

**STATE OF LOUISIANA
DIVISION OF ADMINISTRATION
BA-22 (Revised 10/2005)**

Date: 5/8/2019 Dept/Budget Unit/Program #: 09/305/200
 Dept/Agency/Program Name: LDH/MVA/FMO OCR/CFMS Contract #: 2000226403
 Agency/Program BA-22 #: 83 Agency/Program Contract #: 305/2000226403

Fiscal Year for this BA-22: 2018-19 BA-22 Start/End Dates: 02/01/19 06/30/19
 (yyyy-yy) (Start Date) (End Date)

Multi-year Contract (Yes/No): Yes If "Yes", provide contract dates:
01/02/17 01/01/20
 (Start Date) (End Date)

Conduent (Xerox) 310077976
 (Contractor/Vendor Name) (Contractor/Vendor No.)

(Provide a statement of "Services Provided")
 Contractor will provide information and referral and access to key LTSS programs.

Contract Amendment (Yes/No): Yes Amendment Start/End Dates: 02/01/19 01/01/20
 (Start Date) (End Date)

Contract Cancellation (Yes/No): _____ Date of Cancellation: _____

(Provide rationale for amendment or cancellation)
 Amendment 1 to increase FY19 by 150,000 and FY20 by 180,000 due to increased workload in order to reduce waiver waitlist.

This information is to be provided at the Agency/Program Level				
MEANS OF FINANCING	AMOUNT			
	Current Year	%	Total Contract	%
State General Fund	\$ 75,000.00	50%	\$ 12,626,119.50	50%
Interagency Transfers	\$ -	0%	\$ -	0%
Fees and Self Gen.	\$ -	0%	\$ -	0%
Statutory Dedication	\$ -	0%	\$ -	0%
Federal	\$ 75,000.00	50%	\$ 12,626,119.50	50%
TOTALS	\$ 150,000.00	100%	\$ 25,252,239.00	100%

*Specify Source (i.e., grant name, fund name, IAT sending agency and revenue source, fee type and source, etc.)
 Are revenue collections for funds utilized above in line with budgeted amounts? (Yes/No) Yes
 If not, explain. N/A

This information is to be provided at the Agency/Program Level	
Name of Object Code/Category:	<u>Other Proessional Services/Professional Services</u>
Object Code/Category Number:	<u>3460/60</u>
Amount Budgeted:	<u>\$ 155,388,525.00</u>
Amount Previously Obligated:	<u>\$ 131,588,499.95</u>
Amount this BA-22:	<u>\$ 150,000.00</u>
Balance:	<u>\$ 23,650,025.05</u>

The approval of the aforementioned contract will not cause this agency/program to be placed in an Object Category deficit.

Agy/Prg Contact: Christie McCollough Reviewed/Approved By: DeEdra Lamotte
 Name: Christie McCollough Name: DeEdra Lamotte
 Title: Medicaid Program Monitor Title: Medicaid Program Manager 2
 Phone: (225) 219-1318 Phone: (225) 342-6034

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AGENCY	PROGRAM	ACTIVITY	ORGANIZ.	OBJECT	REPT CAT	AMOUNT
305	200	FY19 - A	7200	3460	2048	\$ 150,000.00
305	200	FY19	7200	3460	2048	\$ 8,417,413.00
305	200	FY20	7200	3460	2408	\$ 4,388,706.50
305	200	FY17	7200	3460	2048	\$ 3,878,706.50
305	200	FY18	7200	3460	2048	\$ 8,417,413.00