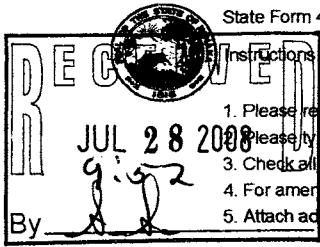


EXECUTIVE DOCUMENT SUMMARY

State Form 41221 (R10/4-06)

Received

7/23/08



Instructions for completing the EDS and the Contract process.

1. Please read the guidelines on the back of this form.
2. Please type all information.
3. Check all boxes that apply.
4. For amendments / renewals, attach original contract.
5. Attach additional pages if necessary.

AUG 01 2008

AG IDOA Contracts

3705

1. EDS Number: MD29-8-49-08-LF-2559	2. Date prepared: 7/24/2008
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3. CONTRACTS & LEASES

<input checked="" type="checkbox"/> Professional/Personal Services	<input type="checkbox"/> Contract for procured Services
<input type="checkbox"/> Grant	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Lease	<input type="checkbox"/> License Agreement
<input type="checkbox"/> Attorney	<input checked="" type="checkbox"/> Amendment# <u>1</u>
<input type="checkbox"/> MOU	<input type="checkbox"/> Renewal #
<input type="checkbox"/> QPA	<input type="checkbox"/> Other

FISCAL INFORMATION

4. Account Number: 3510-12000-537000	5. Account Name: CHIP ADMINISTRATION
6. Total amount this action: \$6,872,126.00	7. New contract total: 216,779,438.00
8. Revenue generated this action: \$0.00	9. Revenue generated total contract: \$0.00
10. New total amount for each fiscal year:	
Year 2008 <u>\$8,107,727.00</u>	Year 2013 <u>\$36,189,858.48</u>
Year 2009 <u>\$33,635,040.87</u>	Year 2014 <u>\$37,503,347.25</u>
Year 2010 <u>\$33,378,616.56</u>	
Year 2011 <u>\$33,522,192.24</u>	
Year 2012 <u>\$34,442,655.60</u>	

TIME PERIOD COVERED IN THIS EDS

11. From (month, day, year): 12/1/2007	12. To (month, day, year): 6/30/2014
13. Method of source selection:	
<input type="checkbox"/> Bid/Quotation	<input type="checkbox"/> Emergency
<input checked="" type="checkbox"/> RFP# <u>7-54</u>	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Negotiated	<input type="checkbox"/> Special Procurement

AGENCY INFORMATION	
14. Name of agency: Family & Social Services Admin	15. Requisition Number: 80125
16. Address: FSSA, Contract Management 402 W WASHINGTON ST RM E431 INDIANAPOLIS, IN 46204	

AGENCY CONTACT INFORMATION	
17. Name: Cook, Mel E	18. Telephone #: 317/234-4200
19. E-mail address: Melvin.Cook@fssa.in.gov	

COURIER INFORMATION	
20. Name: FSSA / COMMAND	21. Telephone #: 317-233-4703
22. E-mail address: Contract.Status@fssa.in.gov	

VENDOR INFORMATION	
23. Vendor ID # 0000078176	
24. Name: ELECTRONIC DATA SYSTEMS CORP	25. Telephone #: N/A
26. Address: 950 N MERIDIAN ST. STE 1150 INDIANAPOLIS, IN 46204	

27. E-mail address: N/A	
28. Is the vendor registered with the Secretary of State? (Out of State Corporations must be registered) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29. Primary Vendor: M/WBE	30. If yes, list the %:
Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Minority: _____ %
Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Women: _____ %
31. Sub Vendor: M/WBE	32. If yes, list the %:
Minority: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Minority: <u>4.9</u> %
Women: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Women: <u>2.0</u> %
33. Is there Renewal Language in <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Is there a "Termination for Convenience" clause in the document? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

35. Will the attached document involve data processing or telecommunications systems Yes: IOT or Delegate has signed off on contract

36. Statutory Authority (Cite applicable Indiana or Federal Codes):
N/A

37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.)
The Contractor shall provide fiscal agent services for the Medicaid program for FSSA. The Scope of Work for Medicaid fiscal agent services is as outlined in RFP #7-54, all attachments, schedules, and Contractor's response to RFP #7-54 as agreed to by the parties. The purpose of this amendment is to add language and money to the contract.

38. Justification of vendor selection and determination of price reasonableness:
Vendor was selected through the RFP process. RFP 7-54.

RECEIVED
AUG 25 2008
OAG-ADVISORY

39. If this contract is submitted late, please explain why: (Required if more than 30 days late.)

40. Agency fiscal officer or representative approval	41. Date Approved	42. Budget agency approval	43. Date Approved
44. Attorney General's Office approval	45. Date Approved	46. Agency representative receiving from AG	47. Date Approved





EXECUTIVE DOCUMENT SUMMARY

State Form 41221 (R10/4-06)



Instructions for completing the EDS and the Contract process.

1. Please read the guidelines on the back of this form.
2. Please type all information.
3. Check all boxes that apply.
4. For amendments / renewals, attach original contract.
5. Attach additional pages if necessary.

1. EDS Number: MD29-8-49-08-LF-2559	2. Date prepared: 07/09/2008
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3. CONTRACT & LEASES	
<input checked="" type="checkbox"/> Professional/Personal Services	<input type="checkbox"/> Contract for procured Services
<input type="checkbox"/> Grant	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Lease	<input type="checkbox"/> License Agreement
<input type="checkbox"/> Attorney	<input checked="" type="checkbox"/> Amendment # <u>AM1/CH2</u>
<input type="checkbox"/> MOU	<input type="checkbox"/> Renewal # _____
<input type="checkbox"/> QPA	<input type="checkbox"/> Other _____

FISCAL INFORMATION	
4. Account Number: 3530-537000-17000 <small>SEE ATTACHMENT DOCUMENT DETAILS...</small>	5. Account Name: Medicaid Admin <small>SEE ATTACHMENT DOCUMENT DETAILS...</small>

6. Total amount this action: \$6,872,126.00	7. New contract total: \$216,779,438.00
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8. Revenue generated this action:	9. Revenue generated total contract:
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10. New total amount for each fiscal year:			
Year <u>2008</u>	\$ <u>8,107,727.00</u>	Year <u>2010</u>	\$ <u>33,366,616.56</u>
Year <u>2009</u>	\$ <u>33,605,040.87</u>	Year <u>2011</u>	\$ <u>141,700,053.57</u>

TIME PERIOD COVERED IN THIS EDS	
11. From(month, day, year): 07/01/2008	12. To(month, day, year): 06/30/2014

13. Method of source selection:	
<input type="checkbox"/> Bid/Quotation	<input type="checkbox"/> Emergency
<input checked="" type="checkbox"/> RFP # <u>7-54</u>	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Negotiated	<input type="checkbox"/> Special Procurement

35. Will the attached document involve data processing or telecommunications systems(s)? Yes: ITOC or Delegate has signed off on contract

36. Statutory Authority (Cite applicable Indiana or Federal Codes):
I.C. 12-15-30-1

37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.)
The Contractor shall provide fiscal agent services for the Medicaid program for FSSA. The Scope of Work for Medicaid fiscal agent services is as outlined in RFP #7-54, all attachments, schedules, and Contractor's response to RFP #7-54 as agreed to by the parties. **The purpose of this amendment is to add language and money to the contract.**

38. Justification of vendor selection and determination of price reasonableness:
Vendor was selected through the RFP process. RFP 7-54.

