGTON ST RM W353  
INDIANAPOLIS, IN 46204

AGENCY CONTACT INFORMATION

17. Name:  
Barbara Coleman-Knight

18. Telephone #:  
317.233.2944

19. E-mail address:  
barbara.coleman-knight@fssa.in.gov

COURIER INFORMATION

20. Name:  
FSSA / Contract Management

21. Telephone #:  
317.233.4703

22. E-mail address:  
Contract.Status@fssa.in.gov

VENDOR INFORMATION

23. Vendor ID # 0000257665

24. Name:  
SVC INC

25. Telephone #:  
317/809-8536

26. Address:  
485 BOIDERWOOD LN  
CARMEL, IN 46032

27. E-mail address: sverma@svcinc.org

28. Is the vendor registered with the Secretary of State? (Out of State Corporations, must be registered)  Yes  No

29. Primary Vendor: M/WBE/IN-Vetera  
Minority:  Yes  No  
Women:  Yes  No  
IN-Veteran  Yes  No

30. Primary Vendor Percentages  
100.0 %

31. Sub Vendor: M/WBE/IN-Veteran  
Minority:  Yes  No  
Women:  Yes  No  
IN-Veteran  Yes  No

32. If yes, list the %:  
Minority: \_\_\_\_\_ %  
Women: \_\_\_\_\_ %  
IN-Veteran \_\_\_\_\_ %

33. Is there Renewal Language in  Yes  No

34. Is there a "Termination for Convenience" clause in the document?  Yes  No



**INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION  
AMENDMENT THREE TO CONTRACT WITH:  
SVC, INC.  
EDS NUMBER: A129-4-29-14-LF-1758**

This is an Amendment to the Contract (the "Contract") entered into by and between the Indiana Family and Social Services Administration (FSSA), the "State" and SVC, Inc. (the "Contractor") dated May 23, 2014.

In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree as follows:

1. The consideration of the contract is increased by **\$800,772.00**. Total remuneration under the Contract is not to exceed **\$4,851,400.00**. The rate details for this amendment are set forth on **Attachment AM3** which supersedes **Attachment AM2** and is attached hereto and incorporated herein.
2. **Exhibit 2, Scope of Work** is hereby added to the contract and is attached hereto and incorporated herein.

The Contract is further amended as follows:

**Clause 7. Audits** is hereby superseded and replaced with the following:

**7. Audits.**

The Contractor acknowledges that it may be required to submit to an audit of funds paid through this Contract. Any such audit shall be conducted in accordance with IC §5-11-1, *et seq.*, and audit guidelines specified by the State.

The State considers the Contractor to be a "Contractor" under 2 C.F.R. 200.330 for purposes of this Contract. However, if required by applicable provisions of 2 C.F.R. 200 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements), Contractor shall arrange for a financial and compliance audit, which complies with 2 C.F.R. 200.500 *et seq.*

**Clause 12. Confidentiality, Security and Privacy of Client Personal Information** is hereby superseded and replaced with the following:

**12. Confidentiality, Security and Privacy of Personal Information.**

- A. Terms used, but otherwise not defined in this Contract shall have the same meaning as those found in 45 CFR Parts 160, 162, and 164.
- B. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 (sections 1171 through 1179 of the Social Security Act), including any subsequent amendments to such Act.

