STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: Beacon Health Options, Inc.

Contractor Address: 240 Corporate Boulevard, Suite 100, Norfolk, VA .23502

Contract Number: 11DSS1206AL / 999VOI-BHP-01

Amendment Number: **A6**

Amount as Amended: **$127,292,940.00**

Contract Term as Amended: 1/1/2011 - 12/31/2017

The contract between Beacon Health Options, Inc. (the Contractor) and the Department of Social Services (the Department), which was last executed by the parties and approved by the Office of the Attorney General on 1/08/2016, is hereby further amended as follows:

Part I, Section BB., labeled BUDGET AND PAYMENT PROVISION, Subsection BB.3 in the original contract and Section 28 on page 8 of Amendment #5 is hereby amended as follows:

BB.3.1.7 for the period January 1, 2016-December 31, 2016, $18,642,197

BB.3.1.8 for the period January 1, 2017-December 31, 2017, $17,433,669

Section 28, on page 8 of Amendment #5 shall be deleted and replaced by the following

The following payment information is appended to the table on page 8 of Amendment 5. Invoices for these amounts do not include the negotiated withhold of 6.0% for calendar years 2016 and 5.0% for 2017.

On or after this date the Contractor shall request a payment:	The maximum payment request shall be:	The payment request shall be for the operation of the program through the period:	Payments are contingent upon the DEPARTMENT'S receipt and approval of financial reports due on or before:
January 1, 2016	$4,628,152.	January 1, 2016-March 31, 2016	N/A
April 1, 2016	$4,628,152.	April 1, 2016-June 30, 2016	N/A *2015 quarter 4 is due 5/31/16
July 1, 2016	$4,396,744.	July 1, 2016-September 30, 2016	45 days after the close of the first quarter

October 1,2016	$3,933,9[illegible].	October 1, 2016-December [illegible], 2016	45 days after the close of second quarter
January 1, 2017	$4,269,470.	January 1, 2017-March 31, 2017	45 days after the close of the third quarter
April 1, 2017	$4,269,470.	April 1, 2017-June 30, 2017	N/A *2016 quarter 4 is due 5/31/17
July 1, 2017	$4,032,277.	July 1, 2017-September 30, 2017	45 days after the close of the first quarter
October 15, 2017	$4,032,277	October 1, 2017-December 31, 2017	45 days after the close of the second quarter

2. Section 29, on page 9 of Amendment #5 is hereby amended as follow:

BB.3.10 The 6.0% withhold in calendar year 2016 and 5.0% withhold in calendar year 2017 shall be paid to the Contractor, in whole or in part, at the end of each contract year contingent upon the Contractor's success in meeting established Performance Targets as set forth in Exhibit A. Failure to achieve a target associated with any of the percentage points, shall be applied against the 6.0% withhold in 2016 and 5.0% withhold in 2017.

3. Section BB2, subsection BB.3.13- Contractor Reimbursement on page 143 in the original contract shall be revised to read as follows:

BB. 3.13 When the Department's review of any financial report final reconciliation or on-site examination of the Contractor's financial records indicate that under/over expenditure or under/over utilization of contract funds has or is likely to occur by the end of the two year period January 2016-December 2017, the Departments may, with advance notice to and in consultation with the Contractor, demand the return to the Departments, in full any unexpended funds; alter the payment schedule for the balance of the contract period; direct the Contractor to reinvest the under expended funds in the program so long as the reinvestment tasks are within the agreed to scope of work or authorize that the unexpended funds be carried over and used as part of a new contract period if a similar contract is executed. Quarterly Department payments are limited to the amounts agreed upon in schedule BB. 3.9. Any reported over expenditure in 2016 can be reconciled through underspending in the subsequent year (2017) by the Contractor.

4. Exhibit A in Amendment #3 shall be deleted in its' entirety and replaced with the following:

2016 & 2017 Performance Targets

Performance Target #1: Connecticut NGA Project (Total value = 2% in 2016; 1.5% in 2017)

Performance Target: National Governors Association- High Cost/High Need Medicaid Members

A. Establish impactful target population using the specifications agreed to by the state agency partners as part of the NGA Project. (Section A = 1% in 2016)

See the flowchart on page 2 that displays the methodology for identifying the target and comparison cohorts for this project.

1. Establish a final Behavioral Health (BH) target population for adults and children by August 19, 2016 (children may be a different date).