39. If this contract is submitted late, please explain why: (Required if more than 30 days late.)

40. Agency fiscal officer or representative approval Terri Willis <i>[Signature]</i>	41. Date Approved 7/10/08	42. Budget agency approval Christopher A. Ruhl <i>[Signature]</i>	43. Date Approved 8/12/08
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44. Attorney General's Office approval Stephen Carter <i>[Signature]</i>	45. Date Approved 8-25-08	46. Agency representative receiving from AG	47. Date Approved
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AGENCY INFORMATION	
14. Name of agency: FSSA/DMPP	15. Requisition Number: 80125
16. Address: 402 W. Washington St. Room W382 Indianapolis, IN 46204	

AGENCY CONTACT INFORMATION	
17. Name: Cook, Mel E	18. Telephone #: (317) 234-4200
19. E-mail address: Melvin.Cook@fssa.in.gov	

COURIER INFORMATION	
20. Name: FSSA / COMMAND	21. Telephone #: (317) 233-4703
22. E-mail address: Contract.Status@fssa.in.gov	

VENDOR INFORMATION	
23. Vendor ID# 75-2548221	
24. Name: ELECTRONIC DATA SYSTEMS CORPORATION	25. Telephone #:
26. Address: 950 N. MERIDIAN ST. SUITE 1150 INDIANAPOLIS, IN 46204	

27. E-Mail address:

28. Is the vendor registered with the Secretary of State? (Out of State Corporations, must be registered) Yes No

29. Primary Vendor: M/WBE	30. If yes, list the %:
Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Minority: <u>0</u> %
Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Women: <u>0</u> %

31. Sub Vendor: M/WBE	32. If yes, list the %:
Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Minority: <u>0</u> %
Women: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Women: <u>5.42</u> %

33. Is there Renewal Language in the document? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Is there a "Termination for Convenience" clause in the document? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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FIRST AMENDMENT TO CONTRACT
MD29-8-49-08-LF-2559

This FIRST AMENDMENT to the above-referenced Contract is made and entered into by and between the **State of Indiana** (hereinafter "State" or "State of Indiana"), through the **Office of Medicaid Policy and Planning** (hereinafter called "State" or "Office"), of the **Indiana Family and Social Services Administration**, 402 West Washington Street, Room W382, Indianapolis, Indiana 46204, **and Electronic Data Systems Corporation, and EDS Information Services L.L.C.** (hereinafter collectively called "Contractor" or "EDS"), 5400 Legacy Drive, Plano, Texas 75024.

WHEREAS, the State of Indiana and EDS have previously entered into a contract for a term beginning **December 1, 2007**, and ending **June 30, 2014**, (hereinafter "the original contract") for Fiscal Agent Services;

NOW THEREFORE, the parties enter into this FIRST AMENDMENT for the consideration set out below, all of which is deemed to be good and sufficient consideration in order to make this FIRST AMENDMENT a binding legal instrument.

1. The parties hereby ratify and incorporate herein each term and condition set out in the original Contract, as well as all written matters incorporated therein, except as specifically provided for in this FIRST AMENDMENT.
2. The original term of this Amendment is July 1, 2008 through June 30, 2014.
3. The effective term of this amendment for Healthy Indiana Plan (HIP), Care Select, Money Follows the Person (MFP), Psychiatric Residential Treatment Facility (PRTF), and Enrollment Broker enhancements shall be **July 1, 2008** through **June 30, 2014**.
4. The parties agree that the Scope of Work incorporated in the original contract shall be amended to include HIP, Care Select, MFP, PRTF, and Enrollment Broker as part of IHCP services. The parties further agree that Paragraph 1 of the original contract (Duties of the Contractor) is amended to include all activities for HIP, Care Select, MFP, PRTF, and Enrollment Broker enhanced operations, incorporated herein by reference as Exhibit A - Statement of Work.

The IHCP also funds health-care related services pertaining to federally required administrative activities that are matched at varying administrative match rates. These programs include:

- a. Healthy Indiana Plan (HIP) – Legislation created the Governor's Healthy Indiana Plan. The new program was implemented January 1, 2008 and the first month of coverage was January 2008. The program is estimated to make more than 350,000 adults newly eligible for health benefits coverage. Eligibility requirements – must be: an adult between 18 and 65, a U.S. citizen, Indiana resident for 12 months or more, uninsured for 6 months or

eligibility standard (23% FPL) and under 200% FPL or a child-less adult with income between 100% and 200% FPL. Other insurers will operate as MCO while EDS provides the coordination mechanism similar to activities supported for Hoosier Healthwise.

- b. Money Follows the Person (MFP) – The Division of Aging received a grant award for the MFP Grant from CMS. The basis for this grant was that the state received an enhanced match of \$0.81, for every dollar that was paid for services received by people transitioning from Nursing Facilities to Home and Community Based Services. Contextually this grant leveraged the same services as the A&D Waiver Services, but these services are considered MFP Demonstration Services. There is also a small contingent of State Plan services that qualify for MFP as well, while other State Plan services do not.
- c. Psychiatric Residential Treatment Facility (PRTF) – The Division of Mental Health and Addiction implemented a new demonstration grant waiver for the Community Alternatives to Psychiatric Residential Treatment Facilities (PRTF). The CMS demonstration grant terms and conditions require the State to track people in and out of the grant program, as well as expenditures. The PRTF Demo Grant services are reimbursed through the PRTF Grant funding, not through regular Medicaid FFP. However, CMS requires states to implement and operate the PRTF Demo Grant program through a 1915(c) HCBS Waiver Application, including the cost-neutrality requirements of the 1915(c) waiver. PRTF Demo individuals are Medicaid eligible children under the age of 21, with a PRTF LOC on AIM and entitled to all medically necessary State Plan Services, in addition to the CMS approved PRTF Demo services.
- d. PRTF Demo providers are enrolled in AIM; claims processed through AIM; but are reimbursed through the PRTF Grant and report to CMS Grant office through a PRTF Modified 64, and other forms noted below. The PRTF Grant individuals are reported on a CMS-372 Report to show compliance with the cost-neutrality.
- e. Care Select – The Care Select program replaced the Medicaid Select program. This program covers the aged, blind, and disabled. The Care Select program began October 1, 2007 for select Indiana counties, and will be phased-in to the rest of the State by or before July 1, 2009. Vendors were selected to provide services. The vendors have access and the ability to do data analysis on claims data, provider information, and IndianaAIM information. EDS modified reports and identification markers to be inclusive of the Care Select program.
- f. Enrollment Broker Enhanced Functionality – The enrollment broker requires interfaces for updates to the IndianaAIM rather than using IndianaAIM to complete direct data entry.