- C. "HIPAA Rules" mean the rules adopted by and promulgated by the US Department of Health and Human Services ("HHS") under HIPAA and other relevant federal laws currently in force or subsequently made, such as the Health Information Technology for Economic and Clinical Health Act ("HITECH"), as enumerated under 45 CFR Parts 160, 162, and 164, including without limitation any and all additional or modified regulations thereof. Subsets of the HIPAA Rules include:
- 1) "HIPAA Enforcement Rule" as defined in 45 CFR Part 160;
  - 2) "HIPAA Security Rule" as defined in 45 CFR Part 164, Subparts A and C;
  - 3) "HIPAA Breach Rule" as defined in 45 CFR Part 164, Subparts A and D; and
  - 4) "HIPAA Privacy Rule" as defined in 45 CFR Part 164, Subparts A and E.
- D. If Contractor is deemed a Business Associate to the State, Contractor is hereby authorized by the State to create, receive, maintain, and/or transmit Protected Health Information ("PHI") and other Personally Identifiable Information (meaning personal information as collectively defined in IC 4-1-6-1 and IC 4-1-11-3, "PII") on the State's behalf pursuant to and consistent with the Services performed by Contractor under this Contract.
- E. Contractor agrees that as a Business Associate to the State it is obligated to comply with the HIPAA Rules, as such Rules apply to Business Associates, throughout the term of this Contract and thereafter as may be required by federal law and such compliance will be at Contractor's sole expense. Further:
- 1) Contractor will not use or further disclose PHI or PII except as expressly permitted by this Contract or as required by law. Contractor understands that this prohibition expressly applies to any information provided by the Social Security Administration, directly or through the State. It is further provided that nothing in this Contract shall be construed to permit Contractor use or disclose PHI in a manner that would violate the provisions of the HIPAA Privacy Rule as such Rule applies to the State with regard to the Services performed by Contractor under this Contract or otherwise cause the State to be non-compliant with the HIPAA Privacy Rule.
  - 2) Contractor understands it must fully comply with the HIPAA Security Rule and will employ appropriate and compliant safeguards to reasonably prevent the use or disclosure of PHI and PII other than as permitted by this Contract or required by the HIPAA Privacy Rule. Such safeguards will be designed, implemented, operated, and managed by Contractor at Contractor's sole expense and following the Contractor's best professional judgment regarding such safeguards. Upon the State's reasonable request, Contractor will review such safeguards with the State. Contractor will implement the following HIPAA requirements for any forms of PHI or PII that the Contractor receives, maintains, or transmits on behalf of the State:
    - a) Administrative safeguards under 45 CFR § 164.308
    - b) Physical safeguards under 45 CFR § 164.310
    - c) Technical safeguards under 45 CFR § 164.312
    - d) Policies and procedures and documentation requirements under 45 CFR § 164.316

- 3) Contractor understands that it is subject to the HIPAA Enforcement Rule under which Contractor may be subject to criminal and civil penalties for violations of and non-compliance with the HIPAA Rules.

F. Improper Disclosure, Security Incident, and Breach Notification.

- 1) Contractor understands that it is subject to the HIPAA Breach Rule.
- 2) For the purposes of this Contract, the term Breach has the same meaning as defined in the HIPAA Breach Rule. The term "Security Incident" shall mean an action or event that has resulted in the improper use or disclosure of PHI or PII in Contractor's safekeeping (in violation of this Contract and/or in violation of the HIPAA Privacy Rule), the reasonable possibility or suspected possibility that an improper use or disclosure of PHI or PII may have occurred, or circumstances in which PHI or PII has been exposed to an opportunity for improper use or disclosure.
- 3) If a Security Incident occurs or if Contractor suspects that a Security Incident may have occurred with respect to PHI and/or PII in Contractor's safekeeping:
  - a) Contractor shall notify the State of the Security Incident within one (1) business day of when Contractor discovered the Security Incident; such notification shall be made to the FSSA Privacy & Security Office in a manner reasonably prescribed by the FSSA Privacy & Security Officer and shall include as much detail as the Contractor reasonably may be able to acquire within the one (1) business day.
  - b) For the purposes of such Security Incidents, "discovered" and "discovery" shall mean the first day on which such Security Incident is known to the Contractor or, by exercising reasonable diligence, would have been known to the Contractor. Regardless of whether the Contractor failed to exercise reasonable diligence, improperly delaying the notification of discovery beyond the one day requirement, the Contractor will notify the FSSA Privacy & Security Office within one day of gaining actual knowledge of a breach.
  - c) In collaboration with the FSSA Privacy & Security Office, Contractor shall undertake all commercially reasonable efforts necessary to thoroughly investigate the Security Incident and to provide all results of such investigation to the FSSA Privacy & Security Office, including but not limited to Contractor personnel involved, source and cause of the Security Incident, specific information disclosed, disclosure victims (those whose PHI/PII was disclosed), disclosure recipients, supporting materials, actions taken to mitigate or stop the Security Incident, and similar details.
  - d) Contractor's investigation must be undertaken expeditiously and completed to the extent that a determination of whether a Breach has occurred can be reasonably made, including the identification of the victims or likely victims, within a reasonable timeframe as mutually agreed upon with the FSSA Privacy & Security Office, from the date of discovery of the Security Incident. Contractor shall provide details of its investigation to the FSSA Privacy & Security Office on an ongoing basis until the investigation is complete.

