

DIRECTOR SIGN-OFF FORM

Attached as a cover sheet with each contract action requiring the Director's signature
To be completed by the Contract Manager and signed by the Contract Owner

The PCQ review/approval by the Budget Analyst will require a 10-day period for review and approval. The Director is requiring a 5 business-day period for review and approval.

Contract Name: Iowa Dental Wellness Pre-Paid Ambulatory Health Plan (PAHP)
Contract Number: MED-25-012
Contract Action: First Amendment
Division/Unit: Iowa Medicaid Enterprise

Contract Overview: The purpose of the Contract is to provide services to Iowa Medicaid and Hawki members through a managed care organization.

Key Changes: This amendment is:

- Updating Agency address
- Updating language to remove COVID Carve-Out after date of service September 30, 2024.

Reason or Basis for Changes: General updates

This contract is in year 1 of the total term of 2 year(s)

A check next to each item indicates a YES answer:


Reason/s for the amendment:

- To make changes in contract language
- To increase funding by \$ _____. (The increase in dollar does not change the competitive procurement requirements.)
- To renew this contract.
- No change to legal name
- Verification of active status to do business in the State of Iowa, if applicable
- Suspension and Debarment Verification via OIG and SAM
- The monitoring and review of this contract warrants renewal with this contractor
- The total term of the contract will not exceed six years
- The total amount for this renewal period is \$ _____.
- Other:

Attention to other details:

- A completed PCQ is attached for the Budget Analyst Review/Approval
- All required contractor signatures are completed on all documents
- If a change to the scope of work makes a change to components related to sharing information about DHS applicants or recipients of services the ISPO office has been consulted on the changes OR if the amendment involves additional purchase of information technology services or goods, then DoIT has been consulted.
- This contract did not involve a change in the sharing of information about DHS clients or recipients of services or purchase of information technology.

I recommend this action and verify that this Amendment contract is ready for execution by the Director:

Contract Owner signature:  Date: 10/24/2024
Kera Oestreich

**Include a self-addressed envelope or completed routing slip for return of signed documents.
Retain original signed form in the master contract file.**

DOM Justification Needed? YES Date Approved: September 28, 2022

Contract Creator (C2) templates were used to create the contracting documents unless prior approval was received from BSCS.