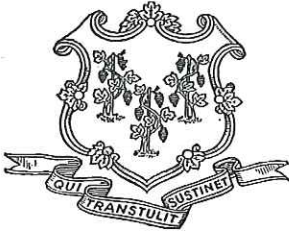


STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES



## CONTRACT AMENDMENT

**Contractor:** The ACCESS Agency, Inc.  
**Contractor Address:** 1315 Main Street, Suite 2, Willimantic, CT 06226  
**Contract Number:** 14DSS5011ZL / 163C SBG-61  
**Amendment Number:** ONE  
**Amount as Amended:** \$207,931.00  
**Contract Term as Amended:** October 1, 2014 – September 30, 2015

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The contract between The ACCESS Agency, Inc. and the Department of Social Services, which was executed by the parties and signed by the Department's Commissioner on 12/09/14, is hereby amended as follows:

1. The total maximum amount payable under this contract is increased by \$60,000.00 from \$147,931.00 to **\$207,931.00**.
2. Payment in the amount of \$20,000.00 shall be issued upon execution of this amendment.
3. The budget on page 11 of the original contract is deleted and replaced in its entirety by the budget on pages 3 and 4 of this amendment.
4. The additional funding noted above is awarded for the Social Services Block Grant (SSBG) Information and Referral program – Navigator services. Specific waived services to be provided by the Contractor, in consideration of the additional funding, are described on page 2 of this amendment.

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.

**Navigator Services**

Part I Section. B.2 (**Description of Services**) shall be amended to include Social Services Block Grant – Information and Referral (service code 17). Program services shall be named “**I&R – Navigator Services**”. **I&R - Navigator Services** shall include but are not limited to those activities designed to provide information about services provided by public and private service providers and a brief assessment of client needs (but not diagnosis and evaluation) to facilitate appropriate referral to these community resources associated with Access Health CT (AHC). Component services or activities shall include but are not limited to the following:

- a. Focused outreach efforts in identified communities, partnering with other nonprofits and town agencies to reach the uninsured;
- b. Assist with individuals with enrollment and access to healthcare coverage through ACCESS Health CT;
- c. Educate and provide information regarding the application process for receiving healthcare coverage through ACCESS Health CT;
- d. Coordinate and/or convene community forums which discuss health disparities;
- e. Provide receive referrals for other basic needs assistance services including employment/training, housing assistance, fuel assistance, elder support, early childhood education, and state benefit income assistance programs;
- f. Establish partnerships with agencies designed to increase the effectiveness of healthcare service delivery system;
- g. Educate, inform, and assist consumers in understanding HealthCare tax credits (including Advanced Credits) and address issues related to tax filing;
- h. Services shall be provided in Tolland and Windham Counties; and
- i. Services will be provided without regard to income.

Part I Section B.4 is amended as follows: The Contractor shall provide I&R Navigator services to at least **600** unduplicated individuals (400 Windham County and 200 Tolland County) during the period of November 15, 2014 – April 30, 2015.

Part I, Section C (Client-Based Outcomes and Measures) for I&R Navigator shall be defined below:

<b>Client Based Outcomes and Measures / National Performance Indicators (NPI)</b>		<b>Target</b>
Goal 1.2	The number of low-income participants for whom barriers to initial or continuous employment are reduced or eliminated through assistance from Community Action as measured	
NPI 1.2 G	Obtained health care services for themselves or family member	100
Goal 6.4	Low-income people who are unable to work, especially seniors, adults with disabilities, and caregivers, for whom barriers to family stability are reduced or eliminated, as measured by	
NPI 6.4D	Obtained health care services for themselves or family member	100
Outcome	Number of outreach events	10
Outcome	Number of events targeting those whose 1 <sup>st</sup> language is Spanish	5
Outcome	Number of attendees at events	600
Outcome	Number and % of event attendees with whom staff or volunteers interact	200 and 33%
Outcome	Number and % of referrals that schedule appointments	100/150 = 67%
Outcome	Number of <i>Access</i> customers who receive written information about health care enrollment	8,000
Outcome	Number of partners in health and human services that agree to distribute enrollment information to their customers/patient	15

