Non Substantive Change Request

Approved By

Christine.Morrison

Approved Date

8/9/2016 8:43:48 AM

Controlling Board Number

MCD0100059

Agency Code Submitted From

MCD01

User Submitted By

brenda.myers

Did User Upload any Attachments?

YES

Shortitle

MCD0100059 AHSI QIT Am

Change Description

The Ohio Department of Medicaid (ODM) is requesting approval of a non-substantive amendment to the contract with Automated Health Systems for Qualified Income Trust program services. The total approved budget and scope of work will not be changed through this amendment. However, the vendor and ODM have determined that the payment methodology for SFY17 should be changed from a per individual served rate to a flat monthly rate.It was anticipated that most of the project development would be completed in SFY16 thus making the per individual rate feasible for SFY17. Due to a delay in the initiation of the project, the per individual rate is no longer appropriate for SFY17. If you have any questions, or need additional information, please contact Brenda Myers at 614-752-3305 or Brenda.myers@medicaid.ohio.gov.