

PERSONAL SERVICE AGREEMENT
CC-302A REV. 2006

**STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER**

1. PREPARE IN QUADRUPLES
2. THE STATE BUSINESS UNIT AND THE CONTRACTOR AS LISTED BELOW HEREBY ENTER INTO AN AGREEMENT SUBJECT TO THE TERMS AND CONDITIONS STATED HEREIN AND/OR ATTACHED HERETO AND SUBJECT TO THE PROVISIONS OF SECTION 4-3A OF THE CONNECTICUT GENERAL STATUTES AS APPLICABLE
3. ACCEPTANCE OF THIS CONTRACT IMPLIES PERFORMANCE WITH TERMS AND CONDITIONS SET FORTH BY THE OFFICE OF POLICY AND MANAGEMENT PERSONAL SERVICE AGREEMENT STANDARDS AND PROCEDURES.

(1) ORIGINAL AMENDMENT (2) IDENTIFICATION NO. 1751A700023

CONTRACTOR	(A) CONTRACTOR NAME Continuity Health Center, Inc. CONTRACTOR ADDRESS 636 Main Street, Middletown, CT 06457	(4) ARE YOU EMPLOYED BY STATE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CONTRACTOR REVENUE NUMBER
STATE AGENCY	(B) AGENCY NAME AND ADDRESS Office of Health Strategy, 450 Capitol Avenue, MS# 510HS, P.O. Box 340308, Hartford, CT 06134-0308	
CONTRACT PERIOD	(C) DATE FROM: Upon execution (D) DATE TO: 6/30/2019	(E) CONTRACT NUMBER: [] MASTER AGREEMENT [] CONTRACT AWARD NO. [] [] OTHER
CANCELLATION CLAUSE	THIS AGREEMENT SHALL REMAIN IN FULL FORCE AND EFFECT FOR THE ENTIRE TERM OF THE CONTRACT PERIOD STATED ABOVE UNLESS CANCELLED BY THE STATE BUSINESS UNIT BY GIVING THE CONTRACTOR WRITTEN NOTICE OF SUCH INTENTION (REQUIRED DAYS NOTICE SPECIFIED ABOVE).	
COMPLETE DESCRIPTION OF SERVICE	(F) CONTRACTOR AGREES TO (Include a brief description - Attach additional items if applicable of necessity) Contractor shall continue work as outlined in Sections E and F of the contract, modified as detailed in the amendment. Contractor shall also complete new scope of work added in Section G. This amendment extends the contract period from 7/31/2018 to 6/30/2019.	
COST AND SCHEDULE OF PAYMENTS	(H) PAYMENT TO BE MADE UNDER THE FOLLOWING SCHEDULE OF PAYMENTS (to be fully executed and approved in 60 days) The contractor shall be paid at its hourly rates as shown in Section I of the contract. The State shall pay the contractor a total sum not to exceed \$899,999 for services performed under this agreement. This includes the addition of \$400,000 to the contract. This amount was allocated following a new request for Applications. Detailed invoices shall be prepared monthly or upon completion of the specified services.	

(I) OBLIGATED AMOUNT: \$899,999.00

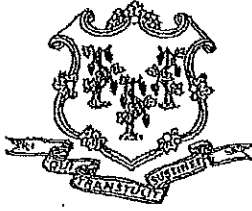
(1) AMOUNT	(2) FUND	(3) DEPARTMENT	(4) OBJECT	(5) PROGRAM	(6) ACCOUNT	(7) FUNDING AGENCY	(8) FISCAL YEAR	(9) FISCAL MONTH	(10) FISCAL PERIOD
\$899,999.00	12060	0HS49471	22707	42901	61230				2018

All invoices submitted for payment shall be prepared in accordance with the State of Connecticut Department of Administrative Services (DAS) Standard Invoice Form (SIF) and shall be submitted to the State Comptroller's Office for review and approval. The contractor shall be responsible for obtaining all necessary approvals from the State Business Unit and the State Comptroller's Office. The contractor shall be responsible for providing all necessary documentation to support the invoice, including a copy of the contract and any amendments. The contractor shall be responsible for providing a copy of the invoice to the State Comptroller's Office within 30 days of the end of the month for which the invoice is submitted. The contractor shall be responsible for providing a copy of the invoice to the State Business Unit within 30 days of the end of the month for which the invoice is submitted. The contractor shall be responsible for providing a copy of the invoice to the State Comptroller's Office within 30 days of the end of the month for which the invoice is submitted. The contractor shall be responsible for providing a copy of the invoice to the State Business Unit within 30 days of the end of the month for which the invoice is submitted.

ACCEPTANCES AND APPROVALS		AGREEMENT AMOUNT
(1) CONTRACT OWNER (OR AUTHORIZED REPRESENTATIVE)	SIGNATURE	DATE
Victoria Valt		7/27/2019
(2) STATE OF CONNECTICUT DEPARTMENT OF ADMINISTRATION SERVICES	SIGNATURE	DATE
		7/27/18
(3) STATE OF CONNECTICUT GENERAL ASSEMBLY (OFFICE OF THE CLERK)	SIGNATURE	DATE
		7/30/18

DISTRIBUTION: ORIGINAL CONTRACTOR, STATE OF CONNECTICUT, OFFICE OF THE ATTORNEY GENERAL, OFFICE OF THE COMPTROLLER

STATE OF CONNECTICUT
OFFICE OF HEALTH STRATEGY



CONTRACT AMENDMENT

Contractor: Community Health Center, Inc.
Contractor Address: 635 Main Street, Middletown, CT 06457
Contract Number: 17SIM0002
Amendment Number: 1
Amount as Amended: \$899,999
Contract Term as Amended: 6/30/19

The contract between Community Health Center, Inc. (*the Contractor*) and the Office of the Healthcare Advocate (OHA), which was executed by the parties and approved by the Office of the Attorney General on 2/7/17, and continued under the authority of the Office of Health Strategy (OHS) pursuant to section 4-38d of the Connecticut General Statutes, is hereby amended as follows:

1. Section B.1, Contract Period is deleted in its entirety and replaced as follows:

This Agreement shall commence as of the date this Agreement is fully executed by the parties hereto and the duties of the STATE and the CONTRACTOR as set forth in Sections E and F of this Agreement shall be completed by June 30, 2019 and validated by November 30, 2019 (hereinafter "end date") unless amended.