- e) Contractor and the FSSA Privacy & Security Office will collaborate on the results of Contractor's investigation; the determination as to whether a Breach has occurred rests solely with the FSSA Privacy & Security Office.
  - f) If it is determined by the FSSA Privacy & Security Office that a Breach has occurred:
    - (i) Contractor agrees that it shall be responsible for, including all costs with respect to, fulfilling the State's and/or Contractor's obligations for notice to all of the known and suspected victims of the Breach. Such notice shall comply with the HIPAA Breach Rule notification requirements and/or applicable notification requirements under State law.
    - (ii) Contractor further agrees that such notification will be made under its name, unless otherwise specified by the FSSA Privacy & Security Office. Contractor will coordinate its Breach notification efforts with the FSSA Privacy & Security Office; the FSSA Privacy & Security Office will approve Contractor's Breach notification procedures and plans, including the format and content of the notice(s) prior to such notification being made.
    - (iii) Contractor accepts full responsibility for the Breach and any resulting losses or damages incurred by the State or any victim of the Breach.
    - (iv) Contractor will undertake all commercially reasonable efforts necessary to mitigate any deleterious effects of the Breach for the known and suspected victims of the Breach.
    - (v) The State, through the FSSA Privacy & Security Office, will make the appropriate notifications to HHS and/or the applicable State agencies with respect to the Breach, unless the Contractor is directed to do so by the FSSA Privacy & Security Office.
  - g) Contractor will undertake commercially reasonable corrective actions to eliminate or minimize to the greatest degree possible the opportunity for an identified Security Incident to reoccur and provide the FSSA Privacy & Security Office with its plans, status updates, and written certification of completion regarding such corrective actions.
- G. Subcontractors. Contractor agrees that in accordance with the HIPAA Privacy Rule any subcontractors engaged by Contractor (in compliance with this Contract) that will create, receive, maintain, or transmit State PHI/PII on Contractor's behalf will contractually agree to the same restrictions, conditions, and requirements that apply to Contractor with respect to such PHI/PII.
- H. Access by Individuals to their PHI. Contractor acknowledges that in accordance with the HIPAA Privacy Rule individuals for whom Contractor has direct possession of their PHI on the State's behalf have the right to inspect and amend their PHI, and have the right for an accounting of uses and disclosures of such PHI, except as otherwise provided therein. Contractor shall provide such right of inspection, amendment, and accounting of disclosures to such individuals upon reasonable request by the State (or by such individuals if the State directly refers such individuals to Contractor). In situations in which Contractor does not have direct possession of such PHI, then the State shall be

responsible for such inspection, amendment, and accounting of disclosures rights by individuals.

- I. Access to Records. Contractor shall make available to HHS and/or the State, Contractor's internal practices, books, and records relating to the use and disclosure of PHI and PII provided to Contractor by the State or created, received, maintained, or transmitted by Contractor on the State's behalf. Contractor shall promptly inform the State by giving notice to the FSSA Privacy & Security Office of any request by HHS (or its designee) for such internal practices, books, and/or records and shall provide the State with copies of any materials or other information made available to HHS.
- J. Return of Protected Health Information. Upon request by the State or upon termination of this Contract, Contractor will, at the State's sole option, either return or destroy all copies of any PHI or PII provided to Contractor by the State, including PHI or PII created, received, maintained, or transmitted by Contractor on the State's behalf and Contractor shall warrant in writing that it has returned or destroyed such PHI and/or PII. Further, upon termination of this agreement Contractor will not retain any copies of any such PHI and PII and shall warrant same in writing.
- K. At the sole discretion of the State, the State may terminate this Contract for Contractor's material breach of this Section 12.
- L. Contractor agrees to participate in a disaster recovery plan, as appropriate to the Contractor's Services, as determined by the State to be necessary to uphold integral business functions in the event of an unforeseen disaster.
- M. Drug and Alcohol Records. In the performance of the Services under this Contract, Contractor may have access to confidential information regarding alcohol and drug abuse patient records. Contractor agrees that such information is confidential and protected information and promises and assures that any such information, regardless of form, disclosed to Contractor for the purposes of this Contract will not be disclosed or discussed with others without the prior written consent of the State. The Contractor and the State will comply with the applicable requirements of 42 CFR Part 2 and any other applicable federal or state law or regulatory requirement concerning such information. The Contractor will report any unauthorized disclosures of such information in compliance with Section 12.F.
- N. Confidentiality of State Information. The Contractor understands and agrees that data, materials, and information disclosed to the Contractor may contain confidential and protected information. The Contractor covenants that data, material and information gathered, based upon or disclosed to the Contractor for the purpose of this Contract, will not be disclosed to or discussed with third parties without the prior written consent of the State.