The Contractor is required to provide business functions for HIP, MFP, PRTF, and Care Select programs in the same manner as specified in this Statement of Work (SOW) for the IHCP, including claims processing, provider relations, utilization and management functions, and other functions as appropriate. Functions and services shall be deemed appropriate unless the function is unrelated to HIP, MFP, and PRTF and Care Select services as determined by the state. All contract terms and conditions apply to HIP, MFP, and PRTF and

Care Select services including performance standards and damages as indicated in the Statement of Work as defined in Exhibit A.

4. The parties agree that, for the time period of July 1, 2008 to June 30, 2014 in consideration of the services performed by the Contractor as delineated in Exhibit A and financial Attachment A, both of which are attached hereto and incorporated herein by reference, the Contractor shall be paid Six Million Eight Hundred Seventy-Two Thousand One Hundred Twenty-Six Dollars and Zero Cents (\$6,872,126.00) in Seventy-One (71) monthly payments of Ninety-Five Thousand Four Hundred Forty-Six Dollars and Twenty Cents (\$95,446.20), from July 2008 through May 31, 2014, and One (1) monthly payment of Ninety-Five Thousand Four Hundred Forty-Five Dollars and Eighty Cents (\$95,445.80) for the month ending June 30, 2014. .
5. The parties agree that Paragraph 2 of the original Contract is amended to increase the total remuneration under the Contract and the Amendment to an amount not-to-exceed Two Hundred Sixteen Million Seven Hundred Seventy-Nine Thousand Four Hundred Thirty-Eight Dollars and Zero Cents (\$216,779,438.00)
6. The parties agree that total remuneration added under this, FIRST Amendment, shall not exceed Six Million Eight Hundred Seventy-Two Thousand One Hundred Twenty-Six Dollars and Zero Cents (\$6,872,126.00).
7. The parties agree that this FIRST AMENDMENT to the original Contract has been duly prepared and executed pursuant to Paragraph 8 of the original contract.

All other matters previously agreed to and set forth in the original Contract and not affected by this Amendment shall remain in full force and effect.

Non-Collusion and Acceptance

The undersigned attests, subject to the penalties of perjury, that he/she is the Contractor, or that he/she is the duly authorized representative, agent, member or officer of the Contractor, that he/she has not, nor has any other member, employee, representative, agent or officer of the Contractor, to the best of his/her knowledge, entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he/she has not received or paid, any sum of money or other consideration for the execution of this Amendment other than that which appears upon the face hereof.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK.

SIGNATURE PAGE
MD29-8-49-08-LF-2559

In Witness Whereof, Contractor and the State of Indiana have, through duly authorized representatives, entered into this Contract. The parties having read and understand the foregoing terms of this Contract do by their respective signatures dated below hereby agree to the terms thereof.

Contractor: Electronic Data Systems, Inc.

By: *Barbara Andersen*
Printed Name: ~~Andy McCann~~ *Barbara Andersen*
Title: Vice President
Electronic Data Systems, Inc.
13600 EDS Drive
Herndon, VA 20171

Date: 7/16/08

**State of Indiana:
Family and Social Services Administration**

Jeff M Wells
Dr. Jeffrey M. Wells
Director of Medicaid

Date: 7-18-08

**Information Office of Technology
Commission**

Gerry Weaver
Gerry Weaver, Chief Information Officer

Date: 7/30/08

Department of Administration

Carrie Henderson
Carrie Henderson, Commissioner

Date: 5 AUG 08

State Budget Agency

Christopher A. Ruhl FOR
Christopher A. Ruhl, Director

Date: 8/22/08

**APPROVED as to Form and Legality:
Office of the Attorney General**

Stephen Carter FOR
Stephen Carter, Attorney General

Date: 8-25-08

**EXHIBIT A
STATEMENT OF WORK**

Throughout the document are assumptions made on volumes. If these volumes exceed 10% of expectation, FSSA and EDS will work together to determine if additional resources are needed to support the activities.

EDS has or is in the process of completing the system changes necessary to support HIP. Additionally, EDS has set-up processes in business units in good faith that this activity will be amended to the contract. The following table documents the expected impacts to the operational activities on the account. The RFP reference in the table is used as a comparison to current requirements for other programs supported by EDS. It should not infer that this RFP reference is currently supporting HIP.

RFP Reference	RFP Description	Impact to RFP Requirement
REC-03	Produce and make available within one day, member error reports that fail one or more edits; notify State to resolve if contractor cannot resolve the errors.	Increased Activities. Additional member eligibility data will need to be monitored due to the two new aid categories.
REC-04, REC-21	Resolve eligibility interface transactions that fail due to overlapping eligibility and other information within three days of error. Provide State member reports documented in the current Master Report Library.	Increased Activities. With the implementation of the two new aid categories and ID numbers there will be additional monitoring of errors.
41.730.CPC-18	Provide appropriate staff to support both technical and informational aspects of ECC.	Staffing: to handle the anticipated increased volume of help desk calls, e-mail questions, and web interchange administrators set ups. Occasional testing is required due to a change to their system. Calls to resolve claims related issues - front end rejections, claim denials, and research. Reposting reports - Biller Summary reports, 997, 834, 820, etc. Attend technical meetings. - For the HIP Program there are 3 Insurers, Milliman and APS that we will need to provide support for, on an on-going basis.
MCC-2 to MCC-40	HIP is a new program that all managed care requirements are impacted by. This is a very small staff already supporting Hoosier Healthwise managed care organizations. Due to that, the descriptions of the RFP are too many for placement in this section. Can provide RFP description on request.	The estimate is based on the support for each individual RFP requirement to support all HIP insurers including ICHIA and additional interface for enrollment broker on HIP members.

