



**Department of Public Health  
Contracts & Grants Management Section**  
PO Box 340308, 410 Capitol Ave.  
Hartford, CT 06134-0308  
Telephone: (860) 509-7704 FAX: (860) 509-8210

December 5, 2014

Julia K. Lentini Marquis  
Staff Attorney, Contract Administration Unit  
Department of Social Services  
25 Sigourney Street  
Hartford, CT 06106

Re: DPH Contract Log #2011-0306-3  
Contract for: Family Health Program  
Contract Period: May 1, 2011 - April 30, 2017  
Award Maximum: \$0.00

Dear Ms. Marquis:

Enclosed is a copy of the fully executed Contract Amendment listed above. Please forward copies of the fully executed Contract to the appropriate financial and programmatic staff in your agency. If you have contract questions regarding this Amendment please contact me at (860) 509-7704. Programmatic questions should be directed to Marcia Cavacas at (860) 509-7775.

Sincerely,

A handwritten signature in cursive script that reads "Aleana Johnson".

Aleana Johnson  
Health Program Associate

cc: Marcia Cavacas

julia.lentini@ct.gov

<b>BRANCH: PUBLIC HLTH INITIATIVES</b> <b>SECTION: Family Health Section</b>		<b>FACESHEET:</b> <input type="checkbox"/> Original <input type="checkbox"/> Revised <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Tech. (If revised, date of original):	<b>DPH LOG#:</b> 2011-0306-3  <b>DATE:</b> 12/4/2014
<b>CONTACT PERSON</b> Johnson, A.		<b>TITLE:</b> Contract Specialist	<b>PHONE:</b> (860) 509-7705
<b>CONTRACTOR</b> Department of Social Services - Legal Name: Dept/Div: Street: 55 Farmington Avenue City: Hartford		<b>FEDERAL ID (FEIN/SSN) or TOWN CODE:</b> <b>CONTRACTOR:</b> 061-27-4678	
<b>State: CT Zip: 06105-</b>			

**Payee, if Other:**

<b>IS CONTRACTOR A CURRENT OR RETIRED STATE EMPLOYEE ?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If current, attach statement from agency head attesting to his/her availability)		<b>CONTRACT PERIOD</b> From: 5/1/2011 To: 4/30/2017
<b>TYPE OF CONTRACT OR LEASE: (New, Renewal, Amendment)</b> Amendment MOA		
<b>REASON FOR CONTRACT:</b>	Amendment #3- to include additional activities. DPH and DSS enter into the MOA for the purpose of improving public health service delivery and public health outcomes for low income populations through the sharing of available Medicaid HUSKY Plan A and Plan B, Husky Plus, Fee-for-Service, Charter Oak and Title V MCH data.	

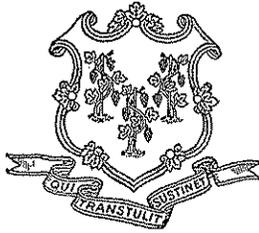
<b>CONTRACT PERIODS/ FUNDING:</b>	<b>This Contract:</b>	<b>Prior Contract:</b>
	2011-0306-3	2011-0306-2
	From: 5/1/2011	From: 5/1/2011
	To: 4/30/2017	To: 4/30/2017

CORE FUNDING CODES								Bud Ref	BUDGET AMOUNTS			
YR	Dept	FUND	SID	PROG	ACCT	Reserved	PROJECT	BudRef	THIS CONTRACT	PRIOR CONTRACT	DIFFERENCE	
1	DPH48831	12060	n/a	42003	55080		DPH_NONPROJECT	2011	\$0.00	\$0.00	\$0.00	
2	DPH48831	12060	n/a	42003	55080		DPH_NONPROJECT	2011	\$0.00	\$0.00	\$0.00	
3	DPH48831	12060	n/a	42003	55080		DPH_NONPROJECT	2011	\$0.00	\$0.00	\$0.00	
4	DPH48831	12060	n/a	42003	55080		DPH_NONPROJECT	2011	\$0.00	\$0.00	\$0.00	
5	DPH48831	12060	n/a	42003	55080		DPH_NONPROJECT	2011	\$0.00	\$0.00	\$0.00	
6	DPH48831	12060	n/a	42003	55080		DPH_NONPROJECT	2011	\$0.00	\$0.00	\$0.00	
									<b>YEAR 1 SUBTOTALS</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
									<b>YEAR 2 SUBTOTALS</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
									<b>YEAR 3 SUBTOTALS</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
									<b>YEAR 4 SUBTOTALS</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
									<b>YEAR 5 SUBTOTALS</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
									<b>CONTRACT GRAND TOTALS:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**IS THIS CONTRACT RETROACTIVE ? (If YES, Explain briefly below or Attach Explanation.)**  Yes  No  N/A  
 NOTES: 1) N/A is used for Amendments only. 2) If Revised, facesheets will indicate status = retroactive.  
 (N/A - Amendment)

<b>EXPLANATION OF COST INCREASE:</b> (If Applicable)	
<b>PROPOSALS Or BIDS:</b>	<b>Are These Services Available Through Other State Agencies ?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If YES, On an attached sheet, Explain Why not Being Utilized)
	<b>Were Competitive Bids or Alternative Proposals Sought ?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (If YES, Briefly Summarize on an attached Sheet. If NO, Explain Why Not.)

