

STATE OF MICHIGAN
 DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET
 PROCUREMENT
 P.O. BOX 30026, LANSING, MI 48909
 OR
 530 W. ALLEGAN, LANSING, MI 48933

CHANGE NOTICE NO. 19
 to
CONTRACT NO. 071B6200168
 between
THE STATE OF MICHIGAN
 and

NAME & ADDRESS OF CONTRACTOR:	PRIMARY CONTACT	EMAIL
Client Network Services, Inc. (CNSI) 702 King Farm Boulevard, 2nd Floor Rockville, MD 20850	John H. Cousins III	jee@cns-inc.com
	TELEPHONE	CONTRACTOR #, MAIL CODE
	(301) 634-4600	

STATE CONTACTS	AGENCY	NAME	PHONE	EMAIL
CONTRACT COMPLIANCE INSPECTOR:	DTMB	John Spitzley	(517) 335-6612	spitzleyj1@michigan.gov
BUYER:	DTMB	Steve Motz	(517) 241-3215	motzs@michigan.gov

CONTRACT SUMMARY:			
DESCRIPTION: Medicaid Services Administration			
INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL OPTIONS INCLUDED	CURRENT EXPIRATION DATE
March 14, 2006	September 30, 2011	Two One-Year	September 30, 2018
PAYMENT TERMS	F.O.B	SHIPPED	SHIPPED FROM
N/A	N/A	N/A	N/A
ALTERNATE PAYMENT OPTIONS:			AVAILABLE TO MiDEAL PARTICIPANTS
<input type="checkbox"/> P-card	<input type="checkbox"/> Direct Voucher (DV)	<input type="checkbox"/> Other	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
MINIMUM DELIVERY REQUIREMENTS:			
N/A			

DESCRIPTION OF CHANGE NOTICE:		
OPTION EXERCISED: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	EFFECTIVE DATE OF CHANGE: November 12, 2013	EXPIRATION DATE: September 30, 2018
<p>Effective immediately this contract is hereby INCREASED to provide funding for various Community Health Administrative Management Payment System (CHAMPS) initiatives that include not to exceed \$10,000,000.00. All initiatives funded by this change notice require prior approval by the Michigan Department of Community Health, Medical Services Administration of a project proposal before they are authorized to proceed. Project proposals will be added to the contract through subsequent change notices as they are approved.</p> <p>All other terms, conditions, pricing and specifications remain unchanged.</p>		
VALUE/COST OF CHANGE NOTICE:	\$ 10,000,000.00	
ESTIMATED AGGREGATE CONTRACT VALUE:	\$ 381,392,904.00	

FOR THE CONTRACTOR:

Client Network Services, Inc. (CNSI)

Firm Name

Authorized Agent Signature

Authorized Agent (Print or Type)

Date

FOR THE STATE:

Signature

Kim Stephen, Director of the Bureau of
Budget and Purchasing

Name/Title

**Micigan Department of Community
Health**

Enter Name of Agency

Date

