

COPY

AMENDMENT TO
AGREEMENT BETWEEN STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS

Amendment #: 03
CFMS #: 641474
DOA #: 305-700313
DHH #: 047029

(Regional/ Program/
Facility

Office of Management and Finance
Bureau of Health Services Financing

Original Contract Amt

Original Contract Begin Date 09-01-2006

Original Contract End Date 08-31-2011

AND

Statistical Resources, Inc.

Contractor Name

AMENDMENT PROVISIONS

Change Contract From:

Maximum Amount

CF1-
13) Maximum Contract Amount \$5,742,164.00*
15) Attachment D: Statement of Work (See Attachment)

*Note: there was an amendment in 2009 making the contract amount \$5,791,796.

Change To:

Maximum Amount:

CF6-
13) Maximum Contract Amount \$6,440,347.00
15) Attachment D - Statement of Work (See Attachment, additional services described under GOALS/PURPOSE in bold)

Justification:

Detailed justification attached.

This Amendment Becomes Effective: 02-01-2010

This amendment contains or has attached hereto all revised terms and conditions agreed upon by contracting parties.

IN WITNESS THEREOF, this amendment is signed and entered into on the date indicated below.

CONTRACTOR

Statistical Resources, Inc.

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS

SECRETARY NAME Alan Levine

Steven Bucco 6/4/10
CONTRACTOR SIGNATURE DATE

Don Gregory _____
SIGNATURE DATE

PRINT NAME STEVEN BUCCO

NAME Don Gregory

CONTRACTOR TITLE PRESIDENT

TITLE Medicaid Director

OFFICE DHH/BHSF/MVA

DHH IT DIRECTOR
R. JOHN RAGSDALE 6/2/10
DATE: 6/2/10

Randy Davidson 5/26/2010
PROGRAM SIGNATURE DATE
NAME Randy Davidson, Waiver Compliance

Justification for Contract Amendment

SRI will issue prior authorizations for all Long Term Personal Care Service applicants, both waiver and non-waiver populations. Waiver population will be subsumed under contract. Non-waiver population constitutes a population of approximately 11,000 recipients in FY 09/10, 22,880 in FY 10/11 and 12,000 in FY 11/12. Cost for prior authorization to begin 2/1/10 and end 8/31/11 is

SRI will track all individuals offered the My Place Louisiana (Money Follows the Person) program. Software changes will be made in the Client-Linkage software(C-LINK) and case management software (CMIS) to track data elements identified by DHH. SRI will electronically notify the DHH Fiscal Intermediary of individuals entering the Children's Choice Waiver, the New Opportunities Waiver, the Residential Options Waiver, and the EDA Waiver. An SRI staff member will be dedicated to this project. Cost for work to begin 2/1/10 and end 8/31/11 is \$102,289.00.

SRI will develop and maintain a Request for Services Registry, link requestors to Support Coordination agencies, and issue prior authorizations for the Residential Options Waiver (ROW). Software modifications will be made to the Client Linkage (C-LINK) system, the Case Management Information System (CMIS) and the service provider reporting system (LAST). One additional technical support staff and one additional prior authorization staff will be added. Cost for work to begin 3/1/10 and end 8/31/11 is

SRI will develop and maintain a Request for Services Registry, link requestors to Support Coordination agencies, and issue prior authorizations for the Adult Residential Care (ARC) waiver. Software modifications will be made to the Client Linkage (C-LINK) system, the Case Management Information System (CMIS) and the service provider reporting system (LAST). Cost for work to begin July 1, 2010 and end 8/31/11 is

To cover the increased cost of 1,890 additional New Opportunities Waiver recipients not covered under the original contract for FY 09/10 and 2,440 recipients not covered for FY 10/11 and 11/12. Cost is

GOAL/PURPOSE:

The purpose of this contract is to provide a web based application system that will:

- Track plans of care, support coordination and provider services for over 20,000 waiver recipients or individuals in targeted populations served by the Louisiana Department of Health and Hospital per year.
- Process over 110,000 prior authorizations and 9 million service records.
- Maintain the Request for Services Registries for DHH including NOW, Children's Choice Waiver, ADHC Wavier, EDA Waiver, Residential Options Waiver (ROW), Adult Residential Care Waiver (ARC), and the Supports Waiver.
- Process over 60,800 requests that will be tracked through the systems set in place under this contract system.
- Track and issue prior authorization of Long Term Personal Care Services for all recipients, both waiver and non-waiver populations.
- Track individuals offered the My Place Louisiana (Money Follows the Person) program and notify the Fiscal Intermediary of individuals entering the Children's Choice, NOW, ROW, and EDA waiver.

To perform the above services SRI will develop a single web-based application using VB.NET and ASP.NET which will have the ability to integrate modules of distinct functionality as needed to provide the support for the systems under this contract. The services under this contract include:

- developing a single web-based application using VB.NET and ASP.NET which will have the ability to integrate modules of distinct functionality as needed to provide the support for the component systems.
- updating and Validating the Request for Services Registries
- tracking NOW, Children's Choice, EDA, ADHC, and Supports Waiver slots, occupied and vacant
- issuing Freedom of Choice forms and track appropriate information on time lines, offerings of slots, and linkages to support coordination agencies
- linking recipients to support coordination agencies and direct service providers, ensuring that contractors are limited to their maximum number of allotted consumers
- prior authorization of services for all recipients
- collecting data from all providers on recipients and services
- tracking the process of Waiver certification for all clients who accept a waiver slot.
- Undertaking programmatic responsibility for Nurse-Family Partnership Program and EPSDT.

SRI will provide the technology infrastructure including hardware, software, web servers, FTP site, and e-mail systems along with the required experienced staff to implement the development of a comprehensive data system and statistical services to be provided under this contract.

DELIVERABLES: NEW SYSTEM DEVELOPMENT

1. SRI will develop a single web-based application using VB.NET and ASP.NET which will have the ability to integrate modules of distinct functionality as needed to provide the support for the component systems. This application will contain an authorization module which will maintain the role based access for all users of the system including restrictions on module access, regional restrictions, agency restrictions, and access and activity to specific functionality within a module.
2. The system will allow state office personnel and regional personnel who have appropriate authority to view all registry requestors and waiver/target population recipients statewide or in their region, as appropriate. Users will be able to view all registry information, contacts and validations as well as closed records. For waiver recipients/target populations with support coordination, a user will be able to see all approved CPOCs, view all services provided by support coordinators and all services from direct service providers. CPOC budget, PA, and services released for payment will be viewable. CPOC reviewers will be able to approve all CPOCs online with a digital signature. Essentially, the history of a requestor can be tracked from an initial request through the certification and PA process. DHH personnel will be able to view CPOC budget information and cost caps, in the case of Children's Choice Waiver recipients.
3. SRI will normalize the data from all systems, CLINK, RFSR, LAST, and CMIS into a single database in SQL2005 with all the tables needed for all systems, eliminating all data duplication. Any data entered into any module will be available to any other module in the framework. Support coordination agencies will have immediate access to service provider data and service providers will

have immediate access to approved CPOCs.