The parties acknowledge that the services to be performed by Contractor for the State under this contract may require or allow access to data, materials, and information containing Social Security numbers maintained by the State in its computer system or other records. In addition to the covenant made above in this section and pursuant to 10 IAC 5-3-1(4), the Contractor and the State agree to comply with the provisions of IC 4-1-10 and IC 4-1-11. If any Social Security number(s) is/are disclosed by Contractor, Contractor agrees to pay the cost of the notice of disclosure of a breach of the security of the system in addition to any other claims and expenses for which it is liable under

the terms of this contract. The Contractor shall report any unauthorized disclosures of Social Security numbers to the FSSA Privacy & Security Office within one (1) business day of the date of discovery.

- O. Contractor will indemnify and hold the State harmless from any loss, damage, costs, expense, judgment, sanction or liability, including, but not limited to, attorneys' fees and costs, that the State incurs or is subject to, as a result of a breach of this Section by the Contractor or any subcontractor, agent or person under Contractor's control. In the event a claim is made against the State for any such claim, cause of action, liability, damage, cost or expense, State may, at its sole option: (i) tender the defense to Contractor, who shall provide qualified and competent counsel to represent the State interest at Contractor's expense; or (ii) undertake its own defense, utilizing such professionals as it deems reasonably necessary, holding Contractor responsible for all reasonable costs thereof. In any event, State shall have the sole right to control and approve any settlement or other compromise of any claim brought against it that is covered by this Section.
- P. Contractor shall adhere to all relevant FSSA Application Security policies located at <http://in.gov/fssa/4979.htm> for any related activities provided to FSSA under this contract. Contractor is responsible for validating that any subcontractors they engage will also comply with these policies. Any exceptions to these policies require written approval from the FSSA Privacy & Security Office.

**All matters set forth in the original Contract and not affected by this Amendment shall remain in full force and effect.**

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**THE REMAINDER OF THIS PAGE HAS BEEN INTENTIONALLY LEFT BLANK**

**Non-Collusion and Acceptance**

The undersigned attests, subject to the penalties for perjury, that the undersigned is the Contractor/Grantee, or that the undersigned is the properly authorized representative, agent, member or officer of the Contractor/Grantee. Further, to the undersigned's knowledge, neither the undersigned nor any other member, employee, representative, agent or officer of the Contractor/Grantee, directly or indirectly, has entered into or been offered any sum of money or other consideration for the execution of this Amendment other than that which appears upon the face hereof. Furthermore, if the undersigned has knowledge that a state officer, employee, or special state appointee, as those terms are defined in IC 4-2-6-1, has a financial interest in the Amendment, the Contractor/Grantee attests to compliance with the disclosure requirements in IC 4-2-6-10.5.

In Witness Whereof, Contractor and the State have, through their duly authorized representatives, entered into this Amendment. The parties, having read and understood the foregoing terms of this Amendment, do by their respective signatures dated below agree to the terms thereof.

SVC, Inc.

By: Kathy Horton  
Kathy Horton, Business Mgr.  
Name and Title, Printed  
Date: 6-22-16

Indiana Family and Social Services Administration  
Office of Medicaid Policy and Planning

By: John J. Wernert MD  
Joseph Moser, Director  
JOHN J. WERNERT MD  
SECRETARY  
Date: 6/28/16

Approved by:  
Indiana Department of Administration

By: Jessica Robertson (for)  
Jessica Robertson, Commissioner  
Date: 6/30/16

Approved by:  
State Budget Agency

By: Brian E. Bailey (for)  
Brian E. Bailey, Director  
Date: 6-30-16

APPROVED as to Form and Legality:  
Office of the Attorney General

Gregory F. Zoeller (for)  
Gregory F. Zoeller, Attorney General  
Date: 6/30/2016



**SVC, INC.**  
**A129-4-29-14-LF-1758**

**EXHIBIT 2**  
**SCOPE OF WORK**  
**Effective 07/01/2016**

**SVC, Inc. will provide consulting services to the State of Indiana, Family and Social Services Administration (FSSA) in the form of project management, research services, document review and preparation, advice and strategic planning on a number of projects through State Fiscal Year 2017.**