2. Section E, Scope of Work: Community and Clinical Integration Program is amended as follows:

E. 3. Participate in and Cooperate with Assessments

E.3.6. The CONTRACTOR shall participate in and cooperate with the CCIP Validation Surveyor compliance review and validation process to measure the CONTRACTOR's progress toward achievement of the CCIP Standards by December 2018. The CONTRACTOR shall have the right to review and appeal the results of the compliance review. The compliance review shall the STATE to:

- Determine which standards have been met.
- Determine which components of the Standards require additional work by the CONTRACTOR.
- Require the CONTRACTOR to update the Project Plan to reflect the above findings and adjust the interventions and activities to ensure achievement of the Standards by June 2019.

E.3.7. The CONTRACTOR shall participate in and cooperate with the CCIP Validation Surveyor in a final compliance review and validation process to confirm the CONTRACTOR's achievement of the CCIP

Standards by November 2019. The CONTRACTOR shall have the right to approve the results of compliance review. The validation process shall include an on-site component to ensure that transformation related activities have been meaningfully adopted.

E.3.8. The CONTRACTOR shall participate in additional compliance reviews to measure progress toward achievement of the Standards if determined necessary by the STATE.

E.3.9. The compliance review and validation process activities shall be used by the STATE and the CCIP Validation Surveyor to track the CONTRACTOR'S progress towards achieving CCIP standards and improving the quality of care.

E. 6. Program Participation and Achievement of the CCIP Standards

E.6.4. The CONTRACTOR shall commit to achieving the CCIP core standards by June 30, 2019 unless an accommodation is provided in writing by the STATE in accordance with Section G, Accommodations.

E.6.7. Failure to achieve the CCIP standards by June 30, 2019 or as otherwise agreed to by the STATE may jeopardize the CONTRACTOR'S ability to participate in future programs that the STATE may offer following completion of the State Innovation Model grant.

E. 7. Participate in Consultative Support if Recommended by the State

E.7.1. The CONTRACTOR may actively engage in consultative support with one or more of the State's Subject Matter Experts if recommended by the State in order to fully achieve the CCIP Standards. STATE recommendations will be based on specific challenge areas mutually identified by the CONTRACTOR and the STATE.

E.8. Participate in Project Management Activities with the STATE

E.8.1. The CONTRACTOR shall participate in regular check-in meetings with the State Program Management Office on a schedule mutually determined between the CONTRACTOR and the STATE.

E.8.2. The CONTRACTOR shall submit Quarterly Reports in a format determined by the STATE that includes, at a minimum:

- Narrative update on progress toward achieving each of the Core CCIP Standards and the Elective Standards, as appropriate
- Narrative update on activities completed by each SIM-funded position or consultant
- Updated process and outcome measures to monitor progress in improving quality of care, as mutually determined by the STATE and the CONTRACTOR

- Updated Project Plan based on needed changes identified by the CONTRACTOR or the STATE to facilitate achievement of the Standards

E.9. Participate in Health Information Technology Pilot

E.9.1. The CONTRACTOR may participate in Health Information Technology pilots with the STATE to enable the collection of data generated through the electronic health record system that demonstrate achievement of the CCIP standards. The CONTRACTOR would be required to execute a data use agreement and a business associate agreement as a prerequisite to participate in HIT pilots.

3. Section F. Scope of Work: Transformation Awards is deleted in its entirety and replaced as follows:

F.1 General

F.1.1 The CONTRACTOR shall utilize the Transformation Award funds for the purpose of achieving CCIP standards across its organization, as described within this Agreement.

F.1.2 The CONTRACTOR shall roll out the proposed activities at all of the CONTRACTOR's delivery sites across the state. Sixty-four primary care providers will be impacted by gaining access to additional eConsult specialties, improved integration with behavioral health, and better care management for their patients. These providers care for approximately 92,000 patients, which includes an additional 10,000 pediatric patients, now part of the CONTRACTOR's enterprise with the recent addition of CHC@Connecticut Children's, formerly the CCMC pediatric clinic. These patients will gain enhanced access to specialty care any time they need a referral. Those found to need a face-to-face consult will receive enhanced care management to help ensure that their needs are met.

F.1.3 The CONTRACTOR shall comply with all requests from the STATE related to reporting and other requirements set forth in the *Cooperative Agreement Award to STATE of Connecticut for Model Testing Assistance*.

F.1.4 The provisions in this section represent only a subset of the requirements that must be met in order to achieve the CCIP standards. Nothing in this section shall be construed to limit the CONTRACTOR's obligation to meet the CCIP core standards in their entirety.

F.1.5 The CONTRACTOR shall utilize the Transformation Award funds to redesign clinical workflows, develop new processes, and acquire additional infrastructure to support meeting the eConsult elective standard, with a focus on:

F.1.5.1 Enhanced complex care management,

F.1.5.2 Expansion of eConsults to pediatric subspecialties, psychiatry and addiction medicine,

F.1.5.3 Enhanced referral coordination for patients needing urgent face-to-face specialty
consults, and

F.1.5.4 Conduct an evaluation comprised of a robust business process and financial analysis to
fully understand the cost benefits of the model and the relationship between related
costs.

F. 2 Proposed Use of Funds

F.2.1 The CONTRACTOR shall utilize the Transformation Award funds to further develop its newly
implemented complex care management program to include CHWs as a core member of the
extended care team to provide additional support for patients with challenges related to social
determinants of health and with complex care needs including recent hospital discharges, high
emergency room utilization, multiple health conditions and/or poorly controlled chronic illness.
The CONTRACTOR shall further develop this program and refine it to focus on issues of high
utilizers as well as to help meet the goals of improved health equity.