PART I		FINANCIAL SUMMARY			
PROGRAM NAME:		Social Services Block Grant - Case Management and SSBG-I&R (Navigator Services)			
PROGRAM NUMBER:		14DSS5011ZL-A1 / 163C-SBG-61-A1 / October 1, 2014 - September 30, 2015			
		Requested	Adjustments	Approved	
Contract Amount		\$ 147,931		\$ 147,931	
<i>For Amendments Only</i>					
Previously Approved Contract Amount					
Amount of Amendment				\$	
Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
<b>1</b>	<b>UNIT RATE</b>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	<b>TOTAL UNIT RATE</b>				
<b>2</b>	<b>CONTRACTUAL SERVICES</b>				
	2a. Accounting				
	2b. Legal				
	2c. Independent Audit				
	2d. Other Contractual Services			\$ 500.00	\$ 500.00
	<b>TOTAL CONTRACTUAL SERVICES</b>			\$ 500.00	\$ 500.00
<b>3</b>	<b>ADMINISTRATION</b>				
	3a. Admin. Salaries	\$ 6,000.00		\$ 1,782.69	\$ 7,782.69
	3b. Admin. Fringe Benefits	\$ 1,800.00		\$ 517.87	\$ 2,317.87
	3c. Admin. Overhead	\$ 12,000.00		\$ 8,750.00	\$ 20,750.00
	<b>TOTAL ADMINISTRATION</b>	\$ 19,800.00		\$ 11,050.56	\$ 30,850.56
<b>4</b>	<b>DIRECT PROGRAM STAFF</b>				
	4a. Program Salaries	\$ 80,400.00		\$ 25,174.25	\$ 105,574.25
	4b. Program Fringe Benefits	\$ 24,120.00		\$ 7,313.12	\$ 31,433.12
	<b>TOTAL DIRECT PROGRAM</b>	\$ 104,520.00		\$ 32,487.36	\$ 137,007.36
<b>5</b>	<b>OTHER COSTS</b>				
	5a. Program Rent	15,000		\$ 1,000.00	\$ 16,000.00
	5b. Consumable Supplies	3,500		\$ 4,577.07	\$ 8,077.07
	5c. Travel & Transportation	1,000		\$ 2,475.00	\$ 3,475.00
	5d. Utilities			\$ -	\$ -
	5e. Repairs & Maintenance			\$ -	\$ -
	5f. Insurance			\$ -	\$ -
	5g. Food & Related Costs			\$ 3,000.00	\$ 3,000.00
	5h. Other Project Expenses	4,111		\$ 4,910.00	\$ 9,021.00
	<b>TOTAL OTHER COSTS</b>	23,611		\$ 15,962.07	\$ 39,573.07
<b>6</b>	<b>EQUIPMENT</b>				
<b>7</b>	<b>PROGRAM INCOME</b>				
	7a. Fees				
	7b. Other Income				
	<b>TOTAL PROGRAM INCOME</b>				
<b>8</b>	<b>TOTAL NET PROGRAM COST</b>	\$ 147,931.00		\$ 60,000.00	\$ 207,931.00
(Sum of 1 through 6, minus Line 7)					

PART I		FINANCIAL SUMMARY			
<b>PROGRAM NAME:</b>		SSBG Information and Referral program – Navigator services.			
<b>PROGRAM NUMBER:</b>		14DSS5011ZI-A-1 / 163C SBG-61- A1 / November 15, 2014 - April 30, 2015			
		Requested	Adjustments	Approved	
<b>Contract Amount</b>		\$ -		\$ -	
<i>For Amendments Only</i>					
<b>Previously Approved Contract Amount</b>					
<b>Amount of Amendment</b>		\$ 60,000	\$ 60,000	\$ 60,000	
Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
<b>1</b>	<b>UNIT RATE</b>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	<b>TOTAL UNIT RATE</b>				
<b>2</b>	<b>CONTRACTUAL SERVICES</b>				
	2a. Accounting				
	2b. Legal				
	2c. Independent Audit				
	2d. Other Contractual Services	500.00			
	<b>TOTAL CONTRACTUAL SERVICES</b>		<b>500.00</b>		<b>500</b>
<b>3</b>	<b>ADMINISTRATION</b>				
	3a. Admin. Salaries	1,782.69			
	3b. Admin. Fringe Benefits	517.87			
	3c. Admin. Overhead	8,750.00			
	<b>TOTAL ADMINISTRATION</b>		<b>11,050.56</b>		<b>11,050.56</b>
<b>4</b>	<b>DIRECT PROGRAM STAFF</b>				
	4a. Program Salaries	25,174.25			
	4b. Program Fringe Benefits	7,313.12			
	<b>TOTAL DIRECT PROGRAM</b>		<b>32,487.36</b>		<b>32,487.36</b>
<b>5</b>	<b>OTHER COSTS</b>				
	5a. Program Rent	1,000.00			
	5b. Consumable Supplies	4,577.07			
	5c. Travel & Transportation	2,475.00			
	5d. Utilities	-			
	5e. Repairs & Maintenance	-			
	5f. Insurance	-			
	5g. Food & Related Costs	3,000.00			
	5h. Other Project Expenses	4,910.00			
	<b>TOTAL OTHER COSTS</b>		<b>15,962.07</b>		<b>15,962.07</b>
<b>6</b>	<b>EQUIPMENT</b>				
<b>7</b>	<b>PROGRAM INCOME</b>				
	7a. Fees				
	7b. Other Income				
	<b>TOTAL PROGRAM INCOME</b>				
<b>8</b>	<b>TOTAL NET PROGRAM COST</b>		<b>60,000.00</b>		<b>\$ 60,000.00</b>
(Sum of 1 through 6, minus Line 7)					

## SIGNATURES AND APPROVALS

163C-SBG-61 / 14DSS5011ZL A1

The Contractor IS NOT a Business Associate under the Health Insurance Portability and Accountability Act of 1996 as amended.


Documentation necessary to demonstrate the authorization to sign must be attached.

**CONTRACTOR - THE ACCESS AGENCY, INC.**

  
Peter S. DeBiasi, *President/CEO*

1/5/15  
Date

**DEPARTMENT OF SOCIAL SERVICES**

  
Roderick L. Bremby, *Commissioner*

1/5/2015  
Date

**OFFICE OF THE ATTORNEY GENERAL**

This Contract Amendment template having been reviewed and approved by the OAG, it is exempt from review pursuant a Memorandum of Agreement between the Agency and the OAG dated March 19, 2009.