

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: Beacon Health Options, Inc.
Contractor Address: 240 Corporate Boulevard, Norfolk, VA .23502
Contract Number: 999VOI-MED-04/ 11DSS1216AL
Amendment Number: A4
Amount as Amended: \$866,013.00
Contract Term as Amended: 12/15/2011 to 6/30/2017

The contract between *Beacon Health Options, Inc.* ("Contractor") and the Connecticut Department of Social Services ("Agency" or "Department"), which was last executed by the parties and approved by the Office of the Attorney General on 7/21/2015, is hereby further amended as follows:

1. The contractor entered into a contract with the Department to provide services under this agreement as Value Options, Inc. Effective 11/2/2015, the Contractor changed its name to **Beacon Health Options, Inc.** All references to "Value Options, Inc." in the original contract and subsequent amendments are changed to "Beacon Health Options, Inc."
2. The term of the contract is **extended** twelve (12) months and the end date of the contract is changed from 6/30 /2016 to 6 /30./2017.
3. The total maximum amount payable under this contract has decreased by -\$55,000.00 from \$921,013.00 and the total maximum payable under this contract shall not exceed \$866,013.00
4. The Dun & Bradstreet (DUNS) number assigned to Beacon Health Options, Inc. is: 08-819-2141.
5. Amendments to Part I, Section Labeled BUDGET/PAYMENT. The section labeled BUDGET/PAYMENT is hereby amended, as follows:
 - a. by supplementing the payment schedule and terms of the Original Contract, Amendment Two (A2), and Amendment Three (A3) with the payment terms for the period between 7/1/2016 through 6/30/2017 as follows:

Following the approved and signed amendment, the Contractor shall submit to DSS an invoice for expenses accrued on a quarterly basis according to the following schedule. Each invoice must be signed and dated and submitted to the Contract Manager (DSS) for review and approval. The actual invoice must include a complete breakout of expenditures for the billing period.

INVOICE TO DSS	PAYMENT TO VALUE OPTIONS
Advanced payment retained by Beacon Health Options, Inc.	\$20,000.00

Received by August 15, 2015 and quarterly with the last invoice due to the Department no later than August 15, 2017

Received on or before the 30th of each month with the last payment to be received on or before September 30, 2017

6. **Amendments to Part I.** Part I. in A3, the section labeled NOTICES, in subsection c., is amended by replacing "Behavioral Health" with "Integrated Care".
7. **Amendments to Part I.** Part I. in A3, the section labeled CONTRACTOR SERVICES is hereby amended as follows:
 - a. By supplementing it with the following:

The Contractor shall develop training schedules for the contract period between July 1, 2016 through June 30, 2017 to provide training to RCH paraprofessionals and Homemaker-Home Health Aides. The training class must have at a minimum ten (10) students and may include both RCH and HHA students.

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

ACCEPTANCES AND APPROVALS

11DSS1216AL/ 999VOI-MED-04 A4

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

CONTRACTOR: BEACON HEALTH OPTIONS, INC.



Rebecca Marshall, Assistant Treasurer

6/30/2016

Date

DEPARTMENT OF SOCIAL SERVICES



ROBERICK L. BREMBY, *Commissioner*

6/30/16

Date

OFFICE OF THE ATTORNEY GENERAL



ASST. ASSOC. ATTORNEY GENERAL (*Approved as to form*)
Robert U. Clark

7/26/16

Date



STATE OF CONNECTICUT
CERTIFICATION OF STATE AGENCY OFFICIAL OR EMPLOYEE
AUTHORIZED TO EXECUTE CONTRACT

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

INSTRUCTIONS:

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

CERTIFICATION:

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

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

Beacon Health Options, Inc.
Contractor Name

Department of Social Services
Awarding State Agency

[Handwritten Signature]
State Agency Official or Employee Signature

7/13/2016
Date

Roderick L. Bremby
Printed Name

Commissioner
Title

Sworn and subscribed before me on this 13 day of July, 2016
Kathleen M. Brennan
Commissioner of the Superior Court
or Notary Public
Juris No: 307252
My Commission Expires



STATE OF CONNECTICUT
NONDISCRIMINATION CERTIFICATION – Affidavit
By Entity
For Contracts Valued at \$50,000 or More