F.2.2 The CONTRACTOR shall utilize the Transformation Award funds to expand eConsults to Pediatric
Subspecialties, Behavioral Health and Addiction Medicine. The focus will be on the following
elements of eConsult delivery:

F.2.2.1 Identifying patients appropriate for eConsults: The CONTRACTOR shall work with primary
care providers of pediatric care and specialists from Connecticut Children's Medical
Center (CCMC) to develop specific clinical protocols to identify conditions and complaints
that are appropriate for eConsultation. These protocols will be disseminated to all CHCI
providers in written form and introduced through an agency wide training that will be
recorded for future use by new providers and those not able to attend.

F.2.2.2 Placing an eConsult referral to the specialist: The CONTRACTOR shall work closely with its
quality improvement teams and front line clinical teams to develop an efficient process
for creating and submitting eConsults electronically. The process will be designed to
minimize workflow disruption and to ensure that the reviewing specialist has appropriate
documentation in order to conduct an effective review. Clinical protocols will be
developed to clearly define required consult content including consult questions and
additional chart content. These protocols will be developed with input from both primary
care and specialty providers. The CONTRACTOR shall use its eConsult technology
platform, Safety Net Connect (SNC), to convey consults between the CONTRACTOR's
system and the specialist. The CONTRACTOR shall develop specific workflows for specific
referral coordinators to manage the eConsult process, monitor quality, and ensure that
responses are received in no more than two business days. The CONTRACTOR shall also

work with the CCMC specialists to develop efficient processes to ensure all consults are reviewed and responded to and coverage is maintained throughout the year.

F.2.2.3 Specialist determines needs for the case: The CONTRACTOR shall ensure that each specialist is carefully trained by the eConsult project staff on how to retrieve, review, and respond to eConsults. Each specialist will have the option of recommending treatment, requesting more information, or requesting a face-to-face visit. The CONTRACTOR shall closely track and monitor the quality of consult responses, including their timeliness, the degree to which they answer the PCPs' question, the educational value of the response, and the percentage of face-to-face recommendations from each specialist.

F.2.2.4 Specialist communicates back to the primary care provider: The final element of the clinical protocol for each specialty, developed in consultation with primary care, specialists, and the referral care coordination team, will outline the details of how responses are transmitted back to the primary care, and how the care team response to the different types of recommendations. In all cases, the PCP will receive a consult note in the form of an incoming document in the EHR, identical to the way current face-to-face consults notes are received. Based on the specialist recommendations, PCPs will either work with the care team and the complex care nurse to implement new treatment recommendations, order additional tests as indicated, or refer the patient for a face-to-face visit. In all cases, the complex care team will be assigned to support patients with complex needs and work to ensure that they are referred efficiently and are able to attend the visit. Additional resources will be devoted to implementing a Project Access-type model to further support patients needing face-to-face visits.

F.2.3 A similar process shall be followed to develop and implement a workflow for eConsults related to psychiatry and addiction. The CONTRACTOR shall recruit and train psychiatrists and addiction medicine specialists to use the eConsult platform and work with primary care providers to develop specific protocols for psychiatry and addiction eConsults. As with pediatrics, the CONTRACTOR shall conduct an evaluation of the current workflow for behavioral health referrals and develop new processes and protocols specifically for psychiatry and addiction eConsults.

F.2.4 The CONTRACTOR shall utilize the Transformation Award funds to support the face-to-face (F2F) referral process. The CONTRACTOR shall provide enhanced referral coordination to help facilitate the referral process and ensure that patients are effectively linked to specialty care and that information is exchanged appropriately between primary care and specialty care. Referral coordination and information exchange are two of the core elements of care management.

F.2.4.1 All referrals requiring a F2F visit will be scheduled by a referral coordinator. Referrals deemed urgent, of high importance, or as having complex health needs and all pediatric F2F referrals will be processed within 48 hours and once an appointment is made, the referral will be closed within two weeks.

F.2.4.2 Specific support will vary by patient but may include scheduling, transportation, securing needed records or imaging, helping with translation, and reminders,

F.2.5 The CONTRACTOR shall utilize the Transformation Award funds to conduct an evaluation comprised of a business process and financial analysis. The analysis will focus on the impact of eConsults on clinical outcomes and cost of care for these specialties. The CONTRACTOR shall investigate the potential causal pathways linking changes in specific costs (consultation, prescription, labs and test, etc.) to better understand the mechanisms responsible for cost savings. The CONTRACTOR shall acquire claims data from the Connecticut Department of Social Services (DSS) for patients referred to various specialists, both face-to-face and via eConsults, and conduct a detailed evaluation of costs by category, using a similar methodology that was employed in CHCI's most recent eConsult study.

4. Section F.a. Scope of Work: Supplemental Awards is added directly following Section F and includes the following:

F.a.1. The CONTRACTOR shall commit to expanding CCIP capabilities to all providers and patients with its network by the conclusion of this project.

F.a.2. The CONTRACTOR shall continue utilizing key personnel to achieve the CCIP Standards, as described in Section F, including:

- Project Manager
- Research Assistant

F.a.3. The CONTRACTOR shall continue to provide eConsults for pediatrics, pending the establishment of a sustainable funding mechanism through Medicaid reimbursement.

F.a.4. The CONTRACTOR shall hire and train two Community Health Workers to serve in a pilot CHW initiative in their Meriden practice. The CHWs shall support establishment of health goals and address social determinant of health factors identified as barriers to achieving optimal health outcomes. The CONTRACTOR shall utilize their CHW Steering Committee and the Penn Center for CHWs to guide implementation.

F.a.5. The CONTRACTOR shall work with the Penn Center for CHWs to:

- Implement a blueprint for the CONTRACTOR's CHW program that considers the social, cultural, and economic context of the target population
- Redesign workflows and implement case-management technology to support integration of CHWs in the care team
- Launch a pilot program

F.a.6. The CONTRACTOR shall expand its data-infrastructure to incorporate CHW ca. software into the EHR.

F.a.7. The CONTRACTOR shall develop a Project Extension for Community Health Outcomes (Pro, ECHO) clinic to specifically provide training and ongoing learning for CHWs.