**EXHIBIT A
STATEMENT OF WORK**

RFP Reference	RFP Description	Impact to RFP Requirement
CPC-4, CPC-5, CPC 32-34, CPC-42, CPC-44, CPC-46	<p>Return hard copy claims missing required data within five business days of receipt.</p> <p>Assignment of a unique control number to every claim, attachment, CCF, and adjustment using the date received in the mailroom. Attachments must remain with claim document and receive the same number. All documentation will be imaged.</p> <p>Image in a timely manner all CCFs received from providers to ensure that they can be tracked to a specific claim. Include date and time imaged. Track CCFs returned by providers after due date.</p> <p>Manually and systematically review and resolve claims that suspend for edits.</p> <p>All claims (clean and unclean) shall be adjudicated (paid or denied) within 90 days.</p> <p>Suspended claim data and attachments will be imaged for providers on prepayment review and/or recipients on a restricted card (location 30) and will be forwarded no later than 30 days from the ICN date on the claim.</p>	An increase in claim volume due to fee for service illegal alien emergency services and pregnancy carve out. We estimate that EDS will receive 154,000 new claims per year for these members. Using a suspense rate of 8% we calculate there will be an additional 12,320 suspended each year.
CPC-11, CPC-31	<p>Claims submitted electronically by tape, diskette, and batch transmissions, including shadow claims, will be loaded within one business day of receipt.</p> <p>Contractor will maintain a method to process for payment any specific claim(s), as directed by the State, on an exception basis and maintain an audit trail.</p>	An increase in claim volume due to fee for service illegal alien emergency services and pregnancy carve out. We estimate that EDS will receive 154,000 new claims per year for these members. Using a suspense rate of 8% we calculate there will be an additional 12,320 suspended each year.
RFC-07, RFC-17, RFC-18	<p>Correctly apply updates to the Reference tables within two business days of request by the State.</p> <p>Perform online updates to Reference tables</p> <p>Maintain the edit and audit criteria on IndianaAIM</p>	New program - new customer coordination on coverage of codes for both quarterly and annual load. Will also need to communicate any changes related to pricing or payment of claims.
FMC-07, FMC-08, FMC-09	CCN activities	Additional checks received by the provider refunds lockbox, and in house due to fee for service alien emergency services and pregnancy carve out.

**EXHIBIT A
STATEMENT OF WORK**

RFP Reference	RFP Description	Impact to RFP Requirement
FMC-15, FMC-20, FMC-22	<p>Send signed original claim vouchers and invoices for each program after completion of the financial cycle.</p> <p>Execute and perform mass adjustment processing within ten days of receipt of the request or on the schedule agreed to by the State.</p> <p>Review and adjudicate ninety (90) percent of all non-check provider requests for adjustments within 30 days of receipt. The remaining ten (10) percent of non-check-related adjustments and 100 percent of check-related adjustments must be adjudicated within 45 days of receipt. The Contractor shall provide the State with reports to monitor compliance.</p>	<p>Additional page will be required for weekly invoicing.</p> <p>An increased in mass adjustment due to fee for service alien emergency services and pregnancy carve out.</p>
FMC-27, FMC-28, FMC-29, FMC-30, FMC-40	Accounts Receivable Activities	Accounts receivable will be set up due to adjustments on fee for service alien emergency services and pregnancy carve out.
41.230.GOC-01	Provide online access for inquiry to IndianaAIM and all its applications for authorized users from at least 6:00 a.m. through 6:00 p.m., Monday through Sunday, excluding State holidays.	Increased support required for Network and Windows System Administrators to monitor servers and participate in problem resolution.
42.630.MMC-01 to MMC-05	System maintenance, system deficiencies, system testing,	Increased functionality creates an increase in resources needed for maintenance, production support, and testing requirements. While EDS leveraged existing managed care logic, code specific to HIP is embedded within that needs to be managed separately from the Hoosier Healthwise program. Leveraging code allowed for the reduction of support needed but additional resources will still be needed.
41.330 PRC-02-06, PRC-12-13, PRC-22, PRC-86	Provider enrollment activities	Additional support will be needed to support providers who enroll in HIP. These providers may or may not exist as Medicaid providers today. Additionally, they will need to be connected to HIP insurers within the provider enrollment system.

**EXHIBIT A
STATEMENT OF WORK**

In completing this assessment, EDS also identified areas that are one time activities or activities that will be absorbed by the team rather than request additional resources through an amendment. These activities are documented in the following table:

RFP Reference	RFP Description	Impact to RFP Requirement
41.330 PRC-56	Maintain a history of inquiries made by providers and the inquiry responses. Detailed information must be maintained online for a period of three months. Summary information must be stored in CRLD for a period of five years.	Add new Caller and Inquiry types to Indiana AIM Phone Tracking Log as required. If call volume increases directly related to support of HIP, EDS will document volume to discuss additional call center staff.
42.430 AHC requirements	These deal with ad hoc reporting and file extracts.	<p>Any additional space needs will be addressed with State if EDS is required to add space for HIP data.</p> <p>Additional Business Objects may be needed. If so, the State will indicate that they desire purchase and continued maintenance of this license to be obtained.</p> <p>New tables and columns are being added. Additional support is needed for update processes for the new tables and columns on an on-going basis. Potential impact on server capacity and response time with new tables being added to weekly process. Potential impact on band width for data transfers. Several large files will be transferred via File Exchange and have tight timeframes for transmissions to occur. Will reserve the right to increase bandwidth capacity should impact to processing occur.</p>

The Money Follows the Person (MFP) and Psychiatric Residential Treatment Facility (PRTF) waiver programs do not currently exist in any RFP or contract language as a program to be supported by the fiscal agent, EDS. Just as Medical Review Team (MRT) and First Steps were added to contract as additional programs, MFP and PRTF will need to be amended into the contracts (current and new contract for 2008 – 2014.)

EDS has or is in the process of completing the system changes necessary to support MFP and PRTF. Additionally, EDS has set-up processes in business units in good faith that this activity will be amended to the contract. The following table documents the expected impacts to the operational activities on the account. The RFP reference in the table is used as a comparison to current requirements for other programs supported by EDS.