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

INSTRUCTIONS:

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

AFFIDAVIT:

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

an oath. I am Assistant Treasurer of Beacon Health Options, Inc., an entity
Signatory's Title Name of Entity

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

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

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

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

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

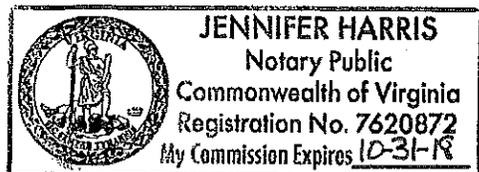
Rebecca Marshall
Authorized Signatory

Rebecca Marshall, Assistant Treasurer
Printed Name

Sworn and subscribed to before me on this 30th day of June, 2016.

Jennifer Harris
Commissioner of the Superior Court/
Notary Public

10-31-18
Commission Expiration Date





STATE OF CONNECTICUT
GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

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

INSTRUCTIONS:

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

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

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

GIFT CERTIFICATION:

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

- 1) "Contract" means that contract between the State of Connecticut (and/or one or more of 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>

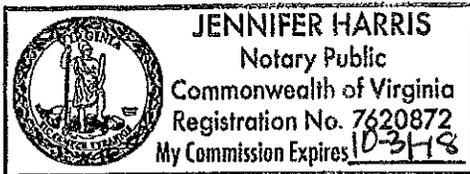
Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

Beacon Health Options, Inc.
Printed Contractor Name

Rebecca Marshall
Printed Name of Authorized Official

Rebecca Marshall
Signature of Authorized Official

Subscribed and acknowledged before me this 30th day of June, 20 16



Jennifer Harris
Commissioner of the Superior Court (or Notary Public)
10-31-18
My Commission Expires



STATE OF CONNECTICUT
CONSULTING AGREEMENT AFFIDAVIT

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

INSTRUCTIONS:

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

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

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

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

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

Form with fields for Consultant's Name and Title, Name of Firm (if applicable), Start Date, End Date, Cost, and Description of Services Provided.

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

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

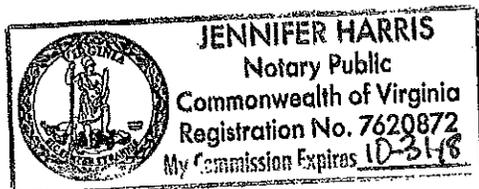
Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

Beacon Health Options, Inc. Signature of Principal or Key Personnel: Rebecca Marshall Date: 6/30/2016

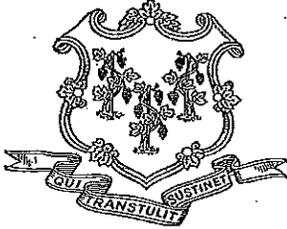
Rebecca Marshall Printed Name (of above) DSS Awarding State Agency

Sworn and subscribed before me on this 30th day of June, 2016.

Jennifer Harris Commissioner of the Superior Court or Notary Public My Commission Expires 10-31-18



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES



CONTRACT AMENDMENT

Contractor: VALUEOPTIONS, INC
Contractor Address: 240 CORPORATE BOULEVARD, NORFOLK, CT 23502
Contract Number: 999VOI-MED-04 / 11DSS1216AL
Amendment Number: A3
Amount as Amended: \$921,013.00
Contract Term as Amended: 12/15/11 - 06/30/16

The contract between **ValueOptions, Inc.** (the Contractor) and the Department of Social Services (the Department), which was last executed by the parties and approved by the Office of the Attorney General on 12/23/13, is hereby further amended as follows:

1. The total maximum amount payable will not increase and the total maximum payable under this contract shall not exceed \$921,013.00.
2. The term of the contract is extended for an additional twelve (12) and the end date of the contract is changed from 07/01/2015 to 06/30/16.
3. The Dun & Bradstreet (DUNS) number assigned to ValueOptions, Inc. is: 08-819-2141.
4. The address for the Department of Social Services on the cover sheet of the original contract is amended as follows:

Department of Social Services
55 Farmington Avenue
Hartford, CT 06106

5. **Amendments to Part I, Section labeled BUDGET/PAYMENT.** The section labeled BUDGET/PAYMENT is hereby amended as follows:
 - a. by supplementing to the payment schedule and terms of the original contract, Amendment (A1) and Amendment (A2) with the payment terms for the period between 7/1/15 through 6/30/16 as follows:

Following the approved and signed amendment the Department will issue one advanced payment in the amount of \$20,142.30 on or before July 15, 2015. The Contractor shall submit to DSS an invoice for expenses accrued on a monthly basis according to the following schedule. Each invoice must be signed and dated and submitted to the Contract Manager (DSS) for

review and approval. The actual invoice must include a complete breakout of expenditures for the billing period.