4. The CLINK module will have access to the services of all agencies in real time, and the agencies LAST and CMIS modules will have access to the PAs generated for their agency in real time.
5. CPOCs will become a form in the CMIS module that will be filled out by the case management agency and be available to the appropriate regional office in real time for approval. Upon approval the CPOC, data from the CPOC will electronically populate the appropriate CLINK module tables and generate the PA records which will become available to the agency all in real time.
6. The process of sending PA release information to UNISYS will be done using VB.NET directly from the data and will no longer require multiple steps with other applications.
7. The application will allow for tracking of: individuals by targeted and waiver populations, information on programmatic time-lines, slot offers and linkages to support coordination agencies, and home and community based waiver service providers.
8. Reports will be included and available for anyone with the proper access level. See technical plan for details on reports.
9. The system will notify all participants, providers and state personnel of confirmation of all linkages immediately upon approval of the CPOC. SRI will notify the appropriate Medicaid Eligibility parish Office on linkage of all waiver populations.
10. Prior authorization for all home and community based waiver services for waiver participants will be issued as identified in approved plans of care and all subsequent approved revisions. All prior authorizations will follow programmatic QA checks provided by DHH for issuance.
11. The application will provide notification of prior/post authorizations to all support coordination and direct service provider agencies, and Regional and/or State offices as issued. This information will include provider names, numbers, procedure codes, units of services per participant, etc.
12. The system will track waiver service balances and will not allow authorization for any service not contained in the approved plan of care.
13. The system will track services which were authorized over the identified program service limits for each participant.
14. The system will track all plans returned to agencies/regional/program offices for incomplete and/or incorrect information. For the EPSDT, Infant and Toddler and Nurse Family Partnership populations, SRI will follow-up with support coordination agencies to obtain the required data within programmatic time lines.
15. The system will track the personnel limits based on the ratio of support coordinators to recipients, and supervisors to support coordinators.
16. The system will collect and report on support coordinator and direct service worker information including period of employment and the participants served by each individual worker.
17. SRI will develop and provide DHH state and regional staff with reports which track all programmatic time lines for each population and agency.
18. The data will be housed in Microsoft SQL Server 2005 running on two servers in a fail over cluster sharing a RAID-5 array. This cluster will be available to the DHH network through a T1 line connection to their WAN behind a firewall. This is to insure the best security for the data and will allow the data to be compared and matched with other DHH databases. The data will also be compared to Medicaid databases for inconsistencies, and a DHH-Authorized user either at DHH or SRI will be able to correct the data either through the application interface, or special SQL procedures. This will allow users at DHH with a special view only level of access on the SQL server to write their own *ad hoc* reports, and conduct data analysis on the data with any software they are able to use that can connect to SQL.
19. Nightly backups will be made to an external Hard Drive, and once a week a backup will be made to tape and taken off site for permanent storage. This process will be monitored daily for data quality. Monthly, or upon request, DHH will be provided with a backup of the data.

20. Weekly reports will be generated and reviewed for data quality. With the use of OLE DB data providers in SQL, SRI will have the ability to import and export data in different data formats including Access, Excel, SAS, and many others without compromising the integrity or accuracy of the data.
21. The web application will be hosted by two web servers in a network load balancing cluster connected to a domain controller with one active directory replication controller. This network will be connected to the internet with a Secure Socket Layer (SSL) connection behind a firewall. The web server will be able to host web services which authorized users can connect to and use for additional secure data access to the data on the SQL server.
22. A spare hot swap drive, as well as a spare server will be available in case of any failure in the network. The web-based application will be written using Microsoft Visual Studio .NET 2003 with VB.NET as the code behind for the web pages. The project will be on the development server on the network at SRI, and work on files of the project by the development team will be checked out using Microsoft Visual Source Safe allowing for project security, and document integrity during concurrent project development. Development web servers and SQL servers will be used during the initial development, and after deployment for testing and training. The web application will access the SQL data through the use of stored procedures on the SQL server. This will allow for maximum speed in data access for the application, and will give the ability for data access and some other changes or enhancements to the project to be made without affecting the web application.

COMPONENT DELIVERABLES

A. Request for Services Registry (RFSR)

The Request for Services Registry is to collect and store relevant data such as demographic information, request dates, freedom of choice forms for waiver vs. institutionalization, requested services, offers for waiver slots, identification regarding which eligibility documents were used for meeting program criteria and applicable scoring, all contacts with requestors and the reasons for closure. The process and data system involve data entry, verification of data through mail outs to requestors, data matches with other DHH databases, maintenance, and tracking for all individuals requesting waiver services.

Objectives for the Requests for Services Registry System

1. The system must maintain a complete and accurate list of individuals requesting services and waiting for services from the NOW, CC, EDA, ADHC, ARC, ROW, and Supports Waivers.
2. The system must confirm the placement of a new requestor on the registry and confirm their request date. It must provide the requestor with applicable rights, responsibilities and fact sheets.
3. The system must incorporate and reflect the most accurate demographic and eligibility data available.
4. A process must be followed that allows the closure of requestor records for individuals who have passed away, are no longer interested, or no longer eligible to accept a waiver offer.
5. The system must be flexible so that, should any office within DHH change their criteria for the priority order of requestors, the system can easily be revised to track and report on the priority order.
6. The system must be able to identify Chisholm class members and allow ready access to this information by OCDD, BHSF, OMH, and other entities that fulfill data management functions for DHH, such as Unisys.
7. Chisholm class membership must be continually updated to reflect the most recent information available from the Medicaid information systems.
8. The system must be able to identify Barthelemy class members.
9. Barthelemy class membership must be continually updated to reflect the most recent information available from the Medicaid information systems.
10. All individuals who are granted sufficient authority must be able to access the data, and update it as appropriate.