F.a.8. The CONTRACTOR shall conduct a comprehensive Return on Investment analysis of the Community Health Worker initiative that includes an analysis of patient knowledge and behaviors related to achieving and sustaining their health goals. The CONTRACTOR shall utilize the results of this analysis to inform the scaling and long-term sustainability plan for the CHW intervention. The CONTRACTOR shall assess the following measures in this analysis:

- ED utilization
- Hospital Readmissions
- Other Clinical Measures, to be determined with the assistance of the Penn Center for CHWs

F.a.9. The CONTRACTOR shall commit to sustaining two Community Health Workers following the completion of this project.

F.a.10. The CONTRACTOR shall hire a PharmD to be integrated into a primary care team and engaged virtually via internal electronic consultations to support providers across the network with complex chronic illness care with a particular focus on diabetes and hypertension. The CONTRACTOR shall conduct a comprehensive evaluation of this intervention to inform the scaling and long-term sustainability.

F.a.11. The CONTRACTOR shall commit to the collection of granular race and ethnicity data in accordance with the State approved minimum category set. The minimum required category set shall be determined by the STATE based on input from an expert-led focus group that includes the CONTRACTOR and other CCIP Participating Entities.

F.a.12. The CONTRACTOR shall expand the collection of Sexual Orientation and Gender Identity data across its entire network.

5. Section H.2, is deleted in its entirety and replaced as follows:
The Transformation Period shall end on June 30, 2019, unless otherwise amended.

6. Section H, Table 1: Timeline of Core Activities is amended as follows:

Phase	Requirements
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Transformation Period 4/7/2017 – 6/30/2019	<ul style="list-style-type: none"> • Participate in and Cooperate with Compliance Review • Participate in Consultative Support if Recommended by the State • Participate in Project Management Activities with the State • Maintain Progress on Project Timeline, as described in Attachment B
Post-Assessment Period 7/1/2019- 11/30/19	<ul style="list-style-type: none"> • Cooperate with compliance review and validation process

7. **Section I. Table 2: Budget Summary** is deleted in its entirety and replaced as follows:

Table 2a. Transformation Award Budget Summary

Budget Category	Total Budget
Personnel Total	\$307,847
Project Director, Dr. Daren Anderson	\$30,000
SrVP and Clinical Director, Margaret Flinter	\$10,000
eConsults Operations Director, Jose Villagra	\$47,225
Project Manager, Adriana Rojas	\$75,696
Referral Coordinator, Meg Wright	\$62,286
Research Assistant, Anthony Porto	\$36,221
Research Assistant, Sarafina Robinson	\$18,000
Community Health Worker	\$28,419
Fringe Total (Fringe Rate = 23.1%) (partial 23.1% and partial 24.68%)	\$73,545
Equipment Total	10,800
Server (1)	\$8,400
Laptops with docking stations (2)	\$2,400
Supplies Total	\$4,228
Software (Customizable: Salesforce) \$3,575; minor office supplies \$653;	\$4,228
Contracts Total	\$58,125
CCMC Specialty Coordinator	\$28,125
UConn HDI	\$30,000
Indirect Total (Cap = 10%)	\$45,454
GRAND TOTAL	\$ 499,999

Table 2b. Supplemental Award Budget Summary

Budget Category	Total Budget
Personnel Total	\$184,803

Project Manager	\$31,769
Access to Care Manager	\$12,665
Program Manager, Technology & Education	\$18,682
Project Manager, Project ECHO	\$24,873
Community Health Worker	\$22,781
Community Health Worker	\$45,563
Research Assistant	\$23,988
Director of Education	\$4,482
Fringe Total	\$43,613
Equipment Total	\$0
Supplies Total	\$1,449
General Office Supplies	\$315
Tableau Software	\$1,134
Contractual Total	\$134,100
Community eConsults Network	\$20,000
Project ECHO faculty	\$30,300
Penn Center for CHWs	\$20,800
TLQ Associates	\$13,000
PharmD	\$50,000
Indirect Total	\$6,035
Total	\$400,000

8. Section I.3.1 is deleted in its entirety and replaced as follows:

I.3.1. Expenditures under this Agreement are contingent on the availability of federal funds and CMMI approval to release the funds for each Award Year. SIM performances years are as follows:

- I.3.1.1 Award Year 2: September 28, 2016 – January 31, 2018
- I.3.1.2 Award Year 3: February 1, 2018 – January 31, 2019
- I.3.1.3 Award Year 4: February 1, 2018- January 31, 2020

9. Section I.4.4 is deleted in its entirety and replaced as follows:

Quarterly reports shall be submitted based on the following schedule:

Table 3: Reporting Schedule

REPORTING PERIOD	Due Date
February 1, 2017 through April 30, 2017	May 15, 2017
May 1, 2017 through July 31, 2017	August 15, 2017
August 1, 2017 through October 31, 2017	November 15, 2017
November 1, 2017-January 31, 2018	February 15, 2018
February 1, 2018- April 30, 2018	May 15, 2018
May 1, 2018- July 31, 2018	August 15, 2018
August 1, 2018- October 31, 2018	November 15, 2018

November 1, 2018- January 31, 2019	February 15, 2019
February 1, 2019- April 30, 2019	May 15, 2019
May 1, 2019- June 30, 2019	July 15, 2019

10. Attachment A is deleted in its entirety.

11. Attachment B. In addition to Table 4, two tables are added as follows:

Table 4a. Transformation Award Updated Project Timeline

Activity	Target Date	Lead
Implement eConsults for psychiatry and addiction medicine	August 1, 2018	Adriana Rojas
Complete eConsult financial analysis	August 1, 2018	Daren Anderson
Implement collection of sub race and ethnicity data	September 1, 2018	Adriana Rojas
Hire additional CHW and begin CHW enhanced pilot in Meriden	September 1, 2018	Marie Yardis
Complete preliminary evaluation of CHW pilot project	January 31, 2019	Sarafina Robinson

