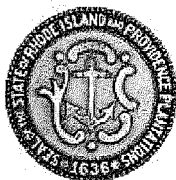


## Notice of Blanket Purchase Agreement



**State Of Rhode Island and Providence Plantations**  
**Department of Administration**  
**Division of Purchases**  
**One Capitol Hill**  
**Providence, RI 02908-5860**

<b>V E N D O R</b>	<b>PUBLIC CONSULTING GROUP INC</b> 148 STATE ST 10TH FLR BOSTON, MA 02109 United States
--	--

<b>S H I P T O</b>	<b>EOHHS MEDICAL ASSISTANCE</b> <b>HAZARD BUILDING</b> 74 WEST ROAD CRANSTON, RI 02920 United States
--	--

<b>Development and Implementation of a Cost Allocation Plan for EOHHS Departments</b>	
Award Number	<b>3547038</b>
Revision Number	<b>2</b>
Effective Period	<b>06-DEC-2017 - 01-JAN-2019</b>
Approved PO Date	<b>13-NOV-2018</b>
Vendor Number	<b>1233-iSupplier</b>

Type of Requisition	<b>*OTHER</b>
Requisition Number	<b>1497274</b>
Change Order Requisition Number	
Solicitation Number	<b>7551453</b>
Freight	<b>Paid</b>
Payment Terms	<b>NET 30</b>
Buyer	<b>Francis, David</b>
Requester Name	<b>Nicotero, Michelle R</b>
Work Telephone	<b>401-462-6850</b>

This Purchase Order is issued pursuant to and in accordance with the terms and conditions of the solicitation and applicable federal, state, and local law, including the State of Rhode Island's purchasing regulations, available at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).

CHANGE ORDER TO PO# 3547038

ADDED LINE 5 AMENDMENT # 1 DATED 10/3/2018.

Reference Documents: 3547038 10-17-18.pdf

Line	Description	Unit	Unit Price (USD)
1	APA-17826 Development and Implementation of a Cost Allocation Plan for EOHHS	Each	1
2	APA-17826 Development and Implementation of a Cost Allocation Plan for DCYF	Each	1
3	APA-17826 Development and Implementation of a Cost Allocation Plan	Each	1

### INVOICE TO

The State of Rhode Island accepts electronic invoices via its supplier portal. To register and submit electronic invoices, visit the supplier portal at <http://controller.admin.ri.gov/iSupplier/isup/index.php>

To submit paper invoices, mail to: Department of Administration Controller, One Capitol Hill, 4th Floor, Providence 02908.

### STATE PURCHASING AGENT

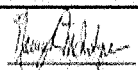
Nancy R. McIntyre

Line	Description	Unit	Unit Price (USD)
	for DHS		
4	APA-17826 Development and Implementation of a Cost Allocation Plan for DOH	Each	1
5	APA-17826 Development and Implementation of a Cost Allocation Plan for HSRI	Each	1

**INVOICE TO**

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**STATE PURCHASING AGENT**  
Nancy R. McIntyre

**Contract Terms and Conditions**

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## **Terms and Conditions**

### **PURCHASE ORDER STANDARD TERMS AND CONDITIONS**

#### **TERMS AND CONDITIONS FOR THIS PURCHASE ORDER**

#### **CAMPAIGN FINANCE COMPLIANCE**

CAMPAIGN FINANCE: In accordance with RI General Law 17-27-2, Every person or business entity providing goods or services of \$5,000 or more, and has in the preceding 24 months, contributed an aggregate amount in excess of \$250 within a calendar year to any general officer, or candidate for general office, any member, or candidate for general assembly, or political party, is required to electronically file an affidavit regarding political contributions at: <https://secure.ricampaignfinance.com/RhodeIslandCF/Public/VendorAffidavit.aspx>

#### **ARRA SUPPLEMENTAL TERMS AND CONDITIONS**

For contracts and sub-awards funded in whole or in part by the American Recovery and Reinvestment Act of 2009. Pub.L.No. 111-5 and any amendments thereto, such contracts and sub-awards shall be subject to the Supplemental Terms and Conditions For Contracts and Sub-awards Funded in Whole or in Part by the American Recovery and Reinvestment Act of 2009. Pub.L.No. 111-5 and any amendments thereto located on the Division of Purchases website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).