Work Plan for RFSR:

The work plan is divided into two components: services and information technology. SRI will provide the following to meet the objectives of the RFSR system:

Services:

1. SRI will add requestors to the appropriate Request for Services Registry. Data from ACS (or another SPDE) will be seeded into the ARC, ADHC and EDA registries electronically using the

- current data interface developed with ACS.
2. Data from OCDD will be manually entered based on the substantiating paperwork that OCDD sends to SRI.
 3. Initial seed data for the Supports Waiver will be provided by OCDD in an agreed upon format. Individuals that OCDD has waiting for day services will be seeded into the Supports Waiver registry. OCDD will supply the data from their current data system in a commonly agreed upon format. The priority order for these requestors will be determined by OCDD. Thereafter, supports waiver requestors will be added as required by OCDD initially using either a paper record or commonly agreed upon format.
 4. SRI will notify all requestors of their addition to the registry and provide them with confirmation of the official request data, applicable program fact sheet(s), Rights and Responsibilities, and other applicable information relative to participation in the waiver/targeted population.
 5. SRI will receive calls from consumers regarding the letter/packet that was provided and answer any questions regarding services/registry and will refer other questions to the appropriate program office.
 6. SRI will have contact at least annually to confirm requestors are still interested in home and community based waiver services.
 7. For the EDA RFSR, SRI will attempt to locate requestors for whom returned mail has been received. At a minimum, SRI will attempt a mailing to all known addresses in the registry for the requestor as well as to the address on file in MMIS, should the individual be Medicaid eligible. Thereafter, SRI will attempt to call the phone numbers on file and/or attempt a new address via several 'reverse lookup' web sites. All attempts will be documented. For the NOW and Supports RFSR, names for whom returned mail has been received will be given to the OCDD State Office Registry Manager. SRI will not take any additional action regarding these requestors unless (1) OCDD provides a new address in which case, SRI will send a second validation or offer or (2) OCDD cannot locate any new information and wants to close the case in which case SRI will send the closure notice and then close the record. SRI will not search other avenues to locate a OCDD waiver requestor.
 8. SRI will document all contacts and activities and the results of each in a format to be approved by DHH in a way that can be utilized in the requestor's history.
 9. SRI will send an offer when an individual is identified as the next eligible requestor for a program.
 10. SRI will utilize a statistician in determining the frequency and amount of offers to be made to maintain the maximum capacity for the waivers.
 11. SRI will follow-up and track all actions related to all failure to respond and returned mail before closing and moving on to the next offer. At a minimum for the EDA RFSR, SRI will attempt a mailing to all known addresses in the registry for the requestor as well as to the address on file in MMIS, should the individual be Medicaid eligible. Thereafter, SRI will attempt to call the phone numbers on file and/or attempt a new address via several 'reverse lookup' web sites. For the NOW and Supports RFSR, names for whom returned mail has been received will be given to the OCDD State Office Registry Manager. All attempts will be documented.
 12. SRI will mail all appropriate acceptance material upon the receipt of a 'yes response' to an offer.
 13. SRI will respond to all phone calls from requestors in reference to the offer.
 14. SRI will follow-up and track the status of additional material needed from the requestors.
 15. SRI will determine who is Medicaid eligible through a weekly match with MMIS and/or the quarterly match with MEDS for all target populations.
 16. For those requestors under the age of 21 on the MR/DD registry who are found to be Medicaid eligible, EPSDT support coordination offers will be made.
 17. SRI will report weekly on the number of Chisholm class members on the MR/DD registry.
 18. SRI will allow the OMH Utopia prior authorization system restricted access to the MR/DD database to allow Utopia to electronically 'flag' Chisholm class members in the OMH system.
 19. SRI will begin the annual validation process for the EDA and ADHC waivers to September of each year. Since it can be up to a three-month process, the annual validation will be completed by November, thus allowing end of year annual counts to reflect the most recently collected information with regard to class membership.
 20. Once OCDD develops a policy for validating and removing requestors from the NOW/CC and Supports Waiver registries, SRI will mail out up to a five-page form with a self-addressed envelope with prepaid postage to each recipient over a two-month period. Thereafter the validation will be conducted beginning in August of each year.
 21. SRI will incorporate reports into the current registry database which resides at OCDD/DLTSS so that summary information can be made available to appropriate staff. SRI will work with OCDD and DLTSS to identify immediate registry data needs.

Work Plan - IT

1. The system application will incorporate all the functions of WWL, CLINK, LAST, and CMIS. All

records will be tied to the individual so that a complete history can be tracked including: history of requests, validation information, contacts, offers made and accepted/denied, certification information, CPOC information, and PAs issued. All service information will be contained in the system application.

2. SRI will normalize the data from all systems, CLINK, RFSR, LAST, and CMIS into a single database in SQL2005 with all the tables needed for all previously stated systems, thus eliminating all data duplication that currently exists for all data elements common to any combination of systems. This will also mean any data entered into any module will be available to any other module in the system.
3. As soon as the user of the RFSR module closes the client from the registry because they have accepted an offer, the information from the Registry (RFSR) will be electronically available to the prior authorization and support coordination linkage staff.
4. The framework will allow for tracking of individuals by targeted and waiver populations, and information on programmatic time-lines, slot offers and linkages to support coordination agencies and home and community based waiver service providers.
5. Reports will be included and available for anyone with the proper access level. See technical plan for details on reports.
6. Participants will be linked with support coordination agencies based on the information from the FOC.

B. Client Linkage and Prior Authorization (CLINK)

The Client Linkage system (CLINK) is used to collect and store data on Support Coordination and Direct Service Provider agencies, client information, and prior authorization information. Agency information such as agency demographics, contact information, termination date, target populations they serve, procedure codes and Medicaid provider numbers for each population needed to release authorizations for payment to Medicaid.

The system also collects data on clients to be used for tracking target populations and creation of prior authorizations including Freedom of Choice (FOC) signature date, Comprehensive Plan of Care (CPOC) date, CPOC receipt date, CPOC approval date, as well as dates applicable to the 18W, the 51NH. Case termination dates are also tracked. For each of these target populations the system generates and tracks prior authorizations for both CMIS and LAST agencies, sends these authorizations to the agencies electronically, collects service information from the agencies electronically, and processes the service information from the agencies into the authorizations and sends them for payment release to UNISYS.

Objectives of Client Linkage

1. The system must maintain a complete and accurate list of individuals and agencies involved in the Client Linkage program
2. Accurate information on the clients demographic, target populations, and prior authorizations must be maintained
3. Accurate information on the agencies' demographic, contact, target populations, procedure codes, and Medicaid provider information must be maintained
4. The agency's service data must be collected for PA release for payment to UNISYS
5. PA information must be distributed to the agencies
6. CPOC information must be collected and entered into the system
7. A history of all records added and edited in the system must be maintained for purposes of linking back to paper work and data recovery
8. The system must be able to alter existing target population criteria and implement new target populations
9. The ability to add and remove target populations without affecting the client information must be available
10. The ability to track monetary and unit level caps on PA is necessary
11. The ability to void and alter existing PA records are necessary
12. The ability to close clients or agencies must be available
13. Information must be provided to DLTSS/OCDD for viewing
14. The ability to send Post Authorizations is required in certain types of PAs such as those for modifications, family training, etc.