INVOICE TO DSS	PAYMENT TO VALUE OPTIONS
Initial Payment on or before July 15, 2015	\$20,142.30
Received by August 15, 2015 and monthly with the last invoice due to the Department no later than August 15, 2016	Received on or before the 30 th of each month with the last payment to be received on or before September 30, 2016

6. **Amendments to Part I.** Part I is supplemented by adding after the section labeled, BUDGET/PAYMENT, on page 5, by adding a section labeled NOTICES, as follows:

NOTICES

- a. In case of notice(s) to the Contractor:

ValueOptions, Inc.
Attn: General Counsel
240 Corporate Boulevard
Norfolk, VA 23502
(860) 263-7143, Stephen.robbins@valueoptions.com

- b. In case of notice(s) to the Department regarding this contract

Olga Coleman-Williams
Contract Administration Unit
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105
(860) 424-5661, or olga.coleman-williams@ct.gov

- c. In case of notice(s) to the Department regarding this contract:

Maureen Reault
Division of Health Services/ Behavioral Health Unit,
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105
(860) 424-5843, Maureen.Reault@ct.gov

7. **Amendment to Part I.** Part I, labeled CONTRACT FOR SERVICES in A2 is hereby amended as follows:

- a. By deleting section 2.b.v. in its entirety and replacing it with the following:

- v. The Contractor shall develop training schedules for the contract period between July 1, 2015 through June 30, 2016 to provide training to RCH paraprofessionals and Homemaker-Home Health Aides. The training class must have at a minimum ten (10) students and may include both RCH and HHA students.

b. By supplementing after 2.b.v. a new section 2.b.vi.

- vi. Recertification: The Contractor will increase their scope of work to include the onsite supervision of medication administration to members that reside in Residential Care Homes for the purpose of recertification for RCH Paraprofessionals that currently provide such services at the RCHs.

Recertification refers to; RCH Paraprofessionals who have received training and certification by Value Options, Inc. under the original and subsequent contract going forward. Individuals, whose certification has expired, must be recertified no later than 30 days after the expiration date on the original and or most recent certificate”.

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

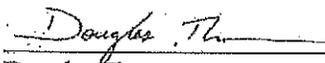
SIGNATURES AND APPROVALS

999VOI-MED-04/11DSS1216AL A3

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

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

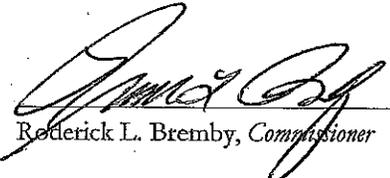
CONTRACTOR – VALUEOPTIONS, INC.



Douglas Thompson
Executive Vice President and CFO

6 / 25 / 2015
Date

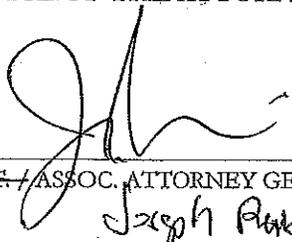
DEPARTMENT OF SOCIAL SERVICES



Roderick L. Bremby, *Commissioner*

6 / 30 / 15
Date

OFFICE OF THE ATTORNEY GENERAL



~~ASST.~~ / ASSOC. ATTORNEY GENERAL (*Approved as to form*)
Joseph Rubin

7 / 21 / 15
Date



STATE OF CONNECTICUT
NONDISCRIMINATION CERTIFICATION – Affidavit
By Entity
For Contracts Valued at \$50,000 or More

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

INSTRUCTIONS:

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

AFFIDAVIT:

I, the undersigned, am over the age of eighteen (18) and understand and appreciate the obligations of an oath. I am Executive Vice President & CFO of ValueOptions, Inc, an entity duly formed and existing under the laws of the State of Connecticut. I certify that I am authorized to execute and deliver this affidavit on behalf of ValueOptions, Inc and that ValueOptions, Inc has a policy in place that complies with the nondiscrimination agreements and warranties of Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended.