#### **DIVESTITURE OF INVESTMENTS IN IRAN REQUIREMENT:**

No vendor engaged in investment activities in Iran as described in R.I. Gen. Laws §37-2.5-2(b) may submit a bid proposal to, or renew a contract with, the Division of Purchases. Each vendor submitting a bid proposal or entering into a renewal of a contract is required to certify that the vendor does not appear on the list maintained by the General Treasurer pursuant to R.I. Gen. Laws §37-2.5-3.

For all Purchase Orders issued on behalf of the University of Rhode Island, Community College of Rhode Island, and Rhode Island College, vendors will receive a confirming order from the respective entity prior to proceeding.

#### **INSURANCE REQUIREMENTS (ADDITIONAL)**

ANNUAL RENEWAL INSURANCE CERTIFICATES FOR WORKERS' COMPENSATION, PUBLIC LIABILITY, PROPERTY DAMAGE INSURANCE, AUTO INSURANCE, PROFESSIONAL LIABILITY INSURANCE (AKA ERRORS & OMISSIONS), BUILDER'S RISK INSURANCE, SCHOOL BUSING AUTO LIABILITY, ENVIRONMENTAL IMPAIRMENT (AKA POLLUTION CONTROL), VESSEL OPERATION (MARINE OR AIRCRAFT) PROTECTION & INDEMNITY, ETC., MUST BE SUBMITTED TO THE SPECIFIC AGENCY IDENTIFIED IN THE "SHIP TO" SECTION OF THE PURCHASE ORDER. CERTIFICATES ARE ANNUALLY DUE PRIOR TO THE BEGINNING OF ANY CONTRACT PERIOD BEYOND THE INITIAL TWELVE-MONTH PERIOD OF A CONTRACT. FAILURE TO PROVIDE ANNUAL INSURANCE CERTIFICATION MAY BE GROUNDS FOR CANCELLATION.

#### **MULTI YEAR AWARD**

THIS IS A MULTI-YEAR BID/CONTRACT. PER RHODE ISLAND STATE LAW 37-2-33, CONTRACT OBLIGATIONS BEYOND THE CURRENT FISCAL YEAR ARE SUBJECT TO AVAILABILITY OF FUNDS. CONTINUATION OF THE CONTRACT BEYOND THE INITIAL FISCAL YEAR WILL BE AT THE DISCRETION OF THE STATE. TERMINATION MAY BE EFFECTED BY THE STATE BASED UPON DETERMINING FACTORS SUCH AS UNSATISFACTORY PERFORMANCE OR THE DETERMINATION BY THE STATE TO DISCONTINUE THE GOODS/SERVICES, OR TO REVISE THE SCOPE AND NEED FOR THE TYPE OF GOODS/SERVICES; ALSO MANAGEMENT OWNER DETERMINATIONS THAT MAY PRECLUDE THE NEED FOR GOODS/SERVICES.

**BLANKET PAYMENT**

DELIVERY OF GOODS OR SERVICES AS REQUESTED BY AGENCY. PAYMENTS WILL BE AUTHORIZED UPON SUBMISSION OF PROPERLY RENDERED INVOICES NO MORE THAN MONTHLY TO THE RECEIVING AGENCY. ANY UNUSED BALANCE AT END OF BLANKET PERIOD IS AUTOMATICALLY CANCELLED.

**EQUAL OPPORTUNITY COMPLIANCE**

THIS PURCHASE ORDER IS AWARDED SUBJECT TO EQUAL OPPORTUNITY COMPLIANCE.

