OPTION LETTER #5

| State Agency | | Option Letter Number |
|--|---------------------|----------------------------------|
| Department of Health Care Policy and Finan | cing | 5 |
| Contractor | | Original Contract Number |
| Rocky Mountain Human Services | | 20-134771 |
| Current Contract Maximum Amount | | Option Contract Number |
| | | 20-134771OL5 |
| State General Fund Programs | | Contract Performance Beginning |
| Initial Term | Ф22 202 027 00 | July 1, 2019 |
| State Fiscal Year 2019-20 | \$23,302,027.00 | - |
| Extension Terms | | Current Contract Expiration Date |
| State Fiscal Year 2020-21 | \$19,864,414.00 | June 30, 2024 |
| State Fiscal Year 2021-22 | \$20,329,819.00 | |
| Estimated Contractor Share | \$194,479.63 | |
| State Fiscal Year 2022-23 | \$20,682,930.00 | |
| Estimated Contractor Share | \$276,628.00 | |
| State Fiscal Year 2023-24 | \$21,303,418.00 | |
| Estimated Contractor Share | \$4,179,799.00 | |
| Total for All State Fiscal Years | \$105,482,608.00 | |
| Medicaid Programs | | |
| Initial Term | | |
| State Fiscal Year 2019-20 | \$5,830,152.00 | |
| Extension Terms | | |
| State Fiscal Year 2020-21 | \$8,157,493.00 | |
| State Fiscal Year 2021-22 | No Contract Maximum | |
| State Fiscal Year 2022-23 | No Contract Maximum | |
| State Fiscal Year 2023-24 | No Contract Maximum | |
| Total for All State Fiscal Years | \$13,987,645.00 | |

1. OPTIONS:

- A. Option to extend for an Extension Term
- B. Option to modify Contract rates

2. REQUIRED PROVISIONS:

- A. In accordance with Section(s) 2.C. of the Original Contract referenced above, the State hereby exercises its option for an additional term, beginning July 1, 2023 and ending on the current contract expiration date shown above, at the rates stated in the Original Contract, as amended.
- B. In accordance with Section 10.2.1.1 of the Original Contract referenced above, the State hereby exercises its option to modify the Contract rates specified in Exhibit A-5, Statement of Work, Section 8.5.2 and 8.6.4. The Contract rates attached to this Option Letter replace the rates in the Original Contract referenced above as of the Option Effective Date of this Option Letter.
- C. The Contract Maximum Amount table on the Contract's Signature and Cover Page is hereby deleted and replaced with the Current Contract Maximum Amount table shown above.

3. OPTION EFFECTIVE DATE:

A. The effective date of this Option Letter is upon approval of the State Controller or July 1, 2023, whichever is later.

STATE OF COLORADO Jared S. Polis, Governor Department of Health Care Policy and Financing Kim Bimestefer, Executive Director DocuSigned by: DocuSigned by:

