Form C

Contract Amendment Request

Submitted by: (Insert LIDDA Name)

1. Indicate contract documents proposed for amendment (check all that apply):

**⬜** **Contract Signature Document**

**⬜** **Attachment A-1: Statement of Work**

**⬜** **Attachment A-2: Performance Measures and Outcome Targets**

**⬜** **Attachment A-3:** Description of IDD Services

**⬜** **Attachment A-4: PASSR Requirements and Enhanced Community Coordination**

**⬜** **Attachment A-5: HCS and TxHmL Interest Lists Maintenance**

**⬜** **Attachment A-6: Medicaid Program Enrollment Requirements**

**⬜** **Attachment A-7: Options for IDD Services and Supports**

**⬜** **Attachment A-8: IDD Submission Calendar**

**⬜** **Attachment A-9: Guidelines for Determining and Changing Designated LIDDA**

**⬜** **Attachment A-10: Guidelines for Determining Less Restrictive Setting**

**⬜** **Attachment A-11: CFC - Assessments, Service Planning and Service Coordination**

**⬜** **Attachment A-12: Medicaid Estate Recovery Program**

**⬜** **Attachment A-13: Permanency Planning Requirements**

**⬜** **Attachment A-14: Relevant Rules Grid for Provider of LIDDAs**

**⬜** **Attachment A-15: Voter Registration**

**⬜** **Attachment A-16: UGMS Allowable Costs**

**⬜** **Attachment A-17: Crisis Respite**

**⬜** **Attachment A-18: Crisis Intervention Specialist**

**⬜** **Attachment B: Budget/ Required Local Match**

**⬜** **Attachment C: Uniform Terms and Conditions, Local Government, Version 2.12**

**⬜** **Attachment D: LIDDA Special Conditions**

**⬜** **Attachment E: Data Use Agreement**

**⬜** **Attachment F: Assurances - Non-Construction Programs**

**⬜** **Attachment G: FFATA Certification**

**⬜** **Attachment H-1: Training for Board of Directors**

**⬜** **Attachment H-2: Residential Services Funded by GR (The Harris Center for MH & IDD)**

**⬜** **Attachment H-3: Residential Services Funded by General Revenue (Integral Care)**

**⬜** **Attachment H-4: Community Living Options Information Process (CLOIP)**

**⬜** **Attachment H-5: Management Services Agreement (Texana Center)**

**⬜** **Attachment H-6: Participation in the Rural Border Intervention Project**

**⬜** **Attachment H-7: Transition Services**

**⬜ Form A: Affidavit of Board Member**

**⬜ Form B: Affidavit of Executive Director**

**⬜ Form D: Certification Regarding Lobbying**

1. For each contract document checked above, list the specific section, subsection and page number reflecting the item or items to be amended:
2. What is the rationale for the proposed amendment?
3. What is the expected fiscal impact of the proposed amendment, if any?
4. What is the expected programmatic impact of the proposed amendment, if any?
5. What is the expected benefit of the proposed amendment?
6. Is the expected benefit of the proposed amendment applicable to all LIDDAs or unique to your LIDDA?
7. If your proposed amendment is accepted, is there an amendment effective date that you would recommend? If so, why?

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Signature of Authorized Date Signed

Representative of LIDDA