

**First Amendment to the Core Standardized Assessments for Home and Community-Based Services Programs Contract**

This Amendment to Contract Number MED-20-004 is effective as of April 1, 2022, between the Iowa Department of Human Services (Agency) and Telligen, Inc. (Contractor).

**Section 1: Amendment to Contract Language**

The Contract is amended as follows:

**Revision 1. Contract Duration.** The Contract is hereby extended from July 1, 2022, through June 30, 2023.

**Revision 2. Contract Declarations and Execution, Agency Billing Contact Name/Address, is hereby amended as follows:**

Dennis Haney  
Iowa Medicaid Enterprise  
1305 E. Walnut  
Des Moines, IA 50309  
(515) 371-2591

**Revision 3. Contract Declarations and Execution, Agency Contract Manager, is hereby amended as follows:**

Dennis Haney  
Iowa Medicaid Enterprise  
1305 E. Walnut  
Des Moines, IA 50309  
dhaney2@dhs.state.ia.us

**Revision 4. Contract Declarations and Execution, Agency Owner, is hereby amended as follows:**

Elizabeth Matney  
Iowa Medicaid Enterprise  
1305 E. Walnut  
Des Moines, IA 50309  
ematney@dhs.state.ia.us

**Revision 5. Section 1.3.2.C, Performance Measures: Assessments, is hereby amended as follows:**

The contractor shall conduct and submit to the Agency and case workers CSA results within the following timeframes 95% of the time:

**Revision 6. Attachment 3.1, Pricing Schedule, is hereby added as follows:**

Price per Review					
	Review Volume	Year 3 2021 - 2022	Option Year 1 2022 - 2023	Option Year 2 2023 – 2024	Option Year 3 2024 - 2025
LOCUS/CALOCUS Review	75	\$466	\$477	\$488	\$500

**Revision 7. Federal Funds.** The following federal funds information is provided

<b>Contract Payments include Federal Funds?</b> Yes	
<b>The contractor for federal reporting purposes under this contract is a:</b> Vendor	
<b>DUNS #:</b> 087131785	
<b>The Name of the Pass-Through Entity:</b> Iowa Department of Human Services	
<b>CFDA #:</b> 93.778	<b>Federal Awarding Agency Name:</b> Human
<b>Grant Name:</b> Medical Assistance Program	Services/Centers for Medicare and Medicaid Services

**Section 2: Ratification & Authorization**

Except as expressly amended and supplemented herein, the Contract shall remain in full force and effect, and the parties hereby ratify and confirm the terms and conditions thereof. Each party to this Amendment represents and warrants to the other that it has the right, power, and authority to enter into and perform its obligations under this Amendment, and it has taken all requisite actions (corporate, statutory, or otherwise) to approve execution, delivery and performance of this Amendment, and that this Amendment constitutes a legal, valid, and binding obligation.

**Section 3: Execution**

**IN WITNESS WHEREOF**, in consideration of the mutual covenants set forth above and for other good and valuable consideration, the receipt, adequacy and legal sufficiency of which are hereby acknowledged, the parties have entered into the above Amendment and have caused their duly authorized representatives to execute this Amendment.

<b>Contractor, Telligen, Inc.</b>		<b>Agency, Iowa Department of Human Services</b>	
Signature of Authorized Representative: <small>DocuSigned by:</small>	Date:	Signature of Authorized Representative:	Date:
<i>Neal Cohen</i>	3/17/2022	<i>Kelly Garcia</i> <small>Kelly Garcia (Apr 21, 2022 15:29 CDT)</small>	Apr 21, 2022
Printed Name: Neal Cohen		Printed Name: Kelly Garcia	
Title: Vice President, State Health Solutions		Title: Director	