Administrative Rates Table

| Administrative Rates Table | | | | | | |
|---|----|---------------|---------------------------------|-------------------------|--|--|
| | | | | | | |
| Description | | Rate | Frequency | Funding Source | | |
| | | | Annually - Years 2, 3, 4, and | Federal/State | | |
| Operations Guide Update | \$ | 1,396.22 | 5 of the Contract | Funded | | |
| | Ċ | y | | Federal/State | | |
| Community Outreach Plan - Small | \$ | 1,306.50 | Annually per Plan | Funded | | |
| | | | | Federal/State | | |
| Community Outreach Plan - Medium | \$ | 2,405.31 | Annually per Plan | Funded | | |
| Community Outreach Plan - Large | \$ | 3,504.11 | Annually per Dlan | Federal/State Funded | | |
| Community Outleach Flair - Large | Ф | 3,304.11 | Annually per Plan | Federal/State | | |
| Complaint Trend Analysis - Small | \$ | 1,572.31 | Quarterly | Funded | | |
| | | , | | Federal/State | | |
| Complaint Trend Analysis - Medium | \$ | 2,118.29 | Quarterly | Funded | | |
| | | | | Federal/State | | |
| Complaint Trend Analysis - Large | \$ | 2,663.30 | Quarterly | Funded | | |
| Continuous Quality Improvement Plan | \$ | 496.78 | Annually, Per Plan | Federal/State Funded | | |
| Continuous Quanty Improvement I ian | Ψ | 490.76 | Monthly, Per Member | Federal/State | | |
| Critical Incident Reporting and Investigation | \$ | 6.18 | Enrolled | Funded | | |
| | | | | | | |
| Critical Incident Follow-Up Completion and | Φ. | 2 200 20 | | Federal/State | | |
| Entry Performance Standard | \$ | 3,389.28 | Quarterly | Funded Federal/State | | |
| Case Management Training | \$ | 636.03 | Semi-Annually | Funded | | |
| Cuse Management Training | Ψ | 030.03 | Sein / initially | Federal/State | | |
| Appeals – Creation of Packet | \$ | 521.18 | Per Packet | Funded | | |
| | | | | Federal/State | | |
| Appeals – Attendance at Hearing | \$ | 481.34 | Per Hearing | Funded | | |
| Haman Diabta Cammitta | \$ | 5.83 | Monthly, Per Member Enrolled | Federal/State Funded | | |
| Human Rights Committee | | | | | | |
| Waiting List Management | \$ | 93.55 | Per Contact | State Funded | | |
| DD Determination (Medicaid Eligible) | \$ | 449.81 | Don Determination | Federal/State Funded | | |
| DD Determination (Medicaid Eligible) | Ф | 449.81 | Per Determination | Federal/State | | |
| Delay Determination (Medicaid Eligible) | \$ | 267.61 | Per Determination | Funded | | |
| DD Determination (Non-Medicaid Eligible) | \$ | 449.81 | Per Determination | State Funded | | |
| | | | | | | |
| Delay Determination (Non-Medicaid Eligible) | \$ | 267.61 | Per Determination | State Funded | | |
| Expedited DD Determination Testing for | Ac | tual Costs Up | | Federal/State | | |
| PASRR Level II Evaluations | 1 | to \$471.67 | Per Evaluation | Funded | | |
| | | | Per Screening and | Federal/State | | |
| Initial Level of Care Assessment (100.2) | \$ | 231.87 | Assessment | Funded | | |
| Continued Stay Review – Level of Care | | | Per Screening and | Federal/State | | |
| Assessment (100.2) | \$ | 209.83 | Assessment | Funded | | |
| | | | | Federal/State | | |
| HCBS-CES Applications – Initial | \$ | 185.50 | Per Application | Funded | | |
| HCRS CES Applications CSD | \$ | 139.96 | Par Application | Federal/State | | |
| HCBS-CES Applications – CSR | Þ | 139.90 | Per Application | Funded Federal/State | | |
| SIS-A Assessments | \$ | 350.09 | Per Assessment | Funded | | |
| HCBS-CHRP Support Need Level | | | | Federal/State | | |
| Assessment | \$ | 162.02 | Per Assessment | Funded | | |

| Livin I and a Company | ¢. | 206.15 | D. C. | Federal/State |
|---|--------------------------|--------------------------|--|-------------------------|
| Initial Level of Care Screen | \$ | 206.15 | Per Screen | Funded |
| | | | | Federal/State |
| Annual Reassessment – Level of Care Screen | \$ | 191.79 | Per Screen | Funded |
| Initial Needs Assessment – Required | | | | Federal/State |
| Questions Only | \$ | 260.28 | Per Assessment | Funded |
| Annual Reassessment Needs Assessment – Required Questions Only | \$ | 244.31 | Per Assessment | Federal/State Funded |
| Initial Needs Assessment – Voluntary Questions Included | \$ | 325.36 | Per Assessment | Federal/State Funded |
| Annual Reassessment Needs Assessment – Voluntary Questions Included | \$ | 310.93 | Per Assessment | Federal/State Funded |
| Rural Travel Add-On (In Person Screens Needs Assessments, 100.2 Assessments) | \$ | 36.73 | Per In Person Screen and Assessment | Federal/State Funded |
| Completed Training on the Colorado Single Assessment and Person-Centered Support Plan Instruments | Calculated Allocation | | Upon Training Completion | Federal/State Funded |
| Completed Case Management Training on the Care and Case Management (CCM) Information Technology System | | Calculated Allocation | Upon Training Completion | Federal/State Funded |