RFP Reference	RFP Description	Impact to RFP Requirement
CPC-04, CPC-16, CPC-38, CPC-57	<p>Return hard copy claims missing required data within five business days of receipt.</p> <p>Retrieve claim and other documentation requested by the State within three business days.</p> <p>Pay, deny, or suspend paper claims within 30 calendar days of receipt.</p> <p>Provide the State, upon request, with hard-copy.</p> <p>Return hard copy claims missing required data within five business days of receipt.</p>	<p>Increased paper claim volume an average of 70 claims per month.</p> <p>Average returning 2 claims per month will be returned before processing.</p>

**EXHIBIT A
STATEMENT OF WORK**

RFP Reference	RFP Description	Impact to RFP Requirement
RFC-03, RFC-12, RFC-17, RFC-18, CPC-35	Update Reference tables with HCPCS procedure codes, in accordance with State law Update pricing information and other data on the Reference tables Perform online updates to Reference tables Maintain the edit and audit criteria on IndianaAIM. Maintain pricing	Reference analyst will keep all tables, edits, files, and so on needed to update for MFP and PRTF current
41.830. FMC-07 to FMC-09, FMC-15 to FMC-17	Maintain bank accounts perform funding, produce reports, handle invoices, deposit checks, and disposition checks on financial team.	Separate new lockboxes must be created for MFP and CA-PRTF. Estimated cost is \$652.05/month. Two additional lockbox numbers will be pulled and added daily for Medicaid funding adding approximately two (2) minutes per day per program. Two additional EFT numbers will be needed as well.

In completing this assessment, EDS also identified areas that are one time activities or activities that will be absorbed by the team rather than request additional resources through an amendment. These activities related specifically to additional support and activities covered by the waiver specialist, the system maintenance and production support team, and business analysts.

The State issued a competitive RFP for the enrollment broker (EB). This procurement resulted in the change from Americhoice to Maximus. Maximus required that they process EB functionality different than Americhoice; which resulted in new programming of extracts, connectivity, programs, and file transfers. The table below documents the increased staff need for support of the new programs and system transfers needed.

RFP Reference	RFP Description	Impact to RFP Requirement
41.230.GOC-01	Provide online access for inquiry to IndianaAIM and all its applications for authorized users from at least 6:00 a.m. through 6:00 p.m., Monday through Sunday, excluding State holidays.	Increased support required for Network and Windows System Administrators to monitor servers and participate in problem resolution.
42.630.MMC-01-27	The Core Contractor shall comply with the requirements described in the Maintenance Level Table (above) for performance of maintenance activities. This matrix assigns a severity level, describes the type of maintenance problem to be corrected, and defines the time frame for problem resolution.	Increased functionality and interface processes create an increase in the possibility for maintenance requirements. Main area of concern is with the additional file extracts and retrieval issues. Increase workload to handle the system functionality.
42.630.MMC-02-27	Document the discovery of system deficiencies (as reported by State, Fiscal Agent and Related Services Contractor, or other Contractors) within five (5) business days of discovery. Log deficiencies (brief description, date identified, person identifying problem and other attributes as required by the State) for review in the internal review process.	Increased functionality and interface processes create an increase in the possibility for failures and reporting. Main area of concern is with the additional file extracts and retrieval issues. Increase workload to handle the system failures, monitoring and reporting.

EXHIBIT A
STATEMENT OF WORK

In completing this assessment, EDS also identified areas that are one time activities or activities that will be absorbed by the team rather than request additional resources through an amendment. These activities are documented in the following table:

RFP Reference	RFP Description	Impact to RFP Requirement
42.530.SOC-30	Provide back-up processing capability at a site remote from the Contractor's primary site such that normal payment processing and other system and services, deemed necessary by the State, can continue in the event of a disaster or major hardware problem at the primary site.	Covered with existing staff. Storage increase is minimal - approximately 100 mg will be required to be maintained on File Exchange.
42.430 AHC-2, AHC-5	Meet with the State and other Contractors on a regular basis to review and prioritize ad hoc report and data extract requests.	Additional Business Objects may be needed. If so, the State will indicate that they desire purchase and continued maintenance of this license to be obtained.
42.430 AHC-5 to AHC-7	File extracts and reporting	Additional file extracts required due to new enrollment broker and requests for monitoring will be covered through existing data analyst or the State can request additional support through email or CR to be obtained and processed against the modification pool. Storage increase is minimal - approximately 300 mg.
42.430 AHC-24 to AHC-29	Representative example of requirements: <ul style="list-style-type: none"> • Update other ad hoc database tables on a monthly basis within the time frame specified by the State. • Generate and transmit data to the Data Analysis Contractor on a monthly basis within the time frame specified by the State. 	New tables and columns are being added. Additional support is needed for update processes for the new tables and columns on an on-going basis. Potential impact on server capacity and response time with new tables being added to weekly process. Potential impact on band width for data transfers. Several large files will be transferred via File Exchange and have tight timeframes for transmissions to occur. Will reserve the right to increase bandwidth capacity should impact to processing occur.

EXHIBIT A
STATEMENT OF WORK

The State issued a competitive RFP for the Care Select program. This procurement resulted in the addition of care management for the aged, blind, and disabled. MDWise and Advantage were selected as the organizations to provide this service. The table below documents the increased staff need for support of the new activities for the Care Select program.

RFP Reference	RFP Description	Impact to RFP Requirement
42.630.MMC-01 to MMC-05	System maintenance, system deficiencies, system testing,	Increased functionality creates an increase in resources needed for maintenance, production support, and testing requirements. While EDS leveraged existing managed care logic, code specific to Care Select is embedded within that needs to be managed separate from the Hoosier Healthwise program. Leveraging code allowed for the reduction of support needed but additional resources will still be needed.

In completing this assessment, EDS also identified areas that are one time activities or activities that will be absorbed by the team rather than request additional resources through an amendment. These activities are documented in the following table:

RFP Reference	RFP Description	Impact to RFP Requirement
42.430 AHC-2, AHC-5	Meet with the State and other Contractors on a regular basis to review and prioritize ad hoc report and data extract requests.	Additional Business Objects may be needed. If so, the State will indicate that they desire purchase and continued maintenance of this license to be obtained.
42.430 AHC-5 to AHC-7	File extracts and reporting	Additional file extracts required due to Care Select and requests for monitoring will be covered through existing data analyst or the State can request additional support through email or CR to be obtained and processed against the modification pool. Storage increase is minimal - approximately 300 mg.
42.430 AHC-24 to AHC-29	Representative example of requirements: <ul style="list-style-type: none"> • Update other ad hoc database tables on a monthly basis within the time frame specified by the State. • Generate and transmit data to the Data Analysis Contractor on a monthly basis within the time frame specified by the State. 	New tables and columns are being added for this CO. Additional support is needed for update processes for the new tables and columns on an on-going basis. Potential impact on server capacity and response time with new tables being added to weekly process. Potential impact on band width for data transfers. Several large files will be transferred via File Exchange and have tight timeframes for transmissions to occur. Will reserve the right to increase bandwidth capacity should impact to processing occur.