Douglas Thompson
Douglas Thompson



Sworn and subscribed to before me on this 25th day of June, 2015.

[Signature]
Commissioner of the Superior Court/
Notary Public

8/31/2017
Commission Expiration Date



**STATE OF CONNECTICUT
GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION**

Certification to accompany a State contract with a value of \$50,000 or more in a calendar or fiscal year, pursuant to C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8, and No. 7C, Para. 10; and C.G.S. §9-612(g)(2), as amended by Public Act 07-1

CONTRACT #: 999VOI-MED-04 / 11DSS1216AL A6

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 Department of Social Services at the time of initial contract execution (and on each anniversary date of a multi-year contract, if applicable).

CHECK ONE: Initial Certification Annual Update (Multi-year contracts only.)

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 an Annual 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) Planning Start Date is the date the State agency began planning the project, services, procurement, lease or licensing arrangement covered by this Contract, as indicated by the awarding State agency below; and
- 7) 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 the official authorized to execute the Contract on behalf of the Contractor. I hereby certify that, between the Planning Start Date and Execution Date, neither the Contractor nor any Principals or Key Personnel has made, will make (or has promised, or offered, to, or otherwise indicated that he, she or it will, make) any **Gifts** to any Applicable Public Official or State Employee.

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 December 31, 2006, neither the Contractor nor any of its principals, as defined in C.G.S. § 9-612(g)(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(g)(2)(A). I further certify that **all lawful campaign contributions** that have been made on or after December 31, 2006 by the Contractor or any of its principals, as defined in C.G.S. § 9-612(g)(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:



STATE OF CONNECTICUT GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

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.

VALUEOPTIONS, INC
Contractor
CFO

Douglas Th.

Douglas Thompson, Executive Vice President &

Subscribed and acknowledged before me this 25th day of June, 2015.

[Signature]
Commissioner of the Superior Court (or Notary Public)



For State Agency Use Only

DEPARTMENT OF SOCIAL SERVICES
Awarding State Agency

Planning Start Date

Medicaid
Contract Number or Description



STATE OF CONNECTICUT CONSULTING AGREEMENT AFFIDAVIT

Affidavit to accompany a State contract 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)

CONTRACT #: 999VOI-MED-04 / 11DSS1216AL A6

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 vendor 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 vendor 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 Department of Social Services with bid or proposal. For a sole source award, submit completed form to the Department of Social Services at the time of contract execution.

This affidavit must be amended if the contractor enters into any new consulting agreement(s) during the term of the State contract.

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

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

Consultant's Name and Title Name of Firm (If applicable)

Start Date End Date Cost

Description of Services Provided:

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

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

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

VALUEOPTIONS, INC Bidder or Vendor

Douglas Thompson, Executive Vice President & CFO Date

DEPARTMENT OF SOCIAL SERVICES Awarding State Agency

Sworn and subscribed before me on this day of JUNE, 2015. Commissioner of the Superior Court/Notary Public



Commission expires: 8-31-17



**STATE OF CONNECTICUT
CERTIFICATION OF STATE AGENCY OFFICIAL OR EMPLOYEE
AUTHORIZED TO EXECUTE CONTRACT**

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

INSTRUCTIONS:

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

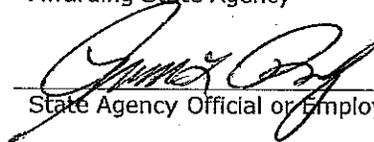
CERTIFICATION:

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

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

ValueOptions Inc.
Contractor Name

Department of Social Services
Awarding State Agency



State Agency Official or Employee Signature

6/30/2015

Date

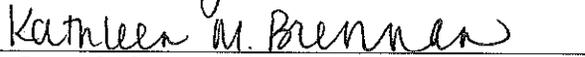
Roderick L. Bremby

Printed Name

Commissioner

Title

Sworn and subscribed before me on this 30 day of June, 2015



Commissioner of the Superior Court
~~or Notary Public~~
Juris No 307252

My Commission Expires