Work Plan - Client Linkage

SRI will provide the following to meet the objectives of the CLINK system:

1. SRI will develop an authorization module which will maintain the role based access for all users of the system including restrictions on module access, regional restrictions, and access and activity to specific functionality within a module.
2. Normalize the data from all proposed systems, CLINK, RFSR, LAST, and CMIS into a single database in SQL2005 with all the tables needed for all previously stated systems, thus

eliminating data duplication. Any data entered into any module will be available to any other module in the framework.

3. CPOCs will become a form in the CMIS module that will be filled out by the case management agency and be available to the appropriate regional office in real time for approval. Upon approval the CPOC, data from the CPOC will electronically populate the appropriate CLINK module tables and generate the PA records which will become available to the agency all in real time.
4. As soon as the user of the RFSR module closes the client from the registry the information from the Registry (RFSR) will be electronically available to CLINK in real time.
5. The process of sending PA release information to UNISYS will be done using VB.NET directly from the data.
6. The application will allow for tracking of individuals by targeted and waiver populations, and information on programmatic time-lines, slot offers and linkages to support coordination agencies and home and community based waiver service providers.
7. Reports will be included and available for authorized users.
8. Participants will be linked with support coordination agencies based on the information from the FOC.
9. SRI will notify all participants, providers and state personnel of confirmation of all linkages. SRI will notify the appropriate Medicaid Eligibility parish Office on linkage of all waiver populations.
10. Copies of the FOC and any applicable eligibility documents used for verification of participant eligibility for the specific program will be provided to the chosen/linked agency. A copy of all documents will be retained in the requestor's/participant's individual file located at SRI.
11. SRI will use the existing numbering system methodology for assigning prior/post authorizations.
12. SRI will issue prior authorization for all support coordination services applying appropriate QA checks provided by DHH for each population. The effective date of the initial and any subsequent prior authorization will be in accordance with the associated program requirements.
13. Prior authorization for all home and community based waiver services for waiver participants will be issued as identified in approved plans of care and all subsequent approved revisions. All prior authorizations will follow programmatic QA checks provided by DHH for issuance.
14. The application will have the ability to void any payment authorization easily to prevent unauthorized billing/payment by/to providers.
15. The application will provide notification of prior/post authorizations to all support coordination and direct service provider agencies, and Regional and/or State offices as issued. This information will include provider names, numbers, procedure codes, units of services per participant, etc.
16. SRI will collect participant, service, and provider information gathered in the process of delivering support coordination services and waiver services (excluding the ADHC Waiver). This data will be collected as validation that the prior authorized services were provided. Once SRI has received this data from the providers, SRI will release the amount of units documented as provided (but not over the originally prior authorized amount identified in the approved plan of care and subsequent revisions) to the MMIS contractor as post authorization for payment. Data will be released on a daily basis to MMIS. This information will be entered by the agencies into the LAST and CMIS modules of the application.
17. SRI will track waiver service balances and will not allow authorization for any service not contained in the approved plan of care.
18. SRI will track participant service delivery (including participants, place of service and activity) and time line information on Comprehensive Plans of Care (CPOC).
19. SRI will track participant case closures and the reason for case closure.
20. SRI will track services which were authorized over the identified program service limits for each participant.
21. SRI will collect and aggregate identified data from all providers regarding participants and services for reports and identified by DHH and prepare *ad hoc* reports upon request and approval by DHH.
22. SRI will track all plans returned to agencies/regional/program offices for incomplete and/or incorrect information. For the EPSDT, Infant and Toddler and Nurse Family Partnership populations, SRI will follow-up with support coordination agencies to obtain the required data within programmatic time lines.
23. SRI will track the personnel limits based on the ratio of support coordinators to recipients, and supervisors to support coordinators.
24. SRI will collect and report on support coordinator and direct service worker information including period of employment and the participants served by each individual worker.
25. SRI will develop and provide DHH state and regional staff with reports which track all programmatic time lines for each population and agency.
26. SRI will respond to all questions from providers as they relate to the issuance of prior/post authorizations, and provide billing assistance for denials of the "190" MMIS denial code series as

described in Appendix K.

27. SRI will provide individuals requesting to change support coordination agencies the FOC to make the change. Individuals will be allowed to change support coordination agencies every six months. If a participant requests a change, a new FOC form will be required and the process for linkage will begin again.
28. SRI will insure that revisions to any participant's plan of care will be maintained in the system as well as insure revisions to the prior/post authorization units are submitted to the MMIS and the appropriate provider(s) and program office. This will be based on a projected average of two revisions per participant per plan of care year.

C. Support Coordination Data Collection (CMIS)

SRI will maintain the Support Coordination Information System (CMIS) to collect and store relevant data such as client information, demographic information, target population information, addresses, closure information and service information for clients in target populations NOW, CC, ROW, ARC EPSDT, EDA, HIV, NFP, VACP and, previously, ITSN. The process and data system involves data entry and validation, reports and maintenance. Data from the CMIS system is combined with other data to produce a Comprehensive Plan of Care (CPOC). If the CPOC is denied the submitting agency is given an opportunity to revise the CPOC and resubmit. When the CPOC is accepted it will be forwarded to SRI, if not already there, and keyed into the Prior Authorization system (CLINK) to aid in generating up to two sets of prior authorization records (PAs) for the client. One set of PAs are generated for the CMIS agency and the other set of PAs are for the Direct Service (LAST) agency.

Objectives of the Support Coordination Data Collection

1. To view, edit and add clients and services.
2. To provide useful and accurate reporting services.
3. The system must allow agencies to view/monitor the prior authorizations assigned to each consumer.
4. The system must be accessible to all authorized individuals.
5. The system must be responsive to emergency requests for prior authorizations in extenuating circumstances.
6. The system must be flexible enough to undergo modifications as the need arises and to be deployed in an efficient manner.
7. The system must implement a comprehensive backup process to insure that data is always accessible during and/or shortly after major crisis.
8. The system must produce reports that reflect the level of quality/quantity of services being provided by the case manager.

Work Plan - Support Coordination Data Collection

SRI will provide the following to meet the objectives of the CMIS system:

1. SRI will normalize the data elements found in Support Coordination in relation to the other data systems with role-based access. The data from each agency will be aggregated into one state-wide database. This data base will include clients, services and a new electronic CPOC.
2. The system will provide users, with proper authority, add/edit and view rights to services. It will provide view and edit rights for clients. Clients will not need to be entered, as client data will already have been created by other data systems included in this Statement of Work.
3. In addition to collecting the raw data elements, the system will also track enter date, enter by, edit date and edit by. The new data system will be available over the internet through a Secure Socket Layer.
4. The data system will provide an authorization piece so that the rights of system users can be kept track of and changed if necessary.
5. State-wide reports can be generated and processed. The reports will reflect a real time picture of data in the system.
6. The data will reside on a secure SQL server to guarantee data security.
7. The system will include electronic submission and approval/denial of CPOCs. A paper copy can be produced at any time, if necessary.
8. The system will have the capability to respond instantaneously to an emergency CPOC request and be able to immediately issue a set of PAs to which the agency will have immediate access.
9. The centralized data system will allow the ability to implement a comprehensive backup process to insure that data is accessible during and/or after major crisis. This process will enable the Support Coordination agencies to continue operating with minimal interruption during/after a major crisis.
10. The system can be deployed on the web server and accessed instantaneously by the users.