**ATTACHMENT DOCUMENT SUMMARY**

ATTACHMENT: AM1
AGREEMENT #: 49-08-LF-2559
AGREEMENT TERM: 12/01/2007-06/30/2014

VENDOR INFORMATION:

LEGAL NAME: ELECTRONIC DATA SYSTEMS CORPORATION

MAILING ADDRESS: 950 N. MERIDIAN ST. SUITE 1150
 INDIANAPOLIS, IN 46204

FSSA CONTRACT CONTACT: Cook, Mel E (317) 234-4200
EMAIL ADDRESS: Melvin.Cook@fssa.in.gov

FID/SSN: 75-2548221

CHANGE NUMBER: CH2

STATUTORY INFORMATION:

I.C. 12-15-30-1

FINANCIAL SUMMARY:

CLAIM PROG ID	SERVICE CODE	PROGRAM	EFFECTIVE DATES	AWARD AMOUNT
49-08-LF-2559-01	4006	Medicaid Admini	12/01/2007-06/30/2008	ZERO-BASED
49-08-LF-2559-02	4006	Medicaid Admini	07/01/2008-06/30/2009	ZERO-BASED
49-08-LF-2559-03	4006	Medicaid Admini	07/01/2009-06/30/2010	ZERO-BASED
49-08-LF-2559-04	4006	Medicaid Admini	07/01/2010-06/30/2011	ZERO-BASED
49-08-LF-2559-05	4006	Medicaid Admini	07/01/2011-06/30/2012	ZERO-BASED
49-08-LF-2559-06	4006	Medicaid Admini	07/01/2012-06/30/2013	ZERO-BASED
49-08-LF-2559-07	4006	Medicaid Admini	07/01/2013-06/30/2014	ZERO-BASED
49-08-ME-2559-01	4030	FIRST STEPS / C	12/01/2007-06/30/2008	ZERO-BASED
49-08-ME-2559-02	4030	FIRST STEPS / C	07/01/2008-06/30/2009	ZERO-BASED

TOTAL DOLLAR AMOUNT: \$216,779,438.00

**ATTACHMENT DOCUMENT DETAIL**

ATTACHMENT: AM1
AGREEMENT #: 49-08-LF-2559
AGREEMENT TERM: 12/01/2007-06/30/2014

CLAIM PROGRAM ID:	49-08-LF-2559-01	REGION:	Statewide
PROGRAM TOTAL:	ZERO-BASED		
FUND DESCRIPTION:	Medicaid Administration SFY 08	CFDA NUMBER:	n/a
ACCOUNT NUMBER:	3550-170000	FEDERAL YEAR:	2008
EFFECTIVE DATES:	12/01/2007-06/30/2008	STATE YEAR:	2008
ADVANCE DUE DAYS:	0	ADMINISTRATIVE CAP:	0.00
ADVANCE PERCENT:	0.0000%	CLOSE OUT DATE:	08/29/2008
NMT PERCENT:	0.0000%	NMT DOLLARS:	0.00
MATCH PERCENT:	0.0000%	MATCH AMOUNT:	0.00
FEDERAL PERCENT:	0.0000%	STATE PERCENT:	0.0000%
PRIVATE PERCENT:	0.0000%	OTHER PERCENT:	0.0000%

SERVICE INFORMATION:	4006 ACUTE CARE		
SERVICE EFF DATES:	12/1/2007-6/30/2008		
COMPONENT DESCRIPTION	COMPONENT DATES	UNITS	RATE
.8 POSTAGE	12/01/07-6/30/08	ACTUAL COST	0.0000
.42 IMPLEMENTATION FEE	12/01/07-12/31/07	MONTH	949,114.1300
.42 IMPLEMENTATION FEE	1/01/08-1/31/08	MONTH	949,114.1300
.42 IMPLEMENTATION FEE	2/01/08-6/30/08	MONTH	815,780.7900
.43 IOT SYSTEM ENHANCEMENTS	12/01/07-6/30/08	ACTUAL COST	1.0000
SERVICE TOTAL:			ZERO-BASED

**ATTACHMENT DOCUMENT DETAIL**

ATTACHMENT: AM1
AGREEMENT #: 49-08-LF-2559
AGREEMENT TERM: 12/01/2007-06/30/2014

CLAIM PROGRAM ID:	49-08-LF-2559-02	REGION:	Statewide
PROGRAM TOTAL:	ZERO-BASED		
FUND DESCRIPTION:	Medicaid Administration SFY 09	CFDA NUMBER:	n/a
ACCOUNT NUMBER:	3550-170000	FEDERAL YEAR:	2008
EFFECTIVE DATES:	07/01/2008-06/30/2009	STATE YEAR:	2009
ADVANCE DUE DAYS:	0	ADMINISTRATIVE CAP:	0.00
ADVANCE PERCENT:	0.0000%	CLOSE OUT DATE:	08/29/2009
NMT PERCENT:	0.0000%	NMT DOLLARS:	0.00
MATCH PERCENT:	0.0000%	MATCH AMOUNT:	0.00
FEDERAL PERCENT:	0.0000%	STATE PERCENT:	0.0000%
PRIVATE PERCENT:	0.0000%	OTHER PERCENT:	0.0000%

SERVICE INFORMATION:	4006 ACUTE CARE		
SERVICE EFF DATES:	7/1/2008-6/30/2009		
COMPONENT DESCRIPTION	COMPONENT DATES	UNITS	RATE
			2,323,691.770
.7A IHCP PROFESSIONAL SERVICES	7/01/08-6/30/09	MONTH	0
.8A POSTAGE & MAILING SVRS./MT	7/01/08-6/30/09	ACTUAL COST	1.0000
.10 TPL CONTINGENCY FEE	7/01/08-6/30/09	ACTUAL COST	1.0000
.42 IMPLEMENTATION FEE	7/01/08-7/31/08	MONTH	815,780.7900
.43 IOT SYSTEM ENHANCEMENTS	7/01/08-6/30/09	ACTUAL COST	1.0000
.55 Enrollment Broker HIP MFP	7/01/08-6/30/09	MONTH	95,446.2000
SERVICE TOTAL:			ZERO-BASED