**SVC staff will be paid at an hourly rate of \$150.00 up to 650 hours per month for work on projects that are overseen by the Medicaid Director or the Chief of Staff. If additional hours are needed above the 650 hours during any month to complete projects assigned, these hours must first be approved by the Medicaid Director or Chief of Staff. Any hours not approved ahead of time will not be paid to the contractor.**

**Contact claims submitted monthly must include an itemized summary of team members hours and activities provided along with an invoice of hours claimed. Any approved hours above the 650 monthly amount should be reported on the Additional Project Support line on the claim form.**



**ATTACHMENT DOCUMENT SUMMARY**  
**6/17/2016**

**ATTACHMENT:** AM3  
**AGREEMENT #:** 29-14-LF-1758  
**AGREEMENT TERM:** 05/23/2014-06/30/2017

**VENDOR INFORMATION:**

**LEGAL NAME:** SVC INC

**MAILING ADDRESS:** 485 BOIDERWOOD LN  
 CARMEL, IN 46032

**CONTACT NAME:** SEEMA VERMA  
**EMAIL ADDRESS:** sverma@svcinc.org

**TELEPHONE NUMBER:** (317) 809-8536  
**FAX NUMBER:** (317) 571-8848

**FSSA CONTRACT CONTACT:** Barbara Coleman-Knight (317) 233-2944  
**EMAIL ADDRESS:** Barbara.Coleman-Knight@fssa.IN.gov

**FID/SSN:** XX-XXX9528  
**PS Vendor ID:** 0000257665

**CHANGE NUMBER:** CH3

**FINANCIAL SUMMARY:**

<b>CLAIM PROG ID</b>	<b>SERVICE CODE</b>	<b>PROGRAM</b>	<b>EFFECTIVE DATES</b>	<b>AWARD AMOUNT</b>
29-14-LF-1758-01	0555	Medicaid Admini	05/23/2014-06/30/2014	\$140,000.00
29-14-LF-1758-02	0555	Medicaid Admini	07/01/2014-06/30/2015	\$1,781,400.00
29-14-LF-1758-03	0555	Medicaid Admini	07/01/2015-06/30/2016	\$1,630,000.00
29-14-LF-1758-04	0555	Medicaid Admini	07/01/2016-06/30/2017	\$1,300,000.00
<b>TOTAL DOLLAR AMOUNT:</b>				<b>\$4,851,400.00</b>





**ATTACHMENT DOCUMENT DETAIL**  
**6/17/2016**

**ATTACHMENT:** AM3  
**AGREEMENT #:** 29-14-LF-1758  
**AGREEMENT TERM:** 05/23/2014-06/30/2017

<b>LEGAL NAME:</b>	SVC INC	<b>PS VENDOR ID:</b>	0000257665
<b>CLAIM PROGRAM ID:</b>	29-14-LF-1758-01	<b>DUNS #:</b>	n/a
<b>PROGRAM TOTAL:</b>	140,000.00	<b>REGION:</b>	Statewide
<b>FUND DESCRIPTION:</b>	Medicaid Administration	<b>CFDA NUMBER:</b>	n/a
	SFY 14		
<b>FEDERAL YEAR:</b>	2014	<b>STATE YEAR:</b>	2014
<b>EFFECTIVE DATES:</b>	05/23/2014-06/30/2014	<b>CLOSE OUT DATE:</b>	08/29/2014

<b>SERVICE INFORMATION:</b>	<b>0555 Medicaid Administration</b>		
<b>SERVICE EFF DATES:</b>	<b>5/23/2014-6/30/2014</b>		
<b>COMPONENT DESCRIPTION</b>	<b>COMPONENT DATES</b>	<b>UNITS</b>	<b>RATE</b>
.69 PROJECT MANAGEMENT	6/01/14-6/30/14	MONTHLY	107,690.0000
.69 PROJECT MANAGEMENT	5/23/14-5/31/14	MONTHLY	32,310.0000
<b>SERVICE TOTAL:</b>			<b>140,000.00</b>





**ATTACHMENT DOCUMENT DETAIL**  
6/17/2016

**ATTACHMENT:** AM3  
**AGREEMENT #:** 29-14-LF-1758  
**AGREEMENT TERM:** 05/23/2014-06/30/2017

<b>LEGAL NAME:</b>	SVC INC	<b>PS VENDOR ID:</b>	0000257665
<b>CLAIM PROGRAM ID:</b>	29-14-LF-1758-02	<b>DUNS #:</b>	n/a
<b>PROGRAM TOTAL:</b>	1,781,400.00	<b>REGION:</b>	Statewide
<b>FUND DESCRIPTION:</b>	Medicaid Administration SFY 15	<b>CFDA NUMBER:</b>	93.778
<b>FEDERAL YEAR:</b>	2014	<b>STATE YEAR:</b>	2015
<b>EFFECTIVE DATES:</b>	07/01/2014-06/30/2015	<b>CLOSE OUT DATE:</b>	08/29/2015