D. Direct Service Provider Data Collection (LAST)

SRI will maintain the Direct Service Provider Data Collection (LAST), to collect and store relevant data such as consumer demographics, agency contact information, prior authorizations and services

delivered. The process and data system involves data entry, electronic data transmissions and report generation.

Objectives of the Current Direct Service Provider Data Collection (LAST)

1. The system must capture consumer contact information.
2. The system must allow agencies to view/monitor the prior authorizations assigned to each consumer.
3. The system must capture/report delivered services for each support staff and each consumer.
4. The system must provide users with fast and reliable data.
5. The system must be accessible to all authorized individuals.
6. The system must be responsive to emergency requests for prior authorizations in extenuating circumstances.
7. The system must be flexible enough to undergo modifications as the need arises and to be deployed in an efficient manner.
8. The system must implement a comprehensive backup process to insure that data is always accessible during and/or shortly after major crisis.
9. The system needs to produce reports that reflect the level of quality/quantity of services being provided by the direct service provider.

Work Plan – Direct Service Provider Data Collection (LAST)

SRI will provide the following to meet the objectives of the Direct Service Data Collection system:

1. SRI will normalize the data elements found in LAST with role-based access to reduce the frequency in which a consumer's demographics and their related data are entered/stored. The LAST module will not have to enter a consumer record, other applications presented in this Statement of work will have created the consumer record by the time a LAST agency has need of it.
2. SRI will integrate the LAST database with the other data systems to move from a localized Visual Foxpro database to a centralized SQL database that will be accessible by a Web-based application containing modules. Authorized users will have access to view/report data from any workstation with an internet connection.
3. The system will use a role-based authorization module that will limit/grant access to the various data modules based on clearly identifiable access rights.
4. The data system will allow response to an emergency CPOC request and be able to immediately issue a set of PAs that the agency has immediate access.
5. The centralized data system will have the capability to implement a comprehensive backup process to insure that data is accessible during and/or after major crisis. This process will enable the LAST agencies to continue operating with minimal interruption during/after a major crisis.
6. The centralized data system will provide accurate and timely reporting. The data will be entered directly into the centralized data system allowing the reports to run on real time data.
7. The system will be a web-based application with modules, initial installation from a CD can be eliminated and modifications can be deployed on the web server and accessed immediately by authorized users.

E. EPSDT & Nurse Family Partnership Programs

SRI will undertake the programmatic responsibility for EPSDT and the Nurse Family Partnership programs. SRI will review and approve/disapprove plans of care for the Nurse Family Partnership and EPSDT Support Coordination. DHH shall be responsible for monitoring, technical assistance, regular meetings, guidance, approve all program/process changes, letters, provider notices and oversight of the contract.

The work plan for each program is addressed below:

EPSDT

SRI will perform the following duties:

1. Initial and Annual CPOC Review and approval of all CPOCs. Support Coordinators will submit initial CPOCs to SRI within 35 days of receipt of referral and Annual CPOCs 35 days prior to the annual date of expiration. SRI will review each CPOC packet (including assessment information) to determine if all needs are addressed. Review and decision would occur within five working days of receipt of the CPOC. The CPOC would be returned to the support coordinator if additional information is required.
2. SRI will approve/disapprove support coordination only.
3. Each contracted support coordination agency would submit an EPSDT Quarterly Report (excel form) each quarter by the 5th day of the month following the end of each quarter. SRI will review and consolidate the information. Additional documentation will be requested and reviewed as indicated or per random selection to determine compliance with requirements.
4. SRI will report on the number of CPOCs with PAed Services, the number of Initial PAs Requested,

- and the number and Type of PAs not received within 60 Days. The report will be submitted to the DHH attorney by the 15th day of the month following the end of each quarter for each service.
5. SRI will conduct an ongoing review of requirements, reports, complaint resolution and plans of corrective action.
 6. SRI will provide daily technical assistance re: all programmatic areas with support coordinators, requesting assistance from Program Operations when appropriate.
 7. SRI will be responsible for keeping the Support Coordination Manual, forms, processes, and flowcharts etc. updated for EPSDT Support Coordination.
 8. SRI will prepare and distribute Support Coordination Provider Notices.
 9. SRI will respond to requests for additional information per Chisholm attorneys as needed.
 10. SRI will conduct an annual training of support coordination agency supervisors and designated trainers as required per Chisholm. DLTSS/OCDD/BHSF will turn over all materials and documentation used for previous training sessions to SRI as a basis to develop training materials. A schedule will be developed with DHH for the annual training. Training will begin in winter 2006 on a schedule to be determined with DHH. SRI will prepare training documents, including handouts, power point presentations etc.
 11. SRI will maintain documentation of initial/orientation and annual training for all support coordinators.
 12. SRI will maintain use of the current 1-800 number (it's a national 800 number) as a Helpline for EPSDT recipients. Problems and complaints will be forwarded to DHH program managers.
 13. SRI will design, distribute and compile client satisfaction surveys, identifying outstanding issues for monitoring purposes. Monitoring shall be performed by another entity-DHH.
 14. SRI will prepare summaries of evidence as needed for informal discussion and appeals re: compliance and contracts and prepare reports re: compliance, recommending corrective action, to DHH.
 15. SRI will prepare the letters to the providers tracking timelines for response and implementing sanctions re: administrative procedures.
 16. SRI will work with the PAL and attend alliance meetings as necessary.
 17. SRI will merge MMIS data with support coordination agency's service delivery data to allow viewing of data by providers as well as the program office.