**PURCHASE AGREEMENT AWARD**

THIS IS A NOTICE OF AWARD, NOT AN ORDER. Any quantity reference in the agreement or in the bid preceding it are estimates only and do not represent a commitment on the part of the state to any level of billing activity, other than for quantities or volumes specifically released during the term. No action is to be taken except as specifically authorized, as described herein under AUTHORIZATION AND RELEASE. ENTIRE AGREEMENT - This NOTICE OF AWARD, with all attachments, and any release(s) against it shall be subject to: (1) the specifications, terms and conditions set forth in the Request/Bid Number cited herein, (2) the General Terms and Conditions of Contracts for the State of Rhode Island and (3) all provisions of, and the Rules and Regulations promulgated pursuant to, Title 37, Chapter 2 of the General Laws of the State of Rhode Island. This NOTICE shall constitute the entire agreement between the State of Rhode Island and the Vendor. No assignment of rights or responsibility will be permitted except with the express written permission of the State Purchasing Agent or his designee. CANCELLATION, TERMINATION and EXTENSION - This Price Agreement shall automatically terminate as of the date(s) described under CONTRACT PERIOD unless this Price Agreement is altered by formal amendment by the State Purchasing Agent or his designee upon mutual agreement between the State and the Vendor.

**AUTHORIZATION AND RELEASE**

In no event shall the Vendor deliver goods or provide service until such time as a duly authorized release document is certified by the ordering Agency. A Direct Purchase Order (DPO) shall be created by the agency listing the items ordered, using the pricing and format set forth in the Master Blanket. All pricing shall be as described in the Master Blanket and is considered to be fixed and firm for the term of the Agreement, unless specifically noted to the contrary herein. All prices include prepaid freight. Freight, taxes, surcharges, or other additional charges will not be honored unless reflected in Master Blanket.

**TERMS AND CONDITIONS OF PRICING AGREEMENT**

**SCOPE AND LIMITATIONS** - This Agreement covers requirements as described herein, ordered by State agencies during the Agreement Period. No additional or alternative requirements are covered, unless added to the Agreement by formal amendment by the State Purchasing Agent or his designee.

Under State Purchasing Law, 37-2-54, no purchase or contract shall be binding on the state or any agency thereof unless approved by the department [of administration] or made under general regulations which the chief purchasing officer may prescribe. Under State Purchasing Regulation 8.2.1.1.2, any alleged oral agreement or arrangements made by a bidder or contractor with any agency or an employee of the Office of Purchases may be disregarded and shall not be binding on the state.

**PRODUCT ACCEPTANCE** - All merchandise offered or otherwise provided shall be new, of prime manufacture, and of first quality unless otherwise specified by the State. The State reserves the right to reject all nonconforming goods, and to cause their return for credit or replacement, at the State's option.

a) Failure by the state to discover latent defect(s) or concealed damage or non-conformance shall not foreclose the State's right to subsequently reject the goods in question.

b) Formal or informal acceptance by the State of non-conforming goods shall not constitute a precedent for successive receipts or procurements.

Where the vendor fails to cure the defect promptly or replace the goods, the State reserves the right to cancel the Release, contract with a different vendor, and to invoice the original vendor for any differential in price over the original contract price.

**ORDER AUTHORIZATION AND RELEASE AGAINST PRICING AGREEMENT**

In no event shall the Vendor deliver goods or provide service until such time as a duly authorized release document is certified by the ordering Agency.

**State Agencies shall request release as follows: All releases shall reference the Price Agreement number, the Contract Issue number, the item(s) covered, and the unit pricing in the same format as described herein.**

A Department Purchase Order (DPO) listing the items ordered shall be created by the agency. The agency may mail or fax a copy of the order to the Vendor. In some cases the agency may request delivery by telephone, but must provide the Vendor with a DPO Order Number reference for billing purposes. Vendors are encouraged to require written orders to assure payments are processed accurately and promptly.

**DELIVERY** If this is an MPA, Vendor will obtain "ship to" information from each participating agency. This information will be contained in the DPO. APA delivery information will be contained in the Notice of Award.

**PRICING** - All pricing shall be as described herein, and is considered to be fixed and firm for the term of the Agreement, unless specifically noted to the contrary herein. All prices include prepaid freight. Freight, taxes, surcharges, or other additional charges will not be honored unless reflected herein.

