

**STATE OF ALASKA**

**AMENDMENT TO PROFESSIONAL SERVICES CONTRACT**

1 Agency Contract Number <b>060706</b>
2. ASPS Number <b>2007-0600-6640</b>
3. Optional Renewal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Years remaining _____
4. Financial Coding
5. Agency Assigned Encumbrance Number <b>0682242</b>
6. Amendment Number <b>Four (4)</b>

This agreement is between the State of Alaska,

7 Department of Health and Social Services  
Health and Social Services/ Health Care Services hereafter the State, and

8 Contractor  
ACS State Healthcare, LLC hereafter the Contractor

Mailing Address	Street or P.O. Box	City	State	ZIP Code
9040 Roswell Road, Suite 700		Atlanta	Georgia	30350

9 Original period of performance  
FROM: October 1, 2007 TO: September 30, 2017

10 Amended period of performance  
FROM: October 1, 2007 TO: September 30, 2017

11 Previous amount of contract to date: <b>\$ 145,688,058.23</b>	12 Amount of this amendment: <b>\$114,340.00</b>	13. This amended contract shall not exceed a total of: <b>\$ 145,802,398.23</b>
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14. In accordance with the provisions of the above referenced contract, the parties to that contract agree that the services to be performed by the contractor under the contract are amended as follows: All other terms and conditions of the contract remain in effect.  
This amendment is to amend MMIS DDI appendix F.

**IN WITNESS WHEREOF** the parties hereto have executed this amendment.

**NOTICE!** This amendment has no effect until signed by the head of the contracting agency, project director and head contracting agency or designee.

15 CONTRACTOR		17. CERTIFICATION:	
Name of Firm <b>ACS State Healthcare, LLC</b>		I certify that the facts herein and on supporting documents are correct, that this voucher constitutes a legal charge against funds and appropriations cited, that sufficient funds are encumbered to pay this obligation, or that there is a sufficient balance in the appropriation cited to cover this obligation. I am aware that to knowingly make or allow false entries or alterations on a public record, or knowingly destroy, mutilate, suppress, conceal, remove or otherwise impair the verity, legibility or availability of a public record constitutes tampering with public records punishable under AS 11.56.815-.820. Other disciplinary action may be taken up to and including dismissal.	
Signature of Authorized Representative <i>Craig E. Steffen</i>	Date <b>12-22-11</b>		
Typed or Printed Name of Authorized Representative <b>Craig E. STEFFEN</b>			
Title <b>Vice President</b>			
16 CONTRACTING AGENCY		Signature of Head Contracting Agency or Designee	Date
Department/Division <b>Health &amp; Social Services/ Health Care Services</b>		<i>Juanda H. [Signature]</i>	<b>12/30/11</b>
Signature of Project Director <i>Paul Cartland</i>	Date <b>12/22/11</b>	Typed or Printed Name of Authorizing Official <b>Darla Madden</b>	
Typed or Printed Name of Project Director <b>Paul Cartland</b>		Title <b>Chief, Grants and Contracts</b>	
Title <b>Project Director</b>			

**APPENDIX F  
PAYMENT PROVISIONS**

Payment for lease space 2566 located at 1835 S Bragaw, Street in Anchorage, AK provided under this contract shall not exceed \$114,340.00.

**Lease Variance:**               \$9,528.34 per month

The contractor shall submit invoices and attachments to the address specified below no later than 30 days after the end of each month in which services were performed. Failure to include the required information on the invoice may cause an unavoidable delay to the payment process.

Each invoice must include:

- Contractor's name and contact information for questions regarding the invoice
- Contract number
- Date (s) of services performed

Contractor shall mail the original invoice and attachments:

Department of Health and Social Services  
FMS/Grants and Contracts Support Team  
Procurement Section  
Attn: Lois Blastick  
3601 C Street, Suite 578  
Anchorage, AK 99503

Notwithstanding any other provision of this contract, it is understood and agreed that the State shall withhold payment at any time the contractor fails to perform work as required under Appendix F and /or G of this contract.