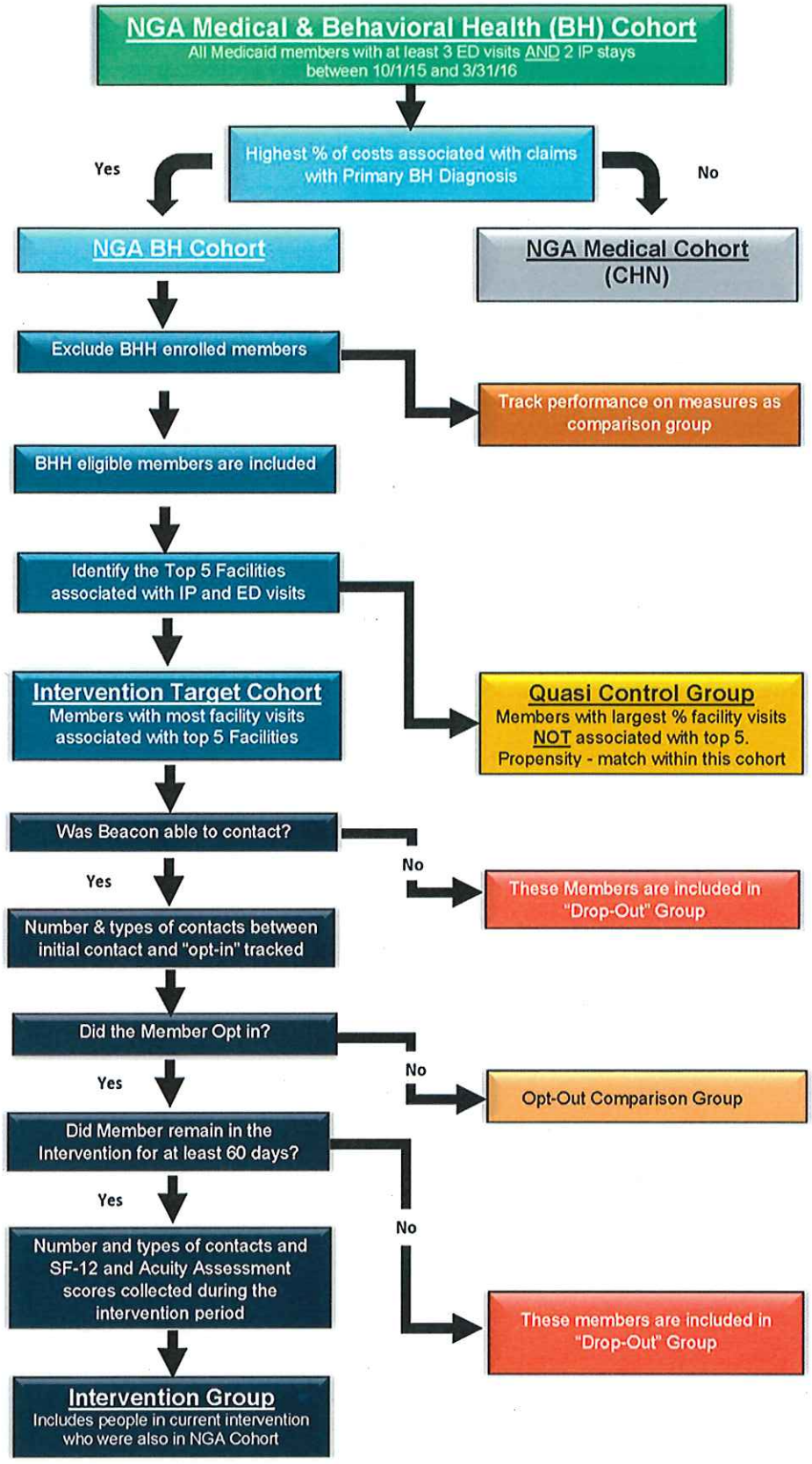
2. By August 25, 2016, identify those members who are already receiving ICM/Peer services from Beacon as well as those who are Behavioral Health Home (BHH) enrolled. Members of current Beacon Inpatient & ED interventions that also meet the eligibility criteria for the NGA project will be included in the NGA BH target cohort and receive or continue to receive the intervention if they are identified using the specifications agreed to as part of the NGA Project. Beacon will track them based on length of time in the intervention etc. as mutually agreed upon. Members who are BHH enrolled will not be included in the NGA BH intervention cohort or in the propensity matched comparison cohort; however, Beacon will track those BHH members who were identified as part of the NGA BH population for purposes of comparison.

3. Identify the co-morbid medical conditions and percentage of dollars spent during the baseline identification period on treatment for those medical diagnoses for both the target NGA BH intervention and the non-intervention cohort. This information will be used to assess the impactability of individuals in the target cohort, to inform the intervention and for propensity matching.

4. In collaboration with State Partners, identify any existing measures of impactability that can be implemented by the time that the intervention begins in order to identify those members in the cohort with better opportunities for intervention success.

5. By August 30, 2016, determine where the final target population is seeking care by facility; identify the 5 highest volume facilities where NGA BH cohort members have been receiving BH facility and ED services. These facilities will not be limited to hospitals and may include freestanding detoxification facilities.

6. Once the facilities are identified, the RNMs will arrange a meeting between the State Partners, Beacon staff and the identified facilities to convey the importance of the NGA Project and to gain their commitment to the program.


NGA Medical & Behavioral Health (BH) Cohort
All Medicaid members with at least 3 ED visits AND 2 IP stays between 10/1/15 and 3/31/16
Highest % of costs associated with claims with Primary BH Diagnosis
Yes
No
NGA BH Cohort
NGA Medical Cohort (CHN)
Exclude BHH enrolled members
Track performance on measures as comparison group
BHH eligible members are included
Identify the Top 5 Facilities associated with IP and ED visits
Intervention Target Cohort
Members with most facility visits associated with top 5 Facilities
Quasi Control Group
Members with largest % facility visits NOT associated with top 5.
Propensity - match within this cohort
Was Beacon able to contact?
No
These Members are included in "Drop-Out" Group
Yes
Number & types of contacts between initial contact and "opt-in" tracked
Did the Member Opt in?
No
Opt-Out Comparison Group
Yes
Did Member remain in the Intervention for at least 60 days?
No
These members are included in "Drop-Out" Group
Yes
Number and types of contacts and SF-12 and Acuity Assessment scores collected during the intervention period
Intervention Group
Includes people in current intervention who were also in NGA Cohort

B. Intervention: Section B = 1% in 2016; 0.5% in 2017

1. Initiate Adult ICM/Peer Community Care Coordination (CCC) (defined as non-hospital-based intervention) and Transitional Care Management (defined as face to face assistance with members for the purpose of hospital disposition planning) intervention services for NGA target population by week of October 3, 2016; outreach, engagement and community care coordination and ongoing intervention strategies for members at various (types of) locations will be part of the implementation and ongoing intervention strategy.
2. By February 1, 2017, Beacon will provide to State Departments a written status report on the intervention as of December 31, 2016 including but not limited to detailing of the membership of the groups as outlined in the flow diagram on Page 2.
3. On a quarterly basis, once the intervention begins, Beacon will provide updates at Core Executive meetings. These updates will include implementation status, progress of the program, numbers being served, count of members who opted out of the intervention, as well as any challenges and any other important information Beacon needs to share.