<b>SERVICE INFORMATION:</b>	<b>0555 Medicaid Administration</b>		
<b>SERVICE EFF DATES:</b>	<b>7/1/2014-6/30/2015</b>		
<b>COMPONENT DESCRIPTION</b>	<b>COMPONENT DATES</b>	<b>UNITS</b>	<b>RATE</b>
.29 TRAVEL	7/01/14-6/30/15	ACTUAL COST	1.0000
.69 PROJECT MANAGEMENT	4/01/15-6/30/15	MONTHLY	200,000.0000
.69 PROJECT MANAGEMENT	7/01/14-3/31/15	MONTHLY	129,600.0000
<b>SERVICE TOTAL:</b>			<b>1,781,400.00</b>





**ATTACHMENT DOCUMENT DETAIL**  
**6/17/2016**

**ATTACHMENT:** AM3  
**AGREEMENT #:** 29-14-LF-1758  
**AGREEMENT TERM:** 05/23/2014-06/30/2017

<b>LEGAL NAME:</b>	SVC INC	<b>PS VENDOR ID:</b>	0000257665
<b>CLAIM PROGRAM ID:</b>	29-14-LF-1758-03	<b>DUNS #:</b>	n/a
<b>PROGRAM TOTAL:</b>	1,630,000.00	<b>REGION:</b>	Statewide
<b>FUND DESCRIPTION:</b>	Medicaid Administration SFY 16	<b>CFDA NUMBER:</b>	93.767
<b>FEDERAL YEAR:</b>	2015	<b>STATE YEAR:</b>	2016
<b>EFFECTIVE DATES:</b>	07/01/2015-06/30/2016	<b>CLOSE OUT DATE:</b>	08/29/2016

<b>SERVICE INFORMATION:</b>	<b>0555 Medicaid Administration</b>		
<b>SERVICE EFF DATES:</b>	<b>7/1/2015-6/30/2016</b>		
<b>COMPONENT DESCRIPTION</b>	<b>COMPONENT DATES</b>	<b>UNITS</b>	<b>RATE</b>
.29 TRAVEL	7/01/15-6/30/16	ACTUAL COST	1.0000
.69 PROJECT MANAGEMENT	7/01/15-6/30/16	MONTHLY	135,000.0000
<b>SERVICE TOTAL:</b>			<b>1,630,000.00</b>





**ATTACHMENT DOCUMENT DETAIL**  
**6/17/2016**

**ATTACHMENT:** AM3  
**AGREEMENT #:** 29-14-LF-1758  
**AGREEMENT TERM:** 05/23/2014-06/30/2017

<b>LEGAL NAME:</b>	SVC INC	<b>PS VENDOR ID:</b>	0000257665
<b>CLAIM PROGRAM ID:</b>	29-14-LF-1758-04	<b>DUNS #:</b>	n/a
<b>PROGRAM TOTAL:</b>	1,300,000.00	<b>REGION:</b>	Statewide
<b>FUND DESCRIPTION:</b>	Medicaid Administration SFY 17	<b>CFDA NUMBER:</b>	93.767
<b>FEDERAL YEAR:</b>	2016	<b>STATE YEAR:</b>	2017
<b>EFFECTIVE DATES:</b>	07/01/2016-06/30/2017	<b>CLOSE OUT DATE:</b>	08/29/2017

<b>SERVICE INFORMATION:</b>	<b>0555 Medicaid Administration</b>		
<b>SERVICE EFF DATES:</b>	<b>7/1/2016-6/30/2017</b>		
<b>COMPONENT DESCRIPTION</b>	<b>COMPONENT DATES</b>	<b>UNITS</b>	<b>RATE</b>
.29 TRAVEL	7/01/16-6/30/17	ACTUAL COST	1.0000
.88 Project Management	7/01/16-6/30/17	HOURLY	150.0000
.89 Additional Project Support	7/01/16-6/30/17	HOURLY	150.0000
<b>SERVICE TOTAL:</b>			<b>1,300,000.00</b>