Table 4b. Supplemental Award Project Timeline

Deliverable	Expected Completion Date	Anticipated Challenges	Possible Solutions
Advertise 2 CHW positions and pharmacist position	8/15/18	-delays in hiring process	-look at internal applicants who fit the CHW role -consider hiring a contracted PharmD
Final CHW project plan including patient interviews, evaluation structure, and engaging leadership	8/29/18	-competing demands, busy schedules	-engage leadership at highest level and embed in PCMH+ conversations; elevate awareness of project by putting on dashboard
Develop or purchase case-management software for CHWs	8/31/18	-cost -working with EHR vendor	-demo various software options -research EHR capabilities

<ul style="list-style-type: none"> ECHO Faculty roster Hire CHWs and pharmacist and complete CHC orientation 	10/31/18	-time, allocation, competing demands	-provide reimbursement for faculty time
Train CHWs and supervisor	10/30/18	-training options	-contract with Penn Center
Launch CHW program	11/01/18		
ECHO participants identified; faculty onboarded; Curriculum confirmed	11/30/18	-not enough participants	-recruit from other CCIP PEs; include CHC Access to Care
Monthly reviews: evaluate impact of PharmD; pedi. eConsult utilization	Ongoing		
Financial analysis of CHW pilot program; analysis of patient experience and patient outcomes	3/2018-6/2019		
Deliver 12 ECHO sessions	12/2018-6/2019		

12. Attachment C is deleted in its entirety and replaced as follows:

A. Overall Budget Summary

Budget Category	Total Budget
Personnel Total	\$307,847
Project Director, Dr. Daren Anderson	\$30,000
SrVP and Clinical Director, Margaret Flinter	\$10,000
eConsults Operations Director, Jose Villagra	\$47,225
Project Manager, Adriana Rojas	\$75,696
Referral Coordinator, Meg Wright	\$62,286
Research Assistant, Anthony Porto	\$36,221
Research Assistant, Sarafina Robinson	\$18,000
Community Health Worker	\$28,419
Fringe Total (Fringe Rate = 23.1%) (partial 23.1% and partial 24.68%)	\$73,545
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Laptops with docking stations (2)	\$2,400
Supplies Total	\$4,228
Software (Customizable: Salesforce) \$3,575; minor office supplies \$653;	\$4,228
Contracts Total	\$58,125

CCMC Specialty Coordinator	\$28,125
UCONN HDI	\$30,000
Indirect Total (Cap = 10%)	\$45,454
GRAND TOTAL	\$ 499,999

B. Salaries and Wages

Position Title & Name	Annual	Time	Months	Amount Requested
Project Director, Dr. Daren Anderson	\$185,100.00 (capped)	5.404%	15 Months	\$30,000
SrVP and Clinical Director, Margaret Flinter	\$185,100 (Capped)	2%	15 months	\$10,000
eConsults Operations Director, Jose Villagra	\$100,000.00	20%	15 Months	\$47,225
Project Manager, Adriana Rojas	\$58,651.00		15 months	\$75,696
Meg Wright: Referral Coordinator	\$40,000.00	100%	15 Months	\$62,286
Anthony Porto: Research Assistant	\$46,000.00	100%	15 Months	\$36,221
Research Assistant, Sarafina Robinson	\$56,826.00	25%	15 months	\$18,000
Community Health Worker	\$28,419	100%	TBD	\$28,419
TOTAL Salaries and Wages				\$307,847

Job Descriptions

Project Director - Daren Anderson, MD, is a primary care provider who has worked in Federally Qualified Health Centers his entire career. He has led the eConsult project team since its inception and was the principle investigator on two previous, grant-funded projects focused on developing and studying the impact of eConsults in Connecticut. Dr. Anderson's expertise and deep understanding of primary care and the needs of the underserved are critical for the success of this project. As a member of the senior leadership team at CHCI (CQO), Dr. Anderson is well positioned to ensure agency commitment and buy-in to fully execute this project.

SeniorVP and Clinical Director-Margaret Flinter, APRN, PhD, c-FNP, FAAN, FAANP, has held both clinical and administrative leadership roles at CHCI and established the Weitzman Institute. Margaret is also the founder of America's first nurse practitioner residency program, which is a model for nurse practitioner preparation for service in primary care environments.

eConsults Operations Director - Jose Villagra is the operations manager for CHCI's eConsult platform and has expertise in all aspects of eConsult operations. Jose managed the eConsult project since its inception and has in-depth knowledge and expertise in all aspects of eConsult operations. Jose will be responsible for the day-to-day operations of the new, expanded eConsult programs and will specifically oversee the customization of the Safety

Net platform, implementation of data reporting process, quality assurance processes, billing, coding, and will supervise the referral coordination staff.

Project Manager-Adriana Rojas has been a member of the Quality Improvement team at CHCI since 2015. She has completed quality improvement coaching training and meeting facilitation training. Adriana has been supporting the team on agency-wide quality improvement initiatives and will serve as the manager for CCIP.

Referral Coordinator-Meg Wright will be overseeing the day-to-day workflow of the eConsults. She will train specialists and providers on how to submit and respond to eConsults and she will monitor the quality of submissions and responses.

Research Assistant-Anthony Porto will be principally responsible for data management and quality measurement. This will include running recurring operational reports, overseeing the collection and integration of data from different data sources, coordinating with DSS to conduct the claims data analysis, and supporting the evaluation team.

Research Assistant-Sarafina Robinson, MA will be leading the evaluation of the Community Health Worker pilot program at CHCI. She will be responsible for identifying pre- and post-intervention assessments as well as ensuring that the pilot is formed with evidence-based research as a guiding decision-making factor.

Community Health Worker-TBH The CHWs will be responsible for meeting patients on-site at CHC of Meriden for initial assessment and program intake. The CHWs will also meet eligible and participating patients at community-based sites in an effort to assist them address social determinant of health needs identified as facilitators to their complex health needs and barriers to achieving optimal health outcomes.

