

**STATE OF LOUISIANA
DIVISION OF ADMINISTRATION**

Date: 11/9/2016 Dept/Budget Unit/Program #: 09-305 / Prg 200
 Dept/Agency/Program Name: LDH / Medical Vendor Administration / MVA OCR/CFMS Contract #: _____
 Agency/Program BA-22 #: 28 LAGOV PO# 2000226403

Fiscal Year for this BA-22: 2016-2017 BA-22 Start/End Dates: 01/02/17 06/30/17
(yyyy-yy) (Start Date) (End Date)

Multi-year Contract (Yes/No): Yes If "Yes", provide contract dates:
1/2/2017 12/01/19
(Start Date) (End Date)

Xerox State Healthcare LLC 310077976
(Contractor/Vendor Name) (Contractor/Vendor No.)

The contractor will provide information and referral and access to key LTSS programs. They will ensure access to services including freedom of choice of providers. Their services will include but are not limited to maintaining a call center, conducting a Louisiana Level of Care Evaluation Tool (by telephone screening of applicants) requesting Medicaid LTSS services including those requesting admission to Louisiana nursing facilities; providing face-to-face assessments, re-assessments using the MDS-HC; providing person centered care planning; providing participant monitoring and ensuring that provider services are being provided consistently and with dignity as indicated on the plan of care.

Contract Amendment (Yes/No): No Amendment Start/End Dates: _____
(Start Date) (End Date)
 Contract Cancellation (Yes/No): No Date of Cancellation: _____

(Provide rationale for amendment or cancellation)

This information is to be provided at the Agency/Program Level				
MEANS OF FINANCING	AMOUNT			
	Current Year	%	Total Contract	%
State General Fund	\$2,104,353.25	50.00%	\$12,626,119.50	50%
Interagency Transfers	\$0.00	0.00%	\$0.00	0%
Fees and Self Gen.	\$0.00	0.00%	\$0.00	0%
Statutory Dedication	\$0.00	0.00%	\$0.00	0%
Federal	\$2,104,353.25	50.00%	\$12,626,119.50	50%
TOTALS	\$4,208,706.50	100.00%	\$25,252,239.00	100.00%

*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. _____

This information is to be provided at the Agency/Program Level	
Name of Object Code/Category:	<u>Professional Services - Other Professional Services</u>
Object Code/Category Number:	<u>3460</u>
Amount Budgeted:	<u>\$156,879,244</u>
Amount Previously Obligated:	<u>\$ 22,596,615.44</u>
Amount this BA-22:	<u>\$4,208,707</u>
Balance:	<u>\$134,282,629</u>

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

Agy/Prg Contact: Rebecca Harris Reviewed/Approved By: Lana Goldsmith
 Name: Rebecca Harris Name: Lana Goldsmith
 Title: Medicaid Program Manager Title: Medicaid Program Manager 4
 Phone: 225-342-8454 Phone: 225-342-4312

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AGENCY	PROGRAM	ACTIVITY	ORGANIZ.	OBJECT	REPT CAT	AMOUNT
305	200	FY17	7200	3460	2048	\$ 4,208,706.50
305	200	FY18	7200	3460	2048	\$ 8,417,413.00
305	200	FY19	7200	3460	2048	\$ 8,417,413.00
305	200	FY20	7200	3460	2048	\$ 4,208,706.50