**INVOICING** All invoices shall reference the DPO Order Number(s), Price Agreement number, the Contract Issue number, the item(s) covered, and the unit pricing in the same format as described herein. If this is an MPA, Vendor will obtain "bill to" information from each participating agency. This information will be contained in the DPO. APA billing information will be contained in the Notice of Award.

**PAYMENT** - Invoices for items not received, not priced according to contract or for work not yet performed will not be honored. No payment will be processed to any vendor for whom there is no IRS W-9 on file with the State Controller.

**Amendment No. 1 to Development & Implementation of a Cost Allocation Plan for the Rhode Island Medicaid Program – EOHHS (Agreement No APA-17826; RFP No 7551453)**

**Between the State of Rhode Island Executive Office of Health and Human Services and Public Consulting Group, Inc.**

This Agreement originally entered into on the first day of December 2017 is hereby revised as follows:

**ADDENDUM II BUDGET**

**ADD:**

The total amount expended for this contract may not exceed \$597,020 for the first 13 months of this contract (November 1, 2017 – December 31, 2018). EOHHS must approve all tasks and associated budgets associated with the work under this contract.

**Amend:**

Amend the following table from the original to adjust the Months of Hosting for DCYF. The total dollar amounts do not change but the Months of Hosting was incorrect for DCYF. DCYF hosting for AlloCAP™ was part of another contract and began under this contract on December 1<sup>st</sup>.

Original Table:

Agency	Monthly Hosting Fee	Months of Hosting	Annual Total
EOHHS AlloCAP™	\$450	13	\$5,850
DCYF AlloCAP™	\$450	13	\$5,400
DHS AlloCAP™	\$450	13	\$5,850
<b>Total</b>			<b>\$17,100</b>

Revised Table:

Agency	Monthly Hosting Fee	Months of Hosting	Annual Total
EOHHS AlloCAP™	\$450	13	\$5,850
DCYF AlloCAP™	\$450	12	\$5,400
DHS AlloCAP™	\$450	13	\$5,850
<b>Total</b>			<b>\$17,100</b>

Amend the following table to show the cost for EOHHS and HSRI distinctly (tasks for EOHHS and HSRI are already distinct in Addendum I)

Original Table:

EOHHS	Estimated Annual Hours	Total Annual Cost
Staff Fees	293	\$63,466
AlloCAP™ Hosting	N/A	\$5,850
<b>Total</b>		<b>\$69,316</b>

Replace with:

EOHHS	Estimated Annual Hours	Total Annual Cost
Staff Fees	107	\$18,201
AlloCAP™ Hosting	N/A	\$5,850
<b>Total</b>		<b>\$24,051</b>



HSRI	Estimated Annual Hours	Total Annual Cost
Staff Fees	186	\$45,265
<b>Total</b>		<b>\$45,265</b>

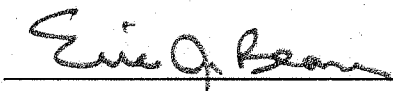
#### **ADD: Consolidated Rate Table**

For all projects the following rate table will be used for 12/1/2017 – 12/31/2018. It is based on the original rate table in the Appendix B Budget Form provided in the original proposal. Items in Bold are positions added to the original Appendix B Budget Form. The contract does not anticipate staff are full time in Rhode Island. Any rates for full time staff may need to be revisited to ensure they account for expenses.

<b>Position Title</b>	<b>Fully Loaded Hourly Rate</b>
Project Manager or PCG Manager	\$310
Associate Manager	\$294
Assistant Project Manager or <b>PCG Senior Consultant</b>	\$268
<b>Senior Operations Manager</b>	<b>\$210</b>
<b>Consultant</b>	<b>\$235</b>
Technical Advisor	\$210
Technical Advisor	\$184
Operations Manager	\$184
Business Analyst	\$173
Operations Analyst	\$105
Health Services Development (HSD)	\$142

All other provisions of the original agreement and appropriate addenda shall remain in full force and effect.