C. Fringe Benefits

Fringe Benefits (23%)

Payroll Taxes 6.9% of total salary of \$165,613	= 11,427
Health insurance 11.6% of \$165,613	= 19,211
Pension 2.0% of \$165,613	= 3,313
Workman's Compensation 1.5% of \$165,613	= 2,484
EE Benefits 1.1% of \$165,613	= 2,000
TOTAL *this reflects a combination of rates in the total overall project period	\$38,435

Fringe Benefits (24.68%)

Payroll Taxes 7.29% of total salary of \$142,234	= 10,369
Health Insurance 11.11% of \$142,234	= 15,802
Pension 3.79% of \$142,234	= 5,391
Workman's Compensation .89% of \$142,234	= 1,266
EE Benefits 1.6% of \$142,234	= 2,282

TOTAL *this reflects a combination of rates in the total overall project period	\$35,110
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D. Contractual Costs

Contract	Total Amount
CCMC Specialty Coordinator	\$28,125
UConn HDI	\$30,000
TOTAL	\$ 58,125

Contract Descriptions and Detail

CCMC Specialty Coordinator: 0.25 FTE: The CCMC specialty coordinator will work closely with the CHCI eConsult Director of Operations to coordinate and support the recruitment, training, and day-to-day supervision of specialist eConsult reviewers at CCMC. This support will include maintaining and coordinating specialist rosters and schedules, supporting effective communication between CHCI and CCMC, and helping to implement effective quality control processes. The CCMC coordinator will be the central coordinator for all specialists from CCMC taking part in this project. The specialty coordinator will work 10Hours a week for 65 weeks at a rate of \$39.335 per hour.

10hrs x 65 wks x \$39.335=\$25,568+\$2,557 (10%IDC) = \$28,125

UCONN HDI: Emil Coman, PhD and Victor Villagra, MD will provide guidance, expertise, and support to conduct a comprehensive financial, clinical, and business process analysis for the eConsult project. Dr. Coman has advanced statistical skills in the area of claims data analysis and causal modeling. Dr. Villagra has substantial experience in healthcare finance and payment models and was a co-investigator, along with Dr. Coman, on CHCI's economic analysis of the cardiology eConsult trial. Drs. Coman and Villagra will work closely with the Project Director, the research assistant, and the project staff to design a scientifically robust, comprehensive economic and clinical evaluation of the project. This evaluation will include all operational data from CHCI's data warehouse, the eConsult platform, and claims data provided by DSS. The analysis will include an appropriate control group to ensure that conclusions are valid and unbiased. These data will be used to fully inform the future funding and scaling of the intervention at CHCI and across the state.

Year	Quarter(s)	Consulting Expense	Consulting Days	Travel & Incidentals
2017	Q1-Q2	\$ 10,000	8.3	\$ 350
2017	Q3-Q4	\$ 10,000	6.3	\$ 350
2018	Q1	\$ 9,000	5.8	\$ 300
Sub-totals		\$ 29,000	20.4	\$ 1,000
Total Consulting Expense			\$ 30,000	

E. Equipment

Item Requested	Units/Number	Unit Cost	Amount
Server	1	\$8,400.00	\$8,400.00

Laptops with docking	2	\$1,200.00	\$2,400.00
TOTAL Equipment			\$10,800

F. Supplies

Tracking software to monitor and report coordination activities among all team members, communication between CHCI Referral Care Coordinator and CCMC Specialty Coordinator, client needs assessment and phone calls, flag urgent cases for core elements of case management to alert coordination team, client communication preferences, transportation scheduler, community linkages, status and closeout of referral in need of in-person visit, track level of FTE effort and duration days for business analysis, geographic service gaps. (Customizable: Salesforce). **Software = \$3,575**

G. Other

No Other Costs.

H. Total Direct Costs

The total direct costs for the 15-month period as outlined in sections A-F above are as follows:

Budget Category	1/1/2017-3/31/2018
Personnel	307,847
Fringe 23.1%	71,112
Equipment	10,800
Supplies	3,575
Contracts	58,125
Other	
Total	\$451,459

I. Indirect Costs

Community Health Center, Inc. has a current approved indirect cost rate agreement established with the Cognizant Federal Agency of 35%; the 10% cap has been applied based on the RFA guidelines. The indirect costs are therefore **\$45,454**.

13. Attachment D is added as follows:

A. Overall Budget

Budget Category	Total Budget
Personnel Total	\$184,803
Project Manager	\$31,769
Access to Care Manager	\$12,665
Program Manager, Technology & Education	\$18,682

Project Manager, Project ECHO	\$24,873
Community Health Worker	\$22,781
Community Health Worker	\$45,563
Research Assistant	\$23,988
Director of Education	\$4,482
Fringe Total	\$43,613
Equipment Total	\$0
Supplies Total	\$1,449
General Office Supplies	\$315
Tableau Software	\$1,134
Contracts Total	\$134,100
Community eConsults Network	\$20,000
Project ECHO faculty	\$30,300
Penn Center for CHWs	\$20,800
TLQ Associates	\$13,000
PharmD	\$50,000
Indirect Total	\$6,035
Total	\$400,000

B. Personnel

Position Title	Name	Annual	Time	Months (13)	Amt. Requested
Project Manager	Adriana Rojas	\$60,411	50%*	6	\$31,769
Access to Care Manager	Marie Yardis	\$70,262	16.5%	13	\$12,665
Program Manager, Technology & Education	Mandy Lamb	\$68,887	24%	13	18,682
Project Manager, Project ECHO	TBH	\$49,747	50%	12	\$24,873
Community Health Worker	TBH	\$45,563	100%	6	\$22,781
Community Health Worker	TBH	\$45,563	100%	13	\$45,563
Research Assistant	Sarafina Robinson	\$44,226	50%	13	\$23,988
Director of Education	Mark Splaine	\$206,557	2%	13	\$4,482

Job Description: Quality Improvement Project Manager, CCIP-Adriana Rojas

Adriana Rojas is a member of the Quality Improvement team who provides project management for the CCIP Transformation Award. She will continue to manage all aspects of this project—ensuring that key milestones are met, quarterly reporting is completed, and that budget allocations are maintained. This position is a 1.0 FTE. The remainder of this position is funded by the carryforward from year 1.

Job Description: Access to Care Manager-Marie Yardis

Marie Yardis, MAT, is a certified Patient Navigator with more than 15 years of case-management experience with families with special needs, dually diagnosed patients, and the Early Detection Program. She currently manages the Access to Care team and will be responsible for the hiring, training, and supervision of two CHWs.