C. Evaluation and Reporting: Sections C, D, E & F = 0.25% each in 2017

1. The measures below will be used to evaluate the effectiveness of the intervention by comparing the pre- and post-performance of the NGA BH Intervention cohort with the propensity matched quasi-control group. Performance of the Medicaid population in general on these measures will also be calculated.
2. Beacon will run baseline data on the NGA BH Intervention cohort and the propensity matched quasi-control group cohort comparison population(s) for the 6 month period prior to the intervention start date. The intervention start date will be member-specific.
3. The number and types of contacts with NGA cohort members will be tracked both during the time between the initial contact and the date of opting in to closure of the case or end of the intervention period whichever comes first. The timeframe of the Post-intervention data will also be member specific and be based on members having completed at least two months of the intervention, and a minimum of two client contacts. During the period of time in the intervention, members will have periodic SF12 and acuity assessments. In addition, pertinent data regarding number and type/quantity of contacts (touches) with the member during the intervention period will also be collected and reported. This will inform analyses of how dosage, specifically length and frequency, and if possible, something about quality of intervention, influence outcome. Measures will again be collected at 4 months, and 6 months for those members who remain in the intervention for longer periods of time in order to assess the impact of the length of the intervention.
4. The number of members who will be eligible for the assessment of the intervention will be limited by the need to build in a claims lag timeframe of at least 4 months and to allow for delivery of the final report by December 31, 2017.
5. The comparison groups displayed in the workflow above will be compared on the measures below:

    a. Demographics including gender, age, and race/ethnicity
    b. Diagnoses
    c. Rate of ED visits (per 1,000 members) for the NGA Opt-In Cohort and the Quasi-control group. This data will be also displayed and stratified by CCS diagnostic category, age, gender, race/ethnicity
    d. Rate of ED Re-admission, 7 and 30 days, (per 1,000 members) for the NGA Opt-In Cohort and the Quasi-control group.
    e. Rate of Hospital Admission (per 1,000 members) for the NGA Opt-In Cohort and the Quasi-control-group.

f. Report the Rate of Hospital Re-admission, 7 and 30 days, (per 1,000 members)

g. Develop and report the behavioral health inpatient re-admission rate, within 7 and 30 days to another BH IP or to a medical IP bed

h. Report Rate of residential detox admission (per 1,000 members)

i. Report Rate of residential detox re-admission, 7 and 30 days, (per 1,000 members)

j. Report Rate of connect to care to a lower level of care, 7 and 30 days (per 1,000 members) for the NGA Opt-In Cohort and the Quasi-control group.

D. Costs

Beacon will collaborate with the State Partners to define the populations and timeframes for the measures below and will report the following information:

1. Total cost of care for the NGA Opt In target population compared to the quasi control group by year
2. Total inpatient hospital costs by year (target vs. control)
3. Semi-annual per member per month cost (target, control, Medicaid pop.)

E. Based on a review of the Beacon Acuity Assessment tool identify and report on some mutually agreed upon quality of life measures that were part of the intervention including social determinants of health provided to the target cohort.

F. Final comprehensive NGA Report with executive summary due to State Partners no later than December 31, 2017.

Performance Target #2: Inpatient Hospitalization and ED Utilization (Total value = 1% in 2016; 0.5% in 2017).

A. Reporting and Analysis (Section A = 0.5% in 2016; 0.25% in 2017)

1. Summary of BH Inpatient and ED Findings
   a. For both the youth and adult Medicaid population, describe the significant findings of the Inpatient Performance Targets over the past three years (2013-2015) and ED Performance Targets in a document that tells the story of the use of inpatient and ED services for behavioral health.
   b. The goal is that the document for youth be no longer than 20 pages and for adults, no longer than 30 pages, including the recommendations for any further analyses and interventions with either of the populations.
   c. A one to two page Executive Summary will also be completed for each of the documents.
   d. The youth document will be completed and submitted no later than September 1, 2016 and the adult document no later than December 15, 2016.
   e. Activities regarding any further analyses or interventions will be determined in collaboration with the State Partners based on the findings and recommendations of the summary documents or issues that have arisen in the interim.

2. Continue Provider Profiling to include CY 2015 and then CY 2016 (inpatient)
   a. Implement standardized provider report cards as established in CY 2015 for each psychiatric hospital provider that display inpatient outcomes listed in 1-5 below including options for an individual provider view and trends across-time. Inpatient services include hospital-based psychiatric, inpatient detox, and freestanding detox. The Contractor will build a set of tables, similar to those constructed for the 2015 Population Analysis that allows the Departments, Contractor and providers to assess inpatient performance on each of the 5 measures below by multiple, factors such as race/ethnicity, gender, DCF involvement, and housing status. An individual profile that contains the 5 measures will be completed for each adult and child provider. The profiles will be completed for adult and child inpatient providers separately. Include trended data from CY 2014 and CY 2015 year over year.
   The proposed tables will require the integration of claims and DMHAS data.
      1. Admission from ED rate (% of members with BH ED visit who were admitted to an inpatient stay as a result of the ED visit).
      2. Readmission rates at 7 and 30 days
      3. Observation bed admissions (with a BH diagnoses in any position on a claim).
      4. Inpatient Average Length of Stay (ALOS)
      5. Connection to care at 7 and 30 days

   b. Beacon will present the draft Prototype of Provider Report Card to State Departments at a Core Executive Meeting prior to production for final approval.

   c. Continue to develop and implement protocol(s) for addressing outlier hospitals.