ATTACHMENT DOCUMENT DETAIL

ATTACHMENT: AM1
AGREEMENT #: 49-08-LF-2559
AGREEMENT TERM: 12/01/2007-06/30/2014

CLAIM PROGRAM ID:	49-08-LF-2559-03	REGION:	Statewide
PROGRAM TOTAL:	ZERO-BASED		
FUND DESCRIPTION:	Medicaid Administration SFY 10	CFDA NUMBER:	n/a
ACCOUNT NUMBER:	3550-170000	FEDERAL YEAR:	2009
EFFECTIVE DATES:	07/01/2009-06/30/2010	STATE YEAR:	2010
ADVANCE DUE DAYS:	0	ADMINISTRATIVE CAP:	0.00
ADVANCE PERCENT:	0.0000%	CLOSE OUT DATE:	08/29/2010
NMT PERCENT:	0.0000%	NMT DOLLARS:	0.00
MATCH PERCENT:	0.0000%	MATCH AMOUNT:	0.00
FEDERAL PERCENT:	0.0000%	STATE PERCENT:	0.0000%
PRIVATE PERCENT:	0.0000%	OTHER PERCENT:	0.0000%

SERVICE INFORMATION:	4006 ACUTE CARE		
SERVICE EFF DATES:	7/1/2009-6/30/2010		
COMPONENT DESCRIPTION	COMPONENT DATES	UNITS	RATE
			2,401,110.410
.7A IHCP PROFESSIONAL SERVICES	7/01/09-6/30/10	MONTH	0
.8A POSTAGE & MAILING SVRS./MT	7/01/09-6/30/10	ACTUAL COST	1.0000
.10 TPL CONTINGENCY FEE	7/01/09-6/30/10	ACTUAL COST	1.0000
.43 IOT SYSTEM ENHANCEMENTS	7/01/09-6/30/10	ACTUAL COST	1.0000
.55 Enrollment Broker HIP MFP	7/01/09-6/30/10	MONTH	95,446.2000
SERVICE TOTAL:			ZERO-BASED

**ATTACHMENT DOCUMENT DETAIL**

ATTACHMENT: AM1
AGREEMENT #: 49-08-LF-2559
AGREEMENT TERM: 12/01/2007-06/30/2014

CLAIM PROGRAM ID:	49-08-LF-2559-04	REGION:	Statewide
PROGRAM TOTAL:	ZERO-BASED		
FUND DESCRIPTION:	Medicaid Administration		
	SFY 11	CFDA NUMBER:	n/a
ACCOUNT NUMBER:	3550-170000	FEDERAL YEAR:	2010
EFFECTIVE DATES:	07/01/2010-06/30/2011	STATE YEAR:	2011
ADVANCE DUE DAYS:	0	ADMINISTRATIVE CAP:	0.00
ADVANCE PERCENT:	0.0000%	CLOSE OUT DATE:	08/29/2011
NMT PERCENT:	0.0000%	NMT DOLLARS:	0.00
MATCH PERCENT:	0.0000%	MATCH AMOUNT:	0.00
FEDERAL PERCENT:	0.0000%	STATE PERCENT:	0.0000%
PRIVATE PERCENT:	0.0000%	OTHER PERCENT:	0.0000%

SERVICE INFORMATION:	4006 ACUTE CARE		
SERVICE EFF DATES:	7/1/2010-6/30/2011		
COMPONENT DESCRIPTION	COMPONENT DATES	UNITS	RATE
			2,413,075.050
.7A IHCP PROFESSIONAL SERVICES	7/01/10-6/30/11	MONTH	0
.8A POSTAGE & MAILING SVRS./MT	7/01/10-6/30/11	ACTUAL COST	1.0000
.10 TPL CONTINGENCY FEE	7/01/10-6/30/11	ACTUAL COST	1.0000
.43 IOT SYSTEM ENHANCEMENTS	7/01/10-6/30/11	ACTUAL COST	1.0000
.55 Enrollment Broker HIP MFP	7/01/10-6/30/11	MONTH	95,446.2000
SERVICE TOTAL:			ZERO-BASED

**ATTACHMENT DOCUMENT DETAIL**

ATTACHMENT: AM1
AGREEMENT #: 49-08-LF-2559
AGREEMENT TERM: 12/01/2007-06/30/2014

CLAIM PROGRAM ID:	49-08-LF-2559-05	REGION:	Statewide
PROGRAM TOTAL:	ZERO-BASED		
FUND DESCRIPTION:	Medicaid Administration		
	SFY 12	CFDA NUMBER:	n/a
ACCOUNT NUMBER:	3550-170000	FEDERAL YEAR:	2011
EFFECTIVE DATES:	07/01/2011-06/30/2012	STATE YEAR:	2012
ADVANCE DUE DAYS:	0	ADMINISTRATIVE CAP:	0.00
ADVANCE PERCENT:	0.0000%	CLOSE OUT DATE:	08/29/2012
NMT PERCENT:	0.0000%	NMT DOLLARS:	0.00
MATCH PERCENT:	0.0000%	MATCH AMOUNT:	0.00
FEDERAL PERCENT:	0.0000%	STATE PERCENT:	0.0000%
PRIVATE PERCENT:	0.0000%	OTHER PERCENT:	0.0000%

SERVICE INFORMATION:	4006 ACUTE CARE		
SERVICE EFF DATES:	7/1/2011-6/30/2012		
COMPONENT DESCRIPTION	COMPONENT DATES	UNITS	RATE
			2,489,780.330
.7A IHCP PROFESSIONAL SERVICES	7/01/11-6/30/12	MONTH	0
.8A POSTAGE & MAILING SVRS./MT	7/01/11-6/30/12	ACTUAL COST	1.0000
.10 TPL CONTINGENCY FEE	7/01/11-6/30/12	ACTUAL COST	1.0000
.43 IOT SYSTEM ENHANCEMENTS	7/01/11-6/30/12	ACTUAL COST	1.0000
.55 Enrollment Broker HIP MFP	7/01/11-6/30/12	MONTH	95,446.2000
SERVICE TOTAL:			ZERO-BASED

**ATTACHMENT DOCUMENT DETAIL**

ATTACHMENT: AM1
AGREEMENT #: 49-08-LF-2559
AGREEMENT TERM: 12/01/2007-06/30/2014

CLAIM PROGRAM ID:	49-08-LF-2559-06	REGION:	Statewide
PROGRAM TOTAL:	ZERO-BASED		
FUND DESCRIPTION:	Medicaid Administration SFY 13	CFDA NUMBER:	n/a
ACCOUNT NUMBER:	3550-170000	FEDERAL YEAR:	2012
EFFECTIVE DATES:	07/01/2012-06/30/2013	STATE YEAR:	2013
ADVANCE DUE DAYS:	0	ADMINISTRATIVE CAP:	0.00
ADVANCE PERCENT:	0.0000%	CLOSE OUT DATE:	08/29/2013
NMT PERCENT:	0.0000%	NMT DOLLARS:	0.00
MATCH PERCENT:	0.0000%	MATCH AMOUNT:	0.00
FEDERAL PERCENT:	0.0000%	STATE PERCENT:	0.0000%
PRIVATE PERCENT:	0.0000%	OTHER PERCENT:	0.0000%