Job Description: Program Manager, Project ECHO-Mandy Lamb

Mandy Lamb is the Program Manager for Project ECHO. She will provide guidance to the ECHO Project Manager. She will help oversee the implementation of CHW ECHO at Community Health Center Inc., ensuring fidelity to the project design and achievement of project milestones.

Job Description: Project ECHO, Project Manager-TBH

The Project ECHO, Project Manager will be responsible for onboarding, training and supporting ECHO faculty and for scheduling of case presentations at ECHO sessions with participating clinics. The PM will oversee all communication with CHWs participating in ECHO and will work with the Program Manager of Project ECHO to ensure that the twelve ECHO sessions are held, and that ECHO sessions are recorded, edited and uploaded to the project website. The ECHO Project Manager will maintain a database of operational data about ECHO sessions, including number of sessions held, number of cases presented, and attendance records for each session.

Job Description: Community Health Worker (CHW)-TBH

The CHWs will be responsible for meeting patients on-site at CHC of Meriden for initial assessment and program intake. The CHWs will also meet eligible and participating patients at community-based sites in an effort to assist them address social determinant of health needs identified as facilitators to their complex health needs and barriers to achieving optimal health outcomes.

Job Description: Research Assistant, Weitzman Institute-Sarafina Robinson

Sarafina Robinson, MA in Community Psychology, is a Research Assistant for the Weitzman Institute. She will support the Quality Improvement and Research teams in the evaluation of the CHW pilot program. She will collaborate with these teams to identify key metrics that can be used to evaluate the effectiveness of the pilot program and to assess the return-on-investment.

Job Description: Director of Education, Weitzman Institute-Mark Splaine

Mark Splaine, MD, is the Director of Education for the Weitzman Institute. He will oversee all personnel and programmatic elements related to the CHW ECHO series, which may include, but is not limited to, faculty training and development, ECHO session operations, and relationship-building.

C. Fringe Benefits

Payroll Taxes @ 7.20%	\$13,305
Health Insurance @ 12.30%	\$22,731
Pension @ 1.60%	\$ 2,957
Workman's Compensation @ 1.20%	\$ 2,218
EE Benefits @ 1.30%	\$ 2,402

Total	\$43,613
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D. Contract Costs

Contract	Calculation	Total
Community eConsults Network	250 consults x \$80/consult	\$20,000
Project ECHO faculty	Faculty time on ECHO sessions, including case review prior to session: \$250 per 1.5 hour session x 12 x 6= \$18,000 Faculty development of 12 ECHO didactics \$350 x 12= \$4200 Faculty attendance to 2 planning meetings and 4 check in meetings: \$200 x 6 x 6= \$7200 Coordinator time for managing technology for external faculty \$50 per ECHO session and faculty meeting 50*18= \$900	\$30,300
Penn Center for CHWs	\$3,600 per person for 2 CHWs and 1 supervisor \$250/hour x 10 hours implementation technical assistance	\$20,800
TLQ Associates	10 hours/month x13 months x \$100/hour	\$13,000
PharmD	Insert Calculation	\$50,000
Total		\$134,100

Community eConsults Network:

Cost includes specialist review fees, software and licensing fees, quality assurance activity, and specialist network management and credentialing.

Funding for CeCN is being requested to cover the cost of CCMC pediatric specialist's time and effort for answering eConsults. This funding will, we hope, serve as a bridge to allow us to continue to deliver this important service while Medicaid makes changes to its fee schedule that would allow us to sustain the intervention over the long term.

Total: \$20,000

Project ECHO (faculty):

Justification:

The Weitzman Institute (WI) of CHCI was an early adopter of the Project Extension for Community Health Outcomes (Project ECHO®) model, which joins an expert, multidisciplinary faculty with frontline clinicians to improve outcomes for complex patients. WI's ECHO is uniquely positioned within a FQHC, and has engaged over 1,000 care team members in case-based learning in 32 states since 2012. Weitzman ECHO was the first in the nation to develop a curriculum and education program to support nurses engaged in complex care management. Weitzman ECHO has also supported patient navigators and CHWs on several of its ECHO clinics. Building on this experience and expertise, we propose to develop an ECHO clinic to specifically provide training and ongoing learning for CHWs at CHCI. We will recruit appropriate internal and external faculty to facilitate a Project ECHO CHW clinic that meets the general, core competency, and specialized training needs of CHWs throughout the state.

Total: \$30,300

Penn Center for Community Health Workers: We have met with the Penn Center for an initial site visit and they have created a draft Blueprint for the implementation of our pilot CHW program at CHC of Meriden. We will consult with them for technical assistance in the hiring, training, implementation, and evaluation stages of the program. The Penn Center has developed the IMPaCT model for CHW programs and it has served more than 6,000 people in the Philadelphia area. Their program is scientifically proven to improve patient's post-hospital primary care access, chronic disease control, and has reduced hospital admissions by 30%. The cost for training is \$3,600/person, which will total \$10,800 for two CHWs and a supervisor. We will contract with them for the minimum of 40 hours at \$250/hour to total \$10,000 for their technical assistance in implementing the pilot program.

Total \$20,800

TLQ Associates: Kathleen Thies, PhD, RN will provide guidance, expertise, and support in creating an evaluation structure for the CHW pilot program and the Project ECHO for CHWs. Dr. Thies has a longstanding relationship with CHC and directed the implementation and evaluation of the roll out of nurse-driven care coordination at the agency. Dr. Thies will work 10 hours a month for the course of the funding period (13 months) at \$100 per hour.

Total: \$13,000

PharmD

The PharmD will be embedded in a care team and virtually engaged, via internal electronic consultations, to support providers across the agency with complex chronic illness care with a particular focus on diabetes and hypertension. As with the CHW program, we will carefully study the impact of the intervention and prepare to scale it across the agency. The PharmD will participate in Integrated Care Meetings; meet with patients to review medications; conduct medication reconciliations; review primary care physicians' panels of patients who are not in control and provide recommendations; and respond to internal electronic consultations related to medication management.

Total: \$50,000

E. Equipment

No Equipment.