3. Continue to partner with the Connecticut Hospital Association and present ED data from our ongoing ED PT to the hospital ED staff at least once annually by March 31, 2017. Data will include measures established in prior PTs, such as:
   a. ED Connect to Care (C2C)
   b. ED Readmit
   c. BH ED Frequent Visitor % rate (Adult and Youth)

4. Continue monthly delivery of BH ED FV reports (including data on NGA cohort) to:
    a. All State Departments (Adults & Youth)
    b. Adult EDs

    * Definition of ED frequent visitor (FV) – adults 7+ ED visits in six months
    Youth – 4 ED visits in six months

B. Ongoing involvement with providers (Section B = 0.5% in 2016; 0.25% in 2017)
    1. Beacon will attend as needed and provide support at CCTs throughout the state as mutually agreed upon with the State Partners. If needed, the RNMs and/or clinical liaisons will assist with developing CCT transition plans with the hospitals.
    2. ICMs will attend CCT meeting when members they are working with as part of the NGA intervention are being addressed.
    3. As a follow up to the CHA forum held in January of 2016, Beacon will collaborate with the hospitals on a regional basis to identify the needs of children and youth who are frequent visitors to hospital EDs and to strategize alternatives to the ED, when appropriate.
        a. Regional meetings should include hospitals, community-based providers and other stakeholders in order to address need for and develop strategies for greater communication and collaboration.
        b. Statewide meeting on an annual basis to provide updates on progress of regional meetings and share data to support system-based changes.
    4. RNMs will meet with individual acute care hospitals and free-standing detoxes in their regions in order to share individualized findings with providers.

Performance Target #3: MAT Umbrella, Target Population: Lifespan (Total value = 2.5% total in 2016; 1.5% in 2017)

Dealing with Connecticut's Prescription Drug and Heroin Overdose Health Crisis requires more than just treatment providers, peer support, community recovery organizations and social agencies. It requires a coordinated and responsive treatment and recovery system that includes a continuum of care which is community-based including increased opportunities for medication assisted treatment. We are defining the MAT Network as providers who are included in our MAT Locator Tableau Map, which includes CMAP providers who attest that they are accepting referrals to dispense Methadone, Buprenorphine, or Vivitrol, or provide supportive collateral psychotherapy.

A. Phase One: Establish processes and develop educational materials to expand the MAT Network and related continuum of care (Section A = 1% in 2016; 0.5% in 2017)

1. Expansion of current CMAP state Medicaid MAT network-
    a. Post on website ongoing opportunities for physicians to participate in Buprenorphine Waiver Program training statewide
    b. Expand and support the ongoing development of a Connecticut specific carve- out of Providers' Clinical Support System for Medication Assisted Treatment (PCSS-MAT) mentoring program funded by SAMHSA.
    c. Further develop MAT System of Care
    d. Beacon will recruit new Medicaid Buprenorphine and Vivitrol prescribers and/or assist current Medicaid providers to become Buprenorphine and Vivitrol prescribers by December 1, 2017 as follows:
    For DMHAS regions 1, 2 & 4 there will be an increase by 5 prescribers in each region; and
    For DMHAS regions 3 & 5 there will be an increase of 3 prescribers in each region.
    Beacon's network expansion excludes DMHAS LMHA prescribers (both state operated and non-profit).
2. Establish and maintain a comprehensive Substance Use Disorder (SUD) Workgroup to include state partner representatives and other SUD partners i.e. Advanced Behavioral Health (ABH) and Medical ASO to assist in the implementation of this Performance Target.
3. Develop a MAT Provider Focus Group to gather community issues and develop communication strategies and ongoing support to enhance Provider Network
    - Identify Spring and Fall Community Meetings topics that align with MAT initiative (Topics to be approved at SUD Workgroup i.e. Narcan)
4. Utilize 50% of Annual Provider Meeting Series for CYs 2016 & 2017 to present on different MAT topics
    - Topics to be approved at SUD Workgroup
5. Align appropriate subcontracts and partnerships
    a. Align Journey Home subcontract with MAT members to provide housing assistance
    b. Educate MAT providers about Medication Assisted Recovery (MAR), utilizing training curriculum developed by CCAR
    c. Partner with ABH to coordinate any MAT activities in the Residential Rehab level of care
    d. Partner with DMHAS MAT experts to provide education about MAT activities to providers
6. Develop and distribute Provider Tool Kit
7. Develop and distribute Member Tool Kit
8. Align CHN pain management with associated MAT activities
9. Provide educational training and materials specific to MAT to CHN staff
10. Develop and distribute MAT materials specifically for the ED staff and clients

11. Develop and maintain MAT page on CTBHP website
    a. Develop and maintain/update Locator Map specific to MAT providers in Tableau
    b. Include all educational materials and trainings
    c. Include state partners MAT information and resources as approved by SUD Workgroup

B. Phase Two: Expand the MAT Network and related continuum of care (Section B = 0.25% in 2016; 0.5% in 2017)

1. As part of the NGA intervention, ICM/Peer teams will increase the participation in MAT by active members as clinically appropriate.
2. Improve connect to care between MAT providers Residential Rehab, Free Standing Detox Facilities for improved discharge planning and disposition
3. Identify at least one I/P Medical Detox Unit who will utilize "Hospital Free Shot Program" and offer educational materials
4. Collaborate with CCAR to offer "Medication Assisted Recovery" curriculum as a provider workshop in addition to requests from other SUD treatment programs (IOP, Residential Rehab, O/P Providers and Group Practices)
5. Re-establish PCP Advisory Council as a learning collaborative forum for MAT

C. Reporting and Analysis related to MAT and the opioid crisis (Section C = 0.25% in 2016; 0.5% in 2017)

1. Establish CMS Measure "Use of Opioids at High Dosage in Persons Without Cancer", that calculates the proportion of individuals without cancer who are receiving very high dosages of opioids for an extended period of time, to help identify members at greater risk of death from drug overdoses.
2. Continue to include measures and indicators in the annual Population Profiles related to substance use disorder diagnoses and use of medications such as Buprenorphine, and track trends across time and for sub-populations of interest.