**FULLY EXECUTED**



STATE OF CONNECTICUT  
MEMORANDUM OF UNDERSTANDING  
Between  
The Department of Public Health  
And  
Department of Social Services  
DPH LOG #2011-0306-3

**FULLY  
EXECUTED**

The Agreement between Department of Social Services and the Department of Public Health which was executed by the parties on June 27, 2011 and subsequently amended on October 17, 2013 and December 26, 2013 is hereby further amended as follows:

1. **Section 4. A. – Statutory Authority** – of the original Agreement is hereby deleted and replaced with the following:
  - a. For the Department of Public Health (DPH), Connecticut General Statutes §§ 4-8, 19a-2a, 19a-45a, 17b-277, Medical Assistance for Needy Pregnant Women and Children, and 19a-59b, Maternal and Infant Health Program, and Public Act 02-65 “An Act Concerning Access to Data by the Department of Public Health,” and
  - b. For the Department of Social Services (DSS), Connecticut General Statutes §§ 4-8 and 17b-3.
2. **Section 7. A.1.a. – Responsibilities of the Parties for each Data-Sharing Project** – of the original Agreement is hereby deleted and replaced with the following:
  - a. DSS shall complete for DPH an annual match per calendar year of birth records and Medicaid eligibility data on an on-going basis to identify those births covered by Medicaid.
3. **Section 7. B.1. and B. 2. – DPH CT Immunization Registry Tracking System (CIRTS) – Request for Medicaid Client data** – of the original Agreement is hereby deleted and replaced with the following:
  1. A detailed description of the intended purpose of the data sharing as it relates to improving public health services delivery and meeting public health outcome goals:

Section 19A-7b of the Connecticut General Statutes grants DPH the authority to establish and maintain an immunization registry, hereinafter referred to as the Connecticut Immunization Registry and Tracking System (CIRTS), of all children, including newborns, who have not begun the first grade. The same section requires health care providers who have provided health care to a child enrolled in CIRTS to report sufficient information to enable CIRTS to establish and maintain the child’s immunization record.

DSS has entered into a contract with the state’s Administrative Service Organization, Community Health Network of Connecticut, Inc. (CHN) to provide health care services to the Medicaid population in the family coverage groups.

This Agreement enables two State Agencies, DPH and DSS, to work together toward a common goal; i.e., ensuring that two-year-old children enrolled in Medicaid Managed care are age-appropriately immunized.
  2. Description of Data Needed, and Source Data File to be Used to Gather Relevant Data, where appropriate.

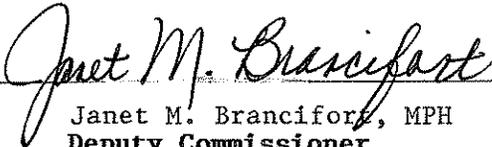
CIRTS/Immunization Action Plan (IAP) Coordinators will utilize the DSS Connecticut Medical Assistance Program website <https://www.ctdssmap.com/> to determine the Medicaid eligibility status of children enrolled in CIRTS without an identified medical home.

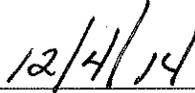
CIRTS/IAP Coordinators will submit requests to Community Health Network (CHN) for claims data on children enrolled in CIRTS and in Medicaid (HUSKY A and HUSKY B). The CHN will return claims data to the IAP Coordinators to identify the children's medical home, bring them back to care and up-to-date with their primary immunization series.

4. All other terms and conditions not specifically amended herein shall remain in full force and effect. If there is a conflict between the Amendment and the Agreement, the Amendment shall prevail.

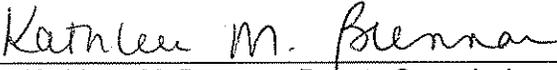
**Approval and Acceptances:**

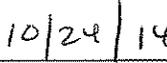
**For the State of Connecticut Department of Public Health:**

  
Janet M. Branciforte, MPH  
Deputy Commissioner

  
Date

**For the Department of Social Services**

  
Kathleen M. Brennan, Deputy Commissioner

  
Date