Nurse Family Partnership

SRI will perform the following duties:

1. Initial CPOC Review: OPH Support Coordinators are to submit the initial CPOC within 35 days of the FOC being signed. SRI will review each CPOC packet (including assessment information) to determine if all needs are addressed. The CPOC will be returned to the support coordinator if additional information is required.
 2. SRI will approve/disapprove support coordination only.
 3. SRI will conduct an ongoing review of administrative requirements, reports, i.e., caseload size, staffing ratios, CPOC submission timelines and quarterly/monthly requirements, complaints and plans of corrective action as indicated with implementation of appropriate sanctions.
 4. SRI will provide daily technical assistance re: all programmatic areas with support coordinators, requesting assistance from Program Operations when appropriate.
 5. SRI will be responsible for keeping the Support Coordination Manual, forms, processes, and flowcharts etc. updated for NFP Support Coordination.
 6. SRI will prepare and distribute Support Coordination Provider Notices.
 7. SRI will conduct a training of support coordination agency supervisors and designated trainers. DLTSS/OCDD/BHSF will turn over all materials and documentation used for previous training sessions to SRI as a basis to develop training materials. SRI will prepare training documents, including handouts, power point presentations etc.
 8. SRI will prepare summaries of evidence as needed for informal discussion and appeals re: compliance and contracts and prepare reports re: compliance, recommending corrective action, to DHH.
 9. SRI will prepare the letters to the providers tracking timelines for response and implementing sanctions re: administrative procedures.
- F. After the first 18 months, and quarterly thereafter, DHH will be provided with an electronic copy of all application software, along with a data dictionary, system flow charts, and other documentation DHH would need to support the application. Along with these documents, SRI will maintain a diagram of application architecture in VISIO, an annotated copy of the source code, a relational data model in VISIO, set-up requirements and installation procedures, configuration requirements and procedures, and deployment requirements and procedures.
- G. A detailed user manual will also be maintained on all modules of the application and will contain clear, detailed instructions for the users. It will contain step-by-step instructions and data element definitions.

This manual will be delivered in a printer-ready electronic format either on CD or DVD and be updated as changes are made and no less than quarterly. SRI will update all system manuals on a quarterly basis and notify DHH as they are updated.

- H. SRI will normalize the data from the previous four legacy systems into a single collection of data tables will reduce the size of the data and reduce the chance for data anomalies from multiple data systems entering the same information across different applications. This will provide a complete set of data for the entire offering, linkage, authorization, and servicing aspects of the project in a single location. The system will allow for reports to be generated on the total collection of real-time data increasing accuracy and efficiency of the administrative as well as the service delivery staff across the state. SRI will provide integrated real-time information that will be accessible to all authorized staff levels at DHH.
- I. All paper documents received by SRI involving the Registry and Linkage process will be housed on site in a secure facility.
- J. SRI will create a web-based application which utilizes a framework allowing for modules of functionality to be incorporated while implementing a role-based authorization system for navigation and data access. Any computer running Microsoft Windows ME or higher, Internet Explorer 5.5 or higher, and an internet connection can run the application. The system will be responsive to requested changes in that the updates can be deployed on the web server and made immediately available to users.
- K. The navigation aspect of the application will be role based allowing different personnel with different authorization levels to navigate screens and work with data specific to their needs. While roles will define the subset of screens a person can get to and what they can do when they navigate to it, the assigned location access level will determine which subset of data for that screen will be available to that person.
- L. All of the DHH approved reports from the four legacy systems and the reports currently utilized by DHH will be incorporated into the new application and not be considered as *ad hoc* reports. DHH will have the ability to substitute any new report for any defined report which has not yet been created in the new application on a one for one basis and not be considered as *ad hoc* and will be provided at no additional cost. Any reports created by SRI for SRI's Quality Enhancement System will also be made available to DHH upon request and at no cost to DHH. No reports will be included in the application without first meeting with the DHH Implementations and Utilization Review Team. Up to twenty-four *ad hoc* reports requested by DHH will be included into the application a year. Reports will follow the role and location access rules of all other access aspects of the application.
- M. Hardware to be utilized and provided by SRI:
- 36 PCs for development, training, testing, etc.
 - FTP Server
 - Mail Server
 - Dedicated dual process server for running Microsoft SQL Server 2005 with tape backup.
 - (2) Data Servers each with a tape backup
 - Development Server
 - DNS Server
 - Application Server
 - Battery backups for all PCs and Servers
 - Wireless Network
 - Hardware firewall
 - (2) DSL connections – one for the FTP and mail servers, and the other for internet access.
 - (3) Unmanaged switches
 - (7) Managed switches
 - A dual processor SQL2005 license
 - HP Color LaserJet 5500dtn printer
 - Cannon ImageClass 2300 scanner/copier
 - LACIE 500 GB external hard drive
 - Emergency gas generator
 - Lab facilities
 - Development copies of SQL2005
 - A redundant connection between the development facility and the registry and prior authorization facility.
 - Software firewalls
- O. Transition Plan (at end of contract)

A transition plan will be delivered to DHH six months prior to the anticipated end of the Contract term. It will include a detailed breakdown of processing steps preformed, staffing, equipment, facilities, supply consumption, workloads, standard procedures and any additional information that DHH feels necessary to affect a smooth transition to the successor contractor. A comprehensive assessment of all documentation will be completed and delivered to DHH no later than six months before the end of the Contract term. SRI will update any documentation which is not accurate, complete, and in accordance with the review of these documents by DHH. These updates will be completed no later than six months prior to the end of the Contract term.

The first stage of transition will involve meeting with DHH and the contractor to plan the transition process. During this stage, meetings with the new successor contractor will be scheduled and conducted to discuss all aspects of the transition process including:

1. Hardware requirements needed for developing and enhancing the project.
2. Hardware requirements needed for the deployment of the project.
3. Software development tools and applications needed to support the project.
4. Physical space for storage of records received and generated by the project.
5. Personnel required for storage and processing of records and documents.
6. Procedures required for storage and processing of records and documents.
7. Staff required for training.
8. Staff required for technical support.
9. Staff required for operation of the project.
10. External procedures conducted outside of the application such as data backups.
11. Other maintenance and support procedures required for the overall project such as *ad hoc* reports.
12. Project policy requirements such as security issues and DHH regulations.
13. Detailed list of processing steps preformed.
14. List of supplies consumed during operation of the project.
15. Expected work loads.
16. Testing time to verify the application and all supporting applications work properly.
17. Training on the use, operation, and maintenance of computer programs policies, and procedures using the current and complete documentation, instruction materials, and handbooks of the project. This training will be provided for key successor contractor personnel. All training materials will be based on the complete and current documentation.
18. SRI's process for support during the last thirty days of the transition period.

During the second phase, the software, support applications, and supporting documentation and records for the project will be moved, and support given, to get the project running at the new successor contractor's location. Training will also be provided on all aspects of the project during this phase. This phase will include:

1. Moving the application software, all supporting applications software, and all supporting documentation on the project to the new successor contractor's development facility. The transfer of all software, files, programs, and documentation will be provided in an electronic format and will be completed within ten calendar days after receiving a request from DHH.
2. Moving the applications for the project to the new successor contractor's deployment facility.
3. Moving all supporting documents and project records to the new successor contractor's facility. The transfer of documents and project records will be completed within ten calendar days after receiving a request from DHH.
4. Training the new successor contractor's key staff on use, operation, and maintenance of computer programs policies, and procedures using the current and complete documentation, instruction materials, and handbooks of the project. All training materials will be based on the complete and current documentation.
5. Transferring an electronic copy of all materials to the successor contractor.