2016 Performance Target #4: Emerging Adults: Transition from the Child to the Adult Service System (Total value = 1% in 2016 and 1% in 2017)

From the beginning of the CT Behavioral Health Partnership, there have been efforts to identify and assist youth who were transitioning from the Child to the Adult Behavioral Health (BH) Service System. The earliest efforts were in relation to reports developed to assist DCF Transition staff in identifying those DCF-Involved youth[1] who would potentially be eligible for priority transition to DMHAS services when they aged out of eligibility for DCF services. The report, which has been enhanced several times since 2006, identifies those DCF-Involved youth, ages 15-21, who, in the previous 12 months, received Inpatient, Residential or Group Home, or Intermediate types of BH services and had at least one of several Mental Health Diagnoses.

The BH services and diagnoses that are the basis for the report meet the DMHAS referral criteria for evaluation for the Young Adult Services (YAS) programs. The youth who meet those criteria appear on the list once when they first meet the criteria. The current list contains no further information to assist the DCF Transition staff in identifying changes in the youth's clinical presentation or service utilization that might be of assistance in determining on going levels of risk or need. Any additional clinical information needed to inform decisions regarding future planning is provided exclusively through review of clinical documentation within the DCF area offices.

Year One (2016)

A. The first goal of this Performance Target is to work collaboratively with DCF and DMHAS to establish improved identification of this vulnerable population. Work collaboratively with DCF and DMHAS to assess and consider revisions in the existing report so that it is meaningfully identifying high risk/high need DCF youth who are appropriate for the YAS programs.
    1. Clarify whether the current report identifies High Need/High Risk Youth eligible for the YAS program by reviewing which and how many of the youth who have appeared on the report (timeframe TBD) were accepted by YAS and participated in the YAS program.
        a. Obtain list of youth from DCF that identifies those that were accepted, denied, screened out, accepted and refused, or withdrawn.
        b. Obtain list from YAS of those that were accepted and participated.
            i. Clarify whether DMHAS services data can be used to identify this Information
        c. Exclude youth with an Intellectual and Developmental Disability (IDD) diagnosis
    2. Identify those who were accepted and participated, those who were accepted and refused and those who were not accepted during the identified timeframe.

    3. Among those who did not participate or were not accepted:
        a. Determine how many remained Medicaid eligible after turning 18 and how many remain eligible currently

[1] Note: "DCF-involvement" includes any youth under eighteen who is involved with the Department of Children and Families through any of its mandates. This includes youth committed to DCF through child welfare or juvenile justice, and those dually committed. It also includes youth for whom the Department has no legal authority, but for whom DCF provides assistance through its Voluntary Services, Family with Service Needs and In-Home Child Welfare programs.

b. Identify any additional interventions or Case Management Services they received such as ICM/Peer, Beacon ICM/CHN Co-Management, ED Frequent Visitor intervention, BHH eligible and BHH enrollment, LMHA services, ASD services, or ABH interventions
c. Identify whether they appeared on the Adult or Youth ED Frequent Visitor lists or the NGA Cohort list

B. The second goal of the performance target is to expand the scope of the identification of high risk/high need emerging adults, beyond the subset that meet the criteria for the YAS programs, to include DCF-Involved and non-DCF-Involved emerging adults. Using the 2016 National Governor's Association (NGA) High Need, High Cost Project Emerging Adult list (ages 18 to 26) based on individuals who, between October 1, 2015 and March 31, 2016 had at least 2 inpatient stays AND 3 ED visits and had their highest costs associated with a BH diagnosis:
   1. Identify those emerging adults on the NGA list who received any additional interventions or Case Management Services such as ICM/Peer services, Beacon ICM/CHN co-management services, ED Frequent Visitor intervention, Inpatient Medical Detox intervention, BHH eligible, BHH enrollment, LMHA services, ASD services, or ABH interventions
   2. Identify whether they appeared on the Adult or Youth ED Frequent Visitor lists at any time between 2014 and the present.
   3. Conduct an analysis of this population to identify possible sub-groups that might benefit from interventions to facilitate the transition from the child to the adult service system that are targeted to their needs.

Year Two (2017):

C. The third goal of the performance target is to design (using evidenced-based practices where applicable) interventions to improve the transition process from the child to the adult service system.
   1. Based on the findings of the analysis, develop interventions to improve handoff/connection to ongoing services within the adult service system that take into consideration level of need
   2. Develop evaluation methodology to determine efficacy of model design and outcome

Performance Target #5: Discharge Delay (Total value = 0.5% in 2016; 0.5% in 2017,
Maintaining the Reduction of Discharge Delay for Children and Adolescents Receiving Inpatient Behavioral Health Treatment
Total Value of Performance Target: 0.5% due no later than 4/30/17 for CY 2016 and 12/31/17 for CY 2017
(Measurement Period: 1/1/17-11/30/17)

1. Over the next two calendar years, the Contractor will maintain discharge delay days, at 10% or less of total inpatient days each year. Specifically, "Percent of Inpatient Days in Delay Status for All Members", as reported on the 10B Part 7 report (All Members, IPF & IPM, and excluding Riverview) shall total no more than 10% in CY 2016 and CY 2017. Acute average length of stay shall increase by no more than 2% in CY 2016 and CY 2017 from a baseline of 11.48 days. The baseline represents the acute average length of stay for all child inpatient cases for CY 2014.
2. For the purposes of this project, acute average length of stay will be computed via the use of the Contractor's Discharge-based Acute/Discharge Delay Average Length of Stay utilization reports (#8066 and #8076).
    a. One hundred percent (100%) of the amount of the withhold shall be returned if the Contractor achieves a total of no more than 10% of inpatient discharge delay days in CY 2016 and CY 2017. Acute average length of stay shall increase by no more than 2% in CY 2016 and CY 2017 from a baseline of 11.48 days.
3. The State shall have discretion regarding the value of the with-hold awarded by taking other key environmental factors which impact discharge delay into consideration.
4. If the Department's resources dedicated and necessary to this performance target are impacted such that the Contractor is not able to successfully complete this performance target, and all requirements of this performance target under the control of the Contractor are successfully met as determined by the Departments, this performance target may be deemed by the Departments as having met the required target for full or partial return of the withhold.
5. If DCF or DDS experiences significant changes (i.e. Voluntary Service restrictions, reduced access to DCF funded services or constraints in access attributable to closure of State facilities, lack of access to GH 2 or a decrease in Flex Fund availability, changes in Department policy regarding level of care determinations etc.) that negatively impact total length of stay for the Discharge Delay population and all requirements of this performance target under the control of the Contractor are successfully met as determined by the Departments, this performance target may be deemed by the Departments as having met the required target for full return of the withhold.