State General Fund Programs Rates Table

| State General Fund Programs Rates Table | | | | | |
|--|----|--------|---|----------------|--|
| Description | | Rate | Frequency | Funding Source | |
| State SLS, OBRA-SS, and FSSP Critical Incident Reporting & Investigation: MANE | \$ | 342.33 | Per Incident | State Funded | |
| State SLS, OBRA-SS, and FSSP Critical Incident Reporting & Investigation: Non-MANE | \$ | 45.79 | Per Incident | State Funded | |
| State SLS, OBRA-SS, and FSSP Human Rights Committee | \$ | 123.26 | Per Packet | State Funded | |
| State SLS and OBRA-SS Complaints Trend Analysis - Small | \$ | 127.74 | Quarterly | State Funded | |
| State SLS and OBRA-SS Complaints Trend Analysis - Medium | \$ | 171.02 | Quarterly | State Funded | |
| State SLS and OBRA-SS Complaints Trend Analysis - Large | \$ | 216.36 | Quarterly | State Funded | |
| Critical Incident Follow-Up Completion and Entry Performance Standard | \$ | 50.79 | Quarterly | State Funded | |
| State SLS Ongoing Case Management | \$ | 142.94 | Monthly, Per Member Per Activity Per Contact (4 Contacts Per | State Funded | |
| State SLS Monitoring | \$ | 103.72 | Year) | State Funded | |
| State SLS Expenditure Reporting - Small | \$ | 393.54 | Monthly, Per reporting | State Funded | |
| State SLS Expenditure Reporting - Medium | \$ | 496.33 | Monthly, Per reporting | State Funded | |
| State SLS Expenditure Reporting - Large | \$ | 613.49 | Monthly, Per reporting | State Funded | |
| OBRA-SS Ongoing Case Management | \$ | 137.05 | Monthly, Per Member Per Activity | State Funded | |

| | | Per Contact (4 Contacts Per | |
|--|--------------|-----------------------------|--------------|
| OBRA-SS Monitoring | \$ 103.72 | Year) | State Funded |
| OBRA-SS Expenditure Reporting | \$ 362.31 | Monthly, Per Reporting | State Funded |
| | | Monthly, Per Member Per | |
| FSSP Ongoing Case Management | \$ 81.41 | Activity | State Funded |
| | | Per Assessment (1 | |
| | | Assessment per Year for | |
| FSSP Needs Assessment | \$ 32.60 | Enrolled and Waiting List) | State Funded |
| FSSP Expenditure Reporting - Small | \$ 288.85 | Monthly, Per Reporting | State Funded |
| FSSP Expenditure Reporting - Medium | \$ 411.64 | Monthly, Per Reporting | State Funded |
| FSSP Expenditure Reporting - Large | \$ 545.66 | Monthly, Per Reporting | State Funded |
| | | Per Meeting (Up to 6 | |
| Family Support Council Meetings | \$ 410.09 | Meetings Per Year) | State Funded |
| FSSP Annual Report | \$ 609.60 | Annually, Per Report | State Funded |
| FSSP Program Evaluation | \$ 518.81 | Annually, Per Evaluation | State Funded |
| Ctata CI C and ODD A CC Daniel Translation | | Dan In Danson ICD and | |
| State SLS and OBRA-SS Rural Travel Add- | | Per In Person ISP and | |
| On (ISP, Monitoring) For Rural Counties | \$ 36.73 | Monitoring Contact | State Funded |