During the third phase, SRI will be in a supporting role, providing technical and user support at the successor contractor's facility to help with issues and questions to assure the new contractor is adequately prepared to assume the full project including the following:

1. Help with questions on the operation of any of the applications of the project.
2. Help with questions on any of the transferred records or documents.

P. Quality Enhancement Plan

1. Customer Service

SRI will conduct the following surveys and provide a report to DHH:

- Customer service Surveys every fiscal year to all contracted Support Coordination providers.
- Randomly survey 5% of waiver service providers in each region quarterly.
- Send out surveys to OCDD/OAAS regional offices quarterly.
- Randomly survey participants that SRI logged contact to include telephone calls.

2. Data Entry

SRI will provide the following services to check for errors in the centralized data system:

- Edit checks to prevent duplicate entries in CLINK/RFSR.
- After reports are generated, check for accuracy of information.
- Sample 10% of weekly data entered into CLINK/RFSR.
- Monitor service limits/overrides.

3. User Support Help Desk

- A national toll-free number will be available for users of all software applications. This toll-free number will be the same number utilized by waiver participants and service providers. However, this number once dialed will have the capability to rollover to eight different phone lines. The hours of operation for the help desk will be Monday through Friday from 8:00 a.m. to 4:30 p.m. Calls will be tracked according to the population, the nature of the call and problem resolution. This tracking system will be readily available to DHH for data analysis at anytime and will be provided in a monthly report. The format used for tracking the calls will be approved by DHH before implementation and electronic copies will be made available. Incoming calls received by the help desk will be addressed in a timely manner identified by DHH. The expense generated by the help desk will be maintained by SRI.
- Personnel will be available by email to address concerns of users of all software applications. Email inquiries will be addressed by the next business day. An email tracking system will also be implemented to track the date, time, user location, nature and problem resolution. It will also include the date and time of the response to the email inquiry. The email tracking system will be approved by DHH before implementation and copies of the email log will be submitted on a monthly basis.
- On a yearly basis a Frequently Asked Question List will be generated based upon information compiled by the email and phone tracking system. This list will be made available in HTML format to DHH for publication.

4. Technical Support Help Desk

- A national toll-free number will be available for users of all software applications. This toll-free number will be the same number utilized by waiver service providers requiring technical support. However, this number once dialed will have the capability to rollover to eight different phone lines. The hours of operation for the help desk are Monday through Friday from 8:00 a.m. to 4:30 p.m. A phone log system will be implemented to track calls for technical support. This phone log will be submitted to DHH on a monthly basis along with invoices. The phone log will include the date and time of the call, the duration of the call, the name of caller and agency the caller is representing, the problem and problem resolution. The format used for tracking the calls will be approved by DHH before implementation and electronic copies will be made available. Incoming calls received for technical support will be addressed in a timely manner as identified by DHH. The expense generated by the help desk will be maintained by SRI.
- Programmatic technical support will be provided to the EPSDT population as well as the Nurse Family Partnership Population.
- Technical support personnel will also be available by email maintained by the contractor. Email inquiries will be addressed by the next business day. An email tracking system will also be implemented to track the date, time, user location, nature and problem resolution. It will also include the date and time of the response to the email inquiry. The email tracking system will be approved by DHH before implementation and copies of the email log will be submitted on a monthly basis.
- On a yearly basis a Frequently Asked Question List will be generated based upon information compiled by the email and phone tracking system. This list will be made available in HTML format to DHH for publication.

Q. On-site Technical Support

SRI will provide limited on-site support statewide as necessary for the effective operation of the applications involved in this project. Remote technical support will be provided whenever possible. Prior approval from DHH will be obtained before on-site technical support is delivered.

R. Training

Prior to deployment of the centralized data system, SRI will train approximately 500 agencies. Two training sessions a day will run four days a week, morning and evening 8:30am to 12:30pm and 1:30pm to 5:30pm (Tuesday through Friday). Two people from each agency will attend a training session. It will take approximately six weeks to have all 500 agencies trained with the new software. After deployment of the centralized data system, ongoing training will continue on a schedule that will be approved by DHH. SRI will provide in service training for service providers with ongoing 190 denials.

S. Staffing Plan

First 18 months:

All key personnel will be located in Baton Rouge and will be available to meet DHH's needs. The following key positions and percentage of time dedicated to the contract are listed below:

Project Director/Statistician

Full-time work hours dedicated to Project: 80%

Project Manager

Full-time work hours dedicated to Project: 100%

Statistician / Statistical Analysis Programmer (as a subcontractor)

Full-time work hours dedicated to Project: 50%

3 Registry Specialists

Full-time work hours dedicated to Project: 100%

4 Prior Authorization Specialists

Full-time work hours dedicated to Project: 100%

Project Manager for Information Technology

Full-time work hours dedicated to Project:

Months 1 through 3 (planning): 50%

Months 4 through 15 (development): 80%

Months 16 through 18 (training/deployment): 50%

1st Programmer

Full-time work hours dedicated to Project:

Months 1 through 3 (planning): 50%

Months 4 through 15 (development): 90%

Months 16 through 18 (training/deployment): 60%

2nd Programmer

Full-time work hours dedicated to Project: 100%

3rd Programmer

Full-time work hours dedicated to Project:

Months 1 through 3 (planning): 0%

Months 4 through 15 (development): 100%

Months 16 through 18 (training/deployment): 100%

Trainer/Technical Support

Full-time work hours dedicated to Project: 100%

Data Quality

Full-time work hours dedicated to Project: 100%

Clerical

Full-time work hours dedicated to Project: 75%

NFP / EPSDT Program Manager

Full-time work hours dedicated to Project: 100%

SRI will hire a network security consultant to help establish security within the planned network. It is anticipated that it will require 40 to 120 hours of time when the network is initially brought on line.

Months 19 through 60

After deployment of the new software, the staffing needs will change:

- Two programmer positions will be dropped. Less programming resources will be required.
- More training / technical support / user support resources will be required due to a greater number of users since all current LAST users, CMIS users, regional offices and state offices will be using the same application. One additional technical support person will be added.

SRI proposes the last 42 months of the project can be completed with the positions listed below which will support ongoing services and a web based application. The proportion of full-time work hours dedicated to the project, which are shown below exclude any requested changes performed under work orders.