If for any reason, the state is unable to provide the data necessary to complete the analyses and reports described above at the mutually agreed upon time, then the Contractor may be deemed by the Departments as having partially met the required target for return of 50% of the value of the withhold. In addition, the deliverable date(s) for those components of the Performance Target will be renegotiated and the timeframe(s) for payment of the remaining 50% of the withhold associated with those components will be revised. If the required data is not received with sufficient time to complete the deliverable, the full withhold will be paid to the contractor.
If the Departments' resources dedicated and necessary to this performance target are impacted such that the Contractor is not able to successfully complete this performance target, and all requirements of this performance target under the control of the Contractor are successfully met as determined by the Departments, the Contractor may be deemed by the Departments as having met the required target for full or partial return of the withhold.

All terms and conditions of the original Contract, and any subsequent amendments thereto, which were not modified by this Amendment remain in full force and effect.

SIGNATURES AND APPROVALS

11DSS1206AL/999VOI-BHP-01 A6

The Contractor IS a Business Associate under the Health Insurance Portability and Accountability Act of 1996 as amended.

CONTRACTOR

Beacon Health Options, Inc.

Daniel M. Risku, Executive Vice President & General Counsel — 1/31/2017
Date

DEPARTMENT OF SOCIAL SERVICES

RODERICK L. BREMBY, *Commissioner* — 2/2/17
Date

OFFICE OF THE ATTORNEY GENERAL

~~ASST.~~ / ASSOC. ATTORNEY GENERAL *(Approved as to form)* — 3/7/17
Date

Joseph Rubin

STATE OF CONNECTICUT

CERTIFICATION OF STATE AGENCY OFFICIAL OR EMPLOYEE AUTHORIZED TO EXECUTE CONTRACT

Certification to accompany a State contract, having a value of $50,000 or more, pursuant to Connecticut General Statutes §§ 4-250 and 4-252(b), and Governor Dannel P. Malloy's Executive Order 49.

INSTRUCTIONS:

Complete all sections of the form. Sign and date in the presence of a Commissioner of the Superior Court or Notary Public. Submit to the awarding State agency at the time of contract execution.

CERTIFICATION:

I, the undersigned State agency official or State employee, certify that (1) I am authorized to execute the attached contract on behalf of the State agency named below, and (2) the selection of the contractor named below was not the result of collusion, the giving of a gift or the promise of a gift, compensation, fraud or inappropriate influence from any person.

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

Beacon Health Options, Inc.
Contractor Name

Department of Social Services
Awarding State Agency

State Agency Official or Employee Signature

2/2/2017
Date

Roderick L. Bremby
Printed Name

Commissioner
Title

Sworn and subscribed before me on this 2 **day of** Febru, **20**17

Kathleen M. Brennan
Commissioner of the Superior Court or Notary Public

Juris No 307252
My Commission Expires

FORM C
07-08-2009

STATE OF CONNECTICUT

NONDISCRIMINATION CERTIFICATION – Affidavit

By Entity

For Contracts Valued at $50,000 or More

Documentation in the form of an affidavit signed under penalty of false statement by a chief executive officer, president, chairperson, member, or other corporate officer duly authorized to adopt corporate, company, or partnership policy that certifies the contractor complies with the nondiscrimination agreements and warranties under Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended

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INSTRUCTIONS:

For use by an entity (corporation, limited liability company, or partnership) when entering into any contract type with the State of Connecticut valued at $50,000 or more for any year of the contract. Complete all sections of the form. Sign form in the presence of a Commissioner of Superior Court or Notary Public. Submit to the awarding State agency prior to contract execution.

AFFIDAVIT:

I, the undersigned, am over the age of eighteen (18) and understand and appreciate the obligations of

an oath. I am General Counsel (Signatory's Title) of Beacon Health Options, Inc. (Name of Entity), an entity

duly formed and existing under the laws of Virginia (Name of State or Commonwealth).

I certify that I am authorized to execute and deliver this affidavit on behalf of

Beacon Health Options, Inc. (Name of Entity) and that Beacon Health Options, Inc. (Name of Entity)

has a policy in place that complies with the nondiscrimination agreements and warranties of Connecticut

General Statutes §§ 4a-60(a)(1)and 4a-60a(a)(1), as amended.

Authorized Signatory

Daniel M. Risku
Printed Name

LUKE VINCENT BRADLEY
MY COMMISSION EXPIRES JUL 20, 2023
MASSACHUSETTS
NOTARY PUBLIC

Sworn and subscribed to before me on this 31st day of January, 20 17.

Commissioner of the Superior Court/ Notary Public

July 20, 2023
Commission Expiration Date

STATE OF CONNECTICUT
GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

Written or electronic certification to accompany a State contract with a value of $50,000 or more, pursuant to C.G.S. §§ 4-250, 4-252(c) and 9-612(f)(2) and Governor Dannel P. Malloy's Executive Order 49.

