

MAY 29 2008

12484



## EXECUTIVE DOCUMENT SUMMARY

State Form 422

Instructions for completing the EDS and the Contract process.

MAY 30 2008

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

IDOA Contracts

7/18

1. EDS Number: A70-6-7741	2. Date prepared: 5/2/2008
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## 3. CONTRACTS &amp; 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# 3
<input type="checkbox"/> MOU	<input type="checkbox"/> Renewal #
<input type="checkbox"/> QPA	<input type="checkbox"/> Other

## FISCAL INFORMATION

4. Account Number: 3610-15460	5. Account Name: EARLY CHLDHOOD COMPRE
6. Total amount this action: \$6,200.00	7. New contract total: 141,210.00
8. Revenue generated this action: \$0.00	9. Revenue generated total contract: \$0.00
10. New total amount for each fiscal year:	
Year 2006	\$37,500.00
Year 2007	\$45,000.00
Year 2008	\$45,008.00
Year 2009	\$13,702.00

## TIME PERIOD COVERED IN THIS EDS

11. From (month, day, year): 9/1/2005	12. To (month, day, year): 8/31/2008
13. Method of source selection:	
<input checked="" type="checkbox"/> Bid/Quotation	<input type="checkbox"/> Emergency
<input type="checkbox"/> RFP#	<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

Yes: IOT or Delegate has signed off on contract

36. Statutory Authority (Cite applicable Indiana or Federal Codes):  
NONE

37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.)

Amendment #3 amends this contract for the completion of 10 fact sheets providing key information about health care financing options. These sheets will serve as effective resources to Hoosier families and the medical home providers who serve them. \$6,200 will be moved from the ECCS budget (800 - Unspecified Funds) to this contract for the deliverables in Attachment E.

38. Justification of vendor selection and determination of price reasonableness:  
Lowest bidder was selected for the original contract

RECEIVED

JUN 03 2008

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

OAG-ADVISORY

40. Agency fiscal officer or representative approval <i>[Signature]</i>	41. Date Approved 5-27-08	42. Budget agency approval <i>[Signature]</i>	43. Date Approved 6/2/08
44. Attorney General's Office approval DSS	45. Date Approved 6-11-08	46. Agency representative receiving from AG	47. Date Approved



4569-003

**Amendment No. 3**  
**EDS Number A70-6-7741**

JP

This is an Amendment to the existing Early Childhood Comprehensive System Planning Personal Services Contract entered into by and between the **Indiana State Department of Health** (hereinafter referred to as the "State") and **Emerald Consulting, LLC** (hereinafter referred to as the "Contractor") for the period from September 1, 2005 through August 31, 2008, in the amount of \$135,010.

In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree as follows:

The amount of the Personal Services Contract is being increased by \$6,200, making the new total of the Personal Services Contract \$141,210. The additional funds will be used to provide 10 fact sheets providing key information about health care financing options and to cover the cost of Mileage and Parking. See Attachment E, attached hereto, made a part hereof and incorporated herein by reference as part of this Contract.

Paragraph 2 – **Consideration** is amended to read:

The Contractor will be paid monthly in arrears using the rates set out on Attachments B, C, D, and E attached hereto and hereby incorporated into this Contract. Payments shall not exceed \$45,000 for the period September 1, 2005 through August 31, 2006, \$45,000 for the period September 1, 2006 through August 31, 2007, and \$51,210 for the period September 1, 2007 through August 31, 2008. Total remuneration under this Personal Services Contract shall not exceed \$141,210.

Paragraph 9B – **Compliance with Laws** is amended to read:

The Contractor and its agents shall abide by all ethical requirements that apply to persons who have a business relationship with the State as set forth in IC § 4-2-6 *et seq.*, IC § 4-2-7, *et seq.*, the regulations promulgated there under, and Executive Order 04-08, dated April 27, 2004. If the Contractor is not familiar with these ethical requirements, the Contractor should refer any questions to the Indiana State Ethics Commission, or visit the Indiana State Ethics Commission website at <http://www.in.gov/ig/>. If the Contractor or its agents violate any applicable ethical standards, the State may, in its sole discretion, terminate this Grant immediately upon notice to the Contractor. In addition, the Contractor may be subject to penalties under IC §§ 4-2-6, 4-2-7, 35-44-1-3, and under any other applicable laws.