Project Director/Statistician

Full-time work hours dedicated to Project: 70%

Project Manager

Full-time work hours dedicated to Project: 100%

Statistician / Statistical Analysis Programmer (as a subcontractor)

Full-time work hours dedicated to Project: 50%

3 Registry Specialists

Full-time work hours dedicated to Project: 100%

5 Prior Authorization Specialists

Full-time work hours dedicated to Project: 100%

Project Manager for Information Technology
 Full-time work hours dedicated to Project: 50%

2 Programmers
 Full-time work hours dedicated to Project: 100%

3 Trainers/Technical Support
 Full-time work hours dedicated to Project: 100%

Data Quality
 Full-time work hours dedicated to Project: 100%

Clerical
 Full-time work hours dedicated to Project: 75%

NFP / EPSDT Program Manager
 Full-time work hours dedicated to Project: 100%

PERFORMANCE INDICATORS:

- System application deliverables as specified in this Statement of Work reviewed and accepted by DHH.
- Maintenance of current system with no disruption during development of new application.
- New system deployment as scheduled.
- User Manuals.
- Delivery of application software and data dictionary on agreed schedule.
- Reports delivered as agreed and approved by DHH.
- User group acceptance/rejection of deliverables.

MONITORING PLAN:

Monitor will have bi-weekly meetings with contractor to discuss performance and issue resolution. Review of Quality Enhancement Plan as outlined in Statement of Work. A user group, led by the contract monitor, will review and accept system development at each stage of development. Any identified system deficiencies must be corrected before next stage of development can begin.

TERMS OF PAYMENT:

As addressed in the Scope of Work, this project is divided into two stages. The first stage includes continuation of present services while implementing a web-based system. The second phase begins thereafter, starting with the 19th month of the contract.

Included in the estimated percentage breakdown below are all costs estimated to be associated with the project, including the personnel, development, programming, system changes, computer equipment, office supplies and other overhead costs (rent, utilities, insurance, etc.), training, technical assistance, user assistance, and postage. Invoices will be based on actual percentages worked on each activity for each population and will be reviewed and approved by contract monitor before contractor submits for payment.

During the first 18 months of the contract, invoices shall include the costs of ongoing maintenance of the existing systems (broken out by program and agency) as well as identification of tasks accomplished and the item in the workplan to which they are related. After the initial 18 months, invoices shall be broken down by Agency, program, and activity. Invoice(s) will be developed by DHH and the contractor; with final approval being by DHH.

Estimated Payment FY 07:	\$1,012,436.00
Estimated Payment FY 08:	\$ 809,949.00

The total estimated cost for first 18 months (existing services and implementation of new system):	\$ 1,822,385.00
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The estimated annual cost is broken out into the following estimated service task totals as follows with a percentage of the cost broken down by specific population:

	REGISTRY	PRIOR AUTHORIZATION	STATISTICAL ANALYSES	TECH SUPPORT	NFP/EPSDT PROGRAMMATIC SUPPORT	SOFTWARE DEVELOPMENT
TARGET POPULATION NOW	\$ 170,956	\$ 472,536	\$ 83,508	\$ 73,944	\$ 73,943	\$ 340,036
CC	30.00%	34.19%	14.77%	16.67%	0.00%	17.59%
EPSDT	7.40%	10.16%	9.84%	16.67%	0.00%	16.37%
Supports Waiver	6.99%	6.09%	14.90%	8.33%	60.00%	10.86%
EDA	10.54%	8.29%	10.36%	16.67%	0.00%	16.50%
ADHC	42.66%	23.13%	9.71%	16.67%	0.00%	16.71%
NFP	2.41%	5.14%	4.84%	0.00%	0.00%	5.43%
HIV	0.00%	5.92%	20.83%	8.33%	40.00%	5.54%
ITSN	0.00%	2.74%	2.85%	8.33%	0.00%	5.47%
	0.00%	4.34%	11.89%	8.33%	0.00%	5.52%

The estimated annual cost and cost by specific population are valid if the growth in all target populations does not exceed the cumulative expected target population size based on the number of current participants plus the estimated new slots (both as listed in Appendix C of the RFP) by 5%. In the case of the OCDD Supports Waiver, the annual target population growth is presumed to be zero (0). If, during any contract year, the actual total number of participants exceeds the expected cumulative number of participants by 5% in any target population, the contract will be amended to cover the increased cost of the services provided by SRI. The percentage of cost broken down by specific population will be recomputed based on the amended cost.

The charge for any programming changes to the current data systems during the 18 month development period of the Web-based application, to be performed under a work order, is \$53.40 per hour.

Estimated Payment FY 08:	\$ 373,312.00
Estimated Payment FY 09:	\$1,169,569.00
Estimated Payment FY 10:	\$1,299,920.00
Estimated Payment FY 11:	\$1,571,289.00
Estimated Payment FY 12:	\$ 253,504.00

The total estimated cost for months 19 through 60 (new system): **\$4,667,594.00**

The estimated annual cost is broken out into the following estimated service task totals as follows with a percentage of the cost broken down by specific population:

	REGISTRY	PRIOR AUTHORIZATION	STATISTICAL ANALYSES	USER SUPPORT	NFP/EPSDT PROGRAMMATIC SUPPORT	TECHNICAL SUPPORT / REPORT ENHANCEMENTS / TRANSITION
% BEGINNING 2/1/10						
TARGET POPULATION NOW	\$17,857.54	\$56,248.55	\$7,539.12	\$18,832.93	\$6,427.25	\$13,187.91
CC	42.31%	42.56%	23.56%	22.36%	0.00%	21.68%
EPSDT	6.10%	7.39%	9.17%	13.06%	0.00%	11.79%
Supports Waiver	5.76%	4.43%	13.89%	6.53%	60.00%	7.82%
EDA	8.69%	6.03%	9.65%	13.06%	0.00%	11.88%
ADHC	35.15%	16.82%	9.05%	13.06%	0.00%	12.03%
NFP	1.99%	3.74%	4.51%	0.00%	0.00%	3.91%
HIV	0.00%	4.31%	19.41%	6.53%	40.00%	3.99%
LT-PCS	0.00%	1.99%	2.66%	6.53%	0.00%	3.94%
MFP	0.00%	8.00%	4.31%	12.80%	0.00%	19.03%
ROW	0.00%	4.74%	3.79%	6.07%	0.00%	3.94%
ITSN	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

The estimated annual cost and cost by specific population are valid if the growth in all target

populations does not exceed the cumulative expected target population size based on the number of current participants plus the estimated new slots (both as listed in Appendix C of the RFP) by 5%. In the case of the OCDD Supports Waiver, the annual target population growth is presumed to be zero (0). If, during any contract year, the actual total number of participants exceeds the expected cumulative number of participants by 5% in any target population, the contract will be amended to cover the increased cost of the services provided by SRI. The percentage of cost broken down by specific population will be recomputed based on the amended cost.

The charge for additional enhancements to the Web-based application during months 19 through 60 of the project which are not covered by either the proposed programmer's time or elsewhere in the RFP, will be billed at the rate of \$53.40 per hour

Note: Maximum amount of contract is not to exceed