INSTRUCTIONS:

Complete all sections of the form. Attach additional pages, if necessary, to provide full disclosure about any lawful campaign contributions made to campaigns of candidates for statewide public office or the General Assembly, as described herein. Sign and date the form, under oath, in the presence of a Commissioner of the Superior Court or Notary Public. Submit the completed form to the awarding State agency at the time of initial contract execution and if there is a change in the information contained in the most recently filed certification, such person shall submit an updated certification either (i) not later than thirty (30) days after the effective date of such change or (ii) upon the submittal of any new bid or proposal for a contract, whichever is earlier. Such person shall also submit an accurate, updated certification not later than fourteen days after the twelve-month anniversary of the most recently filed certification or updated certification.

CHECK ONE: ☐ Initial Certification ☐ 12 Month Anniversary Update (Multi-year contracts only.)

☒ Updated Certification because of change of information contained in the most recently filed certification or twelve-month anniversary update.

GIFT CERTIFICATION:

As used in this certification, the following terms have the meaning set forth below:

1) "Contract" means that contract between the State of Connecticut (and/or one or more of it agencies or instrumentalities) and the Contractor, attached hereto, or as otherwise described by the awarding State agency below;
2) If this is an Initial Certification, "Execution Date" means the date the Contract is fully executed by, and becomes effective between, the parties; if this is a twelve-month anniversary update, "Execution Date" means the date this certification is signed by the Contractor;
3) "Contractor" means the person, firm or corporation named as the contactor below;
4) "Applicable Public Official or State Employee" means any public official or state employee described in C.G.S. §4-252(c)(1)(i) or (ii);
5) **"Gift"** has the same meaning given that term in C.G.S. § 4-250(1);
6) "Principals or Key Personnel" means and refers to those principals and key personnel of the Contractor, and its or their agents, as described in C.G.S. §§ 4-250(5) and 4-252(c)(1)(B) and (C).

I, the undersigned, am a Principal or Key Personnel of the person, firm or corporation authorized to execute this certification on behalf of the Contractor. I hereby certify that, no gifts were made by (A) such person, firm, corporation, (B) any principals and key personnel of the person firm or corporation who participate substantially in preparing bids, proposals or negotiating state contracts or (C) any agent of such, firm, corporation, or principals or key personnel who participates substantially in preparing bids, proposals or negotiating state contracts, to (i) any public official or state employee of the state agency or quasi-public agency soliciting bids or proposals for state contracts who participates substantially in the preparation of bid solicitations or request for proposals for state contracts or the negotiation or award of state contracts or (ii) any public official or state employee of any other state agency, who has supervisory or appointing authority over such state agency or quasi-public agency.

I further certify that no Principals or Key Personnel know of any action by the Contractor to circumvent (or which would result in the circumvention of) the above certification regarding **Gifts** by providing for any other Principals, Key Personnel, officials, or employees of the Contractor, or its or their agents, to make a **Gift** to any Applicable Public Official or State Employee. I further certify that the Contractor made the bid or proposal for the Contract without fraud or collusion with any person.

CAMPAIGN CONTRIBUTION CERTIFICATION:

I further certify that, on or after January 1, 2011, neither the Contractor nor any of its principals, as defined in C.G.S. § 9-612(f)(1), has made any **campaign contributions** to, or solicited any contributions on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support, any candidate for statewide public office, in violation of C.G.S. § 9-612(f)(2)(A). I further certify that **all lawful campaign contributions** that have been made on or after January 1, 2011 by the Contractor or any of its principals, as defined in C.G.S. § 9-612(f)(1), to, or solicited on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support any candidates for statewide public office or the General Assembly, are listed below:

Lawful Campaign Contributions to Candidates for Statewide Public Office:

Contribution Date	Name of Contributor	Recipient	Value	Description
None				

Lawful Campaign Contributions to Candidates for the General Assembly:

Contribution Date	Name of Contributor	Recipient	Value	Description
None				

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

Beacon Health Options, Inc.
Printed Contractor Name

Daniel M. Risku
Printed Name of Authorized Official

Signature of Authorized Official

LUKE VINCENT BRADLEY
MY COMMISSION EXPIRES JUL 20, 2023
MASSACHUSETTS
NOTARY PUBLIC

Subscribed and acknowledged before me this 31st **day of** Jan. **, 2017**

Commissioner of the Superior Court (or Notary Public)

July 20, 2023
My Commission Expires

STATE OF CONNECTICUT
CONSULTING AGREEMENT AFFIDAVIT

Affidavit to accompany a bid or proposal for the purchase of goods and services with a value of $50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§ 4a-81(a) and 4a-81(b). For sole source or no bid contracts the form is submitted at time of contract execution.

INSTRUCTIONS:

If the bidder or vendor has entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1): Complete all sections of the form. If the bidder or contractor has entered into more than one such consulting agreement, use a separate form for each agreement. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public. **If the bidder or contractor has not entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1):** Complete only the shaded section of the form. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public.

Submit completed form to the awarding State agency with bid or proposal. For a sole source award, submit completed form to the awarding State agency at the time of contract execution.

This affidavit must be amended if there is any change in the information contained in the most recently filed affidavit not later than (i) thirty days after the effective date of any such change or (ii) upon the submittal of any new bid or proposal, whichever is earlier.