**Funding Summary**

3610-154600	9/1/05 through 8/31/06	\$ 45,000
3610-154600	9/1/06 through 8/31/07	45,000
3610-154600	9/1/07 through 8/31/08	<u>51,210</u>
Total		\$141,210

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

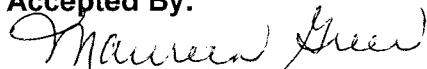
**Non-Collusion and Acceptance**

The undersigned attests, subject to the penalties for perjury, that he/she is the Contractor, or that he/she is the properly 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, directly or indirectly, 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 Contract other than that which appears upon the face of this Contract.

**The rest of this page has been left blank intentionally.**

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

**Accepted By:**



MAUREEN GREER  
MANAGING PARTNER  
EMERALD CONSULTING, LLC

DATE: May 20, 2008

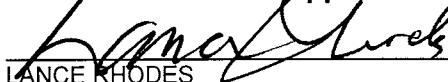
**Certification of Funds:**



BEVERLY S. FLANAGAN  
DEPUTY DIRECTOR OF BUSINESS PROCESSES  
DIVISION OF FINANCE  
OPERATIONAL SERVICES COMMISSION  
INDIANA STATE DEPARTMENT OF HEALTH

DATE: May 27, 2008

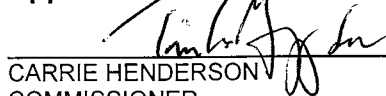
**Recommended and Approved By:**



LANCE RHODES  
CHIEF FINANCIAL OFFICER  
OPERATIONAL SERVICES  
INDIANA STATE DEPARTMENT OF HEALTH

DATE: 5/27/08

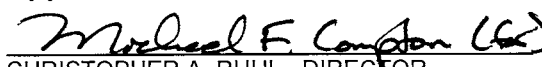
**Approved:**



CARRIE HENDERSON  
COMMISSIONER  
DEPARTMENT OF ADMINISTRATION  
STATE OF INDIANA

DATE: 5/30/08

**Approved:**



CHRISTOPHER A. RUHL, DIRECTOR  
STATE BUDGET AGENCY  
STATE OF INDIANA

DATE: 6/2/08

**Approved as to Form and Legality:**



STEPHEN CARTER  
ATTORNEY GENERAL OF INDIANA

DATE: 6/11/08

Amendment language to move \$6,200 of ECCS money from the Contractual Services-800 - Unspecified Funds line to the Emerald Consulting contract which already exists through 8/31/08:

### **Deliverables**

Complete 10 fact sheets providing key information about health care financing options. These sheets will serve as effective resources to Hoosier families and the medical home providers who serve them.

### **Potential Topics to Cover:**

- Private Insurance
  - Types including health savings accounts
- Hoosier Healthwise
- Waivers
  - Might consider 2 separate, 1 for A&D/TBI and one for SS, DD and Autism
  - Might consider one for OASIS
- CSHCS
- Social Security
- Outreach services for individuals statewide with DD or intellectual disabilities.
- WIC
- TANF
- Choice
- First Steps
- Schools
- Disability Specific
- Small grants and resources (private groups, local foundations, disability specific)
- Prescription assistance programs

### **Process:**

1. Identify existing information on each program (printed, web biased, and personally presented)
2. Condense key facts including:
  - a. Eligibility
  - b. Coverage/services
  - c. Application process and requirements (what documentation will you need)
  - d. Contact information (for application and additional information)
  - e. Whom to contact if experiencing a problem
3. Create family friendly fact sheet covering key facts  
Ensuring that fact sheet format:
  - is constant
  - Includes appropriate branding
  - is converted to both PDF and work document to allow for the greatest distribution and accessibility
4. Have fact sheet drafts reviewed by:
  - Agency staff charged with program featured
  - Family and professional partners and stakeholder

Attachment E  
A70-6-7741

5. Incorporate feedback from reviews
6. Complete fact sheets
  - When submitted fact sheets will be maintain and updated to reflect any program changes for the duration of the project.
  - Project completion will also include a guide to anticipated changes in programs that would require changes to fact sheets.

**Budget:**

Personnel	\$6,000
Mileage/parking	<u>\$ 200</u>
TOTAL	\$6,200

**Budget Narrative:**

- Approximately 12 hours per fact sheet; 10 fact sheets @ 12 hours each = 120 hours @ \$50.00 per hour = \$6,000.
- Attend up to 5 meetings in Indy (e.g. FSSA care select and Medicaid Waiver); Mileage to Indy approximately 70 miles roundtrip, 5 trip x 70 miles = 350 miles @ .40 = \$140; plus parking up to \$12 x5 = \$60; \$140 + \$60 = \$200.