

AMENDMENT TO
AGREEMENT BETWEEN STATE OF LOUISIANA
LOUISIANA DEPARTMENT OF HEALTH

Amendment # 1

LAGOV# 2000226403

LDH # 61305

(Regional) Program
Facility

Office of Aging and Adult Services

Original Contract Amount \$25,252,239.00

Original Contract Begin Date 01-02-2017

Original Contract End Date 01-01-2020

RFP Number: 320 PUR-DHHRFP-AC6

AND

CONDUENT STATE HEALTHCARE, LLC

Contractor Name

AMENDMENT PROVISIONS

Change Contract From: From Maximum Amount: \$25,252,239.00 Current Contract Term: 1/2/17-1/1/20

Block 13 - FY17 \$4,208,706.50 FY18 \$8,417,413 FY19 \$8,417,413 FY20 \$4,208,706.50 as approved
Block 14 - Terms of Payment; Administrative costs paid monthly; \$436,935.11
Exhibit 3: Board Resolution as approved

Change Contract To: To Maximum Amount: \$25,252,239.00 Changed Contract Term:

Block 13 - FY17 \$3,878,706.50 (reduced) FY18 \$8,417,413 FY19 \$8,567,413 (increase) FY20 \$4,388,706.50 (increase)
Block 14 - Terms of Payment; Administrative costs paid monthly; \$466,935.11 monthly effective 2/1/19
Exhibit 3: Certificate of Assistant Secretary
Exhibit 4: EO-JBE 18-15

Justifications for amendment:

Due to the Department's initiative to reduce the wait list for OAAS waiver services, an increase in amount payable in the Administrative Fee category is needed. The contract amount has not changed. Budget that was not expended in prior fiscal year was shifted to FY19 and FY20. Contractor is complying with a new initiative requiring mail outs to 4,700 individuals; an average of 2,000 additional calls per month; an average increase of 1,000 phone-based screenings per month; and extended staffing and call center hours to accomplish additional workload.


This Amendment Becomes Effective: 02-01-2019

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

CONDUENT STATE HEALTHCARE, LLC

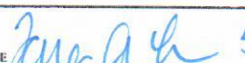
 May 7, 2019
CONTRACTOR SIGNATURE DATE

PRINT NAME Donna Migoni

CONTRACTOR TITLE Vice President

STATE OF LOUISIANA
LOUISIANA DEPARTMENT OF HEALTH

Secretary, Louisiana Department of Health or Designee

 5/8/19
SIGNATURE DATE

NAME Tara A. LeBlanc

TITLE Assistant Secretary

OFFICE Office of Aging and Adult Services

 5/8/19
PROGRAM SIGNATURE DATE

NAME Jenny Borders