AFFIDAVIT: [Number of Affidavits Sworn and Subscribed On This Day: _____]

I, the undersigned, hereby swear that I am a principal or key personnel of the bidder or contractor awarded a contract, as described in Connecticut General Statutes § 4a-81(b), or that I am the individual awarded such a contract who is authorized to execute such contract. I further swear that I have not entered into any consulting agreement in connection with such contract, **except for the agreement listed below:**

Consultant's Name and Title _____ Name of Firm (if applicable) _____

Start Date _____ End Date _____ Cost _____

Description of Services Provided: _____

Is the consultant a former State employee or former public official? ☐ YES ☐ NO

If YES: Name of Former State Agency _____ Termination Date of Employment _____

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

Beacon Health Options, Inc. (Printed Name of Bidder or Contractor) — **Signature of Principal or Key Personnel** — 1/31/2017 **Date**

Daniel M. Risku (Printed Name (of above)) — DSS (Awarding State Agency)

Sworn and subscribed before me on this 31st **day of** January **, 20**17**.**

LUKE VINCENT BRADLEY MY COMMISSION EXPIRES JUL 20, 2023 MASSACHUSETTS NOTARY PUBLIC

Commissioner of the Superior Court or Notary Public

July 20, 2023
My Commission Expires

STATE OF CONNECTICUT

Written or electronic PDF copy of the written certification to accompany a large state contract pursuant to P.A. No. 13-162 (Prohibiting State Contracts With Entities Making Certain Investments In Iran)

Respondent Name: Beacon Health Options, Inc.

INSTRUCTIONS:

CHECK ONE: ☒ Initial Certification.
☐ Amendment or renewal.

A. Who must complete and submit this form. Effective October 1, 2013, this form must be submitted for any large state contract, as defined in section 4-250 of the Connecticut General Statutes. This form must always be submitted with the bid or proposal, or if there was no bid process, with the resulting contract, regardless of where the principal place of business is located.

Pursuant to P.A. No. 13-162, upon submission of a bid or prior to executing a large state contract, **the certification portion of this form must be completed** by any corporation, general partnership, limited partnership, limited liability partnership, joint venture, nonprofit organization or other business organization **whose principal place of business is located outside of the United States.** United States subsidiaries of foreign corporations are exempt. For purposes of this form, a "foreign corporation" is one that is organized and incorporated outside the United States of America.

Check applicable box:

☒ Respondent's principal place of business is within the United States or Respondent is a United States subsidiary of a foreign corporation. Respondents who check this box **are not required to complete the certification portion of this form,** but must submit this form with its Invitation to Bid ("ITB"), Request for Proposal ("RFP") or contract package if there was no bid process.

☐ Respondent's principal place of business is outside the United States and it is not a United States subsidiary of a foreign corporation. **CERTIFICATION required.** Please complete the certification portion of this form and submit it with the ITB or RFP response or contract package if there was no bid process.

B. Additional definitions.

1) "Large state contract" has the same meaning as defined in section 4–250 of the Connecticut General Statutes;
2) "Respondent" means the person whose name is set forth at the beginning of this form; and
3) "State agency" and "quasi-public agency" have the same meanings as provided in section 1–79 of the Connecticut General Statutes.

C. Certification requirements.

No state agency or quasi-public agency shall enter into any large state contract, or amend or renew any such contract with any Respondent whose principal place of business is located outside the United States and is not a United States subsidiary of a foreign corporation unless the Respondent has submitted this certification.

Complete all sections of this certification and sign and date it, under oath, in the presence of a Commissioner of the Superior Court, a Notary Public or a person authorized to take an oath in another state.

CERTIFICATION:

I, the undersigned, am the official authorized to execute contracts on behalf of the Respondent. I certify that:

☐ Respondent has made no direct investments of twenty million dollars or more in the energy sector of Iran on or after October 1, 2013, as described in Section 202 of the Comprehensive Iran Sanctions, Accountability and Divestment Act of 2010.

☐ Respondent has either made direct investments of twenty million dollars or more in the energy sector of Iran on or after October 1, 2013, as described in Section 202 of the Comprehensive Iran Sanctions, Accountability and Divestment Act of 2010, or Respondent made such an investment prior to October 1, 2013 and has now increased or renewed such an investment on or after said date, or both.

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

Beacon Health Options, Inc.
Printed Respondent Name

Daniel M. Risku
Printed Name of Authorized Official

Signature of Authorized Official

Subscribed and acknowledged before me this 31st **day of** January, **20** 17.

Commissioner of the Superior Court (or Notary Public)

July 20, 2023
My Commission Expire

LUKE VINCENT BRADLEY
MY COMMISSION EXPIRES JUL 20, 2023
MASSACHUSETTS
NOTARY PUBLIC

co= K005048

u= A396964

EQUAL EMPLOYMENT OPPORTUNITY

2016 EMPLOYER INFORMATION REPORT

INDIVIDUAL ESTABLISHMENT REPORT - TYPE 4

SECTION B - COMPANY IDENTIFICATION

1. VALUEOPTIONS
240 CORPORATE BLVD
NORFOLK, VA 23502

2a. CONNECTICUT
500 ENTERPRISE DR
ROCKY HILL, CT 06067

HARTFORD COUNTY

c. Y

SECTION C - TEST FOR FILING REQUIREMENT

1-Y 2-Y 3-N DUNS NO.:105752901 EIN :541414194

SECTION E - ESTABLISHMENT INFORMATION

NAICS: 621999 All Other Miscellaneous Ambulatory Health Care Services

SECTION D - EMPLOYMENT DATA

JOB CATEGORIES	HISPANIC OR LATINO		NOT-HISPANIC OR LATINO												OVERALL TOTALS
	********** MALE **********								********** FEMALE **********						
	MALE	FEMALE	WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN	AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES	WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN	AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES	
EXECUTIVE/SR OFFICIALS & MGRS	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
FIRST/MID OFFICIALS & MGRS	0	2	4	2	0	0	0	0	22	3	0	0	0	0	33
PROFESSIONALS	1	5	23	2	0	1	0	1	68	9	0	2	0	1	113
TECHNICIANS	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
SALES WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ADMINISTRATIVE SUPPORT	1	5	3	3	0	0	0	0	13	8	0	0	0	0	33
CRAFT WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPERATIVES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LABORERS & HELPERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SERVICE WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	2	12	34	7	0	1	0	1	103	20	0	2	0	1	183
PREVIOUS REPORT TOTAL	3	13	38	6	0	1	0	1	109	20	0	1	0	1	193

SECTION F - REMARKS