F. Supplies

Item	Calculation	Total
General office supplies such as paper, pens, folders	\$78.75 x4 FTE	\$315
Tableau Computer software	\$567 x2 people	\$1,134
Total		\$1,449

Tableau software is used to trend quality metrics over time and to be able to compare how individual providers are performing compared to their site, the agency and our goals. It is a tool that provides visual display of data, useful to audiences of varied levels of comfort with data.

The annual fee for a license is \$840. We have partially charged that to this grant since the program will be used for the metrics.

G. Other \$0.00

H. Total Direct Costs: \$363,965

Personnel	\$184,803
Fringe Benefits @ 23.6%	\$43,613
Equipment	\$0

Supplies	\$1,449
Contractual	\$134,100
Other	\$0
Total Direct Charges	\$363,965

I. Indirect Costs

Community Health Center, Inc. has a current approved indirect cost rate agreement established with the Cognizant Federal Agency of 36.5% ; the 10% cap has been applied based on the RFA guidelines.

Indirect Total:

This document constitutes an amendment to the above numbered contract. All provisions of that contract, except those explicitly changed above by this amendment, shall remain in full force and effect.

ACCEPTANCES AND APPROVALS

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

CONTRACTOR

Margaret Felten
Contractor (Corporate/Agency Name of Contractor)

Margaret Felten
Authorized Official (Signature)

7/12/18
Date

SVP Clinical Director
Title

OFFICE OF HEALTH SERVICES

Victoria Veltri
Victoria Veltri, Executive Director

Victoria Veltri
Authorized Official (Signature)

7/23/18
Date

Executive Director
Title

OFFICE OF THE ATTORNEY GENERAL

Joseph Rabin
ASST. ASSOC. ATTORNEY GENERAL

Joseph Rabin
(Approved as to form & legal sufficiency)

7/13/18
Date



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:

Form with fields: 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. Community Health Center, Inc. [Signature] 8/18/16. [Signature] Dept. of Social Services, Awarding State Agency.

Sworn and subscribed before me on this 18th day of August, 2016.

[Signature] Commissioner of the Superior Court or Notary Public. April 30, 2017. My Commission Expires





**STATE OF CONNECTICUT
AFFIRMATION OF RECEIPT OF STATE ETHICS LAWS SUMMARY**

Written or electronic affirmation to accompany a large State construction or procurement contract, having a cost of more than \$500,000, pursuant to Connecticut General Statutes §§ 1-101mm and 1-101qq

INSTRUCTIONS:

Complete all sections of the form. Submit completed form to the awarding State agency or contractor, as directed below.

CHECK ONE:

- I am a person seeking a large State construction or procurement contract. I am submitting this affirmation to the awarding State agency with my bid or proposal. [Check this box if the contract will be awarded through a competitive process.]
- I am a contractor who has been awarded a large State construction or procurement contract. I am submitting this affirmation to the awarding State agency at the time of contract execution. [Check this box if the contract was a sole source award.]
- I am a subcontractor or consultant of a contractor who has been awarded a large State construction or procurement contract. I am submitting this affirmation to the contractor.
- I am a contractor who has already filed an affirmation, but I am updating such affirmation either (i) no later than thirty (30) days after the effective date of any such change or (ii) upon the submittal of any new bid or proposal, whichever is earlier.

IMPORTANT NOTE:

Within fifteen (15) days after the request of such agency, institution or quasi-public agency for such affirmation contractors shall submit the affirmations of their subcontractors and consultants to the awarding State agency. Failure to submit such affirmations in a timely manner shall be cause for termination of the large State construction or procurement contract.

AFFIRMATION:

I, the undersigned person, contractor, subcontractor, consultant, or the duly authorized representative thereof, affirm (1) receipt of the summary of State ethics laws* developed by the Office of State Ethics pursuant to Connecticut General Statutes § 1-81b and (2) that key employees of such person, contractor, subcontractor, or consultant have read and understand the summary and agree to comply with its provisions.

* The summary of State ethics laws is available on the State of Connecticut's Office of State Ethics website.

	5-18-18	
Signature	Date	
Margaret Flinter, APRN, PhD	SVP/Clinical Director	
Printed Name	Title	
Community Health Center, Inc.		
Firm or Corporation (if applicable)	Middletown	CT
635 Main Street	City	State
Street Address	06457-2718	Zip

Awarding State Agency



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 Daniel 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.

Community Health Center, Inc.
Contractor Name

Office of Health Strategy
Awarding State Agency

[Signature]
State Agency Official or Employee Signature

Victoria L. Veltri
Printed Name

7/26/18
Date
Executive Director
Title

Sworn and subscribed before me on this 26th day of July, 2018.

[Signature]
Commissioner of the Superior Court
or Notary Public

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: Community Health Center, 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. Community Health Center, Inc. Margert Flinter, Senior VP/Clinical Director

Printed Respondent Name

Printed Name of Authorized Official

Signature of Respondent: Margert Flinter

Subscribed and acknowledged before me this 22 day of July, 2018.

Signature of Notary Public

Commissioner of the Superior Court (or Notary Public)

6/30/2020

My Commission Expires



**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 its 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 contractor 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:

<u>Contribution Date</u>	<u>Name of Contributor</u>	<u>Recipient</u>	<u>Value</u>	<u>Description</u>

Lawful Campaign Contributions to Candidates for the General Assembly:

<u>Contribution Date</u>	<u>Name of Contributor</u>	<u>Recipient</u>	<u>Value</u>	<u>Description</u>

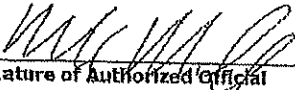
Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement,

Community Health Center, Inc.

Mark Masselli, President/CEO

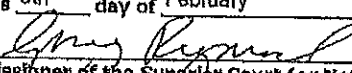
Printed Contractor Name

Printed Name of Authorized Official


Signature of Authorized Official

Subscribed and acknowledged before me this 5th day of February, 2019.

SPRING RAYMOND
NOTARY PUBLIC
State of Connecticut
My Commission Expires
February 28, 2022


Commissioner of the Superior Court (or Notary Public)
February 28, 2022
My Commission Expires