STATE OF RHODE ISLAND



Eric J. Beane

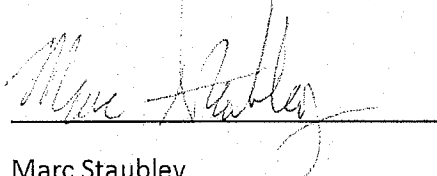
Secretary

EOHHS

10/16/18

Date

PUBLIC CONSULTING GROUP, INC.



Marc Stauble

Practice Area Director

Public Consulting Group, Inc.

9/13/18

Date



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Department of Administration DIVISION OF PURCHASES

**RI-FANS CHANGE ORDER FORM**

**EMAIL CHANGE ORDERS TO:** [doa.purchaseorders@purchasing.ri.gov](mailto:doa.purchaseorders@purchasing.ri.gov)

This form is to be used for:

- Supplier Name Changes
- Cancellations to Blanket/Contract Purchase Agreements and Standard Purchase Orders.
- Line item changes, date changes and agreed amount changes to Blanket/Contract Purchase Agreements.

This form is not applicable for:

- Adding a line item or increasing a quantity on a Standard Purchase Order over \$5000.00.  
(A change order requisition should be created and submitted for this type of change).
- Releases (Blanket/Contract) Should be processed as an electronic change order through RIFANS.

**(ONLY 1 PURCHASE ORDER  
PER CHANGE ORDER FORM)**

TYPE IN HERE

TYPE IN HERE

DATE	10/24/2018	MPA NUMBER	APA-17826 ✓
PURCHASE ORDER NUMBER	3547038 ✓	SOLE SOURCE (YES/NO)	
BID NUMBER	7551453 ✓	DELEGATED (YES/NO)	
BUYER NAME (as it appears on the purchase order)	David Francis	GRANT (YES/NO)	
AGENCY DOC I.D. NUMBER		GRANT/ DELEGATED PO END DATE	01/01/2019
SUPPLIER NAME	Public Aconsulting Group		

TYPE OF CHANGE TO BE MADE	FROM	TO
SUPPLIER NAME (include W-9 FORM and letters from companies advising of the name change)	Click or tap here to enter text.	Click or tap here to enter text.
AGREED AMOUNT CHANGE (BLANKET/CONTRACT)		
DATE CHANGE (BLANKET/CONTRACT)		
CANCEL ENTIRE PURCHASE ORDER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Standard, Blanket/Contract Purchase Agreements) (Give justification/reason below)		

**LINE ITEM CHANGE FOR BLANKET PURCHASE AGREEMENTS:**

CODES: (A) Add Line (D) Delete Line (DC) Description Change (PC) Price Change

Code	Line #	Description	Price from	Price to
A	5	APA-17826 Development and Implementation of a Cost Allocation Plan for HSRI	1	
		Click or tap here to enter text.		
		Click or tap here to enter text.		

**REASON/JUSTIFICATION:** Please add DOA (HSRI) LINE AGENCY 068 with REALM code 918.29F8 for that line only. Each agency on contract has own line, per last amendment adding HSRI. ✓

CONTACT PERSON: Michelle Nicotero PHONE NUMBER: 401-462-6850

AUTHORIZED AGENT: Robert Farley SIGNATURE: *Robert V. Farley*

**FOR DOA PURCHASES ONLY SECTION**

BUYER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

INTERDEPARTMENTAL PROJECT MANAGER SIGNATURE: *David Harris* DATE: 10/25/18

DEPUTY/PURCHASING AGENT SIGNATURE: *Michael D. Mitchell* DATE: 10/26/18

This form can be found on the purchasing website: [www.purchasing.ri.gov](http://www.purchasing.ri.gov) in the Agency Resource Center. For complete instructions on processing change orders, visit the purchasing website [www.purchasing.ri.gov](http://www.purchasing.ri.gov) Agency Resource Center/Instructions and Trainings/RIFANS Instruction Manuals.