SERVICE INFORMATION:	4006 ACUTE CARE		
SERVICE EFF DATES:	7/1/2012-6/30/2013		
COMPONENT DESCRIPTION	COMPONENT DATES	UNITS	RATE
			2,635,380.570
.7A IHCP PROFESSIONAL SERVICES	7/01/12-6/30/13	MONTH	0
.8A POSTAGE & MAILING SVRS./MT	7/01/12-6/30/13	ACTUAL COST	1.0000
.10 TPL CONTINGENCY FEE	7/01/12-6/30/13	ACTUAL COST	1.0000
.43 IOT SYSTEM ENHANCEMENTS	7/01/12-6/30/13	ACTUAL COST	1.0000
.55 Enrollment Broker HIP MFP	7/01/12-6/30/13	MONTH	95,446.2000
SERVICE TOTAL:			ZERO-BASED

**ATTACHMENT DOCUMENT DETAIL**

ATTACHMENT: AM1
AGREEMENT #: 49-08-LF-2559
AGREEMENT TERM: 12/01/2007-06/30/2014

CLAIM PROGRAM ID:	49-08-LF-2559-07	REGION:	Statewide
PROGRAM TOTAL:	ZERO-BASED		
FUND DESCRIPTION:	Medicaid Administration SFY 14	CFDA NUMBER:	n/a
ACCOUNT NUMBER:	3550-170000	FEDERAL YEAR:	2013
EFFECTIVE DATES:	07/01/2013-06/30/2014	STATE YEAR:	2014
ADVANCE DUE DAYS:	0	ADMINISTRATIVE CAP:	0.00
ADVANCE PERCENT:	0.0000%	CLOSE OUT DATE:	08/29/2014
NMT PERCENT:	0.0000%	NMT DOLLARS:	0.00
MATCH PERCENT:	0.0000%	MATCH AMOUNT:	0.00
FEDERAL PERCENT:	0.0000%	STATE PERCENT:	0.0000%
PRIVATE PERCENT:	0.0000%	OTHER PERCENT:	0.0000%

SERVICE INFORMATION:	4006 ACUTE CARE		
SERVICE EFF DATES:	7/1/2013-6/30/2014		
COMPONENT DESCRIPTION	COMPONENT DATES	UNITS	RATE
			2,744,837.990
.7A IHCP PROFESSIONAL SERVICES	7/01/13-6/30/14	MONTH	0
.8A POSTAGE & MAILING SVRS./MT	7/01/13-6/30/14	ACTUAL COST	1.0000
.10 TPL CONTINGENCY FEE	7/01/13-6/30/14	ACTUAL COST	1.0000
.43 IOT SYSTEM ENHANCEMENTS	7/01/13-6/30/14	ACTUAL COST	1.0000
.55 Enrollment Broker HIP MFP	7/01/13-5/31/14	MONTH	95,446.2000
.55 Enrollment Broker HIP MFP	6/01/14-6/30/14	MONTH	95,445.8000
SERVICE TOTAL:			ZERO-BASED

**ATTACHMENT DOCUMENT DETAIL**

ATTACHMENT: AM1
AGREEMENT #: 49-08-LF-2559
AGREEMENT TERM: 12/01/2007-06/30/2014

CLAIM PROGRAM ID:	49-08-ME-2559-01	REGION:	Statewide
PROGRAM TOTAL:	ZERO-BASED	CFDA NUMBER:	n/a
FUND DESCRIPTION:	FIRST STEPS / CRO 08	FEDERAL YEAR:	2008
ACCOUNT NUMBER:	3510-120000	STATE YEAR:	2008
EFFECTIVE DATES:	12/01/2007-06/30/2008	ADMINISTRATIVE CAP:	0.00
ADVANCE DUE DAYS:	0	CLOSE OUT DATE:	08/29/2008
ADVANCE PERCENT:	0.0000%	NMT PERCENT:	0.0000%
NMT PERCENT:	0.0000%	NMT DOLLARS:	0.00
MATCH PERCENT:	0.0000%	MATCH AMOUNT:	0.00
FEDERAL PERCENT:	0.0000%	STATE PERCENT:	0.0000%
PRIVATE PERCENT:	0.0000%	OTHER PERCENT:	0.0000%

SERVICE INFORMATION:	4030 FIRST STEPS		
SERVICE EFF DATES:	12/1/2007-6/30/2008		
COMPONENT DESCRIPTION	COMPONENT DATES	UNITS	RATE
.41 IMPLEMENTATION FEE	6/01/08-6/30/08	ACTUAL COST	1.0000
SERVICE TOTAL:	ZERO-BASED		



ATTACHMENT DOCUMENT DETAIL

ATTACHMENT: AM1
AGREEMENT #: 49-08-LF-2559
AGREEMENT TERM: 12/01/2007-06/30/2014

CLAIM PROGRAM ID:	49-08-ME-2559-02	REGION:	Statewide
PROGRAM TOTAL:	ZERO-BASED	CFDA NUMBER:	n/a
FUND DESCRIPTION:	FIRST STEPS / CRO 09	FEDERAL YEAR:	2008
ACCOUNT NUMBER:	3510-120000	STATE YEAR:	2009
EFFECTIVE DATES:	07/01/2008-06/30/2009	ADMINISTRATIVE CAP:	0.00
ADVANCE DUE DAYS:	0	CLOSE OUT DATE:	08/29/2009
ADVANCE PERCENT:	0.0000%	NMT DOLLARS:	0.00
NMT PERCENT:	0.0000%	MATCH AMOUNT:	0.00
MATCH PERCENT:	0.0000%	FEDERAL PERCENT:	0.0000%
FEDERAL PERCENT:	0.0000%	STATE PERCENT:	0.0000%
PRIVATE PERCENT:	0.0000%	OTHER PERCENT:	0.0000%

SERVICE INFORMATION:	4030 FIRST STEPS		
SERVICE EFF DATES:	7/1/2008-6/30/2009		
COMPONENT DESCRIPTION	COMPONENT DATES	UNITS	RATE
.39A FIRST STEPS PROFESSIONAL	7/01/08-6/30/09	MONTHLY	86,287.3300
SERVICE TOTAL:	ZERO-BASED		